General Dental Council

Public Council Meeting - 19 June 2026

MEETING

19 June 2026 09:30 BST

PUBLISHED
16 June 2026

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A meeting of the Council of the General Dental Council

09:30am on Friday 19 June at the

Radisson Blu Hotel, 301 Argyle St, Glasgow G2 8DL

Members:

Helen Phillips (Chair)

Reshard Auladin

Ilona Blue

Donald Burden

Mike Driver

Bill Gunnyeon

Angie Heilmann

Serbjit Kaur

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

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

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

Rebecca Ledwidge, Head of Governance, General Dental Council

Email: rledwidge@gdc-uk.org

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

Public Council Meeting

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

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

PRIVATE COUNCIL SESSION ONLY – 9.00 – 9.20

PART ONE - PRELIMINARY ITEMS

1.	**Welcome and apologies for absence**	Helen Phillips, Chair of the Council	09:30 - 09:35 (5 mins)	Verbal
2.	**Declarations of Interest**	Helen Phillips, Chair of the Council		
3.	**Questions Submitted by Members of the Public**	Helen Phillips, Chair of the Council		Verbal
4.	**Minutes of Previous Meetings** To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 24 April 2026	Helen Phillips, Chair of the Council		Paper
5.	**Matters Arising and Rolling Actions List** To note any matters arising from the public meeting held on 24 April 2026 and review the rolling actions list	Helen Phillips, Chair of the Council		Paper
6.	**Decisions Log** To note decisions taken between meetings under delegation	Helen Phillips, Chair of the Council		Paper

PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	**Assurance Reports from Committee Chairs** 1) Statutory Panellists Assurance Committee – 18 May 2026 2) Audit and Risk Committee – 21 May 2026	Noting	09:35 - 09:45 (10 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
	3) Remuneration and Nomination Committee – 4 June 2026 4) Finance and Performance Committee – 9 June 2026			
8.	**Chief Executive's Report** Gurvinder Soomal, Chief Operating Officer	Noting	09:45 - 09:55 (10 mins)	Paper
9.	**Monitoring and Evaluation for Strategy Delivery** David Teeman, Head of Regulatory Intelligence David Criddle, Head of Business Intelligence and PMO	Approval	09:55 - 10:20 (25 mins)	Paper
10.	**Organisational Performance Report Q1 2026** David Criddle, Head of Business Intelligence and PMO	Discussion	10:20 - 10:35 (15 mins)	Paper
Comfort break: 10:35 – 10:45				
11.	**Fitness to Practise improvements programme update** Theresa Thorp, Executive Director, Regulation	Approval	10:45 - 11:05 (20 mins)	Paper
12.	**Agreed Panel Determinations** Tania Dosoruth, Head of Legal Presentation Services	Approval	11:05 -11.15 (10 mins)	Paper
13.	**Dental Nursing Education and Training Review** Manjula Das, Head of Education	Discussion	11:15 - 11:30 (15 mins)	Paper
14.	**Review of Delegations Framework** Rebecca Ledwidge, Head of Governance Jennifer Stewart, Senior Counsel & Associate Director, Legal	Approval	11:30 - 11:40 (10 mins)	Paper
15.	**Committee Terms of Reference** Rebecca Ledwidge, Head of Governance	Approval	11:40 - 11:50 (10 mins)	Paper
16.	**Investment Policy** Samantha Bache, Associate Director, Finance	Approval	11:50 - 12:00 (10 mins)	Paper
17.	**Any Other Business**	Helen Phillips, Chair of the Council	12:00 - 12:05 (5 mins)	Paper
18.	**External Stakeholder Discussion** To discuss matters raised by the invited external stakeholder	Helen Phillips, Chair of the Council	12:05 - 12:35 (30 mins)	Verbal

PART THREE - CONCLUSION OF BUSINESS

19.	**Date of Next Meetings** 18 September, Colmore Square, Birmingham	
Close 12:35		

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 48 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
C1	None.				

Reading Room items

The following items contain additional papers that are provided in the Council Reading Room in the Resources section of Board Intelligence.

No.	Item	Authors	For	Closed/Public
R1	**Item 10** – Organisational Performance Report Q1 2026 – Appendix 1	David Criddle	Approval	Public
R2	**Item 11** – Fitness to Practise Improvements – Appendices 1 - 3	Theresa Thorp	Approval	Public
R3	**Item 14** - Review of Delegations Framework – Appendices 1 - 4	Rebecca Ledwidge	Approval	Public
R4	**Item 15** – Committee Terms of Reference – Standing Orders	Rebecca Ledwidge	Approval	Public

Board Charter

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

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

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

The Council and the Executive team are committed to:

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

This Board Charter will be used:

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

Confirmed Minutes of the Meeting of the General Dental Council held at 10:00 on Friday 24 April 2026 in Open Session at Wimpole Street, London

Council Members present:

Helen Phillips (Chair)
Reshard Auladin
Ilona Blue
Donald Burden
Mike Driver
Bill Gunnyeon
Angie Heilmann
Mike Lewis
Timea Milovecz
Simon Morrow
Laura Simons

Executive Team Members in attendance:

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

Staff and Others in attendance:

Lee Avery	Associate Director, People and Organisational Development
Richard Bloomfield	Head of Programme & Portfolio Delivery
Kristen Bottrell	Policy Manager
Clare Callan	Associate Director, Fitness to Practise
Rachael Gilleard	Deputy Head of Governance
Rebecca Ledwidge	Head of Governance
Katherine McGirr	Head of Right Touch Regulation
Joanne Rewcastle	Associate Director, Communications & Engagement
Ross Scales	Head of Upstream Regulation

Others in Attendance

Members of the public and other GDC staff attended online and in person as observers.

1. Welcome and apologies for absence

1.1 The Chair welcomed everyone to the meeting and noted that apologies had been received from Serbjit Kaur.

2. Declaration of interests

2.1 The following declarations were received:

a. Registrant Council Members in relation to Framework for Professionalism (item 11) and Fitness to Practise (FtP) improvements (item 12).

3. Questions Submitted by Members of the Public

3.1 No questions had been received 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 27 February 2026 had been **approved via correspondence.**

5. Matters Arising and Rolling Actions List

5.1 The Council **noted** the action updates.

6. Decisions Log

6.1 The Council **noted** that no decisions for Public Council had been taken between meetings.

7. External Stakeholder Discussion – Dental Mentors UK

7.1 The Chair of Council welcomed Dr Phil Gowers from Dental Mentors UK and explained that the Council was keen to hear about the lived experience of patients and registrants.

7.2 Dr Gowers delivered a presentation outlining the research that he had carried out and the work that Dental Mentors UK undertakes, explaining that a lot of the work is carried out on a pro bono basis and that all categories of registrant are eligible for support. He explained that themes that were seen in people who had been through the FtP process included: many were suffering from stress and burnout and mental health issues. It was noted that it took a lot of courage for people to share their experiences. It was observed that single-handed dental practices could be more isolating and stressful for registrants than larger practices where there was a larger support network. It was recognised that the GDC was committed to tackling fear and the preventative approach used by Dental Mentors with coach mentoring could support that aim.

7.3 The coach mentoring approach advocated by Dental Mentors looked at the root cause of poor performance, supporting reflective practice and centralising patient safety.

7.4 The Chair thanked Dr Gowers for attending the meeting and sharing his very interesting insights.

8. Assurance Reports from the Committee Chairs

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

<u>Remuneration and Nomination Committee</u>

8.1 The Chair of the Remuneration and Nomination Committee (RemNom) informed the Council that the Committee had a meeting on 12 March 2026 where it had scrutinised earlier drafts of the Total Reward and People Strategy items. The Committee's scrutiny had supported updated drafts of this work which had been included in the papers that were now presented to the Council. The Committee had a staff engagement event after the meeting which had been well received.

Audit and Risk Committee

8.2 The Chair of the Audit and Risk Committee (ARC) informed the Council that the Committee had a single item meeting on 25 March 2026, focusing on the Annual Report and Accounts (ARA). The Council heard that good progress was being made, both by the auditors and the finance team. It was noted that there was an appetite for the ARA to be a useful document for the organisation, acting as an effective communications piece. The Committee had plans to hold a staff engagement event after a meeting later in the year.

8.3 The Chair expressed the Council's gratitude for all the work the finance team had been undertaking and asked the ARC to convey thanks to the team at their next meeting.

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

9. Chief Executive's Report

9.1 The Chief Executive provided an update on key areas of organisational delivery, structured in line with his objectives, and focussing on matters that might not otherwise be captured in other reports and for discussion with the Council.

9.2 The Council heard:

a. It had been a busy period from an external engagement point of view. During a visit to Northern Ireland concerns had been raised around illegal practice and dental tourism. GDC working patterns data had been used recently at an all-party group for dentistry.

b. MyGDC had gone live and a celebratory event had been held to recognise this. It was noted that Council would get oversight of the benefits of delivery via financial reporting and performance reports. It would be important to look at the effectiveness of the system and ensure it was adjusted and kept up to date going forwards.

c. Some key points in relation to the DHSC's consultation on General Medical Council (GMC) had been highlighted in the report. It was noted that a formal response to the consultation, addressing key points rather than a line-by-line approach, would be going out shortly after the June Council meeting.

d. There had been a successful Council and ELT EDI training session and next steps to take that forward were being explored. It was noted that inclusion events that had been held for Eid and the Women's Network were helping to create sense of belonging and inclusion in the organisation.

e. It was clarified that the issues in relation to migration of SharePoint related to data structures being more complex than originally assessed, it was not a significant setback.

f. The Council noted listings timings for Fitness to Practise cases and that steps had been taken to try to reduce the timeframe (for example now holding seven hearings a day rather than five) alongside providing support and signposting to witnesses and registrants. It was noted that there had been an increase in requests for in person hearings.

9.3 The Council **noted** the update.

10. PSA Standards of Good Regulation and GDC Organisational Performance

10.1 The Head of Right Touch Regulation introduced the paper outlining that it focused on the areas that had not been met in the most recent review and also the future requirements, looking at the new standards.

10.2 The Council **discussed** the following:

a. It was noted that the Council was very keen to meet the PSA standards and this work was part of that journey. It was seen as positive that monthly meetings were taking place to glean an understanding about the new standards and expectations. There was uncertainty about the benchmark for EDI as this would be different in different communities (including registrant communities and across the four nations). The Council heard that this was a matter that had been raised with the PSA for discussion.

b. It was not clear how easy it would be for the PSA to evaluate performance against the standards. The Council heard that the first year of the new standards would involve evaluation looking at both old and new standards as a transition period, allowing the identification of areas where there might be differences of opinion or lack of clarity.

c. In relation to current performance and cases over 156 weeks old, an understanding of what was within the GDC's control and what was beyond the GDC's control was important.

d. It was noted that the majority of areas that were rated amber or red were being addressed in the Business Plan and work was underway to ensure all areas were covered. In terms of oversight, it would be important to set out the aspects where the Council should have close stewardship.

e. The Chair of SPC noted the Committee's role in supporting meeting the EDI standard in respect of panellists. There was significant training of panellists underway, with oversight by the Committee, and reporting in respect of EDI themes was received. The SPC Chair was keen to ensure that the Council's requirements for assurance were clear and it was agreed that the Council would commission areas of focus for the SPC, including guardrails and expectations of other stakeholders, such as the PSA, as part of the Terms of Reference review.

f. It was noted that some new indicators were dependent on education providers and there was a query around the GDC's ability to measure output. It was noted that this was a sensitive issue as historically some education providers required persuading that the GDC had a legitimate remit in respect their student admissions.

g. It was noted that following consultation responses, checks referenced in standard 11 had changed from expressly using DBS checks to 'appropriate checks'. There were a range of options that could be used and discussions on this point were ongoing.

h. In relation to updating and revising guidance, it was clarified that a note for decision makers had been issued at the end of 2025 and training on bias in decision making had also been rolled out, so the relevant teams had the necessary information prior to it being published. The FtP Decision Making Guidance project was also addressing guidance for decision makers in respect of EDI issues.

10.3 The Council **discussed** the paper and thanked the Head of Right Touch Regulation for the work undertaken. It was noted that the report provided a common understanding of where the GDC was positioned and set the organisation up to have further useful discussions with the oversight regulator.

11. Framework for Professionalism

11.1 The Head of Upstream Regulation presented the framework which had been developed to set clear expectations, be enforceable and successfully balance aims and purposes. This was comprised of Principles, Expectations and Supporting Material rather than Standards for the Dental Team which was a shift away from the current approach. A key activity would be the development of Supporting Material which would be promoted to registrants to make professionals aware of trends for their learning and practice. The framework sets out what concerns the GDC as the regulator and strikes a balance between being supportive and having an enforceable framework.

11.2 The Council discussed the following:

a. This was an impressive piece of work that provided a clear way of approaching things whilst allowing professionals to use their judgement. It was noted that although this was a more modern and effective approach, it was likely that some consultation responses would express a preference for a set of prescriptive rules.

b. It was noted that what was new for registrants in an approach to setting standards was the Expectations and the definition around Expectations could be helpful for registrants. It was explained that the expectations in respect of chairside support would be included as Supporting Material linked to one of the expectations and Principles on when important to have support in the clinic.

c. Flexibility in the Supporting Materials to enable responsiveness was one of the conscious changes being made. There would be an opportunity to build on the content so it could be responsive and share learning from what was being seen in FtP. It was explained that the consultation was looking at the approach to Supporting Materials rather than the content of it. The intention was for a variety of resources to be utilised for Supporting Material (including GDC generated material and signposting to other resources).

d. The Chair of the SPC indicated that the Committee had initially been concerned about the enforceability of the framework but had now been assured after a mapping exercise with panellists, the incorporation of the legal advice and extensive engagement with a variety of stakeholders.

e. It was noted that the GDC's requirements still apply to registrants even if not undertaking dentistry (e.g., cosmetic procedures) and the framework could be more explicit about that point.

f. The Council noted that this was a good example of active risk management and providing assurance, utilising risk management as a tool.

11.3 The Council **approved** the Framework for consultation.

12. Fitness to Practise improvements – programme architecture and governance

12.1 The Executive Director, Regulation introduced the proposal for a new FtP improvements programme delivering an end-to-end approach to the FtP process. The ambition was to

create agility to deal with demand and have patient safety in mind at all times. There was a user journey focus for registrants and witnesses. The only constraint that had been applied to the thinking was the legislative framework, which was unlikely to be overhauled in the near future. It was positioned with the assumption that the Council's appetite was to appropriately resource the improvements programme and ongoing requirements for core activities and that all sensible options were open in respect of a revised risk appetite, approach to people, skills and technology. In terms of governance, performance against the programme would be scrutinised by FPC before going to Council. It was noted that there was resource required for the programme and also a separate resource issue around the increase in cases being received, alongside the ongoing delivery to reduce the bulge of cases at presentation and hearings stages.

12.2 The Council **discussed** the proposals including the following:

a. It was noted that there was a lot to do and the work would be dependent on taking colleagues on the change journey. There would be a need for agility, confidence and a huge amount of perseverance. It was noted that proper resourcing, and deprioritising other activity, would be required to protect BAU work while undertaking this programme. A change management function was being developed, and the team would make use of that. The importance of good change management skills in order to make the programme a success was highlighted. The Executive was encouraged to think about those skills and start the recruitment process promptly.

b. Noting that the end-to-end process starts earlier than FtP and ends after FtP, it was suggested that it would be helpful to be more explicit about the ambition to encourage / facilitate upstream resolution for low-level high-volume concerns received as this was an important component of the overall approach. In addition, finding a way to simplify and clarify the process for people at the outset would be beneficial as the terminology used was not self-explanatory.

c. It was noted that the programme builds on what is already happening and draws it together providing coherence. There were opportunities to be robust in terms of interpretating our (outdated) legislation, e.g., disposal by consent as a method of resolving matters quickly.

d. It was observed that the GMC progresses significantly fewer cases from initial assessment stages and was one of the few regulators that meets the PSA target and there could be learning from this methodology. The team would be looking at all of the regulators for ideas, approaches and innovations. There would be a range of different activities the Executive would be putting forward – to test and learn, and some activities may have to be abandoned swiftly if they are not effective.

e. It would be important for Committee and Council oversight and support to be agile and not inhibit the process.

12.3 The Council **discussed** the proposals and endorsed the continued development of the work. The Council thanked the team for the work produced in a short timeframe. The Council's desire for pace was noted, and the Council would support the Executive in terms of recalibrating risk appetite in line with public protection and appropriately resourcing the approach. It was agreed that in October, as part of approving the next business plan, the Council would need to take a decision on the date by which the GDC expected it would be compliant with PSA standards and what the cost of that would be. There would also need to be clarity about what was being delegated to the Executive to empower them and promote agility and the governance processes to ensure sufficient reporting back to the

Council to ensure appropriate accountability and oversight for both the Council and Executive.

13. Employee Engagement Survey

13.1 The Associate Director, People and Organisational Development introduced the paper and outlined that the survey ran from 25 November 2025 – 9 December 2025 and it had an 81% response rate which was very strong. The survey provider had changed since the last survey; some questions had been the same / similar to the previous survey and others were new and designed to mirror Civil Service questions to support benchmarking. The engagement index score had improved by 4% since the last survey. The results had been shared extensively across the organisation including at an all colleague townhall which had been used as an opportunity to talk about the GDC wide priorities for action planning. The priority areas identified were learning and development, workload planning, and communications and engagement.

13.2 The Council discussed the following:

a. The RemNom had asked the team to heed the warnings in the survey results, noting that workload linked to wellbeing. It was noted that whether an employee would recommend the GDC as a place to work was a very important measure.

b. It was observed that one of the lowest scores was the belief that action would be taken as a result of the survey. The Council asked for clarification of the plans to engage with people. It was suggested that going out to all the teams and getting local priorities might be an effective approach. The Council heard that the team would continue to take a top-down and bottom-up approach. There was a GDC wide plan and each directorate had an action plan. It would be important to set a regular rhythm of updates to provide a feedback loop. It was noted that thorough work had been undertaken but that there was also a need to think about pace in terms of responding to the findings. The Council heard that a possible plan was to do a full survey biennially and pulse surveys at appropriate points between the full surveys.

c. The Council also noted that the view that change was managed well was another low scoring answer and queried the implications for the big change programmes that the organisation was carrying out. The Council heard that project teams had changed processes, the new approach was designed to make changes with people rather than to them but that this feedback was being borne in mind in establishing the new change function.

d. The low scoring in relation to timely and effective decision making was disappointing. The Executive was holding team discussions and involving the People Forum to understand the factors driving that response. It was noted that some projects, such as Total Reward, had taken a very long time to deliver so it was possible that was influencing the results. The scheme of delegations was being reviewed to try to streamline processes where appropriate.

13.3 The Council **discussed** the employee engagement survey results and **noted** the three focus areas agreed by the Executive (learning and development, workload and planning, communication and engagement).

14. People Strategy

14.1 The Associate Director, People and Organisational Development presented the People Strategy noting that this followed a significant period of underinvestment in people and culture. The strategy set a direction of travel for the next five years and could flex to take account of the organisation's priorities.

14.2 The RemNom had noted that there was a lot of work in the People Strategy and had asked for three focus areas to be identified to ensure the POD team and the wider organisation was not overstretched. The priorities were the introduction of workforce planning, learning and development to build the skills of managers, and building engagement across the GDC.

14.3 It was noted that developing managers was not just delivery of the GDC Strategy but also people aspects including sickness, performance, employee relations, and addressing concerns before they became an issue.

14.4 It was agreed that when the Business Plan was presented to the Council in October, it should be very clear which elements of the People Strategy would be prioritised for the next year, clarifying how pace would be injected into the priority areas and the changes the Council could expect to see as a result.

14.5 The Council **approved** the People Strategy and thanked the team for their work.

15. Forward Plan

15.1 The Council **noted** the forward workplan.

16. Any Other Business

16.1 There was no other business.

16.2 The Chair invited reflections on the meeting and heard from presenters that attending Council felt more collegial and less intimidating than it had previously. The questions received felt more supportive and the appreciation for the work undertaken came across.

17. Date of Next Meetings

13.1 The Council **noted** the date of the next meeting – 19 June 2026 at Radisson Blu hotel in Glasgow.

The meeting closed at 13:00.

Abbreviated Minutes of the Meeting of the General Dental Council

held at 13:45 on Friday 24 April 2026

in Closed Session at Wimpole Street, London

Council Members present:

Helen Phillips (Chair)
Reshard Auladin
Ilona Blue
Donald Burden
Mike Driver
Bill Gunnyeon
Angie Heilmann
Mike Lewis
Timea Milovecz
Simon Morrow
Laura Simons

Executive Team Members in attendance:

Tom Whiting	Chief Executive and Registrar
Stefan Czerniawski	Executive Director, Strategy
Gurvinder Soomal	Chief Operating Officer
Katie Spears	Executive Director, Legal and Governance
Theresa Thorp	Executive Director, Regulation

Staff and Others in attendance:

Lee Avery	Associate Director, People and Organisational Development
Sam Bache	Associate Director, Finance
Rebecca Cooper	Associate Director, Policy and Research
Rachael Gilleard	Deputy Head of Governance
Rebecca Ledwidge	Head of Governance
Chris Phillips	Reward Lead
Joanne Rewcastle	Associate Director, Communications and Engagement

Apologies

Serbjit Kaur

1. Welcome and apologies for absence

1.1 The Chair welcomed everyone to the meeting and noted that Serbjit Kaur had sent apologies.

2. Declaration of interests

2.1 Declarations of interest were received in respect of:

a. Item 8 – All staff present in relation to Total Reward.

b. Item 9 – Council Members in relation to Council Member Remuneration.

c. Item 10 – the Chair in relation to Chair Remuneration. The Chair would step out of the meeting for this item, and the Senior Independent Council Member (SICM) would lead the discussion.

d. Item 11 – Registrant Council Members for ORE fees - in relation to any potential impact on ARF.

3. Approval of Minutes of Previous Meeting

3.1 The full minutes of the closed meeting held on 27 February 2026 had been **approved via correspondence**.

4. Matters Arising and Rolling Actions List

4.1 It was **noted** that action updates had been provided and **agreed** that actions 83, 85, 86 and 88 would be closed.

5. Decisions Log

5.1 There had been no Council decisions taken between meetings.

6. Chief Executive's Report

6.1 The Chief Executive updated the Council on the following matters:

a. The ORE contract had been signed and had been announced.

b. Estates - the documents in respect of the exit from the Wimpole Street office had been signed.

c. The Competition and Markets Authority (CMA) was undertaking a review of private dentistry which would take about 18 months. The GDC was complying with an Information Notice and was writing to registrants about the data the CMA was compelling the GDC to share.

6.2 The Council **noted** the update.

7. Medium Term Financial Strategy (MTFS)

7.1 The Associate Director, Finance introduced the MTFS explaining that it had been designed and developed alongside the planning process last year. It was noted that there were policies that were planned for review.

7.2 The Chair of the Finance and Performance Committee (FPC) outlined that the Committee had scrutinised an early version of this strategy in November 2025 and welcomed its production which brought many strands together. The FPC endorsed the MTFS to the Council.

7.3 The Council **approved** the MTFS.

The Council discussed item 11 at this point in the meeting. For the minutes, the discussion has been recorded below as per the paper numbering to ease reference to the papers.

8. Total Reward

8.1 The Associate Director, People and Organisational Development and Reward Lead introduced the Total Reward proposals outlining that delivering this change was part of the People Strategy and involved the introduction of a single national pay structure with a fixed London allowance.

8.2 The Council thanked the team for the substantial and challenging piece of work they had undertaken.

8.3 The Council **approved** the Total Reward proposals.

9. Council Member Remuneration

9.1 The Chief Operating Officer outlined the proposals which had been shared with the RemNom. It was noted that remuneration had been at the same level since 2014 and that benchmarking had been set against a small number of regulators. The proposal was a 3% increase to both the £15,000 Council Member fee and the £3,000 Chair / SICM uplift. There would be a fuller review in 2027, taking the views of the Chair when starting the work.

9.2 The Council noted the importance, in the context of benchmarking, of having an accurate assessment of time commitment (currently referenced as 25 days in advertising but this had shifted at different times and, for some members, their experience was that this was nearer to 35 days). There was a need to think about the diversity of the board and the impact an increased time commitment would have on applications. The time commitment would be reviewed and clarified as part of the full review in 2027.

9.3 The Council discussed the proposals and **approved** them.

10. Chair of Council Remuneration

10.1 The Chair of Council left the meeting and the Senior Independent Member (SICM) led the discussion.

10.2 The Chief Operating Officer outlined the proposals which had been shared with the RemNom. It was noted that remuneration had been at the same level since 2014 and that benchmarking suggested it had fallen behind. The proposal was a 3% cost of living increase and an additional increase to align with benchmarking. There would be a fuller review in 2027, taking the views of the SICM when starting the work and an appropriate benchmarking set.

10.3 Similarly to the Council Member remuneration, the Council noted the importance, in the context of benchmarking, of having an accurate assessment of time commitment. The time commitment would be reviewed and clarified as part of the full review in 2027.

10.4 The Council **approved** the proposal.

11. Overseas Registration Examination (ORE) Fees

11.1 The Associate Director, Policy and Research introduced the paper outlining that these were the Regulations required to enact the decision taken by the Council in October 2025, that there should be full cost recovery from candidates rather than cross-subsidy from the Annual Retention Fee.

11.2 The Council:

a. **Approved** the new proposed ORE fees

b. **Approved** and **made** the GDC (Dentists) (Fees) Regulations 2026. It was noted that the Regulations would be sealed after the meeting.

12. Any other business

12.1 There was no other business.

13. Date of Next Meetings

13.1 The Council noted the date of the next Council meeting on 19 June 2026, in Glasgow.

The meeting closed at 15:35.

Public Council Actions Log								
Action No.	**Date of Meeting**	**Minute no.**	**Subject**	**Action**	**Due date**	**Owner**	**Update**	**Status**
40	6/27/2025	8.5	Chief Executive's Report	The Head of Equality, Diversity and Inclusion to ensure that gender and ethnicity pay gap data is added to the EDI updates to the Council.	Q1 2026	Dan Popple	The Gender Pay Gap(GPG) was recently reported to RemNom. Reporting of the ethnicity pay gap is not yet mandatory for the GDC, but it was also included in the RemNom report. The ethnicity pay gap will continue to be reported in this way. Additionally, GPG has also been included in the Business Plan organisational performance report for Q1 2026, which is presented on this agenda. Future updates on the GPG will continue via these methods.	Suggest closed
41	2/27/2026	12.3	Sustainability Strategy	Associate Director, Finance to amend the Sustainability Strategy to reflect Council's comments before it is circulated via correspondence for approval.	31.05.2026	Sam Bache	The document is in the process of final approval before circulation to Council members.	Live

Item 6 - Decisions Log – PUBLIC Council – 24 April 2026

No decisions taken between meetings under delegation.

