

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

**12.30pm** on Friday 21 October 2022 at the General Dental Council,

37 Wimpole Street, London

### **Members:**

Lord Harris (Chair)

Terry Babbs

Ilona Blue

Donald Burden

Anne Heal

Angie Heilmann MBE

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Laura Simons

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

**If you require further information or if you are unable to attend, please contact Katie Spears (Board Secretary) as soon as possible:**

Katie Spears, Head of Governance and Board Secretary, General Dental Council

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

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<sup>1</sup> Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business of Council and Committees 2022

## Public Council Meeting

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

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

### PART ONE - PRELIMINARY ITEMS

<b>1.</b>	<b>Welcome and apologies for absence</b>	Toby Harris, Chair of the Council	12.30 – 12.35pm  (5 mins)	Oral
<b>2.</b>	<b>Declarations of Interest</b>	Toby Harris, Chair of the Council		Oral
<b>3.</b>	<b>Questions Submitted by Members of the Public</b>	Toby Harris, Chair of the Council		Paper
<b>4.</b>	<b>Minutes of Previous Meetings</b>  To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 23 September 2022	Toby Harris, Chair of the Council		Paper
<b>5.</b>	<b>Matters Arising and Rolling Actions List</b>  To note any matters arising from the public meeting held on 23 September 2022 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
<b>6.</b>	<b>Decisions Log</b>  To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Paper

### PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
<b>7.</b>	<b>Corporate Strategy – Consultation Response</b>  Os Ammar, Interim Associate Director, Policy and Research	For approval	12.35 – 12:55pm  (20 mins)	Paper
<b>8.</b>	<b>Corporate Strategy 2023-25</b>  Stefan Czerniawski, Executive Director, Strategy	For approval	12:55 – 1.15pm  (20 mins)	Paper
<b>9.</b>	<b>Costed Corporate Plan 2023-25 and Budget 2023</b>  Gurvinder Soomal, Chief Operating Officer Sam Bache, Associate Director, Finance	For approval	1.15 – 1.45pm  (30 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
	Dave Criddle, Head of Business Intelligence, Delivery and PMO			
10.	<b>Reserves Policy</b> Sam Bache, Associate Director, Finance	For approval	1.45 – 1.55pm (10 mins)	Paper
<b>Comfort break – 1.55 – 2.10pm (15 mins)</b>				
11.	<b>Annual Retention Fee Levels Regulations</b> Tey Hassan, Principal Advisory Lawyer Sam Bache, Associate Director, Finance	For approval	2.10 – 2.15pm (5 mins)	Paper
12.	<b>Promoting Professionalism – Update on progress and consultation</b> Os Ammar, Interim Associate Director, Policy and Research Ross Scales, Head of Upstream Regulation Kristen Bottrell, Policy Manager	For discussion and approval to consult	2.15 – 2.45pm (30 mins)	Paper
13.	<b>Appointment of External Auditors</b> Sam Bache, Associate Director, Finance	For approval	2.45 – 2.55pm (10 mins)	Paper

### PART THREE - CONCLUSION OF BUSINESS

14.	<b>Any Other Business</b>	Toby Harris, Chair of the Council	2.55 – 3.00pm (5 mins)	Oral
15.	<b>Date of Next Meeting</b> Friday 16 December 2022			

**Minutes of the Meeting of the  
General Dental Council  
held at 10.00am on Friday 23 September 2022  
in Open Session at 37 Wimpole Street, London**

**Council Members present:**

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

**Executive Directors in attendance:**

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
Dawn Bettridge	Interim Executive Director, Organisational Development
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Lisa Marie Williams	Executive Director, Legal and Governance

**Staff and Others in attendance:**

Osama Ammar	Interim Associate Director, Policy and Research (item 8 and 9)
Lee Bird	Interim Deputy Head of Governance (throughout the meeting)
John Middleton	Head of Organisational Development and Inclusion (item 12)
Joanne Rewcastle	Associate Director, Communications and Engagement (throughout the meeting)
Ross Scales	Head of Upstream Regulation (item 10)
Katie Spears	Head of Governance (Secretary) (throughout the meeting)

**Others in Attendance:**

Members of the public attended as observers.

## Apologies

None.

### 1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including members of the public who had joined to observe. The Chair noted that there had been a considerable amount of change and turbulence over the preceding months, including in the financial climate, and that this would need to be factored into the Council's decision making on key issues in the upcoming weeks.

### 2. Declaration of interests

- 2.1 In relation to the substantive meeting agenda, all registrant Council Members declared an interest in Item 8 - the Boundaries of Regulation and Item 9 – Oral and Maxillofacial Surgeons Registration Review. All Council Members declared an interest in Item 12 – Committee Appointments.

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

- 3.1 The Council **noted** that no questions had been received.

### 4. Approval of Minutes of Previous Meeting

- 4.1 The full minutes of the public meeting and the abbreviated minutes of the closed meeting held on 24 June 2022 had been **approved via correspondence**.

### 5. Matters Arising and Rolling Actions List

- 5.1 The Council **agreed** that the action marked as 'suggested complete' could be considered completed.

### 6. Decision Log

- 6.1 The Council **noted** that one decision had been taken by correspondence since the last meeting. On 25 July 2022, the Council had approved the Statutory Panellists Assurance Committee (SPC) recruitment process and this work was underway.

### 7. Assurance Reports from Committee Chairs

#### Audit and Risk Committee

- 7.1 The Chair of the Audit and Risk Committee (ARC) updated the Council on the work of the Committee since the last Council meeting. The Committee had met once and had considered the following key business:
- a. Equality, Diversity and Inclusion (EDI) framework and action plan – as it pertained to operational risks to the organisation's EDI strategy. The Committee had carefully scrutinised the revised plan and discussed measurable, timed objectives. The Committee had recommended the revised plan to the Council for approval and suggested that the Committee continue to monitor the development of the work, as it related to the mitigation of organisational risk.
  - b. Strategic Risk Register (SRR) – the Committee had scrutinised and provided assurance on the SRR.

- c. Annual Report and Accounts 2022 (ARA) – the Committee had scrutinised the proposed timetable, given the change in external and internal auditors, and had been assured that the proposed timetable was deliverable. The Council would be updated if this changed.

7.2 The Chair of Council noted that there were strategic risks associated with the organisation's Estates.

Finance and Performance Committee

7.3 The Chair of the Finance and Performance Committee (FPC) updated the Council on the work of the Committee since the last Council meeting. The Committee had met three times and given in-depth scrutiny to the Costed Corporate Plan 2023-2025 (CCP) and Budget 2023. The Council discussed the difficulties that the organisation was facing around recruitment and retention and noted the focus of the Executive Management Team (EMT) on this issue.

Remuneration and Nomination Committee

7.4 The Chair of the Remuneration and Nomination Committee (RemNom) updated the Council. The Committee had met once since the last meeting of the Council. It had considered the recent and upcoming cycles of Board recruitment and had provided assurance on the appointment and reappointment processes, the appraisal processes for the Chair and Chief Executive and the staff remuneration framework.

Statutory Panellists Assurance Committee

7.5 The Chair of the Statutory Panellists Assurance Committee (SPC) updated the Council on the work of the Committee since the last Council meeting. The Committee had met once and had considered the progress of the Adjudication Separation work, the work to strengthen case management within Hearings, and statistical updates on the progress of cases. The Council heard that the Committee was beginning preliminary work on a framework for assuring the performance of individual panellists.

7.6 The Council **noted** the updates.

## 8. **Boundaries of Regulation**

The Interim Associate Director, Policy and Research joined the meeting.

8.1 The Interim Associate Director, Policy and Research presented the paper which outlined that, in December 2021, the Council had approved a framework to ensure that consistent and proportionate interventions were developed to handle cases that fell at the boundaries of the current regulatory model. Many of these arose due to the advent of new models of care, innovative clinical practice and technological and business advances. Other challenges arose from the changes in expectations, structures, and capabilities of regulators. The paper provided an update on how these cases were helping frame routine policy development activity and requested that the Council approve a protocol for making decisions on the appropriate responses to these types of cases.

8.2 The Council discussed the following:

- a. There was a need to ensure that sufficient horizon-scanning was taking place to anticipate longer term innovation and change within dentistry, and within the regulatory environment. Despite a strong programme of stakeholder engagement, the organisation could work to become even more accessible to gather

intelligence about upcoming regulatory challenges. The publicity of the protocol could encourage people to approach the organisation.

- b. The combination of the framework and protocol was welcome and would help to ensure consistency, fairness and proportionality of decision making.
- c. A set of criteria to prioritise upcoming issues might be a useful addition to the framework in future.

8.3 The Council **approved** the protocol for taking decisions in Boundaries of Regulation cases and **noted** that horizon scanning could be a useful topic for a future Council away day.

## 9. Oral and Maxillofacial Surgeons Registration Review

9.1 The Interim Associate Director, Policy and Research presented the paper which outlined the proposed policy position statement on the requirements for Oral and Maxillofacial Surgeons (OMFS) to register with the GDC. The paper outlined that the legal framework provided an exemption to the prohibition on the practice of dentistry by those who were not registered with the GDC. The exemption was for those 'medical tasks' carried out by other appropriately qualified, registered and regulated professionals but there was a current lack of clarity as to when that exemption applied. Legally, OMFS were currently in a position where they could elect to register with the either or both the GMC and GDC.

9.2 The policy position statement was designed to provide further clarity as to the registration requirements for these professionals. It aimed to ensure that patient safety was maintained, by clarifying expectations on healthcare professionals to practise safely and legally, whilst using their professional judgement. The Council was asked to approve the policy position statement.

9.3 The Council discussed the following:

- a. There had been good engagement with other interested parties – such as the representative organisations for OMFS and prosthetists, and with other regulators. Other interested parties could also be informed of the proposed approach before publication, such as the Dental Schools Council, COPDEND and the Association of Dental Hospitals.
- b. There was a need for clarity in this area to promote patient safety and to make practitioners aware of their responsibilities to register appropriately. Dental students were subject to a separate exemption with the legal framework but could be impacted by this area as it might influence the choices made around registration by their supervisors. The Council noted that the proposed approach aligned with the broader principles of professionalism that reflected the direction of travel for the organisation.
- c. The Council noted that there was no regulatory gap in this area and, accordingly, the risk to the public was limited. This should be communicated clearly to the public. Given that undertaking dentistry without appropriate registration was illegal, it should also be made very clear when registration with the GDC **was** required. The Council also noted that a flowchart might be useful in the presentation of the material, particularly to distinguish between the legal risk and the risk around a professional's duty of care.
- d. Some Members of Council found the examples used in the position statement led to more confusion than clarity, so asked that these be re-worked before being

presented to Council again for approval. It was noted that it might also be worth scheduling a review period for the position statement, perhaps in five years' time.

- 9.4 The Council **approved the proposals in principle** but asked that the above points be addressed, including clarifying the examples. The **paper would be presented to the Council again** in December seeking approval to publish the revised text as the organisation's position statement.

The Interim Associate Director, Policy and Research left the meeting.

## 10. Expectations of New Registrants Review

The Head of Upstream Regulation joined the meeting.

- 10.1 The Head of Upstream Regulation presented the paper which requested approval from the Council to consult upon 'The Safe Practitioner Framework' and associated drafts for each professional title. The main changes proposed in the consultation paper were: adopting the term 'safe practitioner' to describe a newly qualified dental professional, the introduction of 'behaviours' as part of the professional attributes expected from these practitioners and some areas of new and updated content (for example, around EDI, insight, wellbeing and complaints handling).

- 10.2 The Council discussed the proposed approach and was in favour of the direction of travel. The team was asked to re-consider the sequencing of learning outcomes in the framework and reminded that the work of dental technicians was predominantly technical, rather than clinical. The Council also noted that clarity was important around the expectations of practitioners around using their judgement on 'day one' of practice and how this would evolve over time, and that the views of the public/patients on the proposed approach should be sought. The team was asked to re-word paragraph 3.3a regarding references to the approach to EDI.

- 10.3 The Council **approved** the proposals for consultation and noted that the collated feedback and proposed approach would return to the Council in spring 2023.

The Head of Upstream Regulation left the meeting.

## 11. Equality, Diversity and Inclusion (EDI) Strategy and Action Plan Update

The Head of Organisational Development and Inclusion joined the meeting.

- 11.1 The Interim Executive Director, Organisational Development and Head of Organisational Development and Inclusion presented the paper which proposed a newly prioritised EDI framework to support the delivery of the EDI strategy, via four key priorities, and an update on its implementation to date.

- 11.2 The Council discussed the following:

- a. There was good progress with the work since the last Council meeting. The Council heard that the ARC had reviewed the framework at its most recent meeting in respect of its function as a mitigation against operational risk. The Committee had made it clear that measurable outcomes would be important to assess whether the work was effecting real change in the desired areas and whether the framework was an effective risk mitigation.
- b. The Council also noted that it was important to understand whether the organisation's approach to EDI was impacting the recruitment and retention issues currently being experienced and looked forward to the implementation of the strategy providing some insight there. There was currently less data available in relation to staff than other stakeholder groups, but this was being addressed.



The Council noted that, although work carried out internally to gather data and to assess any cultural shift would be helpful, the most effective tools to assess change were often externally administered with an independent element.

- c. The Council discussed the appropriate assurance forums for this work.
    - It noted that the ARC should continue to review any elements of the work that related to the effective (or otherwise) mitigation of risk.
    - If there were elements attached to the work that impacted organisational performance, this would fall within the remit of the FPC.
    - The RemNom should continue to review EDI impacts as they related to Council and Associate recruitment.
    - The Council had, however, expressed clearly that it wanted to monitor the delivery of this strategy holistically, so this work should continue to come to Council. There should not be duplication.
- 11.3 The Council **approved** the framework, **noted** the action plan update, and **asked that reports on progress continued to come to the Council.**

The Head of Organisational Development and Inclusion left the meeting.

## 12. Committee Appointments

- 12.1 The Chair of Council proposed the appointments to the non-statutory Committees of the Council as outlined in the paper. The only change to the current Committee composition would be that Mike Lewis would join the RemNom and he had confirmed that he had sufficient time available to do so.
- 12.2 It was noted that the upcoming Council recruitment exercise would aim to secure a candidate with the skills to join the ARC in 2023. The Council also noted that there was a difference in the composition requirements between the ARC, FPC and RemNom in the Standing Orders (as to whether the Chair of Council could be a member of the Committees) and asked that this be reviewed.
- 12.3 The Council discussed and **approved** the proposals. Accordingly, the Council **made the following appointments** to its non-statutory Committees for the period of two years, from 24 September 2022 until 24 September 2024.
- a. Audit and Risk Committee (ARC) – Sheila Kumar (Chair, lay Member), Simon Morrow (registrant Member) and Angie Heilmann (registrant Member). Liz Butler is the current independent Member of the ARC until June 2025.
  - b. Finance and Performance Committee (FPC) – Terry Babbs (Chair, lay Member), Anne Heal (lay Member), Donald Burden (registrant Member) and Ilona Blue (lay Member).
  - c. Remuneration and Nomination Committee (RemNom) – Anne Heal (Chair, lay Member), Jeyanthi John (registrant Member), Mike Lewis (registrant Member), Caroline Logan (registrant Member) and Laura Simons (lay Member). The Council **approved the reappointment of Ann Brown as the independent Member of the RemNom, for one year, until 2 October 2024.**

**Action: The Governance team to issue appointment letters to all Council Members and to the independent Member of the RemNom.**

**13. Any Other Business**

13.1 There was no other business, and the meeting was closed at 12:08pm.

**Minutes of the Meeting of the  
General Dental Council  
held at 1.00pm on Friday 23 September 2022  
in Closed Session at 37 Wimpole Street, London**

**Council Members present:**

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

**Executive Directors in attendance:**

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Lisa Marie Williams	Executive Director, Legal and Governance

**Staff and Others in attendance:**

Osama Ammar	Interim Associate Director, Policy and Research (item 10)
Samantha Bache	Associate Director, Finance (item 8)
Lee Bird	Interim Deputy Head of Governance (throughout the meeting)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (item 8)
Joanne Rewcastle	Associate Director, Communications and Engagement (throughout the meeting)
Katie Spears	Head of Governance (throughout the meeting)

**Apologies**

Dawn Bettridge.

## 1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted apologies from Dawn Bettridge, Interim Executive Director, People and Organisational Development.

## 2. Declaration of interests

- 2.1 Registrant Council Members declared an interest in relation to the text relating to the Annual Retention Fee (ARF) as part of Item 8 - Corporate Strategy Consultation Update.
- 2.2 All Council Members and staff declared an interest in Item 10 – Costed Corporate Plan 2023-2025 (CCP) and Budget 2023. In respect of Item 10.1 – Pensions Update, Gurvinder Soomal and Katie Spears withdrew from the discussion.

## 3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 24 June 2022 had been **approved via correspondence**.

## 4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** that there were no matters arising or rolling actions.

## 5. Decision Log

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

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

- 6.1 The Council **noted** the minutes of the recent meetings of the Audit and Risk (ARC), Finance and Performance (FPC), Remuneration and Nomination Committees (RemNom).

## 7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council on recent stakeholder engagements, including a meeting in July with the previous Secretary of State for Health and Social Care (Steven Barclay).
- 7.2 The Council noted that the current Secretary of State for Health and Social Care (Thérèse Coffey) had made a statement in Parliament the preceding day on 'Our Plans for Patients', which sat alongside longer-term plans for the NHS, and had referenced the shortage of NHS dentists. The Government planned to shortly issue guidance on making the best use of the dental workforce, which would be welcomed, and the implications would be monitored closely.
- 7.3 The international registration section 60 would be re-laid in Parliament shortly.
- 7.4 It was **agreed** that on Council meeting days, the regular Friday email update to Council was not required.

## 8. Corporate Strategy Consultation Update

The Interim Associate Director, Policy and Research joined the meeting.

- 8.1 The Interim Head of Public Policy and Research presented the paper and noted that it did not yet contain a summary of the responses to the recent consultation on the Corporate Strategy. This would be presented at the upcoming Council meeting before approval for

the Strategy was sought. The Council noted that there had been a trebling of response levels in this consultation which was a positive improvement.

8.2 The Council **noted** the update.

## 9. Communications and Engagement Strategy

9.1 The Associate Director, Communications and Engagement outlined the paper and noted that, whilst the Council had previously agreed the Communications and Engagement Strategy, there was a decision to be taken as to whether there was presently sufficient resource to incorporate the full extent of the implementation plan into the CCP 2023-2025.

9.2 The Council heard that there had been a fundamental shift in the financial climate since it had approved the Strategy, and the Accounting Officer's advice was that funding to deliver additional activity in this area was not available.

9.3 The Chair of the FPC highlighted that the Committee did not see that the use of free reserves to fund the implementation of the Strategy was appropriate at this time. The Executive had been pushed hard on efficiency savings and the Committee was satisfied that this work could only be funded by displacement of resources from other business areas.

9.4 The Council noted that whilst this work was important, and was aligned to the organisation's key objectives to move regulation upstream, the financial climate was currently very uncertain.

9.5 The Council discussed the potential for the team to utilise in-year savings, temporary resource and re-prioritise activities internally to deliver the key parts of the Strategy but **decided** that it was not the right time to allocate the requested resources to the delivery of the Communications and Engagement Strategy and, accordingly, its delivery would not appear in the next iteration of the CCP in October.

## 10. Pensions Update

The Chief Operating Officer and Head of Governance left the meeting.

10.1 The Associate Director, Finance, informed the Council that, due to the external economic environment, an opportunity had arisen to make additional annual contributions to the Defined Benefit Pension Scheme (the Scheme). This would serve to progress the goal of moving to an insurance buy out of the Scheme.

10.2 The Council discussed the affordability of the approach. It was noted that if additional contributions were not made to the Scheme at this point there was a risk that the fund would be in deficit at the next triennial review. This would lead to an even greater call on the GDC to address the deficit over a significantly shorter period of time.

10.3 The Council **agreed** to incorporate the additional investment into the CCP 2023-25 plan. The Chief Operating Officer and Head of Governance re-joined the meeting.

## 11. Costed Corporate Plan (CCP) 2023-25 and Budget 2023

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

11.1 The Chief Operating Officer, Associate Director, Finance and Head of Business Intelligence, Delivery and PMO presented the most recent iteration of the CCP and Budget for discussion. The final iteration had the potential to be quite different when it

was presented to the Council for approval in October, given the uncertain financial climate.

11.2 The Council discussed the following:

- a. The Accounting Officer's advice was helpful on income risk, inflation, free reserves and pension risk. The Accounting Officer's advice was designed to be prudent but not over-cautious.
- b. The FPC had carefully scrutinised multiple iterations of the CCP and budget and was able to provide assurance that the financial assumptions were robust, efficiency savings had been made and that the portfolio plan (and re-prioritisation exercise) was appropriate. There still remained considerable uncertainty in the financial climate and the organisation had to be cognisant of that. The FPC had approached the scrutiny exercise with the organisation's strategic risk appetite, as set by the Council, in mind.
- c. The staffing and headcount provisions took into account the resource previously allocated to Fitness to Practise. The balancing exercise around risk and opportunities had been conducted carefully and the Executive could provide assurance that the numbers were robustly calculated. The inflationary risk provision was set at a medium level, using all available tools, rather than the feasible worst-case scenario.
- d. The organisation had managed to absorb a significant amount of the rise in inflation by making efficiency savings.

11.3 The Council **noted** the update and that the picture may be different in four weeks' time when the final iteration of the work was presented to it for approval.

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

## 12. Communications Principles - CCP, Budget and Annual Retention Fee Levels

12.1 The Associate Director, Communications and Engagement presented the paper which outlined the selection of communications messages that the organisation might need to deploy but noted that those contained in the paper were not the final communications products.

12.2 The Council **agreed** the approach to communications principles as set out in the paper.

## 13. Any Other Business

13.1 There was no other business and the meeting was closed at 15:30pm.

**Public Council Actions Log**

<b>Action No.</b>	<b>Date of Meeting</b>	<b>Minute no.</b>	<b>Subject</b>	<b>Action</b>	<b>Due date</b>	<b>Owner</b>	<b>Update</b>	<b>Status</b>
28	24/09/2022	12.3	Committee Appointments	The Governance team to issue appointment letters to all Council Members and to the independent Member of the RemNom.	14/10/2022	Katie Spears/Lee Bird	Completed on 28 September 2022.	Suggest complete

## Corporate Strategy 2023-2025: Consultation Report

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Osama Ammar, Interim Associate Director, GDC Policy and Research Programme
<b>Type of business</b>	For approval
<b>Purpose</b>	<p>The Council is responsible for setting the strategic plan for the GDC, which informs the development of the costed corporate plan and has an impact on the fees that GDC charges for registration and retention of dental professionals. The consultation report informs the Council in setting its strategy and therefore requires consideration of the Council.</p> <p>This paper includes a draft consultation report as an appendix, which may be amended as a result of the Council's consideration. The agenda item will be taken in public session, and this paper published in advance of the meeting, however the consultation report itself will be published following the Council's approval and any amendments that have been directed.</p>
<b>Issue</b>	To provide the Council with a draft consultation report for the Corporate Strategy 2023-25.
<b>Recommendation</b>	<p>The Council is asked <b>to approve, and / or direct amendments to</b>, the draft consultation report.</p> <p>Approval is recommended on the basis that permission is granted for matters of drafting and presentation to be addressed as part of the publication process.</p>

### 1. Introduction

- 1.1 The Council approved a draft of the consultation on the Corporate Strategy 2023-2025 at its meeting in June 2022. The consultation launched on 5 July and closed on 6 September 2022. The consultation period was 9 weeks, which is a week longer than the previous consultation on the Corporate Strategy 2020-2022 to account for fact that there was a higher probability that stakeholders were taking leave during the summer period.
- 1.2 A strategic plan is, in its own right, important to set out our direction and public consultation supports the GDC to engage its stakeholders in sharing its strategic approach and responding to their views on it. In addition, the Corporate Strategy provides the framework for the Costed Corporate Plan and, as a result, the fee setting process. Our fee setting policy requires a public consultation, in which the GDC sets out the high-level objectives and assumptions that underpin expenditure plans as a basis for setting fees over a three-year period.
- 1.3 The proposals included revised:
  - a. strategic aims,
  - b. high level objectives,
  - c. activities that the GDC will undertake to achieve its aims and objectives



- d. expenditure plans (informed by a-c and the corporate planning process)
  - e. forecasts of the impact on the registration and annual retention fees (informed by d)
- 1.4 The consultation document also explained how the GDC will be managing the exceptional circumstances arising from heightened and volatile rates of inflation by:
- a. making explicit the factors that make the expenditure planning process exceptional: increased rate of inflation combined with high volatility meaning that management of the risk through free reserves is a higher risk strategy.
  - b. giving notice that the GDC is likely to need to adjust the ARF in years two and three of the plan in order to maintain the real value of the year one expenditure plans.
  - c. committing not to increase the ARF in real terms (other than for exceptional circumstances) and to using CPI as the index for any revisions to the ARF.
  - d. explaining that in years two and three of the plan that we will decide, based on the conditions the time, to increase the ARF in line with inflation, or meet the costs of inflation from savings.
- 1.5 A draft of the consultation report is included as **Appendix 1** to this paper. Section two of this paper sets out some key features of the consultation report.

## **2. Key features of the report**

- 2.1 In total, 291 responses to the consultation were received when both online survey and email responses were counted. The majority of responses were from individual dental professionals or people training to be a dental professional. 24 responses were received from organisations, which are listed in the consultation report.
- 2.2 The consultation questions provided two forms of information. Quantitative data was collected through questions that asked respondents to select particular responses. Qualitative data was collected in series of open-ended questions throughout the consultation asking respondents to explain their scores or make further comments
- 2.3 Analysis of the quantitative data is presented in tables in the report, which summaries the selections that respondents made.
- 2.4 Analysis of the qualitative data is presented in narrative form, and is derived from a comprehensive analysis of all responses against a coding framework that was developed using the responses as a basis. All responses were read and coded. The codes were then tabulated to identify consistency in topics in the responses.
- 2.5 The report includes a draft response to each of the main areas of the consultation. This response correlates to proposed amendments to the Corporate Strategy for the Council's consideration in a separate paper at the October 2022 meeting.

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

- 3.1 The Corporate Strategy sets out our ambitions as a UK wide regulator. The document has been drafted to be relevant to people living and working in each nation of the UK.
- 3.2 Ineffective consultation is one of the routes through which a legal challenge may be made to the GDC's approach to setting fees. The consultation questions were designed to capture comments openly; over areas that may influence the high-level outcomes and accordingly the associated expenditure plans. Additionally, similar levels of information on the expenditure plans have been provided as at the last consultation on the strategic plan, but these are supplemented by the increased level of detail provided in the Corporate Costed Plan that accounts for activities from 2022-24.

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

- 4.1 Our strategic plan and our fees proposals have impacts on a wide variety of our stakeholders and therefore an equality impact analysis has been prepared and a summary has been provided as part of the consultation report, including an analysis of the comments made in response to a question on positive and negative impacts on people who share protected characteristics.
- 4.2 Information collected from respondents has been handled as set out in our Privacy Statement, which contains provisions related to use of information as part of consultation.

#### **5. Risk considerations**

- 5.1 There is a risk of challenge to the way in which the GDC sets its fees, which is mitigated by an effective and fair consultation process. The consultation report is an element of the risk mitigation because it demonstrates that the consultation analysis was conducted methodically and comprehensively.
- 5.2 The Council is being presented the consultation report as a separate item from decisions on the Corporate Strategy so that it may fully consider the feedback before determining its ongoing strategy.

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

- 6.1 The resources for the development of the Corporate Strategy are accounted for in the Costed Corporate Plan.
- 6.2 The consultation on the Corporate Strategy is a key part in determining the overall range of expenditure that we anticipate and will budget within for the Costed Corporate Plan in 2023-25.

#### **7. Monitoring and review**

- 7.1 The Corporate Strategy development process is monitored through the Corporate Planning Board, EMT and the Council directly.
- 7.2 The approved Corporate Strategy will be subject to monitoring and review through the corporate planning and monitoring activities (balanced scorecard, Corporate Costed Plan). Work has been undertaken to incorporate the new strategic aims, high-level outcomes and activities into our corporate planning and will also be considered by the Council's in October 2022.

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

- 8.1 The Corporate Strategy development process has taken place over the course of 2021 to 2022. These activities have included:
  - a. July 2021: Council workshop and EMT workshop
  - b. November 2021: EMT meeting paper
  - c. December 2021: Council meeting paper
  - d. January 2022: Council member engagement
  - e. February 2022: Council Workshop
  - f. March 2022: EMT and Council meeting paper
  - g. June 2022: EMT and Council meeting paper
  - h. July 2022: Public consultation
  - i. September 2022: EMT and Council meeting paper

**9. Next steps and communications**

- 9.1 Subject to the Council's approval of the consultation report, preparations will take place for publication of the consultation report in November 2022. A communications and engagement plan has been prepared to support the work related to the develop and publish the Corporate Strategy (including publication of the consultation report).
- 9.2 Depending on the outcome Council's consideration of the consultation report, and separately the Corporate Strategy, there will be further steps to implement and integrate the new strategy into our ways of working and monitoring and evaluation for 2023.

**Appendices**

1. Draft Corporate Strategy 2023-2025: consultation report

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12 October 2022

# Corporate Strategy 2023-2025: Consultation report

The GDC consulted on its Corporate Strategy 2023-2025 between 5 July and 6 September 2022. This consultation report provides a summary of the responses that were received and the changes the GDC made to its strategy.

## About the GDC

The core objective of our regulatory activities is public protection. This is a role given to us by Parliament and set out in the Dentists Act.

To protect the public, our work is focused on the following four areas. We:

- set and support standards in dental education and practice.
- maintain a register of dental professionals who meet our standards.
- ensure that nobody is admitted to that list if they do not meet the relevant requirements.
- take action if any dental professional falls short of our standards.

## About the consultation

### Why we consulted

Developing our corporate strategy is the means by which we set the goals and medium-term objectives for the GDC and for the professional regulation of dental professionals. We review the strategy every three years to make sure that the GDC focuses its activities most appropriately to deliver its statutory objectives and adapts and responds to the changing environment in which oral healthcare is delivered in the UK.

Our strategy is strengthened by scrutiny from all those with an interest in ensuring that dentistry across the four nations of the UK continues to be delivered to a high standard and that patients can be confident in the quality of care they receive and in the professionalism of those who provide it. This consultation provided an opportunity to help shape GDC's strategy for 2023-2025.

We also have a [policy on how we set our fees](#), which we consulted upon and agreed in 2019. As well as describing the approach we take to setting fees, it explains how we will consult in relation to our expenditure plans. Under this policy, we have committed to consult every three years on our high-level objectives and associated expenditure plans which were included in our draft strategic plan.

We explained the relationship between our regulatory activity by strategic aim, and the fees that we charge. For each strategic aim, we described its high-level objective, what we will do and the costs associated with each aim. When the strategic plan is agreed, we will publish our Costed Corporate Plan that describes the programmes of activity, with timescales, required to deliver each aim. The Costed Corporate Plan covers a three-year rolling basis and we provide an annual update of our progress against it.

## What we consulted on

We consulted on:

- Four strategic aims
- Four high level objectives
- The work we will do under those aims and objectives
- Our expenditure plans to deliver the aims, high level objectives and work.

## The questions that we asked and how we analysed them

The consultation was made up of eight main questions with sub questions to capture information about respondents and their views. You can see a list of the questions we asked in appendix one of the report.

We collected information about whether a respondent was:

- replying as an individual or on behalf of an organisation,
- a dental professional (including the protected titles they work under),
- training or studying to become a dental professional, or a
- a patient / member of the public

We asked questions to determine the extent of agreement and disagreement with the strategic aims, high level objectives, work we will do and understanding of our expenditure plans. We also asked open-ended questions to capture the reasons that people had provided the answers they chose, or any other comments.

Separately to the questions we asked about the Corporate Strategy, we provided an anonymous optional survey to collect information about the protected characteristics of the people making responses. We have reported a summary of this information in the analysis of respondents.

Once all responses were received, we started analysis of the responses. Where responses were quantitative, we prepared descriptive statistics in the form of tables that are presented in this report. Where responses were qualitative, we prepared a coding framework for each question, based on the responses that we received. Responses were coded using that framework. In some rare instances, where responses were completely unclear, or duplicated across all responses to the questions from the same respondent and therefore captured already, no code was provided.

The codes were then summarised in a table for each question to help identify where topics emerged. Where topics were consistent across questions, the same codes were used so that analysis can take into account the prevalence of the topic across different questions. We used those tables to describe the qualitative feedback we received in summary form in this report.

The report does not seek to quantify the qualitative feedback and therefore will not provide indicators of the number of responses that were attached to certain topics. This is in recognition that qualitative analysis, even when performed using a rigorous approach, inherently requires a subjective assessment of responses expressed in each respondent's own words. That means we cannot accurately report on the number of respondents who stated a particular opinion and instead seek to present the topics that emerged from the analysis.

## How we promoted the consultation and engaged with stakeholders

Prior to the launch of the consultation we developed a communications and engagement plan and prepared our stakeholders using the Chair's blog.

At the launch of the consultation, we made the consultation materials available on our website and promoted them with correspondence to our stakeholders, social media posts and a press release. Near to launch, trade press articles and an interview were promoted by the GDC.

We used the opportunities in our regular meetings with stakeholders to introduce the consultation and encourage responses. We also held an online stakeholder event on 16 August 2022 which was attended by over 70 people. The feedback from this stakeholder event was consistent with the analysis of responses to survey provided in this report.

Throughout the consultation period, we promoted the consultation using social media.

After the consultation had been open for a few weeks, we identified that there were low numbers of responses from patients and members of the public in spite of sharing the details with patient and public representative organisations. In response, we contacted local Healthwatch bodies to further promote the consultation, which drove some additional responses.

## Analysis of the respondents

### Number of responses

We received 291 responses to the consultation. 287 of those responses were submitted to us using an online response form hosted on our website. Four responses were sent to us via email only.

### Responses from individuals and organisations

Table 1 shows the number and percentage of responses we received from respondents who identified themselves as individuals or responding on behalf of an organisation.

Table 1: Responses broken down by type: individual / organisation

Response	No. of responses	%
An individual	267	91.8
On behalf of an organisation	24	8.2
<b>Total</b>	<b>291</b>	<b>100</b>

The organisations that made responses were:

- Association of Dental Groups
- British Association for the Study of Community Dentistry
- British Association of Dental Nurses
- British Association of Private Dentistry
- British Dental Association
- British Society of Dental Hygiene and Therapy
- Care Quality Commission
- Denplan, part of Simplyhealth
- Dental Protection
- Directors Group for Dental Hygiene and Dental Therapy

- General Medical Council
- Health Education England Dental Deans
- Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland
- Healthwatch Somerset
- Healthwatch Southampton
- Healthwatch York
- NHS Education for Scotland
- Nursing and Midwifery Council
- Professional Standards Authority
- Society of British Dental Nurses
- The British Association of Clinical Dental Technology
- The Royal College of Surgeons of Edinburgh, Faculty of Dental Surgery
- The University of Northampton
- University of Sheffield

### Responses from current and future dental professionals and the public

Table 2 shows the number and percentage of responses we received from respondents who identified themselves as dental professionals, a patient or member of the public, or training or studying to join the GDC register.

