

# Public Council Meeting- 6 December 2024

MEETING  
6 December 2024 10:00 GMT

PUBLISHED  
3 December 2024

# Agenda

Location  
Wimpole Street

Date  
6 Dec 2024

Time  
10:00 GMT

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## **A meeting of the Council of the General Dental Council**

**10:00am** on Friday 6 December 2024 at the General Dental Council,  
37 Wimpole Street, Birmingham

**Members:**

Lord Harris (Chair)  
Reshard Auladin  
Ilona Blue  
Donald Burden  
Anne Heal  
Angie Heilmann MBE  
Serbjit Kaur MBE  
Sheila Kumar  
Mike Lewis  
Timea Milovecz  
Simon Morrow  
Laura Simons

The meeting will be held in public. Items of business may be held in private where items are of a confidential nature.<sup>1</sup>

**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: [lvaughan@gdc-uk.org](mailto:lvaughan@gdc-uk.org)

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<sup>1</sup> 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 – 09:45 – 10:00am

#### PART ONE - PRELIMINARY ITEMS

1.	<b>Welcome and apologies for absence</b>	Toby Harris, Chair of the Council	10:00 – 10:05am (5 mins)	Oral
2.	<b>Declarations of Interest</b>	Toby Harris, Chair of the Council		
3.	<b>Questions Submitted by Members of the Public</b>	Toby Harris, Chair of the Council		Oral
4.	<b>Minutes of Previous Meetings</b> To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 25 October 2024	Toby Harris, Chair of the Council		Paper
5.	<b>Matters Arising and Rolling Actions List</b> To note any matters arising from the public meeting held on 25 October 2024 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
6.	<b>Decisions Log</b> To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Paper

#### PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	<b>Assurance Reports from Committee Chairs</b>  a. Statutory Panellists Assurance Committee	Noting	10:05 – 10:20am (15 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
	b. Finance and Performance Committee c. Audit and Risk Committee			
8.	<b>Chief Executive's Report</b> Tom Whiting, Chief Executive and Registrar	Noting	10:20 – 10:50am (30 mins)	Paper
9.	<b>EDI Strategy Implementation Report</b> Dan Popple, Head of ED&I Lee Avery, Associate Director	Discussion	10:50 – 11:20am (30 mins)	Paper
10.	<b>People and Culture Programme</b> Richard Bloomfield, Head of Programme and Portfolio Delivery Lee Avery, Associate Director People and Organisational Development	Discussion	11:20 – 11:45am (25 mins)	Paper
<b>Comfort Break – 11:45 – 12:00pm (15 mins)</b>				
11.	<b>Review of Education</b> Manjula Das, Head of Education and Quality Assurance	Approval	12:00 – 12:30pm (30 mins)	Paper
12.	<b>Continuing Professional Development</b> Ross Scales, Head of Upstream Regulation Deema Marzouq, Policy Manager	Noting	12:30 – 12:45pm (15 mins)	Paper
13.	<b>International Registration: ORE Refugee Prioritisation Policy</b> Kelly Marsh, Policy Manager	Approval	12:45 – 13:05pm (20 mins)	Paper
14.	<b>Research Programme Update and Forward Plan</b> David Teeman, Head of Regulatory Intelligence	Approval	13:05 – 13:20pm (15 mins)	Paper
15.	<b>Stakeholder Perception Survey Results</b> Joanne Rewcastle, Associate Director, Communications and Engagement	Noting	13:20 – 13:30pm (10 mins)	Paper
16.	<b>Any Other Business</b>	Toby Harris, Chair of the Council	13:30 – 13:35pm (5 mins)	

### PART THREE - CONCLUSION OF BUSINESS

17.	<b>Date of Next Meetings</b> Council meeting 28 February 2025 (Wimpole Street)	
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**BREAK FOR LUNCH – (40 mins) – 13:35 – 14:15**

**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	<b>Education Quality Assurance Decisions</b>	Manjula Das	Noting	Public	4 December
2	<b>Annual Reports of the non-statutory committees – ARC, FPC, RemNom &amp; SPC</b>	Rachael Gilleard	Noting	Public	4 December
3	<b>Communications and Engagement, Quarterly Review and Insights (Q3 2024)</b>	Joanne Rewcastle	Noting	Public	4 December

## **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 being purposeful, respectful, transparent and inclusive within our discussions, decision-making and leadership of the GDC.

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

- pursue, promote and maintain the health, safety and wellbeing of the public;
- promote and maintain public confidence in the professions, and;
- promote and maintain proper professional standards and conduct for members of those professions.

The Council and the Executive team are committed to:

- Working together in a respectful, inclusive, honest, transparent and open-minded way to achieve the best outcomes for the public.
- Bringing the views of the public, the profession, and our wider stakeholder group into decision-making.
- Being well informed, prepared and contributing constructively to the discussion.
- Welcoming constructive challenge.
- Drawing on evidence as appropriate to make informed, rational and fair decisions.
- Looking ahead, whilst learning from experience.

This Board Charter will be used:

- As a foundation for discussion on Council and Committee agendas.
- To inform discussion at Council Member and Executive appraisals.
- In meeting reviews.
- In communication with our internal stakeholders e.g. through a weekly newsletter and/or message from the Chair and the new Chief Executive.
- In the Annual Report and Accounts for 2024/25 to highlight work in respect of Board development.



**Minutes of the Meeting of the General Dental Council**  
**held at 12.30pm on Friday 25 October 2024**  
**in Open Session at 37 Wimpole Street, London**

**Council Members present:**

Lord Harris (Chair)  
Reshard Auladin  
Ilona Blue  
Donald Burden  
Anne Heal  
Angie Heilmann MBE  
Serbjit Kaur MBE  
Sheila Kumar  
Mike Lewis  
Timea Milovecz  
Simon Morrow  
Laura Simons

**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
Dave Criddle	Head of Business Intelligence
Colin MacKenzie	Head of Nations and Engagement
Dorian Kennedy	Policy Manager
Madeline Eastwood	Policy and Project Officer
Jill Bischert	Senior Change Manager
Lee Avery	Associate Director, People and Organisational Development
Ian Vaughan	Interim Head of Governance (Secretary)
Rachael Gilleard	Interim Deputy Head of Governance
Joanne Rewcastle	Associate Director, Communications & Engagement

## Others in Attendance

Members of the public, Campbell Tickell and GDC staff attended as observers.

## Apologies

None 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. The Chair welcomed Reshard Auladin, to his first meeting as a Council member.
- 1.2 No apologies had been received. It was noted that representatives from Campbell Tickell were observing the meeting as part of the Board Effectiveness Review.

### 2. Declaration of interests

- 2.1 The following declarations of interest were received:
  - a. Item 9 – CCP and Budget - All Council Members and staff present, due to the budgetary provision for staff salaries and Members' fees. Registrant Council Members are expected to declare an interest in respect of any attendant impact of budgetary discussions on ARF levels.
  - b. Item 14 – Chair and Chief Executive Objectives – The Chair and Chief Executive to declare an interest.

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

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

### 4. Approval of Minutes of Previous Meeting

- 4.1 The full minutes of the public meeting and the abbreviated minutes of the closed meeting held on September 2024 had been **approved via correspondence**.

### 5. Matters Arising and Rolling Actions List

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

### 6. Decisions Log

- 6.1 The Council **noted** that no items had been approved via correspondence.

### 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.

#### Finance and Performance Committee

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

- 7.3 The Committee discussed organisational performance reporting, the financial implications of the total reward and benefits package, the financial delegations and the final draft of the Costed Corporate Plan (CCP) and budget for 2025 to 2027.

Remuneration and Nomination Committee

- 7.4 The Chair of the Remuneration and Nomination Committee (RemNom) informed the Council that the Committee had met once since the last Council meeting.
- 7.5 The Committee discussed, amongst other things, talent management and succession planning, the employee engagement survey action plan and had a good overview of the rewards benefits framework. On the GDC pay gap the Committee was informed that it was necessary to increase the quality of the data before more robust information could be provided.
- 7.6 The Committee also received an update on Somerville vs NMC and recognised that there is a lot of work underway with good engagement and input from across the GDC.
- 7.7 The Council **noted** the assurance reports.

**8. Chief Executive's Report**

- 8.1 The Chief Executive provided an update to the Council on the areas that he identified as his immediate priority areas. On internal engagement meetings with case examiners, risk and audit and the register maintenance team. Work had also progressed on culture.
- 8.2 Council was advised of the external engagement that had taken place with visits to a BUPA practice and Community Dental Services and meetings with the Association of Dental Groups, Society of British Dental Nurses, Healthwatch and the British Dental Association.
- 8.3 Council was updated on internal developments including the event to be held for the GDC's Leadership Community and the regular meetings that have been arranged between the Associate Directors and the Executive Leadership Team.
- 8.4 Council noted that the next Dental Leadership Network was scheduled for 12 November 2024 and the main theme was 'workforce' and on 22 November 2024, there was a Health Education & Improvement Wales Conference.
- 8.5 The Council **discussed** the following:
- a. Council noted that it had received positive feedback from a number of sources on the external engagement. Council noted that the external engagement remained ongoing and there was a visit to dental schools and hospitals scheduled.
  - b. Council discussed the benefits of the external engagement and the importance of doing it now so as to show the GDC is listening. It had also created an opportunity to discuss with registrants issues within the dental sector such as provisional registration and their understanding of key issues such as the fitness to practise process.
  - c. Council welcomed the all staff event that had been planned and discussed the response to the request for nominations for the staff awards. It was noted that over 200 nominations had been made and the opportunity to celebrate success was being embraced. Council noted that core services and frontline activities would not be affected, and a secondary event would be held for those unable to attend.
- 8.6 The Council **noted** the update.

## 9. CCP and Budget Setting 2025 to 2027

- 9.1 The Chief Executive and Registrar introduced the item, which sought approval from Council to **approve** the CCP 2025-27 plan, the 2025 budget and the decision to retain the current ARF fee levels for 2025.
- 9.2 The Chief Executive added that through broad engagement across the GDC and with the Executive Team he had been able to develop the organisational priorities, identify how to resource them and build them into the delivery of the plan, taking into account capacity and impact.
- 9.3 The Chief Executive advised that the plan was ambitious and did carry some delivery risk, but it was not a financially risky plan. The plan was consistent with the GDC's risk appetite which for improvement of performance or processes was 'open'. The budget envelope in the plan was £140.2m, and the target to deliver 2% efficiency was achievable.
- 9.4 Council noted that financial risks totalling £8.2m and opportunities worth £2.8m had been identified. Forecast free reserves, once adjusted for known weighted risks and opportunities were £11.6m, which was the equivalent of 3.0 months of annual operating expenditure at the end of 2027. This was in line with the policy target refreshed by the Council in June 2024.
- 9.5 On the plan the Chief Executive explained that the priorities work was aligned to delivering the strategic aims. Some of the important improvements that were expected to be delivered included updated standards for education, proposals for new principles of professionalism, improvements to FTP, modernisation of GDC services, embedding the values and delivering a new strategy for 2026 onwards.
- 9.6 The Council **discussed** the following:
- Council noted the substantial input from the Council and from the FPC in the development of the CCP and budget.
  - The role of the FPC in working with the team to ensure there was a clear strategic plan in place with early collective thinking on the strategic intent behind the plan and guard rails developed and implemented. FPC had four sessions on the development of the CCP and therefore it had been fully considered. FPC scrutiny was on planning strategy and efficiency targets. The FPC had challenged the cost of individual projects, tested the realism around delivery of projects and sought to identify as far as possible the identification of financial opportunities.
  - Council noted that the FPC endorsed the CCP 2025-27 plan, the 2025 budget and the recommendation to retain the current ARF fee levels for 2025. The CCP was based on the current policy and Council discussed the need to review it based on the outcome of the Chancellor's budget.
  - Council discussed aspects of the plan, including addressing sexual misconduct in professionalism and was satisfied that although no timescale had been provided, scoping work was underway, and the issue would be taken forward.
  - The continued development of the strategic risk register was noted and therefore there were caveats around headcount assurance, however headcount would be closely managed as part of the scoping activity and proposed business cases.
  - Council discussed the forecast growth in the register and the inputs into it such as the statistical modelling process, historic trend data and horizon scanning tools.

- 9.7 The Chair noted that maintaining the ARF was made possible by sound financial management, reduction of the reserves, use of legislative changes to amend the position on Overseas Registration Examinations fees and continued growth in the size of the registers.
- 9.8 The Chair noted that the Council's priority is public protection, delivery of the GDC's strategic objectives and responding to the needs of the dental sector. As well as continuing to improve core processes and timeliness, the Council would invest in activities that would further increase efficiency and effectiveness.
- 9.9 Noting the Accounting Officer advice and having reviewed the plans for the next three years, Council **approved** the CCP 2025-27 plan, the 2025 budget and retained the ARF at £621 for dentists and £96 for dental care professionals.

## 10. Annual Report and Accounts

- 10.1 The Executive Director, Strategy, introduced the item, defining the Annual Report and Accounts as a critical accountability document. The challenges faced in the 2023 report included having three different Chief Executives. Noting that the preparation of the report is a substantial piece of work it was considered timely to step back and make sure Council and the GDC adopt the correct process.
- 10.2 The Annual Report and Accounts whilst of value, is not a universal communication tool because it is a backwards looking document reporting on the previous year. For significant issues, the communications would have already taken place.
- 10.3 Having reflected on lessons learned from last year's process and following a helpful interaction with ARC, proposed changes to the process were presented to Council. These changes included telling the overall operational story more clearly with a lifecycle approach describing the work of GDC and adopting more visual changes to the report. More substantial changes to the structure and content could be considered from 2025, using the 2024 report to stabilise the process.
- 10.4 The Council **discussed** the following:
- The look and feel of the report and what could be done to improve the cohesiveness of it, reflecting on that fact that it should be a comprehensive report on the work of the GDC and with a greater focus on people.
  - Council welcomed the lifecycle change, the proposed change to the overall narrative and felt the proposals were sensible. The length of the process was discussed and there was a view that the overall timetable was too long. Four to six months was considered a more appropriate timeframe.
  - Noting the statutory purpose of the report, Council discussed the introduction of a short easy read version, stressed the need for the Report to be written as clearly as possible and with impact measures.
  - Council reflected on the fact that there would be changes to the auditing process and potentially a strain on NAO resources. This could in turn have an impact on the GDC.
  - More broadly Council discussed issues such as having a dedicated EDI section and changes to the performance section of the report. Council noted that the Report was the document of record and there were numerous ways to communicate the work of the GDC.

- f. Council stressed the importance of having a single cohesive voice throughout the document and noted that the narrative would be set by the Head of Nations and Engagement with the Executive Director, Strategy, providing the necessary authority where necessary, but noting that ELT were collectively responsible for the document.

10.5 The Council reviewed, **approved** and provided clarity and direction on the plans and proposed approach for the Annual Report and Accounts for 2024.

## 11. External Auditor Update

11.1 The Associate Director, Finance introduced the item and explained following the Council's decision to appoint the National Audit Office as the future independent external auditor to the Council, we had received the formal and expected resignation of Haysmacintyre LLP as the independent external auditor of the Council and advised that no fees or penalties were incurred.

11.2 The Council wished to place on record its thanks to Haysmacintyre LLP.

11.3 The Council **noted** the formal and expected resignation of Haysmacintyre LLP as the independent external auditor of the Council.

## 12. Update on Specialist List Assessed Applications Regulation Changes

12.1 The Policy Manager and the Policy and Project Officer introduced the item. The consultation on the proposed changes ran for 10 weeks, between the 4 July and the 12 September. Responses were made via the GDC website and by email.

12.2 Key stakeholders, including professional associations, specialist advisory committees and training institutions, were notified at the outset and sent reminders throughout the consultation period.

12.3 341 responses were received and there was a relatively equal split between respondents who were dentists identifying themselves as 'not on a specialist list', 'on a specialist list' or 'planning to join a specialist list' in the future. Overall, there was a good level of support and a view that the changes would lead to a better system.

12.4 Some of the concerns raised, although not directly part of the consultation, were around the equivalence of candidates being assessed through different processes, something that would be reflected on. Issues around maintaining the standards for those on the specialist list were also raised.

12.5 The Council **discussed** the following:

- a. The merits of introducing a membership exam and the likely response to it. It was considered that colleges would be largely supportive of a membership exam. The option of membership examinations alongside a portfolio of clinical cases was also discussed.
- b. The case for bringing specialist arrangements for oral surgery and orthodontics into line with the domestic specialties was discussed and why the recommendation was adding an additional route to listing for applicants who had trained in the UK but not been awarded a Certificate of Completion of Specialist Training. Council noted that it was not the qualifications that were being questioned, just a desire to have a cleaner process for all recognising the very small number that would be adversely impacted, with better overall process by getting out of the European led notices and different requirements for the two different specialists.



- c. Council welcomed the high level of interest and was satisfied that there was sufficient resource in place to deal with a significant increase in applications.
- 12.6 The Council **approved** the proposed the draft GDC Specialist List Regulations, **made the Regulations** and **noted** the outcome report on the consultation on replacing the previous routes for assessed applications as set out in the GDC's Specialist List Regulations 2008.

### 13. GDC Values

- 13.1 The Chief Operating Officer introduced the item and advised Council that values testing of the provisional values had been undertaken with staff and the findings and recommendations were being presented.
- 13.2 The Senior Change Manager updated Council on the significant amount of values testing that was undertaken. This included seventeen workshops which were delivered and attended by more than half of the organisation with representation across all directorates and therefore represented a good base line. The major themes that came through included a lack of consistent behaviour, capacity and the number of ongoing projects and the need for improvements and providing recognition instead of blame.
- 13.3 The Senior Change Manager explained how the adoption of a broad approach to cultural development could increase values adoption and realise the operational performance benefits associated with increased morale, decreased staff turnover and lower sickness and stress levels. Council held the 'unlocking key' and by taking on the feedback from staff it would demonstrate Council was listening and positively impact morale and generate support for future change.
- 13.4 The Council **discussed** the following:
- a. The high level of staff engagement was welcomed, and Council noted that it was important that they were heard.
  - b. The 'purposeful' value was discussed with Council keen to understand what it meant in practice. Purposeful encapsulated all the feedback from staff, an action oriented and forward-looking value that resonated with the performance discussion happening in regulation. Whilst accountability was accepted as an important requirement within the workplace, it would be difficult to measure and could lead to a blame culture. Purposeful was also recommended as an external facing value, and it was noted that the new values had been assessed against existing external perceptions and held up well.
  - c. Council discussed why accountable and efficient did not resonate with staff and why the previous values were not well embedded either. Council considered whether there were wider process issues that needed to be addressed and what would need to be done to underpin the values. The role of the wider people and culture programme was discussed and the impact it could have on the changes to behaviour and mindsets. It was also noted that efficiency and accountability were outcomes that could be achieved as part of the values and people and culture work.
  - d. Council discussed the development of the values and how the articulation of the values had created a 'buzz' in the business, and this would be supported by a systematic approach to addressing the culture in order to drive the business. The development of a behavioural framework with consistent language and the tools to manage against that framework would all support operational development and process change.

- e. Council supported plans to celebrate success and discussed performance management and whether there were concerns about the application of accountability. It was noted that the focus had been on performance management with less of a focus on recognition and therefore there was a need to redress the balance. Council noted that within the CCP there were plans to review governance, delegations, systems and processes.
- f. Council noted the richness of the empirical data that had been collected as part of the process and recognised that by acknowledging and responding to the feedback, further work could be undertaken to understand the drivers behind the responses.
- g. Council was informed that the People and Culture programme would continue to explore and address these issues with renewed investment in people and leadership. The importance of maintaining the momentum was noted.
- h. Council reflected on the values and discussed what it meant for them as a collective group, and the need to ensure they were also embedding the new organisational values.

**Action: Embedding the values to be considered by the Council in the next Board Development session.**

- 13.5 Council **agreed** the values, based on the rationale for each of the four options considered by the Executive Leadership Team.

#### 14. Chair and Chief Executive Objectives Setting

- 14.1 The Head of People Services introduced the item, explaining the role of RemNom in scrutinising and approving the objective setting process and Council approving the objectives.

- 14.2 The Council **discussed** the following:

- a. Council noted that the EDI section was largely internally focused and recommended updating the objective to also have more of an externally facing element for regulatory activity. Council felt that customer services and EDI objectives should be separated.
- b. For the Chief Executive it was suggested that there could be more quantifiable elements, adding quantifiable metrics where possible.
- c. On governance changes, Council sought further clarification on whether the changes were to governance processes or the governance framework. Council also suggested adding delivery of the values to the objectives.
- d. It was noted that the sequence around the approval of the objectives might not be right, in light of the need for the objectives to reflect the corporate plan.

**Action – RemNom to review the sequencing of the objective setting process for 2025.**

- 14.3 Council **approved** the proposed objectives for the Chair of the Council and **approved** the proposed objectives for the Chief Executive and Registrar subject to the comments received.

#### 15. Any Other Business

- 15.1 There was no other business.



**16. Date of Next Meetings**

- 13.1 The Council **noted** the date of the next meeting – 6 December 2024 at Wimpole Street, London.

The meeting closed at 15.05.

**Minutes of the Meeting of the  
General Dental Council  
held at 10.00am on Friday 25 October 2024  
in Closed Session at 1 Colmore Square, Birmingham**

**Council Members present:**

Lord Harris (Chair)  
Reshard Auladin  
Ilona Blue  
Donald Burden  
Anne Heal  
Angie Heilmann MBE  
Serbjit kaur MBE  
Sheila Kumar  
Mike Lewis  
Timea Milovecz  
Simon Morrow  
Laura Simons

**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
David Criddle	Head of Business Intelligence, Delivery and PMO
Lee Avery	Associate Director, People & Organisational Development
John Middleton	Head of People Services
Rachael Gilleard	Interim Deputy Head of Governance
Joanne Rewcastle	Associate Director, Communications and Engagement
Ian Vaughan	Interim Head of Governance (Secretary)
Representative from Campbell Tickell (Board Effectiveness Review)	

## 1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting including Council and Committee members and staff, and noted it was Reshard Auladin's first meeting as a Council Member. No apologies had been received.
- 1.2 It was noted that representatives from Campbell Tickell were observing the meeting as part of the GDC's Board Effectiveness Review.

## 2. Declaration of interests

- 2.1 The following declarations of interest were received:
  - a. Item 10 - CCP & Budget - all Council Members and staff present, due to the budgetary provision for staff salaries and Members' fees and Registrant Council Members are expected to declare an interest in respect of any attendant impact of budgetary discussions on ARF levels

## 3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 27 September 2024 had been **approved** via correspondence on 22 October.
- 3.2 Council suggested a minor adjustment to the minutes to reflect the recommended changes to the communications principles paper and high-level plan.

## 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.

## 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 18 September 2024.
  - b. The Finance and Performance Committee (FPC) meeting on 14 October 2024 and 16 July 2024.
  - c. The Remuneration and Nomination Committee (RemNom) meeting on 16 October 2024.
- 6.2 The Council **noted** the updates.

## 7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council. The first related to the anticipated publication of the report into Dental Professionals who had died by suicide while under Fitness to Practise Investigation
- 7.2 An update was provided on the work that had been undertaken to determine the root cause of the lost data, the next steps in handling the issue, communications and on the potentially impacted cases and the extent of the impact.
- 7.3 The Council discussed the following:
  - a) In respect of the publication of Dental Professionals who had died while under Fitness to Practise investigation, the Council noted that the feedback did not require

fundamental change but required potential changes to tone and structure. While right to consider the feedback, Council was keen for the report to be published without significant delay. It was noted that the report would be shared with the Council at the point of publication.

- b) The importance of developing a serious incident review process was considered and it was noted that seeking input from a range of sources, including families affected, might be beneficial.

[A representative from Campbell Tickell joined the meeting]

- c) The potential publication of the report and the timing of the conference being organised by the Canmore Trust.

7.4 The Council **noted** the report.

## 8. Costed Corporate Plan and Budget Setting 2025-2027

8.1 The Head of Business Intelligence, Delivery and PMO and Chief Operating Officer presented the Costed Corporate Plan (CCP). Council was informed that following the initial review by Council on 27 September, FPC had met to endorse the final changes.

8.2 Changes made and endorsed included the portfolio ratings, which were reviewed and confirmed as correct, meeting the MoSCoW criteria. Environment, Social & Governance considerations had also been included in the final draft plan.

8.3 The Council discussed:

a) The role of the FPC in setting the agreed framework in which to develop the CCP with a focus on a long-term efficiency plan with a realistic approach to risk and a clear and simple presentation. It was noted that the CCP had been developed so as to be Budget neutral, and therefore could be adjusted after the Budget, though some indicative modelling had taken place on changes to employers' National Insurance contributions.

b) Council was pleased to note that addressing sexual misconduct in the context of professionalism was included in the CCP and discussed the likely timeframe for consideration. The importance of the work was emphasised and noted no firm timescales had been included at this stage.

c) Council discussed the proposed budget and the distinction between legal fees and other professional fees in Table 2. The fees included fees for legal advisors, medical advisors and other professional advisors. Council agreed that a further breakdown would be of benefit in the published report. The increase in other areas such as communications and publications was also discussed along with the links to staff engagement and the people and culture programme.

d) Council discussed predicted registration income and the forecasting model applied. It was noted that there had been an FPC deep dive on income forecasting and trends and whether it was considered to be an accurate forecast. The methodology applied to the forecasting was discussed and it was acknowledged that whilst it was a combination of some art and some science, it had been sense checked several times and was considered to be a realistic indicator of future growth.

e) Council noted that the reference to portfolio planning exercise and how the proposed priorities contribute towards mitigating the Strategic Risks and key Operational Risks currently held on our risk registers. The ELT have been looking at the Strategic Risk Register and therefore the need to ensure future alignment and mitigation was emphasised.

f) Council considered the broad financial implications with a discussion on resource requirements, provisional registration, remuneration and using the reserves to address any change in National Insurance contributions. Council also noted that the total rewards recommended option had been accounted for in the CCP.

g) Council noted that initial thoughts on the next steps from a financial ARF perspective had already begun and would be developed at FPC in due course.

- 8.4 The Council **discussed** the CCP 2025-27 plan, the 2025 budget and the decision to retain the current ARF fee levels for 2025.

## 9. Review of the Financial Delegated Authority

- 9.1 The Associate Director, Finance presented an update to the Financial Delegations Policy following consideration by the Finance and Performance Committee which had endorsed the proposed amendments.

- 9.2 Council discussed the consideration given to the financial delegations by the FPC and noted that the discussion at FPC had been on the changes during the year and how the approved priorities were moved in and out of the plan. FPC had felt that the initial proposal needed more detail on how this would work in practice and the impact on headcount and grade inflation. FPC considered that the Chief Executive should be granted the flexibility to take decisions that are not constrained by financial arrangements and the delegations should reflect the increasing maturity of organisation.

- 9.3 The Council **approved** the update to the Financial Delegations Policy  
[The Associate Director, People & Organisational Development and the Head of People Services joined the meeting]

## 10. Total reward Benefits Package

- 10.1 The Head of People Services presented a comprehensive overview of the benefits proposals approved by the Executive Leadership Team (ELT) as part of the Total Reward project.

- 10.2 The Council was asked to approve the benefits package as it did not sit within the current budgetary envelope. The Council noted that the proposals had been scrutinised by the Finance and Performance Committee from a financial perspective, and that the Remuneration and Nomination Committee had discussed several elements of the package including maternity/paternity leave, disability leave and volunteering days.

- 10.3 The Council discussed:

a) A number of elements including bank holidays, noting that it varied across the nations. Council noted that the bank holiday entitlement was eight days. Working patterns and the practical implications of having flexitime, reasonable adjustments and compressed hours was also discussed. Acknowledging that the principles around flexitime were to be developed, Council noted that flexitime was seen as an important benefit, even with the other working arrangements available including hybrid working.

b) The Council discussed the practical implication of the changes, including the systems to be used to implement the proposals and what other potential benefits could be obtained for example where to recalibrate resources.

c) Council was pleased that FPC and RemNom had been consulted on the development of the rewards package and had the opportunity to work through the proposal. Council

anticipated a positive response from GDC staff and was pleased that staff actively engaged with its development.

10.4 The Council **approved** the benefits package.

## **11. Any other business**

11.1 There was no other business.

11.2 The Council **noted** the date of the next meeting – 6 December 2024, Wimpole Street, London.

The meeting closed at 11.55 am.

Public Council Actions Log								
Action No.	Date of Meeting	Minute no.	Subject	Action	Due date	Owner	Update	Status
34	21/06/2024	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	<p>The preferred approach for sharing the values with Associates has been piloted. The feedback will be taken in a Values event to be delivered by the Change Team as part of the Associates Development Days which run throughout 2025.</p> <p>Options for an interactive event for new Associates or those not able to attend Development Day will be considered as and when the technical capability becomes available early in 2025.</p>	Suggest Complete
35	25/10/2024	13.4	GDC Values	Embedding the values to be considered by the Council in the next Development session.	Q4 2025	IV	Embedding the values was discussed at the Board Development session held on 5 December 2024.	Suggest complete
36	25/10/2024	14.2	Chair and Chief Objectives Setting	RemNom to review the sequencing of the objective setting process for 2025 to consider whether it is being considered at the right time.	Q1 2026	EB	Consideration of timing to be considered as part of the objective setting process.	Live

## **Decisions Log – PUBLIC Council – 06 December 2024**

No decisions have been taken between meetings.



## Assurance Report of the Statutory Panellists Assurance Committee

### 14 November 2024

<b>Committee Chair</b>	Sir Ross Cranston
<b>Governance Manager</b>	Polly Button

1. The SPC met on 14 November and was joined by observers Reshard Auladin (Council member) and Victoria Finney from Campbell Tickell (as part of the Board effectiveness review).
2. The Committee conducted a workshop on case management improvements lead by Theresa Thorp and Clare Paget. The Committee asked the Executive to consider the scope of the work, including a project map of key milestones, use of practice notes and encouraging a robust approach within our current legislative framework. An update on the case management improvements work will be provided in April 2025.
3. The Committee received an operational update from the Chief Executive including details on the new GDC values and his external engagement and visits.
4. There continue to be informal conversations between SPC members, the SPC Chair and the Executive about the implementation of SPC's priorities. There are regular meetings with the Chief Executive, the Executive Director, Regulation, the Interim Executive Director, Legal and Governance and the Head of DPHS and DCS.
5. The Chair and Committee member, Phillip Sycamore, both recently took part in a Legal and Governance directorate training session on 'Pathways to Judiciary' which was well received.

#### *DPHS Operational Update*

6. The Committee received an overview of the DPHS performance and operational updates for Q3 2024. The Committee was pleased to hear about the progression of CRM improvements and work underway to improve the guidance on admissions.
7. The Chair and the Head of DPHS and DCS recently met with the Royal Courts of Justice 'Support through the Court' charity, which will form part of a project to further improve participant support.

#### *Legal Adviser and Panellist Recruitment- EDI update*

8. The Committee received an update on legal adviser and panellist recruitment which included the EDI profile of the current FtP panel. The data is expected to significantly change in 2025 due to a cohort of panellists due to demit office. The Committee will continue to monitor the EDI data in 2025 and how it informs an inclusive process for future recruitment.

#### *Learning, Development and Performance Update*

9. Over the last couple of months, SPC members have observed training sessions for panellists and legal advisers.

10. The Committee heard that there had been an extensive learning and development programme in 2024 and planned into 2025. The in-person sessions were noted as invaluable.
11. The Committee discussed the buddy system in place when a panellist or legal adviser joined. This also included 'would be' chairs, who were also invited to shadow a hearing as part of their training.

*Quality Assurance Reports*

12. The Committee heard of the cases considered by QAQ/DSG this quarter, and the PSA feedback on FtP decisions, including registrant appeal decisions.

*Annual Report*

13. The Committee approved the annual report for presentation to the Council and noted the proposed forward work plan for 2025.

**Ross Cranston**

**Chair of the Statutory Panellists Assurance Committee**

## Assurance Report of the Finance and Performance Committee 20 November 2024

<b>Committee Chair</b>	Ilona Blue
<b>Governance Manager</b>	Polly Button

- 1.1 The Since the last meeting of the Council, the FPC has met once on Wednesday 20 November. The Committee was joined by observers from Campbell Tickell as part of the Board Effectiveness Review.
- 1.2 Agenda items discussed included:
  - a. Organisational Performance Reporting
  - b. Medium Term Financial Strategy (MTFS)
  - c. Financial Policies and Procedures
  - d. Investment annual review and Investment Policy
  - e. In-depth Review- External Communications and Engagement
- 2. Organisational Performance Reporting**
  - 2.1 The Committee received an update on organisational performance in Q3 which included an overview of operational delivery, the CCP portfolio and financial performance.
  - 2.2 The report included the Regulation Operational update which was previously a separate item. The finances were noted as in line with the position approved by the Costed Corporate Plan (CCP) 2025-27, with no material changes since.
  - 2.3 The Committee heard that work was underway on sickness absence benchmarking and observed that the actions in place provided some assurance, however noted the need to monitor the position closely and via the Remuneration and Nomination Committee (RemNom).
  - 2.4 The Committee noted its concern related to the pressure on ILAS and ILPS teams and welcomed the mitigating actions underway. The Committee asked to receive more information on the DCP application return rate and the Hearings Utilisation rate at the next meeting.
- 3. Medium Term Financial Strategy (MTFS)**
  - 3.1 The Committee received a very helpful presentation of a holistic medium term financial plan, including future scenarios and efficiency savings.
  - 3.2 The Committee was presented with various modelled options, following discussion by the ELT, and the proposed approach to delivering financial efficiencies and targets within the corporate strategy.
  - 3.3 The modelled options used a number of levers to depict different scenarios. The levers were: strategy ambition (growth or decline); ARF; reserves policy; use of investments; efficiency.

- 3.4 The Committee discussed and made suggestions for future iterations of the MTFS and noted the importance of ensuring that the Council was sighted on its development in tandem with discussions on the development of the overall strategy for 2026-2028.
- 3.5 The Committee suggested that it would be helpful to hold an additional single-issue meeting to discuss the next version of the strategy before it is considered by the Committee again in February 2025.

#### **4. Financial Policies and Procedures**

- 4.1 The Committee received the Financial Policies and Procedures and the Banking Arrangements for 2025 delegated to the Committee for approval.
- 4.2 Subject to the minor suggested amendments from the Committee, the Committee approved the Financial Policies and Procedures, which would be re-circulated once complete, for information.
- 4.3 The Committee also approved the Banking Arrangements 2025.

#### **5. Investment annual review and Investment Policy**

- 5.1 The Committee reviewed and provided comments on the investment annual review and the Investment Policy
- 5.2 As a result of the wider work ongoing with the MTFS, the Committee did not approve the policy and agreed it would be updated and presented for a further review in 2025. The policy would be aligned with the MTFS and include a position on the purpose of holding investments and the principles related to use of unrealised gains.

#### **6. In-depth Review- External Communications and Engagement**

- 6.1 The Committee received an in-depth review on External Communications and Engagement which included a summary of activity and questions that could be considered in developing the new comms and engagement strategy in 2025 - again something that would be dependent on the overall GDC strategy development work.

#### **7. Annual report Forward Plan**

- 7.1 The Committee received the annual report for 2024 and approved its presentation to the Council, subject to finalisation with the Chair.
- 7.2 The Committee also received the forward plan for 2025.

#### **8. Any other business**

- 8.1 The Chair invited reflections on the meeting and the Committee members and attendees considered that it had been collaborative and constructive, and reflected the Board Charter commitments.
- 8.2 The next Committee meeting will be held on 13 February 2025, in Colmore Square, Birmingham.

**Ilona Blue**

**Chair of the Finance and Performance Committee**

## **Assurance Report of the Audit and Risk Committee 28 November 2024**

<b>Committee Chair</b>	Sheila Kumar
<b>Governance Manager</b>	Ermelinda Bajrami

1. Welcomed Reshard Auladin, new Council member as an observer and Mary Champion and Victoria Finney from Campbell Tickell as observers, as part of the Board Performance Review.
2. Received a written update from the Chief Executive and Registrar on several areas including the following:
  - i. People, culture and staff engagement
  - ii. External engagement, collaboration and partnerships
  - iii. Fitness to Practice and PSA Standards

And noted that the written report format was working well for the Committee.
3. Determined that the production of the ARC summary report could cease
4. Received an update on the Annual Report and Accounts presentation, as agreed at the Council meeting in October 2024, and noted the initial draft ARA 2024 timetable proposal. The Committee spent some time clarifying both the deliverables and on the likelihood in particular of NAO being able to meet the timetable under the new audit arrangements.
5. Approved the Anti-Fraud, Anti-Bribery and Corruption Policy with some minor changes in the interim period until its full review in Q2 2025. The policy is applicable to staff, Council members, Independent Governance Associates and third parties (e.g. temporary workers). The Committee received confirmation that there was a separate policy applicable to statutory panellists and associates.
6. Received an update on IT Data Storage and was assured on the work being undertaken to mitigate against such an issue arising in the future. The Committee repeated that as ELT decision had been taken in September and that individual contacts were being made, the promised communication strategy had to now come to speedy fruition.
7. Received an update on Employee Relations Caseload, noting the progress that had been made in embedding revised processes, including risk categorisation of cases. The Committee recommended that the Remuneration and Nomination Committee was sighted on any further issues and risks within the operational processes. The Committee expressed concerns relating to the number of unresolved cases at an informal stage.
8. Received an update on the EDI actions log and expressed concern with the lack of evidence of progress made. Many of the dates in the revised plan were set for December 2025 or beyond. The Committee was concerned about the likelihood of slippage with such long deliverable dates and was also concerned in the context of the discussion of the

employee relations caseload just discussed and for the meeting of the PSA standard. For assurance on the progress of actions with longer term delivery dates, it was recommended that interim milestone dates were added with some points for stop/go checkpoints for decisions on evaluation of actions.