Assurance Report of the Statutory Panellists Assurance Committee

18 May 2026

Committee Chair	Sir Ross Cranston
Deputy Head of Governance	Rachael Gillleard

1. Meetings

1.1 Since the last meeting of the Council, the Statutory Panellists Assurance Committee (SPC) has met once, on 18 May 2026.

2. Dental Professionals Hearings Service (DPHS) Operational Update

2.1 The Committee received an update on the performance of the DPHS during Q1 2026 and was informed that the team had successfully met two KPIs, demonstrating effective case management.

2.2 The Committee was concerned about the impact of the increase in the number and tardiness of Rule 6e applications and late discovery on effective panel utilisation. The Committee was informed that the Case Management improvements work would consider ways to address this, and that the new case tracks approach would mitigate against increased cost.

3. Case Management Improvements

3.1 The Committee noted that the proposed initiatives that were part of the Case Management improvements project were being assessed to determine what should be taken forward within the Fitness to Practise (FtP) improvements programme. It was noted that teams were successfully working to new case tracks.

4. Agreed Panel Determinations

4.1 The Committee approved a proposal for a method of dealing with FtP concerns, referred to as ‘Agreed Panel Determinations’, providing feedback on various aspects of the process. At its meeting on 19 June, the Council will be asked to approve a consultation on the proposal.

5. Separation of Hearings – Interim Report

5.1 The Committee received an update on the Separation of Hearings project, noting that almost all of the original objectives had been met, and further operational improvements were being undertaken. The Committee was informed that a review of the success of the project would be undertaken once all the changes had been embedded.

6. Panellist, Legal Adviser and Chair EDI – Progress Review

6.1 The Committee received an update on areas of activity and future development regarding Equality, Diversity and Inclusion (EDI) in relation to panellists, noting that targeted improvements had been made in the recruitment process as well as enhancements to induction, ongoing training, Chair selection and arrangements to further enable participation in hearings.

6.2 The Committee will receive a further report, reflecting the work being undertaken as part of the assessment of compliance with PSA Standards, at its next meeting.

7. Appointment of Panellist Chairs

7.1 The Committee agreed the appointment of three panellists to join the pool of those able to sit as a panel Chair.

8. Panellists Learning and Development Update

8.1 The Committee noted an update on learning and development completed in Q1 2026 and the planned work scheduled for the remainder of the year. The Committee heard that feedback on training had generally been very positive and would inform future events.

9. Quality Assurance Reports

Quality Assurance Group

9.1 The Committee received the 2025 annual report on the business of the Quality Assurance Group (QAG) and was informed that analysis indicated generally consistent decision-making, with no systemic issues indicated. The Committee was given assurance that actions had been taken throughout the year in response to any issues identified.

9.2 The Committee also received the QAG reports for Q4 2025 and Q1 2026.

Decision Scrutiny Group

9.3 The Committee received the 2025 annual report on the business of the Decision Scrutiny Group (DSG) and was informed that trend data from 2018 onward suggested a positive trajectory in decision quality, consistency over time and a mature quality assurance process. The Committee was given assurance that learnings and action points were circulated following each meeting and progress monitored.

9.4 The Committee also received the DSG report for Q1 2026.

10. PSA Learning Points and Appeals Update

10.1 The Committee noted the feedback provided by the Professional Standards Authority (PSA) on FtP decisions received since the last meeting, and information on both PSA and registrant appeals.

Ross Cranston

Chair of the Statutory Panellists Assurance Committee

Assurance Report of the Audit and Risk Committee
21 May 2026

Committee Chair	Mike Driver
Governance Manager	Ermelinda Bajrami

Since the last Council meeting, the Committee has met once, and it conducted the following business:

1. The Committee received a written report from the Chief Executive and Registrar and discussed various areas, including the following:

    i. The contract for provision of the Overseas Registration Examination.

    ii. The progress of the implementation of the online registration system, MyGDC

    iii. The Progress of the GDC estates optimisation work.

    iv. The GDC's engagement with the Competition and Market Authority's market study into private dental services and the GMC Order consultation.

2. The Committee noted the Quarterly Compliance report.

3. The Committee received the final draft of the Annual Report and Accounts 2025. The Committee scrutinised the annual report, including the performance analysis, accountability report and the financial statements. The Committee also noted the:

    - NAO Draft Audit Completion Report
    - Letter of representation
    - NAO Independent Auditor's report
    - Certificate and Report of the Comptroller and Auditor General

4. Following scrutiny by the Committee and advice received from internal and external auditors, and subject to the feedback provided, the Committee agreed to recommend to the Council that the Annual Report and Accounts 2025 could be signed.

5. The revised Strategic Risk Register (SRR) was presented following an Executive Leadership and Council strategic risk horizon scanning session. The Committee discussed and scrutinised the recommended risks presented and agreed the risks to be captured in the SRR.

6. The Committee noted the RSM progress report and the two audits undertaken; Internal Communications, for which reasonable assurance was provided, and Risk Management for which substantial assurance was provided.

7. The Committee scrutinised the status of the implementation of the Internal Audit recommendations. It also discussed and noted the In-House Internal Audit update.

9. The Committee noted and discussed the Significant Legal Developments update.

10. The Committee reviewed the scheme of delegations framework amendments, designed to deliver the aims set out in the Board Effectiveness Review, and recommended the proposed

principles and framework for the delegations to the Council. It also noted the proposed changes to the Registrar delegations and the Committee's terms of reference.

Assurance Report of the Remuneration and Nomination Committee
4 June 2026

Committee Chair	Angie Heilmann
Governance Manager	Ermelinda Bajrami

Since the last Council meeting, the Committee has met once on 4 June, and conducted the following business:

1. The Committee noted the decision taken via correspondence in respect of Chair of Council remuneration.
2. The Committee noted the progress made in respect of the Total Reward project including implementation of phase 1 as approved at 24 April 2026 Council and was assured that the project timeline remained on track with key milestones completed or underway.
3. The Committee discussed the GDC pay gaps and noted the initiatives taken and progress made to reduce the gaps in the GDC. It also noted the requirement to include some or all of the GDC Workers (formerly associates) in the gender pay gap calculations and it was informed that until the calculations had been completed, the impact of including this data remained unclear.
4. The Committee reviewed the Chief Executive & Executive Leadership remuneration policies. It discussed the recommendation of no changes and the proposed amendments which were being considered as part of the Total Reward project.
5. The Committee received a verbal update on the Council Member Appointments 2026.
6. The Committee discussed the Council Member induction process and noted the potential enhancement opportunities to include in the induction process.
7. The Committee scrutinised and approved the proposed appointment process for 2027 in relation to Council Members.
8. The Committee scrutinised and approved the Council Member reappointments process for 2027.
9. The Committee scrutinised and approved the appointment process for 2027 for the Independent Member of the Audit and Risk Committee.
10. The Committee discussed the Committee's Terms of Reference which formed part of the wider Scheme of Delegations and noted the proposed amendments which would go to Council for approval.

Assurance Report of the Finance and Performance Committee
9 June 2026

Committee Chair	Ilona Blue
Governance Manager	Polly Button

1.1 Since the last meeting of the Council, the FPC has met once, on 9 June.

1.2 Substantive agenda items for the **9 June 2026** meeting included:

a. Monitoring and Evaluation Framework for Strategy Delivery
b. Organisational Performance for Quarter 1
c. Investment Policy
d. Fitness to Practise Improvements Programme Update

2. Monitoring and Evaluation Framework

2.1 The Committee received the proposed monitoring and evaluation framework for delivery of the GDC's Strategy and Business Plan.

2.2 The Committee discussed the following areas:

a. The Committee was supportive of the approach that had been taken and endorsed the framework for presentation to the Council subject to a number of suggested refinements.
b. The Committee noted that this remained a work in progress given the complexity of the task and the Q1 pack reviewed at this meeting was moving towards incorporating the new approach, but that further work was required over the coming months.
c. The Committee noted the updates to the terminology and the efforts to clarity links between achievements, objectives and impacts.
d. The Committee noted the information to be provided to the Council, and the additional information that would be available to Committees and the Executive Leadership Team; providing the opportunity for further scrutiny and assurance.
e. The Committee suggested a review of the level of detail in the accompanying report and recommended that it should focus on the new approach rather than the methodology to deliver it.
f. The Committee suggested improving the clarity of the linkage between activities and key themes across the organisation, such as building trust, addressing fear and Equality, Diversity and Inclusion.
g. The Committee received assurance that the process of developing the framework had been robust and considered that the resultant framework was clear and explained well.
h. The Committee requested that the roles of Council and its sub-committees in relation to performance scrutiny align with Terms of Reference.

3. Organisational Performance

3.1 The Committee received a summary of the Q1 2026 reconciled budget, headcount and performance, and the latest month end status for progress in delivery of business plan activity.

3.2 The Committee discussed several specific points, seeking assurance on actions being taken:

a. The Committee challenged the latest sickness absence data, given on-going concern on the elevated levels. The Committee received assurance that the current position was stable. The Committee was informed of interventions in place such as learnings from return to work interviews, the wellbeing programme and that further detail on stress absence was being sought.

b. The Committee discussed the performance data in respect of the External Legal Presentation Service (ELPS), which was outside of target. The Committee was informed that the reporting was against the old set of Key Performance Indicators (KPIs). The Council approved new KPIs in February 2026 which better aligned cases to their complexity. Performance against these new KPIs would be reported on in Q3 2026 with improvements expected, however volume pressures remained.

c. In relation to MyGDC, the Committee sought assurance around some technical issues that were being experienced, and was informed that these were being appropriately addressed, tested and back up options provided.

d. The Committee queried the cost of the Total Reward project and received assurance that the project was manageable within the allocated budget.

e. The Committee suggested a review of the equality, diversity and inclusion information presented, noting some difficulties in drawing out insights and delivery progress.

f. The Committee noted the number of live employee relations cases and a possible increase in volume following the Total Reward communications. Further detail on employee relations cases will be provided in the next quarterly report.

g. The Committee discussed the latest forecast and financial position in terms of reserves, which would be kept closely under review.

h. The Committee requested further data on Education and Quality Assurance activity, to provide assurance on coverage and scope across the professions. This would be considered for future reporting.

i. The Committee suggested an additional summary page, to draw out key messages and to provide additional assurance to the Council in relation to FPC's scrutiny of performance.

4. Investment Policy

4.1 The Committee received a presentation from the GDC's external investment partner which included investment strategies, risks, external environmental factors and options for future portfolios.

4.2 The Committee subsequently received the draft updated investment policy for review and discussed the following aspects:

a. The Committee was supportive of the proposed investment principles and requested an additional principle on ethical responsible investing.

b. The Committee suggested that the policy should provide more detail on balancing a manageable set of exclusions. Also, information on how decisions are made on the proportion/value of funds available within different asset classes.

c. The Committee suggested the policy cross reference the Medium-Term Financial Strategy (MTFS) where appropriate.

d. The Committee also suggested that the policy should address working with an investment manager, and that this arrangement would be reviewed periodically to ensure value for money.

e. The Committee agreed that a cover paper and the policy should be shared with the Council in public session. The Committee discussed its delegated authority in this area and considered that this should be reviewed as part of the ongoing financial delegations work.

5. Fitness to Practise Improvements Programme Update

5.1 The Committee received an update on the newly established Fitness to Practise (FtP) Improvements Programme, progress and next steps towards presenting the Council with a plan, investment case and timeline for meeting internal KPIs.

5.2 The Committee was informed of the drive and enthusiasm from staff for improvement in this area and suggested this could be reflected in the paper. The Committee requested further clarification on thresholds, triage and the informal and formal complaint routes.

5.3 The Committee acknowledged the relationship between the quality of decision-making and changes to the current process, and that the risks of any change would need to be evaluated.

5.4 The Committee was supportive of the priorities identified and recognised the large amount of work undertaken in a short space on time – particularly the wide engagement with staff and learning from others. Subject to a shorter cover note, the Committee approved the update for onward submission to the Council.

6. Any other business

6.1 The Committee provided reflections that the meeting had run smoothly with a well-managed agenda which had worked effectively over MS Teams.

6.2 The next meeting (single issue) would be held on 29 July 2026. The next substantive meeting would be held on 8 September 2026.

Ilona Blue

Chair of the Finance and Performance Committee

Chief Executive Officer Update Report

Executive Director	Tom Whiting, Chief Executive & Registrar
Author(s)	Tom Whiting, Chief Executive & Registrar
Type of business	To provide Council with an update on key areas of work for the Chief Executive and Registrar, that may not otherwise be captured in other reports and for discussion with Council.
Purpose	The Chief Executive and Registrar gives a regular written update report to Council.
Issue	To update the Council on the work of the Chief Executive with a focus on finance and performance.
Recommendation	To **note** the update on the CEO's priorities.

1. Update on Chief Executive's Priorities

1.1 I have structured this update with a focus on matters that are not otherwise covered on the agenda but provide timely updates on important areas of interest to Council, or progress on work that is key for delivery of the strategy and business plan.

1.2 **People**

a. Following approval of the salary framework part of the Total Reward work at April Council and the completion of the moderation process- the project has moved forward significantly with salary decision letters sent to all colleagues in June. Directorate based briefings were held for managers and wider teams to provide an overview of the work to date and to take questions about the new salary scale and other elements of the project. The cost of delivering Total Reward continues to fall narrowly within the budget allocation though we will continue to monitor this closely as implementation progresses.

b. Work continues to address the themes emerging from the Employee Engagement Survey with both GDC wide and directorate specific action plans in place. The People Forum hosted a series of 'Your Voice Drop In Sessions' across both office sites focussed on the three areas identified from the survey as those requiring more immediate action.

c. In person engagement sessions for colleagues at both office sites for myself and ELT to talk through GDC updates and take questions from colleagues have been scheduled for July. This is a new approach we are taking in response to the staff survey where people highlighted the need more engaging ways of communicating. We arranged an informal gathering for staff with RemNom members following their early June meeting. Tube strikes impacted this particular event but due to the success of previous events we will continue to plan these important opportunities for colleagues to meet with board members.

d. I attended the quarterly Network Chairs meeting and heard from the group about recent and upcoming work of the Networks- they have achieved a great deal since

their refresh and have held a good number of engaging and inclusive events and activities. We discussed the following:

- The successful Eid events in both offices
- An upcoming Carers week lunch event in both offices
- Pride events in both offices and external speaker from Queerwell to celebrate Pride Month (June)
- Disability pride month in July which this year centres the sunflower symbol and what it represents in terms of hidden disability and neurodiversity with a guest speaker to talk about Burn Out
- South Asian heritage month event planning (mid July to mid August)
- Planning for black history month (October)
- A coffee morning for MacMillan in the planning stages

1.3 **External Relationships**

a. The next DLN is planned for 30 June and the theme is 'Supporting and embedding internationally qualified dental professionals in the UK'- a fitting theme given our recent announcements on the ORE. Serbjit Kaur and Sarah Ramage will be in attendance this time.

b. Joanne and I met with the Health Editor of the Guardian recently for a broad discussion about our role and current areas of research.

c. Last week I spoke at the Local Dental Committee conference in Manchester to provide an update on our recent work and take any questions from the floor. I also attended their conference dinner the evening prior. I received a positive reception with several stakeholders approaching to say that our messaging around collaboration (even when we disagree) resonating with them. I have agreed to meet with some LDCs in the coming weeks to continue the dialogue.

d. Minister Kinnock wrote to us in early June in response to our update about the ORE contract and expressed appreciation for moving the work forwards and keeping his office updated with progress.

e. Stefan and I attended the ADG summer drinks reception in June which was a helpful opportunity to engage with ADG members.

f. Helen and I are due to attend an event hosted by the GMC at the House of Commons on 'Supporting the UKs medical workforce' in late June.

g. Following election results, we are drafting letters to congratulate the newly appointed ministers for health in Scotland and Wales and plans are progressing for Helen and I to visit Edinburgh in autumn to meet with senior politicians and dental sector stakeholders. We will arrange to visit Wales in due course.

a. In Scotland, the SNP were re-elected as the largest party following May's election, albeit falling short of an overall majority. The SNP's John Swinney was re-elected First Minister of a minority SNP administration.

h. There has been a significant reshuffle of Ministers post-election. The new Cabinet Secretary for Health and Care is Ms Angela Constance MSP, whose post retains responsibility for professional regulation. The new Minister for Community Care, which includes responsibility for dental services, is Ms Alison Thewlis MSP. Ms Thewlis is a newly elected MSP, although she previously served as an elected city councillor and MP.

i. The Welsh Parliament elections in May saw Plaid Cymru have form a minority government with Rhun Ap Iorwerth as First Minister. The new Cabinet Minister for Health and Care with overall responsibility for dentistry is Mabon Ap Gwynfor who shadowed the role in opposition

j. Plaid Cymru has long championed the creation of new dental schools at Bangor University and Aberystwyth University to train and retain more dentists in north and mid Wales. The party has argued that volumetric targets in existing NHS contracts are disconnected from clinical need and say they want to re-examine the contract model so dentists aren't penalised for taking on high-needs patients

1.4 **Strategy Development and Delivery**

a. Informal meetings have taken place for Council and ELT to discuss our response to the DHSC consultation on the draft of the General Medical Council Order 2026, which would reform how the General Medical Council (GMC) regulates medical practitioners, physician associates and anaesthesia associates. Our final draft response is on the agenda.

b. On the agenda for discussion at this meeting of Council is the draft Monitoring and Evaluation Framework developed through the Outcomes workshops held across the organisation with subject matter experts, and for a subset of ELT and Council members.

1.5 **User Experience and Information Security**

a. The SharePoint migration is progressing with around 95% of data now migrated; earlier issues have been stabilised, and user acceptance testing is underway ahead of completion in the June go-live window (18–22 June).

b. Following ELT approval on 19 May to progress the Digital Partnership procurement, work is currently underway to finalise the procurement strategy document and related key documentation in readiness to tender to market in July/August.

a. The Data Maturity Assessment has resulted in beginning our work on the Data Strategy Phase 2 (DSP2), which Curruthers and Jackson are delivering. Following approval of a call on reserves, the DSP2 will get begin on July 6th, the set up meeting has already been held. This work involves developing a target operating model for data management and identifying some use cases to progress, and recruiting in house capability. DSP2 will provide summative outputs towards the end of September with the work finishing in October.

b. We have been working through a number of teething issues following MyGDC launch which we are monitoring carefully as we are now in the ARF period for Dental Care Professionals. We will update in the meeting if this has caused any significant issues.
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1.6 **Fitness to Practise and PSA Standards**

a. Following the discussion at April Council on the new PSA standards and our initial appraisal of our current performance against them, work continues to identify areas where Council will have close stewardship. A risk workshop for Council and ELT to examine the issue together is being scheduled for July. We recently submitted our initial performance summary against the new EDI standard measures to the PSA.

b. From Initial Assessment to Case Examiner decision - The teams continue to manage the increased volume of concerns at Initial Assessment (triage). The volume of cases at the Assessment stage is beyond the upper target limit of 600 (853 active cases as of 1 June 2026). In May, the Assessment teams met the target for Stream Group B but did not meet the target for Stream Group A. The Initial Assessment team and Rule 4 (disclosure) team continue to meet internal targets. The Committee will note the continued increase in concerns through Initial Assessment and into FtP. A further investment case will be submitted to the FPC Chair and Chair of Council in the coming weeks to deal with the volume of incoming cases. Importantly we currently assess that productivity remains consistent with 2024 and 2025 thus the increased caseload is as a result of increased volume overall rather than a reduction in productivity.

c. ILPS and ELPS teams continue to manage high caseloads – despite lower referral rates from the Case Examiners stage in recent months - with a 7% and 6% increase in the total number of cases from this time last year respectively. This uplift is expected to remain (and potentially increase) as the higher volumes in the assessment teams move through the FtP process in the latter part of 2026. The volume and complexity of cases is continuing to impact on the disclosure performance of the team although this has started to improve in recent months. ILPS performance has also been impacted by the increased volume of initial IOC referrals (with the total IOC caseload 20% above this time last year) and staff vacancies. Those vacancies have now all been filled, however new staff are not expected to be fully embedded until September. Both teams are also continuing to work to streamline processes and identify efficiencies – in particular, we have completed work in respect of High Court Interim Order extensions, and some team members are upskilling to deliver advocacy at hearings. The teams also continue to contribute to a number of strategic projects as subject matter experts including Case Management Improvements (which will now be part of the broader FtP Improvement Programme), Principles of Professionalism.

d. The Hearings Service are now listing cases to Q2 2027, utilising the additional approved budget to scale from 5 to 7 hearings a day. We are listing 9 hearings a day on the assumption that some will need to move for a range of reasons. We have seen an increase in the number of requests for in person hearings and we have had to take the revised forecast into account and our planning for the move from Wimpole Street; this is currently reflecting a demand for three in person hearings a day from late September 2026 through to Q2 2027.

2. Equality, diversity and privacy considerations

2.1 The EDI risk relating to the appropriateness of actions and processes to support implementation of our EDI Strategy is currently within appetite though must be closely monitored to ensure delivery of the business plan and an improved outcome when we are next appraised by the PSA where we are not currently meeting the EDI standard.

2.2 The EDI risk was reviewed and updated as part of the Council and ELT horizon scanning session. We have been in discussion with the provider of our EDI training for Council and ELT to provide us with some additional external challenge and support. We are now starting a further two phases of work with them to help further develop our governance of EDI and take some further external challenge.

2.3 We have received a draft audit report on EDI from RSM and are having follow up discussions with them about the recommendations.

3. Risk considerations.

3.1 The report details areas of work where there is significant risk attached. This is intended to supplement corporate risk management activity and support timely communication with Council.

4. Resource considerations and business planning

4.1 Additional resourcing required to deliver the 2026-28 Business Plan was agreed by Council in 2025. Priority areas described in this report support the delivery of the business plan.

Lead Author: Tom Whiting, Chief Executive and Registrar
T.Whiting@gdc-uk.org

11 June 2026

Monitoring & Evaluation for Strategy Delivery

Executive Director	Stefan Czerniawski, Executive Director, Strategy Gurvinder Soomal, Chief Operating Officer
Author(s)	Rebecca Cooper, Associate Director, Policy & Research David Teeman, Head of Research & Intelligence Dave Criddle, Head of Business Intelligence & PMO
Type of business	For decision
Purpose	To present the design of the initial monitoring and evaluation framework, which is intended to enable effective Council oversight of progress in delivering its strategy and the wider impact of doing so.
Issue	Adoption of a new approach to monitoring and evaluation, enabling effective evidencing of achievements, outcomes and impacts.
Recommendation	Council is invited to: 1) Discuss the approach to monitoring and evaluation, in particular whether the framework provides the foundations for: a. A clear structure for effective monitoring of performance and progress b. A basis for building an effective assurance mechanism, with appropriate lines of sight for the Council, its committees and the executive; c. An approach that will support the Council's strategic focus on regulatory and organisational effectiveness, with impacts and outcomes that are easy to understand and explain 2) Approve the design of the initial monitoring and evaluation framework.

1. Introduction

1.1 Our strategic vision is to be a trusted and effective regulator, supporting dental professionals to provide safe and effective care for their patients.

1.2 In 2025 we developed, consulted on and published our strategy for 2026 – 2028. We have now begun to deliver the ambitions we set for ourselves, and have, alongside that delivery work, been developing a framework against which to measure progress and performance against our objectives.

1.3 Our overarching purpose, set out in the Dentists Act is protection of the public. We have set ourselves strategic aims and objectives aimed at describing how we intend to fulfil that purpose. We need to be able to demonstrate to the public, Parliament, the PSA, our registrants and stakeholders that our work enables us to achieve those aims and objectives. This requires us to monitor and understand our progress so that we can determine our effectiveness, and make decisions on priorities, focus, resourcing and planning.

1.4 ELT and Council have asked for an approach to monitoring and evaluation that clearly demonstrates whether we are delivering on our strategy and core functions. The process for developing our emerging monitoring and evaluation framework has been discussed

with and scrutinised by an ELT/Council task and finish group and the Finance and Performance Committee (FPC), which has endorsed the approach, providing assurance to the Council.

1.5 Our strategic objectives set out what we plan to do and our 2030 aims describe what we intend those actions to achieve. In developing the monitoring and evaluation framework, we have considered how these combine to result in the following measurable impacts, against which we can clearly demonstrate and measure our progress:

a. We work efficiently and effectively
b. We are trusted and able to work effectively with stakeholders
c. Regulatory approaches are not a driver of unnecessary fear
d. People are confident that they can access safe oral care when they need it.

1.6 These four impacts describe the results of delivering on and achieving the objectives we have set ourselves.

1.7 We work in a complex ecosystem, affected by a wide range of external factors. This makes establishing direct and definitive cause and effect between actions, outcomes and impacts impossible in most cases, because none of our actions are carried out in isolation. This means we need a sufficiently sophisticated approach to understanding the combined impact of the range of activity that we undertake.

1.8 The emerging framework is multi-layered and is aimed at providing evidence to support scrutiny and assurance at the appropriate levels and retain Council's focus on the achievement of its strategy, while being provided appropriate assurance and issue escalations by its committees and the executive.

1.9 The framework seeks to describe how we will measure progress and results using a combination of new and existing performance metrics, use of existing and emerging methods of evidence gathering via our research programme, and possible proxy measures/evidence gathered by others.

1.10 **Appendix 1** provides slides illustrating:

a. the monitoring and evaluation framework structure
b. the initial impacts and outcomes groups that will provide Council the opportunity to review progress in delivery of results towards achieving the strategy aims and objectives.
c. the additional scrutiny and assurance focus that the FPC and ARC, and ELT will provide for further assurance and escalation to Council.

1.11 To note, the next item for discussion on the Council agenda today is the Q1 2026 organisational performance report. This is the first report since we adopted our 2026-2028 strategy, and progress updates are aligned to the objectives and supporting business plan. Future performance reporting will, following adoption and iteration of the framework, become clearly aligned to the impacts and outcomes described in the framework.

2. Next steps in development of the framework

2.1 The framework in Appendix 1 will continue to evolve as our evidence base grows and supports effective decision making on business planning and prioritisation, and future strategy development. This should enable continuous development and refinement of our strategic focus and increased confidence in our ability to manage strategic risk effectively.

2.2 Subject to Council's approval of the design of and foundations for the initial framework, our next steps are to:

a. Complete our analysis and develop the detailed plans of information required to evidence progress towards the outcomes (July).
b. Test the analysis with colleagues and identify any gaps or changes (by September).
c. Prepare and present the detailed framework (October).
d. Ensure ongoing alignment between our research programme, business plan initiatives and our reporting cycle (ongoing).
e. Ensure that any gaps in data and evidence sources are addressed (ongoing).
f. Increase our understanding of how we best effect positive change by using the learning our monitoring and management of performance and progress. We will also use that learning to improve the framework, enabling a cycle of continuous improvement (ongoing).
g. Develop our approach to reporting: over time, we will be increasingly able to analyse our data for expected indications of outcomes and impacts and support this with evidence from our research, engagement and dialogue. This analysis and evidence will form part of our internal and external reporting of progress against our strategy and on our organisational performance. It will also inform ongoing improvement activity and prioritisation of our business plan (ongoing).