Table 2: Responses broken down by type: professional / patient / in training

Response	No. of responses	%
a UK registered dental professional	200	74.9
dental patient or member of the public	6	2.2
training or studying to join the GDC register	61	22.8
<b>Total</b>	<b>267</b>	<b>100</b>

Table 3 shows the breakdown of the dental professionals who responded broken down by the professional titles they indicated they were registered to use. Most of the responses were submitted by dentists and dental nurses.

Table 3: Responses broken down by type: dental professional titles

Response	No. of responses	%
<b>Single title given</b>		
dentist	124	62
dental nurse	58	29
dental hygienist	3	1.5
dental therapist	4	2
dental technician	1	0.5
orthodontic therapist	1	0.5
<b>Multiple titles given</b>		
dental nurse, dental technician, orthodontic therapist	1	0.5
dental hygienist, dental therapist	5	2.5
dental hygienist, dental nurse	1	0.5
dental hygienist, dental therapist, orthodontic therapist	1	0.5
dental hygienist, dental nurse, dentist	1	0.5
<b>Total</b>	<b>200</b>	<b>100</b>

### Respondents by protected characteristic

A separate, optional and anonymised survey was available to anyone who completed the consultation survey so they could provide information about their protected characteristics. We received 116 responses to all questions in this survey (39.9% of the total number of responses).

Tables 4 to 10 show the breakdown of respondents for this separate survey by protected characteristic.

Table 4: What is your sex?

Response	No. of responses	%
Male	42	36.2
Female	67	57.8
Prefer not to say	7	6.0
<b>Total</b>	<b>116</b>	<b>100.0</b>

Table 5: Is the gender you identify with the same as your sex registered at birth?

Response	No. of responses	%
Yes	109	94.0
No	1	0.9
Prefer not to say	6	5.2
<b>Total</b>	<b>116</b>	<b>100.0</b>

Note: The one respondent who indicated their gender was not the same as their sex registered at birth provided no further information

Table 6: Do you consider yourself to have a disability?

Response	No. of responses	%
Yes	4	3.4
No	105	90.5
Prefer not to say	7	6.0
<b>Total</b>	<b>116</b>	<b>100.0</b>

Table 7: What is your legal marital or registered civil partnership status?

Response	No. of responses	%
Never married and never registered in a civil partnership	35	30.2
Married	62	53.4
Divorced	3	2.6
Separated, but still legally married	1	0.9
In a registered civil partnership	2	1.7
Formerly in a civil partnership which is now legally dissolved	2	1.7
Widowed	1	0.9
Prefer not to say	10	8.6
<b>Total</b>	<b>116</b>	<b>100.0</b>

Table 8: What is your religion?



Response	No. of responses	%
No religion	25	21.6
Muslim	22	19.0
Hindu	10	8.6
Christian (all denominations)	42	36.2
Sikh	1	0.9
Buddhist	2	1.7
Jewish	2	1.7
Any other religion	3	2.6
Prefer not to say	9	7.8
<b>Total</b>	<b>116</b>	<b>100.0</b>

Note: The three respondents who provided further information about their response that they held any other religion replied with: "Believe in God, but not religious", "Baha'I", and "Pagan"

Table 9: Which of the following best describes your sexual orientation?

Response	No. of responses	%
Straight/heterosexual	102	87.9
Bisexual	4	3.4
Gay/lesbian	2	1.7
Other sexual orientation	1	0.9
Prefer not to say	7	6.0
<b>Total</b>	<b>116</b>	<b>100.0</b>

Table 10: What is your ethnic group?

Response	No. of responses	%
<b>Black, Black British, Caribbean or African</b>	<b>7</b>	<b>6.0</b>
<b>African background</b>	<b>6</b>	<b>5.2</b>
Fully African	1	0.9
Nigerian	2	1.7
West African	1	0.9
(blank)	2	1.7
<b>Caribbean</b>	<b>1</b>	<b>0.9</b>
<b>White</b>	<b>54</b>	<b>46.6</b>
<b>Any other White background</b>	<b>9</b>	<b>7.8</b>
Ashkenazi	1	0.9
Baltic	1	0.9
Brazilian	1	0.9
mixed	1	0.9
New Zealand	1	0.9
Scandinavian	1	0.9
Spanish	1	0.9
Ukrainian	1	0.9

(blank)	1	0.9
<b>English, Welsh, Scottish, Northern Irish or British</b>	<b>43</b>	<b>37.1</b>
<b>Irish</b>	<b>2</b>	<b>1.7</b>
<b>Any other mixed or multiple background</b>	<b>1</b>	<b>0.9</b>
<b>Other ethnic group</b>	<b>5</b>	<b>4.3</b>
<b>Any other ethnic group</b>	<b>3</b>	<b>2.6</b>
Irani	1	0.9
Persian (Middle East)	1	0.9
White Irish	1	0.9
<b>Arab</b>	<b>2</b>	<b>1.7</b>
<b>Asian or Asian British</b>	<b>41</b>	<b>35.3</b>
<b>Any other Asian background</b>	<b>5</b>	<b>4.3</b>
Indonesian	1	0.9
Japanese	1	0.9
Mixed Asian	1	0.9
Nepalese	1	0.9
(blank)	1	0.9
<b>Chinese</b>	<b>1</b>	<b>0.9</b>
<b>Indian</b>	<b>24</b>	<b>20.7</b>
<b>Pakistani</b>	<b>10</b>	<b>8.6</b>
<b>(blank)</b>	<b>1</b>	<b>0.9</b>
<b>Prefer not to say</b>	<b>8</b>	<b>6.9</b>
<b>Total</b>	<b>116</b>	<b>100.0</b>

## Analysis of the responses

After answering questions about themselves, respondents were asked questions related to each of the four strategic aims and the expenditure plans. Respondents were also given the opportunity to make any other comments they wished and to contribute to our equalities impact analysis by indicating if they felt the proposals had positive or negative impacts on people who shared protected characteristics.

In some instances, respondents provided comments related to the expenditure plans or general criticism of the GDC under questions related to the aims. These have been summarised under the questions related to expenditure plans or general comments.

The four responses received via email did not express any definitive answers to the quantitative questions on the aims:

- Two organisations expressed support for the aims but did not explicitly answer the quantitative question,
- One organisation and one individual expressed no opinion on the aims.

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

Tables 11 to 13 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

2. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim one, its high-level objective, and what we will do to deliver it?

- Yes
- No
- Don't know

Table 11: Strategic aim one: all respondents

Response	No. of Responses	%
Yes	157	53.8
No	101	34.6
Don't know	30	10.3
No response	4	1.4
<b>Total</b>	<b>292</b>	<b>100.0</b>

Table 12: Strategic aim two: organisations

Response	No. of Responses	%
Yes	17	68.0
No	1	4.0
Don't know	4	16.0
No response	3	12.0
<b>Total</b>	<b>25</b>	<b>100.00</b>

Table 13: Strategic aim three: individuals

Response	No. of Responses	%
Yes	140	52.4
No	100	37.5
Don't know	26	9.7
No response	1	0.4
<b>Total</b>	<b>267</b>	<b>100.0</b>

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A higher percentage of organisations (68%) expressed agreement with the aim than individuals (52.4%), as well as providing a higher proportion of don't know responses.

Where respondents tended to express agreement, they provided the following types of explanations:

- Setting and maintaining standards is consistent with the GDC's role
- Support for the focus on dental education and training and lifelong learning
- Support for taking steps to prevent harm from occurring rather than responding to its consequences

Where respondents tended to express disagreement they provided the following types of explanations:

- The language under the aim implies that GDC is too focused on patients and not on dental professionals
- The language of the aim carries connotations of threat
- The expectations placed on dental professionals by the language of the aim are too high
- There is no significant change from the current aim for upstream regulation
- The GDC does not currently achieve the aim
- The wider system of dental education and lifelong learning, including funding, makes the aim unachievable
- The GDC's current approach to international registration and assessed applications for specialist listing is not as effective as it should be

Respondents identified the following areas of work under the aim, which are already included in our plans:

- Make the routes to international registration more effective
- Review the outcomes for newly qualified dental professionals and revisit the definition of safe beginner
- Make the specialist list assessed application process more effective and embed new specialty curricula
- Consult upon and embed clear principles of professionalism and guidance on scope of practice
- Revise the standards for quality of dental education
- Provide more detail on plans for principles of professionalism, scope of practice, learning outcomes and quality assurance for dental education and consult on proposals

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

## Our response to the feedback on aim one

We will make it clearer that our work under aim one is to positively foster professionalism and remove implications that made some respondents feel threatened. We will acknowledge the importance of context and wellbeing to effective safe and effective patient care.

We will make the work we are doing related to the dental specialties clearer by separating it out from the language related to life-long learning.

We will explain what we mean by high standards in our consultations on Promoting Professionalism and the Safe Practitioner Framework and take feedback on them to make sure we have calibrated our expectations correctly by listening to the views of the professions, the dental sector and patients and the public.

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

Tables 14 to 16 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

3. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim three, its high-level objective, and what we will do to deliver it?

- Yes
- No
- Don't know

Table 14: Strategic aim two: all responses

Response	No. of responses	%
Yes	139	47.8
No	111	38.1
Don't know	37	12.7
No response	4	1.4
<b>Total</b>	<b>291</b>	<b>100.0</b>

Table 15: Strategic aim two: organisations

Response	No. of Responses	%
Yes	17	70.8
No	1	4.2
Don't know	3	12.5
No response	3	12.5
<b>Total</b>	<b>24</b>	<b>100.0</b>

Table 16: strategic aim two: individuals

Response	No. of Responses	%
Yes	122	45.7
No	110	41.2
Don't know	34	12.7
No response	1	0.4
<b>Total</b>	<b>267</b>	<b>100.0</b>

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A much higher percentage of organisations (70.8%) expressed agreement with the aim than individuals (45.7%). Individual responses are more closely balanced with a similar proportion of respondents agreeing and disagreeing.

Where respondents tended to express agreement, they provided the following types of explanations:

- Support for local resolution of complaints before they become regulatory concerns, including in some instances recognition that the GDC has already taken some steps to achieve this
- Support for proportionality and fairness in our fitness to practise processes
- Recognition that the aim supports public protection and confidence
- Recognition that the GDC has become more proportionate, as evidenced by the kinds of cases that reach a hearing and are published on the Dental Professionals Hearings Service website

Where respondents tended to express disagreement they provided the following types of explanations:

- The GDC is not currently proportionate in its decisions to open investigations because the threshold is set too low
- The GDC is slow to reach outcomes in its fitness to practise processes
- Fitness to practise processes have negative impacts on the wellbeing of dental professionals under investigation and this is not recognised in the language of the aim
- Using language like “most serious concerns” rather than “breaches of standards” and “public confidence” misrepresents the decisions that the GDC makes about concerns at different stages of the process
- The aim should include language to show that the GDC supports and ensures professionalism through its concerns handling processes
- The GDC does not currently achieve the aim and the respondents are sceptical of our ability to meet the aim
- The aim does not address systemic factors that affect whether dental professionals appear in fitness to practice processes (discrimination, system over-stretch, perverse incentives)

Respondents identified the following areas of work under the aim, which are already included in our plans or current activities:

- Publish examples of the most serious concerns
- Focus on education, improvement and lifelong-learning before complaints and concerns
- Work to resolve complaints locally before they become regulatory concerns
- Progress concerns more quickly
- Progress with change to fitness to practise processes without legislative reform, while continuing to press for it
- Involve and consult with dental professionals on changes to fitness to practice processes

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

## Our response to the feedback on aim two

We recognise that the fitness to practise process currently operates too slowly and can have negative impacts on the people involved. For the most part, our processes are driven by legislation. We have made and will continue to make some improvements where it is possible. The challenge is that we will only be enabled to make more significant change through legislative reform. We have commissioned research about the experiences of people who have been involved with our fitness to practise processes, which we will be using to support efforts to make improvements where we can before legislative reform makes more extensive changes possible. We have amended the list of work we will do in 2023-2025 to make this work clearer.

We have also made some improvements to our processes already for which some respondents expressed satisfaction, while other respondents appear to be unaware the changes we have already made. For example, the Dental Professionals Hearings Service website publishes the outcomes of the most serious concerns already. We will make it

clearer for our stakeholders to understand the work we have done and the work we plan to do to improve concerns handling.

We have amended the wording of the aim to reflect that complaints and concerns can also support professionalism.

We think it is important that the Corporate Strategy can be easily understood by everyone affected by it. In the objective for this aim we use the term seriousness, rather than explain all the legal tests we operate, because it makes sense to our stakeholders who are not familiar with our processes. The tests we use at the different stages of our processes are set in our legislation and we will continue to explain them at the time they are being applied and operate them as they are set out.

### Strategic aim three: Risks affecting the public's safety and wellbeing are dealt with by the right organisations

Tables 17-19 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

4. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim three, its high-level objective, and what we will do to deliver it?

- Yes
- No
- Don't know

Table 17: Strategic aim three: all responses

Response	No. of Responses	%
Yes	142	48.8
No	104	35.7
Don't know	41	14.1
No response	4	1.4
<b>Total</b>	<b>291</b>	<b>100.0</b>

Table 18: Strategic aim three: organisations

Response	No. of Responses	%
Yes	16	66.7
No	2	8.3
Don't know	3	12.5
No response	3	12.5
<b>Total</b>	<b>24</b>	<b>100.0</b>

Table 19: Strategic aim three: individuals

Response	No. of Responses	%
Yes	126	47.2
No	102	38.2
Don't know	38	14.2
No response	1	0.4
<b>Total</b>	<b>267</b>	<b>100.0</b>

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A much higher percentage of organisations (66.7%) expressed agreement with the aim than individuals (47.2%). Individual responses are more balanced, but a majority agrees.

Where respondents tended to express agreement, they provided the following types of explanations:

- Recognition that sharing information and collaborating with different parts of the sector would support public protection and is consistent with our role
- The GDC can use its position in the sector to influence and educate, even on matters outside of its remit
- The costs associated with the aim are relatively small, but the potential impact could be significant

Where respondents tended to express disagreement they provided the following types of explanations:

- The aim is not sufficiently clear, particularly around its costs and the organisations with which the GDC will work
- The GDC should do more to support dental professionals and focus on their wellbeing
- The GDC, and other organisations, have not acted in the past and therefore there is scepticism that anything will change now
- The GDC is over-extending itself with the work associated with this aim
- Focusing on younger dental professionals excludes older dental professionals
- The staff at the GDC are not sufficiently qualified to identify and respond to risk
- The aim feels didactic by telling dental professionals that the GDC knows best

Respondents identified the following areas of work under the aim, which are already included in our plans:

- Make our data and insights more accessible
- Improve understanding of the different national systems
- Put more emphasis on influencing in the language of the aim
- Support dental team skills mix to deliver dental care to patients
- Bring dental professionals along with the GDC in achieving this aim

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

## Our response to the feedback on aim three

We have made this aim clearer in response to the feedback that we have received. We have:

- Identified examples of the organisations with whom we might collaborate and influence
- Identified examples of the kinds of issues over which we might collaborate and influence, some of which affect all ages of dental professionals
- Removed language that implies the GDC is taking a didactic approach



- Recognised that the costs associated with aim are relatively small, but the impact could be significant if we successfully build trust and understanding of our role and collaborate with the right parts of the sector

#### Strategic aim four: Dental professional regulation is efficient and effective and adapts to the changing external environment

Tables 20-21 show the responses we received to the following question broken down by all respondents, organisational respondents and individual respondents:

5. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim four, its high-level objective, and what we will do to deliver it?

- Yes
- No
- Don't know

Table 17: Strategic aim four: all responses

Response	No. of Responses	%
Yes	135	46.4
No	116	39.9
Don't know	36	12.4
No response	4	1.4
<b>Total</b>	<b>291</b>	<b>100.0</b>

Table 18: Strategic aim four: organisations

Response	No. of Responses	%
Yes	19	79.2
No	0	0.0
Don't know	2	8.3
No response	3	12.5
<b>Total</b>	<b>24</b>	<b>100.0</b>

Table 19: Strategic aim four: individuals

Response	No. of Responses	%
Yes	116	43.4
No	116	43.4
Don't know	34	12.7
No response	1	0.4
<b>Total</b>	<b>267</b>	<b>100.0</b>

The majority of respondents agreed with the aim, high level objective and the work we will do under the aim. A much higher percentage of organisations (79.2%) expressed agreement with the aim than individuals (43.4%). Individual responses are exactly balanced with the same number and proportion of respondents agreeing and disagreeing.

Where respondents tended to express agreement, they provided the following types of explanations:

- Support for the focus on improving efficiency and effectiveness
- Support for adapting regulation to the changing nature of dental practice, with particular support for adapting to changes in skills mix of the dental team
- The GDC has made some progress in improving fitness to practise processes
- Support for driving forward change that is not dependent on legislative reform, but continuing to press the UK Government for it
- Support for our goals to foster inclusion and diversity and eliminate discrimination in our processes and for our staff

Where respondents tended to not to express agreement they provided the following types of explanations:

- The GDC has so far not demonstrated that it is efficient, effective or adaptable and there is scepticism that we can achieve the aim
- Parts of the regulatory model are currently thought to be ineffective, and there is considerable work to be done to make them effective. Both international registration and timely and proportionate fitness to practise processes were mentioned in responses that expressed this view
- The aim is jargonistic and should be merged with aim three
- The aim should be given higher priority than all other aims
- The GDC cannot totally eliminate discrimination and therefore it should not try
- Equality and diversity goals should be integrated throughout the Corporate Strategy

Respondents identified the following areas of work under the aim, which are already included in our plans:

- Examine over-representation of people from minority ethnic backgrounds in our fitness to practise processes
- Work with other regulators to achieve common goals for legislative reform
- Ensure Education Associates are trained for the different types of qualifications that the GDC quality assures
- Speed up our responsiveness and our fitness to practise case handling

No new areas of work were identified and no existing areas of work were highlighted as not being appropriate.

## Our response to the feedback on aim four

We acknowledge that there is considerable work to be done to modernise the GDC, and that the progress of the UK Government's plans for reform mean that we will need to be ready to take a different approach while we wait for that opportunity to materialise. With reform most likely to be further away, we will renew efforts to make changes under the current legal framework, even though could be made redundant by an acceleration of legislative change. We also recognise that we have much work to do to make international registration and our fitness to practise processes more efficient and effective. Our plans include work to make these processes more effective, either as a component of legislative reform or through changes that we can make without reform.

We are pleased for the support for our equality, diversity and inclusion goals. We have agreed new shorter term action plans to drive forward delivery of our Equality, Diversity and Inclusion Strategy.

We have removed language that is jargonistic and made the aim more specific and been clearer that our plans to support the knowledge and skills of the people working at the GDC include Associates.

### Expenditure plans

Tables 20-28 show the responses we received to the following three-part question on our expenditure plans:

6. Thinking about our expenditure plans, to what extent do you agree/disagree with the following statements (1 being strongly agree to 5 strongly disagree):

6.1. I understand the explanations

6.2. I understand the assumptions underpinning the plan

6.3. I understand the approach to manage the risk of inflation on the costs of regulation and the Annual Retention Fee (ARF)

Table 20: I understand the explanations: all responses

Response	No. of responses	%
1 strongly agree	52	18.8
2 agree	82	29.6
3 neither agree or disagree	58	20.9
4 disagree	33	11.9
5 strongly disagree	52	18.8
<b>Total</b>	<b>277</b>	<b>100.0</b>

Table 21: I understand the explanations: organisations

Response	No. of responses	%
1 strongly agree	10	52.6
2 agree	5	26.3
3 neither agree or disagree	3	15.8
4 disagree	1	5.3
5 strongly disagree	0	0.0
<b>Total</b>	<b>19</b>	<b>100.0</b>

Table 22: I understand the explanations: individuals

Response	No. of responses	%
1 strongly agree	42	16.3
2 agree	77	29.8
3 neither agree or disagree	55	21.3
4 disagree	32	12.4
5 strongly disagree	52	20.2
<b>Total</b>	<b>258</b>	<b>100.0</b>

The majority of respondents indicated they strongly agreed or agreed that they understood the explanations we provided (46% to 78% depending on the respondent type). For organisations, only one response was made to express disagreement. For individuals,

around 32% of respondents expressed either disagreement or strong disagreement that they understood the expenditure plans. Around 15-21% of respondents, depending on type, expressed neither agreement or disagreement.

Table 23: I understand the assumptions underpinning the expenditure plan: all responses

Response	No. of responses	%
1 strongly agree	39	14.1
2 agree	85	30.7
3 neither agree or disagree	60	21.7
4 disagree	39	14.1
5 strongly disagree	54	19.5
<b>Total</b>	<b>277</b>	<b>100.0</b>

Table 24: I understand the assumptions underpinning the expenditure plan: organisations

Response	No. of responses	%
1 strongly agree	8	42.1
2 agree	7	36.8
3 neither agree or disagree	3	15.8
4 disagree	0	0.0
5 strongly disagree	1	5.3
<b>Total</b>	<b>19</b>	<b>100.0</b>

Table 25: I understand the assumptions underpinning the expenditure plan: individuals

Response	No. of responses	%
1 strongly agree	31	12.0
2 agree	78	30.2
3 neither agree or disagree	57	22.1
4 disagree	39	15.1
5 strongly disagree	53	20.5
<b>Total</b>	<b>258</b>	<b>100.0</b>

The majority of respondents indicated they strongly agreed or agreed that they understood the assumptions that underpinned the expenditure plan (44% to 78% depending on the respondent type). For organisations, only one response was made to express disagreement. For individuals, around 35% of respondents expressed either disagreement or strong disagreement that they understood the expenditure plans. Around 15-22% of respondents, depending on type, expressed neither agreement or disagreement.

Table 26: I understand the approach to manage risk of inflation: all responses

Response	No. of responses	%
1 strongly agree	35	12.6
2 agree	55	19.8
3 neither agree or disagree	42	15.1
4 disagree	35	12.6
5 strongly disagree	111	39.9
<b>Total</b>	<b>278</b>	<b>100.0</b>

Table 27: I understand the approach to manage risk of inflation: organisations

Response	No. of responses	%
1 strongly agree	8	42.1
2 agree	6	31.6
3 neither agree or disagree	3	15.8
4 disagree	1	5.3
5 strongly disagree	1	5.3
<b>Total</b>	<b>19</b>	<b>100.0</b>

Table 28: I understand the approach to manage risk of inflation: individuals

Response	No. of responses	%
1 strongly agree	27	10.4
2 agree	49	18.9
3 neither agree or disagree	39	15.1
4 disagree	34	13.1
5 strongly disagree	110	42.5
<b>Total</b>	<b>259</b>	<b>100.0</b>

The majority of respondents indicated they strongly disagreed or disagreed that they understood the approach to manage the risk of inflation on the costs of regulation and the ARF (52% to 55% for all respondents and individuals). The comments associated with negative responses from individuals often suggested disagreement was in fact with the projected fee amounts, and in some instances, it was acknowledged that respondents understood the approach, but were signalling disagreement with any fee increase. For organisations, there was a much higher level of agreement with 73% of respondents selecting strongly agree or agree. Around 15% of respondents, consistently across type of respondent, expressed neither agreement or disagreement.

#### Any other comments on the expenditure plans

Comments on the expenditure plans and general criticism of the GDC were provided throughout the opportunities to provide qualitative responses. This section of the report summarises the comments that were received about our expenditure plans and criticising the GDC for all questions:

#### Comments on the expenditure plans

- Some respondents made statements that they had no further comments to make
- Some respondents stated that they thought the fee levels in the consultation document were appropriate and justified
- However, it was more common that respondents stated that they thought the fees were already too high compared to other similar regulators and that any increase could not be justified. This comment was often linked to statements that dental professionals (or particular professions) had seen no increase in pay for some time
- Some of those respondents indicated that an increase in fees would undermine trust in the GDC and demoralise the professions
- Dental nurse respondents often indicated that as a group they are underpaid, undervalued, and should not pay the same ARF as other dental care professionals. This comment was sometimes attached to statements that the ARF for dental therapists and dental hygienists should be increased. This comment was also often

accompanied by statements that the total costs of regulation are too high when indemnity and CPD costs are included

- Some respondents appeared to be unaware that the ARF had been reduced in 2019 and remained stable since that time
- Some respondents stated that they thought the proposals in this consultation were a plan to return the ARF to its previous levels set in 2014, because they thought the GDC's sole motivation was to generate income
- Some respondents appeared to be unaware that payment by instalment had been introduced, however in some responses its introduction was welcomed
- Some respondents highlighted that the COVID-19 pandemic affected dental professional incomes and that the costs of living are increasing
- Some respondents made comments that the costs of providing dental services are increasing. In some of those instances, statements were made that an increase in the ARF might impact organisations that pay the ARF on behalf of dental professionals as well as dental professionals
- Often respondents commented that the GDC is inefficient and ineffective, slow to deliver, has underspent in previous years, and has healthy reserves. The comments suggested that the GDC so should challenge its costs, or use its reserves, before increasing the ARF. This comment was closely linked in some instances to respondents suggesting the GDC should move its office out of London to cut costs, however sometimes this was stated independently
- Some respondents commented that the GDC should reduce the number of concerns it investigates, because many do not warrant regulatory intervention
- Some respondents were solely focused on the GDC making international registration processes more effective so that the costs to applicants are not so high and waiting times shorter
- Some respondents were opposed to the approach to managing ARF levels over the cycle
- Some respondents felt the GDC did not do enough to represent its "members" in matters such as pay negotiations to justify them paying a fee. Similarly, some respondents felt the GDC did not offer enough services and support for dental professionals to justify a fee
- Some respondents stated that the costs of regulation should be funded by the taxpayer, rather than the regulated professions

#### General criticism of the GDC

- Most common in the criticism were negative views of the fitness to practise processes. We recognise that the legal framework we operate under makes our processes too long and that they can have negative impacts on the people involved. Fundamental change can only come through reform, and we will continue to press the UK Government to make changes to our legal framework. In the interim, we have and will continue to make changes wherever is possible.
- Included in that criticism of the GDC's fitness to practise processes was the perception that the regulatory model is focused on enforcement, engenders defensive practice in dental professionals, and is heavy handed. In some instances respondents used the advert for the Dental Complaints Service in 2014, and in one instance an undercover investigation in 2016, as examples of the GDC looking for complaints. This perception was sometimes balanced by recognition that the GDC has become more proportionate by referring cases back to health service complaints bodies and by only progressing the most serious cases to later stages of the fitness

to practise process. However, it was a common perception that the GDC's threshold for opening an investigation was set too low, with some acknowledging that this was a consequence of the legal framework.

- Related to this, respondents stated that they thought the fitness to practise process takes too long, and that the GDC does not acknowledge or effectively mitigate the negative impacts it can have on dental professional wellbeing. Often, respondents indicated that they felt the focus of the GDC was too much on patients and the public and not enough on dental professionals. Some respondents made it clear that they felt patient complaints and concerns were unreasonable in many instances and that there were "blue on blue" concerns being raised vexatiously.
- Many respondents felt that the GDC was not tackling illegal practice effectively in relation to tooth whitening and direct-to-consumer orthodontics. Some were aware of our work in this area, but felt it did not go far enough. Most had the perception however that the GDC had taken little to no action on illegal practice and had a preference toward taking action on dental professionals.
- Some respondents felt the GDC did not do enough during the pandemic to provide guidance to the professions or to establish an emergency register for older dentists to return to the register.
- Some respondents feel the GDC lacks accountability and does not seek the views of its stakeholders. In spite of the consultation process, some respondents stated that the GDC offered no opportunity to feed into the development of the Corporate Strategy and expenditure plans. Some respondents criticised the formulation of the consultation questions, suggesting there was an insufficient opportunity to provide explanations and free text responses.
- Some respondents stated that the staff at the GDC do not include enough dental professionals and therefore there is an insufficient understanding of the realities of dental practice. In some instances, these respondents felt that the only way the GDC could be effective is if it was controlled by dentists. Often these comments were linked to calls for the GDC to be abolished and for the existing staff to resign. In some instances, abusive language was used.

## Our response to feedback on the expenditure plans

We recognise that increasing our fees in the current economic context is not welcome. Since the publication of the consultation, we have continued to develop our plans and budget, with the result that it has been possible to set the level of the ARF at a lower level than we had thought might be necessary.

In the majority of cases, our explanations and assumptions were understood by respondents. Organisational respondents tended to express higher levels agreement that they understood our plans for managing the risk of inflation, and we will work with dental professionals to make sure they understand the approach better in our communications and engagement activities over the next three years.

We have made improvements to the efficiency and effectiveness of the GDC, but acknowledge that there is more work to do. Strategic aim four recognises that the system of regulation must be made more efficient and effective. We will continue to challenge the costs of regulation, while also responding to the inefficiencies and impacts of the current systems and processes. Wherever possible we will do that under our current legal framework. We will also continue to press for the opportunities that legislative reform may bring.

There are expectations placed on us by some respondents that we will never be able to meet because of our role in the sector. Some respondents continue to believe we are a membership or representative body and should go beyond our remit to negotiate on behalf of the professions. This is something that we cannot do. While we plan to engage and collaborate more with our stakeholders, we will always be limited to our role in protecting the public, not least to direct our efforts to the things that only the GDC can do, but also to manage the costs of regulation and their impact on the ARF. We will continue with our plans to build understanding and trust in our role as the regulator of the dental professions.

We consulted on our fee setting policy in 2019. Following that consultation, the Council's policy is that the costs of regulation should be determined by the costs of regulating each group, but that decisions on allocation of costs should not lead to undesirable outcomes in the form of unpredictable variance for some groups of dental professionals. It is because of the potential for significant variation in the ARF for smaller groups that the fees that we charge for dental care professionals are the same irrespective of title.

Included in the 2019 consultation was our approach to managing exceptional circumstances. The GDC can adjust its fees in response to exceptional circumstances without the necessity of further consultation. In developing the Corporate Strategy and Costed Corporate Plan we seek to identify the costs of regulation over a three-year period to reduce the likelihood that we need to adjust the ARF and provide clarity and certainty for dental professionals. We have done this successfully over 2020-2022 and the ARF has remained stable.

However, volatility in the economy makes it more difficult to plan for costs that may increase unpredictably. As part of our work to prepare our forecast, Corporate Strategy and Costed Corporate Plan, we decided that we would prepare dental professionals for the impact economic volatility could have on the ARF. We have committed that any such increase will *at most* be in line with the rate of inflation at the time, unless further exceptional circumstances arise. Any decision to increase our fees over 2023-2025 will be preceded by activities to identify savings and challenge costs further.

## Equalities impact analysis

Our vision for EDI over 2021-2023 is:

**The General Dental Council will be a champion of diversity, equality and inclusion inside our organisation, with the sector we regulate, and with the public.**

We will achieve this vision through the effective delivery of the following strategic objectives:

- Ensuring that our regulatory activity is fair, transparent and accessible to all
- Ensuring the public are able to engage effectively with our services
- Embedding an inclusive workplace culture at all levels in the GDC where all staff feel valued, welcome, integrated and included

At the level at the Corporate Strategy operates, there are few direct impacts on people who share protected characteristics. However, an equalities impact assessment was prepared. We identified an opportunity to collect information on potential positive and negative impacts through the consultation and included a broad consultation question so that respondents could provide their views.

We also collected, on a voluntary and anonymous basis, protected characteristic data from respondents and included it in this report.



The following potential impacts were identified in the equalities impact assessment:

- Digital exclusion for some people in certain age categories and people with disabilities. The consultation was promoted via multiple channels. Potential respondents were able to contact the GDC and request the consultation materials in alternate formats and responses could be provided in a diversity of formats
- The GDC's fees setting policy applies to all dental professionals, irrespective of prospective characteristics. We recognise that equal application of the policy to all those with protected characteristics does not mean that there will be no differential impacts as a result of the proposed policy. Consultation, however, is an important element of undertaking a full equality impact assessment. We have taken account of the responses to the consultation as part of our continuing duties in respect of equality and diversity. The impacts identified have the potential to affect the following groups where there is understood to be correlation with income disparity:
  - Younger people on lower or no income
  - Older people who may be reducing their work commitments
  - Women
  - People who are pregnant or on maternity leave
  - People from minority ethnic communities
- Potential for positive impacts from the integration of the equality, diversity and inclusion strategy into the Corporate strategy by placing the goals at the centre of GDC's planning and performance reporting

#### [Responses from the consultation on impact of people who share protected characteristics](#)

Some respondents indicated that they felt it was inappropriate, wasteful, or unimportant to seek to understand our impact on people who share protected characteristics. Other respondents expressed satisfaction that the GDC was taking positive steps to assess impact.

A consistent comment from respondents was that there would be limited or no impacts arising from the proposals in the consultation. Another group provided statements that they were making no comment or thought the question was "not applicable". There were also responses which used words that made it unclear if the respondent thought the impacts were positive or negative, which used terms such as "I agree" without qualification.

Where respondents identified positive impacts, their comments can be summarised as:

- Positive, with no further explanation
- Support or recognition of fairness in our approach
- Support for the equalities strategy being integrated into the Corporate Strategy (though one respondent thought each aim should have an equality goal)
- Support for treating dental professionals, members of the public and the people who work at the GDC equally, respectfully and without discrimination

Where respondents identified negative impacts, their comments can be summarised as:

- Negative with no further explanation
- The ARF may affect women, people who are pregnant or on maternity leave disproportionately, and younger people on lower or no income
- Negative impacts on retention of the dental workforce (without reference to particular protected characteristics)
- Negative impacts on all groups because of the potential for increase in the cost of regulation

- CPD requirements can be discriminatory by only accepting certificates for training in the UK, which can have a disproportionate effect on people with disabilities
- International registration processes are not as effective as they should be and have high costs which affects people who qualified outside of the UK, which may correlate with people from minority ethnic communities

## Appendix one: Consultation questions

### About you

1. Are you responding as:

- On behalf of an organisation
- An individual

1.a. Please tell us the name of your organisation, your name and job title, and contact details in case we need to ask you a question.

1.b. Please select the option that best describes you:

- A UK registered dental professional
- Training or studying to join the GDC register
- Dental patient or member of the public

1.b.i. Please tell us your registered title(s).

### Strategic aim one

2. Given what the GDC does and the strategic context in which we work, do you agree with the proposed strategic aim one, its high-level objective, and what we will do to deliver it?

- Yes
- No
- Don't know

2.a. Please explain your reasons.

### Strategic aim two

3. Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim two, its high-level objective, and what we will do to deliver it?

- Yes
- No
- Don't know

3.a. Please explain your reasons.

### Strategic aim three

4. Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim three, its high-level objective, and what we will do to deliver it?