9. Welcomed the revised version of the Strategic Risk Register (SRR). It scrutinised the proposed risks and agreed that the register was now more accurately pitched at strategic level. There is ongoing work on the use of risk tolerance and risk appetite will need to come back to Council.
10. Noted the internal audit progress report and welcomed the inclusion of those audits where evidence was awaited to confirm action implementation. Where the recent audit of Induction Process had provided partial assurance, the Committee noted that the Executives had anticipated this outcome and assurance was provided on how progress had already been made in improving the process. The gaps identified in the audit report would be used to support further improvement.
11. Noted the status of the implementation of internal audit recommendations and was pleased to see a 100% implementation rate for those recommendations that had reached their implementation date, for this reporting quarter.
12. Considered the global Internal Audit Plan for 2025 following a risk assurance gap analysis.
13. The Committee will receive a list of deep dives recommended by ELT which will be factored into the work programme of the ARC, and it was agreed that Operations of Delegations would be factored into the programme.
14. Noted the External Audit Report update and is expecting to learn of the appointed Audit Director before the Christmas break. This is essential to meeting the ARA timetable.
15. Noted and asked questions pursuant to the Significant Legal Developments update.
16. Recommended the Committee Annual Review for presentation to the Council.
17. Discussed the assurance provided by the Deep Dive into IT Functions and Risks, where the ongoing review of the function had identified various areas of concerns. The Committee noted the progress made thus far, and particularly some of the challenges around employee culture and learning and development. However, the review was anticipated to support opportunities to further improve the function and technology capability to support delivery of the current and forthcoming Corporate Strategies and associated Corporate Costed Plans. The Committee welcomed the open nature of the report and noted that the information provided was not as had been set out before. It emphasised the need for that ongoing transparency as there needs to be trust for the Committee relationship to work. This report was an important step in setting that. The committee also recommended that an appropriate report was made to the Finance and Performance Committee given possible resource implications.

**Sheila Kumar**

**Chair of the Audit and Risk Committee**

## Chief Executive Officer Update Report

<b>Executive Director</b>	Tom Whiting, Chief Executive & Registrar
<b>Author(s)</b>	Tom Whiting, Chief Executive & Registrar
<b>Type of business</b>	To provide Council with an update on key areas of work for the Chief Executive and Registrar, that may not otherwise be captured in other reports and for discussion with Council.
<b>Purpose</b>	The Chief Executive and Registrar gives a regular update report to Council
<b>Issue</b>	To update the Council on the work of the Chief Executive since the last update report on 25 <sup>th</sup> October 2024.
<b>Recommendation</b>	The update is for discussion

### 1. Update on Chief Executive's Initial Priorities

- 1.1 I have again structured this update along the lines of my objectives that were agreed at Council on 25<sup>th</sup> October 2024.
- 1.2 People, Culture & Staff Engagement
  - a. Our all staff event GDC NEXT took place on 5<sup>th</sup> November at the International Convention Centre in Birmingham. The focus of the day was on a clear message about 'One GDC Team'. We spent time reminding staff of our statutory purpose and our current strategy and updated them on the key projects and priorities for the CCP 2025. We discussed the development of our new strategy for 2026-29. We also held a panel to discuss our new values that were agreed in October. We had updates on Total Reward, from our People Forum and from our Staff Networks. We also had a session from Mind, about the work they are doing with us. Council members were very visible on the day and this was greatly appreciated by staff. The staff awards had received over 200 nominations and were part of an overall theme of celebrating success. We will review feedback from staff and build in to a future event. The main feedback received has been about the balance between sitting / listening and more active discussion.
  - b. My programme of initial visits to staff meetings is complete and I am now meeting a number of our associate groups when, for example, they meet for annual training days. I have met with our Education Quality Assurance group and our Panel Chairs.
  - c. Our new values have been launched to staff and the development of a new Behavioural Framework is underway. This covers both expected staff and leadership behaviours. Work is also underway to develop a broader set of proposals about how we bring the new values to life and this is planned as an initial workshop with ELT. Discussion with Council is also part of the Praesta Development Day.
  - d. Our new benefits package, agreed at Council 25<sup>th</sup> October, was announced to staff prior to GDC NEXT and has been well received. Further detailed work on the drafting of policies is underway.
  - e. Work continues on Total Reward with a planned go live date of July 2025.
- 1.3 External engagement efforts have continued with the following activities taking place:



- a. My programme of external visits has moved from front line practices to Dental Schools and Hospitals. This has included visits to Glasgow, Birmingham and Cardiff. In Glasgow, I also attended the Cross Regulatory Conference where Stefan, Rebecca and I all spoke. As part of our visit we also met with the Chief Dental Officer for Scotland and National Education Scotland. Simon joined the visit. In Cardiff I also attended and spoke at the Health Education and Improvement Wales Conference and met separately with them. Our conference presentations have focused on our CCP priorities for 2025. Discussions on these visits covered graduate skills, student perceptions of GDC and where 'fear' may be coming from, our scope of practice revisions, as well as learning about destinations of graduates.
  - b. The latest research from our Stakeholder Perception Tracking has been included on the Council agenda, as it is important we have a sound understanding of perception. This report confirms improvements in perceptions of GDC that recognises work undertaken – but demonstrates the sentiments and levels of fear that remain and are confirmed qualitatively through stakeholder engagement. At FPC we discussed a deep dive review and SWOT of our Communications function (in the context of perceptions challenges) which will be reviewed alongside the development of a new Communications Strategy.
  - c. I have separately met with my counterpart in Ireland to discuss international recruitment and current recognition arrangements between the UK and Ireland. These conversations are at a very early stage but also needed to cover ongoing recognition of UK qualifications in the context of revisions to the Standards of Education.
  - d. Toby and I have had our regular meetings with the Dental Laboratories Association (DLA), British Society Dental Hygiene and Therapy (BSDHT), Dental Technicians Association (DTA), British Association Dental Nurses (BADN) and British Association of Dental Therapists (BADT).
  - e. Stefan attended a round table hosted by the Dash Review which has been looking at Patient Safety Organisations. We are not currently in scope of the review but it was important for us to take part in the discussions.
  - f. There has been no further news from Government on Provisional Registration in spite of regular dialogue.
  - g. Government has launched discussions about the regulation of NHS Managers. This involves a number of questions relevant to the GDC. These include whether Dentistry is in scope, whether providers of NHS contracts are in scope, levels of seniority eg Practice Managers, and who the regulator in such situations should be. All questions are open.
  - h. Our final Dental Leadership Network of the year was held on 12<sup>th</sup> November and the theme was on Dental Workforce. It was an important opportunity to showcase working patterns data and how it can add value to the debate. The meeting was opened by the Chief Dental Officer for England. We met for our regular dialogue with all four Chief Dental Officers the previous day.
  - i. On 8<sup>th</sup>/9<sup>th</sup> November Theresa and Stefan attended the Canmore Trust Conference focused on suicide in the medical professions, where Theresa also spoke. It is important for us to be visible and supporting these discussions – and transparent.
- 1.4 ELT has continued work on developing our new 3 year strategy in advance of going out to consultation in April 2025. This has led to a draft vision, mission, objectives and sub objectives which are included on the agenda. A revised Strategic Risk Register has also been developed and was discussed at ARC on 28<sup>th</sup> November. This has consciously taken a wider view of our strategic risks.



- 1.5 Progress on the backlog in international DCP registration has gone well and is on track to be cleared in Q1 2025. Our Initial Inquiries Pilot has successfully reduced the timelines for assessment from 30 weeks to 12 weeks and has been permanently adopted.
- 1.6 We have received and commented on the draft report from the PSA on our performance, which will be published mid December. In the medium term our project to look at Case Management Improvements has been developed through a workshop at Statutory Panellists Committee which reviewed the scope of the work as well as phasing. Our report into suicide while under Fitness to Practice was published as planned ahead of the Canmore Trust Conference.
- 1.7 My visits into customer service settings have continued and have included spending time with the Dental Complaints Service to observe them handling queries first hand. A first analysis of call patterns has also been produced by the contact centre team (CAIT) which shows, on initial analysis, a high proportion of calls (63%) chasing progress on registration or the overseas registration exam.
- 1.8 Our plans to capture informant EDI Data have now gone live. Our new EDI Delivery Group is in place chaired by Gurvinder to oversee delivery of the EDI action plan. The expansion of our staff networks was a priority for GDC NEXT and we also launched a new staff network called Parents and Carers Together (PACT). All staff networks now have a senior sponsor.
- 1.9 PWC are underway with the discovery phase of their Registration project and the ARF has now been included in scope. We are awaiting the conclusion of the discovery phase for confirmation on the likely implementation costs, which have only been estimates so far.
- 1.10 A deep dive review of our ICT function was discussed at ARC. It highlights a current SWOT analysis and the scale of work required in order to build the ICT function that we need. Some major work will be required such as taking our ICT offsite. We need to strengthen our ICT and Digital capability in order to have the platform for a more digital service, that will help deliver efficiency and a better customer focus. Organisationally we have a significant dependency on this work and I suggest ARC be asked to be the single committee providing oversight of this programme, which has been discussed with them. The four reviews into current technology usage are underway for infrastructure, operations, cyber security and applications and their conclusions provide a natural basis for the next stage of reporting.
- 1.11 Medium Term Financial Modelling of our resilience up to 2030 has been completed, running scenarios for future fees and efficiency targets. This work was reviewed at FPC on 20<sup>th</sup> November. We are working to align this work to our strategy development process, also on the agenda.
- 1.12 The impact of changes in National Insurance are £1.2m over the course of the CCP and with a financial impact in 2025 of £300,000.
- 1.13 Bids have been received from potential suppliers as part of the Overseas Registration Exam (ORE) procurement. This is being run as a competitive dialogue process. The contract is due to be let in Q1. There will be a lot of interest in the outcome of the tendering as there is pressure to increase capacity.
- 1.14 The Board Effectiveness Review is underway with Campbell Tickell and the team have been attending meetings and will be sharing initial findings are part of the Board Development Day on 5<sup>th</sup> December.
- 1.15 Following the joint ELT and Council discussions in July, an informal working group met to discuss improving trust and confidence and the output has fed in to the Board Development Day on 5<sup>th</sup> December.

- 1.16 Our working patterns data for Dental Care Professionals was published as planned at the end of October.

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

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

## **3. Risk considerations.**

- 3.1 My activities over the course of my period since joining have been focused on mitigating a number of potential risks.
- a. Building a positive relationship with staff through regular staff engagement and building a broad understanding of the priorities I have identified and how they can be taken forward in our plans.
  - b. Building an improved relationship externally with the Dental sector to start to improve perceptions of the GDC.
  - c. Addressing challenges in international recruitment to mitigate the risk of the GDC being seen as not playing its role in tackling a national issue.
  - d. Making sure the GDC is engaged at a national level on relevant review programmes.

## **4. Resource considerations and CCP**

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

## **5. Next steps and communications**

- 5.1 A further update will be provided to Council in February. Updates are also being provided at ARC, FPC and SPC.

Lead Author: Tom Whiting, Chief Executive and Registrar

28 November 2024

## Equality, Diversity and Inclusion Strategy Implementation 2024-25

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	Lee Avery, Associate Director, People and Organisational Development Dan Popple, Head of Equality, Diversity & Inclusion Constantinos Kypridemos, Senior Operations Manager
<b>Type of business</b>	For discussion
<b>Purpose</b>	To provide an update to the Council on the progress of the EDI Action Log following Council's approval of the GDC's EDI Strategy 2024-25.
<b>Issue</b>	In April 2024, Council approved a new EDI Strategy 2024-25, as a bridging strategy until the new Corporate Strategy 2026-28 was rolled out. As part of the monitoring and reviewing of the EDI Strategy, regular updates to Council were agreed
<b>Recommendation</b>	Council is asked to note and discuss the update and areas of progress.

### 1. Background

- 1.1 On 5 April 2024, the Council approved the Equality, Diversity & Inclusion (EDI) Strategy 2024-25 (the EDI Strategy 24-25), noting the intention to integrate future EDI strategies into the forthcoming Corporate Strategy 2025-28.
- 1.2 The former EDI strategy expired on 31 December 2023, and it was understood that the EDI Strategy 24-25 would function as a bridging strategy, to support the delivery of remaining activities from the former EDI strategy together with new activities in 2024 and 2025, along with monitoring and reporting through this period. It would also provide the GDC the opportunity to undertake work to ensure that EDI is a more central component to our overall organisational strategy.
- 1.3 The EDI Strategy 24–25 was approved by the Council in April 2024.
- 1.4 Since the activity detailed in the EDI Strategy 24–25 already forms part of the Costed Corporate Plan 2025-27 (CCP) and the outgoing Costed Corporate Plan 2024-26, it was anticipated that achievement of objectives would also be monitored by existing performance monitoring processes.
- 1.5 To ensure sufficient focus on the EDI elements of the CCP, an action plan was to be developed to support delivery of the EDI activities, and the organisation would monitor and report on progress against that plan through existing performance monitoring mechanisms.

### 2. 2024–2025 EDI Strategy Progress

- 2.1 The EDI Strategy 24-25 has five objectives, with a total of 25 deliverables matched across those objectives. Objectives 1-4 of the Strategy relate to the external focus of the GDC work, with those deliverables being completed through the CCP via relevant projects or planned activities which can achieve the EDI Strategic objectives.

- 2.2 Objective 5 has a bespoke action plan which is monitored by the Head of EDI. Objective 5 focuses on a combination of the People & Culture Programme including Total Reward, Workforce Development and Culture and Values as well as other identified pieces of work that do not form part of the CCP including recruitment, improving our people, and talent data.
- 2.3 In September 2024 a mapping exercise of the GDC projects and activities identified to support the EDI Strategy was undertaken by the Head of EDI and identified a number of potential EDI outcomes believed to achieve the strategic objectives (and these outcomes are to be further validated by a newly formed EDI Delivery Group during December 2024 – see Section 3). Each outcome now has a provisional completion date and progress measure assigned; plans to include milestones and the change control practices around amendments to completion dates following necessary discovery activities are now being undertaken. This reflects our recent discussion with the Audit and Risk Committee (ARC). It's important to note that the provisional outcomes identified are only an initial figure, with further training, development and support, project managers and business leads required to identify additional EDI benefits as their work develops.
- 2.4 Completion of Objectives 1-4 continues to be being managed through the CCP, with delivery anticipated through all Directorates. In measuring this, the full performance reporting framework used for monitoring the CCP will apply, and this enables early warning of any slippage to the ELT on our progress in order they can appropriately respond. As a reminder, the organisations performance is also reported quarterly through the quarterly portfolio reviews to the Finance and Performance Committee, which provides the Council with assurance of our overall delivery of the CCP. The Head of EDI is supporting delivery where advice, guidance and support is needed, and monitoring completion as part of the wider EDI Strategy 24-25 delivery.
- 2.5 Evidencing the progress of the EDI strategy will occur by aligning the provisional outcomes to the 25 deliverables. Reporting on the 25 deliverables, and making reference to the outcomes, is more accessible for readers and allows for additional outcomes to be identified and reported on.

### **3. Equality, Diversity & Inclusion Delivery Group**

- 3.1 The overall EDI work will now be monitored through a newly formed EDI Delivery Group chaired by the Chief Operating Officer, the first meeting having taken place on 3 December 2024. This group will include colleagues from all Directorates with responsibility for progressing EDI in their areas of responsibility and across the GDC. The group will initially meet every month to build momentum and set direction.
- 3.2 EDI Champions are also being appointed to support each Directorate, and they will function as a link between the Head of EDI and the business leads. Overall management and coordination of the EDI outcomes and Strategy will be managed by the Head of EDI. We have started to put the Champions in place and aim to have this completed by the end of Q1.
- 3.3 At the time of writing the EDI Delivery Group has yet to agree their Terms of Reference, however the main purpose of this group will be to support the delivery of the 2024-2025 EDI Strategy, work towards the attainment of the PSA's Standard 3 and support compliance with the Public Sector Equality Duty.
- 3.4 It is also envisaged that the group will identify gaps in EDI data which is currently not captured and reported. This group is likely to also support other areas of work such as the planned data maturity assessment.

## 4. Key progress

### Employee Networks

- 4.1 At the start of 2024, the GDC had four employee networks (EN): Enable (supporting colleagues with disability), Rainbow (supporting colleagues who identify as LGBT+), Reach (which supports colleagues from ethnic minority backgrounds and heritage) and the Women's Network (supporting women in the workforce). In October 2024, a new EN was created, named PACT (Parents and Carers together) to support colleagues with caring responsibilities.
- 4.2 In August 2024, a new monthly Chair's meeting was set up and chaired by the Head of EDI. Every third meeting is attended by the CEO, the Associate Director for People and Organisational Development and the Head of Internal Communications. The meeting agenda includes Chairs Development, Events & Finance, Objectives & Priorities and Influencing GDC operations.
- 4.3 To date the Women's Network has identified objectives around Pay, Progress & Promotion, also harassment at work and flexible working. Rainbow is looking to support in the development of a new Gender Transition Guidance Document. Enable have completed a priority setting workshop which helped them explore ideas which can be developed into priorities for 2025. The monthly meeting provides an opportunity to review the progress of their priorities and link them with a relevant business lead.
- 4.4 Each EN now has an Executive sponsor, and a Senior Co-Sponsor aligned. Their role is to support the EN in addressing key topics where the ENs can provide insight and guidance to the GDC.
- 4.5 To support the chairs, a development day is being organised aimed at improving their understanding of the role of an EN chair. This will be delivered in person, by The Employers Network for Equality & Inclusion (ENEI) and planned for Q1 2025. The ambition is to continue developing chairs, recognising the unique leadership position they hold within the GDC. ENs will be supported with funding and are now working with the Head of EDI to understand where spending is required for 2025.

### EDI Learning

- 4.6 In November 2025 the GDC launched a package of compliance E-Learning. One of the modules is EDI in the workplace. This replicates the course offered to all new employees, providing a consistent approach across the GDC.
- 4.7 A program designed for colleagues to understand their EDI roles and responsibilities has been developed and tested with teams including the Dental Complaints Service, Associate Education Inspectors and Organisational Development. The intention is to offer this to all colleagues across the GDC to complement the compliance learning, prioritising public facing roles, and those who are routinely required to complete Equality Impact Assessments (EIA) within their role.
- 4.8 With a pilot program delivered in November 2024, "Managing the GDC Way" contains sections relating to pregnancy and maternity, reasonable adjustments and managing EDI considerations. The program is aimed at all first line managers, at all grades within the GDC. The program is due for a formal launch in January 2025.
- 4.9 Q1 2025 will see the creation of an EDI Toolkit to be launched on Connect. This will provide information for employees to access at any time, with topics around legal requirements and key considerations when interacting with people.

## 5. Equality, diversity and privacy considerations

- 5.1 This paper relates to the delivery of the EDI Strategy and therefore considers all aspects of the general duties of the Public Sector Equality Duty. The Public Sector Equality Duty, which applies in Great Britain (England, Scotland and Wales), requires public authorities to have due regard to certain equality considerations when exercising their functions, like making decisions. The duty supports good decision-making by helping decision-makers understand how their activities affect different people. It also requires public bodies to monitor the actual impact of the things they do. This work relates to all areas of the GDC's work and therefore impacts all employees, and a range of external stakeholders. Privacy considerations will be considered as the EDI action plan is delivered, monitored and reported upon.

## 6. Risk Considerations

- 6.1 The People & OD operational risk register contains risks that 'EDI considerations and responsibilities are not known or understood throughout the GDC'. There is also a strategic risk 'Appropriate actions and processes are not identified and implemented throughout the GDC to support implementation of the EDI Strategy' and a policy risk that 'EDI considerations are not sufficiently articulated and embedded into projects. It is anticipated that the EDI action plan together with monitoring and reporting, will mitigate these risks.
- 6.2 By linking the CCP and the EDI action plan, establishing the EDI Delivery Group and the appointment of EDI champions in each Directorate, we will progress the bridging EDI Strategy 24 – 25 in the build-up to the new Corporate Strategy 2026-28. A new programme of e-learning will be developed and launched in 2025 which will focus upon EDI responsibilities of GDC employees, for both internal and external activities. This will be supported by a new EDI learning platform which provides information to support colleagues in the different functions throughout the GDC.

## 7. Resource considerations and CCP

- 7.1 All programmes and projects of work undertaken within the CCP plan each undertake full initiation scoping where they each perform Equality Impact Assessments (EIAs) as routine. The actions recommended from the project EIAs are managed as deliverables within the projects and form part of CCP updates within the Quarterly Organisational Performance reporting and monitoring performed by ELT and FPC.
- 7.2 The CCP 2025-27 plan approved by Council includes specific initiatives for the delivery of EDI activities, which also will be reported and reviews within the Quarterly Organisational Performance reporting. These include:
- a. Informant EDI data capture - This will deliver the data to be able to better understand our informant population and promote other activities to inform the GDC about issues relevant to equality, diversity and inclusion. This activity commenced in Q4 2024.
  - b. EDI 2024-25 Strategy – Objective 5 - Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included.
  - c. In addition, the development of a new three-year strategy for 2026-28 will articulate Council's ambitions in relation to EDI.
- 7.3 There are also key objectives within the CCP FY25 – 27, which are of direct relevance to the EDI Strategy 24 – 25, these are: Ensure registrants, witnesses and the public can all effectively engage with the GDC throughout all our statutory duties.
- a. Ensure EDI is fully embedded in professional and educational guidance and support EDI in all aspects of professional behaviour.



- b. Ensure our staff understand our statutory EDI obligations and what it means for them in their daily work.
- c. To attract and retain a diverse and talented workforce to work at the GDC.
- d. Improve collection of quality assured EDI data across the business.

## **8. Monitoring and review**

- 8.1 A new EDI Delivery Group has been set up with the first meeting held on 3<sup>rd</sup> December 2024. As set out above, the group will support the progression, monitoring and reporting of the EDI Strategy, compliance with the GDC's Public Sector Equality Duty, data improvement objectives set out in the CCP plan and achieving the PSA's Standard 3. The Group comprises EDI Champions from each Directorate as well as critical stakeholders e.g. Business Insights, People Partners and Head of Right Touch Regulation. The group is chaired by the Chief Operating Officer.
- 8.2 Additional collaborative work continues between Head of EDI and the PMO team, to finalise an effective reporting framework in line with Section 2 considerations. Project/business owners continue to own delivery of their specific corporate projects.

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

- 9.1 Development of this update has included updates from business leads and project owners throughout the GDC, in line with the agreed direction of travel as part of the EDI Strategy 2024-25.

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

- 10.1 The GDC will be publishing the finalised EDI action plan by 31 December.
- 10.2 An update on the work of the EDI Delivery Group, monitoring and progress against the 25 deliverables in the EDI action plan will be presented to Council in Q1 2025.

## **Appendices**

None.

Dan Popple, Head of EDI

[dpopple@gdc-uk.org.uk](mailto:dpopple@gdc-uk.org.uk)

02 December 2024

## People and Culture Programme Update

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	Lee Avery, Associate Director, People and Organisational Development Richard Bloomfield, Head of Programme & Portfolio Delivery
<b>Type of business</b>	For discussion
<b>Purpose</b>	This paper and Appendix 1 – Programme high-level timeline is to provide the Council with an update on progress, since the last Council update on 27 September 2024, for the People and Culture Programme.
<b>Issue</b>	To provide an update on progress to the Council of the People and Culture Programme.
<b>Recommendation</b>	The Council are asked to note and discuss the update on progress of the People and Culture Programme.

### 1. Programme progress summary

*Table 1 – Programme progress RAG (Red, Amber, Green) status - as at the end of October 2024*

Programme	Total Reward	Workforce Development	Culture Change
Amber	Amber	Green	Green

- 1.1 As at the end of October 2024, the People and Culture programme had a progress RAG (Red, Amber, Green) status of amber, denoting that there is a need for management review and action for certain elements. This was due to:
  - a. the Total Reward project being an amber RAG status caused by delays to the schedule from the complexity of information being discussed and the need for further analysis and options. A change request to extend the project end date to Q3 2025 will be submitted for approval in November.
  - b. an increase in the risk likelihood of resource capacity shortfall especially POD of which further details are provided in section 5 – Risk considerations.
- 1.2 It is expected that both the Total Reward project and the programme will move to a green RAG status in the November 2024 reporting period, upon approval of the change request.
- 1.3 The Workforce Development project is a green RAG status as the schedule is on track. There is an increase in the risk on resources due to a recent staff leaver in October of which interim cover is in place whilst recruitment is underway.
- 1.4 The Culture Change work is a green RAG status and is currently in a discovery stage to identify the direction and key next steps required. The GDC values were signed off by the Council on 25 October.
- 1.5 As part of the CCP 2025-27 approved by the Council, the programme end date was extended from Q4 2025 to Q4 2026, to better reflect the emerging high-level scope and timelines from the Cultural change work.



- 1.6 As agreed by the Executive Leadership Team (ELT), the Optimisation of GDC Estates project was moved from this programme in October 2024 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 be scoped and confirmed as a package of work within the project, at the appropriate time.
- 1.7 Appendix 1 - Programme high-level timeline, provides an overview of the key deliverables across its sub-projects and the sequencing of them.

### **Programme overview**

- 1.8 The programme held a review meeting with the CEO on 1 November, to review the progress of the projects and the future direction of travel in line with the agreed CCP priorities. The key points from this review were:
- a. The need to undertake with the ELT and SMT a scoping workshop to develop and agree a clear narrative for the cultural change work and the future focus beyond the values.
  - b. The need to ensure alignment of the leadership and management development activities with this cultural change work and future focus.
  - c. The need for an 'enterprise-level' governance approach across the CCP portfolio (this would not be led by this programme)
- 1.9 The desired outcomes and success measures below for the CCP priority 'Develop our People and Culture', of which includes the People and Culture programme, were developed by the ELT. These formed part of the CCP 2025-27 plan of which was approved by the Council on 25 October 2024.
- 1.10 Desired Outcomes
- a. Our leaders and workforce act in line with our values.
  - b. Our workforce is representative of the populations we serve.
  - c. GDC is an attractive and inclusive employer.
  - d. Our workforce delivers benefits from Learning and Development.
  - e. Effectiveness and efficiency of the GDC is enhanced.
- 1.11 Success measures
- a. Improved recruitment attraction and retention.
  - b. Improved employee wellbeing/sickness levels.
  - c. Staff morale and engagement levels increased.
  - d. Learning and Development analysis demonstrates benefits in training provided.
  - e. Workforce analysis demonstrates commitment to equality, diversity, and inclusion.
- 1.12 The People and Organisational Development (POD) team have identified that 'effectiveness and efficiency of the GDC is enhanced', in the context of the People and Culture programme, will focus on developing the skills, competencies, mindsets and behaviours of our leaders and people over time. The CCP priority 'Financial and operational efficiency management', as well as other CCP priorities, will focus on improving operational practices which will also drive efficiency and effectiveness through systems, processes and ways of working. Therefore, the 'effectiveness and efficiency' outcome will also be reflected in those other CCP priorities as currently it is not.
- 1.13 The Senior Change Manager and Change Manager will be developing the scope of the Culture Change project to support the roll out of the values and influencing wider culture change. The CEO is also intending to have a discussion with ELT regarding the scope of the culture project

beyond values to bring further definition to the scope of the project. An example of this will be looking at the feedback provided by colleagues attending the values workshops regarding the constraints identified by colleagues in response to the feedback on being accountable.

- 1.14 The POD workplan for the programme and business as usual has been reviewed and refreshed, with the last review held in October/November. 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 priorities of the CCP 2025-27 plan.
- 1.15 As part of the ongoing communications and engagement approach, the GDC Next all staff conference was held on 5 November. This gave an update on the People and Culture programme, specifically focussing on the total reward and the forthcoming benefits package along with a separate session on the GDC values and panellists 'question time' session.
- 1.16 At this GDC Next staff conference, a dedicated awards ceremony was held recognising staff achievements across a range of categories: long-service award; Pioneer award; Customer's Champion; Colleague's Champion; Motivation Champion - with over 200 nominations received. The GDC also operates a Recognition Policy whereby all employees at the GDC can be recognised for working beyond the normal expected high standards and relates to the achievement of GDC's objectives and/or values, making a positive difference to the organisation.

## **2. Progress updates**

### **Total Reward**

- 2.1 Following the approval of benefits at the Council meeting on 27 September, work has progressed at pace to implement the revised benefits.
- 2.2 The project team (key people services personnel) with support from the Corporate Resources operations team are aiming for delivery of the benefits as from January 2025.
- 2.3 Procurement activity has commenced with respect to an online benefits platform.
- 2.4 The remaining benefits are being tested within Connect (the GDC's people and payroll system); and proposals developed.
- 2.5 The newly formed Leadership Network was updated on the revised benefits on 29 October, this was followed by an update to the People Forum on 1 November.
- 2.6 All staff were informed of the revised benefits package on 1 November; with a comprehensive update at the GDC Next all staff conference held on 5 November.
- 2.7 The pay and grading work has also progressed; with the support of the consultants Dearden HR and QCG.
- 2.8 Several key decisions are required by January to continue to progress the work; the complete pay and grading package will then require scrutiny from the Remuneration and Nomination (RemNom) committee and the Finance and Performance (FPC) committee in March and April 2025. The pay and grading package will then be submitted to the Council on 25 April for approval.
- 2.9 The Internal Communications and Engagement team will assist with creating the communications and engagement approach following the GDC Next conference. The communications activity will support the launch and implementation of the benefits, pay and grading ensuring the engagement activity is planned well.

### **Workforce Development**

- 2.10 The OD team completed a major review of the learning and development for quarters three and four of 2024 and has profiled interventions for manager development, learning and development, wellbeing, and Equality, Diversity and Inclusion (EDI).

- 2.11 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. The new people managers channel is working well in terms of providing updates with the latest news, guidance, and policies.
- 2.12 The new Leadership Network has been launched and members of the ELT, SMT and Heads of will meet formally three times per year to focus in on priorities and collaborate on development. In addition, the ELT and SMT will now meet 6 weekly to develop strategic plans and policy and focus in on delivery and progress.
- 2.13 PDRs have continued to be rolled out and the focus is now moving to giving support to preparing for the end of year reviews. A recent internal audit has given indications of successful implementation of the PDR process however further work is underway to ensure colleagues understand the purpose and value of the PDR process to them and the organisation, improving the quality of one-to-ones and further building skills in setting objectives for the coming year.
- 2.14 The OD team continues to develop and progress the learning offer. Additional e-learning training offers being released in Quarter 4 include: internal recruitment e-courses, open access to a suite of manager/leader training resources. 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.
- 2.15 Compliance learning has been planned for Q4 2024 and all 2025 ensuring all colleagues are up to date. Work is continuing to review all content (with subject owners) and suitable e-learning packages for roll-out via the Connect:Learning system. Subjects to be released in Quarter 4 cover: Whistleblowing, Anti-Fraud and bribery and converting policies to be read by new starters into e-learning content.

#### **Leadership and Management Development**

- 2.16 The Leadership Development Framework provides leadership and management learning across all tiers of management/ leadership and extends into 2025.
- 2.17 Managing the GDC Way pilot ran on 19 November and is a one-day programme highlighting the people related processes, policies, and action required of managers from recruitment, induction, day to day practise and departure. This programme will evolve throughout 2025 and 2026 into a broader programme of practical skills and competency development. This work has not yet been defined but topics under consideration include building high performing teams, driving engagement, recruitment, having great conversations, performance management and the basics of managing within the law.
- 2.18 A contract has been agreed with an external provider to design and develop the Management Essentials programme. Ownership of the content is with the GDC. This programme supports managers in their development of core management skills. The first cohort will launch in January/ February 2025.
- 2.19 The 'leading a high-performance organisation programme' has commenced with ELT and SMT and further dates are booked in for November, December and a combined workshop is being planned for January. This programme is to be extended to the Heads of community with a launch date yet to be agreed.
- 2.20 The POD team provided an overview of the action plan for the Employee Engagement Survey to the RemNom Committee as requested. The plan takes a bottom up and top-down approach. Each directorate has their own plan to address the survey results that were specific to their

results. The top-down plan is focussing on the common developments of total reward, workforce development, culture and improved communications to support the drive to raise engagement levels across the GDC.

- 2.21 To support employee wellbeing a range of activities are in progress: a series of Stress Management seminars, Chair massage sessions (online and in-person options), Beyond the mask: Navigating Neurodiversity in the Workplace (Panel Discussion via Teams). The delivery plan for wellbeing is being developed and is based upon an analysis of causes of absence data. The biggest intervention we need to make is to develop our Leaders and Managers to review workloads, prioritise and re-plan and then manage the allocation of work and delivery effectively in balance with good well-being. This will be a focus in 2025.

### **Culture and Values**

- 2.22 The Senior Change Manager and Change Manager attended the Education Associates training day to discuss their engagement options for the GDC values.
- 2.23 The feedback from the series of GDC interactive colleague values workshops was incorporated into the values proposal of which was shared with ELT, discussed with RemNom, and then signed off by the Council on 25 October.
- 2.24 Following the Council approval of the values, a briefing was provided to the Leadership Network and the People Forum. At the GDC Next conference held on 5 November, an update was provided to all colleagues regarding the approved GDC values and the next steps.
- 2.25 A values behaviours framework is being developed by our Organisational Development team and will incorporate feedback from the recent colleague values workshops. The People Forum and the Leadership Network will support the build and test of the framework.
- 2.26 The values will be incorporated into the corporate and departmental inductions. The 'Managing the GDC Way' and 'Management Essentials' cohorts will support the piloting of the values behaviours framework. This will include a managers toolkit leading to the values being introduced into discussions as part of the Performance Development Review process in 2025.
- 2.27 In 2025, activities will be run to support all colleagues to incorporate and evidence the values behaviours. By the mid-year review time (end of Q2 2025), all colleagues will be utilising the values behaviours framework as part of the PDR process, and it will form part of business as usual along with a recognition scheme to celebrate values behaviours successes.

## **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 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 has been 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.
- 4.2 Individual EIAs have now been undertaken for the policy changes relating to the new benefits package.

## 5. Risk considerations

- 5.1 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 planning exercise, the POD leadership team has regularly been reviewing progress, priorities and managing capacity challenges by sequencing. The latest review being on 13 November. 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 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.
  - d. In recent months, we have recruited an EDI professional to coordinate and lead our approach to EDI. The workforce development team has been strengthened by the interim appointment of a highly experienced OD professional to support the work of the OD team. A key focus being creating the behaviour framework to underpin the new GDC values.
  - e. There is an increase in the risk on resources due to a recent staff leaver in October of which interim cover is in place whilst recruitment is underway.
- 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 (as mentioned earlier in this paper). 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.
  - b. An example of the communications approach to date was the GDC Next staff conference held on 5 November, where updates were provided on the People and Culture programme, total reward and the forthcoming benefits package along with a separate session on the GDC values. The feedback from the event is currently being collated.
  - c. The newly formed Leadership Network community has launched to engage and motivate them as a group, and in time provide the development, tools and narrative for them to better communicate and engage with their teams locally.
- 5.4 Emergent and unplanned higher priority/ legislative/ legal/ external changes impacting the delivery of the People and Culture programme.
- a. The POD team continues to work through a number of complex cases which require time and resource to progress. The BAU work has to be managed alongside programme delivery.
  - b. The POD team continues to focus on 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. The POD team is working alongside colleagues from the wider GDC to progress this issue.

- c. Any emergent and unplanned change impacting on the 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. The POD team has completed 4 formal reviews and reprioritised.

## **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.
- 6.2 Refer to section 5 – Risk considerations for further details on the mitigating actions for the risk of ‘Resource capacity shortfall especially POD’.

## **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. We have agreed that we will not duplicate discussions held in formal ELT meetings during programme board meetings, to lessen the impact on capacity.
- 7.2 Progress reporting forms part of the standard CCP Portfolio reporting cycle to the ELT and with the FPC quarterly. The RemNom committee receives regular updates in respect of the Total Reward and Workforce Development projects.
- 7.3 A proposal was discussed with the Council on 27 September 2024, to reduce the frequency of progress reporting to bi-annual updates to the Council on the overall People and Culture programme, alternated with bi-annual updates on the EDI strategy. On the frequency of reporting, the Council felt that a six-monthly reporting cycle on issues such as EDI would not allow them early warning where issues were identified, or where progress was not on track. The Council requested more regular reporting but with the option of providing less detailed reports whilst still ensuring sufficient oversight of the progress made.
- 7.4 At the September meeting, the style of the reports was also considered with Council expecting future reports to have more of a project management discipline with deliverables and progress against those deliverables and more visual display of the progress made. It was noted that future reporting would provide Council with greater visibility of where projects and programmes are on and off track and what is happening at a local level.