3. Equality, diversity, and privacy considerations

3.1 EDI outcomes were considered throughout the process, including a workshop focused solely on EDI outcomes to ensure that these are an integral part of the framework.

4. Risk considerations

4.1 Risks are captured and monitored via the strategic and operational risk registers. The ongoing development of the monitoring & evaluation framework will be informed by the risk registers and the GDC's risk appetite. The framework's adoption and use will in turn help us improve our understanding of risk.

5. Resource considerations and the business plan

5.1 This new approach to monitoring and evaluation represents a shift in approach from previous performance reporting. Development of the framework has been a significant undertaking, and there is further work to do, including prioritising the work required to enable new data and evidence capture. We are confident that adopting the framework and monitoring of progress/change using this new approach will result in better informed prioritisation decisions and improved focus.

6. Monitoring and review

6.1 Organisational performance and statuses of progress towards the outcomes and impacts defined in the monitoring and evaluation framework are to be discussed routinely by Council, Committees and ELT as described in this paper and the supporting appendix.

7. Development, consultation, and decision trail

7.1 Outcomes workshops held – Q1-Q2 2026 across business teams.
7.2 Council members and ELT working group review of framework proposals – 19 May 2026.
7.3 Finance & Performance Committee framework and Q1 2026 report review – 9 June 2026.
7.4 Council framework and Q1 2026 report review – 19 June 2026.

Appendices

- Appendix 1 - Monitoring and evaluation framework

General
Dental
Council

Appendix 1

Monitoring & Evaluation Framework

For Council, Committees and the Executive Team

General Dental Council

Roles focus for monitoring & evaluating GDC performance

The monitoring and evaluation framework is designed to ensure that the right level of evidence is provided for each group's role, that there is strategic alignment throughout, with appropriate assurance and escalations provided upwards.

Strategic Alignment

Group	Performance Focus	How evidenced
Council	**Are we delivering towards our strategy?**	• **Impacts and outcomes showing measurable progress towards our strategic aims and objectives**
FPC	To provide assurance to the Council on performance towards key strategic outcomes, major operational matters, financial impacts and delivery of the GDC's financial strategy and business plan.	• Business plan actual v's plan and core function performance across activity, budget and resourcing. • Business plan change control scrutiny • Operational performance data
ARC	To provide assurance to the Council of risk management and internal control frameworks, internal and external audit functions, scrutinising Annual Report & Accounts, and monitoring GDC policy framework and concern procedures.	• Delivery and Performance evidence alignment to Strategic and Operational Risks and audit recommendations. • Annual Report & Accounts • Policy & procedures reviews
ELT	Strategic leadership and collective operational management of the organisation to deliver against the GDC Strategy and Business Plan, through oversight of delivery progress and performance, addressing key risks and issues.	• Variances to business plan and operational performance delivery, making timely actions and prioritisation decisions
Directorate Senior Management	Delivery of core functions and business plan change improvements, managing their respective resource and budget plans.	• Ongoing management information and delivery performance management

Escalation of issues

Assurance

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Council reporting

Focusing on the Impacts and outcomes showing measurable progress towards our strategic aims and objectives

General Dental Council

Impacts to achieve

The measurable results which illustrate achievement of the aims & objectives in the strategy

Using the workshops analysis, **we identified the four key impact areas below that we can measure achievement of our aims and objectives**. Each impact has outcome groups associated where evidence sources will report progress to achieving them across stakeholder perspectives.

The outcomes and impacts are not separate from or additional to the objectives. They are the combined results of achieving them and are designed to describe the measurable difference our actions will make.

The outcome groups, their existing evidence sources and those planned to be developed are detailed on the following slides.

General Dental Council

We work efficiently and effectively

Outcomes groups	Existing evidence sources
We are confident that we can define and we are perceived as proportionate in our approach to regulation	• EQA, FtP, Registration participant surveys • Education provider inspection reports • FtP, Public & Student research
Our processes are fair and timely in their application and progress	• EQA, FtP, Registration participant surveys • FtP & Registration case processing data • Register EDI • ORE and International Route application list data • Decision making quality assurance reviews
We are effective and efficient in how we plan, manage and delivery change and improvement	• Business plan delivery actual v's plan status • Business plan reprioritisation decisions
We are able to demonstrate value for money in how we regulate to deliver on our core functions	• Free reserves forecasts • Budget actual v's plan reviews • Efficiencies tracking (add to over time)
We have a motivated, diverse and skilled workforce, who demonstrate living our values.	• Employee Engagement Survey • Employee EDI • Employee Attraction, Retention & Turnover data • Employee sickness data • Pay gap data

General Dental Council

We are trusted and able to work effectively with stakeholders

Outcomes groups	Existing Evidence sources
Stakeholders' awareness improves regarding what GDC's remit is, how we regulate and they perceive that we calibrate what we do to enable and support them to provide safe dental care	• Communications medium engagement metrics • Events engagement metrics • Working Patterns engagement
Perceptions of GDC's performance and how we regulate improve	• EQA, FtP, Registration participant surveys • Employee engagement survey • PSA Standards
Engagement from stakeholders with the GDC continues to develop and improve, and evidence indicates building back of trust amongst registrants	• Events feedback • EQA, FtP, Registration participant surveys • FtP & Registration process and case data • Decision making quality assurance reviews
GDC is successful in harnessing the input of stakeholders in how we plan, implement and improve how we regulate	• Registrant, Student, Public & Patient Panels qualitative feedback

General Dental Council

Regulatory approaches are not a driver of unnecessary fear

Outcomes groups	Existing Evidence sources
We are confident that we can define and we are perceived as proportionate in our approach to regulation	• EQA, FtP, Registration participant surveys • FtP & Registration process and case data • Register EDI • ORE and International Route application list data
Experiences & perceptions of GDC processes inform and show progress in addressing negative perceptions and experiences of GDC (EQA, FtP, registration, hearings & DCS)	• EQA, FtP, Registration participant surveys • FtP & Registration process and case data • Register EDI • ORE and International Route application list data
Evidence from students and registrants indicate that improved perceptions, experiences of GDC and building back trust result in lessening their fear of the GDC	• EQA Student engagement • FtP & Registration process and case data • Register EDI • ORE and International Route application list dataA student qualitative engagement
The negative impacts the fear of GDC has on the choices dental professionals make in the care they deliver reduces over time (defensive practice)	• Research programme • Internal feedback survey • Dialogue & Engagement

General Dental Council

People are confident that they can access safe oral care when they need it

Outcomes groups	Existing Evidence sources
Improvements in access to NHS dental care when needed, and perceptions from registrants and the public continue to demonstrate their confidence in delivering and receiving safe dental care	• Public research
Students are being effectively prepared to deliver dental care safely and that this is maintained over time by GDC's development of learning outcomes, standards and CPD requirements	• EQA • Education provider inspection reports • CPD returns
Confidence of registrants and the public in being able to access provide and access dental care when it is needed in the future improve.	• Public research and research with registrants • Geospatial analyses of register and working patterns • Change over time analyses of working patters and register
GDC continue to provide data & evidence to inform workforce planning, recruitment, retention, deployment, international registration, change, and understanding of risk & innovation	• Working pattern analyses and reports • Register joiner and leaver trend analysis • Registrant EDI

General Dental Council

Additional evidence sources needed and risks to delivery

The evidence sources to be developed will map across multiple outcome groups

Map across outcome groups and impacts

Evidence source categories	Sources planned / to be developed	Risks associated
Management Information & data capture and use: *Improvements to categorisation, collection, data quality assurance, analyses and reporting.*	• Improve EDI data capture for GDC staff planning underway and develop for witnesses. • Registration, FtP, EQA, PSA determine and if needed develop additional capture and reporting. • Change over time from inferential statistical analyses in place and further development needed. • Data availability from MyGDC and ORE under review.	• Timescales and successful delivery of Data & IT/Digital strategies and FtP improvements. • Failure to develop our approach in what we require and, operationally, in how we develop our use of AI.
Participant survey / feedback: *Evolve existing surveys and add to as appropriate*	• Working patterns improvements ready • Registrant, FtP, EQA, Hearings, DCS in place • Customer service experience feedback in place • Employee perceptions	• Not aligning with the monitoring and evaluation framework and failing to change/develop feedback content over time
Research programme: *Research programme aligned to contribute to monitoring and evaluation*	• FtP research: New research large-scale mixed methods research with the public, registrants, students and wider stakeholders • Sense check and prioritising monitoring and evaluation planned	• Not maintaining our capability to evidence-based horizon scanning • Not sustaining and developing the monitoring and evaluation framework • Considerable delays associated with GDC's current terms and conditions
Registrant, Student and Public panels: *We use the panels to inform, test and evaluate our work and improvement*	• Panel contractors are in place, initial activities have been requested in support of work in Hearings, Policy and FtP • Public panel in place and activity for FtP and Policy under way	• Registrant and student panels will not be ready for activity until the end of Q3 • Demand for panel activities outstrips available resources
Dialogue and engagement: *Organised and ad-hoc collaboration feedback insights*	• Scope, number and type of engagements/visits, • Parliamentary questions	• Currently majority of direct feedback mechanisms are ad-hoc, volunteered narrative. Opportunities for systematic collection and collation require prioritisation of resources.

General Dental Council

Organisational performance reporting will evolve over time

The existing evidence sources for outcome groups within impacts can be reported together across stakeholder perspectives.

For example, for Impact "**We are trusted and able to work effectively with stakeholders**" and the Outcome group – "**Perceptions of GDC's performance and how we regulate improve**" the existing and already planned sources are:

- Education provider feedback on inspection surveys annually (ongoing)
- Registration service experience of applications processes (ongoing)
- FtP participant experience (registrants and informants ongoing)
- Perceptions from stakeholders on business plan improvement intended to build back trust (planned)
- Input from registrant, student and public panels to inform and evaluate what we do (planned)
- PSA standards review responses (ongoing)
- Added narrative depth systematically drawn from stakeholder engagement events (anticipated/tbc)

In the short term the organisational performance quarterly reports, can group related existing evidence sources and delivery narrative updates together against an outcome group. *See example on next slide*.

In the longer term our development of further evidence sources will enable those to be reported iteratively and provide additional perspectives into outcome and impact results being achieved.

General Dental Council

Example – Grouping existing experience and perceptions evidence sources together

Regulatory approaches are not a driver of unnecessary fear

Experiences & perceptions of GDC processes inform and show progress in addressing negative perceptions and experiences of GDC

Objective 2 Education provider feedback of GDC

Overall satisfaction of inspection process

2024/25 (from 5 providers)	
Very Satisfied	80%
Satisfied	20%
Dissatisfied/Very Dissatisfied	0%

5 of the 13 providers inspected in 2024-25 responded to surveys, compared to 1 response in 2023-24, which is a result of more proactive engagement post inspections.

Overall feedback and satisfaction is very positive across the 5 providers. Anywhere dissatisfaction was flagged the Education QA team have applied measures to address, which has included additional training and discussions across the inspection team on applying consistency. They continue to seek feedback to support further improvements.

Objective 2 Registration application service experience

*Following each application a feedback survey is requested. The net responses from **2024 – Q1 2026 year to date** for three overall sentiment questions are:*

	Clear information about the registration process				Satisfied with the customer service I received from the GDC				My application was dealt with in a timely manner			
	2025	2026 YTD	25 to 26		2025	2026 YTD	25 to 26		2025	2026 YTD	25 to 26	
Strongly Agree / Agree	82%	79%	▼	83%	81%	83%	67%	**0%**	67%	74%	▲	**7%**
Neutral	9%	12%	▲	9%	11%	8%	14%	**1%**	13%	7%	▲	**7%**
Strongly Disagree / Disagree	9%	9%		8%	8%	9%	19%	**1%**	20%	18%		**0%**

The sentiment of applicants improved year on year across all 3 questions from 2022 – 2025, whilst application volumes handled also increased annually.

The 'MyGDC' online registration system was launched on 25 March 2026 so any dips in Q1 satisfaction will not be related and are based on the year to date volumes. The survey will begin providing insights into the MyGDC applicant experience from Q2 2026 on.

Objective 3 Fitness to Practise service experience feedback

There is higher satisfaction of process shown in 2025 compared to the 2024 cohorts. Outcome satisfaction in 2025 is slightly lower for Registrants but improved for Informants compared to the 2024 cohorts. Further details are available in Fitness to Practise survey finding report 20 November 2025.

2024 = Cases closing 1 Oct 2023 – 30 Sept 2024, 2025, = Cases closing 1 Oct 2024 – 30 Sept 2025

Satisfaction with case outcome

Registrant	2024	2025	24 to 25	
Moderately / Extremely Satisfied	56%	54%	▼	**2%**
Moderately / Extremely Dissatisfied	44%	46%		
Informant				
Moderately / Extremely Satisfied	16%	23%	▲	**7%**
Moderately / Extremely Dissatisfied	84%	77%		

Satisfaction with FtP process

Registrant	2024	2025	24 to 25	
Felt little / nothing to improve	19%	33%	▲	**14%**
Felt several things / lots could improve	81%	67%		
Informant				
Felt little / nothing to improve	14%	26%	▲	**12%**
Felt several things / lots could improve	86%	74%		

Delivery updates

- *Add in headline bullets of delivery progress in related Business Plan Roadmap goals and within our core functions*
- *Perceptions from stakeholders on business plan improvement intended to build back trust (planned)*
- *Input from registrant, student and public panels to inform and evaluate what we do (planned)*
- *PSA standards review responses (ongoing)*
- *Added narrative depth systematically drawn from stakeholder engagement events (anticipated/tbc)*

As additional evidence sources across research, feedback and data analysis are established, the organisational performance reporting will report appropriate evidence gained from these to illustrate results towards the outcomes and impacts.

General Dental Council

Strategic alignment of the impacts

	We work efficiently and effectively	We are trusted and able to work effectively with stakeholders	Regulatory approaches are not a driver of unnecessary fear	People are confident that they can access safe oral care when they need it
Strategic Aims supporting	• Fully effective in delivering our four key regulatory functions • A fair and efficient regulator and employer, embedding equality, diversity and inclusion across all our functions • Taking full advantage of modern digital tools and channels • Financially robust and operationally efficient • An employer of choice, attracting and retaining the right staff	• Trusted by the public, dental profession and our partners, to do the right thing with fewer dental professionals fearing us • A collaborative partner, valued by people and organisations across the sector • Living by our values – and being seen to do so • An employer of choice, attracting and retaining the right staff • Fully effective in delivering our four key regulatory functions	• A fair and efficient regulator and employer, embedding equality, diversity and inclusion across all our functions • Trusted by the public, dental profession and our partners, to do the right thing with fewer dental professionals fearing us • Living by our values – and being seen to do so	• Setting standards and professional guidance which supports dental professionals to make the right decisions. • Maintaining the integrity of the dental register by regulating in a timely and proportionate way
Strategic Objectives supporting	• Objective 5 • Objective 3 • Objective 2	• Objective 1 • Objective 3 • Objective 4 • Objective 5	• Objective 1 • Objective 2 • Objective 3	• Objective 1 • Objective 2 • Objective 3

Objective 1 - Support dental professionals to provide safe and effective care for their patients
Objective 2 - Maintain high standards for registration, and register those who meet them in a timely and effective way
Objective 3 - Improve fitness to practise, maximising patient safety and reducing unintended impacts
Objective 4 - Work collaboratively to speak up on, influence, and address issues that affect patients and the public
Objective 5 - Maximise the effectiveness of our people, our culture and our systems

General
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FPC, ARC and ELT reporting

Additional performance assurance and escalation to Council

General Dental Council

FPC ARC and ELT additional performance monitoring and evaluation

In addition to the Council reporting, further detail applicable to committees and ELT enables additional scrutiny and assurance:

FPC	ARC	ELT
• Income, Expenditure & Budget variances to plan actuals and year end forecasts. • Income and Expenditure review by category • Budget performance by Directorate • Resourcing FTE actual v's plan by Directorate • Financial Risks & Opportunities status • Business Plan Road Map goals and Activity deliverable progress status • PSA standards actions log progress status • Additional detail on operational performance indicators.	• Operational risk registers and alignment to Strategic risks • Risk mitigation and actions status • Audit recommendations and actions status	In addition to monitoring the additional detail provided to FPC and ARC, the Executive monitor and address variances occurring due to: • Strategy outcomes and impacts results not progressing • Increases/decreases in demand in activity in both core functions and change • Timelines for activities changing • Changes in resourcing skills and capacity available • Changes in funding through overspend, underspend, income and unforeseen/new expenditure

Organisational Performance Report Q1 2026

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Dave Criddle, Head of Business Intelligence & PMO Samantha Bache, Associate Director, Finance
Type of business	For discussion
Purpose	To present the Council with a summary of organisational performance for Q1 2026 illustrating progress towards delivery of the strategy and business plan for 2026-28.
Issue	The paper represents key considerations for organisational performance across delivery, resourcing and budget.
Recommendation	Council is asked to **discuss** the report.

1. Introduction

1.1 The main Q1 2026 report (provided in the Council reading room) is a summary of organisational performance and delivery against each objective of the strategy for 2026-2028.

1.2 Key updates and issues discussed with the Finance and Performance Committee and updates to support the Council's discussion and assurance are summarised in line. Where appropriate, page references to the main report are signposted as well as links to articles on the GDC website.

2. Finance and Performance Committee review - 9 June 2026

2.1 The Finance and Performance Committee (FPC) receive both the Council report and additional performance detail to support their scrutiny and assurance. The Committee reviewed Q1 2026 at their meeting on 9 June and drew out several issues that were discussed in more depth:

2.2 **Sickness** – Average sickness days lost per employee over 12 months has increased incrementally, rising from 8.5 days in Q1 2025 to 9.4 days in Q1 2026 (9.4 being the 2025 CIPD report benchmark). This has since reduced to 9.2 days, and assurance was discussed on how People Partners are working closely with line manager to support and reduce overall levels.

2.3 **Free Reserves Forecast** – The forecast for end of 2028 of 2.7 months is near to the 2.5 month minimum of the policy range. This is mainly due to a timing issue as the forecast had taken into account new ORE contract costs, but income was yet to be agreed at time of reporting. A review of forecast in June is addressing actions to move reserves towards the 4-month target.

2.4 **Total Reward** – The committee discussed whether the approved pay and grading revisions caused any budget pressures and were assured by ELT that these are manageable in budget.

2.5 **Employee Relations cases** – The committee raised concern that People & OD team required additional capacity in Q1 to support the number and complexity of employee relations cases. The Chief Operating Officer assured that these are being monitored closely, in addition to further vigilance in managing queries during the Total Reward implementation. It was agreed that FPC would receive regular updates on this topic over the next six months.

2.6 **Timeliness in Legal Presentation Services -** The committee highlighted the timeliness data in respect of the Legal Presentation Services and Hearings teams (see chart on page 4 of report).

This chart currently relates to the previous KPIs, and Council approved new KPIs in February which align cases to three tracks for complexity (Fast, Standard, Complex) with different timelines for disclosure. Performance against these new KPIs will be reported from Q3 2026.

a. In respect of ELPS, these external providers manage our most complex cases (multi patient, clinical concerns with expert evidence) and these cases take longer to prepare and disclose. Under the new KPIs, they will all fall within our complex track, and disclosure will be required within 7 months. Accordingly, performance against these KPIs is likely to improve slightly, but the Council should note that the volume pressures at this stage remain significant – with both the ILPS and ELPS teams being well over the 'red' target caseload levels.

b. Performance is managed with our ELPS via monthly contract meetings, agreed timescales at the case planning stages and any issues are tracked, discussed and escalated appropriately. The Case and Contract Manager reviews the status of each case weekly and escalates any concerns to the operational partner.

2.7 **MyGDC Implementation and DCP annual renewals** – The new MyGDC platform was launched on 25 March. As with any new major platform launch, supporting users; addressing queries and bugs has been a priority focus. The committee and ELT discussed how there is dedicated focus to ensure that Dental Care Professionals are supported during their annual renewal in June.

2.8 **ORE new contract and booking portal –** The committee recognised progress on the new contract implementation. Also, there will be a new exam booking portal to be implemented within the new contracts, but it was noted requirements and timescales for release are to be confirmed.

2.9 **EDI summary** – The committee noted the updates in the report adding in charts for 'Proportions of staff within protected characteristic groups,' 'Employee Engagement Index' and the 'Gender Pay Gaps,' with a Focus on EDI narrative summary. It was asked what insights the staff proportions are telling us, and ELT are proposing that going forward the GDC reference the local populations to our offices in London and Birmingham regions as the benchmarks for comparing staff proportions, subject to further development of the monitoring and evaluation framework evaluating additional/alternative measures.

2.10 **Education QA** – FPC requested that for their reporting going forward, Education provider inspections results are categorised by course type for either Dentist or the Dental Care Professional titles. This is to enable the Committee to provide further assurance on the standards adhering across Registrant group qualifications.

3. Objective 1 - Support dental professionals to provide safe and effective care for their patients

3.1 Following Council approval of the proposed Principles Based Guidance Framework in April, consultation commenced on 2 June and is closing on 31 August. Subsequent publication (including supporting materials) was previously scheduled for Q4 and is now anticipated to be deferred to 2027 to enable sufficient time to review and address consultation feedback. A revised schedule is currently being confirmed for approval.

4. Objective 2 - Maintain high standards for registration, and register those who meet them in a timely and effective way

4.1 The Education QA team continue the ongoing engagement with stakeholders for the implementation of new standards, and on target to be fully in place for the 2026/7 academic year.

4.2 Timeliness in Registration applications continues to be maintained across all UK routes. Some exceptions in Overseas DCP applications are a result of appeals reopening the timelines, and with these instances excluded the timeliness in these routes is within targets. (see data on page 3 of main report).

4.3 With the launch of the MyGDC platform we will continue to closely monitor the feedback gained within registration application service experience surveys. Q1 2026 feedback ratings were in line with 2025 for quality of guidance and service, with timeliness being seen as having improved.

4.4 We are continuing the evaluation of additional options for assessing internationally qualified dental professionals. A plan to initially focus work on specific workstreams of recognition and assessment was approved by Council in October 2025. Work has begun to benchmark overseas regulators against GDC standards and to investigate alternative forms of assessment that could be used instead of or in addition to the ORE. The plan is to provide an update on the principles followed and early options to Council by the end of 2026.

4.5 The 2025 Registration Statistical report published on 7 May showed that internationally qualified dentists outnumbered UK qualified dentists joining GDC register in 2025. Further headlines are in the link.

5. Objective 3 - Improve fitness to practise, maximising patient safety and reducing unintended impacts

5.1 With the consistent increase in new Fitness to Practise concerns seen in 2025 continuing, managing timeliness and caseload remains a significant challenge in all stages (see data on page 4 of main report). The Council and ELT are committed to maximise opportunities to address the strategic priorities across improving timeliness, reducing fear, improving participant experience in FtP. This requires prioritisation of an FtP improvements programme.

5.2 Following the FtP improvements programme approach being endorsed by Council in April, an initial prioritised plan of activity, alongside initial considerations for resourcing and investment is being presented to Council at the 19 June meeting. Once Council have reviewed, the plans will be incorporated into the prioritisation and budgeting for the Business Plan 2027-2029, scheduled for Council approval in October.

5.3 The 2025 Fitness to Practise Statistical report published on 7 May illustrates the impacts that increases in concerns received is having to date on timeliness and caseload, with headlines summarised in the link.

5.4 In the most recent FtP service experience feedback survey, which contacted Registrants and Informants for cases closing 1 Oct 2024 – 30 Sept 2025 outcome satisfaction was 54% for Registrants and 23% for Informants, with circa 70% of both groups stating the process required improvements. The overall survey findings on page 4 of the main report are from 341 Registrants and 415 Informants across the 3 year period of cases surveyed to date. Going forward within the monitoring & evaluation framework and FtP improvements programme, participant experience will be a focus in gaining feedback through both the survey and to consider additional approaches.

6. Objective 4 - Work collaboratively to speak up on, influence, and address issues that affect patients and the public

6.1 The GDC have attended a number of key registrant stakeholder events, communicating our position on fear, and our new strategy. Some key events were the BDIA event and the Dental Leadership Network event in March, In April, a Board member of The Female Dentist and the President of the British Association of Oral Surgery ran sessions on maximising the use of dental therapists in general anaesthesia and with April also being stress awareness month, the Dentists' Health Support Trust (DHST) provided an article on how stress and burnout impact dental teams which attracted positive comments.

6.2 Contracts are in place for public and patient, student panels and the Registrant panel by end of Q2. The panels will ensure voices are used in Policy development and to gain insight into the requirements of each audience.

6.3 The DHSC is running a consultation on the reformed legislative framework for the GMC between March - June 2026. Work has commenced to analyse proposals, to inform our response.

7. Objective 5 - Maximise the effectiveness of our people, our culture and our systems

7.1 The move from Wimpole Street to a new London office location is on track for Q4 completion.

7.2 The Employee Engagement Index is an aggregate rating across the engagement questions within the Employee Engagement Survey. Our 2025 index is 3% higher than the Civil Service benchmark and a 3% increase from 2023 and indicates positive results from initiatives put in place since the 2023 survey.

7.3 Our staff turnover also continues to reduce and has reduced from 13.4% in Q4 2025 to 11.4% in Q1, and is a 3.5% reduction since Q1 2026, which is also a sign of positive engagement.

7.4 Following approval of our People Strategy by Council in April, the design of workforce planning function is commencing. This design was originally proposed to be in place in 2026, but due to priority of pay & grading and Associates development this is now expected to extend into 2027.

7.5 Our draft IT & Digital strategy is currently in development, with the next stage being procurement of a digital partner to support the direction. The procurement is planned for Q3, and the IT & Digital Strategy will follow the selected partner's recommendations and so expected early 2027.

8. EDI Focus

8.1 **Preventing Sexual Harassment in the workplace:** The Worker Protection Act 2023 came into effect in Oct 2024, requiring employers to anticipate and prevent sexual harassment, rather than just respond after incidents occur. In support of that, the GDC commenced Preventing Sexual Harassment training in May, provided by The Consent Collective. 4 sessions were run, with attendance across GDC employees with positive feedback on the sessions.

8.2 **EDI Website:** Work is underway to revise the external EDI pages of the GDC website to provide a centralised hub of EDI related information. The work is focused to demonstrate the progress we have made, and provide ongoing reporting against our 2026-2028 strategy, the regulatory lifecycle and towards the PSA Standards. The site will highlight specific EDI-related initiatives and outcomes, for example, any EDI-related research and serve as a hub where dental professionals, education providers and external stakeholders can find information to help understand our progress on EDI issues and strategic priorities. We aim to complete the initial set up in June/July.