- Yes
- No
- Don't know

4.a. Please explain your reasons.

### Strategic aim four

5. Given what the GDC does and the strategic context in which we work, do you agree with proposed strategic aim four, its high-level objective, and what we will do to deliver it?

5.a. Please explain your reasons:

### Expenditure plans

6. Thinking about our expenditure plans, to what extent do you agree/disagree with the following statements (1 being strongly agree to 5 strongly disagree):

6.1. I understand the explanations

6.2. I understand the assumptions underpinning the plan

6.3. I understand the approach to manage the risk of inflation on the costs of regulation and the Annual Retention Fee (ARF)

6.a. Please explain your responses.

7. Do you have any other comments to make on our expenditure plans?

### Equalities impact analysis

8. To what extent do you think our proposals have the potential to impact positively or negatively on those with protected characteristics?

8.a. Please explain your responses.

## Corporate Strategy 2023-2025

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Osama Ammar, Interim Associate Director, GDC Policy and Research Programme
<b>Type of business</b>	For approval
<b>Purpose</b>	<p>The Council is responsible for setting the Corporate Strategy for the GDC, which informs the development of the costed corporate plan and budget.</p> <p>This paper includes a draft Corporate Strategy as an appendix, which may be amended as a result of the Council's consideration. The agenda item will be taken in public session, and this paper published in advance of the meeting, however the Corporate Strategy 2023-2025 itself will be published following the Council's approval and any amendments that have been directed.</p>
<b>Issue</b>	To set the Council's strategic direction for the period 2023-25
<b>Recommendation</b>	<p>The Council is asked <b>to approve</b> the revised draft Corporate Strategy 2023-2025.</p> <p>Approval is recommended on the basis that permission is granted for matters of drafting and presentation to be addressed as part of the publication process. Any later decisions of the Council at its meeting in October 2022 will also be applied to the draft.</p>

### 1. Introduction

- 1.1 The Council approved a draft of the consultation on the Corporate Strategy 2023-2025 at its meeting in June 2022. The consultation launched on 5 July and close on 6 September 2022. The consultation period was 9 weeks, which is a week longer than the previous consultation on the Corporate Strategy 2020-2022 to account for fact that there was a higher probability that stakeholders were taking leave during the summer period.
- 1.2 A strategic plan is, in its own right, important to set out our direction and public consultation supports the GDC to engage its stakeholders in sharing its strategic approach and responding to their views on it. In addition, the Corporate Strategy is tied to the Costed Corporate Plan and, as a result, the fee setting process. Our fee setting policy requires a public consultation, in which the GDC sets out the high-level objectives and assumptions that underpin expenditure plans as a basis for setting fees over a three-year period.
- 1.3 The proposals included revised:
  - a. strategic aims,
  - b. high level objectives,
  - c. activities that the GDC will undertake to achieve its aims and objectives
  - d. expenditure plans (informed by a-c and the corporate planning process)
  - e. forecasts of the impact on the registration and annual retention fees (informed by d)

- 1.4 The consultation document also explained how the GDC will be managing the exceptional circumstances arising from heightened and volatile rates of inflation by:
- a. making explicit the factors that make the expenditure planning process exceptional: increased rate of inflation combined with high volatility meaning that management of the risk through free reserves is a higher risk strategy.
  - b. giving notice that the GDC is likely to need to adjust the ARF in years two and three of the plan in order to maintain the real value of the year one expenditure plans.
  - c. committing not to increase the ARF in real terms (other than for exceptional circumstances) and to using CPI as the index for any revisions to the ARF.
  - d. explaining that in years two and three of the plan that we will decide, based on the conditions the time, to increase the ARF in line with inflation, or meet the costs of inflation from savings.
- 1.5 A draft consultation report has been considered by the Council as an earlier paper at its meeting in October 2022. The Council may therefore, use the consultation report and the earlier discussion to consider and direct revisions to the Corporate Strategy 2023-2025 and / or grant approval.
- 1.6 A number of recommended revisions have been presented to the Council based on the consultation report, which are visible as tracked changes in **Appendix 1**. Where changes arise from comments raised in the consultation, these are additionally marked by a comment outlining the comment and a summary of the recommended change. The recommendations are not intended to be prejudicial of the Council's decisions related to other papers for consideration at its October 2022 meeting, including consultation on the Promoting Professionalism framework. The draft will be updated accordingly following any later decisions of the Council.
- 2. Legal, policy and national considerations**
- 2.1 The Corporate Strategy sets out our ambitions as a UK wide regulator. The document has been drafted to be relevant to people living and working in each nation of the UK.
- 3. Equality, diversity and privacy considerations**
- 3.1 Our strategic plan and our fees proposals have impacts on a wide variety of our stakeholders and therefore an equality impact analysis has been prepared and a summary has been provided as part of the consultation report, including an analysis of the comments made in response to a question on positive and negative impacts on people who share protected characteristics.
- 3.2 Information collected from respondents has been handled as set out in our Privacy Statement, which contains provisions related to use of information as part of consultation.
- 4. Risk considerations**
- 4.1 There is a risk of challenge to the way in which the GDC sets its fees, which is mitigated by an effective and fair consultation process. The consultation report, which the Council considered earlier, should be used to guide the Council's decisions on revisions to the Corporate Strategy.
- 5. Resource considerations and CCP**
- 5.1 The resources for the development of the Corporate Strategy are accounted for in the Costed Corporate Plan.
- 5.2 The Corporate Strategy is a key part in determining the overall range of expenditure that we anticipate and will budget within for the Costed Corporate Plan in 2023-25.

**6. Monitoring and review**

- 6.1 The Corporate Strategy development process is monitored through the Corporate Planning Board, EMT and the Council directly.
- 6.2 The approved Corporate Strategy will be subject to monitoring and review through the corporate planning and monitoring activities (balanced scorecard, Corporate Costed Plan). Work has been undertaken to incorporate the new strategic aims, high-level outcomes and activities into our draft corporate planning documents which are also being considered by the Council's in October 2022.

**7. Development, consultation and decision trail**

- 7.1 The Corporate Strategy development process has taken place over the course of 2021 to 2022. These activities have included:
- a. July 2021: Council workshop and EMT workshop
  - b. November 2021: EMT meeting paper
  - c. December 2021: Council meeting paper
  - d. January 2022: Council member engagement
  - e. February 2022: Council Workshop
  - f. March 2022: EMT and Council meeting paper
  - g. June 2022: EMT and Council meeting paper
  - h. July 2022: Public consultation
  - i. September 2022: EMT and Council meeting paper
  - j. October 2022: EMT and Council consideration of the draft consultation report

**8. Next steps and communications**

- 8.1 Subject to Council's approval of the Corporate Strategy, preparations will take place for publication later in 2022. A communications and engagement plan has been prepared to support the work related to the develop and publish the Corporate Strategy (including publication of the consultation report).
- 8.2 Depending on the outcome of Council's consideration of the Corporate Strategy, there will be further steps to implement and integrate the new strategy into our ways of working and monitoring and evaluation for 2023.

**Appendices**

1. Draft Corporate Strategy 2023-2025

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12 October 2022

**General  
Dental  
Council**

# **Corporate Strategy 2023-2025**



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## Foreword from the Chair

I am pleased to present our first draft Corporate Strategy since my appointment as Chair of the GDC. This strategic plan is the next step in achieving our long-term ambition of moving dental professional regulation increasingly toward preventing harm to patients and the public, rather than responding to the consequences of it.

We have been working on this ambition since 2017 when we published [Shifting the balance](#) and reinforced it in 2020 with [Right time, Right place, Right touch](#).

Much has changed since 2017, particularly, since the emergence of the COVID-19 pandemic. This draft Corporate Strategy sets out our further steps to continue to move the balance of our effort towards prevention in a different context of public protection, dental care and regulation. It is clear that some challenges will continue into and beyond 2023, including:

- the impact of the COVID-19 pandemic on the public, dental professionals, dental sector, and on the GDC
- the delays and uncertainty over the plans to reform the health professional regulators, which is an essential component to achievement of our ambition.
- changes to our routes to registration following the UK's departure from the EU.
- economic uncertainty that affects patient choice, dental businesses, individual dental professionals and the GDC.

Flexibility and adaptability will be essential for the GDC to respond to uncertainty. Our efforts to improve how GDC operates, plan over the longer term, and manage expenditure have been essential and important activities, but this strategic plan builds in agility to be able to respond to a changing set of circumstances.

Whatever context we face, our purpose remains constant: to protect the public. At the core of what we do is ensuring that the Register is maintained so that the public only receives dental care from safe and effective dental professionals. Flowing from this central task are all our functions and processes, which we perform on behalf of members of the public and in co-operation with the professions, sector, and other regulators. We will be continuing to perform these functions and processes and make them more efficient and effective.

Therefore, while we are building in flexibility into how we achieve our aims, they will be familiar to our stakeholders and reinforce understanding of our role and goals.

~~We encourage you to respond to this consultation. We want to hear from everyone affected by our work in each nation of the UK: patients and the public, dental professionals, education providers, funding bodies for education and services, the national health services and their providers, private dental businesses, our regulatory partners, and the organisations that represent all these groups. By responding you can influence our thinking over the course of the next three years and the more detailed plans for activity and expenditure that follow from our strategic plan.~~

We know dental professionals have been providing patient care under exceptionally difficult circumstances ~~over the last two years~~. This draft strategic plan ~~is an opportunity to~~ consider ~~describes~~ how effective professional regulation can support the recovery of dental services for the benefit of dental professionals, patients and the public.

Lord Harris of Haringey

**Chair**  
**General Dental Council**

## Our role, purpose and responsibilities

We protect the public. This is a role given to us by Parliament and set out in the Dentists Act.

To protect the public, at its most basic, we do four things:

- set and support high professional standards in dental education and practice
- maintain a register of dental professionals who meet our standards
- ensure that nobody is admitted to that list if they do not meet our standards
- act to protect the public if any dental professional falls short of our standards

Our role and functions are set out in legislation. The objectives set for us by Parliament are at the core of everything we do, and in some areas of our work the legislation also prescribes in some detail how we should deliver those objectives. But within those objectives, the Council also has considerable discretion about the priorities it sets and the way in which it delivers its statutory objectives. We are consulting on this strategy to help inform choices about our priorities and the use of our resources as we develop the next version of our Costed Corporate Plan.

### The Dentists Act

The GDC is given an over-arching objective by section 1(1) [of](#) the Dentists Act, which is **protection of the public**.

The pursuit of that over-arching objective involves the pursuit of three further objectives:

- protect, promote and maintain the health, safety and well-being of the public
- promote and maintain public confidence in the dental professions
- promote and maintain proper professional standards and conduct for the dental professions

We also have functions we must perform, which are:

- setting and assuring standards of quality in dental education.
- maintaining registers of dentists and dental care professionals who meet the registration requirements.
- setting and promoting professional standards.
- investigating allegations of impaired fitness to practise and taking appropriate action.

## Understanding the strategic context

The context in which we are working has changed considerably since [the publication of ~~we consulted on~~](#) our last strategic plan. The COVID-19 pandemic, the UK's departure from the EU, changes occurring in dentistry, and economic uncertainty mean patients and the public, dental professionals, dental service providers and the GDC face different challenges.

Regulation cannot address some of the challenges that we outline below, and in setting them out we are not indicating that we will be acting to respond to them. Instead, we are explaining the contextual factors that influence both what we do and how we do it. Some parts of the context impact on the GDC directly and will affect what we do and our priorities. In other cases, the impacts will be on our stakeholders and affect how we undertake our work as they respond to the context.

### Patients and the public

A variety of factors have affected how patients and the public are able to access dental care, not least the COVID-19 pandemic, changing the context in which we undertake our regulation. This is shown in the research we and others have published<sup>1</sup>.

Some impacts have limited access to dental care and appear to disproportionately affect some members of the public, more than others. There are concerns across the sector that the inequalities that existed before the pandemic have widened.

Changing models of dental care also continue to offer new benefits to the public, but sometimes also bring new risks. The COVID-19 pandemic drove an acceleration in models of dental care that triage patients without having to attend a dental practice. This benefit is coupled with anxieties that some risks, such as the detection of oral cancer, may be enhanced.

Members of the public are also engaging with new models of private dental care, and aesthetic practice delivered by dental professionals, which are making these services more accessible. However, new models of care are not without risk of harm. They can push at the limits of what regulation was designed to do and draw attention to gaps in the regulatory model across the UK.

### Dental professionals

Dental professionals continue to work in challenging circumstances as they deliver their services to patients and the public. The COVID-19 pandemic has caused massive disruption to dental services and dental professional education with effects which will take time to work through. We recognise that this has caused enormous stress for dental professionals and we

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<sup>1</sup> GDC, [Impacts of COVID-19 on oral health and dentistry](#) and CQC, [The state of health care and adult social care in England 2020/21](#)

applaud the enormous efforts made by so many to sustain patient care despite all the difficulties. The direct and indirect consequences of the pandemic include:

- Concerns about the potential for disruption in dental services to lead to an increase in the number of complaints and concerns over matters those dental professionals cannot control, such as the availability of appointments.
- Concern about dental professionals choosing to leave their roles or adapt their working patterns, reducing the overall workforce even if the number of registered professionals remains stable.
- The need rapidly to adapt approaches to education and training for students, trainees, and new dental professionals to address constraints imposed by COVID-19 precautions and to support new entrants to the professions starting their careers in difficult circumstances.

As the sector responds to the challenges to access to dental care, it becomes ever more important to make the most of the skills of whole dental team. There are of course areas where the dental team has already responded to take on additional activities or roles within their scope of practice where they are trained, competent and indemnified to do so. However, as each nation's health service and private providers consider how they respond to patient and public demand, the regulatory framework will need to adapt to ensure continuing public protection while not inhibiting innovation. Regulation will increasingly focus on supporting members of the dental team to make their own judgements about the scope of their professional practice, based on their professional competence, rather than arbitrary lists of tasks. That's an important change of approach, and we recognise that some members of the team may need additional training and support to do this safely and confidently.

#### Provision of dental services

There is an imbalance between the need for dental care and the capacity of dental services to provide that care which has come under increasing pressure.

**DN: The following paragraph may require updating prior to publication owing the progress of the s.60 Order for international registration**

The effects of the UK's departure from the EU are still playing out because of the UK Government's decision to temporarily extend recognition of European dentist qualifications, but this arrangement is due to be reviewed in 2023. Any change may influence the decisions of European dentists about whether to choose to work in the UK. The suspension of the Overseas Registration Exam in 2020 and 2021, because of the restrictions of the COVID-19 pandemic, temporarily cut off the route to registration for dentists trained outside the UK and EU. While there are positive steps being taken as result of the UK Government's plans to remove legislative restrictions on the GDC and introduce new flexibility for routes for international registration, these will take a period of years to implement and cannot be the short-term solution to address challenges in the dental workforce.

~~Capacity is also constrained by the continued need for enhanced infection prevention and control measures to manage the risks around COVID-19.~~ Decisions made by the governments of the four nations have implications for the level of NHS provisions and so indirectly for the balance between NHS and private care. ~~In England there will also be changes are underway to the way for dental services are commissioned through the integration of health and social care.~~ Dental service providers are considering their business, contractual and treatment models to make the most of opportunities to deliver services using new models of care and to address financial instability. In some cases, dental service

providers have made the decision to move away from NHS services and this is having an ~~additional~~ effect on access to dental care. [In England changes are underway for dental services commissioning through the integration of health and social care.](#)

## Regulation

The quality of regulation is very closely linked to the quality of the legislative framework within which it is delivered. In the case of the GDC, that legislative framework has not been fundamentally updated for four decades, and its weaknesses are increasingly apparent. The government ran a consultation in 2021 which proposed legislative reform for all the healthcare professional regulators, which would allow them to operate more flexibly and move more of their efforts toward prevention of harm rather than responding to the consequences of it.

We strongly support this approach and believe that greater legislative flexibility would allow us to deliver our functions more effectively and more efficiently. But the timetable for reform remains very unclear. It is possible that legislative reform and its operational consequences will be of central importance during the coming strategy period, but that is far from certain. In the light of that uncertainty, we will prioritise our efforts in areas where there is the greatest potential for improvement within the current legal framework, while also continuing to prepare – and press – for progress on legislative reform.

**DN: The following paragraph may require updating prior to publication owing the progress of the s.60 Order for international registration**

~~We expect m~~There will be more rapid change in the legal framework governing the registration of dental professionals on the basis of qualifications gained outside the UK. We want to ensure that the international registration system protects patients while also being fair to applicants. The removal of over-prescriptive legislative rules will allow us to do that more effectively than is possible now. Making changes to our routes to international registration is not a fast process and will require careful consideration of the measures to protect the public and to establish new processes.

## Delivering in 2020-2022

Our Corporate Strategy for 2023-2025 ~~will~~ build s upon the strategic aims and objectives of Right time, Right place, Right Touch. We revisited and clarified those aims in 2020 to make sure they remained the right priorities in the context of the COVID-19 pandemic.

Every year, we report on our plans, progress and expenditure in our Costed Corporate Plan and [Annual Report and Accounts](#). This is how we make our detailed plans, share progress against our objectives and ensure our expenditure is transparent to our stakeholders.

In response to the COVID-19 pandemic, in addition to the objectives we planned, we:

- [revisited our strategy](#), which included [research and stakeholder engagement](#), and clarified our strategic aims for the new context.
- prepared new [guidance for dental professionals](#) on two principles: firstly to minimise the regulatory burden on dental professionals wherever possible, and secondly to maximise flexibility for dental professionals to manage their professional activities in response to the challenges of COVID-19.
- [worked with the dental education sector](#) to ensure that students and trainees whose learning opportunities were affected were appropriately supported to meet the standards required for registration with the GDC.
- transitioned the organisation to a hybrid model of working and to progress cases whenever possible.
- supported dental professionals who were unable to complete their full complement of CPD for reasons related to the pandemic to remain on the register.

Over the course of 2020-2022 we also continued to drive forward work to achieve our objectives. The detail of our progress and expenditure under our current strategic aims is reported in the rolling Costed Corporate Plan. In this strategy, we are building upon the following achievements under our previous strategic aims:

1. Career-long upstream regulation that upholds standards for safe dental professional practice and conduct
  - implemented risk-based approaches to quality assurance of dental education
  - published research on professionalism and a review preparedness for practice used to inform consultations on principles for professionalism, and the learning outcomes for UK dental education
  - published [Supporting the Dental Team: a guide for managers and employers](#), created in collaboration with our stakeholders, to support their understanding of the responsibilities of registered dental professionals
  - reviewed our Scope of Practice guidance to inform a consultation on changes that supports and allows dental professionals to work lawfully, within their scope, and as a team



2. Resolution of patient concerns at the right time, in the right place.
  - supported the profession-wide complaints handling working group
3. Right-touch regulatory decision-making for our enforcement action.
  - completed the end-to-end review of our fitness to practise processes which led to changes to our approach to case management and dental professionals submitting their observations on concerns that have been raised with us
  - published research on seriousness as a concept in fitness to practise decision-making and how it affects outcomes of cases
  - completed the administrative separation of our fitness to practise hearings function to reinforce its independence from the investigations process.
4. Maintaining and developing our model of regulation in preparation for reform of our legislation.
  - adapted to the immediate effects on our international registration processes from the UK's departure from the EU and started the work to prepare for the UK's new international relationships.
  - provided clarity on the [expectations under our standards for dental professionals providing direct-to-consumer orthodontic treatment](#)
5. An outcome-focused, high performing and sustainable organisation.
  - strengthened relationships with our stakeholders and the different organisations playing a part in ensuring that patients receive safe and effective dental care.
  - improved collection and use of data as part of our regulatory functions
  - reduced the annual retention fee as a result of our last consultation on our high-level objectives
  - introduced payment by instalment for dental professional retention fees, so the costs of being regulated are spread across four payments a year
  - improved efficiency and effectiveness through a range of back-office initiatives including: upgrading our IT infrastructure, introducing a new people software system, and replacing payment systems

~~The work of the GDC continues while we consult on this draft strategic plan. The draft plan reflects assumptions about decisions planned for this year that would have implications for the 2023-2025 strategy period, such as our proposal to implement principles for professionalism following a consultation later in 2022. Decisions made by Council may confirm or invalidate these assumptions, and our final plans for the strategy period will also reflect the outcome of consultations on those issues.~~

## The foundations of our ~~draft~~ strategic aims

~~We are consulting on revised strategic aims and high-level objectives which will set the context and direction for our work in the coming strategy period. They update and refine our current aims and objectives but do not fundamentally change them.~~

~~Our long-term strategic ambition remains to move towards a model of public protection focused more on the prevention of harm, and depending less on responding to the consequences of it.~~

~~As a result, the foundations of our strategic plan are staying the same, although w~~  
~~We are making some of the underpinning strategies clearer and integrating them into our Corporate Strategy.~~

Our purpose set by Parliament is public protection. That purpose is primarily achieved through the actions of dental professionals in delivering patient care to high clinical and ethical standards.

We support ~~their and encourage~~ professionalism by positively fostering the behaviours that recognise the important role that every dental professional plays in upholding public safety and confidence in collaboration with the GDC but are ready to intervene when those standards are not met.

We will continue to develop our policies and design our operational processes in line with the principles of right-touch regulation, to ensure that we are proportionate, consistent, targeted, transparent, accountable, and agile in all that we do.

Our values remain unchanged:

### Our values

When working to realise this vision, the organisational values that guide how we operate are:

- Fairness – we treat everyone we deal with fairly.
- Transparency – we are open about how we work and how we reach decisions.
- Responsiveness – we listen, and we adapt to changing circumstances.
- Respect – we treat everyone with respect.

### Underpinning strategies

**Commented [OA1]:** Comments that the GDC is too focused on public protection and not on dental professionals.

**Recommendation:** Use clear words that explain that Parliament has set our purpose.

Underpinning the Corporate Strategy are several supporting strategies that contribute to the achievement of our strategic aims. Once we have consulted upon and agreed this strategic plan, we will revisit these strategies to ensure they are fully aligned with our new Corporate Strategy. These strategies are for:

**Effectiveness of the GDC**

Our approach to ensuring the GDC has the staff, systems and processes to improve our performance and support achievement of our strategic aims and objectives.

**Preventative regulation (formerly known as Moving Upstream)**

Our approach to moving effort towards prevention of harm through our regulatory functions and processes, use of data, research and intelligence and work with our stakeholders.

**Communications and engagement**

Our approach to supporting understanding of our role in the dental sector, our priorities and, where appropriate, involving the people affected by our work in the development of our regulatory functions and processes.

**Evidence: data and research**

Two strategies:

- the first for our approach, within the context of our legal obligations, to using the data we hold effectively.
- the second, for our approach to research and evaluation to inform our regulatory functions and processes and improvements to our performance.

**Equality, diversity and inclusion**

Our objectives to foster equality, diversity and inclusion inside our organisation, with the sector we regulate, and with the public.

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

**Objective:** We protect the public by ensuring that dental professionals are well-trained, and deliver care to high standards, supported by a regulatory approach which enables prevention of harm and lifelong learning.

The dental professional registers play an essential part in ensuring that patients and the public can be confident in the professional knowledge, skills and behaviours of the dental team. The single most important thing we do is to ensure that dental professionals admitted to the register meet the required standards for them to provide safe and effective dental care.

~~Trust in dental professionals can be undermined by the actions of a small number of people, but~~ The vast majority of dental professionals are dedicated, highly skilled, compassionate practitioners who work in the interests of their patients and the public. ~~The most effective way for us to protect the public is to support and foster the positive application of professional knowledge, skills and behaviours by dental professionals. It is even more effective if it is done in a way that recognises that the context in which care takes place and the wellbeing of dental professionals have a strong influence on both professionals and patient outcomes. We form part of that context and can support dental professionals to learn, develop and improve in effective and supportive environments through our work.~~

We will continue to support public trust in dental professionals by ensuring that our processes for setting standards and guidance, quality assurance of education, admitting new dental professionals to the register and maintaining registration mean that dental professionals are prepared for the context in which they are working.

Core to delivering this objective will be our work to embed new principles of professionalism and the guidance which will underpin them. We will be implementing new learning outcomes for education and training of dental professionals trained in the UK. Subject to the necessary legislative change, we will review and revise our processes for the registration of those who qualify outside of the UK. We will also be continuing to review our approach to lifelong learning ensuring we are prepared for the opportunity improve with the new flexibility that regulatory reform is intended to bring.

Further, we will continue to use our regulatory processes and evidence to identify risks to the patients and the public, and feed that intelligence into our work to increasingly support dental professionals to practise in a way that prevents harm from occurring.

### In 2023-2025, we will:

- ~~consult upon and~~ embed the ~~Promoting Professionalism Framework principles for professionalism and their underpinning guidance framework~~ to support safe and effective practice by dental professionals

**Commented [OA2]:** Comments that "high standards" are too high, or more appropriate to specialties.

**Recommendation:** Reject the proposals that we use language that implies a lower the standard of public protection, but instead explain what we mean by high standards and take feedback in our upcoming consultations on the Safe Practitioner Framework and, pending Council's approval, the Promoting Professionalism Framework.

**Commented [OA3]:** Comments that there are implied threats in the language related to this aim.

**Recommendation:** Delete this line, which implies that the reader may be undermining trust.

**Commented [OA4]:** Comments that the GDC should support physical and psychological wellbeing of dental professionals.

**Recommendation:** Express the positive elements of professionalism (understanding context and its effects) more clearly.

- implement new standards and learning outcomes for education and training for dental professionals, the Safe Practitioner Framework, for dental professionals to prepare new entrants to the profession for safe and effective practice
- make our international registration processes more effective while continuing to assess the knowledge and skills required for safe practice
- make the specialist list assessed application process more effective and embed the new specialty curricula
- support lifelong learning for the whole dental team, including our approach to specialty education, with the aim of fostering positive professionalism, supporting professional development and maintaining high professionals standards prevention of harm
- use research, evaluation and intelligence from our regulatory functions to inform our approach to risk to the public and prevention of harm

**Commented [OA5]:** Comment that the SLAA and curricula should be included under this aim.

**Recommend:** Make our planned work more explicit by separating out from the work around lifelong learning.

**Commented [OA6]:** Comment that language in this aim is framed negatively and implies threat.

**Recommend:** Rephrase so that lifelong learning supports professionalism and other positive goals.

## Strategic aim two: Concerns are addressed effectively and proportionately to protect the public and support professional learning

**Objective:** We protect the public because we are part of an effective and accessible system for resolving complaints with only the **most serious** being dealt with as fitness to practise concerns.

The public expects professions to be regulated and for action to be taken if things go wrong. This builds trust in the professions we regulate and gives the dental team confidence that the things that can bring a profession into disrepute are dealt with.

Regulation is therefore a benefit to professionals themselves. ~~It protects patients from bad practice and, b~~By addressing fitness to practise concerns and ensuring standards of education and practice are maintained, it underpins the reputation of the profession as a whole and maintains public confidence as well as protecting patients from bad practice.

Patients and the public must be able to give feedback and make complaints about their dental care. In addition, everyone must be able to raise concerns with us if they think that a dental professional may be putting patients and the public at risk.

When handled well, feedback and complaints drive improvement and foster professionalism in dental care, give the public confidence in professionals and services, and help to restore trust when things have gone wrong. But we also recognise that being involved in the fitness to practise process is often a difficult and stressful experience, whatever the eventual outcome and that other routes will often provide a more rapid and more effective route for resolving issues.

We have therefore been working to ensure that, as much as possible, feedback and complaints are resolved before they become regulatory concerns.

The benefits of this approach are that:

- patients and the public can reach satisfactory resolutions sooner,
- dental professionals and providers can address issues quickly and effectively without any need for the regulator to become involved,
- the stress of being subject to fitness to practise proceedings can be avoided where patient safety and the wider public interest are being effectively protected by other means, and
- we can better manage the costs of our fitness to practise investigations process.

We will always consider every concern we receive but, through our work to support feedback and complaints processes, we anticipate over time we will receive fewer concerns that could have been resolved earlier.

**Commented [OA7]:** Comment that this language is not wholly appropriate because it does not include public confidence and breaches of standards.

**Recommendation:** Make no change. This language makes sense to our stakeholders and our strategy does not need to reflect the exact words of the tests that we apply at different stages of our process.

**Commented [OA8]:** Comments that we don't recognise the negative impacts on people involved in investigations or acknowledge that some cases take too long.

**Recommendation:** Include a reference here to the benefit of resolution of complaints by other means.

**Commented [OA9]:** Comments that we don't recognise the negative impacts on people involved in investigations or acknowledge that some cases take too long.

**Recommendation:** Include reference to benefits of local resolution.

However, when we do receive concerns, we will continue to consider them fairly and proportionately to protect the public and their confidence in the dental professions.

**In 2023-2025, we will:**

- continue to support patients and the public, through the dental sector, so they can find accurate and useful guidance that explains how to provide feedback and make a complaint about their dental care before raising a concern with us
- ensure concerns are raised with the GDC because our involvement is required to protect to the public and, wherever possible, have already been considered through feedback and complaints processes
- ensure concerns raised with us are addressed fairly and proportionately using our investigation and enforcement powers
- even though it may be made redundant by legislative reform, use the evidence we have been collecting to reassess the restrictions in our legal framework to lessen the impact on the people involved

## Strategic aim three: Risks affecting the public's safety and wellbeing are dealt with by the right organisations

**Objective:** We protect the public because we are using our insight to highlight risks to their safety and wellbeing and encouraging the right parts of the sector to respond.

Dentistry and its regulation are complex. There are many organisations performing different functions and the systems across each of the nations are different. We regulate the professionals who work in the dental team across the whole of the UK. However, we do not regulate the organisations providing dental care – or those activities performed by dental professionals that are not dentistry.

There are important issues of widespread concern that do not fall within our regulatory remit. For example, we cannot control or influence the number of dental professionals who are trained in the UK, or the distribution of dental professionals across the UK. We will work with our stakeholders to ensure that our role is understood and to make appropriate contributions to issues of shared concern across dentistry. We also aim to improve the trust and respect that dental professionals have in the system of regulation through our communications and engagement activities.

Our authority and powers are restricted to our regulatory functions and by concentrating on these we deliver better protection for the public and avoid expenditure on activity that is the responsibility of other organisations. We also need to guard against raising expectations that we can solve issues which require different parts of the sector, or the whole sector, to address.

However, as we undertake our regulatory functions and work with our stakeholders we will allocate a relatively small part of our overall expenditure to do two things that have the potential to have a significant impact on ~~will~~ addressing issues affecting the patients and the public:

- where it is appropriate, we will share information and the evidence we collect as we do our work with the right organisations (such as other regulators, funding and commissioning bodies in the four nations, education providers, representative organisations for the dental professions, and indemnifiers) and encourage them to work collaboratively to address issues facing the public and dental professionals.
- use our regulatory functions to influence the knowledge, skills and behaviours of the dental team to respond to risks to the public, for example by supporting use of the skills mix of the whole dental team, and engaging with existing members of the dental team as well as newly qualified dental professionals.

**In 2023-2025, we will:**

- work with our stakeholders to support their respect and trust of our role so that we can encourage openness and address risks to the public co-operatively with the sector

**Commented [OA10]:** Comment that there is relatively low expenditure attached to this aim for potentially significant positive impact. While other comments questioned the value of the activity.

**Recommendation** - make the relationship between impact and expenditure explicit

**Commented [OA11]:** Comment that the aim should be clearer about the type of stakeholders with which we will collaborate

**Recommendation** - Including descriptive categories of organisations.

**Commented [OA12]:** Comments that the aim is unclear and is too focused on younger dental professionals. Comments that a focus of this aim should be on skills mix of the whole dental team.

**Recommendation** - Inclusion of all specific action related to skills mix and engaging all registrants to provide additional clarity.



- share insights with the agencies with the powers to respond, using our evidence about risks to the public
- ~~work with dental professionals to equip them dental professionals~~ to respond to current and emerging risks to the public, through appropriate skills, knowledge and behaviours assured and encouraged by our regulatory functions

**Commented [OA13]:** Comment that the tone is didactic.

**Recommendation** - reordering and introducing the concept of working with dental professionals to reduce sense of didacticism.

## Strategic aim four: Dental professional regulation is efficient and effective and adapts to the changing external environment

**Objective:** We protect the public because we maintain or improve our performance and are ready to adapt to changes to our legal framework and risks to the public.

Regulation must be efficient and effective in order to protect the public and to manage the impact of the costs of regulation on dental professionals. There is still more to do in 2023-2025 to continue to improve our performance and increase efficiency in our processes.

Regulation must also adapt to the changing context of risk to patients and the public. Dental practice is not static. It evolves as the needs and behaviours of patients and the public change, as the evidence underpinning practice grows, as technology and dental businesses advance, and as the roles, knowledge and skills of the dental team develop. This means regulation must keep pace with the changing risks to the public. We will continue to develop our organisation, policy framework, use of evidence and stakeholder engagement so that we have the information and, capability ~~and tools we need to adapt to any changes in the risks to patients and the public.~~

The UK Government's plans to reform the legislation governing health professional regulators have been delayed ~~when proposed in the past~~, and it remains unclear when specific proposals affecting the GDC might be brought forward ~~we must recognise that this may happen again~~. However, reform is needed to address some of the restrictions that affect our performance. We will continue to make preparations but will keep these at a level which recognises that they may not come soon or at all, and be ready to improve how we operate without reform.

All of this affects how we operate and we will continue to ~~develop the~~ improve organisational ~~to improve its~~ performance, resilience and agility. We will develop ~~our the~~ people, including our associates, in the organisation so that they are ready to respond to the risks that the public faces or deliver the improvements our regulatory functions and processes require.

Being an efficient and effective regulator means that we must foster inclusion, support diversity and eliminate discrimination as we perform our work. It also means we must use data, research and evidence to inform our approach to undertaking our work and measuring our performance.

### In 2023-2025, we will:

- continue to ensure our regulatory functions and processes are as efficient and effective as they can be, including improving our performance in international registration and fitness to practise
- work with other regulators to prepare to maximise the potential of reform to improve our efficiency and effective, taking into account the uncertain timetable and scope of the UK Government's plans

**Commented [OA14]:** Comment that the aim contains too much jargon.

**Recommendation** - Throughout this aim, removing unnecessary words and providing clarity

**Commented [OA15]:** Comment that the GDC should train education associates for different types of qualification.

**Recommendation** - Include reference to associates more broadly, to capture their contribution to the recommendations and decisions made in the organisation.

**Commented [OA16]:** Comment from multiple stakeholders that they wish to see want to see international registration and FtP timeliness more explicitly in the strategy in the strategy.

**Recommendation:** Include under aim 4 rather than as part of aims 1 and 2 which are focused on the outcomes of these processes. Under aim 4, the focus is on efficiency and effectiveness of the processes and reflects the interests of the stakeholders.