## **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 27 September 2024.

## **9. Next steps and communications**

- 9.1 The next update on progress will be provided to the Council at its meeting in February 2025.

## Appendices

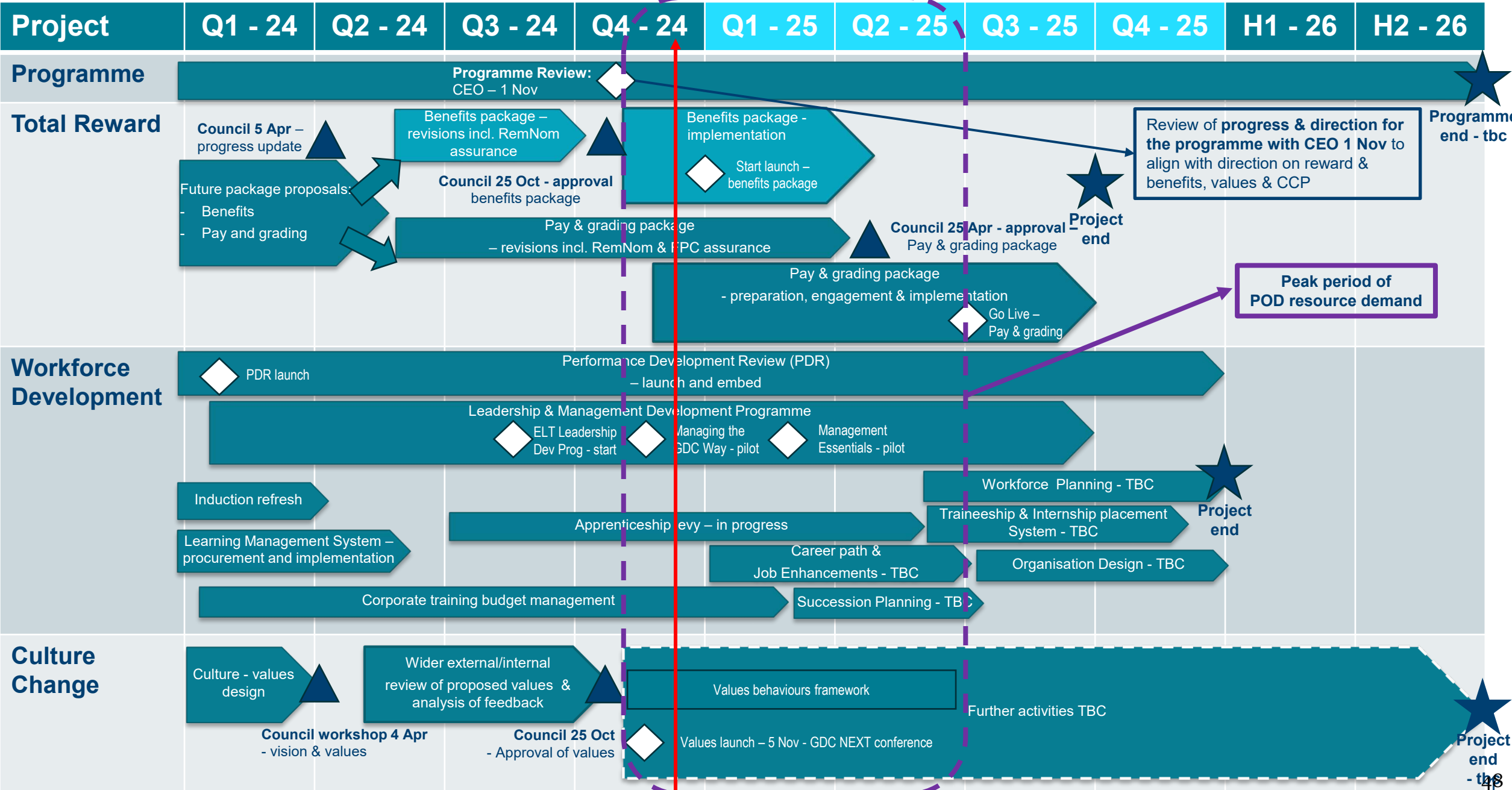
- Appendix 1 – Programme high-level timeline

Lee Avery, Associate Director, People and Organisational Development  
LAvery@gdc-uk.org

Richard Bloomfield, Head of Programme & Portfolio Delivery  
RBloomfield@gdc-uk.org

22 November 2024

# Appendix 1: People & Culture Programme - High-level Timeline – 6/12/2024





## Review of Education

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Manjula Das, Head of Education Quality Assurance Amy Mullins-Downes, Operations and Development Quality Assurance Manager
<b>Type of business</b>	For discussion and approval
<b>Purpose</b>	This paper provides Council with a draft of the 2023/24 Review of Education for comment and approval. This is a report that is produced annually and provides analysis and a summary of the Education Quality Assurance activity and subsequent findings for the previous academic year.
<b>Issue</b>	The latest version relating to 2023/24 is presented for comment and approval, with the intention to publish in early 2025.
<b>Recommendation</b>	Council is asked to discuss and approve the draft report.

### 1. Background

- 1.1 Since 2012, the GDC has published a Review of Education on an annual or biennial basis which can be found here [Review of education](#). The reports describe the GDC's Education Quality Assurance (EQA) activity during the preceding academic year as well as plans for the coming year.
- 1.2 The report describes the key activities relating to Education, specifically:
  - a. Reviewing applications for new programmes;
  - b. Monitoring existing programmes;
  - c. Inspecting new and existing programmes;
  - d. Updating on education policy and communication developments.
- 1.3 The main audience for these reviews is education providers and other stakeholders interested and involved in training and education including patients, prospective and present students, postgraduate bodies as well as other regulators.
- 1.4 Over recent years we have aimed to make the review clearer to provide a better summary of our findings and more reader friendly.
- 1.5 We will work with the Communications team so that the report is available in a web-based format that is easy to read and navigate. In addition, a pdf version will be available to download.
- 1.6 This paper sets out the background and purpose of the Review of Education 2023/24 and highlights any areas that are interdependent or where there is impact, such policy, legal, communications and risk.

## **2. Legal and Policy Considerations**

- 2.1 The Review of Education is an opportunity to identify key trends and commonalities between providers and their performance against the Standards for Education. This includes a detailed summary of the quality assurance activity. This in turn can be used to inform any areas that are pertinent to education policy developments. We have worked with policy and communications and engagement colleagues in its development.
- 2.2 During the 2023/24 academic year 'Safe Practitioner: A framework of behaviours and outcomes for dental professional education' was approved by Council and published and the GDC has begun work with all education providers to transition across to the new learning outcomes.
- 2.3 The GDC is in the process of revising and updating the current Standards for Education, which is currently out for consultation. This included stakeholder involvement from a wide range of professional groups to inform what the new and revised Standards should look like.
- 2.4 During this last academic year, the GDC has received several requests and inquiries from universities who do not hold Dental Authority Status (DAS) but who wish to explore developing a programme that would award a bachelor's in dental surgery (BDS). The Privy Council awards DAS to allow graduates of dental programmes to join the GDC register. We have developed guidance on how potential new providers can gain DAS and establish a new school/programme.
- 2.5 The Review of Education details how the GDC has been working with the Department of Health and Social Care (DHSC) to develop guidance for potential new BDS providers who wish to seek DAS. This is an ongoing piece of work, and guidance has been drafted and will be ready for publication by the end of 2024.
- 2.6 The EQA Team is undertaking a thematic review in dental nurse training and has been working with key stakeholders to ensure that a full understanding of the issues affecting this group.
- 2.7 We have detailed specialty quality assurance developments and plans for future improvements.

## **3. Communications**

- 3.1 In the review we include information about the student engagement undertaken and plans for the coming academic year. The programme of engagement includes several GDC colleagues presenting to all first and fifth year BDS students, foundation/vocational dentists and hygiene and therapy students, and providing a positive and informative introduction to the GDC and attempts to redress any misconceptions. The communications team are looking into how we can engage with the remaining DCP groups. The sessions are held across the four nations and are delivered both in person and remotely.

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

- 4.1 Throughout the Review of Education we have included examples from a range of stakeholders, predominantly good practice. All stakeholders that are specifically mentioned within the Review of Education, have had their consent explicitly sought.
- 4.2 The Review of Education will be published on the GDCs website as a public document, with oversight and contribution from the Communications and Engagement Team to ensure that it is accessible to all.

**5. Resource Considerations and CCP**

- 5.1 The Review of Education falls under the EQA Teams 'business as usual' activity and therefore is not linked specifically to any areas of the CCP.
- 5.2 The document is developed by the EQA team with input from a range of individuals from a number of teams including Communications and Engagement, Policy, Research. We have regular meetings to aid planning, review progress and next steps and identify and mitigate and risks or challenges.
- 5.3 There are no additional costs for the review outside the planned time of team members.

**6. Next steps**

- 6.1 We are seeking comment and approval from council for the publication of the review. The review will be designed and we aim to publish early in 2025.
- 6.2 In Q1 2025 we will start discussions to review the structure, content and wider purpose of the report, to explore if these are appropriate going forward.

# Item 11.1 - Review of Education 2023-2024

## Executive summary

The General Dental Council (GDC) regulates the whole dental team across the UK. We quality assure education and training to make sure that each programme meets our standards. It is our statutory duty to ensure that new graduates fulfil the required learning outcomes so they can register with us.

Our Education Quality Assurance (EQA) team strives to hold itself to the same high standards of its stakeholders who fall within its quality assurance remit.

This academic year we have carried out our normal quality assurance activity. This continues to inform and further establish the GDC's risk-based approach. It also supports the EQA team's responsive and proportionate approach.

Since 2018 we continue to see a 16% year-on-year growth of new programmes. Further to the NHS Long Term Plan, we have also seen a further increase in interest in new schools and programmes in the past year. Some universities across England and Wales have asked the GDC about becoming dental authorities, a status awarded by the Privy Council. For UK graduates, the only route to registration as a dentist with the GDC is on the basis of holding a degree in dentistry awarded by a dental authority. We also continue to see an interest in potential overseas providers.

This report sets out the EQA and education policy activity for the academic year 2023/2024 (September 2023 to August 2024).

Highlights from this year include:

- Granting provisional approval to **one** new programme (Dental Hygiene and Therapy) at the University of Suffolk.
- Monitoring 32 programmes, consisting of **12** Bachelor of Dental Surgery (BDS), **14** Dental Hygiene and Therapy (DHT) programmes and **one** Orthodontic Therapy Programme, **three** Dental Technology (DT) programmes and **two** Dental Nurse programmes.
- The monitoring pilot resulted in an emergency inspection to a BDS and Hygiene Therapy programme being delivered by a single provider and identified **12** more risk-based inspections that will take place in the next academic year.
- Inspected **19** programmes across 15 providers; **nine** of these were risk-based inspections and **six** were new programme inspections; **one** pilot inspection. There was **one** urgent inspection following the 2023 round of monitoring.
- Published the revised learning outcomes and working with all education providers to start the transition to the new Safe Practitioner Framework.
- Developed revised draft of the new Standards for Education, which is now gone out for public consultation.
- Held several stakeholder events including workshops to inform a dental nurse thematic review.
- Revision and approval of all 13 dental specialty curricula, which have been in use since September 2024.
- Improvements made to the specialty quality assurance process, including stakeholder engagement, which should be in use for the 2025/6 academic year.

- We have taken the Specialist List Assessed Application process in house, cleared the backlog, run a public consultation to improve the routes and new routes to come become live 1<sup>st</sup> January 2025.

## 1. Background

The GDC has a statutory responsibility to promote high standards of education in all aspects of dentistry through its regulatory role. We set the requirements for all UK programmes that lead to registration as a dental professional. We have quality assurance responsibility for education and training that leads to registration. We also make sure that each programme meets the requirements that have been set. This process helps us to fulfil our primary role to protect patients.

### 1.1 The Standards for Education

Our Standards for Education have three standards and 21 requirements that apply to all UK dental education and training programmes leading to registration with the GDC as a dentist or dental care professional (DCP). The Standards are the regulatory tool used by us to make sure a programme is fit for purpose. The Standards are central to our quality assurance processes.

The Standards outline three areas that we expect education and training providers to address in their programmes so that qualified students and trainees can then register to practise in the UK. These areas are:

<b>Standard 1</b> <b>Protecting patients</b> <b>(Requirements 1-8)</b>	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 a suitable standard. Any risk to the safety of patients and their care by students must be minimised.
<b>Standard 2</b> <b>Quality evaluation and review of the programme</b> <b>(Requirements 9-12)</b>	Providers must have in place effective policies and procedures for the monitoring and review of their programmes.
<b>Standard 3</b> <b>Student assessment</b> <b>(Requirements 13-21)</b>	The programme's assessment must be reliable and valid. The choice of assessment method must be appropriate to prove achievement of the <u>GDC Learning Outcomes</u> . Assessors must be fit to perform the assessment task.

### 1.2 Assessing providers against the Standards

We assess education providers' compliance with the Standards. We determine whether the 'requirements' that sit under each one are 'met', 'partly met' or 'not met'.

A requirement is **met** if:

'There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates with broad confidence that the provider demonstrates the requirement. Information gathered through meetings with staff and students is supportive of

documentary evidence and the evidence is robust, consistent, and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.'

A requirement is **partly met** if:

'Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.'

A requirement is **not met** if:

'The provider cannot provide evidence to demonstrate a requirement, or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of requirements and the possible implications for public protection'.

## 1.3 Types of quality assurance activity

We undertake three different types of quality assurance activity:

### 1. Evaluation of new programme submissions

An education provider can submit a request to create a new programme. They must set out how they will ensure the qualification will meet the Standards, including how the students will demonstrate all the [GDC learning outcomes](#). We review new submissions against our standards with the help of our Education Associates (EAs). We then present recommendations to the Registrar. The Registrar makes the final decision on whether to grant provisional approval for DCP programmes. If the programme is provisionally approved, it will be subject to a full inspection before the first student cohort graduates, and before it can grant full approval. The Privy Council awards dental authority status to allow graduates of dental programmes to join the GDC register. The GDC will then carry out quality assurance inspections to ensure ongoing sufficiency and report their findings to the Registrar.

### 2. Monitoring

We review written evidence submitted by education providers to ensure compliance with the Standard. Our EAs review the evidence and make recommendations about whether they meet the requirements. We may carry out an inspection if standards are partially or not met. An inspection can be planned within the coming academic year depending on the level of concern.

In 2022, we piloted a streamlined approach to our monitoring activity that meant providers could answer fewer questions when they submit documentary evidence to support their responses. Providers would return a signed declaration with their responses to support the integrity of the response. This approach was well received, and we have continued to build on it throughout this academic year.

### 3. Inspections

We undertake a risk-based approach to inspection, which can be triggered by several risk factors, such as:

- Risks identified through the monitoring process
- Lack of progress against actions arising from monitoring or previous inspections
- Complaints received relating to the programme or provider
- Analysis of fitness to practise cases against recent graduates of a programme
- Issues identified in other programmes offered by the same provider.

An inspection will be undertaken by the EQA team and EAs. They meet with staff, students and stakeholders to explore the evidence against the Standards. They produce a report at the end of the inspection that might include requirements and recommendations for the education provider. [Latest inspections](#) are published on our website.

## 2. Reviewing new programme submissions

In 2023/2024, we received requests to consider five new programmes of education. Only one was a completely new programme. This was a Hygiene Therapy qualification for the University of Suffolk. The other four were from providers who were updating the qualifications they offered – three Dental Nurse (DN) Diploma programmes and an Orthodontic Therapy qualification.

The five new programme submissions are set out below:

- One dental hygiene and therapy programme
- Three dental nurse programmes
- One orthodontic therapy programme

Name of programme	Outcome	Date of graduating cohort
NCFE CACHE DN T Level (integrated)	Approved	2026
NCFE CACHE DN T Level (standalone)	Approved	2026
NCFE CACHE DN T Level (16-18)	Approved	2025
University of Bristol Diploma Orthodontic Therapy	Approved	Oct 2024
University of Suffolk FdSc Dental Hygiene and Therapy	Approved	2026

## 3. Programme modifications

The programme modification process has been in place for two years and supports providers that want to make changes to existing programmes that do not need a full programme submission. The process allows providers to inform the GDC of its plans. The GDC considers those plans against set criteria for major, medium, and minor change. There were five programmes that used this process:

- One BDS programme
- Two dental hygiene and therapy programmes
- One clinical dental technology programme
- One dental nursing programme

Name of programme	Type	Outcome	Details of when any follow up actions or recommendations will be reviewed.
University of Bolton FD DT Apprenticeship	Medium	Approved	24/25 Annual monitoring
Coleg Menai – Diploma Dental Nursing	Medium	Approved	24/25 Annual monitoring
University Dundee BDS	Medium	Approved	24/25 Annual monitoring
University Dundee BSc HT	Medium	Approved	24/25 Annual monitoring
University of Suffolk HT	Medium	Approved	New programme inspection

## 4. Monitoring dental education programmes

### 4.1 Risk-based monitoring activity

2023/2024 was the second year of the GDC's revised approach to risk-based monitoring activity. It is a light touch check-in of how education providers are meeting the Standards between inspection activity. It was well received by stakeholders and all returns deadlines were met. The EQA team planned resource for this work, including full briefings for the EAs, and offered meetings to schools who needed guidance ahead of the monitoring starting. Schools were all sent a pre-recorded webinar link that outlines the process and the stages.

A ratification meeting was held in February 2024 and the providers informed of their outcomes in March 2024. There were four potential outcomes:

- Regular monitoring
- Inspection in the next academic year
- Urgent inspection same academic year
- Additional monitoring – to provide clarity which may lead to one of the above three actions.

The table below shows the outcomes of the risk-based monitoring activity. We determined that 11 of the 32 monitored programmes would be inspected in the 2024/2025 academic year. One was deemed to require an urgent inspection and the remaining twenty will be subject to regular monitoring.

This was the first year the EQA team fully implemented the risk framework that was noted in last year's [Review of Education](#). This worked well to ensure consistency in the approach. EAs were able to complete their review completely online. This improved efficiency and positive feedback was received.



Dentistry (BDS)	Dental technology (DT)	Clinical dental technology (CDT)	Dental nursing (DN)	Orthodontic Therapy (OT)	Hygiene	Hygiene Therapy
12	3	0	2	1	2	12

	Dentistry (BDS)	Dental technology (DT)	Clinical dental technology (CDT)	Dental nursing (DN)	Orthodontic Therapy (OT)	Hygiene	Hygiene Therapy
No further action-regular monitoring in the next academic year	9	2	0	1	1	1	6
Inspection	3	0	0	1	0	1	6
Urgent inspection	0	1	0	0	0	0	0

When the analysis of the monitoring returns is complete, the team use a risk framework to assess all internal and external data on all education providers to inform the quality assurance activity that should be carried out for each individual education provider. Risk is also considered for providers who were scoring well in their returns but have not been inspected for more than five years. It was decided an inspection for the next academic year would be carried out in some of these cases.

## 4.2 Royal Colleges

The EQA team has progressed work with the Royal Colleges and how we quality assure the pre-registration programmes that they award.

The team surveyed both the Royal College of Surgeons (RCS) England and RCS Edinburgh to gain clarity on their delivery and awarding models. RCS England functions as a standalone provider for the LDS programme, writing, delivering and awarding the exam. For the Yorkshire OT programme, they write and award the programme, with delivery outsourced to Leeds Dental Institute. It is still quality assured by the College.

RCS Edinburgh functions as an awarding organisation in line with other AOs approved by the GDC. They have multiple providers who deliver the programme content. They then deliver the final exam, which leads to the registerable qualification. This mirrors the delivery of the National Examining Board for Dental Nurses (NEBDN). Based on this research, it was agreed that RCS Edinburgh programmes can be quality assured alongside other AOs and using the existing process.

We have agreed to work more closely with the Royal Colleges, holding initial briefing sessions with lead staff members and gathering Royal College feedback via a survey. During the implementation phase of the Royal College inspection pilot project,

implementation briefing workshops were held with key staff members to confirm the working agreement between the GDC and the Royal Colleges.

The project team analysed the delivery and examination approaches of both RCS England and RCS Edinburgh. Going forward, RCS England can remain within the standalone quality assurance framework. We have addressed this in the revised Standards for Education revision review project by including exam-only requirements.

## 5. Inspections

We inspected 22 individual programmes in 2023/24 across 15 providers. Two providers had their programmes inspected twice within the academic year. This brings the total number of inspections up to 24. Both providers had new programme inspections at the start of the academic year. They then had a follow up risk-based inspection at the end of the year to look at progress against set actions. 11 of the inspections were risk based, eight of these were related to new programmes and there was one urgent inspection following concerns raised in the 2023 monitoring. There was also one exam inspection and one pilot inspection of the Royal Colleges. All inspections took place in person.

Below is a breakdown of the number of inspections per discipline:

- One dental technology programme
- Three dental nursing programmes
- One orthodontic therapy programme
- Eleven hygiene/hygiene and therapy programmes
- One Royal College examination

We plan to return for exam inspections for seven out of the 20 programmes over the coming months.

All the latest inspection reports are published on the [approved providers page](#).

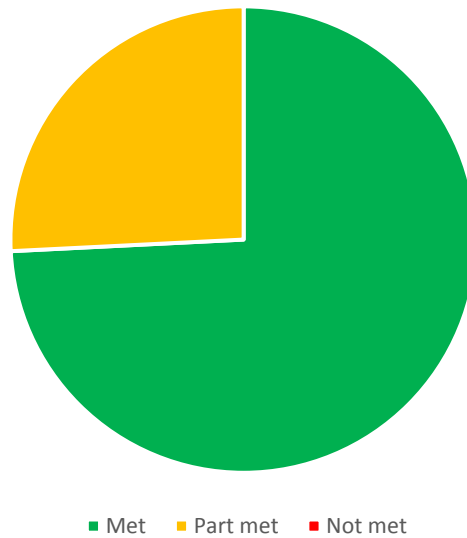
### 5.1 Performance against individual standards and requirements

We have analysed this year's inspection activity to identify common strengths and issues. Of the 24 inspections conducted, all 21 requirements were scrutinised for 15 programmes. Of the other programmes, there was enough evidence and data to show that the requirements were already be met and were not considered further during the inspection. 12 inspections are complete at the time of writing, with 12 more to complete after this review. These consist of:

- One BDS programme
- Three Hygiene programmes
- Four Hygiene and Therapy programmes
- One Dental Nursing programme
- One Dental Technology programme
- One Orthodontic Therapy programme
- A Royal College examinations pilot.

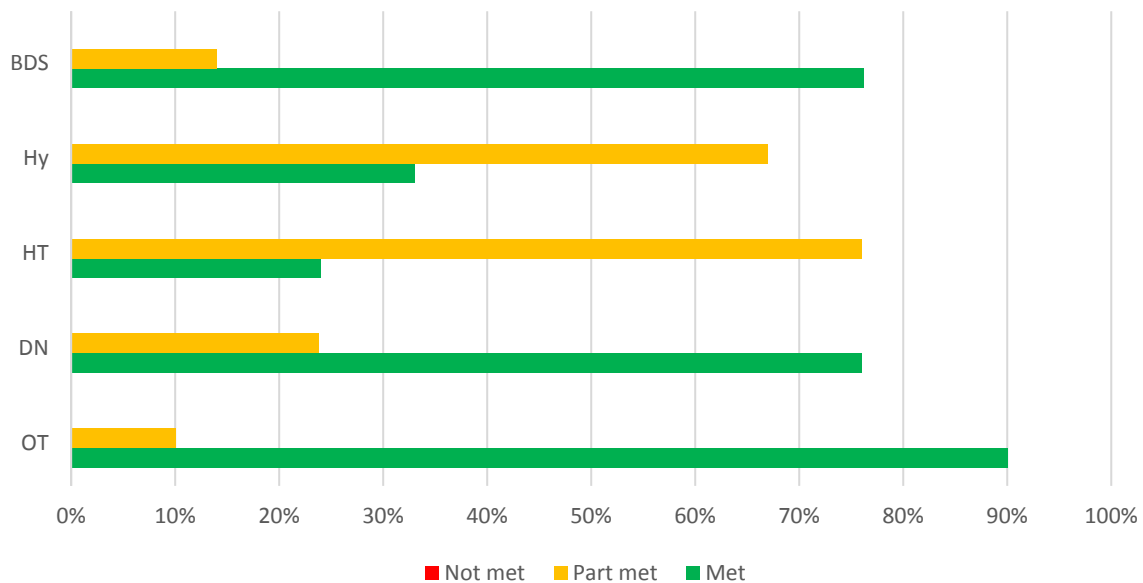
Of those completed, the chart below demonstrates the number of requirements that were “met” across all three Standards in the 2023/2024 period:

Percentage of met requirements 2022-2023



This chart provides a breakdown of the requirements “met”, “partly met” and “not met” by the different groups:

Total requirements met by profession



The 2023/2024 inspection activity data is not yet complete. But it already shows there is a decrease in the amount of Hygiene and Hygiene Therapy providers achieving a ‘met’ across Standard 2. Standard 2 relates to the quality evaluation and review of programmes.

We gave these providers specific actions to achieve and have arranged follow up inspection activity in the new academic year. It is positive that no providers achieved an ‘unmet’.

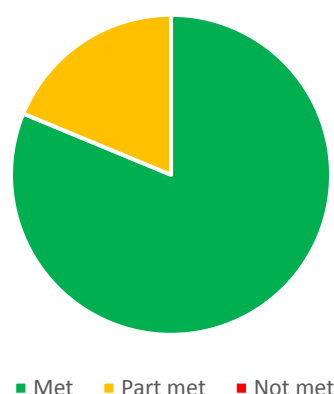
There have been no significant concerns that relate to patient safety across all our inspection work. The EQA team’s work continues with AOs, as risk has once again been

highlighted this academic year. The thematic review in dental nursing is exploring specific issues around the quality of assessment, and this will remain an area of focus for the team.

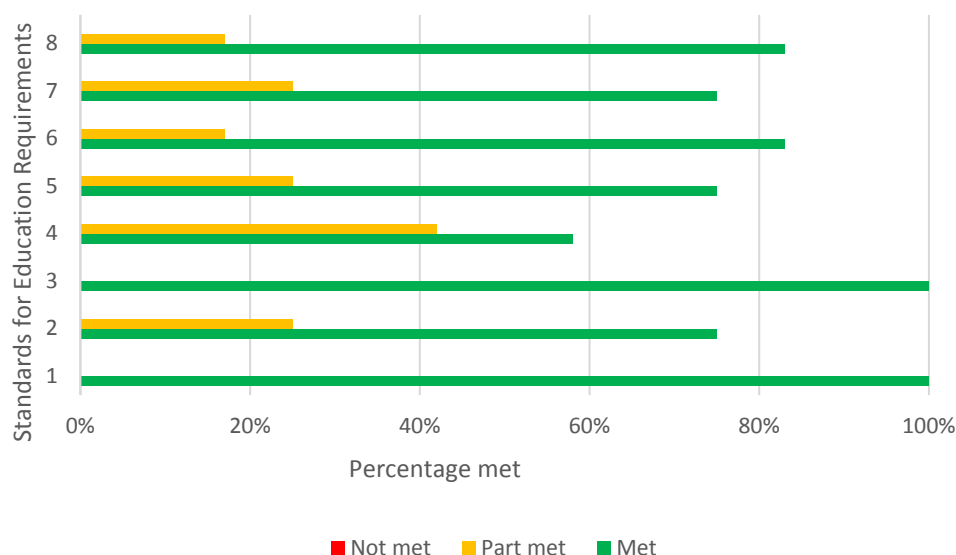
### 5.1.1. Performance against Standard 1 – Protecting patients (Requirements 1-8)

The chart below shows the percentage of requirements “met”, “partly met” and “not met” across Standard 1:

Percentage of met requirements-  
Standard 1



The chart below outlines a further breakdown per requirement for Standard 1 in the 2023-2024 academic year:



As in the previous years, Standard 1 and 3, which relate to protecting patients, have the most “met” requirements across all the Standards. The partly met requirements account for 19% of the requirements. This year, there were more BDS, Hygiene and Hygiene Therapy programmes than in previous years.

Within Standard 1, some requirements were ‘partly met’. The areas identified for improvement were as follows:

- Student supervision in clinics
- Patient consent to being treated by a student
- Student fitness to practise policies

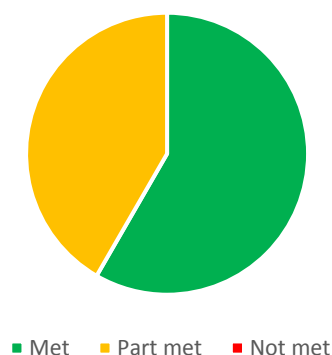
Examples of areas of good practice under Standard 1 included:

University of Liverpool Foundation Bachelor of Dental Surgery
<b>Requirement 6</b>
During the inspection the panel met with a range of student groups and observed good responses demonstrating their understanding of the importance of raising concerns regarding patient safety and the process for doing this. Students expressed they felt comfortable raising a concern and that it would be acted upon by the school.
Grŵp Llandrillo Menai & Bangor University / Agored Cymru, Level 3 Diploma in Dental Nursing (Wales)
<b>Requirement 4</b>
The panel heard from learners who indicated that they had a supportive relationship with their mentors. They confirmed that the reserved time for programme study was being protected.
The <i>Student Handbook &amp; Placement Information</i> document clearly indicates to learners that they must not undertake any procedures unsupervised, or any procedures for which they don't feel adequately prepared.

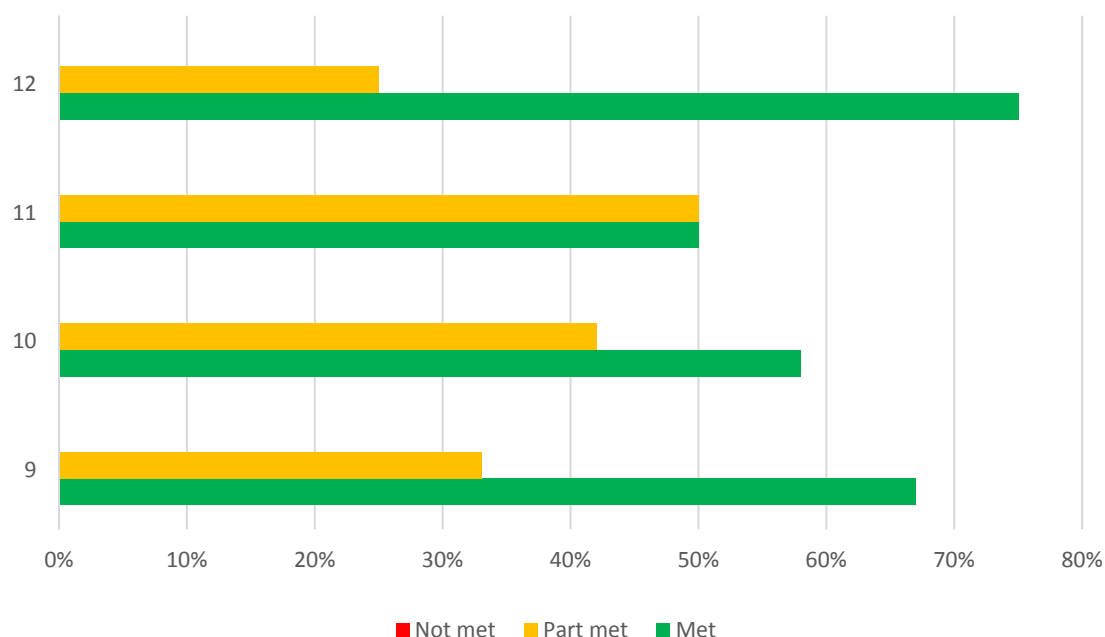
### 5.1.2 Performance against Standard 2 – Quality evaluation and review of the programme (Requirements 9-12)

The chart below shows the percentage of requirements “met”, “partly met” and “not met” across Standard 2:

Percentage of met requirements-  
Standard 2



The chart below outlines a further breakdown per requirement for Standard 2 in the 2023-2024 academic year:



As with last year's data, this standard remains the most problematic for providers. Fewer providers are able to show they have fully met the requirements. Hygiene and Hygiene Therapy providers did not give full assurance, but all providers have at least partly met this standard. Requirement 11 remains a weaker area for several programmes. This relates to internal and external quality assurance procedures, and the use of external examiners. Gathering meaningful patient feedback is an area providers also struggle with. This is now being looked at in the review of the Standards for Education. There are some common reasons why programmes do not fully meet the requirements under this standard. These are:

- Appropriate use of external examiners (EEs);
- Quality frameworks being applied consistently across programmes and can demonstrate that issues are addressed and monitored;
- Formalising the collation and use of patient feedback.

Examples of areas of good practice under Standard 2 included:

Yorkshire Orthodontic Therapy Course awarded by the Faculty of Dental Surgery of Royal College of Surgeons of England, Diploma in Orthodontic Therapy

#### Requirement 9

The panel heard from the students and workplace trainers that the provider is responsive to feedback and gave examples of when the provider had made changes to improve the quality of the programme.

The University of Central Lancashire, Bachelor of Dental Surgery – International Route (BDSi)

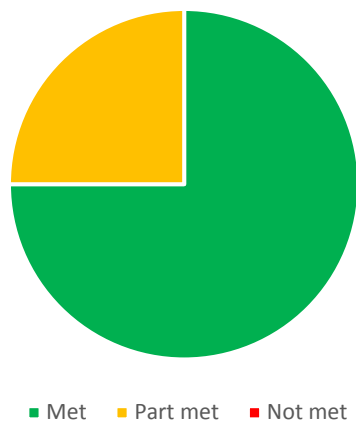
#### Requirement 11

The University has a central liaison who communicates with the EEs although contact is also maintained by the Head of School. EE reports are considered and responded to by the University and actions arising are fed through the Education Committee. An EE is also present at meetings to decide key progression points.

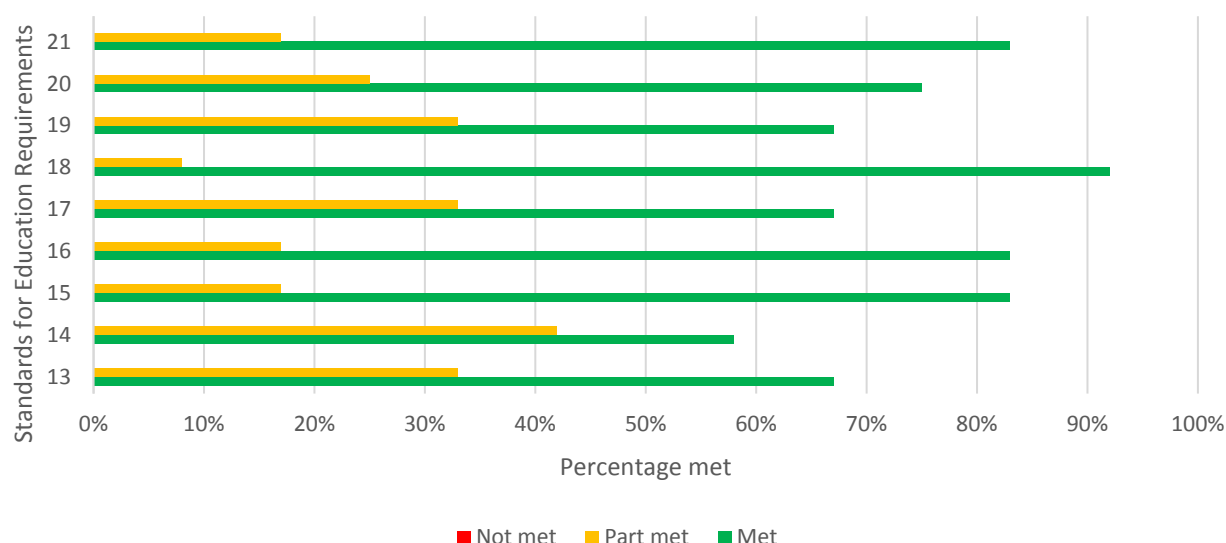
### 5.1.3. Performance against Standard 3 – Student assessment (Requirements 13-21)

The chart below shows the percentage of requirements “met”, “partly met” and “not met” across Standard 3:

Percentage of met requirements-Standard  
3



The chart below outlines a further breakdown per requirement for Standard 3 in the 2023-2024 academic year:



The level of requirements being met in Standard 3 has increased this year. This standard relates to clinical experience and assessment. This provides further assurance that student experience is being suitably monitored, recorded, and assessed across the programmes inspected.