8.3 **PSA Standard 3 submission**: This standard is set out to ensure that regulators understand the diversity of their stakeholders and prevent unfair barriers or discrimination in their processes. The evaluation of the evidence matrix for the standard has submitted to the PSA on 5 June. The response is highlighting the progress across actions, including but not limited to, actions within our approved People Strategy, the developments for the Framework for Professionalism, Standards for Education and Risk based quality assurance, external stakeholder engagement expansions and ongoing work on assuring we make fair decisions. At the time of reporting, we are awaiting feedback from the PSA.

9. Development, consultation, and decision trail

9.1 ELT/SMT quarterly performance review – 28 May 2026 with ELT reviews monthly

9.2 Finance & Performance Committee review – 9 June 2026

9.3 Following Council review the report will be published on the GDC website.

Appendices

- Organisational Performance Report Q1 2026 (in the Council reading room)

FtP Improvements Programme Update

Executive Director	Theresa Thorp, Executive Director, Regulation
Author(s)	Richard Bloomfield, Head of Programme and Portfolio Delivery David Criddle, Head of Business Intelligence and PMO Jennifer Stewart, Senior Counsel and Associate Director, Legal Katherine McGirr, Head of Right Touch Regulation Theresa Thorp, Executive Director, Regulation
Type of business	For approval
Purpose	To present Council with an update on the newly established Fitness to Practise (FtP) Improvements Programme, progress and next steps to presenting Council with a forward plan, investment case and timeline to meeting internal KPIs in FtP in October 2026.
Issue	To provide an update on progress on the FtP Improvements Programme.
Recommendation	Council is asked to **discuss** the update and **endorse** the direction of travel and next steps.

1. Key considerations

1.1 Council endorsed the establishment of a new FtP Improvements Programme in April 2026.

1.2 The Executive are to provide Council with a report in October, setting out:

(i) When the Executive will be compliant with internal KPIs in FtP, and therefore the Executive's assessment as to when the GDC will meet the element of the PSA's standard which relates to timeliness (Standard 15);

(ii) The costs associated with achieving internal targets referenced at (i) and

(iii) The governance arrangements for scrutiny and support of the new programme.

1.3 Council has emphasised its support for the new programme and its desire for pace.

1.4 Since Council met in April, discussions and workshops have been held internally and with role equivalents at other healthcare regulators. A more detailed update to the Finance and Performance Committee provided assurance on the thoroughness of our approach.

1.5 The culmination of activities was the completion of the rapid end to end review of FtP by the Executive Director, Regulation, taking into account the review of 'FtP Current State' report (2017), the outcomes of internal workshop on 14 May 2026, the outcomes of the session with external provider on 19 May 2026, current projects in progress, comparison with other healthcare regulators (Council paper April 2026) and the inter-regulatory workshop on 21 May 2026.

1.6 We are on track to return to Council in October with a costed plan, but the context is more challenging because demand has not levelled off, but is continuing to grow.

1.7 We are now dealing with a further increase in the number of FtP concerns received against 2025. This means that in addition to managing the 26% increase in FtP concerns in 2025, we anticipate seeing a similar increase through to end 2026. Investment cases approved by Council in

February were premised upon an assumption that the number of FtP concerns received in 2026, would remain broadly consistent with 2025. This is evidently no longer the case.

1.8 There are now two separate overarching priorities within end to to end FtP. The first is to administer and stabilise the current caseload together with anticipated increase in the coming years to 2028. In the absence of further investment at different stages of the process we do not anticipate that we will be able to meet our internal KPIs at each stage of the process by mid-2028 as estimated in February 2026. Importantly, broadly productivity remains consistent with 2024 and 2025 levels. We can therefore be fairly confident that the increase in caseload is due to incoming cases, rather than reduced productivity. This point will be addressed in any future investment case.

1.9 The second overarching priority is to deliver changes to the existing FtP process which provide appropriate levers to manage a seemingly ever-increasing caseload, in the medium to long term, via this new programme of work.

1.10 Accurate forecasting is key and we are working to improve our current methods. The Executive also committed to undertaking a sensitivity analysis as part of the budget setting and business planning process, and this will be shared with the Finance & Performance Committee as part of business planning.

1.11 Notably, the Executive recognise that continuing to add additional resource into the end to end FtP process is neither a sustainable nor desirable position for the organisation to endure on an infinite basis, hence the need to adopt and embed appropriate and significant changes in FtP via the FtP Improvements Programme.

1.12 Given that the proposed changes in the programme of work are significant and thus likely to require combinations of change in policy, system, operations, legislative interpretation and potentially discrete organisational redesign, it is unlikely that the impact of these changes will be felt until 2028. Estimated timings of the impact of activities in the programme will be included in the costed plan for Council in October.

2. Proposed priorities and enablers for FtP Improvements Programme

2.1 To assess priorities, we brought together leads from across the organisation, and reviewed a list of activities (currently in plan and not in plan), together with suggestions made by the individuals in the group, and to rank these according to likely impact upon on our key strategic themes – reducing fear and improving timeliness. We also took into account the importance of maintaining fairness, broader performance improvements and potential efficiency gains.

2.2 In assessing whether or not to include an activity in the programme, the only constraint applied was whether or not a change was required to primary legislation. In other words, changes which may require Privy Council approval together with a statutory instrument were included for consideration and changes which require the GDC to adopt a different approach to the interpretation of its legislation, were also included. Each proposal was ranked accordingly.

2.3 Importantly, a number of priority activities identified are likely to require formal consultation.

2.4 The proposed priorities for FtP improvements form one key part of the systemic changes required to the FtP end-to-end service journey. The other key part is the wider ‘enabling’ work required of which is critical to provide the foundations for timely performance improvement and long-term continuous improvement and sustainability. Both key parts are covered below.

Proposed priorities

2.5 Tables are presented at **Appendix 1** (in the reading room), highlighting the current FtP Improvements in the Business Plan 2026-28 *and* the key priorities which it is proposed are taken forward to be scoped for inclusion in the FtP Improvements Programme.

2.6 There were six FtP Improvement priorities identified of which taken together aim to: 1) ensure that we are only taking forward the most serious of cases which require FtP action and 2) for any cases that do need to be taken forward, that we are dealing with them in the most efficient way possible with the overarching goal of improving timeliness and reducing the fear for participants in the FtP process.

2.7 The priorities which go to aim 1 (only taking forward the most serious matters) are

a. *Thresholds review* - a proposal to review the thresholds which apply at each stage in the FtP process.

b. *Provisional Enquiries* - a proposal to consider the introduction of a stage in the process between Initial Assessment (triage) and Assessment (investigation), to better identify those cases which should appropriately be taken forward to Assessment (Investigation). This is a stage within the General Medical Council's (GMC) FtP process.

c. *Informal vs Formal Complaint Route* - a proposal to consider improved routing of concerns which do not give rise to potential impaired FtP. This could include reviewing existing signposting, dedicated points of contact for NHS liaison, alternative use of the Dental Complaints Service or other suitable alternative route, and more broadly, options to improve the appropriate routing of FtP concerns. With a renewed emphasis by the PSA on local resolution, options to bring about satisfactory and appropriate resolution where patient safety is not compromised, should be considered.

d. *Exploration of expanding the use of the Dental Complaints Service (DCS) or other suitable alternative for NHS enquiries* – as per above. This will necessarily include careful consideration of the existing complaints resolution model in each of the four nations for those receiving NHS (or equivalent) care, to ensure that complaints resolution is proportionate and not duplicated.

2.8 The priorities which go to aim 2 (efficiencies for serious matters) are

e. *Frontloading* – a pilot is currently in progress regarding sexual misconduct cases;

f. *Agreed Panel Determinations* - currently in progress and to be presented to the Council in June 2026 for approval to consult with stakeholders.

2.9 The key priorities were selected because they are regarded as likely to have the biggest impact on reducing fear, improving timeliness and better supporting sustainable levers for the GDC to manage shifts in demand.

2.10 A list of all activities considered in the internal workshop held on 14 May 2026, is included at **Appendix 3** (in the reading room). All activities which have not been prioritised at this stage will be included in the FtP improvements pipeline, which will be reviewed regularly on an ongoing basis to assess prioritisation.

Systemic change enablers

2.11 In order for the full benefits to be realised from the proposed priorities and systemic changes for FtP Improvements, a number of 'enabling' activities are required. These have been themed around People, Process and, Systems and Data, see below, along with the key focus areas.

2.12 People –

a. *Cultural and mindset shift* – a focus on new ways of working and behaviours, risk awareness rather than risk aversion, to be supported by the proposed new Change Management function.

b. *Workforce strategy* – aligned to the GDC People Strategy.

c. *Seek user input* – to be user and evidence led.

2.13 Process –

a. *End-to-end FtP Operating model and key process efficiencies* – aligned to an overarching organisation operating model.

2.14 Systems and Data –

a. *Existing* – case management improvements in Hearings, forecast modelling for FtP.

b. *New* - opportunities and efficiencies aligned to the wider IT & Digital strategy and Data strategy work.

2.15 Council is asked to note the risks outlined below (para 5). If endorsed, Council will have the opportunity to discuss the various risks in more detail when it meets for an FtP risk workshop in July (date TBC).

3. Legal, policy and national considerations

3.1 The GDC's Legal teams (both presentation and advisory) will be involved heavily throughout this programme.

3.2 Note that given the scale and impact of some of the proposed work, formal consultations are likely to be required.

3.3 The Policy team will also be involved throughout the delivery of this programme and will have allocated resource set aside for this work. Policy will work as part of the programme team to provide, among other things, policy scoping and development, and support for any formal consultations.

4. Equality, diversity and privacy considerations

4.1 We report annually on EDI issues as they pertain to FtP outcomes in the FtP Statistical report.

4.2 In addition, a number of activities will require Equality Impact Assessments (EIA) and these will be undertaken as required. EIAs will be undertaken in advance of any policy decisions being sought from the Executive or Council.

5. Risk considerations

5.1 Council will have the opportunity to consider risks in light of the proposed programme when it meets for an FtP risk workshop in July (date TBC). However, by way of brief overview, the programme carries multiple risks:

a. *Legal Risk* – the proposed changes could lead to an increase in work for the In-House Legal Advisory Service as a result of cases closing at an earlier stage could lead to an increase in Rule 9 reviews and litigation including PSA appeals. The legal teams will keep a close eye on the flow of work and take this into consideration when budget planning. Additionally, as with any change of approach, there is a risk of challenge by way of judicial review. This is generally mitigated by conducting meaningful Consultations as planned.

b. *Resource* - the proposed programme of work is a very large piece of work and it is intended to be a continuous and ongoing programme of work. It will therefore necessarily involve people from a number of different directorates and teams. It is likely that additional resource will be required to deliver the programme of work. Some roles are in plan (for

example, the planned transformation function), while others are not. A costed plan will be presented to Council in October, and Council will have the opportunity to discuss at the proposed FtP risk workshop in July. We also need to ensure that we are managing cases already in the process as efficiently and as effectively as possible. We will also consider ring-fencing certain roles in the budget and business planning exercise to manage this risk alongside balancing current strategy commitments and the new programme of work.

c. *Managing change* - there are interdependencies with a number of other projects that are within the GDC's Strategy, including the Principles of Professionalism project. Aside from competing demand on resources, introducing new ways of working including the administration of FtP cases at the same time as introducing significant operational changes, poses a risk to our ability to deal with cases safely, consistently and in accordance with our legislative framework. It also poses potential difficulty to stakeholders such as representative bodies which will also need to absorb the changes. We will need to rely upon our stakeholders and partners if we are to introduce and embed changes successfully. We will therefore need to carefully consider the timing of introducing changes, to ensure that these can be embedded positively internally and externally too. We will also be mindful that introducing new recruits into roles requires time for induction and training and can also be disruptive and time consuming for existing teams. We will take this into consideration in our planning.

d. *Reputational risk* – Making changes of the magnitude we are proposing, poses potential reputational risks. In circumstances where we make public commitments to making improvements and then for example, either through consultation outcome or unsuccessful implementation decide to withdraw the change, this would be likely to negatively impact the GDC's reputation as a regulator. Alternatively, successful adoption would be likely to improve the GDC's reputation.

e. *Quality of decision making* – the GDC has retained the element of PSA Standard 15 (FtP) relating to quality of decision making for a number of years (and this is reflected in an array of reporting via quality assurance mechanisms). It is essential that any changes introduced to the process do not undermine the quality of decision making.

6. Resource considerations and the Business Plan

6.1 If Council endorses the proposed activities, then the scoping and resource assessment will commence and continue through the annual budget and business planning cycle, with an investment case to be presented to Council in October.

6.2 Note that the recruitment of Regulation Improvements Programme Manager (title to be confirmed) is due to commence in the coming weeks. The individual recruited to this role will lead the definition, design, development and embedding of the FtP improvements within the programme, with Executive Director, Regulation as Senior Responsible Owner (SRO) and Executive Director, Legal & Governance, as Executive lead for legal advice and support required through the programme.

7. Monitoring and review

7.1 Desired outcomes for the programme and appropriate measures of progress will be proposed, to align with the proposed monitoring and evaluation framework of reporting towards delivery of GDC's Strategy.

7.2 It is proposed that this programme work is monitored and scrutinised on an ongoing basis by the Finance and Performance Committee, with relevant updates to be provided to the Statutory Panellists Committee (where changes impact the Hearings Service). It is suggested that when Council meet in October, it assesses the regularity and content of required updates for its

purposes, on an ongoing basis. Council has emphasised the need for flexibility in timetabling of meetings to seek support or approvals and we will adopt a flexible approach in bringing matters to Council's attention.

1.1 The Programme will be managed via a Programme Board, directed by the SRO and delivery led by the Regulation Improvements lead (title to be confirmed), with recruitment to commence for this role in the coming weeks.

8. Next steps and communications

8.1 If Council endorse the proposed direction of travel, recommended next steps are as follows:

(i) Regulation Improvements Programme Manager (title TBC) recruitment to commence;

(ii) Council risk workshop on FtP in July (date TBC);

(iii) Assessment of resource required to administer and support the programme of work;

(iv) Assessment of desired outcomes and measures of success for the progress, and alignment of these with the overall monitoring & evaluation framework of Strategy delivery;

(v) Assessment of priority activities against existing Strategy;

(vi) Assessment of likely impact of priority activities on timeliness together with risk considerations;

(vii) Preparation of investment case and report to Council for October 2026 meeting (via FPC), in alignment with the Business Planning review process for 2027 - 2029.

8.2 A forward plan for work towards the October Council meeting is included at **Appendix 2** (in the reading room).

8.3 In recent weeks, colleagues across multiple teams in the organisation have participated in workshops and the new programme of work has been referenced in various team meetings together with internal communications. We propose to prepare planned internal communications as part of the programme of work, to improve staff awareness and engagement with the programme of work. There will also necessarily be various external engagement and communications with various stakeholders and partners for the duration of the programme, and again this will be built into the programme of work as an enabling workstream.

Appendices (all in the reading room)

Appendix 1 – Current FtP work and Proposed FtP Priorities plus enabling workstreams

Appendix 2 – Forward plan to October Council meeting

Appendix 3 – List of all activities and ranking from internal workshop held on 14 May 2026

Theresa Thorp, Executive Director, Regulation
tthorp@gdc-uk.org

Agreed Panel Determinations

Executive Director	Katie Spears, Executive Director, Legal & Governance Theresa Thorp, Executive Director, Regulation
Author(s)	Tania Dosoruth, Head of Legal Presentation Services
Type of business	For decision
Purpose	To set out a proposed approach to introducing a method of dealing with Fitness to Practise concerns that have been referred by the Case Examiners to a Practice Committee via agreement. This is referred to in the paper as 'Agreed Panel Determinations'.
Issue	The aim of this proposal is to introduce a process that can be implemented - within the GDC's existing legal framework - with a view to improving timeliness and allowing better collaboration with dental professionals to reach proportionate outcomes in FtP cases.
Recommendation	The Council is asked to **approve** a consultation on the proposed approach.

1. Background

1.1 The GDC is committed to improving its Fitness to Practise (FtP) processes in respect of timeliness, the experience for participants, reducing fear and being efficient with the use of resources. As part of our commitment to these goals, we have prioritised initiatives that will make the biggest impact.

1.2 This proposal introduces a process that allows the GDC and registrants who are the subject of concerns in the FtP process that have been referred by the Case Examiners to a Practice Committee to agree:

- The facts in relation to the matter
- The impact of those facts on impairment of the registrant's fitness to practise and
- The sanction that should be imposed to protect the public from risk of harm and maintain public confidence in the dental professions.

1.3 This agreement would then be placed before a Practice Committee to approve and dispose of the case in a timely and efficient way – without the need for an adversarial hearing. It will remain the responsibility of the Practice Committee to decide as to whether or not to accept the proposed approach to disposal and be content that it meets the GDC's statutory obligations.

1.4 The proposed process is referred to as 'Agreed Panel Determinations'. It is a mechanism that does not currently exist within our framework but is successfully used by other regulators[1]. We are committed to learning from best practice employed by others in order to meet our strategic aims so have prioritised delivering this innovation to the GDC process.

[1] The Nursing and Midwifery Council, Health and Care Professionals Council and General Optical Council and Social Work England all have created a policy approach that allows them to use it, absent express statutory provision for the approach.

2. Key strategic aims supported by this approach

2.1 The introduction of this process has several potential benefits which feed into the wider strategic aims of the GDC namely:

a. **Improved timeliness in Fitness to Practise cases.** Introducing this process will allow us to conclude cases where agreement has been reached in a timelier manner as only a one-day listing would be required to hear these cases. Finding these listing windows is simpler as it they are shorter than most FtP hearings and would not need to take account of the availability of broader parties (such as expert witnesses) which can create longer lead-in times. Similarly, hearings under this process are unlikely to go part-heard which can elongate the process for participants.

b. **Improving participant experience.** This process is designed to foster collaboration and agreement between the parties to get to the right outcome. This aligns with our aim to be a more compassionate regulator and our values of inclusivity and respect. Minimising the adversarial aspect of the FtP process helps to reduce the fear for participants involved. We also expect the process to be particularly beneficial for registrants who are unrepresented and/or registrants who wish the bring the proceedings to a swift resolution with a full hearing - for example, in health cases - where a registrant accepts they are too unwell to currently practise but hopes to recover. We also anticipate benefits for witnesses who will not need to attend hearings or be subject to cross examination.

c. **Improved public protection aligned with other GDC aims.** A less adversarial, and more timely FtP process aligns with our wider strategic aims – such as reducing fear, embedding professionalism and being trusted and effective. We hope to improve public protection, by supporting registrants to deliver less defensive practice driven through fear of their regulator.

d. **Improving stakeholder relationship by fostering a more collaborative approach –** Shifting the approach to introduce a less adversarial process, and fosters collaboration with external stakeholders (such as defence representatives, registrants and union representatives) to reach consensus should reduce fear and improve relationships with the sector. This should – in turn – improve public confidence in the regulator and external perceptions.

e. **Efficiencies and improvement to the FtP process –** Full hearings are costly in terms of both financial outlay and staff time. The average length of a hearing is five working days. This requires attendance by the three panellists, a legal assessor, external counsel, often an expert witness (who will be paid for their attendance and also any lost overheads), and witnesses (whose expenses need to be covered). Additionally, GDC staff involved in a hearing will include both a Committee Secretary and Hearings Support Officer as well as attendance from members of the Legal Presentations Service, as required. Reducing hearings where agreement can be reached to one day or less has the potential to significantly reduce both the time and resource required at hearings. It also means that resource can be better focused on the cases where a significant dispute remains.

2.2 The proposed approach has been developed with input from a wide range of internal stakeholders and has been scrutinised and recommended by the Statutory Panellists Assurance Committee (SPC), which noted the need for the approach to be properly embedded with training to panellists. This paper sets out a high-level overview of the proposed process **for approval** by the Council to consult on the approach.

3. Options Considered

3.1 In formulating this proposal, consideration has been given to the processes used by a number of other healthcare regulators (such as the Nursing and Midwifery Council, Health and Care Professionals Council and Social Work England) who have already introduced or are seeking to introduce similar processes. A process of disposal by consent is also well established at the Solicitors Regulation Authority and the parameters of this approach was also considered.

3.2 There are broadly two forms of disposing of cases by agreement which are used by regulators. The first requires legislative change so is out of scope at present. The second could be safely adopted by a change to our policy and operational approach.

1. Accepted Outcomes – out of scope

- This is where an agreement is reached and a sanction is imposed at the Case Examiner (CE) stage. This takes place on the papers without the need for any hearing.
- The two healthcare regulators that have this process in place have specific legislative provisions to allow for Case Examiners to impose sanctions. The GDC does not.
- A recent publication by the PSA acknowledges that regulatory reform would be required to amend the legislation of the other healthcare regulators to enable them to dispose of cases in this manner. The draft GMC Order that is currently out for consultation contains this ability so, if this order were replicated for the GDC, we could (and probably would) wish to pursue this as an impactful improvement to our case management approach.
- We cannot, at present, pursue this option without regulatory reform even by taking a less restrictive approach to our legislative framework. However, we are looking at other options such as the introduction of Supportive Resolution to help to encourage registrant engagement and remediation at an earlier stage of the process.

2. Agreed Panel Determinations

- This is where an agreement is reached at the hearings stage of the process, once a matter has been referred by the Case Examiners, and the agreement is considered by a Practice Committee at a short hearing.
- This process is also sometimes referred to as ‘Consensual Panel Determinations’ but we have opted to use different terminology for plain English purposes and to avoid conflating acronyms currently used at the GDC.
- This process can be created by adopting a less restrictive or more permissive approach to our legislative framework and by changing our policy and operational approach to this work.
- This is the option we propose to pursue.

4. High Level Process Overview

4.1 In November 2025, a workshop was held to seek the views of colleagues from across the GDC on aspects of the proposed process. The teams included were the Case Examiner team, Regulation Operational Advisor, Policy and Hearings. The workshop outcomes and this paper have also been reviewed by the In House Legal Advisory Service.

4.2 There was broad consensus on how the process could work. The proposed approach is as follows:

a. All cases[2] which have been referred by the Case Examiners to a Practice Committee will be eligible for inclusion in the process.

b. Once the matter is ready to be disclosed by the Legal Presentation Services, a form will be sent to the dental professional and/or their representative which allows them to indicate whether they will admit or deny the allegations (or part of them), accept or deny impairment, and whether they will accept a proposed sanction bid. Any proposal for an immediate order will also be included. They will be given 14 days to indicate their approach.

c. If the dental professional indicates that they do not wish to be considered for an agreed panel determination, the case will proceed on the usual track.

d. If the dental professional admits the substance of the allegations, impairment and accepts the proposed sanction, the case will be listed for a one-day substantive hearing before a Practice Committee. The hearing will be listed with 28 days' notice and the Committee will be asked to adopt the agreed findings and impose the proposed sanction. At the same time, a provisional listing date will be held for the matter in the usual way to enable the case to be heard without delay if the Committee does not agree with the approach.

e. If the Committee agrees the approach, the matter will be concluded. The Committee can impose review and monitoring in the same way as usual, and reviews would be listed in the usual way.

f. If the Committee does not agree to the approach (facts, impairment or sanction) it will recuse itself and the matter will revert to its original listed hearing date and be heard by a differently constituted Committee.

4.3 The specific impact of these proposals is difficult to quantify but other regulators have seen an increased level of collaboration as between the regulator and the registrants, the avoidance of lengthy hearings where matters can be agreed which improves the process for both registrants and witnesses as well as quicker resolution of matters. It is likely that once the process is familiar to participants and panels, that we will aim to list these matters with shorter listings than a day, but we propose to commence with one day listings to ensure that sufficient time is given for the panels to satisfy themselves that the proposed approach is the correct one.

4.4 We propose to run the approach as a pilot by making the process available to all cases that are suitable from a proposed start date. We will then evaluate the pilot at a 12-month review point, taking on board learning and feedback from outcomes and stakeholders. We will develop metrics to monitor the use of the process and track them with performance information in the usual way. Metrics are likely to involve looking at the hearings data on successful and unsuccessful outcomes; measuring the volumes of cases where agreement could not be reached as well as considering feedback from stakeholders including hearing participant feedback.

4.5 At the November 2025 workshop, we considered key elements of the process and have arrived at proposals in relation to each of them. These are outlined at **Appendix 2**.

5. Next steps

5.1 If Council approves a consultation on the approach at its meeting in June 2026, preparation for consultation will begin with a view to the consultation being launched in Q4 2026/Q1 2027. In formulating the questions that will form part of the consultation we will look to liaise with regulators who have recently consulted on the approach.

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[2] Save for those that have been or will be subject to a Rule 6E application to close the case

6. Legal, policy and national considerations – Legally Privileged

Testing the Boundaries of the Legal Framework

6.1 We are committed to ensuring that the GDC receives legal advice that is solutions-focused and enables our strategic aims. There is no provision within the GDC's legislative framework that expressly allows this approach to be taken, but it is not prohibited and other regulators have adopted a similar approach and not been subject to public challenge.

6.2 ILAS have provided advice to support the development of this approach and the advice is that the process can be introduced – with a **low to medium level** of legal risk of challenge and successful challenge – under the current legislative framework. This is the position as the Committee will still be the forum who adopt the agreement reached by the parties.

6.3 As the Committee would still work through the order of proceedings in the usual way, as set out in the Fitness to Practise Rules 2006, the risk of successful challenge is low. For example, the Case Presenter would still open and introduce the case in line with Rule 19(12) and where admissions are made to the facts, the determination would still be made under Rule 17(5) that the admitted facts are found proved without the need to adduce further evidence. The hearing then moves to the submission stage in accordance with Rule 20 in the usual way. A determination is then made on both impairment and sanction.

Implementing the Policy Position through Guidance and Consultation Requirements

6.4 In order to implement a new policy approach, legal advice has indicated that guidance will need to be developed which fully outlines the process, either as standalone guidance or as section within the existing PCC Guidance. If the Council approves the approach, we will liaise with Policy colleagues as to the best home for this guidance We will also look to engage with other regulators who have consulted on similar processes to take any learning from their experiences.

6.5 Full and formal consultation would then be required on any guidance and/or any amendments to existing guidance. The rationale for formal consultation is as follows:

a. Whilst the proposed process can be adopted without legislative change, there is nonetheless a low to medium risk of proceeding to implement this process without any amendments to the legislation. Consultation mitigates against this risk.

b. The introduction of the process represents a material change to the fitness to practise framework. Whilst there is no strict statutory requirement for consultation, the principles of fairness and transparency are at play. There is also a legitimate expectation that the introduction of a new adjudicative process which significantly alters the existing FTP framework should be formally consulted on.

c. Where the introduction of the APD process has the potential to have a direct and substantial impact on the ability of registrants to practise in their chosen profession, the GDC should formally consult on the proposals so all views can be taken into account.

d. In summary, formal consultation has the benefit of reducing legal risk, ensuing stakeholder engagement and buy in whilst also maintaining public confidence. Bringing in a collaborative process, without consulting on the approach is likely to be seen as counterintuitive.