**Commented [OA17]:** Comment that the GDC should work with other regulators on reform.

**Recommendation** - Make explicit the collaborative activity that happens already.

- foster equality, diversity and inclusion, and continuously work to eliminate discrimination, in our regulatory functions and processes, including by continuing to examine over-representation of people who share protected characteristics in our concerns processes
- use data, research and evaluation to inform the design, measurement and performance of our functions and processes
- support the people who work in the GDC, both staff and associates, to ensure they have the right knowledge and skills and are part of an inclusive culture focused on improving performance and adapting to the changing external environment.

**Commented [OA18]:** Comment that the GDC should undertake work to examine over-representation in FtP

**Recommendation** - Make explicit the work we have already committed to undertake as part of our EQI strategy.

## Measuring our success **and demonstrating accountability**

We have ~~implemented~~ a number of ways to measure our success as an organisation and are subject to independent oversight of our work ~~we last consulted on our strategic plan.~~

We publish our strategic plan every three years. Each year we prepare and publish a three-year rolling Costed Corporate Plan and our Annual Report and Accounts where we set out our strategic aims and objectives, our plans, progress and expenditure. We make our work transparent so that we are accountable to patients and the public and dental professionals through the UK and Scottish Parliaments.

Our performance as a regulator is scrutinised by the Professional Standards Authority (PSA), which publishes annual reviews of our performance. We provide quarterly data on our performance to the PSA in the same way as the other health professional regulators, and are subject to periodic review and ongoing monitoring.

In addition, we are legally required to manage our finances in line with International Accounting Standards and are required to give full consideration to the public sector financial reporting framework and government's guidance on financial management (set out in HM Treasury's Managing Public Money and Financial Reporting Manual). We are then subject to scrutiny by the National Audit Office in regard to our compliance and regularity of our expenditure around those requirements.

Our financial viability is also tested annually through a 'going concern' assessment, by two independent external auditors, including the National Audit Office. They assess whether our reserves are sufficient to maintain our financial solvency and whether they support our judgement that the GDC is a 'going concern'. Their opinion is reported to Parliament as part of our Annual Report and Accounts.

Underpinning these ~~documents~~ accountability requirements is a framework of performance monitoring integrated into our way of working and scrutinised through our own governance framework. Our Council meetings are held in public, and the papers published on our website so that everyone can see how we are performing throughout the year as well as when we publish the Costed Corporate Plan and Annual Report and Accounts.

We have also taken steps to implement a framework for long-term evaluation of our impact, with monitoring and evaluation increasingly being built into our routine processes and research activities being undertaken to inform how this can be done most effectively. To do this we have developed evaluation frameworks for our Fitness to Practise and preventative work.

This has included research into:

- stakeholder perceptions of GDC,
- research into how we capture, analyse and report Fitness to Practise data,
- an evaluation of our Fitness to Practise process and
- cross-regulatory research into how professional health and care regulators define and apply definitions of seriousness.

**Commented [OA19]:** Comments related to the GDC being unaccountable

**Recommendation:** Outline more information about the accountability framework under which the GDC operates

To realise our equality, diversity and inclusion objectives we have also built equality, diversity and inclusion measures into all our monitoring and evaluation, which has also led improvements to our capture of data about the characteristics dental professionals and is being used to improve capture of information about other people engaging with our processes.

## Costed Corporate Plan 2023-25 – Final Draft Plan

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	Samantha Bache, Associate Director, Finance Dave Criddle, Head of Business Intelligence, Delivery & PMO Louise Piper, Business Planning and PMO Manager Patrick Chan, Senior Financial Planning & Analysis Manager
<b>Type of business</b>	For approval
<b>Purpose</b>	This paper represents the development of the three-year Costed Corporate Plan (CCP) for 2023-25, detailing the governance review process and the content of the main papers.
<b>Issue</b>	To seek approval for the Costed Corporate Plan (CCP) 2023-25 which includes the portfolio, workforce and budget plans, which adhere to all CCP planning principles.
<b>Recommendation</b>	The Council is asked to: <ul style="list-style-type: none"> <li>• Discuss and <b>to approve</b> the CCP 2023-25 plan and 2023 budget.</li> </ul>

### 1. Executive summary

- 1.1 The purpose of this paper is to present the Costed Corporate Plan (CCP) 2023-25, the three year and 2023 budget, and the portfolio and workforce plans, to the Council for approval.
- 1.2 The CCP 2023-25 sits alongside the new Corporate Strategy 2023-2025. GDC teams have worked to align planned activity in the CCP towards delivery of the organisation's strategic aims. The resource required to deliver the Corporate Strategy and CCP leads to the proposed levels of Annual Retention Fees for 2023. These levels are before the Council for approval.
- 1.3 The CCP 2023-25 plan has been developed through a series of planning and review stages with the Corporate Planning Board (CPB), Executive Management Team (EMT) and the Finance and Performance Committee (FPC).
- 1.4 The portfolio and workforce plans represent the prioritised work to be delivered and the resources needed to deliver them. The plan includes the associated budget - based on the known costs for 'Must Do' and 'Should Do' activity - with contingency and risks against reserves that have been apportioned where required. Any decision post Council's October approval would be treated as a call on reserves.
- 1.5 Throughout the planning process we have been actively monitoring and considering the current economic environment, which has highlighted several inflationary risks for 2023 and potentially beyond. We have assessed the potential impact for the GDC across our expenditure base and updated our assessment of financial risk in the final draft plan.

- 1.6 The CCP 2023-25 plan comes to Council following its initial review on 23 September 2022 and the final draft has been endorsed by EMT on 11 October 2022 and by FPC via correspondence on 17 October 2022.
- 1.7 The CCP 2023-25 plan is accompanied by Accounting Officer advice supporting the detail.
- 1.8 Each Executive Director and the Chief Operating Officer has provided assurance that their budgets and workforce plans are realistic to deliver the projects within the portfolio plan.
- 1.9 There are 2 appendices which set out the plan (which are to be published following the Council meeting on 21 October):
  - a. Appendix A provides the CCP 2023-35 plan and Budget 2023 summaries alongside assumptions, key considerations, risks and opportunities.
  - b. Appendix B provides the detailed portfolio plan, with a breakdown of plans for all programmes and team work packages, and their key considerations.

## **2. Development path for the CCP 2023-25**

- 2.1 Lessons learned in the 2022-24 CCP planning and delivery cycle informed changes to the approach to planning for 2023-25. Planning commenced with setting Planning Principles with EMT and benefited from the CCP 2022-24 plan review which took place in January 2022.
- 2.2 An initial draft view of the budget was presented to FPC on 26 May 2022, which focussed on the budget for known expenditure, commitments for operations, contracts and projects that were in flight, and which had external spend. For that, draft budget templates were completed and meetings have been held with all budget holders, Executive Directors and the Chief Operating Officer to discuss the budget submissions forming the first budget plan.
- 2.3 For the second draft version, which was presented to FPC on 18 July, portfolio planning was included which reviewed current projects already in plan, evaluated additional projects to be added, and assessed priorities, timescales, interdependencies, strategic mapping and external costs.
- 2.4 For the third draft version, which was presented to FPC on 18 August, income forecasts were added in addition to second rounds of portfolio planning and alignment across the business with the development of the Corporate Strategy 2023-25.
- 2.5 For the fourth and final draft rounds, revisions were made to account for changes in economic forecasts, risk provisions and approved budgets, incorporating the feedback from the EMT, FPC and Council reviews.
- 2.6 Each CCP draft version details the assumptions and considerations made within the Budget, Portfolio and Workforce plan components, including reaffirming those agreed in CCP 2022-24 plan.
- 2.7 For each FPC review, a detailed change log has been maintained and presented to the Committee between versions as part of the assurance process.
- 2.8 Throughout the CCP planning process it is understood that uncertainty and provision for external and internal change factors have needed to be incorporated into the plan.

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

- 3.1 This proposal does not impact GDC policy decision making. The CCP review and planning process will include the feasibility analysis of all GDC work including policy

work. The process is to be considered as a conduit to support decision making and not where the decisions are made. There are no additional legal or national considerations at this time.

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

- 4.1 The programmes of work that are undertaken as a result of the creation of the business plan will each routinely undertake individual equality impact assessments.

#### **5. Risk considerations**

- 5.1 A separate detailed paper was provided to FPC in May 2022, as part of the draft CCP suite that specifically dealt with the exception volatility of inflation, and it contained routes to mitigate this factor. Whilst we have built in a mechanism to help us navigate uncertainty in forecast levels of inflation, this remains highly volatile.
- 5.2 Risks are captured on the Strategic Risks Register and regularly monitored. The programmes of work that are undertaken as a result of the creation of the CCP plan will routinely undertake risk management planning.

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

- 6.1 The development of the CCP Plan for 2023-2025 involves multiple reviews and is co-produced by the PMO, Finance and People Services teams. Consideration to financial and head count resource modelling is integral to the process.

#### **7. Monitoring and review**

- 7.1 The development and review of the CCP 2023-2025 plan draft is iterative through stages of Corporate Planning Board, EMT, FPC & Council review, before final approval is sought from the Council in October 2022.
- 7.2 In addition to reporting at CPB, EMT, FPC and Council, the governance of the supporting framework means that the component parts of the CCP have reporting and monitoring systems to support effective management of delivery once the plan goes into delivery in 2023.

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

- 8.1 The stages of development are detailed in section 2.
- 8.2 The Accounting Officer advice provides the key considerations regarding the assumptions and decisions made within the plan.

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

- 9.1 The 2023 CCP delivery plan will be developed and presented to EMT in December, outlining the operational delivery and monitoring for 2023.
- 9.2 A detailed review of portfolio activity will be completed for quarter 1 2023, with the results being presented to FPC.

### **Appendices**

Appendix A - CCP 2023-25 Summary

Appendix B - CCP 2023-25 Portfolio Plan

Gurvinder Soomal



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17/10/2022

# CCP 2023-2025 Summary

## Appendix A - CCP 2023-25 Final Draft

Council – 21 October 2022



# Appendix A - Contents

- Executive Assurance statements
- Corporate Strategy Alignment
- Regulatory Reform Alignment
- Operating Income
- Budget Plan:
  - Budget Summary
  - Budget Plan – Planning Assumptions
  - Workforce Plan
  - Financial Risks & Opportunities
  - Reserves & Liquidity Scenarios
- Budget 2023 Views
- Portfolio Plan Summary

**Additional appendices:**

- Appendix B – Portfolio Plan Details

# Executive Assurance Statements

Following the detailed planning and review by the senior management teams across the GDC, noting the risks and considerations set out within the plan and the Accounting Officer advice, assurance is provided by the Executive Management Team that their directorates are adequately resourced with appropriate budget and headcount to undertake the projects detailed in the 2023-25 CCP portfolio plan in addition to regular BAU activity.

**Endorsed by EMT at their 11 October 2022 meeting:**

<b>John Cullinane</b> Executive Director – Fitness to Practise	<b>Stefan Czerniawski</b> Executive Director – Strategy	<b>Dawn Bettridge</b> Interim Executive Director – Organisational Development	<b>Gurvinder Soomal</b> Chief Operating Officer – Registration & Corporate Resources	<b>Lisa-Marie Williams</b> Executive Director – Legal & Governance
Endorsed Date 11/10/2022	Endorsed Date 11/10/2022	Endorsed Date 11/10/2022	Endorsed Date 11/10/2022	Endorsed Date 11/10/2022

In addition to the overall directorate assurance provided above for Registration & Corporate Resources, Gurvinder Soomal, Chief Operating Officer, is providing assurance that the income risk and income forecast levels set within the CCP 2023-25 plan, are the most appropriate levels based upon our current understanding of the economic climate and forecast assumptions and projections.

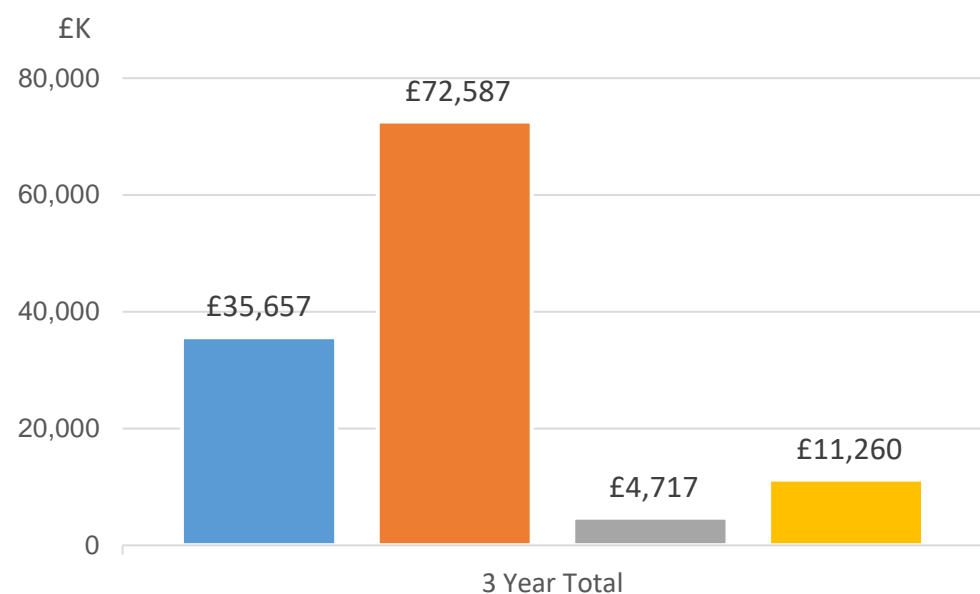
# Corporate Strategy Alignment

# Strategic Aim Mapping

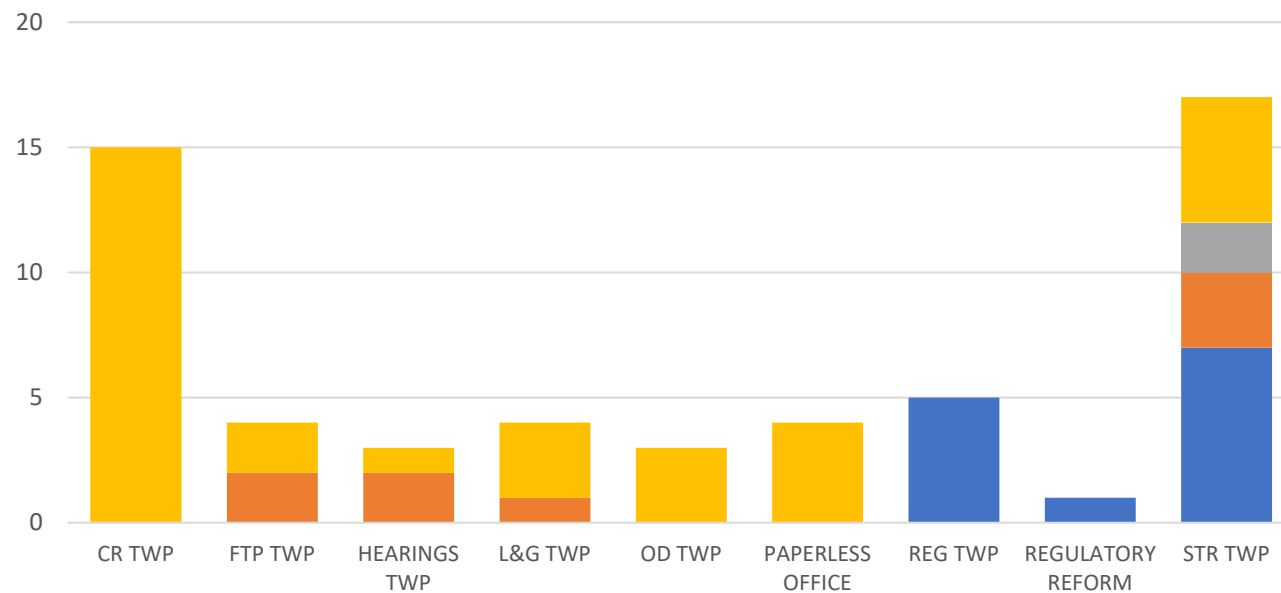
The table below shows how the budget for BAU activity resource allocations, operating costs and projects are apportioned across the strategic aims, and the volume of Must & Should priority projects which map to each aim.

2023-25 Strategic Aims		2023 £m	2024 £m	2025 £m	3 year costs £m	CCP 3 Year %	Must & Should Projects
<span style="color: #4F81BD;">■</span>	<b>Aim 1:</b> Dental professionals reach and maintain high standards of safe and effective dental care	11.6	12.2	11.8	35.6	29%	14
<span style="color: #E67E22;">■</span>	<b>Aim 2:</b> Concerns are addressed effectively and proportionately to protect the public	26.2	23.3	23.1	72.6	58%	8
<span style="color: #A6A6A6;">■</span>	<b>Aim 3:</b> Risks affecting the public's safety and wellbeing are dealt with by the right organisations	1.1	1.9	1.7	4.7	4%	2
<span style="color: #F1C40F;">■</span>	<b>Aim 4:</b> Dental professional regulation is efficient and effective and adapts to the changing external environment	3.5	4.0	3.8	11.3	9%	33
<b>TOTAL</b>		<b>42.4</b>	<b>41.4</b>	<b>40.4</b>	<b>124.2</b>	<b>100%</b>	<b>57</b>

**Budget Cost Mapping**



**Must & Should Project Mapping**



# Corporate Strategy alignment

- The strategic aims & activity set out in the Corporate Strategy 2023-25 inform the road map of activity for the BAU roles and responsibilities of the organisation, as well as the set of change projects needed.
- As such the CCP 2023-25 plan and budget are planned to align with the aims set out within the 2023-25 Corporate Strategy.
- BAU activities and portfolio projects are mapped to the primary strategic aim they influence however; it is acknowledged that many activities will benefit more than one aim.
- The CCP portfolio plan mapping to strategic aims has been reviewed and validated with the Head of Policy and Research Programme.

# Aim 1 activity summary

## Aim

Dental professionals reach and maintain high standards of safe and effective dental care

## Objective

We protect the public by ensuring that dental professionals are well-trained and deliver care to high standards, supported by a regulatory approach which enables prevention of harm and lifelong learning

## BAU Activity

- Registration and listing (UK and International)
- Education QA
- CPD & Registrant retention
- Standards & guidance

## Activity for Achieving this aim

- In 2023-2025, we will:
- embed the principles for professionalism and their underpinning guidance framework to support safe and effective practice by dental professionals.
  - implement new standards and learning outcomes for education and training for dental professionals to prepare new entrants to the profession for safe and effective practice.
  - make our international registration processes more effective while continuing to assess the knowledge and skills required for safe practice.
  - support lifelong learning for the whole dental team, including our approach to specialty education, with the aim of prevention of harm.

Portfolio projects (Must & Should)	TWP / Prog
Annual Renewal - DCP and Dentist Annual renewal projects	REG TWP
CPD Audit	REG TWP
Operationalise CPD reforms	REG TWP
ORE Part 2 Tender	REG TWP
ORE post legislation	REG TWP
Scope, develop and implement revised international registration processes	REGULATORY REFORM
Consult and implement revised expectations of a safe practitioner (learning outcomes and behaviours) for dental professional education and training	STR TWP
Develop and Implement principles of professionalism and an underpinning framework of guidance and learning materials	STR TWP
Develop and implement revised Standards for Education	STR TWP
Develop our understanding of the impact of differing indemnity models on regulation	STR TWP
Implement improvements to the specialist list assessed application process and develop a sustainable approach to speciality lists	STR TWP
Revise and approve specialty curricula	STR TWP
Scope, develop and implement an outcome-focused model for lifelong learning	STR TWP



# Aim 2 activity summary

## Aim

Concerns are addressed effectively and proportionately to protect the public

## Objective

We protect the public because we are part of an effective and accessible system for resolving complaints with only the most serious being dealt with as fitness to practise concerns.

## BAU Activity

- Fitness to Practise
- Illegal Practice
- Dental Complaints Service (DCS)

## Activity for Achieving this aim

- In 2023-2025, we will:
- continue to support patients and the public, through the dental sector, so they can find accurate and useful guidance that explains how to provide feedback and make a complaint about their dental care before raising a concern with us
  - ensure concerns are raised with the GDC because our involvement is required to protect to the public and, wherever possible, have already been considered through feedback and complaints processes
  - ensure concerns raised with us are addressed fairly and proportionately using our investigation and enforcement powers.

Portfolio projects (Must & Should)	TWP / Prog
FTP KPIs Redesign	FTP TWP
Using Data to Embed Improvements	FTP TWP
Software improvements for empanelment and Hearing process	HEARINGS TWP
Strengthen the separation of the adjudication function	HEARINGS TWP
Provision of legal services in relation of FTP cases	L&G TWP
Develop and Implement review of internal FtP decision making guidance	STR TWP
Develop tools and/or information to assist the resolution of complaints that do not meet the FtP threshold	STR TWP
Implement learning from cross regulatory seriousness research where possible	STR TWP

# Aim 3 activity summary

## Aim

Risks affecting the public's safety and wellbeing are dealt with by the right organisations

## Objective

We protect the public because we are using our insight to highlight risks to their safety and wellbeing and encouraging the right parts of the sector to respond.

## BAU Activity

- Regulatory intelligence
- Policy making
- Communications and engagement

## Activity for Achieving this aim

The primary focus of activity within aim 3 is related to the ongoing business as usual initiatives and improvement, rather than portfolio projects. This includes the work set out within the Communications & Engagement strategy and also workstreams driven by the Strategy Policy and Research functions.

In 2023-2025, we will:

- work with our stakeholders to support their respect and trust of our role so that we can encourage openness and address risks to the public co-operatively with the sector
- share insights with the agencies with the powers to respond, using our evidence about risks to the public
- equip dental professionals to respond to current and emerging risks to the public, through appropriate skills, knowledge and behaviours assured and encouraged by our regulatory functions

## Portfolio projects (Must & Should)

## TWP / Prog

Deliver digital communication improvements to support the 23-25 Corporate Strategy

STR TWP

To produce the whistleblowing reports - prescribed person and internal

STR TWP

# Aim 4 activity summary

## Aim

Dental professional regulation is efficient and effective and adapts to the changing external environment

## Objective

We protect the public because we maintain or improve our performance and are ready to adapt to changes to our legal framework and risks to the public.

## BAU Activity

- Core organisation corporate services
- Development of our workforce
- Equality, diversity and inclusion
- Performance reporting
- Internal and external audit
- Governance
- Information Governance
- In-house legal advisory service

## Activity for Achieving this aim

- In 2023-2025, we will:
- continue to ensure our regulatory functions and processes are as efficient and effective as they can be
  - prepare to maximise the potential of reform to improve our efficiency and effective, taking into account the uncertain timetable and scope of the UK Government's plans
  - foster equality, diversity and inclusion, and continuously work to eliminate discrimination, in our regulatory functions and processes
  - use data, research and evaluation to inform the design, measurement and performance of our functions and processes
  - support the people who work in the GDC to ensure they have the right knowledge and skills and are part of an inclusive culture focused on improving performance and adapting to the changing external environment.

Portfolio projects (Must & Should)	TWP/PGM	Portfolio projects (Must & Should)	TWP/PGM
Applications fees review for strategy cycle	CR TWP	Improving Communications and Support	FTP TWP
Banking provider tender	CR TWP	Case Management & Operational Improvements to Hearings process	HEARINGS TWP
CCP planning process - CCP 2024-2026	CR TWP	Records Management - Information Audit	L&G TWP
Implement new GDC Data Warehouse and self-serve reporting for CRM data source	CR TWP	Response to legislative data protection changes	L&G TWP
Expand GDC Data Warehouse and self-serve reporting for additional data sources	CR TWP	Re-tender for external legal advisors	L&G TWP
Implement new procurement and contract management process	CR TWP	Effective Associates	OD TWP
IT Hardware, infrastructure & peripherals upgrade	CR TWP	Total Rewards	OD TWP
IT systems analysis	CR TWP	Workforce Development	OD TWP
Operational review of finance system following system implementation	CR TWP	Non-UK Registration Paperless	PAPERLESS OFFICE
Replace credit card processing systems	CR TWP	Registration Operations - developing CPD process	PAPERLESS OFFICE
SharePoint Document Management	CR TWP	Paperless Registration operations supporting Registrant self service	PAPERLESS OFFICE
SharePoint Upgrade	CR TWP	UK Registration Paperless	PAPERLESS OFFICE
Update financial processing and management systems	CR TWP	Annual Report and Accounts (ARA)	STR TWP
Upgrade of Project Online	CR TWP	Develop and implement GDC wide Data Strategy	STR TWP
Windows 11 upgrade rollout	CR TWP	PSA performance review	STR TWP
DB Pension scheme buyout	CR TWP	Review and improve the intranet	STR TWP
FTP management of and process improvement related to FTP Policies	FTP TWP	Scope and develop the Corporate Strategy for 2026 onward	STR TWP

# Regulatory Reform Alignment

# Regulatory Reform alignment

- Delays to the Department of Health and Social Care's (DHSC) regulatory reform programme have created uncertainty over the potential impacts, opportunities and timelines for the GDC. In this context, the original focus on planning for externally driven reform during the life of the CCP 2023-25 plan is no longer viable.
- Work on the International Registration project continue as per current plan due to the work being certain.
- The timetable and eventual scope of regulatory reform remain uncertain. The department's current focus is on the GMC, with the relevant order not now expected to come into force until late in 2023. The approach to GMC legislation is still intended to be the model which will then be applied to the other regulators, including GDC, so it remains essential that we monitor and contribute to this work.
- Because of the uncertainty, it is prudent for the GDC to explore the regulatory improvements we might be able to make within the constraints of the existing primary legislation. The key elements of this additional approach are:
  - Planning will switch to focus primarily on internally driven reform that can deliver more effective regulation but does not require amendments to primary legislation.
  - The overall resource requirement across the two strands of activity will remain the same, the balance between them will depend on the scope and timing of the DHSC activity.
  - The planning for the internally driven reform activity is being completed provisionally in the period Q4 2022 – Q1 2023. This will include the development of the relevant business case, detailing the activity proposed and recommended CCP reprioritisation to be presented to FPC following EMT approval.
  - At any time, should there be developments to externally driven reform emerging, this will prompt reprioritisation of the CCP.

# Regulatory Reform Risks

These risks are based on the best of our current knowledge for including prudent costs of potential impacts for externally driven reforms, whilst we plan for internally driven work. They are liable to change as and when further information becomes available from the DHSC and will have ongoing monitoring.

Risks Area	Likelihood*	Potential impacts	Mitigations	Assumptions and Risk Cost (£k 2023-25)
Structural change to the GDC.	Low	<ul style="list-style-type: none"> <li>Severe operational disruption to the organisation throughout change period</li> <li>Different professions subject to regulation</li> <li>Delegated functions performed by other regulators</li> <li>GDC performing functions on behalf of other regulators</li> <li>Abolition / Merger</li> <li>Income risks and accounting standards risks associated with structural reform</li> </ul>	<ul style="list-style-type: none"> <li>EMT oversight of Regulatory Reform Programme Board.</li> <li>Programme Board monitoring to prepare for readiness in staged manner.</li> <li>CCP Portfolio analysis has assessed potential impacts to projects across the portfolio in readiness.</li> <li>CCP planning principles enable iterative reprioritisation of the plan as soon as information on reform scope established</li> <li>GDC engagement with DHSC</li> </ul>	<ul style="list-style-type: none"> <li>No requirement to backfill operational staff and work will fit within capacity of establishment (the CCP plan to be prioritised to enable this). In house IT utilised for the majority of systems work.</li> <li>Additional provision for IT development &amp; integration outside of internal capacity - £100k</li> <li>Allow for external consultancy on target operating model redesign - £100k</li> <li>As yet unidentified Research - £80k</li> <li>Consultation &amp; engagement costs - £50k</li> </ul> <p>Total estimate £330k - Due to the 'Low' likelihood there is a £0 risk provision allocated in the plan.</p>
Uncertain timing and scope of wider legislative change	High	<ul style="list-style-type: none"> <li>Constraint on timescales to deliver and preparedness, at the time when legislation is confirmed.</li> <li>May result in aborted internally driven reform work in progress.</li> <li>GDC will need to shift focus and resources back on to externally driven reform work of which may cause a slight delay.</li> </ul>	<ul style="list-style-type: none"> <li>EMT oversight of Regulatory Reform Programme Board.</li> <li>Programme has adopted a proportionate approach to manage externally and internally driven reform.</li> <li>Policy ambition work has identified what changes would require amendments to primary legislation. This increases agility and pace if externally driven reform realises for the GDC.</li> <li>GDC engagement with DHSC to provide advance notice of developments.</li> </ul>	<ul style="list-style-type: none"> <li>The risks for uncertain timing only impact the phasing of the above costs associated with the 'Structural change to the GDC' risk, and do not provide additional risk costs.</li> <li>Internally driven work is discretionary and subject to business case value for money considerations.</li> <li>Appropriate reprioritisation of the CCP and redirection of resourcing would be necessary should externally driven reform materialise within the life of the plan.</li> <li>In the nature of policy development, not all work will necessarily result in policy or operational change, there is no financial risk related to this.</li> </ul>

\*Likelihood uses the same definitions as the financial risk scoring

# Operating income

# 2023 Registration Income Budget

Income Summary	Expected		Target (£)
	People	Income	Budget
2022 Dentist ARF Collection	42,509	29,331,210	29,331,210
2022 Specialist List ARF Collection	4,227	304,344	304,344
2022/23 DCP ARF Collection*	69,968	7,976,352	4,652,856
2023/24 DCP ARF Collection*	70,011	7,981,254	3,328,183
2023 New Dentist Registrations	1,509	490,993	490,993
2022/23 New DCP Registrations	2,682	102,220	102,220
2023/24 New DCP Registrations*	1,795	170,696	51,329
2023 Dentist Restorations	166	78,948	78,948
2022/2023 New DCP Restorations	489	18,877	18,877
2023/2024 New DCP Restorations*	468	44,099	12,977
2023 Specialist List and TR	192	80,040	80,040
2023 Dentist Application Fees	1,953	128,608	128,608
2023 DCP Application Fees	6,145	585,801	585,801
2023 ORE Part 1	400	322,400	322,400
2023 ORE Part 2	432	1,265,328	1,265,328
<b>Total GDC Budget for 2023 target</b>			<b>40,754,112</b>

## Notes:

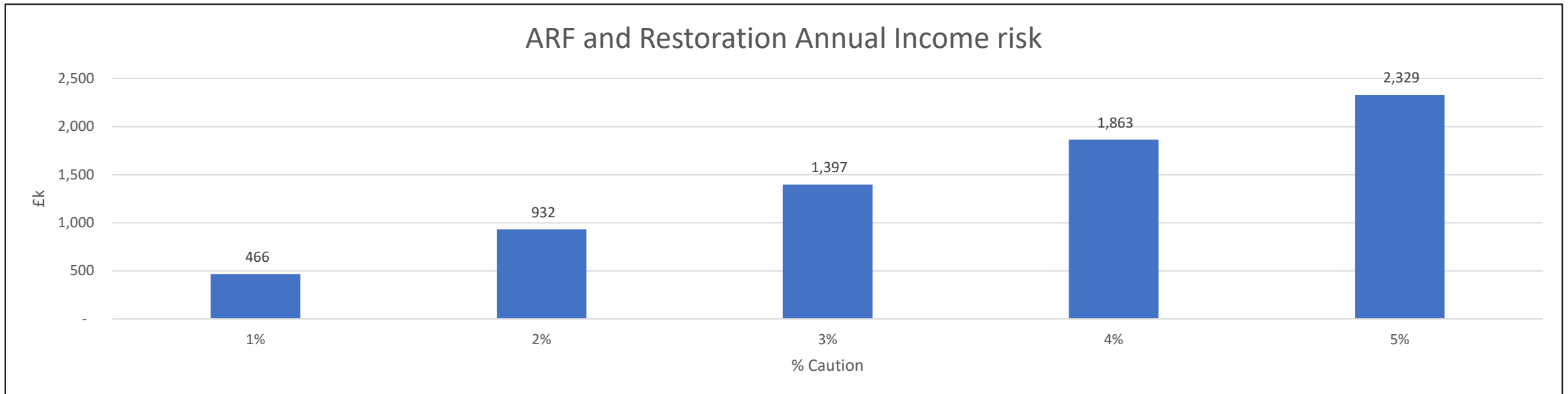
- Registration income updates were completed in August 2022, using a mix of techniques between historical trend analysis and management consideration of the external operating environment.
- The register is predicted to have around a 0.9% general growth for DCPs and 1.3% general growth for Dentists, being in line with the average growth of the register over the last 6 years. It is assumed that the Specialist register remains at 2020 levels due to stagnant growth over 2021 and 2022.
- The expected 'People' column sets out the number of registrants/applicants forecast for each income stream, with 'Income' being the funding this would raise.
- ORE income is also included in full, as the budget provision is also included for full in 2023. No income risk has been attributed to ORE income as expenditure will not be incurred if the exams cannot be run.
- We are obliged under current accounting standards to allocate income to the period to which it relates. The 2022 budget target column takes into account the allocation of income where it falls across 2 financial years.
- The projected volumes in registrant numbers have been modelled through to ascertain the appropriate level of ARF for the new 3-year strategic period, and therefore modelled in our assessment of liquidity and free reserves.

\*DCP income Split = 41.7% (Aug -Dec) of 2023/24 ARF Collection & 58.3% (Jan-Jul) of actual collected income of 2022/23 ARF Collection



# Income risk impact assessment and planning assumptions

- Significant income risk did not materialise in 2022 from either the DCP or Dentist ARF collections. DCPs saw a small adverse variance against budget of 0.3% and Dentists a small adverse variance of 0.3%.
- Given that income risk hasn't materialised in previous years we have decided it would be over cautious to provide for any ARF income risk, against the baseline 2023 register size, across the 2023-25 plan.
- However, whilst we have not planned for any income risk materialising within the plan, we do still consider there to be several unquantifiable risks which we have been unable to build into our income forecasting.
- We will need to continue to monitor those unquantifiable risks cumulatively. These include any further decline in the European route to registration and the impacts of inflationary pressures.
- Should any income risk materialise this will need to be met from the organisation's free reserves.
- The below chart demonstrates the financial risk exposure of an income risk of between 0% and 5% materialising across our ARF and restoration income; as part of our impact assessment of potential income risk.
- Detailed income modelling work has been completed and used to underpin the income budget proposed in this plan.