Compared to last year, this standard is well met by Orthodontic Therapy Dental Nurse and BDS programmes. The main programme types partly meeting the requirements are Hygiene and Therapy programmes. This may be due to an increase in the amount of Hygiene and Therapy programmes we have inspected.

All inspected programmes met and partly met this standard and at the time of writing, no programmes had been unable to meet this.

Last year requirement 17 was not fully met in over half of all programme inspections. This has decreased in 2023/24 and 67% of providers met the standard, with 33% partly meeting it. In previous years, providers have struggled to meet this requirement. This focuses on providers using feedback as an assessment method and is recognised as an area providers found challenging. Overall, improvement is a real positive which reflects the efforts being made by education providers.

The areas identified for improvement were as follows:

- Consistency in assessment
- The standardisation and calibration of examiners
- Improvements in student monitoring systems.

Examples of areas of good practice under Standard 3 included:

University of Central Manchester, BSc Oral Health Science (DHDT)
<b>Requirement 15</b>
At the inspection, students indicated that they see a good range of patients, particularly from some deprived area and are able to acquire broad experience.



### Requirement 19

A training video was sent out to examiners prior to the assessment to aid consistency of approach. The teamwork between examiners during the calibration processes and the revisiting calibration during the exam was noteworthy.

## 6. Quality assurance of specialty education

Between 2020 and 2023, all specialty programmes and speciality examinations were quality assured against the Standards for Specialty Education. All reports are now published on the [dental specialty training page](#). This was the first time that the GDC completed formal monitoring and inspection activity of specialty education and training. The outcome resulted in an inspection report for each training commissioner and examination provider, with recommended actions provided and agreed follow up timeframes.

This academic year, the GDC has carried out a wholesale review of the quality assurance activity between 2020 and 2023. The GDC has used internal and external lessons learnt to design future quality assurance processes. This work has involved several elements, that include:

- Obtaining feedback from all involved stakeholders
- Identifying areas for improvement
- Designing the speciality QA monitoring process
- Planning the monitoring frequency/cycle of further quality assurance activity
- Development of a process to quality assure the new specialty curricula.

In September we shared drafts of the processes with stakeholders, culminating in a stakeholder event in November where we shared the draft framework and guidance. In 2025 we will share the findings of finalise the process with stakeholders for use in the 2025/6 academic year. The EQA team will identify and design any required team training by the end of 2024. They will also share a summary report with internal and external stakeholders.

## 7. Specialty curricula review

The GDC approves all specialty curricula for the 13 different dental specialties that leads to the award of a Certificate of Completion of Specialty Training (CCST). The content of each curriculum is developed and owned by the Specialty Advisory Committees (SACs). They report to the relevant dental faculty of one of the three UK Royal College. In the development of the curricula the SACs liaised with the postgraduate deans to ensure that the proposed new curricula were universally deliverable. The GDC has started to develop a quality assurance process to evaluate the curricula now the work to revise the curricula is complete. This project has several objectives:

- Develop a proactive quality assurance process (PQA) for the revision of specialty curricula
- Create bi-directional avenues, allowing key stakeholders to initiate change
- Involve key stakeholders throughout the development of the PQA process
- Identify areas for improvement
- Highlight and promote areas of good practice
- Provide ongoing monitoring (frequency of cycles to be determined)

- Consider appropriate time scale that fall in line with new curricula and speciality training cycle.

There will be a separate process to revise the specialty curricula, which we will develop in conjunction with key stakeholders, specifically SACs, the Royal Colleges and COPDEND.

8. In 2023, we brought the management of the Specialist List Assessed Application (SLAA) process in-house. This process was previously administered by the Faculty of Dental Surgery at RCS England. This decision was made to gain greater control and consistency of standard of the assessment process for overseas trained applicants for specialist listing, and for those coming through non-standard UK routes. An aim of this change was to eliminate the backlog of applications. This was completed in early 2024.

In addition, we consulted between June and September 2024 on changes to the GDC's Specialist List Regulations. The proposed changes would introduce a more flexible route for potential applicants for specialist listing, moving away from a focus on experience gained through academic and research work as the permitted criteria for assessment. These proposals were designed to maintain the standards required to join a list but allow those with the knowledge, skills and experience gained from a wider range of backgrounds to apply. Council discussed this in October and agree to amend the Regulations to make the application routes fairer and more consistent. For example, UK-trained dentists will no longer be restricted to apply only through the academic and research route; they will be able to apply through a more general route that has previously been available to non-UK trained dentists.

## 9. Engagement

Stakeholder engagement is a significant part of the GDC's role and we continue to work closely with stakeholders, individuals and organisations to build and maintain strong relationships.

### a. Student and new registrant engagement work

Every year, around 5,500 students and trainees take up places to train to become members of the wider dental team through UK education providers. This is a sizeable and important group of prospective new registrants for the General Dental Council (GDC).

This is reflected by the GDC's student engagement programme, where we meet with all first and fifth year BDS students, foundation/vocational dentists and hygiene and therapy students. Since the programme started six years ago, we have engaged with thousands of students and new registrants, consistently receiving positive feedback, both in terms of improving perceptions of the GDC and the understanding of the role we play as their future regulator.

The GDC invests a proportionate amount of time and resources in our student engagement activities, which are important for several reasons:

- As this audience are the future of the dental profession, it is important the GDC understands their perspectives, concerns, and aspirations. Our perceptions research from a few years ago told us that students were the group that had the most misconceptions about the GDC, and lowest understanding of our remit. Therefore, we felt it was important to engage with this group as early as possible in their careers

to help them understand the role of their regulator and how we can support them throughout their career. These misconceptions are directly addressed in the slide pack used for the student engagement presentations.

- Students and new registrants may face unique challenges during their education and training. Engaging with them allows us to understand these challenges and help us identify solutions, either from within the GDC or with external partners.
- We help student voices to be heard, and their perspectives considered when making decisions that impact their future professional life. This can lead to greater trust in us as their regulator and the overall dental profession.
- Building relationships with students can lead to further collaboration between us and education providers. These partnerships can result in more effective communication and mutual support in achieving common goals, such as improving dental education and patient care.

### *Programme overview*

Across the 2023-2024 academic year, the Communications team and a group of GDC volunteers helped deliver key content for the student engagement programme. Alongside this, we continue to develop and improve the programme using the learnings from previous years, feedback from students and education providers, and feedback from GDC peers and presenters/observers.

The presentations that were delivered across the four nations of the UK typically focussed on topics such as: the key role that everyone in the dental team plays, what it means to be a part of a regulated profession, the role of the GDC as their regulator and complaint handling, with a focus on location resolution and professionalism. Towards the latter part of the academic year, presentations were adapted to include a short summary on the working patterns data for dentists (released in March 2024).

The GDC held a total of **58** student and new registrant engagement sessions (+16 from 42 in 2022/23) across Scotland, Wales, Northern Ireland, and England, with a total of **3,706** (+537 change from 3,169 in 2022/2023) attendees across these sessions. These included:

- **17** first year sessions (five of these were a mixed group including dental hygienists, dental therapists, or clinical dental technicians)
- **18** final year sessions (four of these were a mixed group including dental hygienists, dental therapists, or clinical dental technicians)
- **22** sessions with foundation/vocational trainees
- **1** session for third year dental hygienists and dental therapists.

We were unable to reach FDs from HEIW, Manchester Y1 and Y5 students, Leeds Y1 and UCLAN Y5 students due to lack of response to our engagement.

The sessions were delivered by 19 different colleagues from across the GDC. Presentations in England tend to be delivered virtually due to travel limitations and the quantity of education providers, while sessions in Scotland and Wales tend to be delivered in person.

The total number of attendees for these sessions were:

- BDS first year students: 1192 (+56 from 1,136 in 2022/23)
- BDS final year sessions: 1125 (+147 from 978 in 2022/23)
- Foundation/vocational trainees: 1036 (+241 from 795 in 2022/23)
- Dental hygienists, dental therapists and dental nurses: 343 (+93 from 250 in 2022/23)

- Clinical Dental Technicians: 10 (no change from 10 in 2022/23).

We have become increasingly aware that we have limited knowledge of the important and significant Specialist and Associate Specialist grade. We want to better understand this group, so that we can support them better. This has included conversations with the Academy of Medical Royal Colleges and British Dental Association colleagues to inform the development of an engagement plan.

#### b. Stakeholder engagement

We routinely engage with key stakeholders in the dental education and training as building and maintaining strong working relationships is key for us to better understand the sector and needs. As well as attending and contributing to a range of established meetings, this year we have also:

- Held stakeholder engagement events regarding the implementation of Safe Practitioner Guidance in February
- Held two stakeholder events in March as part of the revision of standards for education
- Stakeholder event to better understand challenges within dental nursing education and training
- Stakeholder engagement to share and discuss specialty education and training developments
- Held stakeholder engagement events focused on reviewing the standards and guidance for dental professionals, which were attended by education and training stakeholders

#### c. Student perceptions and engagement with the GDC.

Since 2017 we have been making a concerted effort to engage routinely with students and new registrants to help them better understand who we are, what we do and what it means to be a student in a regulated profession. This started in dentistry and has been rolled out to hygiene and therapy. We are currently developing material and looking at the most appropriate channels of delivery for dental nurses, dental clinical technicians, and dental technicians.

In December we published [TITLE and link](#). Some key findings include:

- Overall, students tended to express more positive opinions towards the GDC than other groups, with slightly fewer saying their overall perception was negative (41%), though broadly their positivity was relatively low (26%).
- Among students, fear was the most commonly associated word at just over half (53%) with knowledgeable second (41%).
- Registrants, students and other stakeholders were all more likely to correctly identify core functions of the GDC than select misconceptions" - "85% of students knew that the GDC maintains the register."
- The proportion of students (66%) who thought that the GDC sets clinical standards was higher than for registrants and other stakeholders."
- Most students surveyed (74%) did not recall receiving communication from the GDC.

### 9. Learning Outcomes review – Safe Practitioner implementation

The '[Safe Practitioner: A framework of behaviours and outcomes for dental professional education](#)' (SPF) was approved by GDC Council and published in October 2023. The GDC held briefing sessions with providers and awarding organisations in February 2024 to

highlight the differences between SPF and the existing GDC curricula, 'Preparing for Practice: Dental team learning outcomes for registration' and our expectations.

The EQA team introduced Transition Action Plans (TAPs) to standardise the process of moving from one curriculum to the other. This allowed all providers and awarding organisations (AOs) to explain how they would transition their programmes to SPF in a way that would ensure a consistent and replicable review process by Education Associates. The assessment of TAPs has been completed for most providers and AOs and will be supported by a review process to ensure that the transition between curricula occurs in a reasonable, timely and specific way. Providers/AOs where their TAP assessment has not been completed fall into two categories:

1. Providers/AOs whose TAP could not be accepted by the Education Associates - the provider/AO must submit an updated TAP that addresses the concerns identified during the initial assessment. This will be reassessed by the Education Associates.
2. Two providers out of 38 have been granted extensions to the implementation deadline of 1 August 2025. The extensions relate to four programmes, two per provider, out of a total of 70 programmes across all providers. The affected programmes comprise a combined hygiene and therapy qualification and a BDS from each provider.

SPF implementation is expected to continue until 2032. The bulk of programmes will have transitioned onto SPF by 2030.

The GDC held two stakeholder events to present documentation and guidance and answer any queries from providers. Engagement with our stakeholders has been positive. The willingness shown by all providers to work with the GDC has been assuring.

## **10. Development plans for 2024-25 and beyond:**

In 2024-2025 our focus will be to:

- Continue working with education providers and awarding organisations to to implement the Safe Practitioner Framework.
- Revise and publish the Standards for Education
- Complete the review of EQA processes for specialty training
- Develop a process to evaluate the specialty curricula
- Complete a thematic review for dental nurse training and education
- Start a thematic review into dental technology training and education
- Publish guidance on the submission of new programmes to include more details about Dental Authority Status.

## Continuing Professional Development

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Sabrina Kissarli, Policy and Projects Officer Ross Scales, Head of Upstream Regulation Deema Marzouq, Policy Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	The purpose of this paper is to provide the Council with an up-to-date outline of Continuing Professional Development (CPD) matters, focusing on the benefits and challenges of the Enhanced CPD scheme, and the development of a future scheme.
<b>Issue</b>	This paper provides the Council with an update on CPD issues and developments.
<b>Recommendation</b>	The Council is asked to: <ul style="list-style-type: none"><li>• Note the ongoing issues with the Enhanced CPD scheme.</li><li>• Note administrative changes to the Enhanced CPD scheme.</li><li>• Discuss the actions required to develop a new scheme that encourages quality CPD, moving away from a compliance-based approach.</li></ul>

### 1. Introduction

- 1.1. This paper provides an update to the Council on CPD activities. It sets out a summary of the current scheme including the legislative basis for this, the benefits and issues with the scheme, as well as plans for administrative changes and the longer term ambitions for a lifelong learning scheme in dentistry.
- 1.2. What the GDC sets out in terms of our CPD requirements has a direct and significant impact on every dental professional. The CPD scheme has an effect on our registrants' time and finances, as well as where they may focus their development. It also has an impact on patient safety and public confidence in the profession. This means that it is one of our primary tools for fulfilling our regulatory role and sustaining high standards in dentistry.
- 1.3. We do not have powers to change the current CPD scheme, or even to amend most aspects of its requirements. This is because these changes require amendments to legislation, as described in Section 6, below. We have therefore structured the policy work around CPD into two phases. The first relates to what can be amended within the current legislative framework. The second phase focuses on what a future CPD scheme should set out to achieve. While the GDC might wish to seek further amendments to the current scheme, most would require legislative change. This means that we need to consider whether it would be a sensible approach to seek changes to legislation to amend the current scheme at the same time as seeking change that would allow a new scheme to be developed and implemented.
- 1.4. Phase One work undertaken to date has included: a comparative analysis of CPD; a review of the literature on CPD, inviting views to shape the future direction of lifelong learning for dental professionals; and an evaluation of the Enhanced CPD scheme. Recent Phase One work has focused on immediate actions to address key findings from the [Enhanced CPD research](#)

published in June 2023, as well as concerns raised by stakeholders during CPD engagement meetings. In response to these findings and concerns, the policy team has reviewed the current CPD rules and GDC processes with the support of registration, customer service operations and legal colleagues. The aim of this was to identify any additional flexibility available that could better support registrants to undertake meaningful CPD. It also sought to identify where the current scheme put barriers in place that stopped some good quality activities from counting towards the GDC's requirements. Other areas being considered within Phase One include reviewing the recommended topics and developing tailored content to support specific dental professional groups with CPD. There are a number of issues within the current scheme which we cannot address with administrative changes due to the constraints of the legislation.

- 1.5. Phase Two of this work will involve the scoping and development of a new CPD framework. Introducing a new scheme will require changes to the legislation that sets out the current CPD Rules, or changes that provide the GDC with the ability to write our own rules without parliamentary approval.

## **2. Summary of the current Enhanced CPD scheme**

- 2.1. The Enhanced CPD scheme was introduced in 2018. It seeks to encourage dental professionals to take a proactive approach to their development by considering their specific practice needs, through maintaining a Personal Development Plan (PDP), and aligning CPD activities with defined developmental outcomes. The aim of the scheme was to move beyond simple compliance for registration and foster a more flexible, personalised approach to lifelong learning across the dental team. Key CPD requirements include:
  - a) Completing a minimum number of verifiable CPD hours according to your professional title.
  - b) Spreading CPD over a five-year cycle, with a minimum of 10 hours every two years.
  - c) Maintaining a record of CPD activities and a PDP.
  - d) Submitting a CPD statement as part of annual renewal.
- 2.2. The Enhanced CPD scheme introduced an increase in the number of verifiable CPD hours to be completed by dental professionals (except for dental nurses and dental technicians) throughout each five-year cycle. The scheme no longer requires dental professionals to record and report non-verifiable CPD, reducing the total number of CPD hours required to be reported over each five-year cycle. The requirement to complete a minimum of ten hours every two years was implemented to ensure that registrants did not complete all the required hours in a condensed period of time, for example at the end of their cycle.
- 2.3. Dental professionals can request a period of grace at the end of their five-year cycle, this provides them with an additional 56 days to complete any outstanding CPD. A grace period can only be requested within six-months of the end of the cycle.
- 2.4. Where a registrant is removed from the register for any reason, in order to be restored they must comply with specific CPD requirements depending on the reason for their removal and the length of time they spent off the register.
- 2.5. As of August 2024, 67,370 dental care professionals had met their CPD requirement for 2023-24. 41,406 Dentists were compliant for cycle year 2023.
- 2.6. We saw a 24.6% decrease in CPD non-compliance for dental care professionals in 2024 compared to 2023. This has followed three years of external communication campaigns to educate dental care professionals on the CPD requirements. In 2023, we hosted a well-received webinar, provided an article in professional associations' magazines, and spoke at an industry



conference. This year, we have simplified the content to make it easier to understand, provided a new leaflet, and a step-by-step guide to all professional associations.

- 2.7. The 2023 [Registration Statistical Report](#) revealed that in that year 55 dentists and 404 dental care professionals were removed from the register due to CPD non-compliance. The majority of these dental care professionals who came off the register were from the 2022 CPD cycle, because their appeals concluded in 2023. For dentists, CPD non-compliance was the fourth most common reason for removal, following voluntary removal, non-payment, and retirement. For dental care professionals, it was the third most common reason, after non-payment and voluntary removal.

### 3. Known benefits and issues with the current CPD scheme

- 3.1. As part of the Phase One work, the GDC commissioned Cardiff University to review and evaluate dental professionals' experience with the Enhanced CPD scheme. The research published in June 2023 showed that although many dental professionals take a positive and proactive approach to their own learning and development, more needs to be done to ensure the full benefits of the Enhanced CPD scheme are realised. The research publication prompted further engagement with stakeholders, including NHSE, BDA, the Armed Forces, and others, who raised concerns about the GDC's CPD verifiability requirements and their impact on these groups.
- 3.2. The key findings from the research indicate that most dental professionals do not find the Enhanced CPD scheme requirements difficult to achieve and comply with. Despite this, a considerable number of dental professionals were unfamiliar with some important features of the scheme, particularly:
- a) the need to complete at least 10 hours of CPD in each consecutive two-year period with the possibility of submitting a zero-hour year
  - b) the ability to request a grace period for more time at the end of a cycle
  - c) how to develop and maintain a PDP.
- 3.3. The research showed that many dental professionals were motivated to complete quality CPD courses out of a sense of their own professionalism and personal interest in the topic, but this view was not universal. Some professionals continued to utilise a compliance-based approach to learning and development, partly driven by the need to meet the GDC's hours-based requirements. Any future reform will need to recognise this variation in views and attitudes towards CPD. Some key findings from the research are listed below:
- a) Some dental professionals were unaware of the grace period feature, and how to apply for one. Others questioned why registrants are not automatically granted a grace period when they fall short on CPD hours.
  - b) A few highlighted that CPD became a tick-box exercise for some registrants, as not all registrants are driven to complete CPD to enhance their professional practice.
  - c) A few dental professionals found it difficult to comply with the Enhanced CPD scheme requirements, specifically with obtaining the correct documentation to evidence verifiable CPD.
  - d) Dental professionals stated that the main barriers preventing them from enrolling on good CPD courses are time, cost, quality and access.



- e) Dental care professionals reported that their workplace had a significant impact on CPD activities, for example some dental nurses struggled with securing their own CPD and completing it outside of working hours.
- f) Some dental professionals said they were confused about whether completing 'core' and 'recommended' training was mandatory.
- g) Dental professionals highlighted difficulty creating and maintaining PDP's, this was seen as burdensome.
- h) Many dental professionals were discouraged from doing non-verifiable CPD hours.
- i) Compliance with 10/2 rule was lower for some dental care professionals particularly dental nurses and dental technicians.

3.4. Overall, the research showed that the compliance levels with the five-year requirements for verifiable CPD was high among dental professionals, with young dentists showing the highest level of compliance. Compliance with the requirement to complete 10 hours of CPD every two years was also high, with dentists tending to have the highest rate of compliance. The 10/2 rule compliance rate was generally lower than the compliance rate with the five-year cycle requirement.

3.5. The GDC's strict rules for verifiable CPD can be problematic, as they limit flexibility and may inadvertently discourage meaningful professional development. The requirement for detailed documentation creates administrative barriers, especially for CPD providers who do not typically supply such comprehensive records. This rigidity may lead dental professionals to avoid engaging in CPD activities that are difficult to verify or require extra documentation steps, even when these activities are highly relevant and beneficial to their practice. Evidence from the CPD research also highlights these concerns, 53% of participants in the research reported being discouraged from doing the activities they believed to be valuable if not counted as verifiable CPD; for instance, one dentist noted, "it engenders a mercenary attitude to CPD – if there is no certificate or it's hard/marginal to prove, then don't bother." This feedback suggests that the current approach may push professionals toward activities aimed more at meeting regulatory requirements than at actual skill development or practical learning.

3.6. We recently met with other regulators as part of an Inter Regulatory Group (IRG) to discuss and share learnings about CPD. From this, it became clear that the GDC has the least flexible CPD requirements among healthcare regulators who do not operate a system of revalidation, with non-compliance resulting in serious consequences, including removal from the register. We met with the Health and Care Professions Council, General Optical Council, General Osteopathic Council and the Royal College of Veterinary Surgeons, all of which have a more flexible approach in place that allows professionals to take breaks and make up any missing CPD, with minimal compliance requirements.

#### **4. Administrative changes**

4.1. As part of evaluating the Enhanced CPD scheme, the policy team undertook an internal review of the current policies and processes that are subject to the CPD Rules. This review was prompted by concerns raised by stakeholders and the issues identified through the research highlighted above.

4.2. The aim of this review was to identify areas where policy and process could be changed to support dental professionals with undertaking meaningful verifiable CPD. This focused on changes that could be addressed within the current legislation and without undermining the

scheme or our ability to administer it. These administrative changes are planned to be implemented before the end of 2024.

4.3. Supporting communications are planned to promote these changes at a time when dentists will be looking to complete their annual renewal. Previous communications, particularly as part of the dental care professional annual renewal period, and a guest blog written in tandem with the Dental Professional Alliance have succeeded in promoting our messaging around CPD and helped to improve dental professionals' understanding of their requirements.

4.4. The seven areas of concern identified are listed in the table below:

**Table 1: CPD key messages and administration changes**

Area of concern	Key messages	Administration change
CPD certificates and registration numbers	<ul style="list-style-type: none"> <li>- Registration numbers are helpful but are not required in the CPD Rules.</li> <li>- Registrants can write down their registration numbers on CPD evidence themselves if necessary.</li> </ul>	Update guidance and website information to reflect that registration numbers on certificates are not mandatory.
CPD certificates and signatures	<ul style="list-style-type: none"> <li>- CPD Rules do not mandate signatures on certificates.</li> <li>- The way we interpret rule 2(6)(b) is a matter of policy and procedure, Reg/CSO look for wording like 'we confirm that the information provided on this certificate is full and accurate and has been subject to QA'. This can be provided as an email from the provider if necessary.</li> </ul>	Update guidance and website information to reflect that we look for similar wording to that stated previously, with the name of the person or body providing QA not a signature.
Quality assurance of CPD	<ul style="list-style-type: none"> <li>- A signature is not required to confirm that QA has taken place.</li> <li>- Reg/CSO look for the wording confirming the CPD has been subject to QA with the name of the person/body providing QA.</li> </ul>	Update guidance and website information to reflect that we look for wording on certificates confirming the CPD has been subject to QA by a person or body and to clarify what we accept as conformation e.g., an email.
Mapping documents and signatures	<ul style="list-style-type: none"> <li>- Mapping documents do not require a signature; signatures are just one way of confirming the information provided is 'full and accurate'.</li> <li>- Emails from providers can confirm that CPD criteria have been met when a signature is not possible.</li> </ul>	Update the mapping document criteria and remove the requirement for CPD providers to sign off mapping documents and produce tailored content on how to map CPD via alternative formats e.g., emails.
Grace periods	<ul style="list-style-type: none"> <li>- Requests for a grace period must be submitted via eGDC or email within the last six months of the CPD cycle.</li> <li>- CPD hours cannot be completed outside the declaration period.</li> </ul>	Update the guidance and website information on grace periods and continue to raise awareness around the flexibility grace periods introduce.
Removals from the register	<ul style="list-style-type: none"> <li>- We now have the Registrar's decision-making process guidance which outlines the removal process and the exceptional circumstances considered.</li> <li>- Registrants can appeal erasure decisions under mitigating circumstances. If the Registrar's Rule 8 discretion is withdrawn, registrants will remain on the register, no CPD hours need to be made up for that period.</li> </ul>	Update wording on CPD for professional's webpage by adding short summary of Registrar's decision-making guidance.
Restoring onto the register	<ul style="list-style-type: none"> <li>- The 10/2 rule is not applied during restoration, and exceptional circumstances are not taken into consideration.</li> </ul>	Update current FAQ's on restoration and produce tailored communications around restoration, and develop supporting materials (e.g., table for hours/requirements, case studies on how to apply for restoration).

4.5. Up to last year, registrants applying for restoration to the register were required to submit evidence of all completed CPD, which was burdensome and could delay the process. To address this issue faced by those who leave the register without consciously intending to, e.g. by not declaring sufficient CPD or failing to pay the ARF, a change in process was introduced. Dental professionals who have been off the register for less than 12 months now only need to declare their CPD completion, without submitting evidence, unless they had been removed for

CPD non-compliance on a previous occasion. Those off the register for more than 12 months or previously removed for non-compliance must still provide evidence.

- 4.6. Customer service operations are contributing to the ongoing Manage GDC Registration programme, which includes opportunity to improve the internal and external user experience for CPD. This is at an early stage of planning in relation to CPD, but early concepts include aligning contact to registrant communication preferences, upfront guidance/tooltips available on CPD guidance, specifically addressing grace periods and 10/2 awareness which will be tailored to the individual.

## 5. Future developments within the current CPD scheme

- 5.1. We have identified a number of further ways in which we could strengthen the existing scheme. These future Phase One developments include: developing supporting content, review of recommended topics and scoping of the value of increased random sampling of registrants' CPD records. Detailed work on these products has not yet been begun.

- 5.2. We could improve engagement in quality CPD within the current scheme, by developing and providing supporting content to registrants. Our research suggests that we could strengthen professionals' understanding in the following areas:

- a) How to plan activities that will have a positive impact on practice
- b) How to use a PDP including a range of sample role-specific PDPs
- c) How to best use reflection – building on the existing reflective practice materials
- d) How peer-learning and peer-review activities can be made verifiable – (provider and professional guidance)

Relatedly, stakeholder engagement indicates that provider and professional guidance on how to develop and identify good quality-assured CPD would be welcomed and valuable. This would build on the foundation of the existing COPDEND QA framework, seeking to make it more accessible.

- 5.3. The GDC recommends some important CPD topics that will relate to many dental professionals and their field of practice. We could choose to add to the current list to influence CPD choices, for example, we could add Equality, Diversity and Inclusion, which is now strengthened within the Safe Practitioner Framework for those training to become a registered dental professional. We have had some feedback from registrants that they would find it helpful to have additional guidance on topics it is sensible to cover, though doing so could risk undermining the personal responsibility we are seeking to encourage, with approximately three-quarters of registrants who participated in the Enhanced CPD evaluation research, reported using recommended topics as a 'tick-box' to select their CPD. Registrants' completion and repetition of these topics can also act as a barrier to pursuing further, more relevant learning opportunities, particularly as many still see these topics are mandatory.
- 5.4. The GDC has the power to require dental professionals to submit evidence at any time during, and for up to five years beyond, the CPD cycle. While this power has been used to require evidence to be submitted by registrants who have not met CPD requirements, audit of declared compliant CPD records has not taken place in recent years. Audit is likely to be beneficial in motivating compliance, though its value would need to be balanced against the cost of operating an audit system. It may also provide intelligence on professionals' CPD choices and patterns, although this is sample-size dependant. A CPD audit process that presents an opportunity for professionals to show their achievements could have increased importance in quality

management in a future outcomes-based CPD scheme. The Manage my GDC Registration project may open up opportunities for a smarter way to audit a significant sample of declared compliant CPD.

## 6. Legislation

- 6.1. The Enhanced CPD requirements are established by legislation, which mandates CPD compliance for dental professionals. These rules are contained in [The General Dental Council \(Continuing Professional Development\) \(Dentists and Dental Care Professionals\) Rules Order of Council 2017](#).
- 6.2. The current Rules set out what is required for activities to 'count' as CPD, the number of hours required for different groups, what records dental professionals must keep, and the format of an annual CPD statement. They also set out what the GDC must do to communicate with dental professionals, when a grace period can be offered, and what is required to remove individuals from the register and to restore them.
- 6.3. To illustrate the degree of prescription within the legislation, please see Section 2(6) of the Rules. This outlines the CPD verifiability requirements, stating that registrants must ensure that: *any CPD undertaken by the practitioner is only to count towards the minimum number of hours [...] if—*
- a) *there is documentary evidence from the provider of the CPD which states—*
    - the subjects, learning content, aims, objectives and anticipated learning outcomes of the CPD and the date that the CPD was undertaken,*
    - I. the total number of hours of CPD undertaken,*
    - II. the name of the practitioner who has participated in the CPD activity,*
    - III. that the CPD is subject to quality assurance and the name of the person or body providing the quality assurance is provided*
  - b) *that documentary evidence includes confirmation from the provider that the information contained in it is full and accurate; and*
  - c) *the CPD delivered a learning outcome identified in the practitioner's CPD record in accordance with rule 3(2)(a).*
- 6.4. Changes to the CPD scheme beyond those described above would require changes to be made to the rules and that is not a straightforward process or one wholly under our control. While the Council formally make the Rules, approval is required from the Privy Council in order for them to come into force. The Privy Council role means, in turn that new rules (or amendments to rules) then have to be put before Parliament as statutory instruments for formal approval. The government has in the past insisted that because of the parliamentary oversight, the final form of the rules must be drafted by government lawyers and have government policy support.
- 6.5. More radically, it would be sensible to encourage the government to make changing the rules more straightforward by removing the requirement for Privy Council approval. That is the approach they are committed to as part of the longer term regulatory reform programme and a change they were willing to make last year in respect of the rules governing the ORE. But that would also need legislative change by a different route and would need a suitable legislative vehicle to be found.
- 6.6. The more radical changes to the scheme set out in the following section of the paper could only be taken forward through one of those two routes. It would thus be premature to develop

detailed proposals, but there is value in considering at a high level what a desirable future model might look like.

## 7. Developing a future CPD scheme

- 7.1. The [2019 literature review](#) proposed a future qualitative-based, outcomes-focussed model for UK dental professionals to include:
- a) an emphasis on active learning, portfolios and peer (and mentor) interaction and feedback
  - b) online user-friendly tools to register required evidence
  - c) an embedded quality-assurance system: random CPD record selection
- 7.2. The [2023 Enhanced CPD evaluation report](#) also suggested that consideration be given to a future outcomes-based scheme, with no monitoring of hours or declarations, but instead registrants maintaining their own evidence of learning, again with sample auditing as quality-assurance. Other findings within the same research suggest that many would not yet be comfortable with such a scheme: with GDC staff voicing concerns about public protection issues if recommended topics were not included and little support from registrants for an enhanced role for the GDC in reviewing the quality of PDPs. One alternative model identified in the 2019 literature review is to include CPD within a revalidation process.
- 7.3. It is clear a wide-reaching outreach programme will be needed, to inform and engage affected parties in the development of any future CPD scheme, as acknowledged by the GDC's [lifelong learning discussion document outcome report](#) and recommended by the CPD literature review. This, not least, because of the GDC's stated, and strongly supported, direction of travel towards a professionally owned, self-directed model of lifelong learning.
- 7.4. The contents of a future CPD scheme will be reliant on the nature of the legislation changes made. Best practice in the field of lifelong learning is also constantly evolving. This presents a challenge in determining when to begin Phase Two of this work, to develop the new CPD scheme, and there is a need to balance the work we put in until we have that clarity and certainty.
- 7.5. It is expected that the supporting content (as per 5.2 above) on: planning CPD for impact-in-practice; PDPs; reflection; design of peer-learning activities; and how to quality-assure CPD, to be developed in Phase One, will continue to be of value in any future scheme.

## 8. Next steps and communications

- 8.1. The immediate next steps will focus on raising awareness of the administrative changes of Phase One of this work. This will include targeted communications ensuring that all registrants are informed, as well as communications to known CPD providers.
- 8.2. As outlined above, we will develop supporting materials, such as case studies, to help registrants to produce PDP's that are of most benefit to them, and to better explain the restoration process for those rejoining the register. We will produce material which supports registrants with mapping CPD where certification is not compliant with the legislation and to support registrants and providers in how to make peer-learning activities verifiable. We will also

scope the value of increased random sampling of CPD records and review the recommended and highly recommended CPD topics.

- 8.3. Looking ahead to a future scheme, this would be a multi-year project requiring resource which is not accounted for in the CCP for 2025-2028. This work is also dependent on there being parliamentary time and governmental resource available to approve changes to the legislation.

Sabrina Kissarli, Policy and Projects Officer  
skissarli@gdc-uk.org

27 November 2024



## International Registration: ORE Refugee Prioritisation Policy

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Kelly Marsh, Policy Manager
<b>Type of business</b>	For approval
<b>Purpose</b>	To invite the Council to approve a policy to provide eligible candidates with refugee status priority access to booking the Overseas Registration Exam (ORE).
<b>Issue</b>	<p>The demand for places on the ORE is very high and significantly exceeds capacity. Although a procurement exercise is underway and we anticipate contracts will be in place by the end of Q1, we expect it will take 4-6 months to mobilise the new contracts. This means it will be some time before capacity is able to equal demand for the ORE.</p> <p>Refugees face significant barriers in joining our registers and are particularly disadvantaged when they are unable to secure a place on the ORE. In June 2024, we presented a paper to Council on the challenges refugees face and gained approval to develop policy to support refugees in three areas, including prioritisation.</p>
<b>Recommendation</b>	The Council is asked to approve the proposed policy that give candidates with refugee status priority access to booking a place on the ORE.

### 1. Introduction

- 1.1 Refugee<sup>1</sup> dental professionals with overseas qualifications frequently face significant barriers to joining our registers. These include the inability to provide evidence of qualifications when institutions in their home countries no longer exist or will not issue documents, the high cost of the ORE, and difficulty securing a place on the ORE. While some of these challenges impact many applicants and are not exclusive to refugees, people who have been forced to flee their countries have a very limited ability to overcome these barriers because of their refugee status.
- 1.2 The issue of refugees and the challenges they face in joining our registers has been raised by numerous stakeholders and has received media attention. As both the GMC and NMC have policies in place to support refugees, the General Dental Council (GDC) has been perceived as being behind the other health professions regulators on this issue. In June, Council approved the development of policies in three areas to reduce the barriers for refugees to join our registers: alternative evidence requirements, fees, and prioritisation. While work is ongoing to develop policy in the first two areas, feedback from stakeholders indicates that ORE booking is the issue

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<sup>1</sup> When referring to 'refugees', we are adopting the definition set out in the 1951 UN Refugee Convention "as a person who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion".

we need to address most urgently. This paper, therefore, will focus on the development of policy to prioritise refugees for places on the ORE.

- 1.3 As the ORE is the route to registration for overseas qualified dentists, the remainder of this paper will refer to refugees with dental qualifications. While there are also barriers to refugees joining our Dental Care Professional (DCP) registers, the number of overseas candidates trying to join these registers is far smaller. Many of these applicants are not actually DCPs but are dentists who applied to join the DCP registers before this route closed in March 2023 in order to be able to work as a DCP while they complete the ORE process.

## 2. Background

- 2.1 Currently, internationally qualified dentists can currently apply for full registration through the following routes:
- Passing parts 1 and 2 of the ORE, an examination run by the GDC; or
  - Through the system of near-automatic recognition for European qualifications (post-EU Exit standstill arrangements); or
  - By relying on particular recognised overseas qualifications and meeting certain requirements; or
  - Passing the Licence in Dental Surgery examination, an examination run by the Royal College of Surgeons of England
- 2.2 The vast majority of candidates with refugee status will be required to use the ORE route to join the GDC's register.
- 2.3 Demand for the ORE significantly exceeds capacity for the exam. Places for the exam are typically filled within minutes of the booking window opening, resulting in large numbers of candidates who would like to take the exam but are unable to secure a place. With the exception of candidates who are nearing the end of their five years of eligibility to pass both parts of the ORE, there is no prioritisation of candidates. This means, for example, that a candidate who was added to the candidate list a week prior to the booking window opening could secure a place on the exam when a candidate who had been on the list for over a year and had tried to secure a place multiple times did not.
- 2.4 For refugees, it can be particularly difficult when they are unable to secure an exam place. They are in the UK and unable to return to their country of qualification, meaning that until they can register with the GDC they are unable to practice dentistry. This raises concerns of skill degradation, in addition to limiting their ability to earn income.
- 2.5 Although we intend that the ongoing procurement exercise for new ORE providers will lead to increased provision of the ORE, these new providers will not be in place until at earliest the middle of next year. The current candidate list is large and continuing to grow, and even with a significant increase in capacity it will take time to reach a point where capacity is meeting the demand.