6.6 As full consultation is required, it is not anticipated that the process would not be fully implemented until Q3-Q4 2027. This would allow for full consultation, consideration of responses and, if adopted, also allow for a period of implementation which would include ensuring that all staff members and panellists involved in the process are suitably trained (ILPS/ELPS, ILAS and the Hearings Team) and to allow for the development of Standard Operating Procedures and templates. As highlighted

through the SPC discussions on this topic, it would also be necessary to ensure that sufficient time was provided to ensure that training for legal assessors and Committee members on the new process could take place and which would complement embedding the GDC's strategic aims into panellist training. The SPC will be asked to oversee the training approach for the panellists in the usual way.

7. Equality, diversity and privacy considerations

7.1 It is not envisaged that the introduction of this process will impact disproportionately or negatively on people with protected characteristics. This is because the process will only be used where parties agree to it and any reasonable adjustments that are required to facilitate parties' participation in the process and/or their attendance at a normal hearing could be used in the same way.

7.2 The introduction of the process could however have a positive impact, for example, on those people with a disability or for women (as unrepresented registrants are often female dental care professionals) where this process could be used to reach an agreed outcome sooner which is both proportionate, does not prolong proceedings unnecessarily or cause further impacts. A draft EIA has been completed (**Appendix 1)** but will need reviewing and updating once the consultation process has completed and other opportunities or impacts have been identified.

8. Risk considerations

8.1 The risks from introducing this process are as follows:

a. Introducing the process in the absence of legislative reform could result in legal challenge, albeit the risk is low to medium and as indicated above would be significantly mitigated by consultation (including consultation on any proposed guidance or alteration to existing guidance).

b. As most cases are not currently frontloaded, it will not always be possible to propose a sanction until after the full hearing has already been listed. This creates a risk around original hearing listings becoming vacant if Agreed Panel Determinations are agreed by a Committee and potential under-utilisation. For any frontloaded cases this is less of a risk as the GDC should be in a position to propose a sanction at an earlier stage which mitigates against this risk. We will mitigate against this risk by requiring a clear deadline for agreements to be reached to allow sufficient time for hearings slots to be utilised.

c. If there is insufficient buy-in from Committee members and/or Legal assessors there is a risk that agreements could be rejected by the Committees which would result in wasted hearing time and resources that were used in preparing the agreement. We will mitigate this risk by ensuring panel members are appropriately sighted on GDC strategic aims and the rationale for change is explained through training.

d. Any teams involved in the process will need to ensure that they are only agreeing to sanctions which are fully justified and proportionate to protect the public and the public interest, rather than agreeing to sanctions just for the sake of expediency. This risk will be mitigated by training and support.

e. Should an informant or any other party in the case be unhappy with the sanction that is agreed, this could lead to complaints or a perception that the GDC is working with registrants to the detriment of public protection. This risk will be mitigated by allowing informant's views to be sought and presented to the panels when taking a decision.

f. The uptake of agreed panel determinations is low due to the defence not making admissions early on and/or not being willing to agree to impairment or the proposed sanction and preferring instead to "take their chance" before a Committee at a full hearing.

This risk will be mitigated by full engagement with defence organisations during the consultation period and when the approach is implemented.

9. Resource considerations

9.1 Resource will be required to facilitate a full consultation process before this process is implemented. This will involve Policy, Legal and operational colleagues.

9.2 It is not anticipated that any additional financial resources would be required to introduce this process for the Legal Presentations Service or Hearings, save for any costs associated with additional training of Panellists and Legal Assessors which will be essential.

9.3 Time and resource will however be required to train all internal staff involved in the process before implementation. Once implemented, time would be required for the Legal Presentations lawyers to draft the agreements will be required. It will be critical to ensure that there is a firmly communicated cut off time for parties to request that their case be dealt with by Agreed Panel Determination to prevent the situation whereby an agreed outcome is only requested very close to the hearing which would result in last minute hearing costs and impact on witnesses/expert attendance as well as Counsel fees.

9.4 If the process proves successful this could result in reduced Counsel Fees, Expert Costs and Hearings resources as only shorter hearings would be required. These efficiencies will be monitored and tracked with our Finance team.

10. Monitoring and review

10.1 The process will be reviewed after 12 months. This should allow sufficient time for suitable cases to engage with the process and for those hearings to take place so success can be properly measured. Feedback from all relevant stakeholders would need to feed into the evaluation process and if amendments to the process were required to make it more efficient and effective these could be looked at.

11. Development, consultation and decision trail

11.1 As set out above, a number of teams across the GDC have been involved in the development of this proposal including Hearings, CE Team, Policy and IG. The proposal has been reviewed and advice provided by ILAS which has been incorporated into the paper and the processes. The paper was considered and approved by ELT on 28 April 2026 and recommended by SPC on 18 May 2026.

12. Next steps and communications

12.1 If the Council approve the approach, consultation will take place shortly thereafter.

Appendices

1. Key Considerations
2. Equality Impact Assessment

Tania Dosoruth, Head of Legal Presentation Services

01 June 2026

Appendix 1: Key Considerations

Below is a summary of the proposed approach to key elements of the process that were discussed at the workshop with stakeholders in November 2025.

Issue	Proposed Approach
Stage at which a sanction can be proposed	• The earlier that a sanction is proposed (and agreed), the more benefits there are with the APD process in terms of timeliness and efficiency. However there are some limitations on when a sanction can be imposed (due to legislative constraints) which mean that sanctions cannot be proposed prior to CE consideration and/or due to the need to have sufficient information about the case to ensure that any sanction proposed is proportionate and adequate to protect the public. • It is therefore proposed that in all cases, that a sanction is proposed at the earliest stage possible following CE consideration based on the fulfilment of criteria that will be contained within the Guidance. This would include ensuring that there is enough evidence for the Committee to understand the full gravity of the case for example. • In the bulk of cases, this will be when ILPS/ELPS are ready to disclose the case in line with their KPIs. This is because the Legal Presentation Service currently gathers the evidence that is admissible before the Practice Committees (witness statements, expert evidence and finalised allegations) and it is this admissible evidence that will enable a proportionate sanction to be proposed which allows the panel to agree the decision. • Where cases have been frontloaded (and a full investigation has been completed at the earlier stages),and/or where the gravity and likely allegations are known at an early stage (e.g. conviction cases or health cases), these matters can be pulled forward and APD proposed earlier. Although it is not easy to predict the numbers involved we have estimated 20% of cases referred by Case Examiners are likely to fall into this category as fast track cases. If we were to move to a more front-loaded approach in future – under FtP Improvements – we would likely to be in a position to maximise the benefits of APD for timeliness. • The proposed approach enables flexibility for the teams and enables the clear-cut cases to be disposed of swiftly whilst ensuring that the GDC still meets its overarching aim of protecting the public. A more flexible approach also allows for development of the process in respect of the wider FtP improvements work – where for example frontloading may be more widely adopted.
Without Prejudice discussions	• It is proposed that any discussions that take place between the parties in respect of APD should be treated on a ‘without prejudice’ basis. This means that they cannot be relied upon by either party at the final hearing should the parties fail to reach agreement or the agreement is rejected by the Committee. • The GDC should always propose a sanction that it considers to be the least restrictive sanction to adequately protect the public and the public interest (with reference to any relevant sanctions guidance). As a result, this process should not be viewed as a negotiation but instead one that seeks to reach the right outcome in a case. • There will be occasions when the registrant wishes to propose an alternative sanction for consideration by the GDC (for example based on evidence of additional steps that a registrant has

	undertaken such as re-training etc) which could lead to some discussions between the parties. • Ensuring that these discussions are 'without prejudice' has the benefit of encouraging full and frank discussions between the parties without the fear of any comeback if ultimately those discussions do not lead to an agreed outcome that is agreed by the parties and the Committee.
Admissions	• To reach agreement, the dental professional would need to admit sufficient facts to reflect the gravity or substance of the case (e.g. dishonesty is likely to need to be admitted if charged, but disputing sub elements of clinical charges that did not impact overall seriousness might not be a barrier to reaching agreement). • The GDC would bear in mind proportionality when applying its discretion here – including any impact on public safety/public confidence – and the impact on the participants in the process on having or avoiding a full hearing.
Informant Views	• To ensure that there is transparency around the process, and in line with our values, informants would be notified of the GDC's intention to agree a sanction with the dental professional. • They would be provided with an opportunity to comment on this proposed sanction but not the details of the agreement. They would be made aware that the decision on sanction remains a matter for the Committee and that the Committee might not agree so they may still need to be called to give evidence in the matter. • Their comments would be provided to the Committee (as is this case with the Rule 6E process or Voluntary Removal). • The informant would not be provided with details of the agreement - only the sanction proposed - and asked to comment on this in the knowledge that the Committee may not agree to the sanction. • Where the informant is anonymous, it will not be possible to secure their views. • Where the informant is an organisation, such as the police, they will not usually be informed unless it is judged that there is value in the Committee being aware of their views.

Hearings logistics	• The hearing would be listed a one-day substantive hearing before a Practice Committee which both parties can attend. Once embedded, we will look at shortening the listing process.
	• The Committee would be **presented with:**
	  ○ A draft agreed statement of facts
	  ○ Proposed sanction which is signed by the parties
	  ○ Any relevant evidence (both from the GDC and including any evidence from the dental professional such as evidence of training, reflection etc)
	  ○ Any informant reflections
	• The Committee would have the opportunity to **hear any further submissions** from the parties and would then retire to consider their decision.
	• **If the proposal is agreed:**
	  ○ The Committee will announce that they find facts proved by way of admission, announce that they find impairment and provide brief reasons as to why they have agreed with the proposal at each stage including

	why the sanction proposed is proportionate in line with any relevant guidance. ○ A full determination would be published. This will include the draft statement of agreed facts and a fully reasoned determination. • If the **Committee considers that a minor variation**[3] to the proposal is appropriate: ○ The Committee will canvas this in open session with the parties, seek agreement and hear submissions. ○ If the variation is minor, the Committee will consider submissions and impose the appropriate sanction. • **If the Committee's view was that a materially different** sanction was appropriate (such as erasure instead of suspension) then the matter would be considered rejected and would revert to a full hearing under a differently constituted Committee and its provisional listing. • **If the agreement is rejected (on facts, impairment or sanction):** ○ The Committee will set out that it does not approve the approach, give brief reasons and recuse itself. ○ The hearing will revert to its provisional listing date before a differently constituted Committee who would not be informed of the proposed agreed panel determination or the outcome of the agreed panel determination hearing.

[3] E.g. Variation to conditions of practice imposed or a different length of suspension order

General Dental Council

gdc-uk.org

Equality Impact Assessment (EIA) Template

January 2026

General
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Equality Impact Assessment (EIA) Template

Description of Activity or Project Name	Business Lead & Directorate	
Agreed Panel Determinations	Tania Dosoruth, L&G	
Author	**Date**	**Version**
Tania Dosoruth L&G	23/04/2026	1
Summary of the aims and objectives	To introduce a new process whereby the parties can agree the outcome of a FtP case which will then be considered by a Practice Committee at a final hearing.	
What consultation or evidence gathering has taken place to inform this EIA?	None at this stage however we are proposing a full consultation before the process is introduced and will evaluate the outcome of this and update this assessment accordingly.	
Who is impacted by the change?	Registrants subject to FtP proceedings.	
What are the arrangements for monitoring the impact of the change?		

Distribution List				
Name	Title	Department	Date	Version

Version History		
Revision Date	Version	Summary of Changes

General
Dental
Council

Screening Questions – Assess the impact on different groups of people

In the table below, please indicate how the change affects particular groups of people in different ways. Specifically consider how the change will impact those who have Protected Characteristics. Different aspects of the project may have different impacts – these should be separated in the table.

Screening questions should be completed for all policies, projects, strategies etc. You may wish to refer to the guidance section, 'What should we think about when completing EIAs?' when considering the impact.

Mitigation actions only need to be completed where a negative impact or disadvantage has been identified.

Explanation of potential/actual impact – Screening Questions			**What actions to mitigate adverse impact can/have been taken?**		
Protected Characteristic	**Potential impact: Positive Negative Neutral**	**Please explain and give examples/evidence**	**Actions planned to address the disadvantage or negative impact**	**Individual responsible**	**Updates on actions, with dates**
Age					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available.			Will update following consultation.
Disability					

	Positive	We consider that the introduction of this process may have a positive impact on registrants who have disabilities as it aims to reduce the time that hearings take (both in terms of how long it takes a matter to get a final hearing and the length of the hearing itself and make them less adversarial which could have a positive impact on those who have a disability.			Will update following consultation.
Gender Reassignment					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available.			Will update following consultation
Marriage and Civil Partnership					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available.			Will update following consultation

Pregnancy and Maternity					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available.			Will update following consultation
Race					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available.			Will update following consultation
Religion or Belief					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available.			Will update following consultation

Sex					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available. However we are mindful that the introduction of the process may impact on unrepresented registrants differently to legally represented registrants where there may be difficulties in understanding, though we do not anticipate this to be any more so than the existing hearings process. However we are also aware that more women than men are unrepresented at hearings so will need to keep this under review.	Although we do not foresee a negative impact at this stage, we will need to ensure that we take steps to ensure that the APD process is easily understood by unrepresented registrants by ensuring that there is easy to understand guidance available and that our communications are tailored accordingly.		Will update following consultation
Sexual Orientation					
	Neutral	We consider that the change will be neutral on this characteristic. The APD process will only be used in cases where parties agree to it (i.e. it cannot be imposed on anyone) and we do not consider it will have any different impact to the current hearing processes that are available.			Will update following consultation

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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 people who have a protected characteristic and those who do not.

We are determined to do more than just meet our statutory obligations. We are committed to actively promoting equality where we can because we acknowledge the value that diversity of thought and experience brings amongst the staff who work within the organisation, and the stakeholders we work with. By looking for ways to promote inclusion and help people feel heard and valued, we meet our strategic EDI objectives and deliver our vision of being a champion of EDI inside our organisation, with the sector we regulate and with the public.

If you have not identified any positive impacts, please detail how this project will aim to promote equality, eliminate discrimination or foster good relations.	
If there is no evidence that the change will achieve these aims, what changes, if any, could be made to achieve them?	

Evaluation

Please select the most relevant outcome (grey column) based on your responses to the screening questions and, if relevant, the full EIA.

The second column will help guide your next steps.

The evidence has not identified any disadvantage or negative impacts or has identified positive impacts. **N.B this will also need assessment once the consultation responses are in.**	You can recommend that the proposed activity is taken forward.

Additional Information

Where we do not have sufficient information to safely conclude whether there is a disadvantage or negative impact, it is necessary to think about what additional data or intelligence you will need to gather. Collection and analysis of this information may require input from EDI, OD or Research colleagues.

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

Approvals

Completed by	
Name and job title:	
Date of completion:	
Reviewed by Equality, Diversity & Inclusion	
Name and Job Title:	
Date of completion:	
Completed by Head of Department/Associate Director	
Name and Job Title:	
Date of completion:	
Will this EIA be published? Yes/No	
Any other comments?	
Review date?	

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

Dental Nursing Education and Training Review

Executive Director	Stefan Czerniawski, Executive Director Strategy
Author(s)	Manjula Das, Head of Education Quality Assurance
Type of business	For discussion
Purpose	It is the GDC's general concern to promote high standards of education in all aspects of dentistry under section 1(2)(a) of the Dentists Act and the GDC's statutory role in assuring the standard of pre-registration education and training under sections 8-12A and 36D of the Act. The report and paper provide the Council with findings of a review into dental nurse education and training provision in the UK, highlighting challenges and, where in remit, making recommendations towards future developments.
Issue	To provide Council with an overview of dental nurse education and of possible future developments
Recommendation	Council is invited to **discuss** the report, particularly in relation to the questions listed in para 3.4 of the paper

1. Background

1.1 The GDC started to regulate Dental Nurses in 2006 and there are currently 68,472 dental nurses on the register, 54.9% of all registrants. The second objective of the GDC's strategy states that we will "maintain high standards for registration, and register those who meet them in a timely and effective way". This review considers how well we are achieving the first part of that objective for dental nurses, both in terms of the quality of training provided and the effectiveness of our assurance of that training.

1.2 We have recently updated the learning outcomes for all dental professional groups, including dental nurse, in The Safe Practitioner: How we developed a new framework of behaviours and outcomes for dental professional education. We are currently working with stakeholders on their implementation and om the updated Standards for Education which will be in use from the 2026/7 academic year.

1.3 Dental nurse education operates significantly differently from the other dental professional groups. It is much more distributed, with a wide variety of providers delivering training which is predominantly workplace based, and with our approach to quality assurance focused on assessment providers rather than directly on education providers. This model can work very successfully, but it can also result in inconsistencies of approach and inconsistencies of experience for both trainee dental nurses and those who supervise them.

2. The Dental Nursing Education and Training Review

2.1 The purpose of the review was to consider the characteristics of dental nurse education at a high level and consider whether the current approach provides confidence that regulatory standards

are being met, that trainee dental nurses get the learning and support they need, and ultimately that public protection is assured.

2.2 In particular, the review aimed to:

a. identify the challenges in the education and training of dental nurses;

b. engage with education providers and other key stakeholders to discuss these together;

c. share findings and make recommendations and suggestions for improvements to the quality assurance and delivery of dental nurse education and training

2.3 We carried out a range of internal and external engagement to better understand the challenges and see how these might be addressed. Some of those challenges fall outside our immediate regulatory responsibilities and will primarily be for others to address. Stakeholders recognise that the GDC has an important role to play in supporting the quality of dental nursing education and training, but also there are a number of factors outside of our control which need further support. We look forward to closely working with these important stakeholder groups to drive up the quality of dental nurse education and training for the benefit of patients and the public.

2.4 Fieldwork for the review took place between 2023 and 2025. This report has been informed by surveys, internal and external research including EQA inspection reports, monitoring information, Fitness to Practise (FtP) statistics, and anecdotal feedback. We also held a stakeholder workshop in October 2024 which included representation from registrant dental nurses, students and trainees, education providers (Teeside University and Portsmouth University), awarding organisations (including NEBDN, City and Guilds, NCFE CACHE and Agored Cymru) and professional associations (including BADN and SBDN), COPDEND, and members of the GDC Council. We also separately engaged with SQA who were unable to attend the workshop. While these groups are never homogenous in their approach or opinions, this report aims to capture some common or widely held views and to reflect – where possible – a consensus. We tried multiple times to engage with student nurses, and this limited feedback demonstrates one of the challenges around communicating with this important group.

2.5 During the life of the project, there have been a number of relevant GDC developments related to dental nursing education and training, including the Corporate Strategy, the revision of the Learning Outcomes, the publication of the revised Standards for Education and the revision of the Scope of Practice Guidance. We also revised and published updated policy guidance on Employing Trainees, which address some of the issues identified.

2.6 The review describes how dental education operates and our approach to its quality assurance, discusses the issues identified in the review and sets out proposed next steps.

3. Conclusions and implications

3.1 Stepping back from the detail, perhaps the main – and unsurprising – finding is that the system of dental nurse education is one which has evolved, rather than having been designed. As is often the case with such systems, it may well be that nobody starting from scratch would design it to be quite as it is now. But we are not starting from scratch, so the overall question the review prompts is whether the balance of strengths and weaknesses of the current approach are such that either incremental or more radical change is needed.

3.2 The review itself points, in section 6, to where we might usefully do more and in section 7 to where we might encourage others to do more. It is important though to note that the overall conclusion of the review is that dental nurse education and training produces safe and competent practitioners – the system is not broken.

3.3 For the longer term, as the review notes in section 3, we may need to consider whether we move closer to a model of direct oversight of training providers, as we do for the other dental professional groups. That would undoubtedly add very significantly to the cost of regulation; it is not at all clear that it would add proportionately to value and assurance. But in a sense, the question of how we structure the regulation of dental nurse education is secondary to the structure of dental nurse training itself, and the extent to which that moves closer to the more formalised approaches for the other dental professional groups.

3.4 So the questions for Council discussion at this stage are:

a. Does Council support the approach to strengthening EQA oversight of dental education (section 6)?

b. Does Council endorse the need for employers and training providers to do more to support dental nurse education and training (section 7)?

c. Is Council broadly confident in the conclusions of the review (section 9)?

4. Legal, policy and national considerations

4.1 The GDC started to regulate dental nurses in 2006 with a section 60 order approved by Scottish and UK Parliaments enabling us to register and regulate the entire dental team.

4.2 According to the August 2025 Registration Report, there are currently 65,862 dental nurses on the register, 51.3% of all registrants.

4.3 The Education and Quality Assurance team at the GDC assesses, inspects, and monitors all programmes that lead to a registrable qualification. The Standards for Education set out the requirements and form the framework of the quality assurance process.

4.4 GDC policy developments during the 2023-5 period relating to dental nursing have been included in the paper.

5. Equality, diversity and privacy considerations

5.1 Whilst we have not directly addressed the demographic characteristics of registered dental nurses or learners, dental nursing is an overwhelmingly female profession (97%). We want to better understand the demographics to inform how we address the recommendations (section 6) and any future developments with an EDI lens. We will work with research and intelligence to support this.

5.2 The review has been conducted in line with the GDC's Public Sector Equality Duty, and further work would be needed in assessing potential differential impacts on individuals with protected characteristics and ensuring recommendations do not inadvertently widen inequalities in access, training or progression for dental nurses.

5.3 All data used in the review was handled in accordance with UK GDPR, with strict minimisation, anonymisation and confidentiality measures applied to protect participants' privacy and ensure no individual or provider can be identified in the findings.

6. Risk considerations

6.1 We need to ensure that there is consistency of quality of dental nursing education and training. We have evidence that there are challenges in specific areas and so by doing nothing, we are risking continued inconsistency and gaps.

6.2 We need to ensure that we are working in the remit and within the resource capacity of the GDC. The review has identified some continued focus areas that we, as the regulator, can focus on.

Some challenges were known to us and are part of ongoing projects, some new areas of development have been identified and we will start to plan this work within the EQA team.

7. Resource considerations and CCP

7.1 The review has been resourced from within Strategy Directorate budgets, with the cost being primarily the time of the staff involved.

7.2 The recommendations as outlined in section 6 of the report can be carried out in existing resources by the EQA team with input from others areas within the GDC.

7.3 If further resourcing is identified for these and other future developments, this will be considered as part of the budget planning process.

8. Next steps

8.1 The review will be published following the Council meeting.

8.2 We will continue to work closely with stakeholders to on areas of shared interest to drive up the quality of dental nurse education and training for the benefit of patient safety and care, specifically in relation to the actions set out in section 6 of the review.

8.3 Internally we will discuss the concept of thematic reviews and reviews as a whole.

Appendices

1. Dental nursing education and training review

Manjula Das, Head of Education Quality Assurance
mdas@gdc-uk.org
Tel: 0207 167 6113

11 June 2026

General
Dental
Council

Dental Nurse Education and Training

June 2026

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Executive Summary

This report presents the findings of a review into dental nurse education and training across the UK. The review draws on a wide range of evidence, including Education Quality Assurance (EQA) inspection data, internal and external research and stakeholder engagement conducted between 2023 and 2025.

Overall, the findings indicate that the current system continues to produce safe and competent practitioners. EQA data shows that the majority of standards are being met.[1]

Differences in scope of practice, autonomy, and the nature of concerns that typically lead to interim orders mean that dental nurses are not necessarily expected to be represented proportionally to their numbers on the register.

The system is not broken but challenges and inconsistencies do remain. The review identified significant variation in student experience, inconsistencies in assessment practices, and concerns relating to professionalism and workforce retention. Professionalism issues remain the most common cause of FtP proceedings for dental nurses.[2]

The review concludes that while the system is functioning, it is not consistently delivering the same quality of experience for all trainees. This report makes recommendations for improvements, though many of the challenges identified lie outside the direct remit of the General Dental Council and we support coordinated action across the sector.

1. Why We Reviewed Dental Nurse Training

The GDC has a statutory duty to promote high standards of education. Ensuring that pre-registration training is delivered in a way which ensures that people admitted to the dental registers are suitably qualified is an essential part of the GDC's role. One of the GDC's current five strategic objectives is to:

> Maintain high standards for registration and register those who meet them in a timely and effective way.

The GDC supports high standards of education by setting learning outcomes through:

- The Safe Practitioner - which sets the learning outcomes and behaviours required of students and trainees to meet the requirements for registration.

[1] The GDC published 11 inspection reports for qualifications that led to registration as a dental nurse between 2021 and 2025. Of the possible 221 requirements, 160 were assessed at inspection: 3% were "Not Met", 31% were "Partly Met", and 66% were "Met"

[2] 23% of cases between 2018 and 2023 relating to "behaviour not justifying public trust in the registrant or profession" and 14% relating to "driving under the influence of alcohol".

- The Standards for Education – which set requirements for education providers and assessment providers which ensure that training is delivered to an appropriate standard

For most dental professional groups, the GDC directly quality assures education providers and assesses courses individually against the Standards for Education. Dental nurse training operates very differently and the GDC's approach to quality assurance reflects that difference. Dental nurse education is characterised by multiple training routes, workplace-based learning, and a large number of dispersed training sites. There are over 110 provider delivery sites across the UK and more than 50 organisations offering apprenticeships. Approximately 9,600 dental nurse students are currently in training. For dental nurse training, the GDC's primary focus is on the quality assurance of assessment providers, who in turn are required to oversee the quality of training provision for the students they are to assess.

This approach means that the GDC has less direct visibility of the experience of trainee dental nurses and of the quality of their training than it does for the other dental professional groups, Over time, we have received anecdotal concerns and informal feedback from stakeholders about dental nurse education and training. These concerns have focused on variation in the quality and consistency of education, differences in student experience, and issues relating to professionalism and scope of practice as well as workforce challenges.

In 2023, the GDC committed to undertaking a review to better understand these concerns and identify opportunities for improvement. The review also responds to the need to "work collaboratively to speak up on, influence, and address issues that affect patients and the public," including through research and evidence gathering. The aim was to evaluate dental nurse education, engage with stakeholders, and support improvements in quality assurance and delivery.

2. What We Examined and How We Did It

The review was conducted between 2023 and 2025 using a multi-method approach. It included analysis of internal and external data, stakeholder engagement, and cross-organisational collaboration within the GDC.

Internal research included inspection outcomes for dental nurse programmes over the preceding five years, FtP data, and registration data relating to both new registrants and those leaving the profession. Key internal reports included *Unlocking the potential of GDC Fitness to Practise Data (2023)* and *Experiences of GDC fitness to practise participants 2015–2021: A realist study*.

External research included *Evaluating Enhanced Continuing Professional Development – Cardiff University, 2023*, *Dental Nurse UK Retention Survey – British Association of Dental Nurses, 2023*, *How does access to NHS dentistry compare across areas in England? – House of Commons Library, 2025*, and *Dental Workforce Statistics – NHS England, 2024*.