# Sensitivity analysis to ARF income for changes to register growth

Average annual sensitivity of ARFs based on 2023 forecast register volumes

Dentist register growth	1.0%	1.0%	1.0%	1.0%	0.5%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	-0.5%	-0.5%	-0.5%	-0.5%	-1.0%	-1.0%	-1.0%	-1.0%
DCP register growth	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%
Dentist Registrant number	44,298	44,298	44,298	44,298	44,078	44,078	44,078	44,078	43,859	43,859	43,859	43,859	43,640	43,640	43,640	43,640	43,420	43,420	43,420	43,420
DCP Registrant numbers	75,610	75,235	74,861	74,487	75,610	75,235	74,861	74,487	75,610	75,235	74,861	74,487	75,610	75,235	74,861	74,487	75,610	75,235	74,861	74,487
Dentist ARF	£30,743	£30,743	£30,743	£30,743	£30,590	£30,590	£30,590	£30,590	£30,438	£30,438	£30,438	£30,438	£30,286	£30,286	£30,286	£30,286	£30,134	£30,134	£30,134	£30,134
DCP ARF	£8,544	£8,502	£8,459	£8,417	£8,544	£8,502	£8,459	£8,417	£8,544	£8,502	£8,459	£8,417	£8,544	£8,502	£8,459	£8,417	£8,544	£8,502	£8,459	£8,417
Total fees	£39,286	£39,244	£39,202	£39,160	£39,134	£39,092	£39,050	£39,007	£38,982	£38,940	£38,897	£38,855	£38,830	£38,788	£38,745	£38,703	£38,678	£38,635	£38,593	£38,551
Surplus/(Deficit) - £k	435	392	350	308	283	240	198	156	130	88	46	3	(22)	(64)	(106)	(149)	(174)	(216)	(259)	(301)

## Expenditure to which ARF applies

GDC Expenditure to which ARF applies	2023	2024	2025	Total	Average
Net cost base	39,700	38,936	37,919	116,555	38,852

## Expenditure to which ARF applies - Life of plan including average register growth

Dentist register growth	1.0%	1.0%	1.0%	1.0%	0.5%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	-0.5%	-0.5%	-0.5%	-0.5%	-1.0%	-1.0%	-1.0%	-1.0%
DCP register growth	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%	1.0%	0.5%	0.0%	-0.5%
Dentist Registrant number	134,092	134,092	134,092	134,092	133,429	133,429	133,429	133,429	132,765	132,765	132,765	132,765	132,101	132,101	132,101	132,101	131,437	131,437	131,437	131,437
DCP Registrant numbers	229,790	228,653	227,515	226,378	229,790	228,653	227,515	226,378	229,790	228,653	227,515	226,378	229,790	228,653	227,515	226,378	229,790	228,653	227,515	226,378
Dentist ARF	£93,060	£93,060	£93,060	£93,060	£92,599	£92,599	£92,599	£92,599	£92,139	£92,139	£92,139	£92,139	£91,678	£91,678	£91,678	£91,678	£91,217	£91,217	£91,217	£91,217
DCP ARF	£25,966	£25,838	£25,709	£25,581	£25,966	£25,838	£25,709	£25,581	£25,966	£25,838	£25,709	£25,581	£25,966	£25,838	£25,709	£25,581	£25,966	£25,838	£25,709	£25,581
Total fees	£119,026	£118,898	£118,769	£118,641	£118,566	£118,437	£118,309	£118,180	£118,105	£117,977	£117,848	£117,719	£117,644	£117,516	£117,387	£117,259	£117,184	£117,055	£116,927	£116,798
Surplus/(Deficit) - £k	2,431	2,303	2,174	2,046	1,971	1,842	1,714	1,585	1,510	1,382	1,253	1,124	1,049	921	792	664	589	460	332	203

## Key points:

- ARF income is assumed to have no growth to the register within the planning period, from that forecast as the baseline for the 2023 register. This approach is in recognition of the continued uncertainty around timing and volumes of those joining the register (UK and overseas), and the current stability of the existing registrant workforce. We do not carry any additional income caution provision as a financial risk within the plan.
- The second model above looks to forecast using an assumption of historical % growth in both the Dentist and DCP register size across the last 6 years.
- Based on continued growth of the registrant base at a level equal to the current trend, the current level of ARF would generate a surplus of £1.3m over the plan period.
- Sensitivity analysis has been completed on the assumptions applied to register growth across the next 3-year period of the plan. The above tables set out various scenarios of movement in register growth from the current trend, and the impact on ARF income against plan budget. For example:
  - Should growth reduce by 0.5% to the current forecast in both the DCP and Dentist register, this would provide an average annual deficit in ARF income of £0.1m.
  - Should growth increase by 1% to the current forecast in both the DCP and Dentist register, this would provide an average annual surplus in ARF income of £0.4m.

# Application and Application Assessment fees

- Those joining the register for the first time are required to pay an initial processing fee associated to that application to mitigate any cross-subsidy by registrants annual retention fee.
- The fee comprises of an application fee, and where appropriate to the application route, an additional assessment fee.
- The fee is based on apportioning resource costs relating to the processing time identified through a time and motion study for each route. A charge is also made for any direct overhead costs relevant to the application route.
- There has been no requirement to change our approach or underpinning methodology for this planning period.
- As part of the triennial review of our fee levels the costs have been reassessed, using updated time and motion study data and the current cost base. The updated fees are set out below.
- Given proposed legislative changes to the access to route 6, Non-EEA/Overseas DCP Assessment Application, we anticipate a reduction in volumes and therefore an appropriate financial risk provision has been registered against the plan.

Registration Applicant Category	Application Fees				Application Fee Blended Rate	Assessment Fees			PROPOSED TOTAL FEES
	Part1 Direct Reg Processing	Part2 Associated Reg Activity	Total Application Fee	Application Fee Blended Rate		Part1 Complex Assessment	Part2 Assessment Panel Costs	Total Assessment Fee	Application Fee (Blended) + Assessment Fee
1 UK Reg Dentist	£9.47	£25.96	<b>£35.43</b>	<b>£36.33</b>	£0.00	£0.00	<b>£0.00</b>	<b>£36.33</b>	
2 Dentist Relevant European Diploma	£12.34	£25.96	<b>£38.30</b>		£66.50	£0.00	<b>£66.50</b>	<b>£102.83</b>	
3 Dentist Recognised Overseas Diploma	£12.34	£25.96	<b>£38.30</b>		£66.50	£0.00	<b>£66.50</b>	<b>£102.83</b>	
4 UK Reg DCP	£9.47	£25.96	<b>£35.43</b>		£0.00	£0.00	<b>£0.00</b>	<b>£36.33</b>	
5 UK DCP Additional Titles	£9.47	£25.96	<b>£35.43</b>		£0.00	£0.00	<b>£0.00</b>	<b>£36.33</b>	
6 Non-EEA/Overseas DCP Assessment Application	£12.34	£25.96	<b>£38.30</b>		£263.58	£249.18	<b>£512.76</b>	<b>£549.09</b>	
7 Non-EEA/Overseas DCP Assessment Additional Titles	£12.34	£25.96	<b>£38.30</b>		£246.96	£93.44	<b>£340.40</b>	<b>£376.73</b>	
8 Temporary Dentist Registration Application	£12.34	£25.96	<b>£38.30</b>		£66.50	£0.00	<b>£66.50</b>	<b>£102.83</b>	

**General  
Dental  
Council**

# **Budget Plan**

# **Budget Summary**

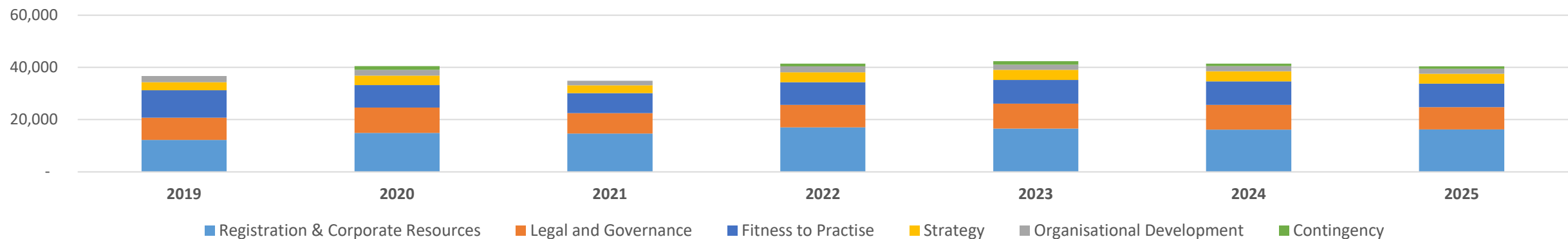
# Budget Plan Summary

BUDGET (£'000) 2023-25			
	BUDGET CCP 2022-24 (Revised Feb 22)	BUDGET CCP 2023-25	VARIANCE 2023-25 to 2022-24
2022	41,435	-	-
2023	39,803	42,382	2,579
2024	40,194	41,433	1,239
2025	-	40,403	-
<b>Total</b>	<b>121,432</b>	<b>124,218</b>	<b>2,786</b>

## Key points:

- The CCP 2022-24 budget revised includes all Council approved calls on provision against reserves.
- Executive Directors and Heads of Service have completed budget templates to support current ongoing activities and estimated future demand, which have been subject to EMT and FPC scrutiny. Financial risks and opportunities will remain subject to continued monitoring.
- The budget position indicates a requirement of £124.2m over the CCP 2023-25, which is an increase of £2.8m (2.3%) of the revised current budget envelope for 2022-24.
- The budget has been set to support the current plans to address known operational performance issues. Any delay in delivery of those plans will amend the profile of expenditure in the budget.
- The increase reflects the deferral of work from earlier periods due to the impact of the pandemic, the impact of the global economy and UK inflation on our cost base and the financial planning for de-risking the potential volatility of the legacy GDC pension arrangement.
- Detailed planning of operational income has been undertaken following the DCP ARF collection in July 2022. We are using the latest registration forecasts for predicting the registration numbers and the resulting level of ARF as part of our moderation of the proposed budget envelope.

### Revenue Expenditure by Directorate



# Contingency Budget

- A more stringent approach to contingency has been taken for the CCP 2023-25 given we have over-provided for contingency requirements in 2020 and 2021. In 2020, we used 0% of the provision (limited utilisation due to an executive decision to implement a pay freeze in light of the impact of Covid) and in 2021 we utilised £402k (35%).
- The level of contingency held is limited to those costs **highly likely** to be required, with the remainder managed through a provision of financial risk against reserves. This is to prevent baking in savings at day 1 of the new financial year, as identified through our review of 2021 budgetary performance.
- Financial risks and uncertainty have been assessed to decide what should be provided for in contingency, and which risks will be drawn against reserves should they materialise. This enables us to ensure our plan mitigates any financial risk as part of maintaining our reserves at Council's target level set.
- All financial risks and provisions which are included are assured by the relevant Executive Director and EMT through the planning cycle.

**The indicative contingency budget proposed for the CCP 2023-25 plan is set out below:**

Contingency	2023	2024	2025	Trigger point for assessment
	£'000	£'000	£'000	
CEO General Contingency	100	100	100	Quarterly Review
Other Temporary Pay Provision (1%) – supports maternity, long term sickness, other temporary cover arrangements.	208	205	205	Quarterly Review
Enabling provision for annual pay award 2023	476	628	628	February Review
Regulatory Reform – International route to registration (non-staff costs).	510	-	-	Quarterly Review
FTC Flexibility /Recruitment Slippage for timing of recruitment appointment	50	50	50	Quarterly Review
<b>Total</b>	<b>1,344</b>	<b>983</b>	<b>983</b>	

# Capital Budget

- Required capital investment for the three year plan is based on planned asset renewal, emergency replacement of plant and equipment and any known project related capital investment.
- The Council actively considers capital investment against options such as Software as a Service and leasing arrangements to ensure the most appropriate decision is taken.
- All capital investment is subject to internal business case approval and is procured in line with the Council Procurement Policy.
- Capital expenditure is reflected through depreciation budgets over useful economic life of the asset. It is the depreciation charge of any capital investment that is reflected in the level of ARF.
- Throughout the planning process we assure the capital plan to ensure delivers the requirements of the Council.

The indicative capital budget proposed for the CCP 2023-25 plan is set out below:

Description of Capital Expenditure	Cost Service	2023	2024	2025	Three year Capital Budget £'000
		£'000	£'000	£'000	
Rolling IT infrastructure upgrade	IT	200	200	300	700
Desktop hardware refresh programme	IT	200	250	50	500
Printer upgrades	IT	50	-	-	50
Meeting room technological improvements	IT	80	-	-	80
Unplanned plant replacement (WS) Provision	Facilities	50	50	30	130
Furniture replacement Provision	Facilities	50	20	50	120
Other facilities contingency (WS)	Facilities	20	10	-	30
Empanelment Software	FtP	100	-	-	100
<b>Total</b>		<b>750</b>	<b>530</b>	<b>430</b>	<b>1,710</b>



# **Budget Plan – Planning Assumptions**

# High level budget assumptions/considerations

## Staff costs assumptions

- **No unapproved headcount resource have been added to the current establishment or payroll budget within the budget plan.**
  - All new resource requests have been through Strategic Workforce Planning discussions with the Executive Management Team.
  - The posts identified as “essential” are detailed within the workforce planning section of the plan summary.
  - The cost of new headcount requests to be approved are provided for currently as a financial risk to ensure proposal is reflected in the provision ARF and Reserves forecasts.
- All agreed headcount is budgeted for at Market Rate and a 5% attrition factor has been applied as a central adjustment against salaries. This is in recognition of turnover and development rate salary savings that are expected to be delivered in year. This will be monitored through the quarterly budget reviews where true savings in directorates will be offset against this attrition factor.
- 1% other pay provision is included in central contingency for temporary pay arrangements which will cover expenditure such as maternity leave, long term sickness and other temporary cover arrangements.
- The 15% salary differential continues for Birmingham salaries as per the current policy.
- Pay award provision is included in central contingency for the annual cost of living pay award for 2023 at 3%, and then a provision held against reserves at 3% for the remaining years of the plan.
- Members’ remuneration is held at current levels (£55k/£18k/£15k), this remains subject to the bi-annual review (next review January 2024).

# High level budget assumptions/considerations

## Non-staff costs assumptions

- Provision for inflation has not been embedded in the current budget plan but has been assessed for risk centrally due to the current volatility. Where inflation is already materialising in our expenditure, e.g., active retendering of services, increase in energy costs and notified changes to Birmingham service charge, these are reflected in the budget plan as are assessed as being certain.
- Activity planning for reforms work, either from internally driven initiatives or from external reforms emerging will be factored formally into planning once known. These will require appropriate review of portfolio priorities and budgets.
- Appropriate provisions have been provided either as a contingency budget for International Registration reform and a financial risk for the potential for wider externally driven reform. Once the business case for completing the International Registration reform work has been approved by EMT, the budget will be reallocated to the appropriate business area.
- Capital expenditure has been included at £650k for 2023, £530k for 2024 and then reduced to £430k in 2025 for planning purposes.
- Details of the assumptions on inflation are provided on the following pages.

# High level budget assumptions/considerations

## Inflation – Impact on budget planning

- The economy is seeing an exceptional period of significant volatility<sup>1</sup> with:
  - the increasing rate of inflation.
  - high unpredictability.
  - rapidly changing forecasts and variation of those forecasts across economists.
- A hybrid approach to planning has been included in this plan where:
  - we have set out expenditure plans using the existing process, by including our known cost base bottom-up.
  - we have provided for a financial risk for inflationary impact using the Bank of England forecast based on expenditure category and historical trend.<sup>1</sup>
  - if the conditions exist where inflationary impact exceeds our projections and cannot first be met by reducing cost or calling on our reserves, we would, by exception increase the ARF within the planning period. This would be recognised as an exceptional event.<sup>2</sup>

<sup>1</sup> A detailed paper was presented for discussion to June FPC on background and approach.

<sup>2</sup> As detailed in our Corporate Strategy Consultation – July 2022.

# High level budget assumptions/considerations

## Inflation – Summary of current forecast data

Current CPI forecasts (BoE August 2022 Monetary Report)	2023	2024	2025
	(Q3 Projection)	(Q3 Projection)	(Q3 Projection)
Bank of England projection (August 2022 Monetary Report)	9.9%	2.0%	0.8%
CPI Inflation (Average of other forecaster's central projections) (August 2022 Monetary Report)	5.5%	2.3%	2.5%
CPI Inflation other forecasters distribution where (X) signifies probability distribution for range.	<0% (1) 0 – 1% (1) 1-1.5% (1) 1.5-2% (2) 2-2.5% (4) 2.5-3% (12) >3 % (79)	<0% (3) 0 – 1% (4) 1-1.5% (8) 1.5-2% (17) 2-2.5% (20) 2.5-3% (22) >3 % (26)	<0% (2) 0 – 1% (6) 1-1.5% (11) 1.5-2% (27) 2-2.5% (28) 2.5-3% (15) >3 % (10)
Current CPI forecasts – other forecasters	2023	2024	2025
	Annual	Annual	Annual
Statista (27 July 2022)	5.5%	2.3%	2.5%
Office for Budget Responsibility (7 July 2022 projection)	7.5%	2.2%	2.2%
HMT – Independent Forecasters Average (20 July 2022)	4.7%	Not Available	Not Available
Current RPI forecasts – other forecasters	2023	2024	2025
	Annual	Annual	Annual
Statista (27 July 2022)	5.5%	2.3%	2.5%
Office for Budget Responsibility (25 April 2022)	5.1%	2.6%	2.5%
HMT – Independent Forecasters Average (20 July 2022)	5.4%	Not Available	Not Available

# High level budget assumptions/considerations

## Inflation – Assumptions on risk exposure

Cost expenditure area	% of total budget	Broad assumption on risk exposure
Staffing costs	49%	Discretion as to what pay award level to apply needs to be balanced against recruitment/retention issues. Pay provision set at 3% across the plan (2023 in contingency and 2024-25 provided against reserves). Additional central provision is also provided in case of need in current market conditions (up to 5%).
Meeting fees and expenses	11%	54% of this total line has some discretion as relates to members fees, for which we set similar to pay. The remainder of cost is risk profiled at CPI level - with the exception of travel element risk profiled at RPI.
Legal and professional fees	20%	Legal costs have historically tracked at CPIH. Risk provision has used forecast CPI levels for the 3-year plan for all lines exposed to contractual increases not already budgeted for.
Other staff costs	2%	44% of this budget line is within our control as to the level of our investment in recognition budgets and learning and development. Travel profiled at RPI for risk with the other costs tracking at CPI.
Publications	1%	Around 69% of this cost line is somewhat within our control as to investment levels as relates to research programme and these are on the whole short-term and individual pieces of work. However, costs have been provisioned in risk at CPI recognising that we expect there to be a need to continue funding research activity over the life of the plan.
IT costs	4%	Costed risk provision provided at CPI, in line with historic tracking of IT expenditure.
Premises costs	5%	Postage and Courier charges have been provisioned higher at RPI, recognising the historical tracking and impact of fuel charges. Remaining items provisioned at CPI. Service Charge and energy have been factored into budgets for current risk that has already materialised and does not take into account any future significant rises that may occur in the energy market. (Rent is within leases (capital), and a separate risk has been included in the financial risk register in relation to the rent review).
Finance and depreciation charges	5%	Depreciation costs linked to pre-existing capital expenditure, new capital plans, and unwinding of leases. The latter has been included in the rent review risk.
Contingency	3%	No further inflation risk provided for.

# High level budget assumptions/considerations

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

- The financial risk for inflationary impact has been included at £2.7m in this budget plan, based on the average central forecast predictions.
- The below table indicates the level of GDC control over cost increases and potential financial impact across various sensitivity levels.

Cost expenditure area	Degree of GDC control	Sensitivity - 1% £'000	Sensitivity - 0.5% £'000	Risk Average Forecast £'000	Sensitivity + 1% £'000	Sensitivity + 2% £'000	Sensitivity + 3% £'000	Sensitivity + 4% £'000	Sensitivity + 5% £'000
Staffing costs	Very High	961	966	971	980	990	1,000	1,010	1,019
Meeting fees and expenses	High	249	250	251	254	256	259	261	264
Legal and professional fees	Med	826	830	834	843	851	860	868	876
Other staff costs	High	67	68	68	69	69	70	71	71
Publications	Low	56	56	57	57	58	58	59	59
IT costs	Low	227	228	229	231	233	236	238	240
Premises costs	Low	239	240	242	244	246	249	251	254
<b>TOTAL</b>		<b>2,625</b>	<b>2,638</b>	<b>2,652</b>	<b>2,678</b>	<b>2,703</b>	<b>2,732</b>	<b>2,758</b>	<b>2,783</b>

# High level budget assumptions/considerations

## Pay Award Provision

- A 1-year pay freeze was applied by the organisation in 2020 due to the pandemic.
- The final decision on the use of the pay award provision, including total value, timing and apportionment of any pay award remains subject to detailed discussion and agreement by EMT.
- A 3% pay award provision has been included across each year of the plan, recognising the continued volatility in the economic environment. Should a higher pay award be required in any year to meet economic pressures, the intention would be in the first instance that this should be pulled forward from the pay award provision in later years or a request from reserves. This will adjust the cost profile but keep the total plan pay provision intact.
- The potential for pay expectations to be substantially above the level provided, has been included as part of the inflationary impact financial risk. This remains subject to Council's approval to draw down from free reserves if it is to be accessed.

Year	Actual (apr)/ Forecast CPI	Pay Increase/ provisioned	Pay Increase actually awarded
2020	0.8%	3.0%	0.0%
2021	1.5%	2.0%	1.75% (>=PC49) 2.25% (<=PC48) Total Award = 2%
2022	7.8%	2.0%	3.0%
2023	9.9%	3.0%	N/A
2024	9.5%	3.0%	N/A
2025	2.0%	3.0%	N/A

### General pay increase facts - Source: XpertHR:

- XpertHR reported a median pay increase of 4% for the first half of 2022, with the range of pay awards being between 3% and 5.8%. There are no signs that pay award levels will fall from this range, however it is reported likely that any pay award will remain steadfastly below the rate of escalated inflation for the foreseeable future.
- For the 12 months ending August 2022, the median pay award across public sector stood at 3.0% (whole of economy: 3.5%)
- Pay increases are significantly below the current rate of inflation on both the consumer prices index (CPI) and retail prices index (RPI) for August 2022, which reached 9.9% and 12.3% respectively.

### Public Sector key facts:

- General public sector pay increases for 2022/23 have been set within the civil service pay remit guidance at a general level of 2%, with awards possible up to 3%.
- 2022 NHS pay award – minimum uplift of £1,400 for lowest pay bands. With general awards between 2% - 3%
- Eligible Dentists and Doctors will received a 4.5% pay increase in 2022.

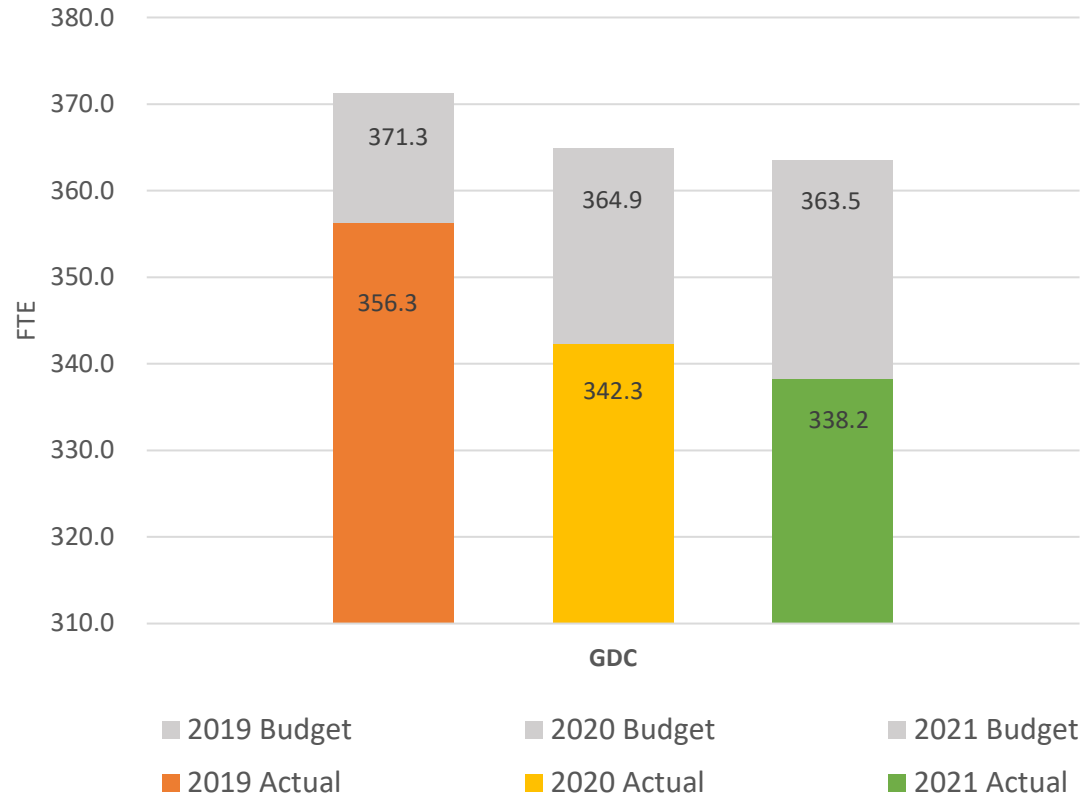


# **Workforce Plan**

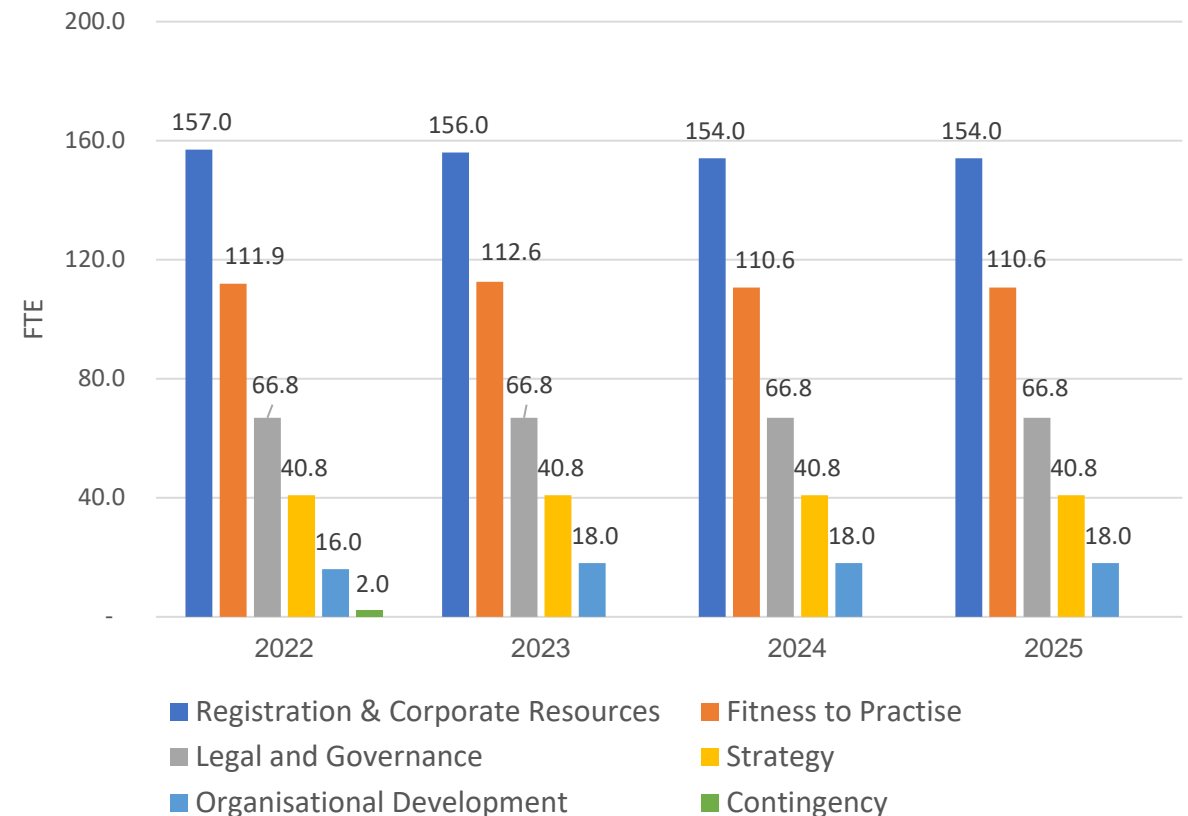
# Workforce Plan – Key details summary

- EMT have held a number of Strategic Workforce Planning conversations in respect of required head count for 2023.
- Only those posts approved as essential have been progressed through for formal approval by the Council.
- The FTE by directorate below does not reflect any additional headcount requests in this version of the plan.
- Business cases approved by EMT support the new headcount listed on the following page.

Budgeted vs Actual Headcount 2019-2021



Budgeted Headcount 2022-25



# Workforce Plan – Proposed new headcount

Role description	Contract Type	Rationale for change in headcount	Dir	FTE	3 year cost £k
Strategic Procurement Manager	Permanent	3 new roles required to meet current demand (4.2 FTE) and deliver the Procurement Target Operating Model project to improve organisation compliance and efficiency around procurement.	RCR	1.0	201
Senior Contract Manager	FTC 3 years	<p>Independent Internal Audit review supported the view that the service (3 FTE) is currently subject to significant resource constraints in delivering business as usual activity and has no capacity for transformational change.</p> <p>Compliance with the Public Contracting Regulations is a legal requirement. Intention is that the Senior Contract Manager role will be a transformational role and can fall away after embedding (cessation outside life of current plan). With a more efficient service is foreseen that the size of the procurement function will reduce post embedding of the transformation.</p> <p>Transformation will lead to better contract management and our ability to hold suppliers to account and stronger assurance around contractual charges. In addition, transformation will lead to less resource time allocated to the procurement process and opportunity cost savings in the medium term.</p>	RCR	1.0	169
Senior Procurement Manager	Permanent		RCR	1.0	169
Lawyer	FTC 2 years		New posts required to support the additional case load expected and budgeted for in the team budget submission, due to the backlog of cases that will be progressed by case progression team. These requested resources are not contingent on case load being even higher, as noted in the financial risk register. FTC – 2 years mid 23-25	L&G	2.0
Paralegal	FTC 2 years	<p>New posts required to support the additional case load expected and budgeted for in the team budget submission, due to the backlog of cases that will be progressed by case progression team. These requested resources are not contingent on case load being even higher, as noted in the financial risk register. FTC – 2 years mid 23-25</p>	L&G	2.0	175
Senior Presentation Lawyer	FTC 2 years		L&G	1.0	158
Policy Manager	FTC 2 years		New policy requirements to meet the activity relating to international registration reform. FTC 2 years.	STR	1.0
Policy Officer	FTC 2 years	<p>Proposed conversion of 2 existing Policy Manager to 3 Policy Officer roles to meet the changing directorate demand for the planning period. This required 1 new headcount will deliver additional capacity of around 20 working days a month at a marginal cost of £27k over the life of the plan to meet current demand. The new post will be contingent on the opportunity arising through natural attrition.</p>	STR	1.0	87
Policy Officer	FTC 2 years		STR	1.0	87
Policy Officer	Permanent		STR	1.0	27
<b>TOTAL</b>				<b>12.0</b>	<b>1,485</b>

# **Financial Risks & Opportunities**

# Financial risk scoring matrix

- Our approach has been aligned with the existing wider organisation approach to risk management and the risk management framework and uses:
  - A 6 criteria approach to our measurement of likelihood.
  - A 5 criteria approach to our measurement of impact, and whilst risk provision is not weighted using this criteria, this provide transparency on the impact to the organisation should the risk materialise.
- When a financial risk materialises the organisation the cost will be met by reserves. This could mean where a high impact risk materialises but has been provisioned as a likelihood of 1-4, that a substantive call may be made on reserves above the level of weighted provision.
- The accountability for ensuring the “estimated maximum financial exposure” of the identified financial risk, and the likelihood of it materialising resides with the Executive Team.
- Where a risk is identified as certain (Level 6), regardless of value, that risk should be included either within:
  - the operational directorate budget; or
  - If Council approval is required (e.g., headcount), into the contingency budget provision.
- Financial opportunities are measured using the same scoring matrix.
- Where a financial opportunity is identified as certain (Level 6), regardless of that value, the relevant opportunity should be exploited and the directorate budget reduced accordingly.
- Total weighted opportunities will be offset against total weighted financial risk in our measurement of free reserves.