### Proposed Policy

- 2.6 We propose that the GDC give refugees priority booking for places on both part 1 and part 2 of the ORE. We have considered two methods for achieving this objective:
- a) giving all candidates with refugee status priority access to booking for up to two attempts at part 1 and two attempts at part 2; or



- b) reserving a specific number of places for candidates with refugee status, which would then be opened to the rest of the candidate list if not filled
- 2.7 The key advantage of option (a) is that this would ensure all eligible candidates with refugee status can access priority booking. Operationally, this would be straightforward to implement as registration already operates a priority booking window for candidates who are approaching the five-year limit of their eligibility.
- 2.8 Option (b) has the advantage of providing certainty about the number of seats that will be occupied through priority booking, which may be helpful in addressing the concerns of other candidates. However, this could mean that some refugees are not able to access priority booking and will continue to face barriers to joining the GDC's register. It would be necessary to monitor demand and periodically review and potentially adjust the number of places reserved for refugees.
- 2.9 Given that the number of refugee candidates applying for each sitting is expected to be a small percentage of the overall available places, we recommend option (a) as it achieves the objective of removing a barrier for a particularly disadvantaged group to join our register in an operationally straightforward way, ensuring all refugees could benefit from this policy.
- 2.10 We have considered the impact of maintaining the booking process as is and continuing to only offer priority booking to candidates who are approaching their five-year time limit. This option risks continued reputational damage to the GDC due to the perception that the GDC is not willing to act to make its processes more equitable for refugees, as other regulators have done, as well as potentially losing qualified applicants who would be long-term additions to the workforce due to skill degradation.
- 2.11 Registration has identified that there could be a potential issue in future regarding priority places for part 2 if the number of people nearing their five-year limit increases. To avoid any conflicts between these two groups, we propose that people nearing the five-year limit continue to receive access to booking two weeks in advance of the general booking window opening, while candidates with refugee status are given access one week before the general booking window.
- 2.12 We propose to give candidates with refugee status priority booking for up to two attempts each for part 1 and part 2. Candidates would still be able to book up to four attempts, if necessary, but would not be given priority access to the booking window for attempts three or four. This would help to ensure that priority places on the exam are going to candidates who are most likely to successfully join our registers, as our data indicates that candidates who require more than two attempts at either part of the exam are less likely to eventually join the register.
- 2.13 There have been suggestions from some stakeholders to offer priority access to the ORE for other groups, including candidates who are already resident in the UK and those with NHS job offers. This policy does not preclude including these groups for priority access in future, however, there are several reasons why the GDC should adopt a policy exclusively for refugees at this time. First of all, refugees have a particular set of circumstances that increase the difficulties experienced when they cannot get an exam place and they have little ability to alter these circumstances. Adopting a policy specifically for refugees is a rational and proportionate response to this issue and aligns with other regulators and the UK's commitment as a signatory to the UN Convention on Refugees to provide 'as favourable treatment as possible' to refugees seeking to practice regulated professions.<sup>2</sup> Additionally, this is a policy that could be implemented relatively

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<sup>2</sup> Article 19, The 1951 Refugee Convention, UNHCR

quickly and would demonstrate that the GDC is serious about providing more assistance to refugees. Refugees are also a clearly defined group, making it easier to determine who would qualify for prioritisation, and they make up a relatively small proportion of the candidate population, so this policy is unlikely to significantly impact other candidates.

- 2.14 Determining eligibility would require applicants to provide evidence that they have been given international protection by the Home Office. This would include the following, with the option to expand this list to include future schemes or routes to refugee status recognised by the Home Office:
- refugee status (having been recognised as a refugee under the 1951 United Nations Convention)
  - indefinite leave to remain (with refugee status)
  - indefinite leave to enter (with refugee status)
  - exceptional leave to remain with refugee status (granted prior to 1 April 2003)
  - humanitarian leave to remain (also known as humanitarian protection, granted on or after 1 April 2003)
  - discretionary leave to remain with refugee status (with no restrictions on working, granted on or after 1 April 2003)
  - leave to remain under any family settlement visa (family member with refugee status)
  - applicants who have been granted UK resettlement either themselves or as a result of being a relevant spouse/partner to a person granted UK resettlement through the following schemes:
    - Afghanistan Ex-Gratia Scheme (EGS)
    - Afghan Relocations and Assistance Policy (ARAP)
    - Afghanistan Citizens Resettlement Scheme (ACRS)
    - Ukraine Family Scheme
    - Ukraine Sponsorship Scheme
    - Ukraine Extension Scheme

### **Evidence to support proposed policy**

- 2.15 Both the consultation and call for evidence on rules for international registration received responses that detailed the barriers refugees face to joining our registers. We have also heard from stakeholders including the BDA and REACHE, an organisation that works with refugee medical professionals. In September we held a roundtable with dental professionals with overseas qualifications to discuss the challenges in joining the register. This roundtable included a Ukrainian refugee who has spent over two years in the UK trying to get on the GDC's register but has struggled to secure a place on the exam.
- 2.16 We do not have data on how many of those on the candidate lists for the ORE have refugee status as we do not ask for this information in the application. However, the BDA has informed us that as of October 2024 they have 172 members who are on the free refugee membership. These members are at different stages of readiness to take the ORE, so only a portion of this number would immediately be seeking an exam place. We currently have 25 applicants on the candidate list with Ukrainian nationality, and we assume that most of these people would have come to the UK through one of the Ukrainian resettlement schemes.

- 2.17 We have researched other healthcare regulators' refugee policies. The GMC has a prioritisation policy where refugees have their applications expedited and are given priority places on the PLAB exam. They have had this policy in place for several years and it has been received favourably and not caused any significant issues with other candidates, although they have not experienced the same challenges with exam capacity as the GDC has. We have also used the GMC's data on the number of refugees that have requested access to their policies to support refugees and scaled to the comparative size of the GDC's register.
- 2.18 Using data from the BDA, comparisons with the GMC, and the nationality of applicants on the candidate list, we would estimate that there are between 200-300 refugee dentists currently in the UK. Not all of these refugee dentists are currently on the ORE candidate list.

### **Benefits**

- 2.19 The introduction of a policy to give refugees priority access to booking places on the ORE would have numerous benefits, including:
- Reducing unnecessary barriers for a disadvantaged group of qualified professionals to join the GDC's register
  - Reducing the risk of skill degradation for candidates who are already in the UK and cannot return to their home country to practice
  - Aligning the GDC with the UK's obligations as a signatory to the UN Convention on Refugees
  - A positive reputational impact for GDC by demonstrating that we are supporting refugees, aligning with other regulators, and listening to stakeholder views. It also shows we are committed to improving the ORE booking process now and are not waiting until the procurement process is complete to take action.
  - Maintaining the integrity of the registration process, as refugee applicants would still need to meet the same high standards to pass the ORE and meet all registration requirements.
  - Supporting the GDC's ED&I objectives
  - Allowing the GDC to act to address the issue without having to wait for the completion of the procurement exercise
  - Making charities that support refugees with exam fees and other costs of registration more likely to support dentists as the GDC would be seen to be working to support refugees (this point has raised by a number of stakeholders including the BDA)

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

- 3.1 ILAS was invited to review the proposed policy, and they did not identify any legal risk.
- 3.2 The Department of Business and Trade is currently compiling guidance for refugees seeking to practice regulated professions in the UK. It would be beneficial for the GDC to be able to demonstrate clear policies for how we support refugees to show alignment with other regulators.
- 3.3 Government policies on migration may impact applicants' ability to receive refugee status, which could influence the number of applicants that may qualify for this policy.

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

- 4.1 We are required under the Equality Act 2010 to have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct prohibited by or under the Act, advance equality of opportunity between persons who share a relevant protected characteristic and those who do not and to foster good relations between people who share a protected

characteristic and those who do not. As part of this we ensure the equality and diversity implications of any new policy proposals are considered.

- 4.2 One of the priorities of Objective 2 of the new Equality, Diversity and Inclusion (EDI) Strategy (Identifying and removing any barriers that patients, the public, dental professionals and partners encounter when engaging with us) is 'undertak(ing) work to identify and remove barriers to engaging with our registration processes for both UK and overseas qualified professionals'. This section of the strategy specifically identifies refugees as a group that are impacted by equality issues.
- 4.3 This policy supports equality and diversity. Refugees face significant barriers in registering with the GDC as a result of having been displaced from their country of origin and are disproportionately impacted by the challenge of getting a place on the ORE. Providing priority registration for the ORE is an action that mitigates this disproportionate impact on a disadvantaged group. While refugee status is not a protected characteristic, there are potential indirect discrimination issues engaged by any disproportionate impact. Many refugees are from non-white ethnic backgrounds, and some have refugee status due to persecution they faced as a result of their religion, gender, sexual orientation, or gender identity.
- 4.4 No privacy issues have been identified as applicants would be voluntarily disclosing their refugee status to the registration team. Once they have booked an exam place there would be no way for other candidates or examiners to identify them as having refugee status.

## **5. Risk considerations**

- 5.1 There is a risk that this policy will cause complaints from other candidates who have also struggled to get a place on the ORE or allegations that the GDC is discriminating against other groups of people.
- 5.2 To mitigate this risk it will be important to have a communications strategy that clearly explains the rationale for this policy and why we are limiting eligibility to those with refugee status.
- 5.3 We will continue to engage with relevant stakeholders and build on the support we have from key stakeholders such as the BDA and DHSC to develop this policy.
- 5.4 If the current demands on the ORE continue and we are not able to secure more capacity there is a risk that in several years' time many seats will be required to go to candidates approaching the five-year limit, which would likely cause complaints from those on the candidate list without access to priority booking. Having refugees receiving priority access could exacerbate this issue.
- 5.5 This can be mitigated by increasing capacity in a way that ensures that the number of candidates completing part 1 does not significantly exceed the places available for part 2.
- 5.6 Given the attention this issue has received from stakeholders and in the media, there is a reputational risk if we do not put policies in place to reduce barriers for refugees to join the register. We have also committed to explore ways to better support refugees in published responses to our consultation and call for evidence on international registration.
- 5.7 The GDC has received criticism for the length of time some candidates are having to wait to get a place on the ORE and for perceived inaction on this issue. Choosing not to adopt this policy could lead to further criticism and loss of confidence in the GDC's overseas registration processes.

## **6. Resource considerations and CCP**

- 6.1 Development of policies to reduce barriers for refugees to join the register is part of our review of international registration processes, which is part of the strategy team work package.

- 6.2 Once implemented, this policy is unlikely to require significant additional resources from strategy or registration.

## **7. Monitoring and review**

- 7.1 The policy will help the GDC capture data on how many professionals on our registers or who are trying to join our registers have refugee status. This data will help inform future policy decisions and ensure that refugees are not facing unnecessary barriers to practicing in the UK.
- 7.2 It may be necessary to review this policy as ORE demand changes or when demand is better matched by capacity.

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

- 8.1 Our consultation and call for evidence on routes to registration for internationally qualified dentists and dental care professionals ran for eight weeks from 4 July 2023. The responses to this consultation and call for evidence included feedback on the challenges facing refugees.
- 8.2 A paper on international registration was brought to Council in June 2024 which included an appendix describing proposed areas of development for policies to reduce barriers for refugees. Council approved further policy work in these areas.
- 8.3 On 10 September 2024 we held a roundtable with internationally qualified dentists, including those with refugee status, to hear their views on our work. We have also met with the BDA, DHSC, GMC, NMC, and organisations that provide support to refugee medical professionals to discuss this work and seek feedback.

## **9. Next steps and communications**

- 9.1 With Council's approval, we will work implement the necessary changes to the ORE booking process.
- 9.2 We will develop a communications and engagement strategy to ensure stakeholders are aware of this policy and the broader work we are doing to support refugees.

## **10. Appendices**

- 10.1 Equality Impact Assessment

Kelly Marsh, Policy Manager  
kmarsh@gdc-uk.org

27 November 2024

# Equality Impact Assessment (EIA)

## Part 1 – Project Details and Approval

Project Name		Business Sponsor	
Revised international registration processes- Refugee prioritisation for ORE booking		Policy and Research	
Author		Start Date	Finish Date
Kelly Marsh		Q1 2020	Q4 2025
Project ID	Version Number	Business Lead	Strategic Objective
	1	Rebecca Cooper	Enable efficient overseas application routes

Approval from sponsor or sponsoring group				
Name	Title	Department	Date of sign off	Version
Stefan Czerniawski	Executive Director	Strategy	27/11/2024	1

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

Distribution List				
Name	Title	Department	Date	Version
Stefan Czerniawski	Executive Director	Strategy	22/11/2024	1
Rebecca Cooper	Associate Director	Strategy	22/11/2024	1
Theresa Thorp	Executive Director	Regulation	27/11/2024	1

Version History		
Revision Date	Version	Summary of Changes
27/11/2024	1	

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## Part 2 – Further information

Project description	This project aims to reduce unnecessary barriers for dental professionals with refugee status to join our registers.
Project high level aims	The work is part of improving our international registration processes.
Who is impacted by this project? (Consider teams and groups)	Refugees, internationally qualified dental professionals

## 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	Individual responsible	Completion Date

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			disadvantage or negative impact		
Age	Neutral	Unlikely to have an impact.			
Disability	Neutral	Unlikely to have an impact			
Gender Reassignment	Positive	Some refugees require international protection due to oppression in their home country on the basis of their gender identity.			
Marriage and Civil Partnership	Neutral	Unlikely to have an impact.			
Pregnancy and Maternity	Neutral	Unlikely to have an impact.			
Race	Positive	Many refugees are from non-white backgrounds, so action to help refugees would have a benefit for minority ethnicities.			
Religion or Belief	Positive	Some refugees require international protection due to oppression in their home country on the basis of their religion or beliefs.			

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Sex	Neutral	From most source countries there are far more male than female refugees in the UK. However, 70% of adult Ukrainian refugees are women, and the number of Ukrainian refugees who arrived in the UK in 2022 was equivalent to the number of refugees from all origins between 2014 and 2021.			
Sexual Orientation	Positive	Some refugees require international protection due to oppression in their home country on the basis of their sexual orientation.			

## Part 4 – Promoting equality

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

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If you have not identified any positive impacts in part 3a, please detail how this project will aim to promote equality.	
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.	We will collect data on who is making use of the support offered to refugees to monitor the equality impacts of the project.

### 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.
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## Research programme Update

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	David Teeman, Head of Regulatory Intelligence Rebecca Cooper, Associate Director, Policy and Research Programme
<b>Type of business</b>	<a href="#">For approval</a>
<b>Purpose</b>	To support Council oversight of the GDC's research activities
<b>Issue</b>	To provide the Council with an update on research's work in 2024, and our proposed approach in 2025 and beyond.
<b>Recommendation</b>	The Council is asked to <b>note</b> the update on our research in 2024, <b>approve</b> our proposed approach to research for 2025 and <b>note</b> our horizon scan beyond 2025.

### 1. Introduction and background

- 1.1 This paper provides an update to Council on the Research and Intelligence team's (R&I) work in 2024. It seeks to explain what we have completed this year and what the General Dental Council (GDC) and the sector have learned from it, give an overview of research projects currently underway and those scheduled for 2025, and provide a high-level horizon scan beyond 2025.
- 1.2 The Council is invited **to note** the research published and completed in 2024, the value it has provided and the research projects currently underway, being commissioned for Q1 2025 and work planned for 2025.
- 1.3 The Council is invited **to approve** our proposed priority themes for – and approach to – research for 2025, which have been developed to support the Executive Leadership Team's (ELT) priorities and are also designed to enable responsive alignment with our developing new corporate strategy and revised corporate risks, by ensuring they are evidence informed and that our programme is aligned to their content.
- 1.4 The GDC's research programme focuses on:
  - providing evidence to inform what GDC does and where possible, evaluating performance and improvement;
  - gathering, reviewing and analysing information, including statistical data about our core business functions to help us both evaluate processes and inform our work to encourage professionalism;
  - informing our approach to the development of our legal and policy framework.
- 1.5 In the following sections, we present an update on our work in 2024, our plans for 2025, and a forward look beyond 2025.

## 2. Research in 2024

### What we learned in 2024

- 2.1 We carry out research to meet the evidence and information needs of the organisation and 2024 was another productive year. We use four themes as a framework for planning and delivering our programme, these are risk, sector, proportionality and inclusion. This year, regarding:
- a. Risk: Evidence points to a developing 'calibration' challenge for health regulation, determining what risks the public face. Our work points to the seriousness of issues with access to services, the changing the nature of public confidence in dentistry, the pressures resulting in complex impacts on everyone's wellbeing, which we know is itself one of the most prevalent of risk factors leading to errors.
  - b. Sector: Evidence points to a sector still experiencing system overstretch, exacerbated by evidence suggesting challenges in both recruitment and retention of dental professionals, at the same time or because of this, innovation is ongoing and gathering pace, for instance in relation to artificial intelligence (AI); which is a driver for the need to, and poses both opportunities and risks for our work to build trust.
  - c. Proportionality: Evidence shows access to National Health Service dental care is problematic, and points to the impacts of what we do, on the decisions professionals make and the factors that affect their practise, posing challenges to us about how we understand risk relating to public protection and calibrate what we do so that we are proportionate across every aspect of regulation. Our evidence points to the need to improve tone of voice, having everyone's mental health at the forefront of our activity, and getting our FtP process as good as they can be.
  - d. Inclusion: Evidence points to access to services exacerbating health inequalities, new Professional Standards Authority (PSA) standards and reporting are helping drive equality, diversity and inclusion (EDI) improvement and ensure activity is evidence-based and evaluated, while our analysis of fitness to practise (FtP) data emphasises the continuing need to prevent discrimination to ensure fairness. Our evidence points to the continuing importance of harnessing registrant, student, stakeholder and public input into what we do, and the importance of 'user' voice, especially ensuring we capture input and understand how we meet diverse needs from less visible groups.

### Research delivery in 2024

- 2.2 By headcount and role, the R&I team remains unchanged, comprising five members of staff. We continue to work by undertaking planned internal research projects and data analyses (about a quarter of our time), procuring and managing commissioned research projects (about half of our time) and by responding to ad hoc research and data analysis requests (the remaining quarter). Our research commissioning budget for 2024 was £357,000, of which we anticipated £320,000 would have been spent by year end (estimated due to the timing of drafting). Due to unplanned staff absence, with at least one member of the team absent for the first 8 months of 2024, changing business needs and increased administrative burdens, we will underspend by between £100,000 and £130,000
- 2.3 We worked with a range of organisations including Universities of Plymouth, Lancaster, Sheffield, Manchester, Edinburgh, the Open University, as well as supporting the UK-REACH in their National Institute for Health and Care Research funded work looking at workforce recruitment and retention with a focus on EDI. We commissioned work to research organisations including Community Research (our public and patient panel provider), SQW and YouGov.

- 2.4 With further details provided in Appendix 1, the learning shared above was generated from delivering much of what we planned; we:
- a. are getting better at forward planning evidence needs;
  - b. have developed our understanding and are in a good position to meet the evidence needs of the regulation directorate;
  - c. are better placed to meet the current needs of upstream regulation, and are informing the new corporate strategy;
  - d. have worked with United Kingdom (UK) and Nation workforce stakeholders to understand their data needs and better understand the data available to us.
  - e. have a better understanding early career journey of dental professionals, which will be further enhanced via our proposals for student and registrant panels;
  - f. continue to provide evidence to inform GDC's work to build trust, through our stakeholder research and continuing with our panel proposals;
  - g. with our ongoing programme of research, developing our key measures, through our work with FtP and Hearing's research and surveys, our research with the public, working patterns data and our stakeholder research;
  - h. have increased the use of evidence reviews across our functions;
  - i. are in the process to moving to the procurement of a data maturity assessment (DMA);
  - j. have continued to develop our capability on coproduction, by continuing to develop, design and deliver our work with colleagues, registrants, the public and stakeholders, and with our plans for student and registrant panels;
  - k. have developed colleagues' awareness of capability for and capacity around research, including delivering learning sessions on research methods and statistics.
- 2.5 In delivering against our plan and supporting the organisation's evidence needs, we have prioritised resources in line with strategic priorities. This prioritisation, together with some acute resourcing challenges for much of the year, have meant that there are some elements of our plans for 2024 that we have not yet completed:
- a. Population study. In 2023 we undertook to assess the desirability and feasibility of putting in place a population study. We did this by exploring the experiences of other regulators, including the Nursing and Midwifery Council and General Medical Council regarding UK Med, discussing with GDC colleagues including Information Governance (IG) and Business Intelligence (BI), and communications' s stakeholder engagement. This led us to conclude that the resources required to establish and run such a study make it unfeasible at this stage, although it may be something we revisit in the longer term.
  - b. Accessing others' data. We have not had the resources to progress potential data access and shares we would wish, including with the Care Quality Commission or Integrated Care Boards. However, we have used working patterns stakeholder engagement to ensure stakeholders leaver value from our data and we better understand their needs.
  - c. Statistical capacity. So that we can make better use of our and others' data, we have put in place two call down contracts with expert providers from University of Southampton to provide Geo-special analyses and Oxford University to provide general statistical support.
  - d. Research guidance. Due to prioritising resources on research project delivery, and because of staff absences, we have not completed our proposed draft of guidance for colleagues. An initial draft has though been completed, and the expectation is that guidance will be in place early in 2025.

## Publications in 2024

2.6 Publishing our commissioned research enables others to make use of the work and demonstrates our commitment to being evidence-based in our decision making. During 2024 we published nine research reports including:

- [Fitness to practise data review](#) (originally planned for late 2023).
- Working patterns, included three publications, [dentists' aggregated data](#), [dental care professionals' aggregated data](#), and dentists further inferential analysis report (expected December 2024)
- [Research into early careers](#)
- [Research with the public](#)
- Stakeholder research (expected December 3<sup>rd</sup>, 2024).
- Research into remediation (expected December 2024).
- Data analyses included in our [annual FtP and Registration reporting](#).

## Strategic alignment in 2024

2.7 We worked to ensure ongoing alignment of our research programme with the GDC's corporate strategy and business needs by:

- further integrating research into strategy, policy and operational development at all levels within the organisation;
- ensuring that decisions on research prioritisation are consistent with wider business needs, for instance providing evidence to inform GDC's new corporate strategy and then to research and evaluate what is working, working best and less well;
- embedding research and evidence in strategic and operational planning, for instance in 2024, for the first time, evidence was included and explained as a cross-cutting enabler in our costed corporate plan (CCP);
- supporting the GDC with robust reliable evidence and insight to inform our work and evaluate what's working and what is not.

2.8 We continue to give effect to these commitments by creating opportunities for contribution to – and discussion of – the research programme with colleagues at various levels regarding strategic and project needs of the organisation and across all directorates. To inform drafting of this paper, we held a dedicated session with ELT, at which we examined both the findings of completed work, and the research planned for the remainder of 2024 and into 2025, and sense checked our plans and priorities. This discussion is held each year to inform this paper's content and continues to provide assurance that the planned research work was – and remains – aligned with the GDC's strategic objectives and ELT priorities.

2.9 At the level of the individual research projects, we continue to develop and confirm research objectives and design with relevant business leads and work closely with heads of service to confirm outline planning proposals and timelines to ensure capacity within relevant teams to contribute effectively. Evidence has been explicitly added as an enabler in the CCP, and project managers continue to encourage business leads to consider a project's evidence needs and to involve the research team in meeting them.

2.10 We have continued to hold learning events as we develop our work to ensure a shared understanding of its value. These events have brought research contractors together with

colleagues to ensure learning is derived throughout our project lifetimes, and that contractors are able over time to align their work to changing circumstances and business needs.

- 2.11 We have also continued to support colleagues through the provision of training on qualitative research, questionnaire design, statistical analysis and research ethics, and are developing an accessible Guide to Research, explaining what we do and how research can support improvement, aimed at colleagues across the organisation.

### **Research value and impact in 2024**

- 2.12 The approach we take to carrying out and then embedding the findings of our research is designed to maximise its impact. To realise the potential of evidence generated we continue to work collaboratively and influence others, engage staff, share learning and contribute to strategy and operational development, and turning research outcomes into useful evidence for the business and its stakeholders continues to be a key priority.
- 2.13 We are seeing the impact of our work across the range of GDC functions, and more broadly in relation to the dental and wider health sector. Put into place since 2019, our research programme focuses on public protection, providing colleagues with evidence on risks in dental care delivery, factors affecting the sector, proportionality and inclusion, which has resulted in learning in key areas including mental health, workforce, access to dental care, and health inequalities. Our evidence is being used to inform our new corporate strategy, our current review of corporate risks, our approach to international registration, complaints, professional standards, learning outcomes, Education Quality Assurance (EQA), Registration and plans for improvements to our systems and processes in our Regulation Directorate.
- 2.14 We have continued to explore and enhance our understanding of the experience of the public in seeking and receiving oral healthcare and since GDC recognised access to services is of key importance in protecting the public, this evidence is increasingly used across our organisation to inform strategic and policy priorities, and by the wider dental sector.
- 2.15 We have also contributed to GDC's support for the sector where we are best placed to do so. Our research programme in part is based on the proposition that, where the interests of dental professionals align to protecting the public, then those interests are of relevance to GDC. Our continued research to understand changes and challenges in the sector regarding the workforce therefore continues, and we have completed working patterns data capture from dental care professionals and reported findings. This December the second round of dentists' data capture will go ahead and next year we will begin to look at change over time. GDC's contribution to the wider sector has been clear in a number of areas, and our work has been referenced and used by stakeholders, sector and public media.
- 2.16 As set out in our research publication protocol, we publish the findings of all commissioned research and seek to maximise engagement with it both internally and externally. Preparation for improving research web content has been completed, as has our approach to individual report landing pages. The final phase of research web content improvement remains to be completed, due to needing to align with the development of wider plans to revamp our web content and current resources and competing priorities.
- 2.17 As well as publishing our research, we continue to use a range of engagement opportunities, including external subject matter expert-led learning sessions with staff, internal communications, intranet, team meetings, dental professional network forums, and thematic workshops, to support colleagues and stakeholders to understand and be able to use the emerging evidence and to provide an opportunity for ongoing engagement and dialogue.



- 2.18 We continue to use our networks effectively to maximise the reach of our research through, for example, communications from contractors, by inviting stakeholders to share learning and by development of appropriate briefing materials for staff.
- 2.19 We work with colleagues to provide them with information and evidence that helps demonstrate to our stakeholders and the public that we understand the sector and the influences, pressures and challenges it faces. In 2025 we are planning to develop further and increase the number of thematic briefings and learning sessions for colleagues, using meetings of ELT, Senior Management Team (SMT), Heads of Service (HoS) and the new leadership network.
- 2.20 In professional healthcare regulation more widely, we continue to benefit from and sustain strong networks with other regulators, including the PSA. As co-chair of the Cross Regulatory Research Group, we have led sessions on workforce and our working patterns data, on public engagement and access to services, health inequality and the relevance to the risk of harm and therefore, public protection. We are a regular contributor to the PSA's annual research conference and presented papers at the 2024 FtP-themed event on remediation, experiences of our FtP process and unlocking the potential of FtP data, and we led a well-received expert panel discussion on future evidence needs for FtP, with a panel chaired by GDC and comprising senior GDC staff and two of our research contractors.
- 2.21 Recognised most recently at PSA's research conference, our research into experiences of FtP, dental workforce, working patterns, mental health, access to services and health inequality are sector-leading and put GDC to the fore in evidence on these key aspects of regulation and regulator's shared core function of protecting the public.

### 3. Research in 2025

- 3.1 This section of the paper presents, for the Council's approval, our research and intelligence approach for 2025. It is in the nature of commissioned research that lead times are relatively long, so some external activity is already committed for 2025.

#### Resources

- 3.2 Our research commissioning budget for 2025 is £436,025. Of this, £300,000 is committed to profiled research. Leaving a proportion of our budget uncommitted at this stage enables us to respond to changing business needs and re-prioritise if needed. In terms of our commissioning, to ensure we get value from our commissioning and meet developing business needs we intend to use a 'call down' approach to contracts.

#### Strategic alignment and value

- 3.3 Ongoing and substantial change in a range of contextual factors, including to GDC culture, how we define and focus on public protection, ELT priorities and ongoing sector challenges, have led to the need to re-align and re-calibrate our research programme. We have developed our revised approach and plans to both reflect and align with the following factors:
- New corporate strategy.** Our research is informing our development of the GDC's next corporate strategy, and through 2025 we need a flexible approach that enables R&I to align our work to continue to inform and meet the evidence needs of the final strategy.
  - Review of corporate strategic risks.** Our research is informing the wider review of strategic risks across the GDC and, through 2025, our proposals for delivery will enable us to align our research to inform mitigations and evaluate effectiveness.
  - User engagement.** Our work will underpin the GDC's commitment to recognising the importance of user voice and engagement across our work, primarily through the



maintenance of our public and patient panel, and the creation of student and registrant panels.

- d. **The need to be agile and flexible.** With a large-scale and impactful programme of change underway at GDC, research have reframed our delivery plans to better ensure flexibility to meet and respond to changing and developing evidence needs. We will do this through the panels and via an increased use of call down or framework contracts, meaning that we are better assured to commission the research we need.
- e. **Better ensure value and efficiency.** The greater use of call down contracts we hope will reduce administrative burdens across teams, especially for colleagues whose work supports research including IG, BI, Communications and Information Technology (IT).
- f. **The relevance of workforce, access to services and health inequality.** We will continue to undertake research to understand these factors because of their relationship to risks to the public and therefore public protection.

### Research priorities for 2025

3.4 Using our four research themes, approved by Council previously, as a result of dialogue with ELT, Associate Directors (ADs), HoS and colleagues, we have identified the following research priorities for 2025. For:

- a. **Risk:** We need to ensure we are evidence-based in getting GDC's approach to regulation, our standards, education, registration and FtP calibrated to protect the public by understanding better relative risk and using this learning to inform our improvements. We also expect to sense check and evaluate our performance in protecting the public, and GDC's work to develop our data culture and improve our data is important to our understanding of risk going forward. We will also inform and align our work to revised corporate risks.
- b. **Sector:** We will continue to explore the views, experiences and perceptions of dental professionals, the public and stakeholders to understand their ongoing challenges and needs to inform and best align what we do. We also need to understand the opportunities and risks associated with innovation, such as Artificial Intelligence. We will also prioritise leveraging the maximum value from our working patterns data.
- c. **Proportionality:** There are developments planned across all key business areas, in registration with paperless, in FtP with ongoing and planned improvements and in strategy and EQA with learning outcomes, standards, international and provisional registration. Our priority is to work to ensure plans draw on evidence and their implementation and outcomes are evaluated and learned from.
- d. **Inclusion:** Taking on board what we have learned, we expect 'customer' voice to be a priority, both in terms of generating the evidence needed to inform improvement and to evaluate it. Ensuring diversity is reflected in voice is key to understanding and ensuring we meet diverse needs, including those from less visible groups, and that GDC is better able to identify, mitigate and respond to the risk of discrimination, which will include sharing evidence with colleagues, contributing to EDI data capture improvement and providing analyses of data.

### Research delivery in 2025

3.5 In 2025 we will further develop our approach to delivery by:

- a. **Putting in place registrant and student panels.** The panels are key to GDC realising our ambitions to put student and registrant voices at the centre of our work across GDC.

They will contribute to development improvement in FtP, registration and hearings. They will contribute to our work across the Strategy in support of Policy, EQA and Communication's work. We plan to put in place student and registrant panels, and to continue with our existing public and patient panel. The student and registrant panels will enable us to provide for the systematic involvement of user voice across GDC's operational development space, as well as providing a source for respondent recruitment/sampling for a range of research work.

- b. **Developing our staff and stakeholder engagement.** We plan to put in place a more blended multi-channel approach to GDC sharing learning and developing engagement. This includes more sessions with ELT, SMT, HoS and, we would welcome Council and our committees (e.g. ARC and FPC) looking at key evidence themes and learning, as well as reflect on learning from particular research projects. We will also continue to undertake face to face engagement with external stakeholders to understand and meet their needs regarding our working patterns data.
- c. **Putting in place self-serve data reporting.** Led by work from our BI colleagues, we are currently working together to develop a user interface for working patterns data, that enables internal and external users to select the data they need, rather than downloading fixed data reports. This approach has the potential to be deployable across data reporting at GDC, with the potential to transform accessibility and better meet a diversity of user needs. We will be testing the interface and functionality with colleagues and external stakeholders.
- d. **Further developing research and evidence collaboration.** The common challenges facing health service provision, the direction of travel in regulation and PSA's approach indicate that cross-regulatory collaboration is becoming a reality and a necessity. We will continue to use cross-regulatory structures to develop collaborative opportunities and provide evidence and insight to GDC subject matter experts (SME) feeding into PSA's forthcoming consultation on standards.
- e. **Supporting colleagues to deliver our EDI strategy and align with PSA standard 3 requirements.** We will continue to ensure the GDC is evidence based and takes a best practise approach to capturing and making maximum use of EDI data. To do this involves activity- and context-specific dialogue with colleagues. Using appreciative sessions, logic modelling and theories of change, we hope to support People and Organisational Development (POD) and Strategy colleagues to make use of EDI-related evidence from research, and to inform at strategic, directorate and team levels our understanding of where we are on inclusion, where we want to be and our plans for improvement and mitigating barriers.

### Research projects in 2025

- 3.6 To provide evidence on our identified priorities, using the developments in our approach proposed, in 2025 we plan to undertake the following research activity (see Appendix 1 for further details):
  - a. Commission registrant and student panels. Panels will be used for research and for operational, policy and systems development and improvement. Independently recruited and managed to ensure and build trust, activities for the panels will be agreed, specified and receive fixed price responses from our contractors according to a forward plan developed and agreed with business leads.
  - b. Complete and publish our ongoing evidence review on sexual misconduct being undertaken by the University of Manchester.

- c. Complete and publish our ongoing review of AI in the delivery of dental care being undertaken by University of Plymouth.
- d. Undertake evidence reviews looking at AI, in relation to education and training of professionals, continued professional development, and the operation of Regulation (including in relation to FtP, Registration, and EQA);
- e. Via a call down contract with Oxford University, commission additional inferential statistical analyses as needed, including to ensure we lever maximum value for the sector from our working patterns data, and be better placed to meet unplanned requests.
- f. Via a call-down contract with the University of Southampton, commission complex geo-special analyses primarily of our working patterns data, which involves reporting using data overlaid/illustrated accessibly on maps, which is especially useful in relation to understanding and responding to workforce and access to services related evidence.
- g. Continuing to capture and report working patterns data, including change over time.
- h. Undertake primary large-scale mixed-method research with the public, including looking at access to services and key areas of interest like dental tourism,
- i. Primary large-scale research with registrants (specification currently under development) to understand their experiences and perceptions of dental care delivery, access to services and risks to safe practice.
- j. Public and patient panel call down contract. With advice from procurement, we are considering the best approach to commissioning our panels. We will make recommendations to ELT in 2025. with an overarching procurement approach to panels beyond 2025.

#### 4. Research beyond 2025

- 4.1 For each of our research themes, our research programme will need to provide evidence in the medium- and longer-term regarding:
- a. **Risk.** GDC need to better understand the risks the public face, so that we can best calibrate our responses, as well as better understand and describe how what we do protects patients so that we can better demonstrate our performance. Among the factors affecting risk, will be the need to continue to understand the ongoing impacts of external shocks on the dental sector, how contextual factors, especially those related to wellbeing across everything GDC does, relate to risk, and hence public protection.
  - b. **Sector.** Ongoing mixed-method multi-perspective research with the public, registrants, students and stakeholders is essential in informing our work, but also in providing evidence should it be needed for unknowns, such as regulatory reform. We expect GDC's, PSA's and cross regulatory interest in evidence related to the workforce will be sustained, develop further and increase. Further, we will need to develop and sustain our evidence around innovation in the sector, and specifically AI.
  - c. **Proportionality.** We expect GDC to need evidence to inform the calibration of what we do, to ensure we understand how what we do best protects the public across all business functions. We expect to continue to provide evidence about the impacts of FtP on dental professional's' practise, and to work to unlock and maximise learning from FtP to inform upstream work, and to inform decisions about our approach to operational improvement, and to monitor and evaluate improvements we make across GDC operations including FtP, and in relation to the implementation of our new cooperate strategy.
  - d. **Inclusion.** We expect to contribute to and benefit from greater cross-regulatory collaboration, potentially convened by PSA in relation to research into and evaluation of regulatory approaches to discrimination and inclusion. We expect to support GDC to meet

PSA's standard 3, and ensure we have a coherent and evidence-based approach to EDI data capture, analyses, use and reporting. As we develop further and seek to improve operational delivery in relation to inclusion, we expect to put in place appropriate monitoring and evaluation.

## 5. Publication and dissemination

- 5.1 The GDC continues, in line with our research publication protocol, to publish completed research. Reports are available on [GDC's website](#). As noted above, work has been undertaken to improve the research web pages, and we expect these changes to go live by Q2 2024.