Surveys were distributed to awarding organisations, education providers, and students, with 58 responses received over a four-week period. Engagement activities included an August 2024 workshop with Education Associates and an October 2024 stakeholder workshop involving

awarding organisations, providers, and professional bodies. A further round of student engagement sessions took place in January 2025, although participation was limited.

In addition, the review drew on the GDC's Fitness to Practise Statistical Report 2025 and Registration Statistical Report 2025 and other GDC publications, including:

- Safe Practitioner (2023)
- Standards for Education (2025)
- Scope of Practice (2025)
- Guidance for employers of trainees/students
- Trusted and Effective: A strategy for dental regulation 2026-2028

The review also involved collaboration across multiple GDC teams, including Education Quality Assurance, Policy, Research, Communications, Registration, and Fitness to Practise. Anecdotal evidence was included alongside formal data to provide a comprehensive picture of stakeholder experiences.

Six themes were identified through our research and are broken down in this report.

3. Quality Assurance of Dental Nurse Education and Training

The distinctive model of dental nurse education means that an awarding organisation designs, develops, and ultimately awards the qualification, but the programme is taught and assessed by delivery centres or providers. This model can create distance between the regulator and delivery sites, making oversight more complex. While this structure provides flexibility and accessibility, it also creates a risk of variability in training quality. The GDC's QA process relies on robust quality management of dental nursing education and training overseen and managed by the awarding organisations. In this way they differ to the other education providers that the GDC assures. For a number of years, the GDC's EQA team has sought to build stronger working relations with awarding organisations to support this. This continued close engagement is important for further improvements.

A balanced approach to quality assurance is required, ensuring that standards are maintained without placing disproportionate burden on awarding organisations.

While our current approach provides a structured framework for assuring dental nurse programmes, recent inspections suggest that it may not always be sufficient to identify risks inherent in work-based delivery models. Limited opportunities for direct learner engagement, reduced visibility of day-to-day supervision, and variable understanding of regulatory expectations among awarding organisations prompt the question of whether our existing methods consistently generate the depth of assurance required for a registrable qualification.

We are confident from recent inspection and monitoring data that the current approach does not put patient safety at risk. But the question remains as to whether it strikes the right balance between the need for regulatory rigour and consistency and the need to ensure that regulation is

no more burdensome than it needs to be. Some of the factors which need to be considered in striking that balance are explored in the following sections of this review.

In the longer term, it may be appropriate to explore more radical changes to our approach to the quality assurance of dental nurse education, including considering whether there should be more direct oversight of training providers, as is the case for other dental professional groups. But the differences in the model of dental nurse education are likely to continue to need to be reflected in differences in the approach to quality assurance.

More radically still, the increasing professionalisation of dental nursing may lead over time to there being less reliance on workplace-based training and an increase in more structured learning to bring dental nurse education more into line with the other dental professional groups.

These issues are though beyond the scope of this review, which is focused on more immediate incremental changes.

4. What We Found: Inconsistencies in Training and Support

The review identified six key themes.

Disparity in Student Experience

There are multiple routes to registration as a dental nurse, including apprenticeships, diplomas, and higher education qualifications. Many programmes are delivered primarily in the workplace, where the quality of supervision, learning culture, and access to peer support can vary widely. This creates significant variation in the day-to-day experience of trainees, even where programmes meet the GDC's learning outcomes.

EQA inspection data indicates that programmes generally meet the required standards. Between 2021 and 2025, the GDC published 11 inspection reports for qualifications leading to registration as a dental nurse, assessing 160 requirements. Of these, 3% were "Not Met", 31% "Partly Met", and 66% "Met". This suggests that despite variation in experience, programmes are producing safe practitioners.

However, inspection data also highlights recurring concerns in areas such as internal and external quality assurance, feedback processes, and the robustness of assessment governance. These issues appear to stem from the administrative distance between awarding organisations and delivery centres, and from the inherent challenges of assuring work-based learning.

Dental nurse learners are also more remote from the quality assurance process than other dental professional groups. Work-based delivery limits opportunities for direct observation of learners' practice and reduces the regulator's ability to triangulate evidence through student interviews, clinical observation, and peer comparison. This structural distance increases the importance of strong oversight by awarding organisations and consistent supervision in practice settings.

Stakeholders also reported that dental nurses often experience lower status within the dental team, which can affect their confidence, access to support, and willingness to raise concerns.

Contributing factors include the lower qualification level relative to other registrant groups, limited career progression, gendered workforce dynamics, and the junior position many trainees occupy when entering the profession. These factors can heighten vulnerability and reduce the informal support networks that typically help early-career professionals develop safe practice.

Education and Training

Dental nurse training relies heavily on workplace-based learning, which can create tension between service delivery and educational needs. Stakeholders reported that some practices are reluctant to release staff for mentor training or protected learning time, affecting the quality of supervision. Although apprenticeship guidance recommends an average of six hours per week of off-the-job training, this is not consistently achieved.

Inspection data shows that supervision requirements are generally met, with only two “Partly Met” outcomes for Requirement 5 (supervisor qualifications and training) between 2021 and 2023. However, concerns about feedback are more pronounced: five of seven programmes “Partly Met” Requirement 17 and two “Partly Met” Requirement 18, both relating to the quality and timeliness of feedback.

Remote learning, increasingly used since the Covid-19 pandemic, offers flexibility but also raises concerns about engagement, assessment quality, and reduced opportunities for hands-on experience. The growing use of artificial intelligence in education presents similar opportunities and risks.

Stakeholders also raised concerns about the two-year period during which trainees can work before enrolling in formal training. From 1 June 2026, all new trainee dental nurses must start a recognised training programme within 12 months of beginning work. This change is intended to strengthen professionalism, improve early learning, and reduce risks associated with prolonged unstructured practice. [3]

Protected learning time is another area of concern. Although apprenticeship guidance suggests an average of six hours per week (approximately 20% of working time) should be allocated to off-the-job training, stakeholders reported that this is not always achieved in practice.

Student wellbeing is inconsistently supported. While larger organisations may offer structured support, smaller practices often lack formal systems, and access to support frequently depends on students initiating contact.

Assessment

Assessment practices rely heavily on workplace-based evaluation, which can introduce inconsistency and potential bias. Placement staff often sign off competences, blurring the line between employment and educational responsibilities. The GDC’s updated policy on employing trainees provides clearer expectations, but implementation remains variable.

[3] Trainee dental nurses to start formal training sooner under new GDC requirements

Recruitment of assessors is challenging due to workload and pay constraints. Nevertheless, inspection data suggests that assessor standards are largely met: six of seven providers met the relevant requirement between 2021 and 2023, with one “Partly Met”.

Requirement 12 (patient feedback) was “Not Met” once and “Partly Met” once across seven inspections, indicating inconsistent approaches to securing patient input. This challenge is not unique to dental nursing and is seen across other dental professional groups.

A further concern relates to the prioritisation of dental nursing within awarding organisations offering a broad suite of qualifications. Inspections have highlighted inconsistent understanding of the regulatory implications of awarding a qualification that leads directly to GDC registration. Issues include the independence and role of external examiners and the level of oversight appropriate for patient-safety-critical training. Despite additional meetings with awarding organisations to clarify expectations, recurring issues suggest that further work is needed to embed regulatory requirements consistently.

There is also no formal limit on resit attempts. Requirement 21 requires that assessment be fair and based on clear criteria, but responsibility for defining resit policies lies with providers. Setting a fixed resit limit would pull the GDC into operational design of assessment which would be outside of our regulatory role. It also allows for a focus on competence rather than attempts, but there may also be a financial impact on dental nurse students and trainees.

Our inspections indicate that, within some awarding organisations offering a broad suite of qualifications, dental nursing does not receive the level of prioritisation required for a registrable profession. This has become apparent through inspection activity, with several conversations taking place with Awarding Organisations around the requirement of an External Examiner, and what this looks like in practice. The gravity and regulatory implications of awarding a qualification that leads directly to GDC registration have not always appeared to be fully recognised, and this is reflected in the robustness of their quality assurance arrangements. The requirements of the standards of education including the role and independence of external examiners and the level of oversight appropriate for patient-safety-critical training are not consistently met. This creates avoidable risks for learners, centres, and ultimately for patient safety.

Recent inspections have required us to convene additional meetings with awarding organisations’ teaching and quality leads to clarify regulatory expectations and illustrate what these look like in practice. Despite these discussions, the same issues have continued to arise, indicating that the expectations associated with delivering a registrable qualification are not yet fully understood or embedded within organisational processes. Further work is therefore needed to ensure that requirements are consistently met.

Role Within the Dental Team

Stakeholders reported that dental nurses are sometimes perceived as having lower status within the dental team, which can affect workplace dynamics and contribute to feelings of being undervalued. Concerns have also been raised about dental nurses being pressured to work outside their scope of practice. There is some evidence of this in FtP data, with a small number of cases related to working outside scope and to working outside training or competence, but that

data provides only a very limited indication of the extent of out of scope working. It is likely that there is very significant underreporting, as the structure of dental nurse employment means that:

- breaches may be less visible to supervisors
- concerns may be less likely to be escalated
- those aware of breaches may have limited incentive to raise them

Professionalism

Professionalism was a key area of concern among our dental nurse stakeholders. FtP data shows that the most common issues relate to behaviour rather than clinical competence. Between 2018 and 2023, 23% of cases involved behaviour not justifying public trust, and 14% involved driving under the influence. However, FtP data cannot be taken at face value when comparing registrant groups. Dental nurses' workplace structures mean that breaches may be less visible to supervisors, and concerns may be less likely to be escalated. Therefore, FtP data should not be interpreted as evidence of low prevalence of out-of-scope working, but rather as limited visibility of such concerns.

Research by SQW (2024) found that 90% of dental nurse respondents had a positive or neutral view of the GDC, compared to 48% of dentists. However, only 6% of early career dental professionals reported attending a GDC student engagement session, suggesting limited engagement. Improving engagement with the GDC will promote professionalism among both dental nurse trainees and students and registration.

Stakeholders consistently raised professionalism as a key concern. Given that only a small proportion of trainee dental nurses have direct exposure to the GDC during training, reliance on engagement sessions alone is insufficient. A broader, system-wide approach is required. This includes:

- clearer expectations for employers about their role in modelling and reinforcing professional behaviours
- strengthened induction processes that embed professionalism from the outset
- consistent supervision and structured feedback mechanisms
- improved support for learners in workplace settings
- closer collaboration with awarding organisations and providers to ensure that professionalism is explicitly taught, assessed, and reinforced

Professionalism must be understood as a shared responsibility across the sector. The GDC will continue to support this through its standards, engagement activity, and quality assurance processes, but meaningful improvement will depend on coordinated action across employers, providers, awarding organisations, and professional bodies.

In June 2026 the GDC launched a consultation on introducing a new Framework for Professionalism, which is designed to be more effective in supporting dental professionals to maintain professional standards. The new framework will include supporting materials in a range of formats designed to be more engaging and to be directly relevant to issues dental professionals come across in practice. It is likely to be of particular benefit to dental nurses, given the more diffuse nature of their training in professionalism, compared with the other dental professional groups.

Recruitment and Retention

The review identified multiple factors influencing recruitment, including early exposure to dentistry, the practical nature of the role, apprenticeship opportunities, and job security.

However, retention remains a significant challenge. The *Dental Nurse UK Retention Survey (British Association of Dental Nurses, 2023)* identified key reasons for leaving, including low pay, limited career progression, childcare responsibilities, lack of part-time opportunities, and lack of recognition.

Workforce planning often overlooks dental nurses, despite their essential role. This is particularly significant given the reliance of dentists on dental nurses and the need for workforce expansion.

The GDC has revised and published updated policy guidance on Employing Trainees, which addresses some of the issues identified and gives clear guidance regarding those who are in training, the specific responsibilities and day-to-day practice of their employers.

5. Impact of the Revised Standards for Education

The revised Standards for Education, published in September 2025, strengthen expectations around supervision, professionalism, and student support. New requirements include explicit expectations for supporting student and staff wellbeing throughout the training journey. As well as the requirements we revised the structure of the standards to ensure that they can be effectively and clearly utilised to quality assure awarding organisations. They will be implemented across education providers and awarding organisations from the 2026/7 academic year.

The transition to the Safe Practitioner Framework, published in November 2023 places greater emphasis on teamwork, communication, and professional behaviours. And we continue to work closely with education providers and awarding organisations to embed these.

The effectiveness of these reforms will be monitored and be reported through future Reviews of Education which are published on an annual basis.

6. What We Can Do as a Regulator

The GDC is responsible for setting the standards for dental education and training and assuring that programmes leading to registration meet those standards. The findings of this review show that while the system produces safe practitioners, the **consistency** of training, the **quality of**

workplace learning, and the **professionalism environment** experienced by trainees vary significantly. Our regulatory approach must therefore respond to the specific risks inherent in work-based training and the structural vulnerabilities identified throughout this review.

We will strengthen our EQA activity by focusing more explicitly on the areas where variation is most likely to affect patient safety and learner experience. This includes assessment governance, placement quality, supervision, and the embedding of professional behaviours. We will also analyse variation across programmes to help drive up consistency and support awarding organisations and providers to meet the Standards for Education.

Additionally, we will review our current quality assurance approach and take steps that would enable the GDC to get better oversight and assurance of the quality of training that is being delivered:

Quality Assurance

- Adjust inspection methods to reflect the specific risks of work based dental nurse training.
- Strengthen guidance on centre oversight, assessment governance, and external examining.
- Build in structured mechanisms for direct learner engagement and evidence review.
- Broaden the evidence base through supervisor interviews, assessment sampling, and progression data.
- We will continue to monitor the impact of remote learning and artificial intelligence, as well as to review policies such as the timing of enrolment in training programmes. Identify clearer triggers for enhanced monitoring or follow-up where issues recur.

Engagement

- Create a cross-sector working group, that brings together Awarding Organisations, employers, and professional bodies to identify and address systemic issues.
- Work with Awarding Organisations and support them to fully understand the regulatory requirements and how this translates into their qualification management.
- We will continue to engage with key stakeholders, including students, aiming to explore how we can leverage relationships to engage with as many future new registrants as possible.

7. What We Need Others to Do

We want to continue to work together to make a concerted effort to improve the consistency of dental nurse education and training and see this as a key area of focus going forward. We are keen to support and facilitate this coordination across and between stakeholders.

Responsibility for quality of training and its assessment rests firmly with awarding organisations and providers. They need to strengthen placement oversight and ensure consistent supervision and feedback. They must also ensure that employers provide protected learning time and support high-quality mentorship. Awarding organisations and providers will have to demonstrate that they are ensuring that learners are receiving this protected time as part of the monitoring and inspection process. We will work with dental nurse education and delivery stakeholders, through our quality assurance framework, to ensure they continue to meet the requirements of the Standards for Education. Professional bodies should promote professional identity and career development.

In terms of learner wellbeing and support, Awarding organisations and providers must demonstrate evidence of how this is built into their work placement agreements and regularly reviewed and checked to ensure that learner wellbeing is being given appropriate attention and value by training centres.

But it is important also to look beyond these specific measures. Pre-registration training is critically important, but the broader issues affecting dental nurses as a professional group also need to be recognised and addressed. It is for the dental sector as a whole to address systemic issues such as workforce shortages, pay, and retention.

8. What This Means for the Future of Dental Nurse Education and Training

The current education and training system does produce safe and competent dental nurses. It is not broken but it is inconsistent and challenges remain. We want to support the quality of education and training delivered to trainees and ensure that individuals joining the register meet our requirements and are safe to care and treat patients. Key risks include variation in student experience, inconsistencies in assessment, professionalism concerns, and workforce challenges.

With targeted improvements and collaboration, dental nurse education can become more consistent, better supported, and more sustainable and we are keen to work closely with stakeholders to develop this.

9. Conclusion

Dental nurse education and training continue to produce safe and competent practitioners, but the evidence gathered through this review shows that the system is at risk of not delivering a consistently high-quality experience for all learners. Variation in training quality, inconsistencies in assessment, and the particular vulnerabilities associated with predominantly work based delivery mean that the current model requires targeted improvement.

These challenges do not indicate a system in crisis, but they do highlight areas where the sector must work together to strengthen oversight, support learners more effectively, and ensure that the expectations attached to a registrable qualification are fully understood and embedded. The

revised Standards for Education and the Safe Practitioner Framework provide a strong foundation, but their impact will depend on how well they are implemented and monitored.

As a regulator, we are committed to refining our approach so that it remains proportionate, risk based and responsive to the realities of dental nurse training. We will continue to build constructive relationships with awarding organisations, support providers to meet regulatory expectations, and ensure that our quality assurance activity focuses on the areas of greatest impact on patient safety and learner experience.

With coordinated action across the sector, from awarding organisations, employers, professional bodies and educators, dental nurse education can become more consistent, better supported and more sustainable. The GDC stands ready to play its part in driving this improvement, ensuring that dental nurses enter the profession with the skills, confidence and professional identity needed to deliver high-quality care for patients. Our approach will be cross functional and in collaboration with our stakeholders, with a focus on increasing engagement with learners.

General
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General Dental Council
37 Wimpole Street
London W1G 8DQ
020 7167 6000

Review of Delegations Framework

Executive Director	Katie Spears, Executive Director, Legal & Governance
Author(s)	Rebecca Ledwidge, Head of Governance Jenny Stewart, Senior Counsel & Associate Director, Legal
Type of business	For approval
Purpose	To review the delegations framework and recommend amendments to deliver the aims set out in the Board Effectiveness Review (BER).
Issue	The BER recommended a review of the scheme of delegations to support clearer decision pathways and enable more efficient governance. Feedback from the staff survey suggested that decision making can be slow at the GDC and we aim to be more agile to support effective delivery at pace.
Recommendation	The Council is asked to: • **approve** the proposed principles and framework for the delegations • **note** the changes to the Registrar delegations

1. Introduction

1.1 The Board Effectiveness Review (BER), carried out by Campbell Tickell in 2025, recommended a review of the scheme of delegations, alongside a review of Committee responsibilities and Terms of Reference (ToR). The aim of this is to ensure that decisions are taken at the right level, with appropriate assurance provided and minimal overlap and duplication. The review aims to:

a. Clarify boundaries between what is reserved to the Council (strategy, oversight, key decisions) and what should sit with the Executive (operational delivery) and Committees (scrutiny/assurance within remit). This ensures that roles and responsibilities are clear.

b. Reduce duplication and 'reconsideration' of the same issues across Committees and Council, which the BER links to slow decision-making and inefficiency.

c. Improve use of time for the Council, its Committees, and the Executive by avoiding unnecessary escalation and repeat discussions and blurring lines in respect of accountability.

d. Empower senior staff/ELT to make appropriately agile operational decisions while retaining the right oversight at Council level to scrutinise and challenge.

e. Counter 'mission creep' where Committees (or Council) drift into operational detail.

f. Ensure that GDC staff are appropriately empowered and accountable for decision making that properly sits within their remit, without unnecessary escalation of lower risk and lower impact decision making to the Executive. This is viewed as an important lever in large scale shift in organisational culture.

1.2 This paper sets out the broad principles and framework for the revised delegations along with the proposed revisions to the legal delegations (**Appendices 1 – 4**, to reduce the volume of papers these have been made available in the resources section of Board Intelligence). If the

principles and framework are agreed, along with relevant roles and responsibilities in respect of the Council, Finance and Performance Committee (FPC) and the Executive, this will enable the Financial and People delegations to be framed with those principles in mind. Those proposals which relate to the decision making of the Council and FPC, will then be presented to the FPC and Council for approval in September 2026. The delegations from the Executive to staff will be socialised with the Leadership Community Network and appropriate training and support given to implement the new approach.

1.3 The approach was discussed at the Chairs' Group on 13 May 2026 and the feedback from that session, along with the views of the Audit and Risk Committee (ARC) on 21 May, have been incorporated into this paper. The principles of the revised delegations framework are supported by the ARC and recommended to the Council.

2. Delegations Principles

2.1 This review has been designed to ensure that the delegations framework is clearly aligned with strategic objectives and to protect the roles, responsibilities and time of the Council, its Committees, the Executive. We are keen to ensure that GDC colleagues are spending their time on activity that is most aligned with their roles and responsibilities. The key strategic aims of this review include:

a. Addressing feedback in the BER and in the GDC Staff Survey that decision making at the GDC can be slow, and less agile than we would aspire to be, by removing duplication, bottlenecks and inefficiency. Effective delivery requires careful prioritisation of the time and resources of the Council, its Committees, the Executive and staff.

b. Ensuring that the Council, its Committees and ELT are focused keenly on their respective roles and responsibilities.

- The Council will focus on strategic leadership, effective stewardship, setting the culture and looking outwards to bring relevant voices into Council discussions. It will also provide strong oversight of delivery with high level metrics that support effective challenge and scrutiny. It will be clear where the Council has reserved matters to itself.
- The Committees will play their roles in the assurance framework – scrutinising systems and processes, rather than operational detail – to provide effective assurance to the Council. Committee agendas will be aligned with strategic priorities and strategic risks linked to the delivery of those priorities. Their remit will be tightly focused and levels of assurance communicated clearly to the Council.
- The Executive will focus on strategic leadership and collective operational management of the organisation to deliver against the GDC Strategy. It will support the Council and its Committees by making recommendations and ensuring report writers provide the right information – at an appropriate level of detail – to enable effective scrutiny and decision making.

c. The assurance framework will be designed to ensure best use of time around the stewardship of the organisation towards delivery of organisational goals and ambitions.

2.2 The work on the delegations framework has been framed alongside the review of the Committee TORs, with the Chair's ambitions in mind. The principles underlying that review including:

a. **Strategic stewardship**: Council, Committees, and the Executive are clear on roles; governance is future-focused, supports delivery of the GDC strategy/values, and is

underpinned by effective Board–Executive relationships and a performance framework.

b. **Clear roles and responsibilities**: Council focuses on strategic leadership and outcomes; Committees provide assurance by scrutinising systems/processes (not operational detail) and clearly communicate assurance levels; the Executive leads strategy delivery and provides advice supported by appropriately pitched information; Committees actively refer issues to Council/other Committees when needed.

c. **Outcomes-led oversight**: Governance is anchored in trust/effectiveness, enables appropriate challenge without excessive operational detail, and uses a small set of agreed outcomes/measures (about 6–12) to track performance; stakeholder confidence and public protection are prioritised.

d. **Effective decision-making**: Clear decision pathways support agility with accountability; committee remits minimise overlap; cross-cutting items are routed via the Chair of Council/Committee Chairs (often through the Chairs' Group); quorum is kept low to maintain agility.

e. **Agenda discipline**: Council and Committee agendas prioritise strategic objectives, priorities, and linked strategic risks.

f. **Culture and behaviours**: Governance reinforces desired culture and values, prioritises EDI, balances empowerment with escalation/accountability, supports Council development and succession planning, and maintains an external stakeholder/regulatory perspective.

3. Delegations Framework

3.1 The proposed revisions to the scheme of delegations strengthen the Council's governance, scrutiny and assurance arrangements by clarifying responsibilities between Council, its Committees and the Executive, tightening committee remits, and ensuring alignment with delivery of the GDC Strategy and assurance framework.

3.2 The Council will continue to reserve the following key matters and spend time annually on them:

a. Strategic risk appetite. The Council will set this appetite annually – informed by the advice of the Executive and the assurance given by the ARC. The Executive will continue to own the Strategic Risk Register – which will be shaped by discussions with ARC and Council – and ARC will focus on testing the controls and levels of assurance on key risks.

b. Equality, diversity and inclusion (EDI) and Culture. This is a strategic priority for the organisation that requires direct Council oversight, particularly in respect of performance against the PSA Standard in respect of EDI.

c. Board appointments, development and effectiveness. The current and future skills mix of the Council, and its succession planning will remain with the Council.

d. Performance oversight – via a quarterly performance dashboard, aligned to suitably high-level outcomes metrics for Council oversight.

e. External stakeholder engagement – via an agreed programme of engagement with external stakeholders to support strategic objectives.

3.3 Under the revised Scheme of Delegations, the Council will approve:

a. GDC Strategy, Business Plan, Annual Retention Fee levels and Reserves Policy.

b. Key supporting strategies.

c. High level metrics to enable outcomes focused discussion on performance. Operational key performance indicators will be agreed by the Executive, and a focused performance pack will be presented to the FPC quarterly for scrutiny.

d. The Annual Report and Accounts – with the bulk of the scrutiny on this being carried out by the ARC and assurance provided to the Council.

e. Scheme of Delegations and making of Rules.

f. The remuneration, appointment and termination of appointment of the Chief Executive & Registrar.

3.4 The review of financial, people and Registrar delegations is intended to remove friction and place decisions with those best positioned to take them. The guiding principles for our delegations framework will be:

a. **We will be guided by our legislative and regulatory framework, strategic ambitions, risk appetite and best practice** in relevant sectors.

b. **Decisions will be taken at the most appropriate level.** This is likely to be where the decision maker is best qualified or informed to take the decision and appropriately accountable for the outcomes.

c. **We will be guided by our values** – Respectful, Transparent, Inclusive and Purposeful. We aim to empower staff, support agility and pace and deliver against our Strategy.

3.5 Responding to feedback from the LCN and staff survey that we can be slow, duplicative, risk averse and prone to unnecessarily escalation, we aspire that these shifts will be a powerful lever for cultural change. We aim to reduce bottlenecks, free leadership time for strategic oversight, and support timely decisions by colleagues closer to the issue. Implementing the changes will require learning and development to build capability and confidence in the shift in responsibilities.

3.6 The proposed changes to the legal delegations are set out in **Appendices 1 – 4** (available in the resources section of Board Intelligence), these include:

a. Tidying up amendments in respect of changes to team names and role titles.

b. Amendments to reflect legislative changes since the last review.

c. Moving certain Registrar delegations downwards to a more appropriate level (such as from the Executive Director, Legal & Governance to a Principal Advisory Lawyer). This is a matter for the Registrar, but the Committee is asked to note the approach.

3.7 The Council is asked **to approve** the proposed principles and delegations framework and **to note** the Registrar delegations.

4. Legal, policy and national considerations

4.1 The Council is empowered to delegate appropriate functions to its Committees and to the Executive. None of the proposed delegations are matters reserved to the Council, which should not be delegated.

5. Equality, diversity and privacy considerations

5.1 The revised delegations framework has been drafted with the aim of ensuring clarity of the oversight of EDI in the GDC and the importance placed upon it by the Council and the Executive.

6. Risk and resource considerations

6.1 The revisions to the delegations are intended to provide clarity and appropriate safeguards whilst also removing bottlenecks and duplication. Without amendments, and without effective support to implement the changed approach, there is a risk that arrangements remain less efficient than intended.

6.2 It is recognised that the implementation of the proposed changes will be a cultural step change for the organisation and learning and development support will be required.