## Likelihood - Definitions

1	Low	-Unlikely to occur except in rare or exceptional circumstances -May not have happened before
2	Low/Med	- Slight risk but could occur - Limited evidence of such risk occurring elsewhere
3	Med	- Possibilitie of occurring in the near future - Limited evidence of immediate threat
4	Med/High	- More likely to occur than not - May become frequent
5	High	- Imminent or high probability - Has happened before and recently - May have occurred to many regulators
6	Certain	- Certain to happen - is currently happening

## Impact - Definitions

1	Low	<£49k
2	Low/Med	£50k - £99k
3	Med	£100k - £250k
4	Med/High	£250k - £499k
5	High	>£500k

## Financial Risk Matrix

0%	25%	50%	75%	100%	Budget
Low	Low/Med	Med	Med/High	High	Certain
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Likelihood</b>					

# Budget Plan - Risks

Risks	Total financial exposure £'000	I	L	Risk weight %	Weighted financial risk £'000
Need for extending fixed term contracts for two Hearings Case Management Officers to the end of December 2025.	240	4	5	100%	240
Increased legal costs if ILPS/ELPS caseload increase from 285 to 299 cases per annum.	548	5	1	0%	-
Provision for additional digital service following improvement project for the GDC website. Current website will be 5 years old and it is anticipated that new digital capabilities will be required in order to deliver wider benefits and improvements.	80	2	4	75%	60
Rent review due October 2023 - based on latest rental market increases since 2018, could be as high as £125k per year	281	4	5	100%	281
Inflationary impact included at the Bank of England forecast, including potential impact on pay award provision 2023.	2,652	5	5	100%	2,652
Pay award provision for 2024 and 2025, currently held at 3%	1,564	5	5	100%	1,564
Requirement for third party consultancy expertise for the total organisational design project.	75	5	5	100%	75
Externally driven Structural Reform occurring. The risk is now considered less likely during the life of the CCP 2023-25.	330	4	1	0%	-
Paperless Office in Registration programme costs. Each component project is subject to individual business case, where options of in-house development v's external solutions will be assessed and costed. It is highly likely the recommended solutions will be in-house development leveraging existing system capabilities of CRM and SharePoint document management.	220	3	3	50%	110
Increased capacity requirements necessary for handling ORE part 2 following contract tender, due to long waiting lists. Estimated contract loss per sitting net. £83k (Total of 2 sittings).	249	5	5	100%	249
Salary differential for Executive recruitment over 3 years	105	2	3	50%	53
Loss on financial investments over life of the plan (sustained at 10% drop from current valuation)	1,756	5	3	50%	878
Requirement for third party consultancy expertise for the total organisational design project.	75	5	5	100%	75
<b>PLANNING PROVISION</b> - Additional business critical resource requests identified from the strategic workforce planning conversations					1,485
	<b>TOTAL FINANCIAL RISK</b>				<b>7,723</b>

I = Impact, L = Likelihood

# Budget Plan - Opportunities

Opportunities	Total potential opportunity £'000	I	L	Opportunity weight %	Weighted financial opportunity £'000
Potential savings in Strategy FTE through appointing policy and project officers in place of policy managers to meet any additional headcount requirement.	120	3	3	50%	60
Further opportunities above the level already realised in the 2023-25 plan for a more aggressive move to remote hearings £77k p.a.	231	3	3	50%	116
Potential for any increased level of attrition from that already realised in the 2023-25 plan (increasing rate by 2%).	600	5	3	50%	300
Estates and potential opportunity to sub-let a quarter of Colmore Square footprint from 2024.	220	3	3	50%	110
Utilisation of the apprenticeship levy from 2024, and reduced OD budget requirements.	155	3	5	100%	155
Review of operation efficiency as part of transformational work (3.5% reduction target) from 2025.	721	5	2	25%	180
Savings on operational workforce due to reducing current registration work queue and embedding PBI processes - total of 6 FTE, year 3 of the plan.	177	3	3	50%	89
Savings on operational workforce due to reducing current FtP work queue - total of 14 FTE, year 3 of the plan.	508	3	3	50%	254
Recovery of losses incurred on financial investments in 2022 due to economic environment over the life of the plan.	3,729	5	2	25%	932
Opportunity of increasing ORE income to prevent future financial loss through changes to legislation.	996	5	3	50%	498
I = Impact, L = Likelihood	<b>TOTAL FINANCIAL OPPORTUNITY</b>				<b>2,694</b>

# **Reserves and Liquidity Scenarios**



# Free Reserves

	£k
General Reserves at 31 December 2021	38,286
Reserves committed to fixed assets	(15,266)
<b>Free reserves at 31 December 2021</b>	<b>23,020</b>
2022 Forecast deficit	(1,082)
Capital investment 2022-25	(2,595)
Depreciation 2022-25	2,644
Release of total excess free reserves held	(1,959)
<b>Forecast free reserves at 31 December 2025</b>	<b>20,028</b>
<b>Free reserves expressed as number of months of annual operating expenditure</b>	<b>5.9 months</b>
<b><u>In consideration of financial risks:</u></b>	<b>£k</b>
Weighted financial risk	(7,726)
Weighted financial opportunity	2,694
<b>Total financial risk 2023-25</b>	<b>(5,032)</b>
<b>Free reserves as adjusted for financial risk</b>	<b>14,996</b>
<b>Adjusted free reserves expressed as number of months of annual operating expenditure</b>	<b>4.5 months</b>
<i>Target level of free reserves, expressed as number of months of annual operating expenditure</i>	<i>4.5 months</i>

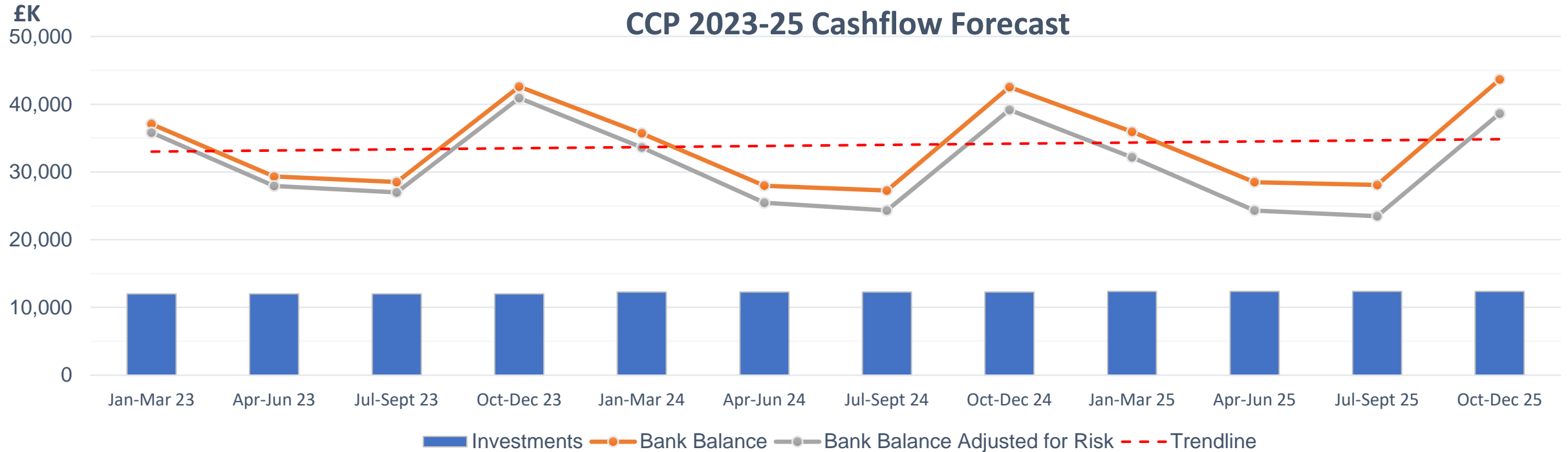
## Reserves review key points:

- The forecast free reserves have been calculated in order to achieve the Council's Reserves Target of 4.5 months.
- Total organisation income requirement has then been apportioned between DCP and Dentists based on our operational activity in line with our Fees Policy.
- Work has continued on first registration fees and refreshing the apportionment to registration routes and between first registration application activity. The forecast ARF has been updated for current progress.
- The required level of ARF based on predicted register size and meeting the Council's reserves target is:

Current ARF	New ARF £	+/-
Dentist (£680)	£690	+£10 (+1.5%)
DCP (£114)	£114	+£0 (+0%)

- Forecast free reserves, as adjusted for financial risk, are forecast to be **£15.0m** at the end of the planning period. This is the equivalent to **4.5 months** of annual operating expenditure at the end of 2025.

# 2023-25 CCP Cash Forecast



## Key points:

- The forecast cash flow remains subject to approval of the budget.
- We have modelled future cash flow over the planning period using the proposed budget and ARF levels which meet Council reserves target.
- Forecast CPI has been applied to investment asset valuations.
- An adjustment tracking if all financial risk was to materialise (on a linear basis) has been added for illustration purposes.
- Working on an assumption is that register size is sustained, we would have the lowest risk adjusted cash balance between July to September 2025 of £23.5m.

# Budget 2023 Views

# 2023 Registration Income Budget & Fees

Income Summary	Expected		2023 budget target (£)
	People	Income	Income
2022 Dentist ARF Collection	42,509	29,331,210	29,331,210
2022 Specialist List ARF Collection	4,227	304,344	304,344
2022/23 DCP ARF Collection*	69,968	7,976,352	4,652,856
2023/24 DCP ARF Collection*	70,011	7,981,254	3,328,183
2023 New Dentist Registrations	1,509	490,993	490,993
2022/23 New DCP Registrations	2,682	102,220	102,220
2023/24 New DCP Registrations	1,795	170,696	51,329
2023 Dentist Restorations	166	78,948	78,948
2022/2023 New DCP Restorations	489	18,877	18,877
2023/2024 New DCP Restorations	468	44,099	12,977
2023 Specialist List and TR	192	80,040	80,040
2023 Dentist Application Fees	1,953	128,608	128,608
2023 DCP Application Fees	6,145	585,801	585,801
2023 ORE Part 1	400	322,400	322,400
2023 ORE Part 2	432	1,265,328	1,265,328
<b>Total GDC Budget for 2023 target</b>			<b>40,754,112</b>

## 2023 Fees

Fee	£
Dentist ARF	£690.00
DCP ARF	£114.00
Registration as a UK qualified: dentist, dental care professional (DCP), DCP title(s)	£36.33
Registration as a dentist: with a relevant European Diploma, having passed the Overseas Registration Exam (ORE) or with a recognised overseas diploma	£102.83
Registration (requiring individual assessment) as a DCP with an overseas qualification	£549.09
Registration (requiring individual assessment) of additional DCP title(s) with an overseas qualification	£376.73
Registration as a temporary dentist	£102.83

\*DCP ARF Split = 41.7% (Aug -Dec) of 2023/24 ARF Collection & 58.3% (Jan-Jul) of actual collected income of 2022/23 ARF Collection

# 2023 Expenditure Budgets

## Operating Expenditure Budget

	Actual 2019 £k	Actual 2020 £k	Actual 2021 £k	Budget 2022 £k	Budget 2023 £k	Variance 2023 v 2022 £k
Meeting fees & expenses	5,669	3,469	3,966	4,442	4,663	5.0%
Legal & professional fees	6,761	4,786	4,969	7,817	8,698	11.3%
Staffing costs	17,667	18,496	20,019	20,754	20,460	-1.4%
Other staff costs	1,005	547	487	1,013	1,029	1.6%
Publications	494	457	554	576	604	4.9%
IT costs	1,305	1,131	1,517	2,193	1,871	-14.7%
Premises	1,543	1,516	1,527	1,863	1,964	5.4%
Finance costs	600	574	578	574	619	7.9%
Depreciation	1,593	1,508	1,250	1,163	1,125	-3.3%
Contingency	-	-50	0	1,040	1,349	29.7%
<b>Total</b>	<b>36,637</b>	<b>32,434</b>	<b>34,867</b>	<b>41,435</b>	<b>42,382</b>	<b>2.3%</b>

## Capital Expenditure Budget

	Actual 2019 £k	Actual 2020 £k	Actual 2021 £k	Budget 2022 £k	Budget 2023 £k	Variance 2023 v 2022 £k
Facilities	611	172	16	130	120	-7.7%
IT	481	-31	150	655	530	-19.1%
FtP	-	-	-	100	100	0.0%
<b>Total</b>	<b>1,092</b>	<b>141</b>	<b>166</b>	<b>885</b>	<b>750</b>	<b>-15.3%</b>

# 2023 Expenditure Budgets

## Headcount Summary

	Actual	Actual	Budget	Budget	Budget	Variance
	Dec 2020	Dec 2021	Dec 2022	Dec 2023	Dec 2024	2023 v 2022
	FTE	FTE	FTE	FTE	FTE	£k
Fitness to Practise	91.2	94.6	111.9	112.6	110.6	0.6%
Legal and Governance	74.8	62.6	66.8	66.8	66.8	0.0%
Organisation Development	19.0	16.0	16.0	19.0	19.0	18.8%
Strategy	34.3	36.7	40.8	40.8	40.8	0.0%
Registration and Corporate Resources	135.7	128.3	157.0	154.0	153.0	-1.9%
Contingency	-	-	2.0	-	-	-100.0%
<b>Total</b>	<b>355.0</b>	<b>338.2</b>	<b>394.5</b>	<b>393.2</b>	<b>390.2</b>	<b>-0.3%</b>

## Budget Contingencies

	£k	Review point
CEO General Contingency	100	Quarterly Review
Other Temporary Pay Provision (1%) – supports maternity, long term sickness, other temporary cover arrangements.	208	Quarterly Review
Enabling provision for 2023 annual pay award (3%)	476	February Review
Regulatory Reform – International route to registration.	510	Quarterly Review
FTC Flexibility /Recruitment Slippage for timing of recruitment appointment	50	Quarterly Review
	<b>1,344</b>	

# Portfolio Plan Summary

# Portfolio Plan – Key Details

- Activity is planned and prioritised considering the entire portfolio, to ensure there is cross functional alignment for delivery towards the Corporate Strategy 2023-25 aims and objectives.
- The planning process throughout adheres to the ‘CCP Planning Principles’ developed and approved by EMT and FPC.
- Planning for 2023-25 has taken into consideration lessons learnt from resource challenges faced in 2022 and managing capacity effectively:
  - MoSCoW criteria revised to be stringent, remove any ambiguity and enable a more flexible approach to setting and amending priorities throughout delivery.
  - Detailed Descriptions, Aims and Deliverables gathered across the portfolio to provide clear and concise details on why each project is being planned and what the intended outcomes and outputs are, so to ensure a portfolio of distinct and aligned projects.
  - EMT workshops held to provide final call on all priorities and the profile of project volumes in each MoSCoW group to deliver within the establishment.
- There are 27 fewer change projects in the plan overall compared to the 2022-24 plan. Active projects in 2023 range between 30-40 at one time, compared to the planned 50-60 in 2022. This lower number of projects does not indicate a reduced amount of activity across the business but is influenced by where:
  - change capabilities have been developed in completed projects and are now embedded into BAU activities and ongoing improvement
  - strategic change work has been consolidated into fewer projects, providing more focused clarity of the activities scope and aims
  - lessons learned on resource capacity available for projects in addition to BAU activity has focused project prioritisation.
- Full details of the portfolio plan are in **Appendix B**.
- A detailed review of portfolio activity will be completed for quarter 1 2023, with the results being presented to FPC.



# MoSCoW Portfolio Prioritisation Criteria

MoSCoW is used to ensure that all activity in the CCP portfolio is prioritised using common criteria.

- The CCP plan budgets for both the MUST do and SHOULD do activity and as the committed to work. Some activity will be contingent MUST do, dependent upon external factors, i.e. regulatory reforms.
- COULD do priorities are not committed to work and any external costs related will sit in budget risks within the CCP.
- WON'T do priorities are WON'T DO YET but are ideas retained in the CCP backlog to be re-assessed in future. They are not included in CCP budget or risks.
- All projects are subject to appropriate level of business case approval for the necessity / return on investment which the project delivers.
- EMT workshops will be held in each CCP planning cycle to review and approve all portfolio priorities set prior to final draft.
- EMT will perform ongoing monitoring of priorities and capacity for delivery. EMT will identify potential in year changes from COULD do and WON'T DO YET priorities.
- FPC have delegated authority by Council to approve any in year revisions to priorities of projects being changed to SHOULD do priority, and as such EMT will propose changes to FPC for approval within the iterative reviews of the CCP plan.

## MUST DO

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

## SHOULD DO

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

## COULD DO

*COULD rated projects are lower priority and urgency projects and form a backlog list of work to undertake should resource capacity and budget allow.*

- Work deriving from known best practice
- Desirable to enhance current operating models but not essential
- Will improve processes which lead to some efficiency gains

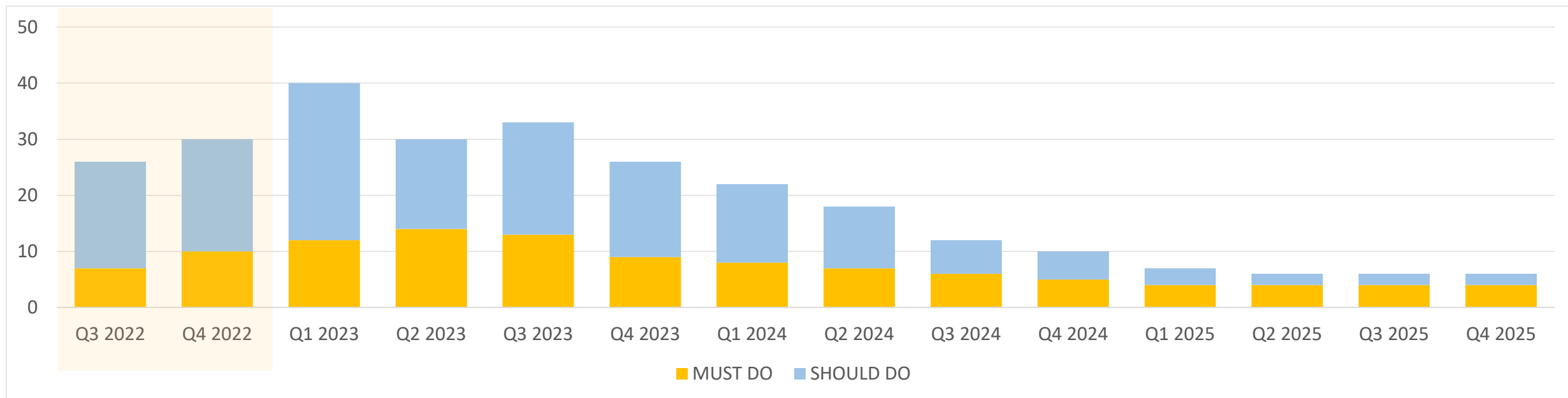
## WON'T DO YET

*WON'T rated projects are low priority and urgency and are retained as ideas for future consideration. These will be longlisted on the CCP backlog.*

- Desirable but not critical
- Desirable but not urgent to plan yet

# Portfolio Plan – MoSCoW Profile

	Projects & Operational Initiatives	Programmes	Team Work Packages		Projects & Operational Initiatives	Programmes	Team Work Packages
<b>TOTAL MUST &amp; SHOULD DO IN 3 YEAR PLAN*</b>	<b>57</b>	<b>2</b>	<b>7</b>	<b>MUST DO total</b>	<b>20</b>	<b>1</b>	<b>7</b>
In flight 2023*	<b>50</b>	<b>2</b>	<b>7</b>	<b>SHOULD DO total</b>	<b>37</b>	<b>1</b>	<b>-</b>
In flight 2024*	<b>24</b>	<b>2</b>	<b>7</b>	<b>COULD DO total</b>	<b>9</b>	<b>-</b>	<b>-</b>
In flight 2025 & TBC*	<b>9</b>	<b>1</b>	<b>7</b>	<b>WON'T DO total</b>	<b>5</b>	<b>-</b>	<b>-</b>



\*Includes MUST and SHOULD DO priorities only as the activity accounted for in CCP budget and resource plans

# Portfolio Plan Risks

Risks	Likelihood*	Potential impacts	Impact severity after mitigations in place
Ongoing restrictions of COVID-19 impacting productivity.	Low	Potential slippage of projects and impact on operational performance	Low - Performance management will monitor operational performance along side regular CCP, Balanced Scorecard and Management Information reporting. Adaptation to hybrid working and the established ability to work from home minimises the risk level.
Reduced capacity due to staff leaving.	Certain	That capacity issues faced in 2022 continue into 2023 and the capacity to work on projects is reduced due to BAU priorities.  Lower levels of experience in workforce resulting in potential shortfall of capabilities needed for projects.  Both above factors may result in delays to projects and/or need to reprioritise the portfolio.	High – Mitigations in place are the ability for reprioritisation to focus on essential activity and planning in sufficient capacity to support recruitment, onboarding and training of new staff.  Portfolio status and change management reporting to EMT monthly provides the governance and monitoring of any issues arising in delivery and capacity.
Uncertain timescales for Regulatory Reform activity.	High	Prevents planning with full certainty the CCP portfolio scope and timescales. Regulatory reforms will invoke reprioritisation of the CCP portfolio as and when details defined.	Low – The revised approach to the Regulatory Reform programme alignment will result in there being a plan of internally driven activity to deliver instead of externally driven reform.  Any confirmed developments in externally driven reform would initiate necessary reprioritisation of the CCP.
ARF Income lower than accounted for in budget.	Low	Budget is reduced and subsequent choices made on reducing performance, removing projects or a combination of the both.	Low – In the first instance we would look to reduce activity and then look to meet from free reserves.  Advance modelling and planning of budget for income risk level, and the MoSCoW prioritisation plan, provides a plan with known areas where budget can be reduced.

\*Likelihood uses the Financial risk scoring criteria. Risks have dependencies on highly changeable factors of inflation, further COVID-19 waves, volatility of employee retention and DHSC reforms timescales, and as such the likelihood assessment is to best of our current knowledge and ongoing monitoring is essential.

# CCP 2023-25 Portfolio Plan

Appendix B - CCP 2023-25 Final Draft

Council – 21 October 2022

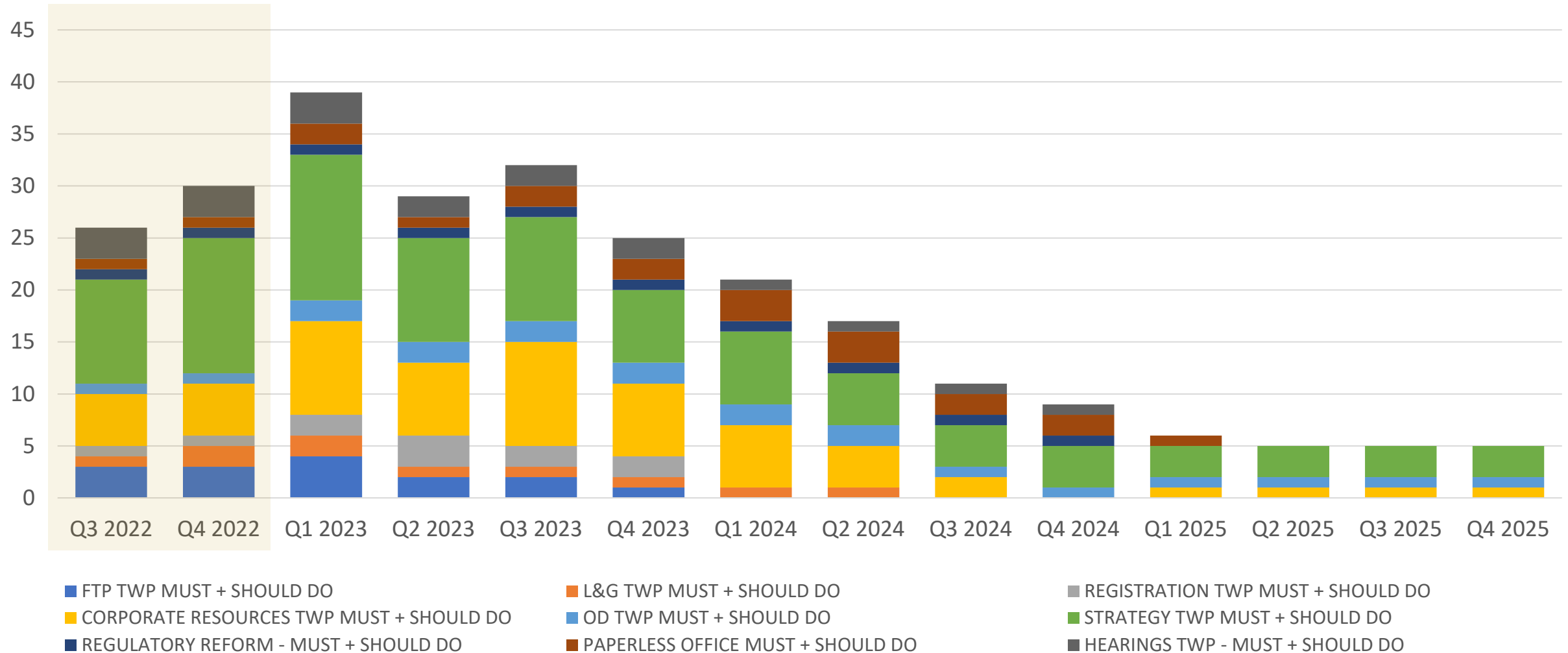
# Programmes & Team Work Packages

Programme / Team Work Package Name	SRO
Corporate Resources Team Work Package	Gurvinder Soomal
Registration Team Work Package	Gurvinder Soomal
Paperless Office in Registration Programme	Gurvinder Soomal
Legal & Governance Team Work Package	Lisa Marie Williams
Organisational Development Team Work Package	Dawn Bettridge
Fitness to Practise Team Work Package	John Cullinane
Hearings Team Work Package	John Cullinane
Strategy Team Work Package	Stefan Czerniawski
Regulatory Reform Programme	Stefan Czerniawski

# Programme / TWP Delivery Profile – Must Do & Should Do

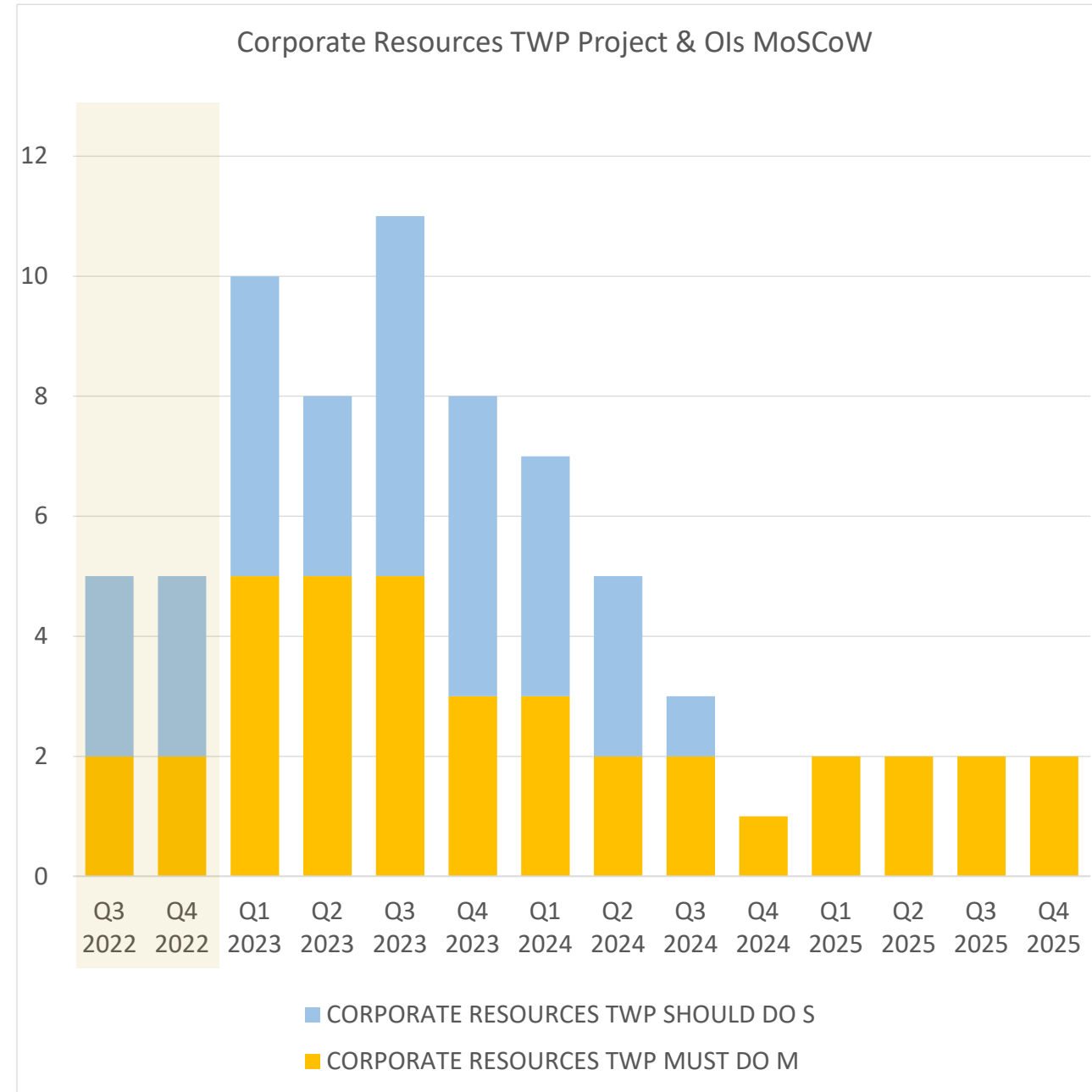
The chart below shows the volume of MUST DO and SHOULD DO projects for each programme and team work package. This represents the key activity planned and budgeted for in the CCP.

Could Do and Won't Do volumes are shown in the summaries for each programme and directorate TWP



# Corporate Resources TWP - Summary

- 20 projects are proposed for the CCP 2023-25 plan:
  - 5 are in flight from 2022
  - 9 are initiating in 2023
  - 1 is initiating in 2024
  - 1 is initiating in 2025
  - 4 where dates are yet to be determined
- 16 projects are categorised Must or Should do priority (shown in chart)
- 3 projects are categorised as Could Do and 1 Won't do.
- All 20 projects are aligned to strategic aim 4.



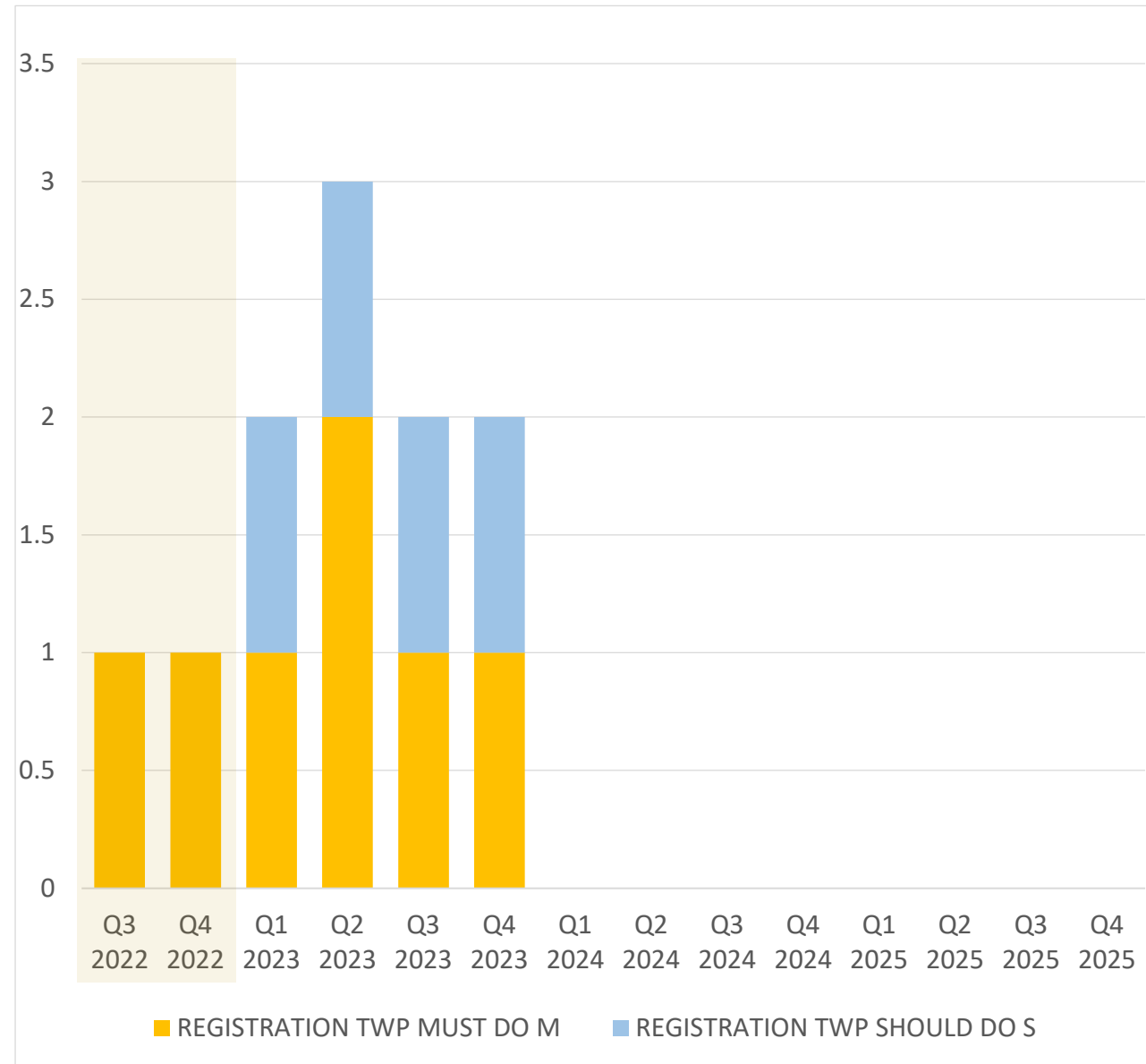
# Corporate Resources TWP Plan

Team	Project Type	Project Name	Type	Start Date	Start Qtr	End Date	End Qtr	Strategic Aim	MoSCoW
Finance	Corporate Project	Applications fees review for strategy cycle	FLOWCCP22-24	Mar-25	Q1	Dec-25	Q4	4	M
	Corporate Project	Implement new procurement and contract management process	FLOWCCP21-23	Jan-20	Q1	Dec-23	Q4	4	S
	Corporate Project	Operational review of finance system following system implementation	FLOWCCP22-24	Apr-24	Q2	Jul-24	Q3	4	S
	Corporate Project	Travel Management System phase 2 - rollout for associates	FLOWCCP22-24	TBC		TBC		4	W
	Corporate Project	Update financial processing and management systems	FLOWCCP21-23	Oct-21	Q4	Apr-23	Q2	4	S
	Operational Initiative	DB Pension scheme buyout	NEWCCP23-25	Jan-23	Q4	Dec-29	Q4	4	M
	Business Led Project	Banking provider tender	NEWCCP23-25	Mar-23	Q1	Mar-24	Q1	4	M
Facilities	Corporate Project	Optimisation of GDC estate	FLOWCCP21-23	TBC		TBC		4	C
PMO	Operational initiative	CCP planning process - CCP 2024-2026	NEWCCP23-25	Jan-23	Q1	Oct-23	Q4	4	M
	Business Led Project	Implement new GDC Data Warehouse and self-serve reporting for CRM data source	FLOWCCP22-24	Jul-21	Q3	Mar-23	Q2	4	S
	Business Led Project	Expand GDC Data Warehouse and self-serve reporting for additional data sources	FLOWCCP22-24	Jul-23	Q3	Jul-24	Q3	4	S
	Business Led Project	Upgrade of Project Online	NEWCCP23-25	Mar-23	Q1	Nov-23	Q4	4	S
	Corporate Project	Implement business planning module in Finance System	NEWCCP23-25	TBC		TBC		4	C
	Corporate Project	Review of project management IT system	NEWCCP23-25	TBC		TBC		4	C
IT	Business Led Project	IT systems analysis	FLOWCCP22-24	Aug-23	Q3	Sep-23	Q3	4	S
	Business Led Project	SharePoint Upgrade	FLOWCCP22-24	Sep-21	Q3	Oct-24	Q4	4	M
	Corporate Project	SharePoint Document Management	NEWCCP23-25	Oct-23	Q4	Nov-24	Q4	4	S
	Business Led Project	Windows 11 upgrade rollout	NEWCCP23-25	Mar-23	Q1	Mar-24	Q1	4	S
	Business Led Project	IT Hardware, infrastructure & peripherals upgrade	NEWCCP23-25	Sep-23	Q3	Apr-24	Q2	4	S
	Business Led Project	Replace credit card processing systems	NEWCCP23-25	Oct-21	Q4	Sep-23	Q3	4	M



# Registration TWP - Summary

- 6 projects are proposed for the CCP 2023-25 plan:
  - 1 is in flight from 2022
  - 2 are initiating in 2023
  - 3 have dates yet to be determined
- 3 projects are categorised Must do and 2 Should do (shown in chart)
- 1 project is Could do priority
- 5 projects are aligned to strategic aim 1 and one to aim 4

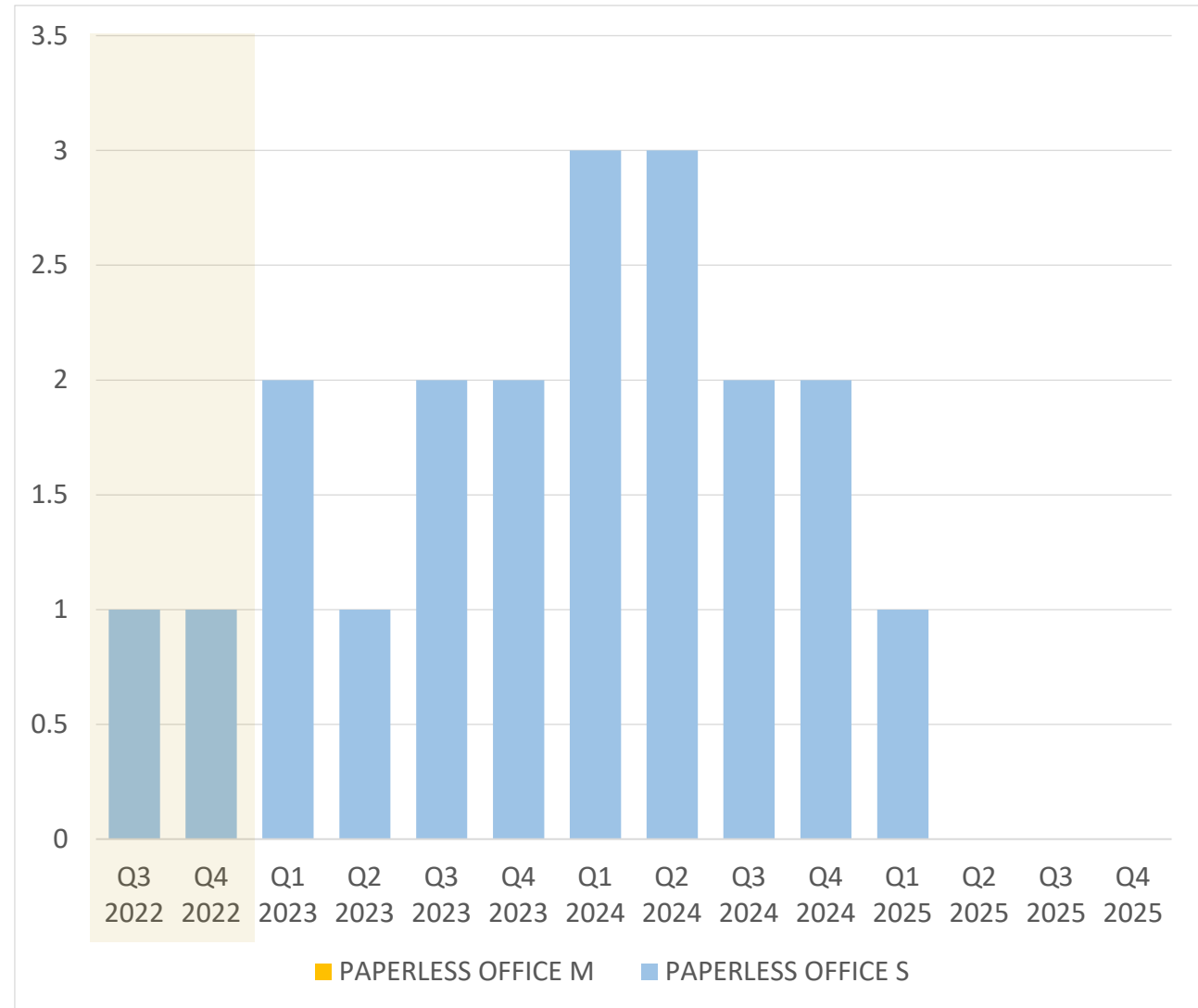


# Registration TWP Plan

Team	Project Type	Project Name	Type	Start Date	Start Qtr	End Date	End Qtr	Strategic Aim	MoSCoW
Registration Operations	Business Led Project	ORE Part 2 Tender	FLOWCCP22-24	TBC		TBC		1	M
	Operational initiative	CPD Audit	NEWCCP23-25	May-23	Q2	Dec-23	Q4	1	M
	Operational initiative	Annual Renewal - DCP and Dentist Annual renewal projects	NEWCCP23-25	Sep-22	Q3	Jun-23	Q2	1	M
	Corporate Project	Operationalise CPD reforms	FLOWCCP21-23	Jan-23	Q1	Dec-23	Q4	1	S
	Corporate Project	Review Payment By Instalments	NEWCCP23-25	TBC		TBC		4	C
	Business Led Project	ORE post legislation	NEWCCP23-25	TBC		TBC		1	S

# Paperless Office in Registration Programme - Summary

- 5 projects are proposed for the CCP 2023-25 plan:
  - 1 is in flight from 2022
  - 2 are initiating in 2023
  - 1 is initiating in 2024
- 4 projects are categorised Should do (shown in chart)
- 1 project is Won't do priority
- All projects are aligned to strategic aim 4
- There is one further project planned within the programme which initiates in 2026.