## 6. Risks and potential barriers to delivery

- 6.1 This section describes the challenges that we need to address to deliver our research programme effectively, and what we are doing to mitigate their impact. The core challenges we face remain:
- a. **Resources and known unknowns.** Our plans for 2025 are designed to be flexible and responsive during a time of transformational change for GDC, most notably by putting in place registrant and student panels. There will be a necessary period of iterative project development and learning, which may mean that we need to review our intended work programme for 2025. Our plans, therefore, while developed and sense checked across the business, will need to be afforded ongoing monitoring and risk management.
  - b. **Making full use of public, student and registrant panels.** There is a risk that we lack forward planning in ensuring we lever the maximum value and potential from our proposed panels. Dialogue and preparation with ELT, Executive Directors (EDs), ADs and HoS is being used to mitigate this risk.
  - c. **How GDC defines public protection.** GDC's approach to public protection, to include the relevance of workforce, of recruitment, retention and professionals' experiences, access to services, health inequality and the impact of mental health across everything we do is evolving. However, this means that there is a risk of an 'awareness gap', and of staff not understanding the relevance of the evidence we have in relation to how it can help inform their work to contribute to public protection. Research will work with colleagues to use our evidence to inform operational development and improvement.
  - d. **GDC's current risk appetite.** An increased level of IG expertise and capacity has resulted in greater awareness of for IG-related input into research activity. This has and continues to result in unplanned activity to address issues as they arise. HoS and EDs are working together to ensure we are effective and proportionate in identifying and mitigating IG-related risks in a proportionate and efficient way.
  - e. **Measuring impact and performance.** There remains a dissonance between CCP prioritisation and how CCP activity links to public protection, which makes evaluation of impact and performance difficult. This is an important gap to close so that we are better able to articulate, understand and evaluate what we do and our performance in relation to protecting the public.
  - f. **Being too reactive.** While we are getting better at proactively planning and thinking about evidence needs, there remains more to do. We will continue to mitigate this risk by working with colleagues to place the contribution of evidence at the centre of our work to define and mitigate corporate risks, the development and delivery of the corporate strategy, and to mitigate the risk of being overly driven by Freedom of Information Act requests and social media, on issues including mental health, discrimination and access to services.
  - g. **Having the right data.** GDC have challenges with not having the data we need, user interfaces and data completeness and quality. R&I lead the data strategy group, and we

are in the process of progressing a data maturity assessment, which will provide the foundations for improvement GDC need to move forward.

## **7. Resources**

Research activity is managed via the Strategy Team Work Package and incorporated into the CCP.

## **8. Development and decision trail**

- 8.1 In June 2022, the Council approved a new approach to its oversight of research activities, with decisions on publication delegated to the executive, except when findings are particularly significant, sensitive or contentious. To balance that delegation, we also formalised the principle that the Council should agree the GDC's overall research priorities, based on a draft research strategy presented for its approval. The design and delivery of individual research projects aligned with that strategy is then to be taken forward by the executive.
- 8.2 This paper includes both the retrospective review as in previous years and sets out the forward approach for Council approval.

David Teeman, Head of Regulatory Intelligence  
Dteeman@gdc-uk.org

26 November 2024

## Appendix 1: research in 2024 and 2025

In this appendix, we present a summary of work completed in 2024, work currently ongoing at the time of this update and work we have committed to developing or delivering in 2025.

### A1.1 Work delivered to plan in 2024:

- Research with the public: Large-scale annual research with the public to understand their views on and experiences of dental care remains an important part of GDC's research programme. Commissioned from our public and patient panel providers and already published, Community Research, used large scale a mixed method study to explore the public's views on and experiences of dental services.
- Dental professionals' working patterns: Working with colleagues in BI, IG, Policy, Communications and IT, we reported aggregated data from dentist's and dental care professionals' (DCP) responses, achieving 58% and 64% response rates respectively. Working with BI, IG and IT improvements were put in place for DCP data capture based on learning from the initial round of dentists' responses.
- Inferential statistical analysis: We completed planned analyses of working patterns data for dentists and DCPs (published). We contributed to annual reporting, including analyses related to EDI. We have provided bespoke analyses in support of FOIs, work on Overseas Registration Exam (ORE), complaints and regarding FtP case progression.
- Sustaining FtP monitoring and evaluation: Our contractor University of Manchester supports and contributes to our programme of work to sustain GDC's FtP monitoring and evaluation. This has involved the following strands of work:
  - i. *Remediation research*. We completed research into remediation, which included a cross-regulatory review of other regulator's approaches. This review will be published as soon as resources and communications plans allow for.
  - ii. *FtP experiences survey*. We have put in place a revised and independently administered survey of those experiencing hearings, informants, witnesses and registrants.
  - iii. *Hearings monitoring and evaluation*. We have put in place a revised and independently administered survey of those experiencing hearings, informants, witnesses and registrants.
  - iv. *Publications*. All of the research undertaken by Manchester University will be published.
- Early career registrant research: Mixed-method large-scale research developed with business leads, commissioned to SQW, was completed and published with new registrants to explore their reflections on being prepared for practice and transitioning into practice, as well as looking at the impact of COVID-19 on their experience of education and training.
- Stakeholder research: Working with communications colleagues, we have completed and are about to publish the third research study into stakeholders' knowledge about, attitudes towards and perceptions of GDC, covering dental professionals, dental students, and our wider stakeholder group. The large-scale mixed methods study commissioned to YouGov



contributes to the evaluation of the current communications strategy and will also explore stakeholders' information needs and their preferences for communication channels.

- Rapid evidence reviews: We completed evidence reviews covering serious incident reviews, hybrid working and what works in developing professional panels to inform our procurement for registrant and student panels.
- Data strategy development: The data strategy group has progressed their work on procuring at DMA. We have also used the publication of the FtP data review, to inform planning on FtP data improvement.
- EDI: Research provide evidence-based content for our new informants EDI data capture. We also provided advice and SME to POD and Policy colleagues to inform our EDI strategy development. R&I provided content for our PSA standard 3 report, with the PSA nothing that Policy and Research EDI work continues to represent best practise. Inclusion remains one of R&I's four themes and cuts across and is woven into every aspect of our work.
- Business lead engagement and dialogue: As planned, we have increased and developed our approach to staff, ELT, SMT, EDs, ADs and HoS engagement, through face to face and project specific sessions.
- Learning events: Across 2024, there have been 18 learning events for staff covering both individual learning from research projects, and evidence in relation to our research themes. Learning events generally involve research and or external subject matter experts presenting findings and facilitating discussion with GDC SMEs.

#### **A1.2 Work that is ongoing at the time of this update and planned for 2025:**

- Procuring a data maturity assessment: This is ongoing, we plan to have procurement in place for Q1 2025, and DMA completed by Q3/4.
- Working patterns data analyses and reporting: This is ongoing, a plan for analyses and reporting in 2025 will be in place before Christmas. This will include specifying requirements to our statistical contractors and further development for self-service reporting, and to be looking at change over time.
- Sexual misconduct evidence review: Commissioned to the University of Manchester, the review is ongoing, we plan to share learning in December this year and publish findings in Q1 2025.
- Evidence review of AI in the delivery of dental care: Commissioned to the University of Plymouth, the review is ongoing, we plan to share learning in December this year and publish findings in Q1 2025.
- Contributing to the delivery and then monitoring and evaluating the manage GDC registration project: We are developing plans to support contractors with user engagement, which will be delivered in 2024. We will work with business leads to confirm monitoring and evaluation in Q1 2025.
- Contributing to annual reporting: Inferential analyses will contribute to FtP and registration reporting, including analyses of EDI.
- Developing and delivering our forward data analyses plan: With the input of business leads, we are developing our 2025 forward analyses plan. This work will inform, then align with our and the delivery of our EDI strategy. We are also building in analyses of GDC's new informant EDI data capture. Our draft plan has been shared with Heads of Service and ADs for feedback and discussion.

- Informing and aligning with new corporate strategy: We are currently working with Policy colleagues to inform and then align research with our new corporate strategy.
- Informing and aligning with new corporate risks: We are currently working with Policy and Risk colleagues to inform and then align research with our new corporate risk register.
- Evidence review of AI in dental education and training: The specification for this review is under development with business leads. We expect to go to market in November 2024, and for the work to be completed in Q1 2025
- Evidence review of AI in regulatory operations: The specification for this review is under development with business leads. It is possible that this theme will divide into two or more (for instance, one review looking at FtP and another at registration). We expect to go to market in Q1 2025, and for the work to be completed in Q2 2025.
- FtP monitoring and evaluation: We are aligning our current work with Manchester to provide evaluation of forthcoming FtP and Hearings improvement plans. With the agreement of EDs Strategy, Regulation and Legal, we plan to sustain independent FtP monitoring and evaluation, to maintain independence, build trust and make best use of resources. This will involve commissioning a new FtP research contract in Q1 2025.
- Complaints: In Q1 2025, working with Policy, communications, FtP and Legal, and looping in IG and IT we will scope what GDC can do to improve and potentially unlock the learning we can capture from complainants who exit the triage process before submitting a complaint.
- Student and registrant panels: We are currently working with procurement to agree our approach to putting the panels in place. We are already working with business leads to develop and confirm priorities and programmes of work for the panels. The panels will provide a robust and reliable way of harnessing student and registrant voice both for research and in support of operational and systems development and improvement.
- Research into registrant perceptions, experiences and needs: In Q2, using the registrant panel, we expect to commission one large-scale mixed method research study into registrant experiences, perceptions and views on dental care.
- Research into student perceptions and experiences: In Q3, using the student panel, we expect to commission mixed method research into student experiences, perceptions and views on preparation for safely practising dental care.
- Research into public experience of dental care: Building on previous work, using the public panel, in Q3 we expect to commission a large-scale mixed method research study into public experiences, perceptions of and views on dental care, including around access to services and the confidence in the future of dental care.



## Stakeholder Perception Survey Results

<b>Executive Director</b>	Stefan Czerniawski, Strategy
<b>Author</b>	Joanne Rewcastle, Associate Director, Communications and Engagement Stefan Czerniawski, Executive Director, Strategy
<b>Type of business</b>	For discussion
<b>Purpose</b>	To summarise evidence and insights into perceptions of the GDC from students, dental professionals and stakeholders.  To provide an opportunity for Council to discuss and consider these, ahead of developing the Corporate Strategy and the External Communications and Engagement strategy from 2026.
<b>Issue</b>	The perception of the GDC by dental professionals and stakeholders is a strategic issue, as it affects our ability to deliver our objectives and future ambitions.
<b>Recommendation</b>	The Council is asked to <b>discuss</b> the paper.

### 1. Introduction

- 1.1 Perceptions of the GDC by most of our registrant population are decidedly negative, driven in large degree by fear of the fitness to practise (FtP) process. A lot of the negative perceptions are driven by what dental professionals hear about other professionals' experiences of FtP, which in turn drives fear of regulation, resulting in impacts on the way professionals deliver dental care.
- 1.2 Fear creates a lack of trust, which limits our ability to reach dental professionals because fear reduces their tendency to engage, listen or believe. Everything we ever communicate from the GDC also has to get past the barrier created by that fear, which makes everything we do slower and less effective than it would otherwise be. Comms and engagement activity can and does challenge the perceptions, but it cannot and does not change the underlying reality.
- 1.3 Over the last three years, we have adopted a more strategic and focused approach to tackling perceptions, and there are promising signs that it is having an impact. The research into stakeholder perceptions that we published on 3 December 2024 shows statistically significant improvements in perceptions of the GDC since 2020, with positive views among dental professionals increasing from 16% in 2020 to 20% in 2023, and negative perceptions dropping from 65% to 56%. That improvement is valuable and important, but it is also clear that there is much further to go.

### 2. Perceptions are improving but negative views still predominate

- 2.1 Since 2018, we have had in place a research programme to understand perceptions from stakeholders, students, dental professionals and those who have been participants in FtP. Insights from this programme have been used to change the GDC's approach to communications and engagement, and have also fed into policy development and ongoing work to improve FtP processes.

- 2.2 In 2023 we commissioned YouGov to conduct research to explore and understand stakeholders' knowledge of and attitudes towards the GDC. The report was published on 3 December 2024.
- 2.3 This is the third in a continuing series of research projects, which have informed the development of our communications across GDC, particularly on tone of voice, stakeholder engagement and the communication channels we use. The previous studies with fieldwork undertaken in 2018 and 2020 were published in 2019 and 2021.
- 2.4 The research objectives were:
- Understanding how stakeholder perceptions have changed since 2020.
  - Exploring whether the changes to our communications approach have had any impact on perceptions.
  - Supporting the GDC to establish a framework of measures to gauge and over time evaluate progress against our external communication and engagement strategy.
  - Understanding more about communication and engagement issues that might affect delivery of our Corporate Strategy.
  - Evaluating and informing GDC activity to build positive, trusted relationships with stakeholders to meet the GDC's statutory objectives.
  - Informing the GDC's approach now and in the future to our communications and engagement with stakeholders.
- 2.5 The quantitative (survey) fieldwork was undertaken between 29 November and 20 December 2023, with responses from 3,217 registrants, 106 students, and 68 other stakeholders,
- 2.6 The qualitative strand to the research was conducted between 8 and 19 January 2024, and consisted of:
- Three online focus groups with dentists (28 participants; segmented by length of time in the profession).
  - One online focus group each with dental hygienists (9 participants), dental nurses (10 participants), and dental technicians (7 participants).
  - One online focus group with dental students (7 participants).
  - Three in-depth telephone interviews with other stakeholders.
- 2.7 There were notable improvements in perceptions of the GDC since 2020, with positive views among dental professionals increasing from 16% in 2020 to 20% in 2023, and negative perceptions dropping from 65% to 56%. Students generally held more favourable opinions, with 26% expressing a positive view. However, most survey respondents, particularly dental professionals, still held negative perceptions of the GDC.
- 2.8 There was strong awareness among stakeholders of the GDC's core functions, such as maintaining the dental register (87%), investigating fitness-to-practise concerns (78%) and setting and promoting professional standards (72%).
- 2.9 The most common misconception about the GDC among dental professionals remained that it sets clinical standards (48% - the same proportion as 2020), followed by representing the interests of dental professionals (30%). The proportion of students (66%) who thought that the GDC sets clinical standards was higher than any other groups.
- 2.10 The majority of dental professionals (59%) found GDC communications useful. Email remained the most common and preferred communication channel, with an increased preference for information on the GDC's website. Dental professionals expressed a desire for clearer, more

relevant, and empathetic communication, with interactive formats like webinars suggested to enhance engagement.

- 2.11 The qualitative research revealed that remaining negative perceptions centred on the GDC being seen as punitive, out of touch, and disproportionately focused on enforcement over support. Registrants described a culture of fear and a lack of understanding from the regulator.
- 2.12 Registrants who had been registered with the GDC for longer tended to feel more negatively about the GDC, with those who had registered within the past five years feeling more positively towards the GDC compared with those who had registered six or more years ago. For example, those who had registered within the past five years were more likely to agree that the GDC is professional (63% vs. 46%), relevant (59% vs. 39%) and focused (54% vs. 34%). This suggests there could be a 'tipping point' when opinions shift to become more negative, which could be driven by past experiences or legacy decisions. The qualitative findings indicated that long-serving registrants' views were heavily influenced by direct negative experiences of Fitness to Practise (FtP) cases as well as experiences of colleagues and accumulated frustrations with the GDC's tone and approach.
- 2.13 To further explore what drives overall perceptions of the GDC among registrants, we conducted Key Driver Analysis (KDA) on the survey data. This revealed that perceptions of the GDC being fair, respectful, and proportionate were most likely to have a positive impact on the overall perception of the GDC, although only just over one in four (27%) registrants associated the GDC with being fair in the survey.
- 2.14 We also explored some of the negative perceptions that registrants held. Thinking that the GDC is unrepresentative (56% of registrants agreed), not believing that the GDC cares about their opinions (62% of registrants agreed) and thinking that the GDC overly penalises dental professionals (61% of registrants agreed) all negatively impacted overall perceptions. The qualitative findings reinforced the importance of empathy, clarity, and engagement in shaping registrants' overall view of their regulator.
- 2.15 There is a relationship between the length of time on the register and both perceptions of and interest in engaging with the GDC. Seven in ten (70%) registrants who were registered with the GDC for less than one year reported that they felt communications were useful, decreasing to about half (51%) of those registered for 11-15 years, and increasing again to 63% for those registered for over 30 years.
- 2.16 Facebook (36%) was the most commonly used form of social media to keep informed about their work and the profession in general - although a similar proportion (38%) of registrants said they did not use any social media sites for this purpose. Results varied by age, with around 25% of 18-30-year-olds and 31-40-year-olds more likely to use Instagram than their older counterparts. Older registrants were far more likely to say that they do not use any social media platforms (47% of 51-64-year-olds and 61% of those aged 65+). In terms of dental sector specific news and opinion outlets, the British Dental Journal (BDJ) (40%) and Dentistry (33%) were the most commonly used publications.

### **3. Negative perceptions are an obstacle to effective regulation**

- 3.1 The stakeholder perceptions research makes it clear that the key driver of perceptions of the GDC is fear – that we are punitive, out of touch and disproportionate.
- 3.2 Fear matters because it gets in the way of effective regulation. If dental professionals are practising in fear of arbitrary and disproportionate regulatory intervention, they will tend to practise defensively, they will spend time on excessive record keeping and they may limit their scope of

practice. None of that is in patients' interests. On the contrary it is likely to reduce both the quantity and quality of dental care. So addressing the fear and countering negative perceptions of the GDC is not a matter of reputation management, it is fundamental to our core objective of public protection. It matters that the GDC is trusted by those we regulate, and it cannot be trusted if perceptions are dominated by fear.

- 3.3 In order to convince people that there is no reason to fear FtP, we need to not have a system that creates fear. There are at least three overlapping drivers of fear:
- a. Rational fear – the FtP process really is stressful and can often be long drawn out. The challenge to a registrant's professional standing is often felt viscerally as a challenge to an important part of their identity. It is entirely reasonable to have a strong desire never to be caught up in it.
  - b. Irrational fear – FtP does not operate on a hair trigger, and does not result in harsh sanctions for minor lapses. The threshold for cases being taken forward is much higher than many believe it to be and the likely outcome much less severe.
  - c. Anecdotal fear – Perceptions have a long life and anecdotes circulate far beyond the time of the underlying incident. Many perceptions of the GDC are perceptions of how we were ten or more years ago, and may not have been accurate even then.
- 3.4 All three need to be addressed if we are to be successful in shifting perceptions, but even that, while necessary, is not sufficient.
- 3.5 More positively, we also need to help people understand the positive attributes of regulation and show how our wider regulatory activities support a positive patient safety culture and to be convincing that we want FtP to be the last resort, not the first. So, our work, for example, on standards and guidance is not only important in its own right, but also because it can contribute to a more balanced view of how professional regulation operates.

#### **4. We need to address the causes of negative perceptions**

- 4.1 We cannot entirely convince people that there is no need to be fearful while there is some rational basis for their fear. So the improvements we have made and plan to make to the experience of FtP are vitally important.
- 4.2 Making those improvements is necessary, but not sufficient. The system needs not just to work well for people directly engaged in it, but to be seen to work well by the very larger group of registrants and other stakeholders whose view is necessarily second hand. That isn't simply a matter of trying to communicate a more accurate understanding of how the FtP process really works, because attitudes are more broadly based on perceptions and assumptions about how the GDC operates more generally, including how well we understand the sector we regulate, how open we are to listening and engaging and how proportionate we are in other areas of regulatory decision making.

#### **5. The constraints are real, but are not a barrier to making progress**

- 5.1 Some of the factors driving perceptions are not within our control. Perhaps most significantly in this context, the FtP process is never going to be a pleasant one for those caught up in it, and the current legal framework limits our ability to make positive changes.
- 5.2 But that does not mean that there is no value in making changes where we can. Improvement is important because of the impact of negative perceptions on regulatory effectiveness and ultimately the quality of patient care. Improvement is possible because in understanding the drivers of perception, we can also understand the means of influencing them.

- 5.3 So a more strategic approach is required across the whole range of the GDC's activities. The timing of the publication of the perceptions research means that it provides useful context as the Council considers both the corporate strategy and the communications and engagement strategy which sits under it over the coming months.
- 5.4 Approaches we may want to consider in the context of those strategies include:
- a. Increasing the reach of our key messages, by building new relationships and providing information in a wider variety of ways and a broader range of channels, including online, social media, presentations to new audiences.
  - b. Identifying and working with people and groups who most influence perceptions, building up trust and equipping them to take our key messages into places where we are not present and provide feedback to refine the messaging. There may be particular value in focusing on education providers who are powerful early influencers of students even before they come into formal professional regulation.
  - c. Continuing to remove administrative inefficiencies and developing a strong customer service culture across the GDC, including CPD requirements and registration processes – both areas where work is already underway.
  - d. Developing a more positive and supportive approach to standards and guidance, using language and channels which align with registrants' needs and preferences to emphasise the positive aspects of professional regulation and a shared ambition to identify and address issues well before they risk triggering FtP activity,
  - e. Influencing government to enable legislative changes which would support more effective regulation.
- 5.5 All of that needs to go in parallel with the changes being made to improve how FtP works in practice and the support provided to participants.

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

- 6.1 The Stakeholder Perceptions research will be in the public domain on 3 December 2024.

## **7. Next steps and communications**

- 7.1 The comms and engagement strategy will be refreshed in early 2025, alongside development of the Corporate Strategy. This work will act on insights from the perceptions research. Council will be asked to confirm their priorities for communications and engagement and the impact will be managed through the CCP planning process for 2026 to 2028.

Joanne Rewcastle, Associate Director, Communications and Engagement  
JRewcastle@gdc-uk.org

01 December 2024

## Education Quality Assurance Decisions

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Manjula Das, Head of Education Quality Assurance Amy Mullins-Downes, Operations and Development Quality Assurance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	This paper outlines the Registrar's decisions under delegated authority of Council for the period from November 2023 to October 2024
<b>Issue</b>	To ensure Council are aware of all approval decisions regarding education and training programmes.
<b>Recommendation</b>	The Council is asked to <b>note</b> the decisions made in relation to Education Quality Assurance.

### 1. Introduction

- 1.1 The work undertaken by the Education Quality Assurance (EQA) team falls within the GDC Strategic aim 1:  
*“Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate, which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.”*
- 1.2 The Registrar has overall responsibility for education quality assurance and is required to confirm sufficiency and approval for all dental education programmes that lead to registration with the GDC or inclusion on the GDC Specialist lists. This includes:
  1. New programmes (review of new submissions and inspections)
  2. Risk based inspections
  3. Specialty baseline quality assurance (QA) of training and assessment providers.
- 1.3 A full description of our activity is provided in the *Review of Education 2023-2024* (to be published Q1 2025).
- 1.4 Since the last report, the EQA team has carried out all planned undergraduate inspection activity and concluded the postgraduate specialty quality assurance activity. Additionally, the Registrar has also granted approval to five new programmes, four of which will replace existing DCP programmes, and one is completely new Hygiene and Therapy programme being delivered by the University of Suffolk.
- 1.5 This report outlines:
  - a. Overall summary of Registrar decisions
  - b. Breakdown of Registrar decisions by category, namely new programme approvals and risk-based inspections.
  - c. Planned inspection activity planned for the forthcoming/current academic year and new programme submissions under review.



- 1.6 Monitoring does not require a Registrar decision as it is a means of identifying risks to ongoing compliance with the Standards for Education which would be investigated further through inspections. This report also includes the risk-based inspection work identified from the monitoring activity in 2023.

## 2. GDC Education Quality Assurance Decisions

- 2.1 Since November 2023, the Registrar has taken 5 decisions to confirm sufficiency or continuing sufficiency for BDS programmes and 5 decisions to approve or confirm continuing approval of Dental Care Professional (DCP) programmes. All decisions have been made with reference to the GDC *Standards for Education*. There are 12 inspections that have taken place this last academic year that are awaiting final exam reviews or are in the process of having their reports drafted that are to be presented to the Registrar for final decision.
- 2.2 The GDC EQA inspection reports have been published and can be found at [Latest inspections \(gdc-uk.org\)](https://www.gdc-uk.org/latest-inspections)

## 3. Academic Year 2023/2024

- 3.1 The EQA Team undertakes two types of inspections; risk based and new programme inspections. Risk based inspections are planned in response to risks being identified, most commonly through the monitoring process but also from other sources such as Fitness to Practise concerns being raised, or information provided by students or faculty staff. Occasionally an urgent inspection will be arranged, within the current academic year, should the GDC become aware of risk indicators (through monitoring or other means).
- 3.2 Some risks result in specific actions to remedy an issue being required of an education provider. Where possible, progress against set actions will be looked at the next round of monitoring, to give sufficient time for a provider to design a new process or policy and then embed and review it. In other instances, where the risk is deemed higher, or a programme has been approved on a cohort but cohort basis, a further inspection will take place the following academic year.
- 3.3 The following is a list of programmes that have been subject to inspection activity across both academic years. The tables reflect the provider, the programme, and the inspection type (risk based or new programme).

**Table 1. List of programmes inspected by the GDC in 2023/2024**

Provider/Awarding body	Programme	Inspection Type
City and Guilds	Diploma in Dental Nursing	Risk based
Grwm Menai	Diploma in Dental Nursing	New programme Exam
NEBDN	Diploma in Dental Nursing	Risk based
NEBDN	National Diploma in Dental Nursing	Risk based
UCLAN	Diploma in Orthodontic Therapy	New programme
Yorkshire Orthodontic Therapy Centre	Diploma in Orthodontic Therapy	Risk based
Pearson	Diploma in Dental Technology	Risk based
Bangor University	Diploma in Dental Hygiene	New

Provider/Awarding body	Programme	Inspection Type
University of Essex	Diploma in Dental Hygiene	Risk based
University of Teesside	Diploma in Dental Hygiene	Risk based
Eastman	BSc (Hons) Dental Hygiene and Therapy	Risk based
Manchester	BSc Oral Health Sciences (Hygiene and Therapy)	Risk based
University of Manchester	BSc Hygiene and Therapy	Risk based
University of Portsmouth	BSc Hygiene and Therapy	Risk based
Eastman	BSc (Hons) Dental Therapy	Risk based
UCLAN	Diploma in Dental Therapy	Risk based
University of Essex	FdSc in Dental Therapy	Risk based
Manchester	Bachelor of Dental Surgery	Risk based
UCLAN	BDSi	New
UCLAN	BDS	Risk based
University of Dundee	BDS	Risk based
University of Liverpool	BDS	Risk based
University of Manchester	BDS	Risk based
Royal College Pilot	Various	Risk based

#### 4. New Submissions

- 4.1 In 2023/2024, we received requests to consider five new programmes of education. Only one was a completely new programme. This was a Hygiene Therapy qualification for the University of Suffolk. The other four were from providers who were updating the qualifications they offered – three Dental Nurse (DN) Diploma programmes and an Orthodontic Therapy qualification.
- 4.2 The EQA team continues to work with the Institute of Apprenticeships and Technical Education, who are now rebranding following a government initiative and will become Skills England, a new body that aims to have employers at its heart and dedicated to providing more opportunities for learners and delivering skills for business. The most recent Kings speech set out the Government's intention to bring forward legislation to pass IfATEs functions to Skills England.
- 4.3 All providers who wish to run a new dentist or DCP programme must first submit an outline of the proposed programme to the GDC, that clearly demonstrates how it will meet the learning outcomes within the Standards for Education. In the case of an institute who seeks approval for a new BDS programme, and who does not hold Dental Authority Status (DAS), they must first seek this from the Privy Council. The GDC has been working with the Department for Health and Social Care (DHSC), who the Privy Council has delegated the task of awarding DAS, to develop a process for new education providers to apply for DAS. We have also developed guidance for providers about the process, which includes input from the DHSC and has been shared with the Office for Students.



- 4.4 Once a programme is granted provisional approval, if this is a new provider or new type of programme for an existing provider, this is an increased risk which will require closer and more frequent quality assurance. With the newly approved *Safe Practitioner Framework* now published, all new submissions to be aligned with the new Framework.
- 4.5 The Registrar's decision of 'sufficiency' or 'approval' is provisional pending full inspection. This is detailed on the GDC website, and providers may accept students onto the programme. A letter from the Registrar is sent to the provider. Full approval is not granted until the first graduating cohort has completed their studies and examinations, or assessments and the programme has undergone a full inspection by the GDC.
- 4.6 New programme inspections will take place usually in the final year before the first cohort of students graduate.
- 4.7 Table 2 shows 4 programmes that have been approved in the last academic year.

**Table 2. Programmes approved by the GDC in 2023/4.**

Provider	Programme
NCFE CACHE	Dental Nursing T Level - Integrated
NCFE CACHE	Dental Nursing T Level - Standalone
NCFE CACHE	Dental Nursing T Level – 16-18
University of Bristol	Diploma in Orthodontic Therapy
University of Suffolk	FdSc Dental Hygiene and Therapy

#### *Current New Programme Submissions Pending Approval*

- 4.8 The team is currently considering a new programme submission from the University of Hull for a Foundation Degree in Dental Technology.

#### *New Programmes Submissions Declined for Approval*

- 4.9 There have been no programmes declined for approval.

### **5. Post Graduate Specialty Training**

- 5.1 The GDC has been reviewing the approach taken to the quality assurance of Post Graduate Specialty Training that leads to an award of a Certificate of Completion of Specialty Training (CCST).
- 5.2 The review has included seeking feedback and commentary from a number of external stakeholders and the EQA Team is now finalising a process for quality assuring post graduate speciality training providers that is less onerous and recognises the lower risk involved, as well as the much smaller number of trainees and is therefore more proportionate. There is a stakeholder event on 27<sup>th</sup> November where drafts will be shared and discussed, before finalising next year, for implementation in the 2025/6 academic year.
- 5.3 The GDC inspection reports for specialty education and examinations can be found here: [Dental Specialty training \(gdc-uk.org\)](https://www.gdc-uk.org/specialty-training)

### **6. Future Quality Assurance Activity**

- 6.1 The GDC currently monitors 67 active programmes that are subject to quality assurance. It is anticipated that this will continue to increase steadily in the coming years particularly in light of the

NHS Long Term Workforce Plan for England (July 2023) which stated the intention to increase dental, hygiene and therapy numbers by 28-40% over the next 8 years.

- 6.2 Since this was announced we have had numerous discussions with interested parties re establishing a new dental school or new DCP programme from established, new, private and overseas providers. We are in regular contact with DHSC and the Office for Students re workforce expansion. We also regularly meet with the GMC who share their workforce expansion developments. We have not received any submissions for new programmes, but anticipate these will come Q1 2025.
- 6.3 Inspections that are planned for 2023/2024 are shown in table 6 below. It is also likely that there will be further inspections arising from the annual monitoring, which is taking place in November 2024.

**Table 3 Inspections Planned for 2024/25**

Provider/Awarding Body	Programme	Inspection Type
NCFE Cache (Adult)	Diploma in Dental Nursing	New Programme
NCFE Cache DN (16-18)	Diploma in Dental Nursing	New Programme
NCFE Cache DN Apprenticeship	Diploma in Dental Nursing	New Programme
Pearson	Diploma in Dental Nursing	Risk-based
Scottish Qualification Award	Diploma in Dental Nursing	Risk-based
University of Bristol	BSc Orthodontic Therapy	New Programme
University of Hull/Sheffield College	FdSc Dental Technology	New Programme
Eastman Dental Hospital	Diploma in Dental Hygiene	Risk-based
University of Cardiff	Diploma in Dental Hygiene	Risk-based
University of Essex	Diploma in Dental Hygiene	Risk-based
Eastman Dental Hospital	BSc (Hons) Dental Hygiene and Dental Therapy	Risk-based
Edinburgh Dental Institute	BSc (Hons) Dental Hygiene and Dental Therapy	Risk-based
Glasgow Caledonian	BSc (Hons) Dental Hygiene and Dental Therapy	Risk-based
Newcastle University	BSc (Hons) Dental Hygiene and Dental Therapy	Risk-based
University of Cardiff	BSc (Hons) Dental Hygiene and Dental Therapy	Risk-based
University of Essex	FdSc Dental Hygiene and Dental Therapy	Risk-based
University of Manchester	BSc (Hons) Dental Hygiene and Dental Therapy	Re-inspection
University of Plymouth	BSc (Hons) Dental Hygiene and Dental Therapy	Risk-based
Queens University Belfast	BDS	Risk-based
University of Bristol	BDS	Risk-based
University of Cardiff	BDS	Risk-based
University of Manchester	BDS	Re-inspection

**7. Next steps and communications**

- 7.1 Further to Council noting this paper, we will share details of the quality assurance activity with the Privy Council, as we are required to do by the Dentists Act.
- 7.2 Appendices: None

Amy Mullins-Downes, Operations and Development Quality Assurance Manager  
amullins-downes@gdc-uk.org

## Annual Committee Reports

<b>Executive Director</b>	Clare Paget, Interim Executive Director, Legal & Governance
<b>Author(s)</b>	Rachael Gilleard, Interim Deputy Head of Governance
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with clause 2.8 of the General Dental Council Standing Orders for the Conduct of Business for the Council and Committees 2022, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.
<b>Issue</b>	To provide the Council with an overview of the work of its Committees in 2024.
<b>Recommendation</b>	The Council is asked to <b>note</b> the contents of the appended reports and workplans.

### 1. Key considerations

- 1.1 The annual reports of the following Committees are appended to this cover paper:
  - a. Audit and Risk Committee – **Appendix 1**
  - b. Finance and Performance Committee – **Appendix 2**
  - c. Remuneration and Nomination Committee – **Appendix 3**; and
  - d. Statutory Panellists Assurance Committee – **Appendix 4**.
- 1.2 The reports were prepared by the secretariat support for each Committee. They have been discussed and are recommended to the Council by the respective Committees. The current Terms of Reference and proposed 2025 forward workplan for each Committee are appended to their annual reports.
- 1.3 The proposed 2025 forward workplan for the Council is also appended.
- 1.4 The workplans are working documents and will be updated on a rolling basis.
- 1.5 The Council is invited to **note** the contents of the appendices.

Rachael Gilleard  
[Rgilleard@gdc-uk.org](mailto:Rgilleard@gdc-uk.org)

29 November 2024

## Audit and Risk Committee Annual Report

<b>Member of the Executive Team</b>	Clare Paget, Interim Executive Director, Legal and Governance
<b>Author(s)</b>	Ermelinda Bajrami, Governance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Conduct of the Council and Statutory Committees 2022, clause 2.8, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.
<b>Recommendation</b>	The Council is asked to note the Annual Report for 2024.

### 1. Key considerations

- 1.1 The key purpose of the Audit and Risk Committee (ARC) is to scrutinise the General Dental Council's Annual Report and Accounts, risk management systems and internal control framework. The ARC will also scrutinise the assurances provided by the internal and external audit functions and the arrangements in place for raising concerns in relation to fraud, whistleblowing and special investigations.
- 1.2 The Terms of Reference (ToR) are appended to this paper at **Appendix 1** and include the ARC's delegated powers.
- 1.3 In 2024, the membership of the Committee was:

Committee member	Role	Annual membership	Appointment term
Sheila Kumar	Chair (since July 2021) and Lay Council Member	1 January 2024 – 31 December 2024	1 October 2017 – 30 September 2025
Liz Butler	Independent Committee Member	1 January 2024 – 31 December 2024	21 June 2021 – 20 June 2025
Simon Morrow	Registrant Council Member	1 January 2024 – 31 December 2024	1 October 2018 – 30 September 2025
Laura Simons	Lay Council Member	1 January 2024 – 31 December 2024	1 October 2020 – 30 September 2028
Serbjit Kaur	Registrant Council Member	1 January 2024 – 31 December 2024	1 October 2023 – 30 September 2027

- 1.4 In 2024, the Committee held six planned meetings. The Committee held two single item meetings virtually, and met three times in Wimpole Street and once in Colmore Square. Apart from 22 May (Liz Butler), 18 September and 28 November (Serbjit Kaur), there has been full attendance at the meetings.
- 1.5 Committee members have been as accommodating as possible to enable extra sessions where it was needed, and these included a meeting to finalise the 2023 Annual Report and Accounts (ARA) on 1 July and a workshop session on Information Governance on 9 October.

## **2. Expenditure**

- 2.1 The costs associated with the Committee up to but not including the 28 November meeting in 2024 related to travel and subsistence and totalled £2,967 which is within budget allocation.