7. Monitoring, review and next steps

7.1 If approved by the Council, the matters delegated to the Executive will be set out in revised People and Financial delegations and these will be reported back to the Council.

Appendices (available in the resources section of Board Intelligence)

1. Appendix 1 - Draft Delegation Statement 2026
2. Appendix 2 - Draft GDC (Delegation of Functions) Rules 2026
3. Appendix 3 – Draft Scheme of Delegation (Council) 2026
4. Appendix 4 - Draft Scheme of Delegation (Registrar) 2026

03 June 2026

Board Effectiveness – Committee Terms of Reference

Executive Director	Katie Spears, Executive Director, Legal & Governance
Author(s)	Rebecca Ledwidge, Head of Governance
Type of business	For decision
Purpose	To facilitate a Council decision on the revised Terms of Reference (ToR) for the Committees of Council.
Issue	The Board Effectiveness Review identified areas of opportunity for the Council to refine the ToRs of its Committees to enable more effective scrutiny and stewardship at a strategic level.
Recommendation	The Council is asked to **approve** the proposed ToR for its Committees and **approve** new Standing Orders that effect these changes.

1. Introduction

1.1 Following the Board Effectiveness Review (BER) carried out by Campbell Tickell in 2025, recommendations were made to enhance the effectiveness of the Council's Committee structure through revisions to Committee Terms of Reference (ToRs). The BER Implementation Plan, approved by Council in April 2025, set out that the review of the delegations framework should go to Council (via ELT and ARC) for approval.

1.2 Committee ToRs were last reviewed in 2022, and they reflected the needs of the Council at the time. There has been significant change since that time – we have a new Chief Executive, a new Chair, newly constituted Council, new values and an improved relationship of trust and confidence. The Council has approved a new Strategy and Business Plan and is committed to maintaining an external focus, including the voices of key stakeholders to support effective decision making.

1.3 This review has been designed to ensure that the assurance framework remains fit for purpose, is clearly aligned with strategic objectives and that the Council and its Committees are spending their time that is most aligned with their roles and responsibilities. The key strategic aims of this review include:

a. Addressing feedback in the BER and in the GDC Staff Survey that decision making at the GDC can be slow, and less agile than we would aspire to be, by removing duplication and inefficiency. Effective delivery requires careful prioritisation of the time and resources of the Council, its Committees, the Executive and staff.

b. Ensuring that the Council, its Committees and ELT are focused keenly on their respective roles and responsibilities. The review of the Committee TORs adopts the principles of the Delegations Framework outlined in the paper on the Council's agenda at this meeting.

- The Council will focus on strategic leadership, effective stewardship, setting the culture and looking outwards to bring relevant voices into Council discussions. It will also provide strong oversight of delivery with high level metrics that support effective challenge and scrutiny. It will be clear where the Council has reserved matters to itself.
- The Committees will play their roles in the assurance framework – scrutinising systems and processes, rather than operational detail – to provide effective assurance to the Council. Committee agendas will be aligned with strategic priorities and strategic risks linked to the

delivery of those priorities. Their remit will be tightly focused and levels of assurance communicated clearly to the Council.

- The Executive will focus on strategic leadership and collective operational management of the organisation to deliver against the GDC Strategy. It will support the Council and its Committees by providing the right information – at an appropriate level of detail – to enable effective scrutiny and decision making.

c. The assurance framework will be designed to ensure best use of time around the stewardship of the organisation towards delivery of organisational goals and ambitions. Committee operations will be consistent and there will be visibility of equality, diversity and inclusion (EDI) considerations across the Committee structures.

1.4 This review has been informed by:

a. The new GDC Strategy, Business Plan and key organisational objectives.

b. The findings of the BER and staff survey.

c. Discussions at the Council in February and April 2025 – when the BER implementation plan was approved.

d. Discussions at the Audit and Risk Committee in respect of the overall delegations framework and principles (in 2025 and most recently in May 2026).

e. Discussions with the Committees in respect of the findings of the BER and in respect of the draft TORs (in 2025 and 2026).

f. Discussions with the Committee Chairs, the Senior Independent Council Member, the Chief Executive and Chair of Council in 2026.

1.5 These elements have been incorporated into the proposals and the revised ToR explicitly aligned to strategic priorities. A summary of the principles used to inform this review is set out at **Appendix 1**. If the Council agree the principles should act as an on-going guide to how we operate, they will be incorporated into a refreshed Board Charter.

2. Summary of and rationale for proposed changes

2.1 The proposed revisions to the Committee ToR are designed to strengthen the Council's governance, scrutiny and assurance arrangements by clarifying responsibilities between Council, its Committees and the Executive, tightening committee remits, and ensuring alignment with delivery of the GDC Strategy and assurance framework. There will be an express provision for each Committee that they will appropriately escalate to the Council strategic issues that fall within their remit that might impact Council-level metrics and will consider their respective remits and responsibilities and refer key matters to each other - in line with the ToRs - to ensure a holistic view is presented to the Council.

2.2 The Council will continue to reserve the following key matters and spend time annually on them:

a. Strategic risk appetite. The Council will set this appetite annually – informed by the advice of the Executive and the assurance given by the Audit and Risk Committee (ARC). The Executive will continue to own the Strategic Risk Register – which will be shaped by discussions with ARC and Council – and ARC will focus on testing the controls and levels of assurance on key risks.

b. Equality, diversity and inclusion (EDI) and Culture. This is a strategic priority for the organisation that requires direct Council oversight, particularly in respect of performance against the PSA Standard in respect of EDI.

c. Board appointments, development and effectiveness. The current and future skills mix of the Council, and its succession planning will remain with the Council.

d. Performance oversight – via a quarterly performance dashboard, aligned to suitably high-level outcomes metrics for Council oversight.

e. External stakeholder engagement – via an agreed programme of engagement with external stakeholders to support strategic objectives.

2.3 In line with the revised Scheme of Delegations, the Council will approve:

a. GDC Strategy, Business Plan, Annual Retention Fee levels and Reserves Policy.

b. Key supporting strategies.

c. High level metrics to enable outcomes focused discussion on performance. Operational key performance indicators will be agreed by the Executive, and a focused performance pack will be presented to the FPC quarterly for scrutiny.

d. The Annual Report and Accounts – with the bulk of the scrutiny on this being carried out by the ARC and assurance provided to the Council.

e. Scheme of Delegations.

f. The remuneration, appointment and termination of appointment of the Chief Executive & Registrar.

2.4 The Committees will continue to deliver key parts of the GDC assurance framework. It is proposed that the current approach to composition, quoracy and chairing remains to ensure agility of decision making. All Committees will have the ability to seek independent legal advice should the need arise. The key proposals for each Committee are summarised below.

Audit and Risk Committee (ARC) – Appendix 2

2.5 The proposed changes strengthen the ARC's role in providing assurance to the Council, particularly in relation to risk management and financial reporting. It is made clear that the ARC has a particular responsibility for escalating to the Council risks that relate to Board level metrics and will, for example, refer to the FPC if there are risks that might impact finance or performance. The Council's responsibility for setting risk appetite is made explicit, with the Committee providing assurance on whether the Executive is operating within that appetite and advising where reconsideration may be appropriate. The Committee's role in scrutinising the Annual Report and Accounts is clarified and strengthened, including an explicit step to recommend whether the Accounts should be approved by the Council. The Committee will also approve and monitor the GDC Policy Framework (the full list of corporate policies with each assigned to the correct approval body and a review schedule).

2.6 The revised ToR also improve alignment between risk oversight and delivery of the GDC Strategy, sharpen the Committee's assurance role over probity arrangements, and provide flexibility for the Council or Executive to commission additional scrutiny or assurance within the Committee's remit.

Finance and Performance Committee (FPC) – Appendix 3

2.7 The revisions reposition the FPC as a scrutiny and assurance body, with reduced emphasis on operational approvals and management activity. Matters reserved to the Council - such as approval of strategy, fee-setting and key strategic decisions - are made explicit, with the Committee providing assurance over the holistic performance of the organisation to support Council decision-making.

2.8 Performance oversight is refocused on a defined set of priority outcomes linked to delivery of the GDC Strategy, improving strategic clarity and focus. The Committee will continue to hold oversight of key programmes of work, such as end-to-end Fitness to Practise performance, and delivery against supporting strategies (such as the IT strategy and the People Strategy). The Committee's remit in relation to financial strategy and investment is clarified. Consistent with other Committees, the revised ToR include provision for the Committee to undertake additional commissioned scrutiny where required.

Remuneration and Nomination Committee (RemNom) – Appendix 4

2.9 The BER noted that there was a desire among some stakeholders to extend the scope of RemNom to create a more fulsome People Committee brief. The report recommends that the Council is specific about which elements of the people agenda are within scope and notes that there are some

people aspects which should not be delegated from Council (such as EDI and culture) given their strategic importance and the need for the Board holistically to take oversight of these areas.

2.10 The proposed changes clarify the Committee's role in supporting Council oversight of remuneration, appointments and succession planning, while making explicit those matters reserved to the Council. The Committee's remit is expanded to include people elements as they are germane to remuneration and reward. These would include structured consideration of culture and equality, diversity and inclusion (EDI) insights where these impact recruitment, retention, reward, succession and talent management. In line with the other Committees, the Committee will be asked to consider whether matters are appropriate for escalation to the Council or reference to other Committees. For example, if there are likely to be impacts from strategic workforce planning on financial or other performance, these could be referred to the FPC or if there were strategic risks identified by the Committee, these could be referred to the ARC, but the work should not be duplicated across Committees. The responsibility for the appointment, remuneration and termination of the Chief Executive & Registrar will sit with the Council holistically and the current inconsistency in the TORs in respect of the approach to Executive reward (which properly sits with the Chief Executive) has been clarified.

2.11 The revisions align the Committee's work more clearly with the People Strategy and organisational design, while maintaining appropriate separation between Council oversight, Committee assurance and Executive responsibility. Provisions relating to Committee composition are revised to ensure that external expertise is used proportionately and only where required to fill identified skills gaps. Express provision has been made to allow the Council to ask the Committee to scrutinise additional areas (in line with the People Strategy) where it wishes to do so.

Statutory Panellists Assurance Committee (SPC) – Appendix 5

2.12 The revisions enhance the SPC's role by establishing a clearer Council-facing assurance function with a broad understanding of organisational context and a clear feedback mechanism into the GDC's independent panels via training, development, performance and appointments. Whilst the independence of the panels is paramount, it also is important that they are well versed in the GDC strategic aims to be well aligned, supported and with our values integrated fully. The Committee can provide helpful assurance to the Council in this respect.

2.13 The Committee's focus is sharpened on scrutiny and assurance in respect of the delivery of the GDC Strategy. A new mechanism is proposed to be introduced for the Council to agree and periodically review the Committee's strategic priority areas, ensuring alignment with delivery of the GDC Strategy and reducing the risk of remit drift. It is proposed that these agreed areas are agreed with the Chair and Chair of SPC at appropriate intervals. Express provision for thematic reviews of areas of strategic importance has been added. The revised ToR also provides flexibility for the Council or Executive to commission additional scrutiny and assurance as required with agreement of the Committee Chair.

Chairs Group

2.14 It is not proposed that there are formal ToRs for this group as it does not play a role in the formal assurance structure. The Council is asked **to note** that it is attended by the Chair of Council, Committee Chairs, the Senior Independent Council Member, the Chief Executive and the Head of Governance (or appropriate deputies). The meeting is used to ensure oversight of the Committee forward plans, examination of gaps or overlaps and to air key issues or concerns. Where there is potential for overlap or gaps between Committees on key issues or topics, the Chairs Group can take a view as to the most appropriate assurance forum to scrutinise and provide assurance on that work to avoid duplication. The Committees can also report to each other key discussions had on relevant topics to ensure that their respective functions are discharged. This group does not take

formal decisions on behalf of the Council and acts as a forum for discussion and appropriate steering.

3. Standing Orders

3.1 In order to take effect to the revised ToR, the Council is asked **to approve** new Standing Orders for the Conduct of Business of the Council and Committees 2026. There are no substantive changes proposed to the Standing Orders, so to reduce the volume of papers they have been made available in the resources section of Board Intelligence.

4. Legal, policy and national considerations

4.1 The Council is empowered to delegate appropriate functions to its Committees. None of the areas that fall within the draft ToR are matters reserved to the Council, which should not be delegated.

5. Equality, diversity and privacy considerations

5.1 The amended ToRs have been drafted with the aim of ensuring clarity of the oversight of EDI in the GDC and the importance placed upon it by the Council, its Committees and the Executive.

6. Risk and resource considerations

6.1 The revisions to the ToR are intended to provide clarity and mitigate the risk of duplication and mission creep across Committees. Without amendments, there is a risk that Council oversight and assurance arrangements remain less efficient than intended. The revision of the ToRs should enable the Governance team to set clearer and longer term workplans in place to help facilitate the key business and strategic objectives of the organisation. Whilst updating the technical documents supporting our framework is key, embedding them and holding ourselves accountable in respect of the intentions of the Council in this respect is important to change the culture and facilitate delivery. Consideration will be given as to whether the programme of Board development can support this aim.

7. Monitoring, review and next steps

7.1 The Council have received the Campbell Tickell report on board effectiveness (available in the resources section of Board Intelligence). The Council has committed to an annual internal review of its own effectiveness and an external review every three years. It is proposed that, if the revisions are approved by the Council, that they are reviewed as part of a 'look-back' session. The Governance team will also adjust the workplans of the Committees accordingly, in conjunction with their respective Chairs.

Appendices

1. Appendix 1 – Principles
2. Appendices 2 - 5 – Proposed revised Committee Terms of Reference (ARC, FPC, RemNom, SPC)
3. Appendix 6 – Priority focus areas for SPC

09 June 2026

Terms of Reference Review – Six Principles underpinning the GDC's Assurance Framework

Governance at the GDC is designed to ensure that our decision making is effective, timely and informed by the right information to meet our strategic aims. These principles are intended to support the review of the Committee Terms of Reference. They set expectations for how governance supports strategic oversight, effective scrutiny and timely decision-making and are linked to the objectives of the Chair and Chief Executive.

Principles:

Principle	Aims
Strategic Stewardship	• Council, its Committees and the Executive are keenly focused on their respective roles and responsibilities. This is visible internally and externally. • Effective stewardship supports delivery of the GDC Strategy and promotes GDC values and culture. • Approach is future-focused and supports delivery of the strategy over the medium to long term. • Effective relationships between the Board and Executive supports delivery. • An effective performance framework allows each tier of the governance framework to oversee delivery in line with its role and responsibility.
Roles and responsibilities are clearly delineated	• The Council will focus on strategic leadership, setting the culture, monitoring high level outcomes-based measures of performance and will bring external perspectives into its decision making. • The Committees will play their roles in the assurance framework – scrutinising systems and processes, rather than operational detail – to provide effective assurance to the Council. Their remit will be tightly focused, and levels of assurance communicated clearly to the Council. • The Executive will focus on strategic leadership and collective operational management of the organisation to deliver against the GDC Strategy. It will support the Council and its Committees by providing the right information – at an appropriate level of detail – to enable effective scrutiny and decision making.

	• The Committees will expressly consider which matters need to be referred to the Council – with an eye on Council level metrics – and will expressly consider which matters might need to be referred to the other Committees, with their TORs in mind.
Outcomes-led oversight	• Focus on the GDC being trusted and effective is embedded within our governance framework. • Discussions and papers enable effective challenge at the appropriate level, avoiding unnecessary operational detail. • Oversight is anchored in a small set of agreed outcomes and measures (e.g., 6–12), providing a 'top-slice' view of performance. • Key GDC stakeholders will observe sector level leadership aligned to GDC values and outcomes in respect of public protection and public confidence are prioritised.
Effective decision making	• There are clear pathways supporting agility while maintaining accountability. • The Executive are accountable for the delivery of the Strategy and are supported and challenged by the Committees and Council to deliver. • Committee remits are designed to minimise overlap, with clear mechanisms for delegation and cross-referral where needed. • Where an item spans more than one Committee's remit, the Chair of Council (in consultation with Committee Chairs) agrees which Committee is commissioned to lead scrutiny. The commissioned Committee may consider relevant aspects that would otherwise fall within another Committee's remit, to reduce duplication and ensure coherent oversight. This is normally agreed through the Chairs' Group, which reviews forward workplans, item routing to Council, and identifies any gaps requiring commissioning. • Quorum requirements are set at a low threshold (e.g., two or three members) to support agility. Chairs will, however, normally seek attendance from the majority of Committee members wherever possible.
Agenda discipline	• Council time and agendas prioritise delivery of strategic objectives and accountabilities. • Committee agendas will be aligned with strategic priorities and strategic risks linked to the delivery of those priorities.

	• ELT will prioritise its focus on areas where it adds most value and delegations will support empowerment and accountability to a wider group of leaders and staff.
Culture and behaviours	• Governance arrangements reinforce the desired culture, including behaviours, values and ways of working. • EDI is prioritised and led from the top. • Governance is values-led and proportionate, balancing trust and empowerment with clear accountability and escalation. • Council development is prioritised so members can work on improving GDC systems, behaviours, and with a focus on succession planning. • Council maintain an external perspective, considering stakeholders, regulation, risk and the wider operating environment.

Audit and Risk Committee Terms of Reference

Scrutiny and Assurance Role

To ensure delivery of the GDC Strategy and monitor effective performance, the Council requires its Committees to scrutinise and provide assurance in respect of defined areas.

Relevant Matters Reserved to the Council

C1. The setting of risk appetite and the oversight of strategic risks.

C.2 Approval of the Annual Report and Accounts.

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, including the Governance Statement, and providing assurance to the Council to enable its approval.
2. Scrutinising and assuring 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 and assuring the arrangements in place in the organisation for raising concerns in relation to fraud, whistleblowing and special investigations.
5. Escalating to the Council any strategic risks that relate to Council level metrics.
6. Approval and monitoring of the GDC policy framework (i.e. the full list of corporate policies with each assigned to the correct approval body and with an agreed future review date).

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.[1] 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.[2]

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.

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[1] GDC Standing Orders for the Conduct of Business of the Council and Committees 2022,12.10
[2] GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

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

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 consistency of and any changes in accounting policies and practices

b. the methods used to account for significant or unusual transactions

c. the clarity of disclosure in the financial statements

d. the significant estimates and judgements in the financial statements

e. the statement of responsibilities for the annual report and accounts

f. the content of the letter of representation (to be signed by the Chief Executive and Registrar and the Chief Operating Officer ~~Director of Finance~~)

g. the expected representation from the Executive Leadership ~~Management~~ Team and the Chair of the Committee

~~g.~~h. whether to recommend to the Council that the Annual Report and Accounts be approved (or, if not, what further work or assurances are required).

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 to the delivery of the GDC Strategy.

A15. Review, and provide assurance to the Council, in relation to the extent to which the

Executive is operating within the risk appetite set by the Council, and whether the risk appetite remains appropriate. The Council reserves setting risk appetite to itself, advised by the ARC and Executive.

A16. Review the comprehensiveness, reliability and integrity of the assurances provided in relation to internal control and risk management.

A176. The Strategic Risk Register is owned and maintained by the Executive and is shaped by the Council through its consideration of strategic priorities and risk appetite. The Operational Risk Registers are owned and maintained by the Executive. The Committee Sscrutinise and report on the level of assurance to the Council on the adequacy and effectiveness of the organisation's risk management processes. This includes:

a. reviewing the Strategic Risk Register

b. obtaining appropriate assurance over the Operational Risk Registers

c. reviewing the status, movement and trends of risks (including emerging risks), with particular focus on the key threats and constraints that could impede delivery of the GDC Strategy, and the adequacy of mitigations and management actions

d. obtaining assurance on risk management arrangements from internal and external audit and other assurance sources.

Internal Audit

A187. 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].

A198. Consider and monitor management's responses to ~~any major~~ internal audit recommendations.

A2019. 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.[3] The internal auditors should be given the right of direct access to the Chair of the Council and the Committee.

A210. 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

A221. 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.

A232. 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.

A243. Meet with the external auditors at least once year, without the management being

[3] 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.

present, to discuss their remit and any issues arising from the audit.[4]

A254. 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

A265. 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.

A276. 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.

A28.~~7. Scrutinise and report on the level of assurance to the Council in relation to probity matters, including fraud, bribery and corruption, gifts and hospitality.~~Receive reports and assurances on the effectiveness of the organisation's probity framework (including anti-fraud, bribery and corruption, gifts and hospitality, conflicts of interest and related policies). Such probity policies are approved by the Executive, and their operation, compliance and any material breaches (including themes, incidents and investigations) are reported to the Committee.

A29. At the request of the Executive and/or the Council, and with the agreement of the Committee Chair, the Committee may be asked to scrutinise and provide assurance in respect of key strategic areas of focus relevant to its remit.

A30. The Committee will appropriately escalate to the Council matters that relate to strategic risks to Council level metrics and will consider where it is appropriate to refer matters to other Committees for consideration in line with their respective Terms of Reference.

[4] Same process to be followed as in the footnote above.

Finance and Performance Committee Terms of Reference

Scrutiny and Assurance Role

To ensure delivery of the GDC Strategy and monitor effective performance, the Council requires its Committees to scrutinise and provide assurance in respect of defined areas.

Relevant Matters Reserved to the Council

C1. Approval of the GDC Strategy, supporting strategies, and Business Plan.

C2. Setting of the Annual Retention Fees, registration application fees, fees for the Overseas Registration Exam and the reserves policy.

C3. Strategic oversight of delivery of the GDC Strategy (with visibility through performance dashboards and outcomes).

C4. Significant financial decisions that are not delegated to the Executive in the GDC's Financial Delegated Authority.

C5. Approval of a performance framework with appropriate high-level outcomes to enable the Council to effectively monitor performance, with assurance from the FPC on key areas of strategic delivery.

Key purpose

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

a. Reviewing performance against the GDC Strategy in respect of key strategic outcomes. ~~Challenging and monitoring the Executive on financial and other performance.~~
b. Scrutinising and providing assurance on ~~Providing scrutiny and challenge to the Executive on~~ major operational matters with a material financial impact for the organisation.
c. Scrutinising and providing assurance on delivery of ~~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~~ Business Plan and~~,~~ scrutinising and challenging budgetary assumptions (including the robustness of systems, controls and underlying assumptions, but not detailed operational matters).

~~y 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 particular skills and expertise are required and these are not available within the Council, ~~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.[1]

F3. The quorum of the Committee shall be two Council members.[2]

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.~~

F4 ~~7.~~ ~~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.~~ 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

Financial Strategy

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

F5~~8~~. The development of the Business ~~three-year Costed Corporate~~ Plan and annual budget to ensure financial sustainability and ~~that they are~~ robust plans ~~and~~ aligned to delivery of the GDC ~~Corporate~~ Strategy.

F6~~9~~. ~~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 Exam and the reserves policy.~~ Scrutinising significant investment cases in line with the thresholds set out in the Financial Delegated Authority and providing appropriate assurance and escalation to the Council where required.

F7~~10~~. ~~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~~ Scrutiny of any material financial matters about which the Council ought to be made

[1] GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 1.1
[2] GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

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.~~

F8~~12~~. The adherence to and robustness of the treasury, investment and financial procedures policies of the organisation. This includes the financial and banking policies that should be approved in line with the GDC policy framework overseen by the Audit and Risk Committee.

F9~~13~~. The adequacy of the insurance arrangements of the Council.

F10~~4~~. 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:

F11~~5~~. Delivery against the GDC Strategy. This will be supported by a performance framework that provides oversight of strategic delivery, including high-level outcomes to enable effective monitoring of performance in key strategic areas.~~ the Costed Corporate Plan and the reliability and appropriateness of a suite of performance indicators around organisational performance.~~

F12~~6~~. The annual and exception reports on significant procurement activities.

F12. At the request of the Executive and/or the Council, and with the agreement of the Committee Chair, the Committee may be asked to scrutinise and provide assurance in respect of key strategic areas of focus relevant to its remit.

F13. The Committee will appropriately escalate to the Council matters that relate to strategic financial or performance issues that may impact Council level metrics and will consider where it is appropriate to refer matters to other Committees for consideration in line with their respective Terms of Reference.

Remuneration and Nomination Committee Terms of Reference

Scrutiny and Assurance Role

To ensure delivery of the GDC Strategy and monitor effective performance, the Council requires its Committees to scrutinise and provide assurance in respect of defined areas. The remit of this Committee is: focused scrutiny of the systems and processes relating to remuneration and nominations, and structured consideration of culture and equality, diversity and inclusion insights where these impact recruitment, retention, reward, succession and talent management.

Relevant Matters Reserved to the Council

C1. The strategic oversight of culture and equality, diversity and inclusion (EDI).

C2. Succession planning and the recommendation to the Privy Council of appointments and reappointments to the Council.

C3. Succession planning and appointments to the Council's Committees (including Committee Chairs), the appointment of the Senior Independent Council Member and Independent Governance Associates and the appointment of the Chief Executive & Registrar.

C4. Remuneration levels for the Chair of Council, Council Members and Independent Governance Associates.

Key purpose

R1. To scrutinise and 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.[1]
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.
5. Scrutinising information and insights in relation to culture and EDI, such as staff engagement and staff surveys, insofar as those matters impact recruitment, retention, reward, talent management and succession.

[1] Registration and Fitness to Practise panellists, ORE associates, clinical and legal advisers at hearings, and education associates.

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). If particular skills and expertise are required and these are not available within the Council, with the approval of Council, an external member may be appointed ~~Additionally, the Committee will have an external member, who must be appointed~~ in line with the requirements of the GDC Standing Orders.[2] 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.[3]

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. The Council will make the appointment and agree the level of remuneration for the Chief Executive, following scrutiny by this Committee.

R5. Approving the ~~reward~~ terms of any severance agreement for 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

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

[2] GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 12.10
[3] GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

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 Leadership ~~Management~~ Team.

Remuneration and Reward

Chief Executive and Registrar and the Executive Leadership ~~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 , note the Chief Executive's approach to the remuneration policy for ~~and~~ the Executive Leadership ~~Management~~ team. Reward policies~~This~~ will be:

- consistent with organisational objectives and design,
- 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, scrutinise and provide assurance in relation to the proposed ~~amendments to the~~ reward of the Chief Executive. Scrutinise and approve the terms , ~~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 by the Council, 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, consistent with organisational objectives and design, 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 (including pay principles, benefits, recognition, and reward governance), that policies are reviewed at regular intervals and benchmarked against the market~~, if and when, appropriate~~.

R15. At the request of the Executive and/or the Council, and with the agreement of the Committee Chair, the Committee may be asked to scrutinise and provide assurance in respect of key strategic areas of focus relevant to its remit (such as the core pillars of the People Strategy).

R16. The Committee will appropriately escalate to the Council matters that relate to strategic remuneration or nomination issues that may impact Council level metrics and will consider where it is appropriate to refer matters to other Committees for consideration in line with their respective Terms of Reference.