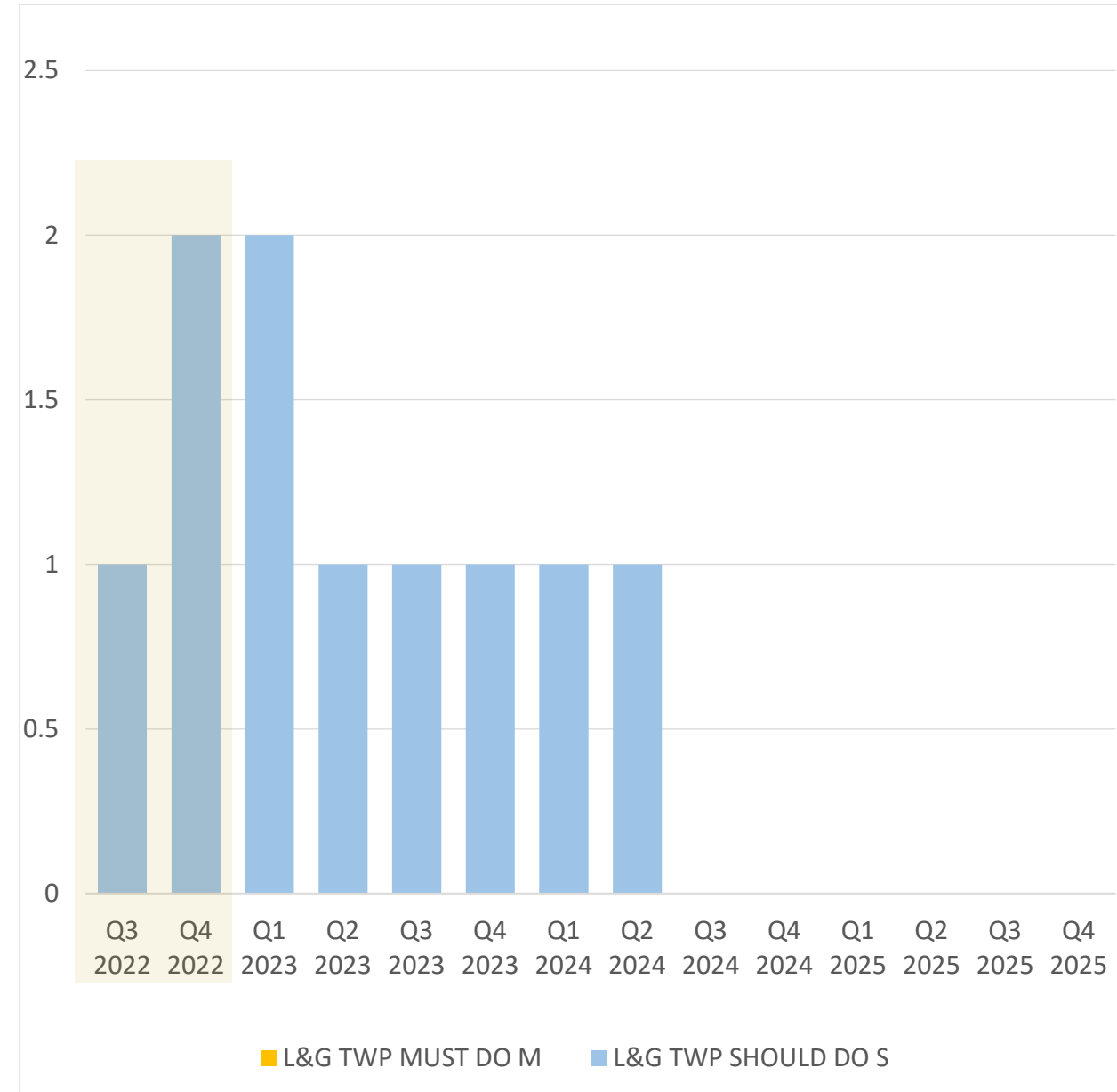
# Paperless Office in Registration Programme Plan

Project Type	Project Name	Type	Start Date	Start Qtr.	End Date	End Qtr.	Strategic Aim	MoSCoW
Corporate Project	<b>Registration Operations - developing CPD process</b>	FLOWCCP22-24	<b>Jan-22</b>	Q1	<b>May-23</b>	Q2	4	<b>S</b>
Corporate Project	<b>UK Registration Paperless</b>	FLOWCCP22-24	<b>Feb-23</b>	Q1	<b>Aug-24</b>	Q3	4	<b>S</b>
Corporate Project	<b>Non-UK Registration Paperless</b>	FLOWCCP22-24	<b>Sep-23</b>	Q3	<b>Mar-25</b>	Q1	4	<b>S</b>
Corporate Project	<b>Paperless Registration operations supporting Registrant self service</b>	NEWCCP23-25	<b>Jan-24</b>	Q1	<b>Dec-24</b>	Q4	4	<b>S</b>
Corporate Project	<b>Review and Reduce Stored Paper</b>	FLOWCCP22-24	<b>TBC</b>		<b>TBC</b>		4	<b>W</b>
Corporate Project	<b>Post Delivery Review *</b>	NEWCCP23-25	<b>Jan-26</b>	Q1	<b>Dec-26</b>	Q4	4	<b>S</b>

\*This project initiates in 2026 and is not included in the 2023-25 portfolio plan.

# Legal & Governance TWP - Summary

- 8 projects are proposed for the CCP 2023-25 plan:
  - 2 are in flight from 2022
  - 1 is initiating in 2024
  - 5 have dates yet to be determined
- 1 project is categorised Must do but has dates yet to be determined.
- 3 projects are Should do (shown in chart)
- 2 projects are Could do and 2 Won't do priority
- 7 projects are aligned to strategic aim 4, 1 to strategic aim 2

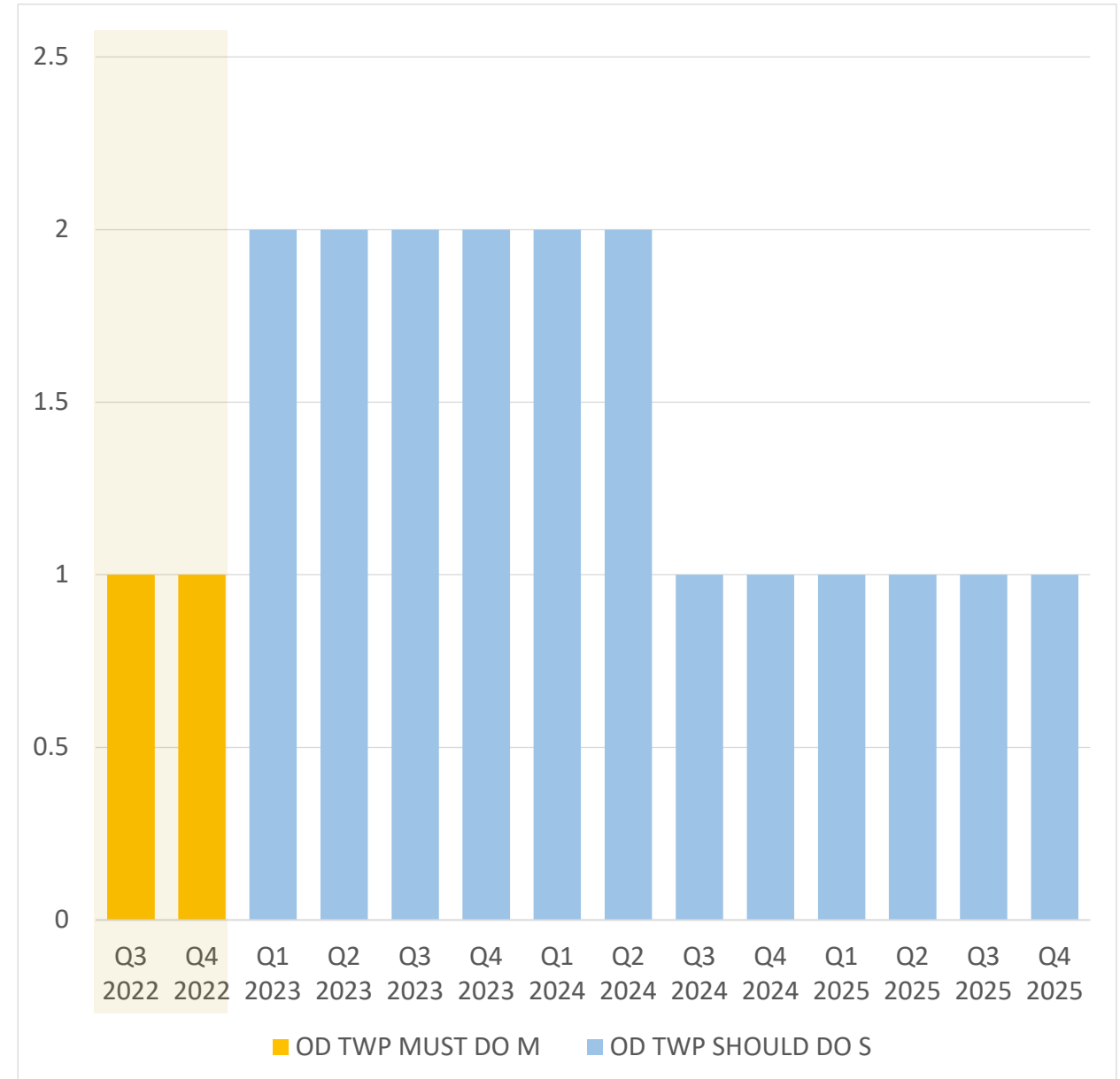


# Legal & Governance TWP Plan

Team	Project Type	Project Name	Type	Start Date	Start Qtr.	End Date	End Qtr.	Strategic Aim	MoSCoW
<b>External Legal Presentation Service (ELPS)</b>	Business Led Project	<b>Provision of legal services in relation of FTP cases</b>	NEWCCP23-25	<b>Feb-24</b>	Q1	<b>Aug-24</b>	Q3	2	<b>S</b>
<b>Governance</b>	Corporate Project	<b>Advice on and implementation of Unitary Boards</b>	FLOWCCP22-24	<b>TBC</b>		<b>TBC</b>		4	<b>W</b>
	Operational initiative	<b>Procurement of external support for board recruitment</b>	NEWCCP23-25	<b>TBC</b>		<b>TBC</b>		4	<b>C</b>
	Operational initiative	<b>Procurement of external support for Council &amp; Committee Effectiveness Review 2025</b>	NEWCCP23-25	<b>TBC</b>		<b>TBC</b>		4	<b>W</b>
	Corporate Project	<b>Records Management - Information Audit</b>	FLOWCCP22-24	<b>Jan-22</b>	Q1	<b>Dec-23</b>	Q4	4	<b>S</b>
	Corporate Project	<b>Council &amp; Committee Effectiveness Review 2022 implementation of recommendations</b>	FLOWCCP22-24	<b>TBC</b>		<b>TBC</b>		4	<b>C</b>
<b>Information Governance</b>	Business Led Project	<b>Response to legislative data protection changes</b>	NEWCCP23-25	<b>TBC</b>		<b>TBC</b>		4	<b>M</b>
<b>In-House legal Advisory Service (ILAS)</b>	Operational initiative	<b>Re-tender for external legal advisors</b>	NEWCCP23-25	<b>Oct-22</b>	Q4	<b>Apr-23</b>	Q2	4	<b>S</b>

# Organisational Development TWP - Summary

- 3 projects are proposed for the CCP 2023-25 plan:
  - 1 is in flight from 2022, completing in January 2023
  - 2 are initiating in 2023 and are Should Do priority
  - All are aligned to strategic aim 4
- The Organisational Development Directorate is currently being led by the Interim Executive Director who is to develop the project plans.
- Both 2023 initiated projects will be taken forward by a new Associate Director for People and Organisational Development from Jan 2023.
- Operational improvement activity is being embedded into the business-as-usual functions of the Organisational Development and People Services teams.



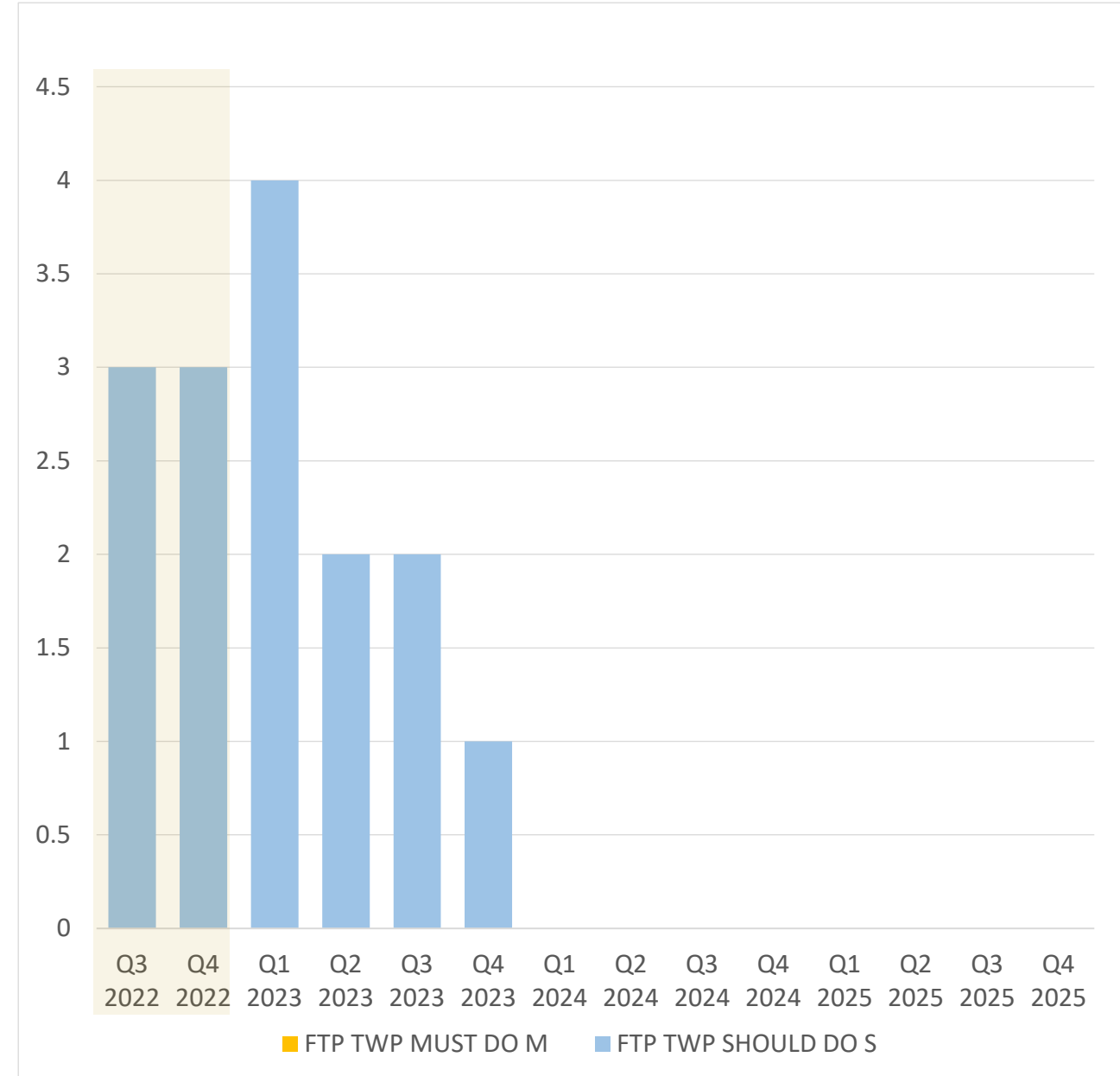
# Organisational Development TWP Plan

Team	Project Type	Project Name	Type	Start Date	Start Qtr	End Date	End Qtr	Strategic Aim	MoSCoW
People Services	Corporate Project	Effective Associates	FLOWCCP22-24	Aug-22	Q3	Jan-23	Q1	4	M
	Corporate Project	Total Reward	NEWCCP23-25	Jan-23	Q1	Jun-24	Q2	4	S
	Corporate Project	Workforce Development Plan	NEWCCP23-25	Jan-23	Q1	Dec-25	Q1	4	S



# Fitness to Practise TWP - Summary

- 5 projects are proposed for the CCP 2023-25 plan:
  - 2 are in flight from 2022
  - 1 is initiating in 2023
  - 3 have dates to be determined
- 4 projects are categorised Should do (shown in chart)
- 1 project is Could do priority
- 3 projects are aligned to strategic aim 2 and 2 to strategic aim 4
- Fitness to Practise are priority focused on operational activity and as a result no projects are currently planned for 2024 or 2025. This will be reviewed in next annual planning cycle.

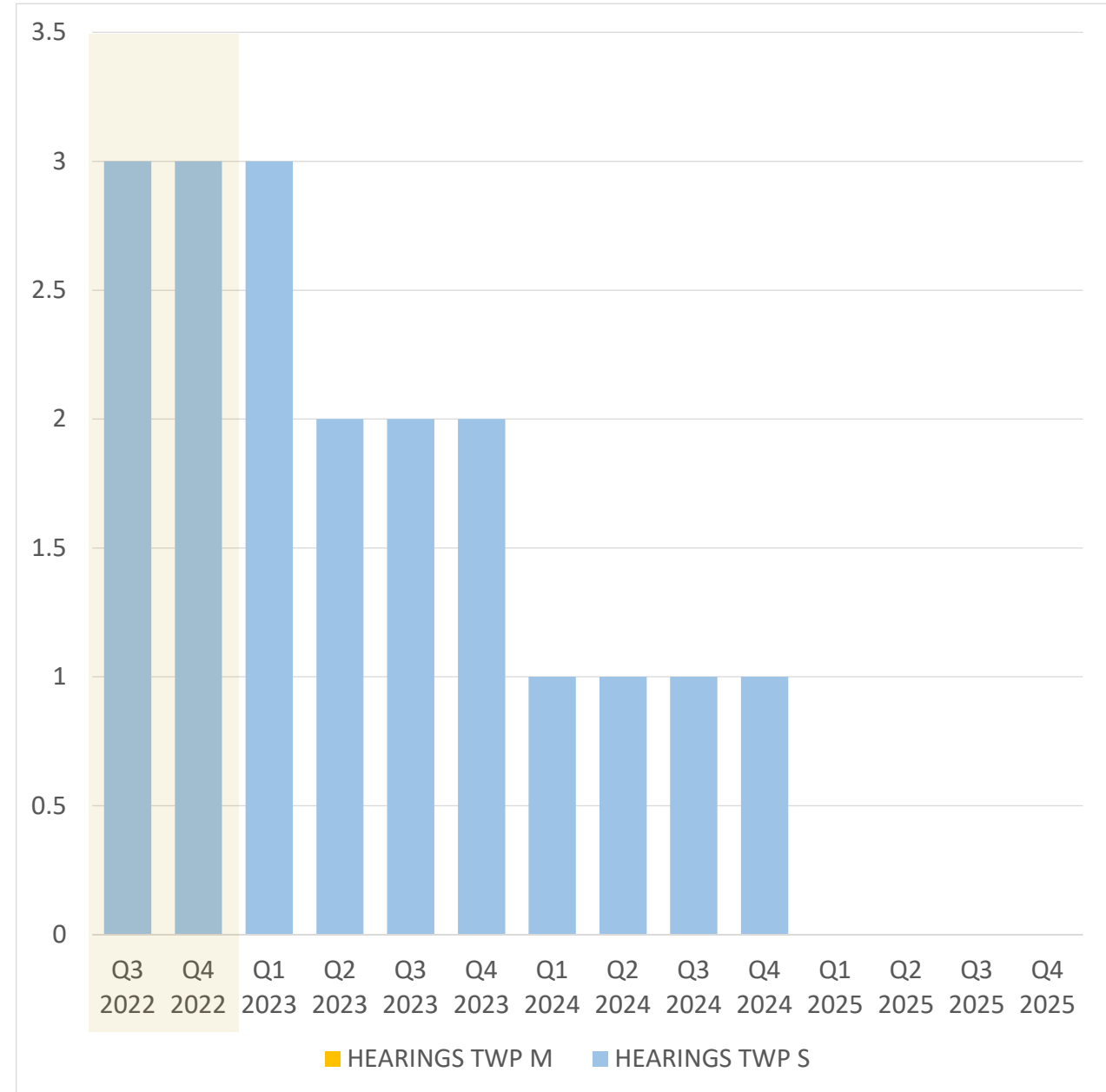


# Fitness to Practise TWP Plan

Team	Project Type	Project Name	Type	Start Date	Start Qtr.	End Date	End Qtr.	Strategic Aim	MoSCoW
FTP Case Progression	Operational Initiative	Enhancing case direction and developing management within FtP case work teams	NEWCCP23-25	TBC		TBC		2	C
	Corporate Project	FTP management of and process improvement related to FTP Policies	FLOWCCP22-24	Apr-22	Q2	Oct-23	Q4	4	S
	Corporate Project	FTP KPIs Redesign	FLOWCCP21-23	Oct-20	Q4	May-23	Q2	2	S
	Corporate Project	Using Data to Embed Improvements	FLOWCCP22-24	Apr-22	Q2	May-23	Q2	2	S
	Corporate Project	Improving Communications and Support	FLOWCCP22-24	Feb-23	Q1	Feb-24	Q1	4	S

# Hearings TWP - Summary

- 3 projects are proposed for the CCP 2023-25 plan
  - All 3 projects are in flight from 2022
  - All 3 projects are categorised Should do priority projects (shown in chart)
  - 2 projects are aligned to strategic aim 2 and 1 to aim 4

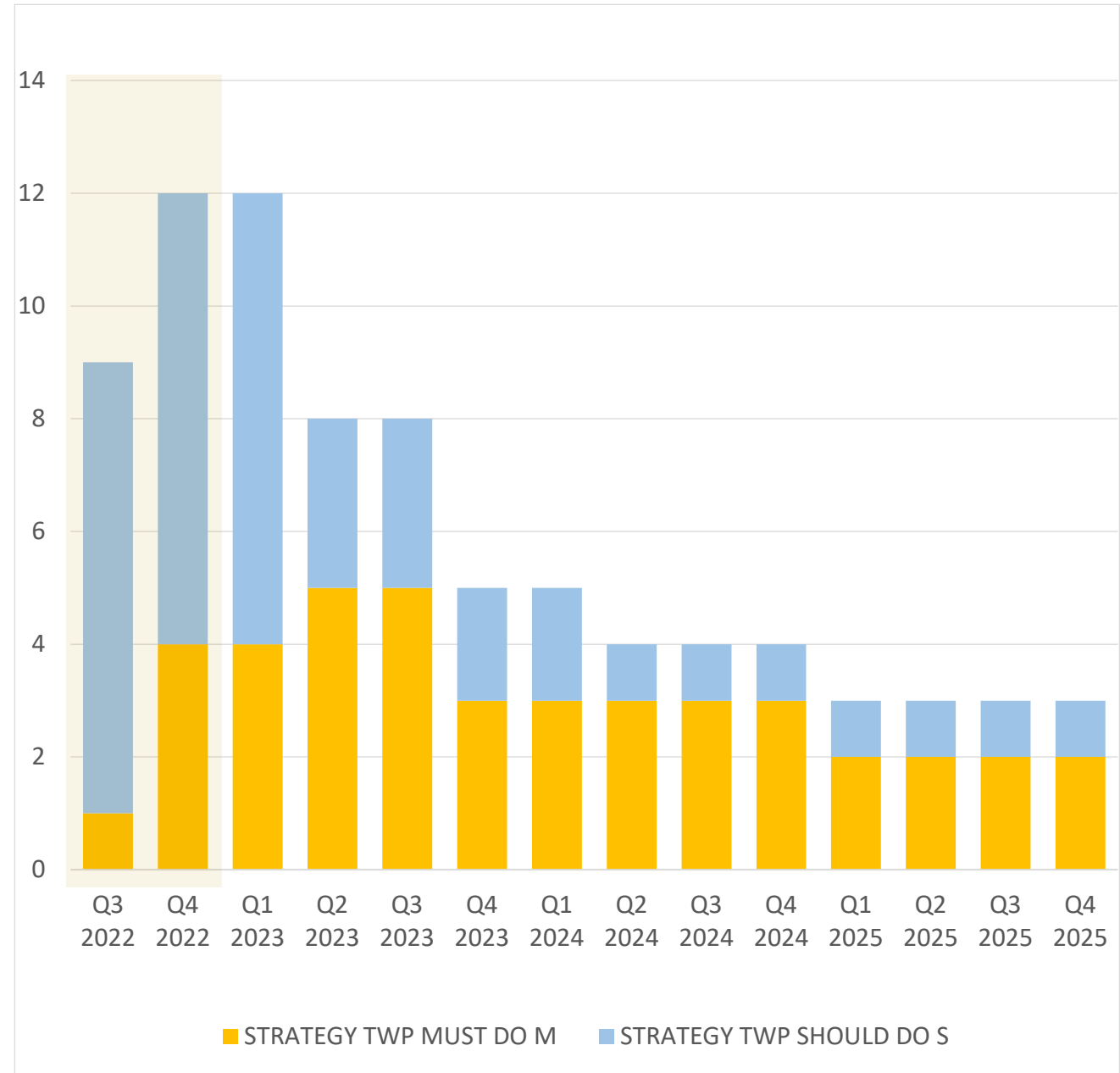


# Hearings TWP Plan

Team	Project Type	Project Name	Type	Start Date	Start Qtr	End Date	End Qtr	Strategic Aim	MoSCoW
Hearings	Corporate Project	Software improvements for empanelment and Hearing process	FLOWCCP21-23	Jun-22	Q2	Feb-24	Q1	2	S
	Business Led Project	Case Management and Operational Improvements to Hearings process	FLOWCCP22-24	Oct-21	Q4	Dec-24	Q4	4	S
	Corporate Project	Strengthen the separation of the adjudication function	FLOWCCP21-23	Feb-21	Q1	Apr-23	Q2	2	S

# Strategy TWP - Summary

- 20 projects are proposed for the CCP 2023-25 plan:
  - 13 are in flight from 2022
  - 4 are initiating in 2023
  - 3 where dates are yet to be determined
- 17 projects are categorised Must do or Should do priority projects (shown in chart)
- 2 are Could do priority, 1 is Won't do
- 8 projects are aligned to strategic aim 1, 3 to strategic aim 2, 4 to aim 3 and 5 to strategic aim 4



# Strategy TWP Plan

Team	Project Name	Type	Start Date	Start Qtr.	End Date	End Qtr.	Strategic Aim	MoSCoW
Communications & Engagement	Deliver digital communication improvements to support the 23-25 Corporate Strategy	FLOWCCP22-24	Jan-22	Q1	Dec-24	Q4	3	S
	Annual Report and Accounts (ARA)	NEWCCP23-25	Nov-22	Q4	Jul-23	Q3	4	M
	State of the Nation	FLOWCCP22-24	TBC		TBC		3	C
	To produce the whistleblowing reports - prescribed person and internal	NEWCCP23-25	Jan-23	Q1	Sep-23	Q3	3	M
	Improve the tone of voice of our communications - Phase 3	FLOWCCP21-23	TBC		TBC		3	C
	Review and improve the intranet	NEWCCP23-25	Jan-23	Q1	Mar-24	Q1	4	S
Public Policy	PSA performance review	NEWCCP23-25	Dec-22	Q4	May-23	Q2	4	M
	Scope and develop the Corporate Strategy for 2026 onward	NEWCCP23-25	Apr-23	Q2	Dec-25	Q4	4	M
Education & QA	Consult and implement revised expectations of a safe practitioner (learning outcomes and behaviours) for dental professional education and training	FLOWCCP22-24	Nov-22	Q4	Oct-23	Q4	1	M
	Develop and implement a QA Strategy	FLOWCCP21-23	TBC		TBC		1	W
	Develop and implement revised Standards for Education	FLOWCCP21-23	Apr-23	Q2	Dec-24	Q4	1	M
	Revise and approve specialty curricula	FLOWCCP21-23	May-19	Q2	Mar-23	Q1	1	S

# Strategy TWP Plan - continued

Team	Project Name	Type	Start Date	Start Qtr.	End Date	End Qtr.	Strategic Aim	MoSCoW
Research & Intelligence	Develop and implement GDC wide Data Strategy	FLOWCCP21-23	Jul-20	Q3	Apr-23	Q2	4	S
Right Touch Regulation	Develop tools and/or information to assist the resolution of complaints that do not meet the FtP threshold	FLOWCCP21-23	Jul-21	Q3	Apr-23	Q2	2	S
	Develop our understanding of the impact of differing indemnity models on regulation	FLOWCCP21-23	Jan-22	Q1	Apr-23	Q2	1	S
	Implement learnings from cross regulatory seriousness research	FLOWCCP21-23	Jul-19	Q3	Apr-23	Q2	2	S
	Develop and Implement review of internal FtP decision making guidance	FLOWCCP21-23	Sep-19	Q3	Oct-23	Q4	2	S
Upstream Regulation	Scope, develop and implement an outcome-focused model for lifelong learning	FLOWCCP22-24	Sep-21	Q3	Dec-25	Q4	1	S
	Develop and Implement principles of professionalism and an underpinning framework of guidance and learning materials	FLOWCCP21-23	Jul-19	Q3	Apr-24	Q2	1	M
	Implement improvements to the specialist list assessed application process and develop a sustainable approach to speciality lists	NEWCCP23-25	Sep-22	Q3	TBC	-	1	M

# Regulatory Reform Programme - Summary

- There is 1 live project for reforms within international registration which is a Must do priority:

Project Name	Type	Start Date	Start Qtr.	End Date	End Qtr.	Strategic Aim	MoSCoW
Scope, develop and implement revised international registration processes	FLOWCCP21-23	Jan-20	Q1	Dec-24	Q4	1	M

- Due to externally driven reform being highly unlikely within the life of the CCP 2023-25 plan, the programme is to focus on planning for internally driven reform activity, which can be completed within current legislation, whilst continuing to monitor for developments in externally driven reform.
- CCP reprioritisation requirements will be assessed as part of the business case for planning internally driven reform activity.



## 2023 Reserves Policy

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	Samantha Bache, Associate Director, Finance
<b>Type of business</b>	For approval
<b>Purpose</b>	This paper is presented to the Council in respect of their role in approving the reserves policy of the organisation. <b>This paper supplements the content of the CCP 2023-25 papers.</b>
<b>Issue</b>	To present the proposed 2023 Reserves Policy, in line with our wider work on the CCP 2023-25.
<b>Recommendation</b>	The Council is asked to approve the content of this paper, alongside the developed 2023-25 CCP.