## **3. Scrutiny of Financial Reporting**

### Annual Report and Accounts 2023

- 3.1 In January 2024, the Committee reviewed and discussed the proposed key content of the ARA 2023. At its meetings in February, March and May, and additionally via correspondence, the Committee scrutinised and discussed in detail:
  - a. various drafts of the ARA 2023;
  - b. the Audit Completion Reports from the National Audit Office (NAO) and haysmacintyre; and
  - c. the haysmacintyre audit opinion and the NAO audit certificate.
- 3.2 The Committee also reviewed and approved the ARA financial considerations in relation to Going Concern, Contingent Liabilities and Restatements.
- 3.3 The Committee held an additional meeting on 1 July to consider any impacts of the Somerville v Nursing and Midwifery Council judgment on the ARA, and approve final changes to the document. Subsequently, the Committee made a recommendation to the Council to approve the ARA.
- 3.4 Following the Council's approval and signature, the ARA 2023 was laid before the UK and Scottish Parliaments on 18 July 2024.
- 3.5 The ARA 2023 process was a challenging one, but every effort was made by the Committee members to accommodate revised timetables, provide feedback at short turnaround times and provide further input via correspondence in addition to scheduled meetings. The Committee also provided feedback on the process to help inform the process for the 2024 ARA, and discussed this at Committee as well as providing the feedback to the Chair and CEO via the Committee chair, and utilised that in two ARA planning discussions at Council including the report referred to below.
- 3.6 In September 2024, the Committee reviewed and discussed the planning approach for the ARA 2024 and was concerned about the risks to the potential timetable, particularly given the new audit standards. It was agreed that Council needed to discuss the purpose and positioning of the ARA as soon as possible in order for the direction to be set before work commenced. A report was presented to the Council in October 2024.
- 3.7 In November 2024, the Committee noted the presentation approach which had been agreed by Council and how it would factor into the timetable.

## 4. Review and Oversight of Governance Systems, Risk Management and Internal Controls

### Governance and Internal Controls

- 4.1 At each meeting, the Interim Chief Executive and the Chief Executive provided an update on key developments in the organisation, including emerging risks and priorities. Topics covered included Fitness to Practise, cyber security, culture and change programme, provisional registration, internal and external engagement, and IT Services (including the IT data storage issue). The Committee was pleased to have moved from an oral report to a written report for efficiency, enabling more time for preparation and a better use of meeting time for questioning.
- 4.2 In January and March 2024, the Committee held a private session in respect of an internal People Services issue identified as a grievance. At the request of the Chief Executive a further private session was held at the November meeting.
- 4.3 At the November 2024 meeting, the Committee was provided with an update on the Employee Relations Caseload. A number of areas of concern were noted and a request that appropriate reference be made to the Remuneration Committee was made.
- 4.4 In November 2024, the Committee noted the Annual Reports on Declarations of Interest and Declarations of Gifts and Hospitality. The Committee also received the new Anti Fraud, Anti- Bribery and Anti- Corruption policy and with some changes agreed it on a pro-term basis subject to further review by Q2 2025.

### Strategic Risk

- 4.5 During the year the Committee scrutinised the Strategic Risk Register (SRR) and the Board Assurance Framework (BAF) at each full meeting.
- 4.6 In January 2024, the Committee sought additional assurance on the cessation dates and the lack of visibility in movement of Strategic Risks onto the Operational Risk Register. It was discussed that a revised presentation of the SRR would be produced.
- 4.7 The Committee considered risk appetite at its meetings in January and May. It declined to approve the risk appetite matrix pending a Council discussion given the number of risks that remained outside of appetite for extended periods, some with no estimated cessation date. The Council discussed and agreed risk appetite in June 2024.
- 4.8 At the September 2024 meeting, the Committee was pleased to note the review of the SRR being carried out by ELT and its intention to align the SRR to the Strategic Plan. The full details of the revised SRR were presented at the November 2024 meeting and the Committee welcomed the revised approach. It scrutinised the proposed risks and agreed the SRR accurately reflected the strategic risks to the organisation.

### Risk Assurance deep dives

- 4.9 In-depth reviews were a means of the Committee gaining assurance on the control mechanisms across the organisation and the mitigations in place for specific risks.
- 4.10 The Committee requested in-depth reviews to enable it to scrutinise and discuss in detail the controls, mitigations and actions in place to manage risk, and explore gaps in assurance. Reviews were undertaken into Information Governance, People Services, Fitness to Practise and IT systems.
- 4.11 The Committee continues to have concerns on the implementation of EDI and has particularly noted the likely impact on the achieving of the PSA EDI standard. Those



concerns were re-iterated at the November meeting based on the useful paper that was submitted to the committee.

- 4.12 An IT deep dive reported to the November meeting surfaced a number of major concerns in IT provision. This will be brought to Council.

## **5. Review and Oversight of Internal and External Audit**

- 5.1 The Committee reviewed and scrutinised the work of the GDC's internal audit function and the ongoing work programme.

### Internal Audit

- 5.2 At the May 2024 and September 2024 meetings, the Committee expressed disappointment with the continued delay of the management action on the Equality, Diversity & Inclusion (EDI) gap analysis. At the November 2024 meeting, the Committee was updated on the EDI action plan and progress in combining two separate components, one more internally focused and one more externally focused, within a single action plan.
- 5.3 Over the course of the year, significant attention was given to the Internal Audit Recommendation Tracker and the management of internal audit recommendations where the Committee emphasised that implementation dates should reflect realistic feasible dates. The Committee continues to have concerns about the number of actions not discharged in time, these actions having all been agreed with management by the internal auditors.
- 5.4 At a number of meetings, the Committee expressed concerns around IT data storage and security and information governance, requesting further assurance on the GDC data architecture and compliance with data requirements. In response to this, a workshop was held with the Committee on 9 October 2024 regarding how the GDC currently manage information governance and the intended development within this area. This is acknowledged to be a work in progress and it was unfortunate that the useful session could not be recorded for future dissemination.
- 5.5 The Committee has received several audits from RSM, including Key Financial Controls and External Communication. The Committee agree that the contribution from the RSM representative achieves real value.

### External Audit

- 5.6 At the January 2024 meeting, the National Audit Office (NAO) communicated a change of the standards, such that it would be providing first and second tier audit for the GDC as sole external auditor. At the May 2024 meeting the Committee agreed to recommend to the Council the provision of external audit services for the ARA 2024.
- 5.7 In September 2024, haysmacintyre resigned its position as external auditor and NAO was appointed as the new sole external auditor.
- 5.8 In November 2024, the Committee received a verbal update on the progress of the External Audit planning reports from the NAO.

## **6. Review and Oversight of Whistleblowing, Fraud and Investigations**

### Whistleblowing and Anti-fraud, Bribery and Corruption

- 6.1 No instances of whistleblowing were reported to the Committee in 2024. Consideration of the new Anti- Fraud policy is referenced above and will come back to the Committee by the end of Q2 2025.



## 7. Committee's Adherence to its Terms of Reference

- 7.1 Throughout 2024, the Committee focused on the key business contained within its Terms of Reference.
- 7.2 Throughout 2024, the Committee identified and monitored significant risks to the organisation and held related risk assurance deep dives. There was regular contact with other Committee Chairs, professional advisors and the Council, to ensure all relevant issues were appropriately escalated.

## 8. Governance and next steps

- 8.1 The Committee reviewed its workplan at each meeting and noted the draft 2025 workplan at the meeting in November 2024.
- 8.2 At each substantive meeting, the Committee held a private session with the internal and external auditors. These sessions were found to be very useful and gave an opportunity to reflect on the effectiveness of the meeting.

## 9. In Conclusion

- 9.1 This has been a busy year for the Committee, which has also had a number of changes over a short time in terms of external advisors. However, stability was provided through its membership and continuity of Governance Manager. The Committee would like to express its thanks for the governance support it receives. The Committee was pleased to welcome observers on a number of occasions during the year. Additionally, the Committee welcomed observers from Campbell Tickell to assist with the Board Effectiveness Review at its November meeting.
- 9.2 The Committee has also found it useful to have the ELT attendance at its meetings and hope that it is similarly useful to ELT members. Of course, whether or not this will be maintained will be kept under review by the CEO who will liaise appropriately with the Committee.
- 9.3 The Council is asked to **note** the ARC's 2024 annual report.

Appendix 1 – ARC Terms of Reference

Appendix 2 – ARC draft Work Programme for 2025

Ermelinda Bajrami, Governance Manager  
ebajrami@gdc-uk.org

29 November 2024

## Appendix 1

### Audit and Risk Committee Terms of Reference

#### Key purpose

A1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Scrutinising the organisation's Annual Report and Accounts.
2. Scrutinising the risk management systems and internal control framework of the organisation.
3. Scrutinising the assurances provided by the internal and external audit functions.
4. Scrutinising the arrangements in place in the organisation for raising concerns in relation to fraud, whistleblowing and special investigations.

#### Composition and Quorum

A2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). Additionally, the Committee will have an external member, who must be appointed in line with the requirements of the GDC Standing Orders.<sup>1</sup> The Chair of the Council shall not be a member of the Committee and may only attend at the invitation of the Committee Chair.

A3. The quorum of the Committee shall be two Council members.<sup>2</sup>

#### Delegated Powers

- A4. Investigate any activity within its terms of reference. Any investigation will normally be initiated in consultation with the Chief Executive and Registrar.
- A5. Seek any information it may require from any member, employee or office-holder. All members, employees or office-holders are directed to co-operate with the Committee.
- A6. Obtain external legal or other professional advice and to secure the attendance at committee meetings of anyone it considers has relevant experience, expertise or knowledge.
- A7. Review the statements in the annual report and accounts relating to internal control and risk management (the Governance Statement).
- A8. Appoint and remove the internal auditors and approve their fee and terms of engagement and the internal audit strategy and plan.
- A9. Approve the fee and terms of engagement of the external auditor and the external audit strategy and plan.

#### Functions and Duties

Financial reporting

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<sup>1</sup> GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 12.10

<sup>2</sup> GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

A10. Scrutinise the Annual Report and Accounts for the organisation and advise the Council in relation to its decision making. The Committee will pay particular attention to the following areas:

- a. The Governance Statement
- b. changes in, and compliance with, accounting policies and practices
- c. unadjusted misstatements in the financial statements
- d. major judgmental areas
- e. significant adjustments resulting from the audit
- f. the letter of representation from the external auditor and
- g. the letters of representation to the external auditors from the EMT.

A11. Scrutinise and provide assurance to the Council that the internal systems for financial reporting to the Council, including those of budgetary control, meet the requirements of the of the National Audit Office and appropriately adhere to the Government Financial Reporting Manual (IFREM).

#### Governance, Risk Management and Internal Control

A12. Review the delegated authorities and governance structure periodically, or at least every two years, and report to the Council on whether they are adequate and make any recommendations to the Council.

A13. Scrutinise the integrity of the organisation's internal controls, with reference to internal audit reports, and oversee the compliance of the organisation with relevant legislation, reporting to the Council where appropriate.

A14. Assess the scope and effectiveness of the systems established by management to identify, assess, manage and monitor significant risks.

A15. Review the comprehensiveness, reliability and integrity of the assurances provided in relation to internal control and risk management.

A16. Scrutinise and report on the level of assurance to the Council on the adequacy and effectiveness of the risk management processes. This involves reviewing the Strategic Risk Register, obtaining assurance on risk management arrangements from internal auditors, and reviewing the status and trends of all risk in the strategic risk register.

#### Internal Audit

A17. Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation [see above delegated authority A6].

A18. Consider and monitor management's responses to any major internal audit recommendations.

A19. Meet with the internal auditors at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out.<sup>3</sup> The internal auditors should be given the right of direct access to the Chair of the Council and the Committee.

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<sup>3</sup> The Chair shall decide whether the Secretariat members should withdraw also; if so, the Chair should ensure that an adequate note of proceedings is kept to support the Committee's conclusion, rationale and actions. In order for completeness of records the note should be deposited with the Secretariat.

- A20. Monitor and review the effectiveness and quality of the internal audit function to ensure it provides appropriate independent assurance to the Council and value for money.

#### External Audit

- A21. Scrutinise the process and proposals in relation to the appointment, reappointment and removal of the external auditors and make appropriate recommendations to the Council in relation to its decision making in this area.
- A22. Review the findings of the audit with the external auditor considering any material issues which arose during the audit, any accounting and audit judgements and levels of errors identified during the audit.
- A23. Meet with the external auditors at least once year, without the management being present, to discuss their remit and any issues arising from the audit.<sup>4</sup>
- A24. Monitor and review the effectiveness and quality of the audit, assessing annually their independence and the relationship with the auditor as a whole, including the provision of any non-audit services, and value for money.

#### Whistleblowing, fraud and investigations:

- A25. Scrutinise and report on the level of assurance to the Council in relation to arrangements in place for raising concerns with or about the organisation on topics such as fraud and whistleblowing.
- A26. Scrutinise and provide assurance to the Council in relation to arrangements in place for external parties to raise concerns with or about the organisation on topics such as whistleblowing, including in relation to the GDC's role as a prescribed person.
- A27. Review the anti-fraud and bribery policies and arrangements for special investigations.

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<sup>4</sup> Same process to be followed as in the footnote above.

Committee Forward Plan		23 January 2025	Wed 19 Feb 2025 (if required)	Thur 27 March 2025	Mon 19 May 2025	Wed 17 Sept 2025	Thu 13 Nov 2025
		Online	Online (single issue)	Wimpole Street (single issue)	Wimpole Street	Colmore Square	Online
		Thu 9 Jan 2025	Wed 5 Feb 2025	Thu 13 Mar 2025	Fri 2 May 2025	Wed 3 Sept 2025	Thu 30 Oct 2025
Key:		Corporate Resources	Legal & Governance	Organisational Development	Regulation	Strategy	
Category	Report						
[Sections on Agenda e.g Finance and Business Planning]	[Use key above to assign each item to a directorate]						
	Annual Report and Accounts Timetable	✓					✓
	Annual Report and Accounts Draft Updates			✓			
	Annual Report and Accounts Final Draft and Sign-off			✓			
	Strategic Risk Register and Board Assurance Framework	✓			✓	✓	✓
	Risk Management Framework						✓
	Risk Appetite					✓	
	Whistleblowing Update (Exception only)						
	Whistleblowing Policy				✓		
	Significant Legal Developments	✓			✓	✓	✓
	Risk Deep Dive	✓			✓	✓	✓
	Governance Manual and Framework inc. Benchmark against FRC Code, Standing Orders, Code of Conduct, Anti Fraud, Bribery & Corruption Managing Interests, G&H and Social Media Guidance for CMs & IGAs				✓		
	Review of Schemes of Delegations, Rules & Statement of Ensuring Effective Performance				✓		
	ARC TORs				✓		
	Corporate Governance Code Review				✓		
	Anti-Fraud, Bribery and Corruption Policy Review						✓
Internal and External Audit	RSM Internal Audit Progress Report	✓			✓	✓	✓
	In House Internal Audit Recommendation Tracker Update	✓			✓	✓	✓
	External Audit Planning Reports	✓					✓
	Annual IHIA plan (including draft RSM report if available)						✓
	RSM Annual IHIA plan	✓					
Governance	Forward Plan	✓	✓	✓	✓	✓	✓
	Annual Review						✓
One-Off Items / Council Actions / Committee Referrals							
Items to note (to be provided when available)	Information Governance Reports (Quarterly and Annual)						
	Information Security Policies						
	Management of Risk Training Quarterly Update (Quarterly)						
	Corporate Complaints Annual Report (June)						
	Annual Report on Declarations of Interest (Oct/Nov)						
	Annual Report on Gifts and Hospitality (Oct/Nov)						
	Case Examiner Feedback (Exception)						
	Joint Regulatory Whistleblowing Disclosure Report (Sept)						
	Health and Safety Annual Report						

## Annual Report– Finance and Performance Committee

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	Polly Button, Governance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Conduct of Business of the Council and Committees 2022, clause 2.8, each Committee shall report annually to the Council on its expenditure, its progress made against the work programme for that year and its planned work programme for the following year.
<b>Issue</b>	To provide the Council with a report of the work of the Finance and Performance Committee in 2024.
<b>Recommendation</b>	The Council is asked to <b>note</b> the Annual Report for 2024.

### 1. Key considerations

#### 1.1 The key purposes of the FPC are to:

- a) Challenge and monitor the Executive on financial and other performance, to work with the Executive to develop an appropriate and proportionate data set in relation to the organisational finance and performance to enable the Council to carry out its functions, and to provide scrutiny and challenge to the Executive on major operational matters.
- b) Work with the Executive in developing the GDC's financial strategy. This will include scrutinising the development and delivery of the three-year rolling Costed Corporate Plan, scrutiny of the annual budget setting process and of the organisation's delivery against budget and providing to the Council the assurance it needs to approve the budget and Costed Corporate Plan.

#### 1.2 The FPC also has delegated powers to:

- a. Approve the assumptions and objectives to be used in the business planning cycle.
- b. Approve the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.
- c. Approve the GDC's financial and banking policies, procedures and arrangements.
- d. Approval of the reinstatement of corporate projects prioritised as 'Could do' within the Costed Corporate Plan, at the request of the Executive Leadership Team, in the event that funding is available (until October 2024 when the new Financial Delegated Authority was agreed by Council).

#### 1.3 The full Terms of Reference as approved by Council in June 2022 are appended to this paper (**Appendix 1**).

- 1.4 The membership of the FPC for the majority of 2024 was Terry Babbs (Committee Chair, lay Council Member and Senior Independent Council Member), Ilona Blue (lay Council Member), Donald Burden (registrant Council Member) and Anne Heal (lay Council Member).
- 1.5 On 1 October 2024, Council Member Terry Babbs demitted office and **Reshard Auladin** joined the Council and became a member of the Committee. Also in October, Committee member **Ilona Blue** became Chair of FPC.
- 1.6 In 2024, the Committee held seven meetings, five of which were substantive and two were additional/single issue. Four substantive meetings were held in Wimpole Street, and one was hybrid due to rail disruption. In January 2024, there was one additional hybrid meeting to discuss **Costed Corporate Plan (CCP) 2025-2027** planning guidelines and International Registration Fees. In July, a single-issue virtual meeting was held to discuss the CCP 2025-2027 and 2025 Budget.
- 1.7 The Chair of the FPC provided written assurance reports to the Council following each meeting.

## 2. Expenditure

- 2.1 The only costs associated with the Committee in 2024 were those relating to travel and subsistence for members, which amounted to £3,140 (within budget).

## 3. Financial Performance and Policy

- 3.1 Quarterly reports on income, expenditure and headcount were presented to the Committee for scrutiny of the GDC's financial performance. In particular, the Committee monitored trends and issues, considered the reasons for any variance from budget, and the implications to the reserves, expenditure, headcount and productivity.
- 3.2 In February, the Committee was updated on the annual progress of the facility for registrants to pay the **Annual Retention Fee (ARF) by instalments** and how this was performing against the business case.
- 3.3 In both February and June, the Committee received and reviewed the **Reserves Policy**. The Committee noted the number of options and recommendations presented and requested Accounting Officer advice before recommending approval to the Council in June.
- 3.4 Throughout 2024, the Committee received regular progress updates on the **pension provisions**. In November, the Committee received the **Triennial Pensions** update and Actuarial Assumptions and Annual Report of the Chair of Trustees.
- 3.5 In both September and October, the Committee reviewed the proposed changes to **Financial Delegated Authority**. In October, the Committee agreed to recommend this to the Council, on the basis of there being a review of the delegations after one year.
- 3.6 In November, the Committee undertook reviews of the **Financial Policies and Procedures** as part of the wider banking and financial arrangements. Also in November, the Committee discussed the GDC's **Medium Term Financial Strategy** and the presentation of various models to deliver financial efficiencies within the corporate strategy.

## 4. Organisational-Wide Performance

- 4.1 The Committee provided in-depth scrutiny of the organisational performance by receiving the Balanced Scorecard and Financial Forecast reports each quarter.



- 4.2 In February, the Committee received the **Annual Organisational Performance** report which included key considerations for performance across the CCP, budget and delivery in 2023.
- 4.3 Also in February, the Committee received the first **Regulation operational update**, which was subsequently presented at each meeting and included operational updates and improvements across each of the Regulation functions. The Committee was pleased with the progress across the directorate, and by November this was incorporated into quarterly organisational reporting.
- 4.4 In June, the Committee received of the **Strategy Directorate Performance Reporting Suite** and Annual Report 2023. In September, the Committee received a mid-year Strategy report for 2024.
- 4.5 In June, the Committee received a **People and Organisational Development (POD) update**. In October, the Committee received a further POD programme update for noting following presentation at the Remuneration and Nomination Committee (RemNom). In Q3 and Q4, the Committee noted a concern on sickness absence levels and heard that work was underway on benchmarking and to identify and understand the root causes.
- 4.6 The Committee provided scrutiny of the organisation's recruitment and retention performance, particularly considering **hybrid working model**, following the conclusion of the New Ways of Working Pilot scheme in June. It was agreed that future monitoring of hybrid working and effects on productivity would be considered by the RemNom.
- 4.7 In terms of wider reporting, in February the Committee noted the **Dental Complaints Service (DCS) Annual Report** which reported on the performance of the DCS during 2023. In September and October, the Committee heard that the DCS had received an increase in concerns. The Committee was informed that the issue was being managed within the team with further analysis is due to be shared in 2025.
- 4.8 Throughout 2024, the Committee received quarterly reviews on **Contracting Compliance Management**. In June, the Committee received a **Procurement Report** for 2023 and a **GDC Insurance Review** for 2023.
- 4.9 In September, the Committee received an update on **Aged FTP cases** and a **Dental Professionals Hearings Service (DPHS) Data Security Incident (DSI)** review. Both reports were received by the Audit and Risk Committee (ARC) before circulation to the Committee for noting.
- 4.10 In September and October, the Committee received a light touch **IT Services review** and plans for the function. It was noted that the ARC would have oversight of the associated risks and mitigations, and the Committee would have oversight of the efficiencies and costs.

## 5. In-depth reviews

- 5.1 The theme for the in-depth reviews in 2024 focused on a variety of thematic topics at the GDC:
  - a. February 2024, the Committee received the first in-depth on the **Project Capacity at the GDC**, which included CCP Planning Lifecycle Improvements.
  - b. June 2024, the Committee received an in-depth review on **Income Modelling Activity**. The Committee noted the review provided a high level of assurance on the GDC's income forecasting
  - c. In November 2024, the Committee received an in-depth review on **External Communications and Engagement**. The Committee was pleased to receive the report,

noting an honest and open discussion with suggestions to inform the development of the new communications and engagement strategy in 2025.

## 6. Costed Corporate Plan (CCP) and Budget

6.1 A substantive part of the workplan of the Committee in 2024 was the scrutiny and oversight of the **CCP 2025–2027 and Budget for 2025**:

- a. An additional meeting was held in January to discuss CCP planning guidelines and timetable.
- b. In February, the Committee received the updated CCP guidelines and recommendations and provided feedback on the direction of travel for changes to planned activity, risks, opportunities and income review, following the conclusion of the Dentist Annual Retention Fee (ARF) collection in December 2023.
- c. In June, the Committee received the first iteration of the CCP draft plan and provided feedback such as the need to seek out further financial opportunities.
- d. In July, following two ELT workshops, a single-issue meeting was held to discuss CCP Round 2. The Committee was pleased with the presented draft, noting the different approach and amount of movement since the first round. The Committee made several comments and amendments which were incorporated into subsequent versions.
- e. In September, the Committee received the first final draft including the Accounting Officer Advice. The Committee acknowledged that staff had taken on board the lessons learned from last year's CCP process and endorsed the current draft for an initial review by the Council.
- f. In October, the received the final draft and discussed the addition of an explanatory narrative for the accompanying report for the Council. The Committee endorsed the **Final Draft Plan CCP 2025-27** portfolio, budget and workforce plans for presentation to the Council for approval.
- g. In November, the Committee held an initial discussion on the GDC's Medium Term Financial Strategy. The Committee requested a review of the next version of the strategy in early 2025.

## 7. Committee's Adherence to its Terms of Reference

7.1 Throughout 2024, the Committee focused on the key business contained within its Terms of Reference.

7.2 The 2025 workplan will also align with the Terms of Reference for the Committee.

## 8. Governance

8.1 The Committee's Terms of Reference were last reviewed and approved by the Council in June 2022. The Committee suggested undertaking work outside of remit, advice from the Governance team was sought, with suggestions as to where work most appropriately sat within the approved governance framework.

8.2 An external board effectiveness review is planned for the end of 2024 and early 2025 which may inform a future iteration of the Terms of Reference.

8.3 The Committee reviewed the forward plan at each meeting and approved the **2025 Forward Plan** at its meeting on 20 November 2024, noting that this is a working document.

## **Appendices**

- **Appendix 1** - FPC Terms of Reference
- **Appendix 2** – FPC Forward Plan 2025

Polly Button, Governance Manager

pbutton@gdc-uk.org

26 November 2024

## Appendix 1- Finance and Performance Committee Terms of Reference

### Key purpose

F1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Challenging and monitoring the Executive on financial and other performance.
2. Working with the Executive to develop an appropriate and proportionate data set in relation to the organisational finances and performance to enable the Council to carry out its functions.
3. Providing scrutiny and challenge to the Executive on major operational matters with a material financial impact for the organisation.
4. Working with the Executive in developing the GDC's financial strategy. This will include scrutinising the development and delivery of the three-year rolling Costed Corporate Plan, scrutiny of the annual budget setting process and of the organisation's delivery against budget, and providing to the Council the assurance it needs to approve the budget and Costed Corporate Plan.

### Composition and Quorum

F2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). If the Committee so decides, and with the approval of Council, an external member may be appointed in line with the requirements of the GDC Standing Orders.<sup>1</sup>

F3. The quorum of the Committee shall be two Council members.<sup>2</sup>

### Delegated Powers

- F4. Approval of assumptions and objectives to be used in the business planning cycle.
- F5. Approval of the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.
- F6. Approval of the GDC's financial and banking policies, procedures and arrangements.
- F7. Approval of the reinstatement of corporate projects prioritized as 'Could do' within the Costed Corporate Plan, at the request of the Executive Management Team, in the event that capacity and funding is available.

### Functions and Duties

#### *Financial Strategy*

To scrutinise and report on the levels of assurance or concerns in the following key areas:

- F8. The development of the three-year Costed Corporate Plan and annual budget to ensure that they are robust and aligned to delivery of the Corporate Strategy.
- F9. The impact of the three-year Costed Corporate Plan and annual budget on the setting of the Annual Retention Fees, registration application fees, fees for the Overseas Registration

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<sup>1</sup> GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 1.1

<sup>2</sup> GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

Exam and the reserves policy.

- F10. The financial reporting data used to ensure that the organisation is delivering against budget. This scrutiny should include:
- the challenge of the Executive in relation to the organisation's financial performance.
  - any amendments to the current year budget
  - any virements (transfers of budget allocation) between directorates that exceed agreed limits
  - any calls on reserves
  - any necessary borrowing or
  - other material financial matters about which the Council ought to be made aware.
- F11. The coherence and rigour of the financial modelling underlying the fees strategy of the organisation, with a view to enabling the Council to approve any changes to the Annual Retention Fees, any other relevant fees and the reserves policy of the organisation.
- F12. The adherence to and robustness of the treasury, investment and financial procedures policies of the organisation.
- F13. The adequacy of the insurance arrangements of the Council.
- F14. The actuarial assumptions, financial viability, performance, and other relevant implications of the GDC Pension Schemes. The Committee will communicate:
- Advice received, to facilitate decision making in this area, to the Council and
  - Any material risk that arises in this area to the Audit and Risk Committee.

### *Organisational Performance*

To scrutinise and report on the levels of assurance or concerns in the following key areas:

- F15. The operational delivery against the Costed Corporate Plan and the reliability and appropriateness of a suite of performance indicators around organisational performance.
- F16. The annual and exception reports on procurement activities.

Finance and Performance Committee Forward Plan 2025				Thurs 13 Feb 2025	Thurs 10 April 2025	Thurs 12 June 2025	Wed 30 July 2025 (Single issue)	Thurs 11 Sept 2025	Thurs 16 Oct 2025	Wed 26 Nov 2025
				Colmore Square	Wimpole Street	Wimpole Street	MS Teams	Colmore Sqaure	Wimpole Street	Colmore Square
				30 January 2025	Thurs 27 March 2025	Thurs 29 May 2025	Wed 16 July 2025	Thurs 28 August 2025	Thurs 02 Oct 2025	Wed 12 Nov 2025
Key: Corporate Resources Legal & Governance Organisational Development Regulation Strategy				ELT 4 Feb 2025 Council 28 Feb 2025	ELT 1 April 2025 Council 25 April 2025	ELT 3 June 2025 Council 27 June 2025	ELT 08 July 2025	ELT 2 Sept 2025 Council 26 Sept 2025	ELT 7 Oct 2025 Council 31 Oct 2025	ELT 4 Nov 2025 Council 27 Feb 2026
Category	Report									
Financial Strategy	CCP and Budget Setting - Planning, Principles, Priorities, Timetable	✓								
	CCP and Budget Setting 2026-2028 - Round 1 (Consolidated view)			✓						
	CCP and Budget Setting 2026-2028 - Round 2 (Reviewed with business)				✓					
	CCP and Budget Setting 2026-2028 - Round 3 (First final draft)						✓			
	CCP and Budget Setting 2026-2028 - Round 4 (Final draft)							✓	✓	
	Defined benefit Pension buy-out							✓		
	Triennial Pensions update and actuarial assumptions									
	Pension Plan- Annual Review of Funding and Annual Report of the Chair of Trustees									✓
	Review of Financial Delegated Authority							✓		
	Insurance Review			✓						
	Financial Policies and Procedures Review									✓
	Financial Strategy	✓	✓	✓				✓	✓	✓
	International Registration- tbc	✓								
	Manage GDC Registration- tbc		✓							
Organisational Performance reporting	Quarterly Performance Reporting	✓ Q4	✓ verbal	✓ Q1				✓ Q2	✓ verbal	✓ Q3
	Organisational Performance Annual Report	✓								
	People and Organisational Development delivery update- tbc									
	Strategy Performance Reporting Suite and Annual Report		✓							
	Strategy Performance Reporting- Mid year Report							✓		
	Total Reward- financial implications- tbc									
Projects and Operational Performance Reporting	In-depth Reviews	✓	✓	DCS				✓	✓	✓
	Optimisation of GDC Estates		✓					✓		
	Review of Education - tbc									✓
Governance	Forward plan	✓	✓	✓				✓	✓	✓
	Annual Report									✓
	FPC ToR review- tbc (from Committee effectiveness review)									
One-Off Items / Council Actions / Committee Referrals										
Items to note (to be provided when available) Reading Room	Dental Complaints Service Annual Report (Feb) Contract Compliance Report (Quarterly) TBC FtP Customer Service Annual Report (Strategy) April tbc Procurement Report (may) Fees Exception Reporting (by exception)									

## Remuneration and Nomination Committee Annual Report

<b>Executive Director</b>	Clare Paget, Interim Executive Director, Legal and Governance
<b>Author(s)</b>	Sharon Balmer, Governance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Conduct of the Council and Committees 2022, clause 2.8, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.
<b>Issue</b>	To provide the Council with a report of the work of the Remuneration and Nomination Committee in 2024.
<b>Recommendation</b>	The Council is asked to note the Remuneration and Nomination Committee Annual Report 2024.

### 1. Key considerations

- 1.1 The key purpose of the Remuneration and Nomination Committee (RemNom) is to provide assurance to the Council by:
1. Scrutinising and approving the proposed **reward** approach for the Chief Executive and Registrar, Executive Directors, Council Members (including the Chair), and Independent Members of non-statutory Committees of Council (Independent Governance Associates).
  2. Scrutinising and approving the process for the **appointment** for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
  3. Scrutinising and approving the approach for the **appraisal** of the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
  4. Scrutinising the arrangements for **succession planning** for the Chief Executive and Registrar, and for providing assurance to the Council in relation to the Chief Executive's succession plan for the Executive Management Team.
- 1.2 In 2024, the membership of the Committee was:

Committee Member	Role	Term
Anne Heal	Chair and lay Council Member	1 January 2024 – 31 December 2024
Ann Brown	Independent Governance Associate Committee Member	1 January 2024 – 30 September 2024



Committee Member	Role	Term
Angie Heilmann	Registrant Council Member	1 January 2024 – 31 December 2024
Mike Lewis	Registrant Council Member	1 January 2024 – 31 December 2024
Timea Milovecz	Registrant Council Member	15 March 2024 – 31 December 2024
Jane Slatter	Independent Governance Associate Committee Member	1 October 2024 – 31 December 2024

- 1.3 Ann Brown left office on 30 September 2024 and Jane Slatter was appointed as the new Independent Governance Associate Committee Member from 1 October 2024. The Council made changes to the membership of the Committee on 15 March 2024 which meant that Timea Milovecz joined the RemNom.
- 1.4 In 2024, the Committee held three substantive meetings on 1 February, 27 June, and 16 October, and one extraordinary meeting on 7 March. Three of the Committee's meetings were held remotely on MS Teams, and one was held in person at Wimpole Street. A substantive single-issue meeting that was scheduled for 24 April was cancelled because the items on remuneration were taken by correspondence to support the timeline for the recruitment of the new Chief Executive.
- 1.5 In respect of attendance, the three substantive meetings were fully attended, however Mike Lewis was unable to attend the extraordinary meeting that was called at short notice in March due to a pre-existing diary commitment that could not be rearranged.

## 2. Expenditure

- 2.1 The costs associated with the Committee in 2024 relate to travel and subsistence and independent member costs, and total £2,362.75.

## 3. Committee's Adherence to its Terms of Reference

- 3.1 The Committee fulfilled its functions as set out in its Terms of Reference (see **Appendix 1**) in respect of Reward, Appointment, Appraisal and Succession Planning.
- 3.2 Throughout 2024, the Committee operated in accordance with its role, focusing on the nomination and evaluation of Council Members and Independent Governance Associates, and remuneration and reward of those groups and relevant members of the Executive Leadership Team.
- 3.3 Where the Committee identifies work that needs to be done, but which is outside its remit, advice from the Governance team will be provided with suggestions as to where work most appropriately sits within the approved governance framework.

### Reward

- 3.4 In February 2024, the Committee discussed and endorsed a proposal to introduce quarter day rates for Associates and made a recommendation to the Council to approve the proposal.
- 3.5 At the extraordinary meeting on 7 March, the Committee noted the staff pay award.
- 3.6 In March 2024, the Committee (by correspondence):
- agreed the pay award for the Chief Executive for 2024;
  - noted the pay award for 2024 for the Executive Leadership Team (ELT); and

- c. noted the approach to the remuneration of the Interim Executive Director, Legal and Governance.

- 3.7 The Committee noted (by correspondence) the Remuneration Report for the Annual Report and Accounts 2023 in June 2024.
- 3.8 In June and October 2024, the Committee received reports on the expected impact on the GDC from the Somerville v Nursing and Midwifery Council (NMC) Employment Tribunal Judgment and the required next steps in respect of reporting, planning for financial risk, and the future remuneration policy for the relevant Associate groups.
- 3.9 At the Committee's request, a report was presented to the October 2024 meeting on the Pay Gap at the GDC, that included the pay gap information relating to gender and ethnicity. The Committee also discussed the disability pay gap.
- 3.10 Updates were received at every meeting on the Total Reward programme. In June 2024, the Committee provided expert advice in respect of the proposals for the pay, grading and benefits framework. In October, the Committee scrutinised the proposed staff benefits package and agreed to provide assurance to the Council that that it was comfortable with the proposed approach, and that there was a reward framework in place.

#### Appointment

- 3.11 In February 2024, the Committee approved the recruitment process to appoint a registrant Member of the Statutory Panellists Assurance Committee (SPC) and a new Independent Governance Associate (IGA) Member of the RemNom.
- 3.12 The Committee was regularly updated on the recruitment process for the lay Council Member that had commenced at the beginning of the year, as well as that of the Member of the SPC, and the IGA Member of the RemNom. The appointments were confirmed by correspondence in August 2024 for the candidates to take office in October 2024.
- 3.13 In June 2024, the Committee scrutinised and approved the Council Member Appointments Process for 2025 and the Council Member Reappointments Process for 2025. It also scrutinised and approved the IGA Reappointments Process for 2025.
- 3.14 The Committee discussed the induction process for the above posts and was assured that it was comprehensive and of good quality.
- 3.15 Equality, Diversity and Inclusion (EDI) was a key consideration for the Committee in respect of the appointment and induction processes for 2024 and 2025.

#### Appraisal

- 3.16 In February 2024, the Committee approved the appraisal process for the Chair, Council Members and IGAs for 2024 and endorsed the proposed objective setting process for 2025 for the Chair and Chief Executive Officer.

#### Succession Planning

- 3.17 The Committee received updates on succession planning and was assured that the processes in place were fit for purpose. The Committee noted the intention to move to a talent management approach in 2025 as part of the Workforce Development Plan.

#### People Services and Organisational Development Programme Updates

- 3.18 At the meeting on 7 March, the Committee noted the outcomes and insights from the 2023 Employee Engagement Survey and welcomed the high participation rate. Assurance was provided that action plans would be developed to address the concerns raised in the survey

including internal communications and Equality, Diversity and Inclusion (EDI) considerations. An update on the delivery of the action plan to address the issues identified in the survey was provided to the meeting in October 2024.

- 3.19 The Committee received regular updates on the delivery of the Workforce Development Plan in respect of the five key priorities for 2024 which included the development and implementation of onboarding and induction processes, a new learning management system (Connect), the learning offer, mandatory training, and Performance Development Reviews (PDRs).
- 3.20 In February 2024, the Committee sought and received assurance that performance management processes were established to support hybrid working arrangements.