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

Scrutiny and Assurance Role

To ensure delivery of the GDC Strategy and monitor effective performance, the Council requires its Committees to scrutinise and provide assurance in respect of defined areas. In respect of this Committee, its remit relates to the Statutory Committee members and the legal, medical and professional advisers to those Statutory Committees. In line with the GDC Strategy, the Council and Committee Chair will agree priority areas of focus and review them at appropriate points.

Key purpose

The Committee will **scrutinise and provide assurance** in the following areas:

Ap1. The appointments processes for the appointment of Statutory Committee members[1] and the legal, medical and professional advisers to the Statutory Committees.

Ap2. The processes for the oversight of the performance of Statutory Committee members and the legal, medical and professional advisers to the Statutory Committees. This relates to the appraisal and disciplinary processes and the oversight of the delivery of their training.

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

~~Scrutinising the process for the **appointment** of Statutory Committee members[2] and of the legal, medical and professional advisers to the Statutory Committees. This will include the processes used for recruitment and selection.~~
~~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.[3]

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[1] Defined in Section 2 of the General Dental Council (Constitution of Committees) Rules 2009 – includes 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.

[3] Section 3(2)-(4) of the 2009 Rules.

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 and the GDC's framework.

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

Appointments

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.[4]

Ap8. To appoint, from amongst the Statutory Committee members, persons to act as Chairs of the Statutory Committees ('panel Chairs').[5]

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.[6]

Ap 11. To suspend or remove Statutory Committee members from office in line with the appropriate processes.[7]

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.

Ap13. To identify areas for thematic reviews in respect of panel decision making and report back assurance on performance and progress to the Council.

Functions and Duties

In carrying out its functions, the Committee will:

Appointments

Ap143. Scrutinise and provide assurance to the Council on the process for appointing Statutory Committee Members.

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[4] 3 Section 4(4) of the 2009 Rules.

[5] Section 5(1) of the 2009 Rules.

[6] Section 5(3) of the 2009 Rules

[7] Sections 6-8 of the 2009 Rules

Oversight of Performance

Ap154. 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.

Ap165. Scrutinise and provide assurance to Council in respect of the process for the discipline of Statutory Committee members.

Ap176. Monitor and provide assurance to Council on the handling of disciplinary and performance issues in respect legal, medical and professional advisers.

Ap187. 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.

~~*Guidance and Advice*~~

Ap198. At the request of the Executive and/or the Council, and with agreement of the Committee Chair, the Committee may be asked to scrutinise and provide assurance in respect of key strategic areas of focus relevant to its remit.~~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.~~

Ap20. The Committee will appropriately escalate to the Council matters that relate to strategic issues within its remit that may impact Council level metrics and will consider where it is appropriate to refer matters to other Committees for consideration in line with their respective Terms of Reference.

Appendix 1: SPC Terms of Reference

SPC Priority Areas – GDC Strategy 2026 – 2028

For this Strategy period, the priority areas for scrutiny and assurance are:

1. Best practice in respect of hearings case management.
2. With regard to the delivery of Objective 3 of the Strategy, improving the timeliness of the delivery of the Fitness to Practise process, particularly as relates to the Hearings stage.
3. Equality, Diversity and Inclusion themes in respect of the Fitness to Practise process, particularly as relates to the Hearings stage.
4. Performance metrics of a high performing panel, including panel member behaviours.

Investment Policy

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Associate Director, Finance
Type of business	For approval
Purpose	To seek Council's approval of the Investment Principles and Investment Policy following scrutiny and recommendation by the Finance and Performance Committee.
Issue	This policy has been substantially updated following a full review of our approach to financial investment.
Recommendation	The Council asked to: • **Approve** the investment principles (section 3) • **Approve** the investment policy (appendix 1)

1. Executive Summary

1.1 Our Investment Policy has been substantially updated following a full review of the GDC's approach to the management of surplus cash balances. The revised policy establishes a clear framework for investment activity, reflecting public sector accountability requirements and recognised treasury management good practice.

1.2 The policy confirms that investments are held to support the prudent management of surplus cash balances, maintaining financial resilience and liquidity, rather than to generate capital growth or fund future capital expenditure.

1.3 The Finance and Performance Committee (FPC) considered the proposed Investment Principles and Investment Policy at its meeting on 9 June 2026.

1.4 The Committee reviewed the proposed principles, governance arrangements and policy framework and provided comments which have been incorporated into the final documents presented to Council.

1.5 As part of its consideration, the Committee also met with the GDC's investment manager, Evelyn Partners, to obtain assurance regarding the current investment portfolio, investment approach, risk management arrangements and alignment with the proposed principles. The Committee received assurance that the current arrangements remain appropriate and that investment activity is being managed within the agreed mandate. The Evelyn presentation has been made available in the FPC reading room.

1.6 Following its review, the Committee supported the proposed Investment Principles (section 3) and Investment Policy (appendix 1) and recommended them to Council for approval.

2. Further Background

2.1 The GDC has held surplus cash balances across a mix of financial investment vehicles since 2017. These include deposit accounts, banking treasury deposits and externally managed financial investments with balances held in both cash equivalent and equity portfolios.

2.2 Surplus cash balances are held in these investment vehicles order to support our operational resilience, manage financial risk, and ensure the efficient use of public funds. These balances are not held for the purpose of capital growth or to fund future capital expenditure, but rather to ensure that liquidity is maintained and that funds are managed prudently.

2.3 An external investment manager has been appointed (Evelyn Partners) to manage these balances within an agreed mandate. In light of our new Strategy and the recently approached Medium-Term Financial Strategy, there are evolving expectations around how we best utilise financial investment returns to support our modernisation, growing uncertainty in external market conditions and governance requirements. As such, a full and detailed review of the Investment Policy is now considered timely and appropriate; previously this had been restricted to a lighter touch performance review, with 2025's performance having been reported to the ELT in February 2025.

2.4 Evelyn Partners currently manage two portfolios for GDC.

a. **Cautious portfolio:** current value £5.6m, selected strategy 1 (long term target return: CPI)

b. **Equity portfolio**: current value £19m, selected strategy 7 (long term target return: CPI +4%)

2.5 When these portfolios are combined, the aggregate strategy suggests returns of CPI +2.5% to CPI+3%.

2.6 A review of the performance of our financial investment portfolio is presented to the FPC each year as part of our governance oversight.

3. Our proposed investment principles

3.1 The proposed principles refined with FPC engagement are below, for Council discussion and approval:

a. Investments are held to manage surplus cash balances, while recognising investment outcomes may contribution to the organisation's broader financial objectives over time, including supporting investment cases.

b. The preservation of capital is the GDC's primary consideration for the GDC, and the GDC will avoid material risks that could result in loss of principal investment.

c. Liquidity is an important requirement, and investments must be structured to support access to funds in line with operational needs.

d. Investment activity must be proportionate to the size of the GDC's reserves, Council's risk appetite and reflect the expectations set out in MPM.

e. Returns should be optimised where appropriate, while remaining consistent with the requirements for security and liquidity.

f. Investments should be simple, transparent, and capable of being clearly understood by the Council and our stakeholders; supported by appropriate reporting and oversight arrangements.

g. The external investment manager should operate within a clearly defined mandate, with strict limits on risk-taking, including constraints on credit quality, duration, and the use of complex instruments.

h. Accountability for investment decisions must remain with the GDC, supported by appropriate governance structures.

i. The level of investment risk accepted should reflect the anticipated period for which funds can remain invested. Longer-term reserve balances may support exposure to

appropriately diversified growth assets where this is consistent with liquidity requirements, risk appetite and capital preservation objectives.

j. The GDC will invest responsibly and seek to minimise investment exposure to activities that are materially inconsistent with our public purpose and values.

4. Governance arrangements

4.1 Council retains ultimately accountability for the Medium-Term Financial Strategy, that sets out our strategic approach to financial investments and relevant risk appetite.

4.2 The Finance and Performance Committee shall oversee:

a. the Investment Policy
b. investment performance
c. investment risk
d. compliance with this Policy

4.3 Annual investment reports shall be provided to management and the Finance and Performance Committee. This shall include:

a. portfolio valuations;
b. asset allocation;
c. liquidity position;
d. investment performance;
e. compliance with mandates;
f. key risks and risk exposures; and
g. material market developments.

4.4 The Executive is responsible for implementing the approved investment approach and monitoring compliance with approved mandates and risk limits.

4.5 This Policy shall be reviewed every three year and updated whenever there is a material change to the GDC's investment approach, risk appetite or regulatory environment.

5. Legal, policy and national considerations

5.1 The GDCs investment activity is undertaken within the framework of public sector accountability and stewardship. This is in line with our Accounting Direction, and guidance from HMT.

5.2 Our proposed approach to review reinforces this by our proposal to proportionally align with the CIPFA Treasury Management Code, having considered the governance expectations of MPM.

6. Equality, diversity and privacy considerations

6.1 The GDC recognised its responsibilities in relation to EDI as part of our commitment to public value. Whilst the primary objective of investment activity is the preservation of capacity and maintenance of liquidity, the GDC will, where appropriate have regard to responsible investment considerations include ESG factors. This will include considerations of the policy and practices of Evelyn Partners, with that approach remaining proportionate to ensure that the GDC's EDI considerations do not compromise our core duty to manage public funds prudently.

6.2 No direct adverse equality impacts have been identified in relation to the proposed approach and investment principles set out in this paper.

6.3 No personal data or commercially sensitive data is included in this paper.

7. Risk considerations

7.1 The following key risks have been noted, and we will seek to mitigate these through discussions with Evelyn as part of this review and future state, by reviewing of the service contract, performance indicators and governance arrangements:

a. Arrangements may be misaligned between the stated principles and actual investment activity.

b. Over-reliance on the external investment manager as we do not have the skills or internal experience for managing our own portfolios.

c. Insufficient liquidity in stressed economic conditions.

d. Unnecessary complexity in the investment approach.

8. Resourcing considerations and business planning

8.1 None

9. Appendices

9.1 1 – Draft Investment Policy

Samantha Bache, Associate Director, Finance
sbache@gdc-uk.org
Tel: 0121 752 0049

11 June 2026

General Dental Council

Investment Policy

Reference: FIN/ICP11/v.001

Version: 3.0

Status	Working draft	
Policy Owner	Finance	
Approving forum (tick all that apply)	☒ Chief Executive/Registrar/Accounting Officer ☒ Executive Leadership Team (ELT) ☐ Senior Leadership Team ☐ Head of Function ☐ Senior Information Risk Owner	☐ Audit & Risk Committee ☒ Finance & Performance Committee ☐ Remuneration & Nomination Committee ☐ Statutory Panellists Assurance Committee ☐ Council

First Published: 01/01/2023	**Reviewed by:** Associate Director, Finance	**Effective date:** 01 Jan 2026
Last reviewed/revised: 04/06/2026	**Review frequency:** Every 3 years	**Next review due by:** 01/01/2029

1. Purpose and scope

1.1 The investment policy sets out the financial aims and objectives of any financial investment made by the GDC.

1.2 Our investment policy sits alongside our current Medium-Term Financial Strategy (2026-2030), with the underlying principle that any investment does not create a barrier to the delivery of the organisational strategy and portfolio priorities. Any financial investment must be sustainable, represent value for registrant money and benefit public protection.

1.3 The GDC holds investments solely to manage surplus cash balances arising from its reserves position. Investments form part of the GDC's reserves and are not separate from them. The investment portfolio represents the manner in which reserve cash balances are held and managed.

1.4 Investments are not intended to primarily fund significant future capital expenditure, transformation programmes or organisational growth. Decisions regarding future expenditure requirements will continue to be considered through the business planning cycle and managed in accordance with the Reserves Policy and Medium-Term Financial Strategy.

1.5 We however expect that by investing in equities, funds, and bonds, we will obtain a return broadly in line with CPI+ 2.5% over the long term (5 year plus); thereby the return on investment can be used to aid management of inflationary impacts to our budget, registrant fees or facilitate investment in transformational project work.

1.6 The GDC will manage investments in accordance with the principles of Managing Public Money, ensuring that registrant funds are safeguarded and managed prudently.

1.7 The ability to liquidate some investments at short notice must be maintained.

2. Investment principles

2.1 Investments are held to manage surplus cash balances, while recognising investment outcomes may contribution to the organisation's broader financial objectives over time, including supporting investment cases.

2.2 The preservation of capital is the GDC's primary consideration for the GDC, and the GDC will avoid material risks that could result in loss of principal investment.

2.3 Liquidity is an important requirement, and investments must be structured to support access to funds in line with operational needs.

2.4 Investment activity must be proportionate to the size of the GDC's reserves, Council's risk appetite and reflect the expectations set out in MPM.

2.5 Returns should be optimised where appropriate, while remaining consistent with the requirements for security and liquidity.

2.6 Investments should be simple, transparent, and capable of being clearly understood by the Council and our stakeholders; supported by appropriate reporting and oversight arrangements.

2.7 The external investment manager should operate within a clearly defined mandate, with strict limits on risk-taking, including constraints on credit quality, duration, and the use of complex instruments.

2.8 Accountability for investment decisions must remain with the GDC, supported by appropriate governance structures.

2.9 The level of investment risk accepted should reflect the anticipated period for which funds can remain invested. Longer-term reserve balances may support exposure to appropriately diversified growth assets where this is consistent with liquidity requirements, risk appetite and capital preservation objectives.

2.10 The GDC will invest responsibly and seek to minimise investment exposure to activities that are materially inconsistent with our public purpose and values.

3. Investment objectives

Primary

3.1 We aim to ensure long term financial stability of the organisation and ensure we remain a going concern. Therefore, the primary objective of our investment policy is to generate a total return equal broadly equal to CPI+ 2.5% on a 5-year rolling basis.

3.2 It is vital that our investment assets provide flexibility and liquidity to cater for possible changes in our situation and funding requirements. We therefore seek to maintain sufficient liquidity to support operational and strategic requirements. All investments therefore are to be realisable within 7 working days, apart from short term bank deposits that may be unavailable for up to 3 months, or Treasury deposits that will be held for an agreed set term of up to 12 months.

3.3 To manage surplus cash balances prudently and efficiently.

Secondary

3.4 Investment income represents a small proportion of our overall income. We would expect to generate some income from our investments, and do so by seeking to achieve an appropriate level of investment return, net of fees and taxation; within the constraints of the primary objectives and approved risk parameters.

3.5 Investment performance shall be assessed over appropriate time horizons and with due regard to risk, liquidity and market conditions rather than against a single absolute return target.

4. Investment approach

4.1 The GDC may maintain different investment portfolios reflecting varying liquidity requirements and investment horizons.

4.2 Our investments can be broken down into three portfolios.

Table 1 investment asset categories

Portfolio	Term	Risk appetite
Cash/Treasury	Short-term (up to 12 months)	Low risk, maintain real cash value.
Fixed Interest	Medium-term (up to 3 years)	Prepared to accept a low degree of risk to try to preserve the real value of the portfolio over the medium term
Equity	Long-term (5 years +)	Core objective of growth, with a time horizon of five years or more and a risk appetite whereby we are willing to take investment risk to try to generate a higher return.

4.3 The purpose of any portfolio structure shall be to:

- maintain operational liquidity;

- preserve capital;
- diversify risk appropriately; and
- enhance returns within approved risk limits.

4.4 Portfolio allocations shall be determined by liquidity requirements, reserve levels, expected investment horizons, market conditions and approved risk parameters.

4.5 The GDC's investment approach will reflect the different purposes for which cash is held:

- Cash required to support near-term operational requirements will be maintained in readily accessible bank accounts.
- Surplus cash arising from the timing of receipts, including the Annual Retention Fee collections, may be invested in treasury deposits to preserve capital whilst smoothing liquidity requirements throughout the year.
- Free Reserves, which are held to support our long-term financial resilience and would normally only be drawn upon in exceptional circumstances, may be invested in longer-term assets, including equities; subject to appropriate risk consideration and alignment with the GDC Reserves Policy.

4.6 The GDC recognises that diversified investments may experience short-term fluctuations in value. However, where funds can remain invested for longer periods, the risk of permanent capital loss may be reduced and the likelihood of preserving the real value of reserves improved.

4.7 The GDC will maintain sufficient immediately accessible funds to meet anticipated operational requirements.

Cash/Treasury Portfolio policy

4.8 This short-term investment policy is to hold for working capital purposes a portfolio of very low-risk, cash-based investments.

4.9 The funds we hold in the cash/treasury portfolio need to be sufficient to cover planned expenditure for the current GDC Strategy period (2026-2028).

4.10 Short term funds will be deposited with banks as approved from time to time by the GDC, currently Bank of Scotland (Lloyds Banking Group) and NatWest.

Fixed Interest Portfolio policy

4.11 This portfolio is in place to:

- achieve investment returns greater than currently available from bank deposits (after deducting fees), whilst limiting any capital to excess risk
- fund planned expenditure in transformation activities during the GDC Strategy period (2026-2028), that will not be covered by in year fee income.

Equity Portfolio policy

4.12 These assets are not considered required for ongoing operational purposes or planned future expenditure that cannot be covered by fee income.

4.13 We expect that by investing in equities we will obtain a return broadly in line with CPI+ 2.5% over the long term and this portfolio can provide us the greatest protection from future inflationary impact on operational budgets and therefore registrant fees.

4.14 It is accepted that these investments will fall and rise during the short term as these assets have the greatest exposure to market fluctuations.

5. Investment management

5.1 The GDC may appoint an external Investment Manager, however, will retain ultimate decision-making powers in relation to investments.

5.2 The GDC will maintain regular oversight of its relationship with the external investment manager, including periodic review of:

- Fees
- Contract performance
- Portfolio performance
- The suitability of the agreed investment mandate alongside our investment objectives and principles.

5.3 Day to day decision making powers can be delegated to the Investment Manager on terms agreed by the Council.

5.4 The custody of investment documents [share certificates etc] is to be agreed between the Council and the Investment Manager, however where they are held by the Investment Manager, they will be in the name of a Nominee company.

6. Investment risk management

6.1 The GDC maintains a low overall investment risk appetite consistent with its statutory responsibilities and stewardship obligations.

3.3 Risk management arrangements shall seek to minimise:

- capital loss risk
- liquidity risk
- market risk
- credit risk
- concentration risk
- counterparty risk
- operational risk.

6.2 Investment risk shall be considered in the context of both the underlying investment and the expected investment horizon.

6.3 Cash balances that may be required in the short term shall be invested in highly liquid and low-risk instruments in order to minimise the risk of capital loss and ensure funds remain available when required.

6.4 Where reserves are assessed as being available for an extended period, the GDC may invest a proportion of those funds in appropriately diversified longer-term investments.

6.5 While such investments may experience short-term market volatility, a longer investment horizon can reduce the likelihood of permanent capital loss and improve the probability of achieving positive real returns over time.

6.6 Our approach to investments will therefore seek to align investment risk with the expected investment horizon of the underlying funds while maintaining appropriate liquidity and capital preservation.

6.7 Appropriate diversification shall be maintained across counterparties, asset classes and investment instruments where practicable.

6.8 The justification for investing a proportion of available cash in instruments other than cash deposits is the opportunity to achieve investment returns greater than currently available from bank deposits after deducting fees, whilst not exposing any capital to excess risk.

6.9 The objective here is to seek to achieve returns that mitigate the shrinking buying power of cash as a result of an increase in the rate of inflation. Investment advisors will seek to achieve this through investing in "real assets" (equities, property, commodities etc).

6.10 Our current investment risk is set out below:

Fixed interest portfolio

- Risk strategy 1 - 'Seeking to protect the nominal value of capital and will accept lower returns.

Equity portfolio

- Risk strategy 7 – 'Accept a high degree of risk to seek to maximise returns over the long term.'

7. Ethical and responsible investment

7.1 Responsible investing involves considering environmental, social and governance (ESG) issues when making investment decisions and influencing companies or assets.

7.2 The GDC will ensure that material ESG factors are considered effectively alongside any financial decisions taken around investment, alongside the more traditional financial risk approach.

7.3 The GDC avoids any conflict of interest to oral health in the healthcare sector. We have included negative screening principles in the following areas:

- There is to be no direct investment in companies that have more than 5% of turnover in tobacco or alcohol or arms.
- There are to be no direct investments in healthcare providers, to avoid any suggestion of a conflict of interest.
- There is no direct investment in companies involved with the adult entertainment sector.
- The direct investments in companies with more than 5% of turnover in sugar should be avoided.

7.4 Our investment managers approach to ethical investing provides coverage for wider ethical considerations, such as arms trading and green activities

8. Taxation

8.1 Investment income and realised gains are subject to corporation tax in accordance with prevailing legislation.

8.2 Tax implications shall be considered when evaluating investment opportunities and assessing investment performance.

8.3 Only realised gains and retained investment income contribute directly to reserves available for future use. Unrealised gains and losses shall be reported separately and shall not be relied upon in financial planning decisions.

9. Governance, Monitoring and Reporting

9.1 Council retains ultimately accountability for the Medium-Term Financial Strategy, that sets out our strategic approach to financial investments and relevant risk appetite.

9.2 The Finance and Performance Committee shall oversee:

- the Investment Policy
- investment performance
- investment risk
- compliance with this Policy

9.3 Annual investment reports shall be provided to management and the Finance and Performance Committee. This shall include:

- portfolio valuations;
- asset allocation;
- liquidity position;
- investment performance;
- compliance with mandates;
- key risks and risk exposures; and
- material market developments.

9.4 The Executive is responsible for implementing the approved investment approach and monitoring compliance with approved mandates and risk limits.

9.5 This Policy shall be reviewed every three year and updated whenever there is a material change to the GDC's investment approach, risk appetite or regulatory environment.

10. Related policies and procedures

10.1 Related policies

- FINCP02v3.001 Banking Arrangements 2026
- FINCP03v3.001 Financial Delegated Authority 2026-2028
- FINCP09v3.001 Financial Policies and Procedures 2026

11. Monitoring and review

11.1 Our investment performance is subject to an annual investment review, which is reported to the FPC for discussion.

11.2 Monthly monitoring and reporting of investment performance is provided to the Chief Operating Officer.

11.3 The investment policy is subject to annual review and approval by the Finance and Performance Committee.

Minor Changes – approved by Associate Director, Finance	**Significant Changes – approved by relevant forum/Committee**
Correction of spelling errors or typos Changes to layout Change to Policy owner	Change to approving forum, particularly if moving "down" a tier (ARC to ELT for example) - Council Changes to the scope - FPC

Updates to links and external references Addition of definitions Addition of external links	Change to the substance of the Policy - FPC Changes to procedure/process - FPC Changes to roles or responsibilities within the Policy - FPC

12. Appendices relevant to the ICP

- GDC Statement of Investment Principles

Appendix 1 – GDC Statement of Investment Principles

- Investments are held to manage surplus cash balances, while recognising investment outcomes may contribution to the organisation's broader financial objectives over time, including supporting investment cases.
- The preservation of capital is the GDC's primary consideration for the GDC, and the GDC will avoid material risks that could result in loss of principal investment.
- Liquidity is an important requirement, and investments must be structured to support access to funds in line with operational needs.
- Investment activity must be proportionate to the size of the GDC's reserves, Council's risk appetite and reflect the expectations set out in MPM.
- Returns should be optimised where appropriate, while remaining consistent with the requirements for security and liquidity.
- Investments should be simple, transparent, and capable of being clearly understood by the Council and our stakeholders; supported by appropriate reporting and oversight arrangements.
- The external investment manager should operate within a clearly defined mandate, with strict limits on risk-taking, including constraints on credit quality, duration, and the use of complex instruments.
- Accountability for investment decisions must remain with the GDC, supported by appropriate governance structures.
- The level of investment risk accepted should reflect the anticipated period for which funds can remain invested. Longer-term reserve balances may support exposure to appropriately diversified growth assets where this is consistent with liquidity requirements, risk appetite and capital preservation objectives.
- The GDC will invest responsibly and seek to minimise investment exposure to activities that are materially inconsistent with our public purpose and values.

General Dental Council gdc-uk.org

A closed meeting of the Council of the General Dental Council

13:30 on Friday 19 June 2026 at the

Radisson Blu Hotel, 301 Argyle St, Glasgow G2 8DL

Members:

Helen Phillips (Chair)

Reshard Auladin

Ilona Blue

Donald Burden

Mike Driver

Bill Gunnyeon

Angie Heilmann

Serbjit Kaur

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

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

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

Rebecca Ledwidge: Head of Governance, General Dental Council

Email: rledwidge@gdc-uk.org

[1] Section 5 of the General Dental Council Standing Orders for the Conduct of Business of Council and Committees 2022

Closed Council Meeting

PART ONE - PRELIMINARY ITEMS

1.	**Welcome and Apologies for Absence**	Helen Phillips, Chair of the Council	13:30 – 13:35 (5 mins)	Verbal
2.	**Declarations of Interest**	Helen Phillips, Chair of the Council		
3.	**Minutes of Previous Meetings** To note approval of the full minutes of the closed meeting held on 24 April 2026	Helen Phillips, Chair of the Council		Paper
4.	**Matters Arising and Rolling Actions List** To note any matters arising from the closed meeting held on 24 April 2026 and review the rolling actions list	Helen Phillips, Chair of the Council		Paper
5.	**Decisions Log** To note decisions taken between meetings under delegation	Helen Phillips, Chair of the Council		Paper

PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
6.	**Chief Executive's Report** Gurvinder Soomal, Chief Operating Officer	Noting	13:35 - 13:45 (10 mins)	Paper
7.	**Strategic Risk Register** Sam Clements, Head of Risk Management and Internal Audit	Approval	13:45 -14:05 (20 mins)	Paper
8.	**Annual Report and Accounts 2025** Samantha Bache, Associate Director, Finance Colin MacKenzie, Head of Nations and Engagement	Approval	14:05 -14:20 (15 mins)	Paper
9.	**Consultation on draft GMC order** Stefan Czerniawski, Executive Director, Strategy	Noting	14:20 - 14:30 (10 mins)	Paper

PART THREE - CONCLUSION OF BUSINESS

10.	**Any Other Business**	Helen Phillips, Chair of the Council	14:30 -14:35 (5 mins)	Oral

11.	**Date of Next Meeting** 18 September 2026, Colmore Square, Birmingham	

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 48 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
C1	**Minutes of the meetings of the Non-Statutory Committees** 1) Statutory Panellists Assurance Committee – 18 May 2026 2) Audit and Risk Committee – 21 May 2026	Governance Managers	Noting	Closed	17 June 2026

Reading Room items

The following items contain additional papers that are provided in the Council Reading Room in the Resources section of Board Intelligence.

No.	Item	Authors	For	Closed/Public
R1	**Item 9** – Consultation on draft GMC Order – consultation document	Stefan Czerniawski	Noting	Closed

Board Charter

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

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

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

The Council and the Executive team are committed to:

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

This Board Charter will be used:

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