#### **4. Governance**

- 4.1 The Committee reviewed and noted its workplan at each meeting and noted the draft 2025 workplan at its meeting on 16 October 2024.

#### **5. Equality, Diversity and Inclusion**

- 5.1 In 2024, the Committee has ensured that EDI considerations are a key focus of discussions throughout the year. For example, in June 2024 in respect of recruitment, the Committee made a request for an additional (desirable) criterion for the Council Member role for an ability to scrutinise the development and implementation of EDI strategy. It also requested that the EDI monitoring forms across the organisation be made more inclusive by providing the option to select 'non-binary'.
- 5.2 As part of the discussions around the results of the Employee Engagement Survey in March 2024, the Committee sought and received assurance that additional EDI expertise had been appointed to enable and support the organisation in addressing the issues raised in the report.

#### **Appendices**

- 1. Remuneration and Nomination Committee Terms of Reference
- 2. Remuneration and Nomination Committee proposed Forward Plan for 2025

Sharon Balmer, Governance Manager  
SBalmer@gdc-uk.org

## Appendix 1 Remuneration and Nomination Committee Terms of Reference

### Key purpose

**R1.** To provide assurance to the Council by carrying out the following functions on its behalf:

1. Scrutinising and approving the proposed **reward** approach for the Chief Executive and Registrar, Executive Directors, Council Members (including the Chair), Independent Members of non-statutory Committees of Council ('Independent Governance Associates'), and specified Associate postholders.<sup>1</sup>
2. Scrutinising and approving the process for the **appointment** for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
3. Scrutinising and approving the proposed **appraisal** approach for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
4. Scrutinising the arrangements for **succession planning** for the Chief Executive and Registrar, providing assurance in relation to the Chief Executive's succession plan for the Executive team.

### Composition and Quorum

**R2.** The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). Additionally, the Committee will have an external member, who must be appointed in line with the requirements of the GDC Standing Orders.<sup>2</sup> The Chair of the Council shall not be a member of the Committee and may only attend at the invitation of the Committee Chair.

**R3.** The quorum of the Committee shall be two Council members.<sup>3</sup>

### Delegated Powers

The Council formally delegates its decision-making powers in relation to the following areas:

**R4.** Approving the appointment process for the Chief Executive.

**R5.** Approving the reward terms of the Chief Executive and Registrar, including in relation to any severance agreement. All decisions taken as part of this delegation must be within the Executive pay policy.

**R6.** Approving the policy for authorising claims for expenses from the Chief Executive and Registrar and the Chair of the Council.

**R7.** Where necessary, the Committee is authorised by the Council to obtain external legal or other professional advice, but only within budgetary limits.

### Functions and Duties

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<sup>1</sup> Registration and Fitness to Practise panellists, ORE associates, clinical and legal advisers at hearings, and education associates.

<sup>2</sup> GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 12.10

<sup>3</sup> GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

**Nominations and evaluation**

**R8.** To scrutinise and approve, in order provide assurance to the Council:

1. The processes for recruiting the Chief Executive and Registrar, and on the process around their annual appraisal.
2. The process of appointment and reappointment in relation to both Council Members and Independent Governance Associates.
3. The approach to appraisal for Council Members (including the Chair of Council) and Independent Governance Associates.
4. The process for setting the objectives of the Chair of Council and Chief Executive and Registrar

**R9.** Scrutinise, in order to provide assurance to Council, the arrangements for succession planning for the Chief Executive and Registrar and provide assurance to the Council that plans are in place in respect of the rest of the Executive Management Team.

**Remuneration and Reward****Chief Executive and Registrar and the Executive Management Team**

**R10.** Scrutinise and approve, in order to provide assurance to the Council, an appropriate reward policy for the Chief Executive and Registrar, and the Executive Management team. This will be:

- consistent with organisational objectives,
- within the overall budget agreed by the Council and
- any approval of the overall reward, benefits package and terms of service for the Chief Executive and Registrar by the Committee, under its delegated power above, must be within the terms of the agreed policy.

**R11.** On behalf of Council, propose amendments to the reward of the Chief Executive, within the agreed policy, including in relation to the terms of any special severance arrangements applying in the event of any required and unplanned early termination of employment of the Chief Executive, having regard to relevant guidance, best practice and contracts of employment.

**R12.** Scrutinise and provide assurance to Council that changes made by the Chief Executive to Executive reward, including in relation to any special severance arrangements, are within the agreed policy.

**Council Members, specified Associates and Others**

**R13.** Scrutinise and recommend to the Council an appropriate reward and expenses policy for:

- Council Members (including the Chair of Council)
- Independent Governance Associates
- Decision making panellists (in relation to Fitness to Practise and Registration)
- ORE Associates
- Clinical and legal advisors at Hearings and
- Education Associates.

**R14.** Scrutinise and provide assurance to Council that there is a reward framework in place for GDC staff, that policies are reviewed at regular intervals and benchmarked against the market, if and when, appropriate.

Remuneration and Nomination Committee Forward Plan						Thu 20 March 2025	Fri 13 June 2025	Fri 17 October 2025
						Wimpole Street	Wimpole Street	Online
						06 March 2025	30 May 2025	03 October 2025
Key:	Corporate Resources	Legal & Governance	Organisational Development	Regulation	Strategy	Council 25 April 2025	Council - 27 June 2025	Council - 31 Oct 2025
Category	Report							
Nominations and Evaluation	Council Member Appointments updates (as required)					✓	✓	✓
	Council Member Appointments Process						✓	
	Council Member Reappointments Process						✓	
	Independent Governance Associates Appointments 2026 (Placeholder)						✓	
	Independent Governance Associates Appointments / Reappointments Process (Placeholder)							
	Independent Governance Associates Appointment Policy Review Placeholder for 2026)							
	Council Members and Independent Governance Associates Reappointment Policy					✓		
	Council Member Skills Audit - TBC							
	Council Member Induction Process						✓	
	Chair, Council Member and Independent Governance Associates Appraisal Process					✓		
	Chair and Chief Executive Objective Setting Process						✓	
	POD Update to include: Succession Planning and Talent Management, Workforce Development, Total Reward - all TBC					✓	✓	
Remunertaion and Reward	Council Member, Associates and Panel Chair Remuneration					✓		
	Council Member and Associates Remuneration Policy					✓		
	Chief Executive Remuneration Policy					✓		
	Executive Leadership Team Remuneration Policy					✓		
	Executive Leadership Team Remuneration (in private session) - date TBC					✓		
	Staff Remuneration (in private session) - date TBC					✓		
	Chief Executive Remuneration (in private session) - date TBC					✓		
	Pay Gap Report							✓
	Pay Gap Action Plan Update					✓		
	Council Member and Independent Governance Associates Expenses Policy					✓		
Governance	Forward Plan					✓	✓	✓
	Review of Terms of Reference							✓
	Annual Report of the Committee							✓
One-Off Items / Council Actions / Committee Referrals								
Items to note (to be provided when available)	Annual Remuneration Report for the Annual Report and Accounts							

## **Annual Report – Statutory Panellists Assurance Committee**

<b>Executive Director</b>	Theresa Thorp, Executive Director, Regulation
<b>Author(s)</b>	Polly Button, Governance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Conduct of Council and Committees 2022, clause 2.8, the Statutory Panellists Assurance Committee is required to report annually on any decisions taken under delegated authority, expenditure, progress against work programmes and planned work programmes for the following year.
<b>Issue</b>	To provide the Council with a report of the work of the Statutory Panellists Assurance Committee in 2024.
<b>Recommendation</b>	The Council is asked to note the Annual Report for 2024.

### **1. Key considerations**

- 1.1 The key purposes of the Committee are to provide assurance to the Council by:
  - a. Scrutinising the process for the appointment of Statutory Committee members and of the legal, medical and professional advisers to the Statutory Committees. This includes the processes used for recruitment and selection.
  - b. Scrutinising the process for the oversight of performance of the Statutory Committee members and providing advice on the oversight of the performance of the legal, medical and professional advisers to the Statutory Committees.
- 1.2 In addition, a further key function is to provide advice to the Executive in respect of:
  - a. The design parameters of an independent tribunal function.
  - b. The relevant performance metrics of a high performing panel, including behaviours of panel members.
  - c. Best practice in hearings case management.
- 1.3 The membership of the Committee for the majority of 2024 was Sir Ross Cranston FBA (Chair), Carol Ashton (lay member), Jasvinder Matharoo (registrant member) and His Honour Phillip Sycamore CBE (lay member).
- 1.4 On 1 October 2024, following a successful recruitment process, the Committee welcomed Sarah Ramage, the new registrant member replacing Serbjit Kaur, who left the Committee and joined the Council in 2023.
- 1.5 The Committee held four meetings in 2024: 20 March, 18 June, 5 September and 14 November.



- 1.6 In addition to regular Committee business, the Committee received updates on the progress of measures from its workshop on 'the Future of the Panels' held in September 2023.
- 1.7 From June onwards, the Chief Executive provided a verbal overview of key priorities across the organisation at each meeting.
- 1.8 In November, the Committee held a workshop session on **Case Management Improvements**.
- 1.9 All meetings were held in person at Wimpole Street, London.

## 2. Expenditure

- 2.1 The only costs associated with the Committee in 2024 were those relating to travel and subsistence for the Committee, which amounted to £2,867 and were within the budget set for the year.

## 3. Appointments

- 3.1 Throughout 2024, The Committee received regular updates on the **Fitness to Practise (FTP) panellist recruitment project** and the recruitment of **legal advisers**. In November, the Committee received an update the EDI profile of the current FtP panel. The data is expected to significantly change in 2025, and the Committee will continue to monitor the data over the next year.
- 3.2 In September, the Committee **approved** the reappointment of 45 panellists for their second term. The Committee discussed that the group was first appointed in 2021, shortly after Covid-19, and was noted as motivated and confident despite having largely sat on remote hearings.
- 3.3 Also in September, the Committee **approved** the extension of terms for 17 chairs, the appointment of three chairs to join the candidate pool and the appointment of four professional advisers to assist panellists on Registration Appeals.

## 4. Learning, Development and Training

- 4.1 Throughout 2024, the Committee received regular updates on the **learning and development programmes** for panellists. There were nine in-person and one virtual development days for panellist and chairs, including a six-month 'follow up' for newly appointed panellists. This focused on key areas of FTP processes and learning identified by the Quality Assurance Group (QAG), Professional Standards Authority (PSA) and panellist feedback.
- 4.2 Over the year, four sessions for 'would be' chairs took place, which received positive feedback. Additionally, four 'mock hearings' were held, which gave candidates a chance for extra chairing practice.
- 4.3 In March, the Committee heard of the plans to develop a case law review including case law updates for panellists and chairs. In September, a panellist bulletin was circulated which included links to free legal newsletters and sources.
- 4.4 Each member of the Committee had observed sessions of training, development or selection activity that had taken place throughout the year. The Committee attendance was noted as a positive benefit to the training sessions and shaping further improvement.

## 5. Quality Assurance Reporting

- 5.1 Throughout 2024, the Committee received quarterly reports and an annual report from both the **Quality Assurance Group (QAG)** and the **Decision Scrutiny Group (DSG)**, which

provided the Committee with oversight of the steps that had been taken to quality assure decision making by the Statutory Committees. The Committee heard that many issues identified at the DSG had already been discussed at the QAG which gave a good indication that matters were being identified appropriately.

- 5.2 In September, the Committee was informed that there was on-going work in improving Practice Committee guidance and the consultations were circulated to the Committee. Additionally, work was underway within the ILAS on improving guidance on Admissions.
- 5.3 At each meeting, the Committee received reports summarising the **PSA learning points** including registrant and PSA appeal decisions, which outlined feedback from the PSA on decisions it had reviewed. The Committee was assured that, in relation to the cases that the PSA had reviewed and provided feedback on, lessons learned exercises were undertaken and feedback was provided to panellists as part of their ongoing learning and development.

## 6. **Dental Professionals Hearings Service (DPHS) Operational Improvements**

- 6.1 Throughout 2024, the Committee received a comprehensive overview of the **Dental Professional Hearings Service (DPHS)** performance, case progression improvements and operational updates.
- 6.2 In June, the Committee received a report on late disclosure and the measures in place to address this, such as the creation of a fast track for complex cases.
- 6.3 In September, the Committee discussed **Registrant and Witness Support** and received a detailed description of the service, which had a strong focus on staff training, communication and identifying support early in the process. Additionally, the DPHS and the **Dental Complaints Service (DCS)** met with the witness support service at the Royal Courts of Justice to assist with improvements in this area.
- 6.4 Throughout the year the Committee noted positive improvements to the **Customer Relationship Management (CRM) development project**. In November, the team heard the improvements were running concurrent with existing processes with the aim to transfer by the end of the year.
- 6.5 In November, a **Case Management Improvements** workshop was held to discuss the variety of activities to be scoped within the case management improvements programme. The Committee asked the Executive to consider the scope of the work, including a project map of key milestones, use of practice notes and encouraging a robust approach within our current legislative framework. An update on the case management improvements work will be provided in 2025.
- 6.6 In June, the Committee received the **Fitness to Practise Decisions** internal audit for noting, with a positive outcome on the cases reviewed. In November, the Committee received the **DPHS Data Security Incident (DSI)** review for noting, which gave partial assurance. Both reports were received by the Audit and Risk Committee (ARC) before circulation.

## 7. **Committee's Adherence to its Terms of Reference**

- 7.1 The Committee fulfilled its functions as set out in its Terms of Reference, which can be found at **Appendix 1**.
- 7.2 The 2025 workplan is aligned with the Terms of Reference for the Committee. Where the Committee suggest undertaking work outside of remit, advice from the Governance team will be provided, with suggestions as to where work most appropriately sits within the approved governance framework.

## **8. Governance**

- 8.1 The Committee reviewed and noted its workplan at each meeting and noted the draft 2025 workplan at the meeting on 14 November.

### **Appendices**

Appendix 1 - Statutory Panellists Assurance Committee Terms of Reference

Appendix 2 - Statutory Panellists Assurance Committee Forward Plan 2025

Polly Button, Governance Manager (Secretariat)

pbutton@gdc-uk.org

## Appendix 1

### Appointments Committee (Statutory Panellists Assurance Committee) ('SPC') Terms of Reference

#### Key purpose

**Ap1** To **provide assurance** to the Council by carrying out the following functions on its behalf:

1. Scrutinising the process for the **appointment** of Statutory Committee members<sup>1</sup> and of the legal, medical and professional advisers to the Statutory Committees. This will include the processes used for recruitment and selection.
2. Scrutinising the process for the **oversight of performance** of Statutory Committee members and providing advice on the oversight of performance of the legal, medical and professional advisers to the Statutory Committees. This will include their appraisal and discipline processes and the oversight of the delivery of their training.

**Ap2.** To **provide advice** to the Executive in respect of the following areas:

1. The design parameters of an independent tribunal function.
2. The relevant performance metrics of a high performing panel, including behaviours of panel members.
3. Best practice in hearings case management.

#### Composition and Quorum

**Ap3.** The Committee shall be appointed by the Council and shall consist of not more than eight persons (including a Chair) and shall include both registrants and lay persons. Persons appointed to the Committee shall be neither Council Members nor employees of the Council.<sup>2</sup>

**Ap4.** The quorum of the Committee shall be three members.

#### Delegated Powers

**Ap5.** Obtain external legal or other professional advice via the Executive, as necessary and in line with the Terms of Reference of the Committee.

*The Council formally delegates its decision-making powers in relation to the following areas:*

*Appointments*

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<sup>1</sup> Defined in Section 2 of the General Dental Council (Constitution of Committees) Rules 2009 ('the 2009 Rules') as including both lay and registrant members of the following Committees: the Investigating Committee, the Interim Orders Committee, the Professional Conduct Committee, the Health Committee, the Professional Performance Committee and the Registration Appeals Committee. This definition also includes the Chairs of those Committees.

<sup>2</sup> Section 3(2)-(4) of the 2009 Rules.

- Ap6.** To appoint, or re-appoint, persons to serve as members of the Statutory Committees and appoint, or re-appoint, the legal, medical and professional advisers to those members.
- Ap7.** To determine the duration of the term of office of Statutory Committee members on their appointment or re-appointment.<sup>3</sup>
- Ap8.** To appoint, from amongst the Statutory Committee members, persons to act as Chairs of the Statutory Committees ('panel Chairs').<sup>4</sup>

#### *Oversight of Performance*

- Ap9.** To scrutinise and approve an appraisal process for Statutory Committee Members and provide assurance to the Council as to its implementation.
- Ap10.** To administer the disciplinary policy and procedure in respect of conduct and performance issues of Statutory Committee members, including in respect of the dismissal of panellists and of the termination of panel chair appointments.<sup>5</sup>
- Ap 11.** To suspend or remove Statutory Committee members from office in line with the appropriate processes.<sup>6</sup>
- Ap12.** To scrutinise and approve a training plan for Statutory Committee members, informed by reports on the quality of Statutory Committee decision-making, and provide assurance as to its implementation.

### **Functions and Duties**

*In carrying out its functions, the Committee will:*

#### *Appointments*

- Ap13.** Scrutinise and provide assurance to the Council on the process for appointing Statutory Committee Members.

#### *Oversight of Performance*

- Ap14.** Scrutinise and provide assurance to the Council on the process for conducting performance appraisals for Statutory Committee members and their legal, medical and professional advisers.
- Ap15.** Scrutinise and provide assurance to Council in respect of the process for the discipline of Statutory Committee members.
- Ap16.** Monitor and provide assurance to Council on the handling of disciplinary and performance issues in respect legal, medical and professional advisers.
- Ap17.** Provide assurance as to the implementation of training programmes for Statutory Committee members and advice on the oversight of the performance of their legal, medical and professional advisers.

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<sup>3</sup> 3 Section 4(4) of the 2009 Rules.

<sup>4</sup> Section 5(1) of the 2009 Rules.

<sup>5</sup> Section 5(3) of the 2009 Rules

<sup>6</sup> Sections 6-8 of the 2009 Rules

*Guidance and Advice*

**Ap18.** At the request of the Executive, the Committee may provide advice in respect of key strategic areas of focus, including:

- best practice in hearings case management,
- the design parameters of an independent tribunal function, and
- the relevant performance metrics of a high performing panel, including behaviours of panel members.

Appendix 2

Statutory Panellists Assurance Committee Forward Plan 2025

On

Key:

Corporate Resources

Legal & Governance

Organisational Development

Regulation

Strategy

Q4	Q1	Q2	Q3
Wed 29 Jan 2025	Wed 09 April 2025	Tues 16 Sept 2025	Thurs 20 Nov 2025
Wimpole Street	Wimpole Street	Wimpole Street	Wimpole Street
Wed 15 Jan 2025	Wed 26 March 2025	Tues 16 Sept 2025	Thurs 06 Nov 2025
ELT- 14 Jan 2025 Council- 28 Feb 2025	ELT- 01 April 2025 Council- 25 April 2025	ELT- 02 Sept 2025 Council- 26 Sept 2025	ELT- 04 Nov 2025 Council- 27 Feb 2026
Category	Report		
Appointments	Legal Advisor Recruitment plan		
	Legal Advisor Recruitment update		
	Terms of office paper	✓	
	Panellist Recruitment update	✓	
	Panellist EDI update		✓
	Appointment of Panel Chairs, Panellists, Legal and Panellist Advisors	✓	✓
Oversight of Performance	Dental Professionals Hearings Service (DPHS) Operational Update	✓	✓
	Panellist Learning and Development update	✓	✓
	Case Manangement Improvements- update	✓	
	Quality Assurance Reports (QAG, DSG, PSA update)	✓	✓
	Quality Assurance Annual Report (DSG/QAG)	✓	
Governance	Forward Plan	✓	✓
	Annual Report		✓
	SPC ToRs review- tbc (out of board effectiveness review)		
One-Off Items / Council Actions / Committee Referrals	Workshop (annual) topics tbc usually Sept or Nov	✓	✓
Items to note (to be provided when available)	Hearings Reporting Schedule Internal Audit- rescheduled for May 2025. Following discussion at ARC the Committee requested to see this for noting.	✓	
	Review of FTP decisions usually produced around June following discussion at ARC	✓	



Council Forward Plan

Key:

Corporate Resources

Legal & Governance

People Services & OD

Regulation

Strategy

		Fri 28 February 2025		Fri 25 April 2025		Fri 27 June 2025		Fri 26 September 2025		Fri 31 October 2025	
		Wimpole Street		Colmore Square		Wimpole Street		Wimpole Street		Outside London - Venue TBC	
		ARC - 23 Jan 2025 SPC - 29 Jan 2025 FPC - 13 Feb 2025 ARC - 19 Feb 2025		RemNom - 20 March 2025 ARC - 27 March 2025 SPC - 9 April 2025 FPC - 10 April 2025		ARC - 19 May 2025 FPC - 12 June 2025 RemNom - 13 June 2025		FPC - 20 July 2025 FPC - 11 Sep 2025 SPC - 16 Sept 2025 ARC - 17 Sept 2025		FPC - 11 Oct 2024 RemNom - 16 Oct 2024	
		Quarter 4				Quarter 1		Quarter 2			
Category	Report	Closed	Public	Closed	Public	Closed	Public	Closed	Public	Closed	Public
	Annual Organisational Performance Report		✓								
	Defined Benefit Pensions Scheme Update			✓							
	Board Effectiveness Review - Final Report (Campbell Tickell)	✓									
	Committee Annual Reports and Forward Workplans										✓
	Committee appointments 2025								✓		
	SICM appointment								✓		
	Committee Assurance Reports		✓		✓		✓		✓		✓
	Committee Terms of Reference Review/Approval				✓						
	Council Member Reappointment 2026							✓		✓	
	Governance Policies/Procedures						✓				
	Minutes of Non-Statutory Committees	✓		✓		✓		✓		✓	
	Chair and Chief Executive Objectives - Mid Year Progress Report										
	Chair and Chief Executive Objectives - End of Year Progress Report and 2026 Objectives				✓						
	People and Culture Programme										
	Equality Diversity and Inclusion Strategy 2024-2028 update										
	Annual Registration Fee (ARF) Regulations										✓
	Chief Executive's Report		✓		✓		✓		✓		✓
	Estates Strategy/ Optimisation of GDC estates			✓				✓			
	CCP and Budget Setting 2026-2028 - Round 3 (First final draft)							✓			
	CCP and Budget Setting 2026-2028 - Round 4 (Final draft)									✓	✓
	Risk Appetite and Strategic Risk Register									✓	
	Financial Delegated Authority									✓	
	Strategic Risk Register and Appetite	✓								✓	
	Associates Pay and expenses (Somerville) and expenses policy	✓									
	Professional Standards Authority (PSA) 23/24 Report		✓								
	Professional Standards Authority (PSA) 24/25 Report									✓	
	Revised Standards for Education								✓		
	Corporate Strategy	✓		✓						✓	
	Communication Principles for CCP, ARF, Budget and Reserves							✓			
Correspondence items	Communications and Engagement: quarterly review and insights		✓		✓				✓		✓
	Annual Report and Accounts						✓				
	Pension Plan - Report from the Chair of Trustees									✓	
	Council Member Appointments 2025						✓				
Items to note (to be provided when available)	Annual Report on Significant Litigation				✓						
	Education Quality Assurance Annual Update										✓
	Joint Regulatory Whistleblowing Report										✓
	Annual Report on the Use of the Seal				✓						

## External Communications and Engagement: Quarterly Review and Insights Q3 2024

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Joanne Rewcastle, Associate Director, Communications and Engagement
<b>Type of business</b>	For noting
<b>Purpose</b>	To share the external communication priorities and approach in Q3 2024, engagement with dental professionals, stakeholders and the public, our challenges, lessons learned and the 2024 Q4 external communications and engagement priorities.
<b>Issue</b>	The review provides a quarterly overview of the external communications and engagement activity.
<b>Recommendation</b>	The Council is asked <b>to note</b> 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 fifth quarterly review of the team's external communication and engagement activity covering the third 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 Communication and Engagement Quarterly Review and Insights Q3 2024

Item C3.1

# External Communications and Engagement Quarterly Review and Insights

## Q3: July to September 2024

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## 1. Introduction

This report provides a summary of the communication and engagement priorities from July to September 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 Q4 2024.

## 2. Communication and engagement priorities

The main themes for our external communication and engagement were the new engagement programme for the CEO and other GDC staff to visit dental settings, and the third year of a communication campaign to encourage dental care professionals to complete their annual renewal.

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

### GDC's visits to dental settings

This summer, we started a new engagement programme for the GDC to visit a variety of dental settings, to meet dental professionals first-hand and understand more about where and how they work.

Our aim was to create a balanced programme of opportunities and experience of a variety of dental settings, representative of the different professions, NHS and private practise and community dentistry, general and specialty practice.

The visits provided new opportunities for dental professionals to engage with the GDC and for us to observe dental teams in a practice setting, gaining a comprehensive understanding of their daily operations – and the specific challenges they face.

The full programme of visits in Q3 and Q4 is as follows:

Dental setting	GDC attendees	Date
Dental laboratory, Oxfordshire Host: Ashley Byrne, Head of Communication, Dental Laboratories Association	Tom Whiting Joanne Rewcastle	22 August 2024
Specialist Bupa Dental Care practice, London City Host: Neil Sikka, Director of Dentistry	Tom Whiting Joanne Rewcastle Nushara Abey	4 September 2024
Mixed high-street practice, Harrow, London Host: Shamir Mehta (GDC Clinical Dental Adviser)	Tom Whiting Shiplu Miah	19 September
Private high-street practice, Dental Hygienist-led treatment Host: Miranda Steeples, Past President, British Association of Dental Hygienists and Therapists	Tom Whiting Joanne Rewcastle	26 September
Community Dental Services, Bedford Host: Helen Paisley, CEO	Tom Whiting Stefan Czerniawski Joanne Rewcastle	2 October 2024

<b>Dental setting</b>	<b>GDC attendees</b>	<b>Date</b>
Birmingham Dental Hospital and School  Hosts: Tina Gorman, Divisional Director of Nursing and Therapies, Claire Faulkner, Chief Dental Nurse and Matron	Tom Whiting Stefan Czerniawski Joanne Rewcastle	30 October 024
NHS Education for Scotland  Host: Professor David Felix, Scotland's postgraduate dental dean	Tom Whiting Stefan Czerniawski Gordon Matheson	7 November 2024
Glasgow Dental Hospital and School  Host: Lee Savarrio, Chief of Dentistry at Greater Glasgow and Clyde Health Board	Tom Whiting Stefan Czerniawski Gordon Matheson	7 November 2024
Cardiff Dental Hospital and School  Hosts: Professor Nicola Innes, Head of School and Professor Phil Stephens, Deputy Head of School	Tom Whiting Leighton Veale	21 November 2024

## Outcomes

The GDC was perceived as being interested, keen to learn, listening and approachable for questions from all members of the dental team.

The visits attracted positive feedback through social media from people who attended and people outside the host organisation too.

What we heard reinforced what we already know about perceptions of the GDC.

We have learned more about how the impact of regulation can vary in different dental settings, causing specific challenges for some professions or settings. This is giving us a rich and complex picture of the challenges – which requires careful thinking and a considered response. Some of the examples are:

- the need for an efficient process to register dental technicians who qualified outside the UK
- concerns from dental laboratories about illegal practice and supply of medical devices by unregistered individuals
- issues about the availability of modern training and education programmes for dental technicians
- that the ability of dental hygienists to work to their full skills mix is an opportunity that can make a significant difference to availability of oral healthcare, and requires support from the whole dental team
- the importance of clarity in the scope of practice regarding administering anaesthesia in community dental settings
- that perceptions of fear of fitness to practise vary depending on the setting, depending on the degree to which the dental setting is subject to patient concerns
- that our operational processes, while technically right, can be seen as daunting by applicants and candidates

One of the things we're doing is using this insight to explore how the GDC's priorities for 2025 might address some of the specific challenges – so is the work on our existing workplan?

Some challenges are of a scale or impact on the wider sector that we'll need to consider them when we are developing our next corporate strategy – which we'll consult on in 2025 and will run from January 2026 to December 2028.

Some of the insight has prompted thinking about the GDC’s current policies or operational processes – these need time to be explored and to work through, while also preserving the good work that’s already underway.

**Partnering with dental care professional associations to support annual renewal**

For the past three years, we have partnered with the DCP professional associations to inform and encourage DCPs to renew their registration accurately and avoid being removed from the register due to non-compliance with CPD, Indemnity or not paying on time.

The communication campaign has evolved each year, as we learned what had the most impact, and would be most helpful to dental professionals.

In year one, we improved the content on the GDC’s website, provided presentations aimed at dental nurses at trade shows, handed out leaflets at trade shows and had an article from Angie Heilman (GDC Council member and dental nurse) talking about the value of CPD, in the Dental Nursing Journal, short articles in the membership newsletters for dental nurses, dental hygienists, dental therapists and dental technicians.

In year two, we provided presentations to dental nurses at trade shows, handed out leaflets and provided shorter, easier to read articles in the membership newsletters for dental nurses, dental hygienists, dental therapists and dental technicians. We also hosted an online webinar with the Registration Maintenance team in Corporate Resources, inviting dental care professionals to ask questions about their annual renewal and CPD.

In year three (this year), we provided a presentation to dental nurses at a trade show, and sharpened our key messages about how to renew your registration and comply with CPD. We redesigned the leaflets to make them simpler and more engaging (Five steps to renew your registration) and used the simpler key messages in articles in the membership newsletters for dental nurses, dental hygienists, dental therapists and dental technicians. The GDC attended six industry trade shows this year (a sixfold increase compared to five years ago). We ran social media campaigns with engaging graphics and countdown content to encourage renewal deadlines to be met.

**Outcomes**

- In 2024, 45% fewer removal notices were issued than in 2023 (384 DCPs) for non-compliance with the indemnity requirement.
- In 2024, there was a 24% decrease in DCPs being non-compliant with their CPD (1,684 DCPs) compared to 2023.

**3. Engaging dental professionals**

Engagement with dental professionals via the monthly newsletter increased compared to the previous quarter, with a mean open rate of almost 57% compared to 54.5% in Q2. The average click-through rate climbed to 8.8% from a low of 3.1% last quarter. For context an average click through rate of 2-3% is the industry standard.

The increase appears to have been driven by interest in the DCP registration figures, the Chair’s blog in August and the changes to dental care delivery from dental hygienists and therapists, which may suggest that the use of interesting and compelling titles and information encouraged people to want to read more.

Month	Open rate	Click-through rate
July 2024	57.42%	9.38%
August 2024	56.99%	8.76%
September 2024	56.56%	8.27%



Month	Open rate	Click-through rate
Q3 mean	56.99%	8.80%

There was an anomaly this quarter of 443 pieces of media coverage generated by proactive media pitching this quarter, 370 more than the previous quarter and 387 more than last year.

The GDC published the latest research on public views and experiences of dental care in the UK, which generated 182 online and print articles in national and regional publications including The Times, The Independent, The Daily Mail, Metro and the Evening Standard.

Media campaigns that generated blanket trade media coverage included the launch of our public consultation on revamped specialist list application routes, the outcome of our call for evidence on the structure and operation of the ORE, the release of updated guidance on voluntary removal applications, and the increase in the number of UK registered dental care professionals following the annual renewal period.

Notable highlights:

- We changed the policy regarding [publication of IOC determinations](#) to ensure that only the outcome of a hearing is published (narrowing our interpretation of legislation which requires “details of the decision” of the outcome to be published) – 2 August
- The revised [Covert surveillance policy](#) was published, emphasising that covert surveillance will be used sparingly and only as a last resort, ensuring that any investigative practices are necessary, proportionate, and respectful of privacy – 15 August
- The [number of DCPs on the register after annual renewal](#) was confirmed as having increased by 5.7% (4,101) compared to the same time last year – 22 August
- The updated [Voluntary removals guidance](#) explained that it now has added emphasis on the consideration of the health and wellbeing of participants when making decisions on requests to be voluntarily removed from the register – 28 August

#### 4. Engaging stakeholders

The GDC held 72 stakeholder meetings in this quarter, down from 80 in the same quarter last year.

We engaged with 130 students through the student engagement programme and 500 new dental professionals through student engagement and the New to UK Practice webinars.

Notable highlights:

- The GDC’s [Annual Report and Accounts](#) for 2023 were published on 18 July
- The research findings into the [public’s experience of dentistry](#) showed the ongoing challenges facing dentistry and that the public reported difficulties in booking appointments, securing a dental practice to visit regularly, having frequent cancellations, and that affordability remained a concern – 1 August
- We made a [statement on the civil disorder](#) seen over the summer, reiterating that the targeted racial and religious attacks were unacceptable – 8 August
- We [announced dates for the ORE sittings in 2025](#), reiterating the increased capacity available and that one of the aims of the procurement exercise is to increase capacity of the exams – 2 September
- The [appointment of new Council and committee members was announced](#), explaining the change of responsibilities and roles – 3 September

- The start of the [consultation on proposals to improve the Specialist List Application process \(SLAA\)](#) was announced - 9 July
- We started a [consultation on proposals to update the decision-making guidance for Practice Committees](#) – 3 September
- We shared the [outcome report of the call for evidence on the structure and operation of the ORE](#), explaining that while no significant demand for immediate structural changes has been identified, there is a clear desire for improvements in the examination's availability – 10 September

#### Stakeholder events:

- The GDC's CEO spoke at an event for members of the Association of Dental Groups (ADG), and also [addressed ADG members and wider external stakeholders](#) at a parliamentary event that they hosted on the same day – 11 September
- The ED, Regulation, and Head of Nations and Engagement spoke to British Dental Industry Association (BDIA) members at their conference, explaining the GDC's role and purpose and improvements we're making to FtP – 19 September
- The ED, Strategy spoke to the Indian Dental Organisation's (IDO) conference alongside the CDO England and others, talking about the current and future challenges for the ORE – 21 September

Stakeholder organisation	Number of engagements
Education	10
NHS	10
Government	18
Professional body	2
Healthcare regulators	10
Dental corporate	8
Indemnifiers	3
Trade Union	2
New registrants	6
Students	2
Cross-sector	1
<b>TOTALS</b>	<b>72</b>

Nation	Number of engagements
UK-wide	17
Scotland	24
Wales	19
England	8
Northern Ireland	4
<b>TOTALS</b>	<b>72</b>

## **5. New or unplanned activity**

The launch of a new engagement programme for the GDC to visit dental settings was a challenge for capacity as this was unplanned work. Capacity was required for senior stakeholder engagement, logistical planning, briefings, social media and on-the-day activity.

Supporting the CEO's wider stakeholder engagement programme was new activity, requiring negotiation around stakeholder priorities, preparing and providing briefings, writing speeches and key messages, producing social media content to extend the reach of key messages.

## **6. Lessons learned**

In our external engagement this quarter we have used visits and stakeholder discussions to explain the reality of FtP in different ways, testing different sets of key messages. Key messages around the scale of FtP being smaller than people believe are helpful but cannot penetrate the belief and the fact that FtP is stressful and has an impact on participants' mental health.

Although we can explain the improvements we are making to FtP, perception of the GDC continues to be dominated by the fear of fitness to practise.

We need a strategic approach to tackle the perception of fear, and this will be a priority in developing the next communication and engagement strategy.

## **7. Challenges**

External engagement generates further engagement. Requests for meetings, visits and to attend events are caused by the GDC's appearance at such activities. This has created a high demand for senior stakeholder engagement and management skills.

The team has some single points of failure where a small number of senior people are critical to leadership and delivery of activities that have the greatest reputational risk for the GDC.

## **8. Looking ahead: Q4 2024 priorities and key events**

### **October**

- Dentistry Show London – 4 and 5 October
- PSA research Conference – 17 October (Theresa Thorp is speaking)
- Announcing the CCP and ARF for 2025 – 26 October
- DCP working pattern data – 31 October

### **November**

- Reporting the cause of death of registrants who have died with an active FtP investigation – 4 November
- Adopting the initial enquiries pilot as a permanent change – 5 November
- Professional Regulators Conference – 6 November
- Canmore Trust Wellbeing conference on suicide prevention – 8/9 November (Theresa Thorp is speaking)
- Dental Leadership Network – theme is Workforce – 12 November
- Consultation on Standards for Education opens – 14 November
- NI Joint Regulators Professional Conference – 19 November (Donald Burden and Colin MacKenzie attending)
- Health Education and Improvement Wales – 22 November (CEO is speaking)
- British Society of Dental Hygienists and Therapists conference – 22/23 November. Ross Scales is speaking. The GDC has a stand.

- Remote Hearings Outcome – 28 November
- BDA Local Dental Committee conference – 29 November (CEO is speaking)
- Westminster Health Forum – 30 November (Stefan Czerniawski is speaking)

## **December**

- Stakeholder perceptions research published – 3 December
- CGDENT Faculty day – 6 December (GDC has a stand)
- Reporting guidance outcome report (date TBC)
- PSA performance report (mid-December)