### 1. Background

- 1.1 The Reserves Policy is designed to ensure that the GDC has the financial capacity to maintain delivery of its functions and processes which protect the public and regulate the dental profession; whilst recognising the risks that the GDC faces and ensuring that the GDC has adequate levels of working capital throughout the year.
- 1.2 Our Reserves Policy is aligned with our budget, fees, and reserves target for the three-year plan of strategic activity (CCP).
- 1.3 The current target level of free reserves, as adjusted for known financial risk, is equivalent to 4.5 months of operating expenditure. This target seeks to provide the optimum level of financial resilience to ensure the GDC remains a viable organisation and can meet the Going Concern test performed each year by our external auditors.
- 1.4 This is reflected in our 2022 Reserves Policy, which states:
  - a. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.
  - b. Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council
  - c. However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to:
    - The objectives of Council in pursuit of our statutory and regulatory responsibilities;
    - funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks;
    - risks to the income and expenditure of the Council;
    - planned major capital spending programmes.

- d. The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy is to maintain free reserves at a minimum of three months of operating expenditure, as adjusted for our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of the current strategic planning period.
- e. The Council will review this Reserves Policy not less than annually.

## 2. Forecast free reserves over the CCP 2023-25

- 2.1 Forecast free reserves, as adjusted for our current assessment of financial risk, are forecast to be £15.0m at the end of the new planning period (CCP 2023-25). This is the equivalent to 4.5 months of annual operating expenditure at December 2025. This is within the parameter of our current reserves policy (3-6 months of operating expenditure) and meets Council's appetite for the reserves target.

Table 1 Forecast Free Reserves

	£k
General Reserves at 31 December 2021	38,286
Reserves committed to fixed assets	(15,266)
<b>Free reserves at 31 December 2021</b>	<b>23,020</b>
2022 - Forecast operating deficit	(1,082)
Capital Investment 2022-25	(2,595)
Depreciation 2022-25	2,644
Release of excess free reserves held	(1,959)
<b>Forecast free reserves at 31 December 2025</b>	<b>20,028</b>
<b>Free reserves expressed as number of months of annual operating expenditure</b>	<b>5.9 months</b>
<b><u>In consideration of financial risks:</u></b>	
<i>Weighted financial risk</i>	(7,726)
<i>Weighted financial opportunities</i>	2,694
<b>Total financial risk 2023-25</b>	<b>(5,032)</b>
<b>Free reserves as adjusted for current assessment of financial risk</b>	<b>14,996</b>
<b>Adjusted free reserves expressed as number of months of annual operating expenditure</b>	<b>4.5 months</b>
<b>Target level of free reserves, expressed as number of months of annual operating expenditure</b>	<b>4.5 months</b>

## 3. 2023 Reserves Policy

- 3.1 We have completed a full review of the financial risk we face and have weighted this risk for the likelihood of that risk materialising. We have also considered any financial opportunities that we may have and have taken them wherever possible in our budget plan. Other financial opportunities have been weighted for likelihood of them materialising and offset against our weighted financial risk.

3.2 Give our review, and the continued uncertainty in the economic environment, we are not recommending any changes to the reserve target or Reserves Policy for 2023.

3.3 The proposed 2023 Reserves Policy is included at appendix 1.

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

4.1 The GDC must hold a level of reserves that supports financial viability and ensured our statutory duties can be completed, including providing financial agility to address any financial risks that may materialise.

4.2 The Reserves Policy does not have differing impacts for any of the four nations.

#### **5. Risk considerations**

5.1 In considering the level of financial risk exposure mitigated by free reserves, risks identified in the Strategic Risk Register and through the CCP 2023-25 process have been considered.

5.2 The most significant risk we face in the next planning period is the economic uncertainty. Initial indicators were that inflation increases would be transient; however, evidence now support that inflation is likely to remain elevated in the medium-term. As the economic assumption remains uncertain and is constantly evolving, we have taken a prudent approach to analyse where increased inflation would have the greatest financial impact to our budgets and have provided for this as a financial risk based on latest Bank of England projections. We note that the current economist view is inflation significantly above the current Bank of England projections and we will need to retain close monitoring over the coming months.

5.3 Another area of financial volatility remains the valuation of our closed Defined Benefit Pension Scheme, which is subject to significant financial market influence. The economic position presented us with an opportunity to escalate our move to a fully insured buyout of the liability and as such, £1.8m has been included in the plan to facilitate this.

5.4 A detailed schedule of assessed financial risks and opportunities are set out in Appendix A - CCP 2023-25 Final Draft Summary.

#### **6. Monitoring and review**

6.1 We regularly monitor and review our assessment of financial risk, and the impact on the forecast free reserves position. This is regularly reported through the CCP Quarterly Performance Report, which is reviewed by EMT and FPC.

6.2 The Reserves Policy will continue to be reviewed annually by the Council.

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

7.1 The impact on free reserves from the budgetary planning for the delivery of the CCP 2023-25 has been considered regularly by the Corporate Planning Board, EMT and FPC at the review points set out within the CCP 2023-25 production timetable.

#### **8. Next steps and communications**

8.1 Council will be asked to approve the 2023 Reserves Policy in October 2022.

8.2 The key messages for communicating the 2023 Reserves Policy will form part of the CCP 2023-25 communications plan.

#### **Appendices**

- a. Appendix 1 - Draft Reserves Policy 2023

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17 October 2022

**Draft Reserves Policy 2023**

1. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.
2. Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council.
3. However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to:
  - a. the objectives of Council in pursuit of our statutory and regulatory responsibilities.
  - b. funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks.
  - c. risks to the income and expenditure of the Council.
  - d. planned major capital spending programmes.
4. The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy it to maintain free reserves at a minimum of three months and a maximum of six months of operating expenditure, as adjusted for our current assessment of financial risk; with a target of four and a half months of operating expenditure by the end of the current strategic planning period.
5. The Council will review this Reserves Policy not less than annually.

## Dentists and Dental Care Professionals Fees Regulations 2022

<b>Executive Director</b>	Lisa Marie Williams, Legal & Governance, Executive Director.
<b>Author(s)</b>	Melissa Sharp, Senior Counsel and Associate Director, Legal. Tey Hassan, Principal Advisory Lawyer
<b>Type of business</b>	To make regulations
<b>Purpose</b>	This paper encloses the revised fee regulations for both dentists and dental care professionals. The regulations have been revised to include new - (a) application fee levels; and (b) annual retention fee levels.
<b>Issue</b>	The Council has approved a Costed Corporate plan and a budget, and amendments to the Fees Regulations are required to implement those changes.
<b>Recommendation</b>	The Council is asked to formally approve the Dentists and Dental Care Professionals Fees Regulations 2022, in order that they can be sealed by the Chair and Registrar.

### 1. Executive Summary

- 1.1 This paper encloses the revised fees regulations for Dentists and Dental Care Professionals to be approved and sealed, in preparation for implementation on 1 January 2023.
- 1.2 The Council has the power to set registration and retention fee levels by making regulations (sections 19 and 36F of the Dentists Act 1984). In order to have legal effect, the regulations need to be approved by the Council and sealed by the Chair of the Council and the Chief Executive.
- 1.3 Following the Council's approval of the Costed Corporate Plan 2023-2025, some of the fee levels have been amended, and those changes are reflected in the revised fees regulations at **appendix 1 and 2**.
- 1.4 The Council is asked **to approve and make** the Dentists and Dental Care Professionals Fees Regulations 2022.

### 2. Legal and policy considerations

- 2.1 The In-House Legal Advisory Service has been part of the fees project, provided any legal advice necessary to colleagues as part of that work and drafted the revised fees regulations.
- 2.2 The review of the registration application and assessment fees has been carried out in line with the GDC's fees policy.

### 3. Equality, diversity and privacy considerations

- 3.1 Equality and diversity considerations have been considered for both the registration and retention fee levels. For the former equality and diversity considerations formed part of the Strategy

Consultation Response and for the latter an equality impact assessment has been carried out. These Regulations implement the decisions on the Costed Corporate Plan and do not raise any further issues for consideration.

#### **4. Risk considerations**

- 4.1 Changes to fee levels give rise to reputational and legal risks. These risks, and their mitigations, were considered as part of the CCP work and papers already considered by Council.

#### **5. Next steps**

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

#### **Appendices**

- a. Appendix 1: The General Dental Council (Dentists) (Fees) Regulations 2022
- b. Appendix 2: The General Dental Council (Professions Complementary to Dentistry) (Fees) 2022.

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13 October 2022

## The General Dental Council (Dentists) (Fees) Regulations 2022

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

### Citation and commencement

1. (1) These Regulations may be cited as the General Dental Council (Dentists) (Fees) Regulations 2022 and are made on 21 October 2022.

(2) Regulations 2(1)(a), 2(1)(b) and 3 shall come into force on 1 January 2023.

(3) The remainder of these Regulations shall come into force on the date the Regulations are made.

(4) In these Regulations -

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

“renewal date” means 31 December in each year;

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

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

### Fees

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

- |  |   |
|--|---|
| (a) for the processing of an application for entry of a person's name in the dentists register:  | £ 36.33   |
| (b) for the assessment of an application for entry of a person's name in the dentists register, where applicable:  | a fee set out in Regulation 3   |
| (c) for the first entry of a person's name in the dentists register:   | a fee equivalent to £ 57.50 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made.                                   |
| (d) for the entry of a person's name in the dentists register on the basis of temporary registration during such period as specified by a Direction made under Section 17: | a fee calculated by the following formula, where A is the length of the directed period in calendar days, B is the fee payable under regulation 2(1)(e) and C is 365: $(A \times B)/C = \text{fee}$ in pounds sterling. |
| (e) for the retention of a person's name in the dentists register during each period of twelve months following the renewal date:  | £690  |

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



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

a fee equivalent to £ 57.50 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made.

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

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

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

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

- (a) under regulation 8, or
- (b) under regulation 7 of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2022,

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

### Assessment fees

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

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

### Refusal to make an entry etc.

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

### Notice of retention fee

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

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

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

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

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

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

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

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

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

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

8. Where a person fails to pay either -

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

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

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

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

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

10. The General Dental Council (Dentists)(Fees) Regulations 2021 are hereby revoked.

11. Regulations 2(1)(a), 2(1)(b) and 3 shall continue to have effect as if Regulation 10 had not come into force, until 31 December 2022.

12. Any fees due to the Council under or by virtue of the General Dental Council (Dentists) (Fees) Regulations 2021 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of General Dental Council.

Lord Toby Harris

Chair

Ian Brack

Registrar

## The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2022

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

### Citation and commencement

1. (1) These Regulations may be cited as the General Dental Council (Professions Complementary to Dentistry (Fees) Regulations 2022.

(2) These Regulations shall come into force on 1 January 2023.

(3) In these Regulations -

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

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

“renewal date” means 31 July in each year;

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

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

### Fees

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

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

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

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

(f) for the first entry of a person's name in the dental care register:	a fee equivalent to £9.50 for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.
(g) for a subsequent entry of a person's name in the dental care professionals register under an additional title:	£12.00
(h) for the retention of a person's name in the dental care professionals register under a title or titles during each period of twelve months following the renewal date:	£114
(i) for the restoration of a person's name to the dental care professionals register under a title or titles:	a fee equivalent to £9.50 for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.

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

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

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

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

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

- (a) under regulation 7, or
- (b) under regulation 8 of the General Dental Council (Dentists) (Fees) Regulations 2022

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

**Refusal to make an entry etc.**

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

**Notice of retention fee**

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

- (a) notice of the retention fee, and
- (b) a warning that failure to pay either -
  - (i) the first instalment by the instalment date and the retention fee by the renewal date, or
  - (ii) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

may result in that person's name being erased from registration under all titles under which that person is registered in the dental care professionals register.

5. The notice and warning required to be sent to a person under regulation 4 shall be sent to -
- (a) that person's address in the dental care professionals register,
  - (b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person, or
  - (c) by electronic means with the consent of that person.

6. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not -
- (a) prevent the registrar from erasing that person's name under regulation 7, or
  - (b) constitute the grounds for the restoration of that person's name following erasure under regulation 7,
- provided that notice and warning have been sent in accordance with regulations 4 and 5.

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

7. Where a person fails to pay -
- (a) the first instalment by the instalment date and the retention fee by the renewal date, or
  - (b) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,
- the registrar may erase that person's name from registration all titles under which that person is registered in the dental care professionals register, provided that notice and warning have been sent in accordance with regulations 4 and 5.

8. The registrar may decide not to erase a person's name under regulation 7 where there is an outstanding issue concerning -
- (a) that person's fitness to practise as a member of a profession complementary to dentistry, or
  - (b) an entry in respect of that person in the dental care professionals register.

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

9. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2021 are hereby revoked.

10. Any fees due to the Council under or by virtue of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2021 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of General Dental Council.

Lord Toby Harris  
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Ian Brack  
Registrar

## Promoting Professionalism:

### A consultation on a new approach to setting standards and providing guidance to dental professionals

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Kristen Bottrell, Policy Manager Rebecca Lucas, Policy Manager Shiplu Miah, Stakeholder Engagement Manager Ross Scales, Head of Upstream Regulation
<b>Type of business</b>	For approval
<b>Purpose</b>	<p>The Council is responsible for preparing and publishing guidance as to the standard of conduct, performance, and practice for the dental professions. The Council is required to consult upon changes to this guidance.</p> <p>The Principles of Professionalism, and the framework these sit within, have been developed as a new way for the GDC to set standards and provide guidance.</p> <p>The Council requested assurance that the implementation and consultation plans were sufficient to effectively manage the significant change that would affect members of the public, dental professionals and GDC operations, including fitness to practise processes.</p> <p>This paper describes the development to this stage and the approach proposed for consultation and seeks approval to consult.</p>
<b>Issue</b>	To outline the plans for developing, testing and consulting on the Framework for Professionalism.
<b>Recommendation</b>	<p>The Council is asked <b>to discuss</b> the approach to consultation, engagement and transition to the Framework for Professionalism.</p> <p>The Council is asked <b>to approve for consultation</b> the consultation document and associated guidance documents.</p>

#### 1. Summary

- 1.1 The GDC has been reviewing its approach to setting standards and guidance for dental professionals and is proposing a move towards a principles-based approach. This approach seeks to encourage dental professionals to reflect on their professionalism and use their professional judgement to make decisions that consider context, public interest, and the needs of individual patients. This is a move away from the current approach in the Standards for the Dental Team, which are detailed and prescriptive, and may encourage decision making that focuses on compliance with GDC 'rules' and not always on what is in a patient's best interests.
- 1.2 In October 2021, the Council decided that a principles-based approach was the right one to take and approved the development of a set of Principles of Professionalism (the Principles), informed

by research and tested through engagement. These Principles would sit atop a framework containing a small suite of regulatory guidance, with illustrative examples and supporting materials used to develop understanding of how the Principles apply to a range of situations and aspects of practice.

- 1.3 In April 2022, the Council sought further assurance about the framework, including how it would be implemented in the GDC's fitness to practise (FtP) processes. The Council gave approval at that meeting for the proposal to be further developed for consultation.
  - 1.4 This paper recognises that the proposals represent a significant change for dental professionals and for the GDC's processes and sets out:
    - the elements of the Framework for Professionalism
    - the staged implementation plans for the proposed framework. These are designed to allow sufficient time for dental professionals and the GDC to prepare.
    - a plan for engagement that sets out our latest thinking and encourages open debate with all involved with dentistry explaining, testing and refining the new approach – and recognising that not everyone will be immediately persuaded or see this is as necessary or desirable change.
  - 1.5 The final part of this paper contains a description of the plans to take this work forward. It recognises that further assurance is required regarding the internal impact of the change before the proposals could be adopted. The required resources needed to provide comprehensive assurance about the impact on FtP processes and decision making will not be available until the FtP caseload is reduced.
  - 1.6 It will take time to develop a full suite of materials needed to ensure that the framework will support the transition to the principles-based approach. We will prioritise key supporting materials for launch, with additional materials developed over time.
  - 1.7 The proposed timetable is intended to create the space needed to move past the current issues in FtP and to allow time for further internal conversations to provide assurance that we can deliver the proposed changes needed to ensure well managed adoption of the Principles. It would also allow time for stakeholders to prepare for a change, and for us to listen to them and understand and deliver the support they need to adapt to the new approach.
  - 1.8 The Council is asked **to approve** the consultation on the Framework for Professionalism. The consultation will be focused on drawing out and listening to stakeholder views on the approach through engagement activities, as well as through the formal consultation itself.
2. **How the consultation proposals change our approach to regulation**
- 2.1 The objectives for the proposals, based on the duties of the GDC and scoping and research are to:
    - A. Maintain patient safety and public interest as priorities.
    - B. Recognise the complexities of decision making and importance of professional judgement.
    - C. Support dental professionals to make the right decision for each situation.
    - D. Respond quickly to changing environments and new issues.
  - 2.2 The proposal is to replace the *Standards for the Dental Team* and the associated guidance documents with a new Framework for Professionalism. This framework would be focussed on dental professionals following principles to uphold the standards required and to reach the right outcome for patients, rather than laying down rules that may not work well in every context.

- 2.3 The proposed Framework for Professionalism would comprise:
- A. **Four Principles of Professionalism** which are the cornerstones of professionalism and apply to all aspects of practice and conduct.
  - B. **Illustrative examples** under each principle, that highlight ways that the principle can be demonstrated, and can be updated to reflect new and emerging issues.
  - C. **Guidance** about aspects of practice where we have identified a specific need.
  - D. **Supporting materials**, using a range of media, to help dental professionals understand what the principles mean and how they may apply across range of contexts.
- 2.4 The consultation being proposed in this paper is not about a simple change to existing documentation but rather an important step as part of a shift in the culture of professionalism in dentistry. A cultural shift is a lengthy process and, whilst it will be important to have a clear date at which the Framework for Professionalism replaces the *Standards for the Dental Team*, the work to embed the changes and build up understanding of the new approach and the confidence in using it would continue after implementation. This will necessarily be an iterative process, building on the feedback we receive at each stage, as well as on our own experience of operating within the new framework, and communicating clearly and effectively about the successive steps in the process.
3. **The Consultation Approach**
- 3.1 The challenge for the GDC is to provide the right level of guidance to maintain patient safety and trust in the professions, while encouraging dental professionals to have well-founded confidence in their judgement to make decisions based on their knowledge, skills, the context or situation, and the best interests of the patient.
- 3.2 The consultation is intended to test, with our stakeholders, how successful these proposals would be in fulfilling the objectives stated at paragraph 2.1. There are different ways to present standards and guidance, and there will be variation in individual preferences for the degree of prescription and direction given. We will use the consultation to test the proposals for the Framework for Professionalism, listening carefully to those that may not see this as a desirable change to understand the reasons why they prefer to work with a more rules-based approach.
- 3.3 Alongside asking for feedback on the proposed principles-based approach to setting standards and providing guidance, the consultation will set out the elements of the framework. This includes draft Principles of Professionalism and three draft guidance documents.
- 3.4 The Principles have been shared externally through research, and at engagement events, including at the Dental Professionals Forum. Feedback suggests that dental professionals are broadly supportive of the direction of travel, but some want assurances that the new approach provides sufficient information and does not increase the risk that dental professionals would be found deficient in meeting the required standards.
- 3.5 The guidance documents we are proposing to issue under the Framework relate to aspects of practice where we have identified it is necessary to issue directive material. They refer to a regulatory or professional obligation for all dental professionals, a topic where no other guidance exists or additional clarification from the regulator is required. These guidance documents are the Scope of Practice, Professional Indemnity, and Reporting Guidance.
- 3.6 The consultation sets out the purpose of supporting material within the framework. This material will take time to generate, but the consultation and earlier research will help us to prioritise topics and approaches which will provide the greatest benefit.



- 3.7 Communications with stakeholders will also make clear that this new approach to setting standards does not change the tests used to determine impairment, and therefore does not expand the range of fitness to practise concerns. This is not a consultation about changing the thresholds of professional behaviour, it is a consultation about how standards are best expressed to support positive professionalism in the behaviour of dental professionals.
- 3.8 The consultation is planned to run for 12 weeks from 15 November 2022 to 7 February 2023. The Council will then receive the consultation output report at its meeting in June 2023, alongside plans for working with operational colleagues to prepare for implementation (see section 4).
- 3.9 The consultation materials are set out in **Appendix 1**. They consist of:
- A. The consultation document, which incorporates the explanation of the proposed Framework for Professionalism.
  - B. The revised scope of practice document.
  - C. New guidance on reporting requirements to GDC (incorporating existing guidance on reporting criminal proceedings).
  - D. Updated guidance on indemnity.

#### 4. **Managing implementation**

- 4.1 The proposals would result in a significant change to the GDC's internal processes, and the Council must be able to assure itself that the GDC would be ready to implement the changes. The approach cannot move forward to implementation unless there is assurance that it will not jeopardise progress in addressing the GDC's FtP caseloads or the effective resolution of cases.
- 4.2 A high-level implementation plan was presented to the Council in April, setting out a timescale that would allow time to prepare for implementation, whilst minimising any impact on FtP staff working to clear the current backlog of cases. The advice of the Executive Directors, FtP and Legal and Governance was that, based on the current plans and trajectory, the FtP casework backlog should have reduced by Summer 2024 to a point where capacity will begin to be available to manage the change operationally. Before then, EMT will be monitoring progress to identify a suitable time for further activities to gain assurance about internal processes. It will be important to continue to check assessments of readiness within FtP at each decision-making point throughout the project's lifespan.
- 4.3 The impact of the introduction of the Principles of Professionalism into FtP processes was explored through discussions with staff. Workshops with legal and FtP casework staff reviewed a selection of anonymised cases using the draft Principles and associated framework to assess how well they worked for preparing allegations and presenting cases to panels. These discussions provided initial indications that they would not hinder the GDC's ability to carry out its FtP function. However, further and much more detailed internal testing will need to be undertaken when the consultation responses have been analysed to gain a fuller understanding of the frameworks on FtP processes, including application of statutory tests, before assurance could be given. Details of the testing programme will be included in the full implementation plan.
- 4.4 This approach was taken to provide an indication of assurance without placing premature burden on already pressured staff resources, recognising the challenges posed by the current backlog in cases. This approach also acknowledges that consultation feedback may significantly change the proposals.
- 4.5 More details of these activities can be found at **Appendix 2**.

## 5. Communications and engagement

- 5.1 The delivery of an effective communication and engagement plan will be central to the success of this proposed consultation in order to listen, help stakeholders to understand what the changes would mean for them and understand what stakeholders need to transition to the new framework if the proposals proceed.
- 5.2 The GDC's primary message is that we want to listen to and understand different views on the proposals as they stand, so that future decisions and development can be made in collaboration with other organisations
- 5.3 The GDC must also clearly explain the proposals and what they mean for stakeholders. We need to express the policy in a language and tone which will resonate with and engage the audience.
- 5.4 A detailed communications and engagement plan is provided in **Appendix 3** that highlights:
  - A. the primary and secondary arguments and narratives to explain the approach and proposals to different stakeholders and what the changes would mean for them.
  - B. a phase-by-phase plan of the communication and engagement priorities, objectives, activities, and deliverables. This includes detail on actions before and after the formal consultation.
- 5.5 We intend to convene an external reference group once the consultation analysis has concluded. This group will help to support the transition to the new framework, if it proceeds, by developing, sense-checking, and testing content and materials to support the transition. As outlined in the detailed communications and engagement plan, this group is only one of many mechanisms for engaging our stakeholders. A considerable range of activities is planned to engage stakeholders before and during the consultation period.

## 6. Supporting the professions with implementation

- 6.1 In addition to preparing the GDC's internal processes for the new framework to come into effect, this work will only be effective if professionals are helped to understand the framework and use it in their daily practice.
- 6.2 The removal of the prescription contained within the current *Standards for the Dental Team* and *Scope of Practice* is designed to allow greater flexibility for dental professionals to exercise their judgement, however both the process of change and the less prescriptive approach in the new framework may lead to some uncertainty. We will work to provide support both during the transition period and to continue that support on an ongoing basis, including through the supporting materials which form part of the wider framework.
- 6.3 Much of the guidance within the *Standards for the Dental Team* will be repositioned as supporting materials designed to help dental professionals understand how this relates to the Principles. We will also seek to work with partners better placed to issue guidance in that area.
- 6.4 To support understanding there are three additional communications aids in development:
  - A. a description of the anticipated changes to regulatory functions, outlining what could change.
  - B. a document to assist navigation between the new structure and existing guidance framework and provide assurance that the proposed approach would provide sufficient support to aid decision making, and not open dental professionals up to greater risk of being found to be deficient in meeting the required standards.
  - C. a description of how the regulatory model, as a whole, relates to the Principles of Professionalism, by drawing the connections between education quality assurance, registration and retention, life-long learning, and fitness to practise.

## 7. **Implications for public and patients**

- 7.1 The Principles of Professionalism were developed with reference to research findings that identified what matters to patients and the public. Dental patients and members of the public were engaged in the professionalism research undertaken by ADEE and Community Research. There will also be opportunities to feed more of the research findings and more recent patient and public views into the supporting content as it is developed.
- 7.2 Patient representatives will be included in the reference group described in paragraph 5.5 to ensure that there remains a focus on patient interests. Opportunities for further engagement with groups of patients and the patient / public panel will also be sought, to collect valuable feedback.

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

- 8.1 Section 26B of the Dentists Act requires the GDC to “prepare and from time-to-time issue guidance as to the standards of conduct, performance and practice expected of registered dentists.” There is a parallel requirement to issue such guidance to dental care professionals in section 36M of the Act. In each case, there is a requirement for consultation before any such guidance is issued or amended.
- 8.2 The consultation has been designed to comply with these requirements. The legal teams have reviewed the consultation document, and the three pieces of guidance proposed within the Framework for Professionalism. If significant alterations to the proposal are needed following feedback received during the initial consultation, or as a result of further assessing the impact on internal processes, including FtP, it may be necessary to consult on the proposal again prior to implementation.
- 8.3 No areas where national differences may affect the introduction of these proposals have been identified, but stakeholders will be engaged across the four nations of the UK during the consultation period to ensure that any specific implications are identified.
- 8.4 There are inter-dependencies across other areas of policy development within the GDC, including with the safe practitioner framework, lifelong learning and regulatory reform. The Principles of Professionalism are reflected in the proposals for expectations for new dental professionals in the safe practitioner framework.

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

- 9.1 No privacy issues have been identified that warrant completion of a detailed impact analysis. The consultation will be conducted within the scope of the GDC’s existing privacy statement.
- 9.2 Organisational Development was consulted to ensure compliance with the equality, diversity and inclusivity (EDI) approach of the GDC. An equality impact assessment (EQIA) has been prepared, taking into account the considerations made in the earlier EQIA for the ‘Scope of Practice’ consultation, reviewed and agreed by the Council in October 2021.
- 9.3 No differential impacts on protected groups have been identified, however, specific questions will be asked in the consultation to verify and, if necessary, alter the assessment of impact. Any views expressed on the proposed changes that will impact anyone who shares protected characteristics, either positively or negatively, will be assessed following the consultation and we will consider how this will impact on our approach. The consultation analysis will explain how we have addressed issues regarding EDI.

## 10. **Risk considerations**

- 10.1 The following risks have been identified and the mitigations that are in place or are scheduled to take place are summarised:

## 10.2 Risks relating to the consultation on the principles of professionalism

Risk description	Mitigations
The consultation does not establish sufficient consensus for the GDC to be confident in proceeding to implementation	<p>Research and engagement to ensure the proposals are evidence based and early feedback sought from patients/public and dental professionals.</p> <p>Engagement with stakeholders before, during and after the consultation through webinars and events as well as addressing any issues with interpreting our proposals.</p> <p>Continual review of whether this policy ambition is achievable in its current form through consultation analysis and subsequent decision points.</p>
The approach proposed does not encourage professional behaviour and support patient safety as effectively as the present approach	<p>Dental professionals and patients/public involved early in the development of the approach and sought feedback.</p> <p>Quality assurance measures will be introduced for our new approach in fitness to practise with an evaluation mechanism to enable understanding of the impact of the new approach on professionals at all levels of their career.</p>

## 10.3 Risks relating to proposed timescales

Risk description	Mitigations
The fitness to practise caseload remains high, and it is determined that resources in that area will not have capacity to train in the new approach and to implement changes at the time scheduled	<p>Engaged with colleagues across departments to explore the work required for the transition.</p> <p>Monitoring relevant FtP KPIs to assist with identification of right moment to begin testing and training</p> <p>Working with internal communications, colleagues in Organisational Development and FtP/ DPHS to arrange training time with colleagues.</p> <p>Pressures on the fitness to practise teams including caseloads, and changes which may be required as part of the regulatory reform/policy ambition work will be monitored by the project team and project board. Where possible training and/or implementation points will be combined to minimise impact on resource.</p> <p>Option to defer implementation or introduce the changes gradually.</p>
The resources required to implement legislative reform are drawn from staff working on this project and this causes significant delays to implementation	The regulatory reform programme board is monitoring progress of legislative reform proposals and will refer any impacts on the GDC's resources to EMT for consideration.

Risk description	Mitigations
Professionals and external stakeholders have not adequately prepared to move from the current standards to the principles' framework	A detailed engagement plan is in development which will include engagement events with groups of registrants in different nations and regions of the UK. We will also engage representative bodies and indemnity providers.
The proposals cannot be delivered within a credible timetable	We are consulting on the transitional arrangements and are considering our resourcing and capacity for delivery against key decision points. These assessments take into account the pressures on the FtP function and the timetable for legislative reform.

#### 10.4 Risk relating to application in Fitness to Practise decision making

Risk description	Mitigations
The principles of professionalism are difficult to interpret in fitness to practise cases, including those involving scope of practice concerns	<p>FtP colleagues have been engaged in workshops and looked at real cases to understand how the principles of professionalism could be applied.</p> <p>Fitness to practise guidance is being reviewed to understand the detail of how the current standards are used. The transition to principles is an opportunity to ensure that there is consistency in approach across all stages, where appropriate.</p> <p>The changes to scope of practice cases have been explored legal teams, and further work will be undertaken to prepare for changes to fitness to practise decision-making and processes.</p>

#### 11. Resource considerations and CCP

- 11.1 The consultation on the Framework for Professionalism is accounted for in the Costed Corporate Plan (CCP) 2022-2024. Assumptions of staff resources required for implementation, maintenance and development have been included in the CCP for 2023-25. These may need to be revised within future CCPs as the project progresses.
- 11.2 Costs relating to FtP and the Dental Professionals Hearing Service (DPHS) resources are an important consideration given the current caseloads. We have engaged with training leads across FtP and DPHS and there is dedicated training time for FtP casework teams, case examiners and FtP panellists that could be used for training decision makers and colleagues who support them, however, consideration must be given to training requirements arising which are not currently foreseen.

#### 12. Monitoring and review

- 12.1 Progress will be monitored against each of the decision points described in this paper. At these points an assessment of capacity for training and delivery will be made, taking into account the pressures on the FtP function and the timetable for legislative reform at that point in time. The next decision point will be in June 2023 when the Council will be able to decide how the work is most appropriately taken forward in the light of the consultation responses and our wider engagement.

- 12.2 Between publication and implementation, engagement will continue with stakeholders, both internal and external, including monitoring understanding and preparedness for this change. This will inform further engagement and production of materials to support transition.
- 12.3 Upon implementation, monitoring of fitness to practise decisions will be performed using existing decision scrutiny processes such as Internal Audit team, the Quality Assurance Group, and the Decision Scrutiny Group.
- 12.4 The plans for post-implementation evaluation would be developed in conjunction with the research and intelligence team in 2023.
13. **Development, consultation and decision trail**
- **January 2021:** dental professionals and patients consulted on draft principles via Community Research
  - **March 2021:** Council workshop on draft principles
  - **April 2021:** draft principles presented to the Dental Professionals Forum
  - **September 2021:** stakeholder engagement on the revised Scope of Practice
  - **October 2021:** Council paper – options for the new Framework for Professionalism presented
  - **October 2021:** Council paper – revised Scope of Practice approved for consultation
  - **April 2022:** Council paper – Scope of Practice formally combined with the Framework for Professionalism, and high-level implementation plan approved
  - **August 2022:** stakeholder engagement event
14. **Next steps and communications**
- 14.1 Subject to the Council's approval of the approach set out in this paper, the consultation will be launched on 15 November 2022 and close on 7 February 2023.
- 14.2 We will prepare a consultation response report and outline the changes prompted by the consultation feedback, in June 2023. This will be accompanied by a detailed plan setting out the activities to be carried out internally to prepare for the implementation of the framework, and to support stakeholders to do the same.
- 14.3 A progress report, including the activities to communicate and embed the framework, will be made to the EMT and Council six months later. A further consultation may be needed prior to the implementation and publication of the proposed Framework. The final milestone of this project will be for the Principles and framework to be come into force from at a date in 2024/25, which will be determined, in part, by the consultation feedback and by our internal state of readiness. The communications and engagement plan contains additional stages of activity.
- 14.4 There will be a decision point at each milestone along the implementation plan to assess internal readiness, particularly in FtP and to check against possible legislative reform timescales, as well as to consider understanding and readiness within the professions.

## Appendices

1. Consultation document and guidance documents
2. Detailed activities to prepare for implementation at the GDC
3. Detailed communications and engagement plans

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11 October 2022

# Appendix 1: Consultation document and linked guidance

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# Promoting Professionalism: your views on a new framework for professionalism and standards

This consultation sets out high-level proposals on a new approach to how we set the standards and guidance we expect of all dental professionals. We invite everyone with an interest in how dental professionals are regulated to share their views.

## Foreword

The General Dental Council (GDC) has been reviewing its approach to setting standards and guidance for dental professionals and is proposing a move towards a principles-based approach. Following independent research and stakeholder engagement over recent years, we are proposing that dental professionals demonstrate the standards expected of them by applying principles to specific contexts to deliver the right outcomes for patients. This is a move away from the GDC providing prescriptive, rules-based standards. To achieve this, we are proposing a new Framework for Professionalism (the 'Framework') to replace the *Standards for the Dental Team*, and much of the current guidance.

The changes we propose in this consultation are part of a wider ambition to positively foster professional behaviours, skills, and attributes across dentistry. We continue to take steps to move dental regulation towards preventing harm rather than responding to the consequences of it.

Our research and engagement have shown us that the context in which dental care is delivered is crucial to professional decision-making. We think these proposals would deliver a more effective model for providing guidance and standards to dental professionals which can be applied consistently across all contexts.

We want to test these ideas and to hear views from those who would be affected by them. This consultation is a means of undertaking listening exercise with our stakeholders in dentistry to understand how well the proposals might work, and if there are alternative options we should consider.

We want everyone, dental professionals, the people we regulate, organisations we work with, and the patients and public we have a duty to protect, to have their say and to work with us to develop the next phase of this work.

We recognise that revising how we set our standards and guidance would mean significant change for us and the dental professionals we regulate. Should the consultation feedback demonstrate broad support to move forward with the proposals, we would assess in detail the impact on our internal teams and processes to determine what change was deliverable and compatible with the GDC's obligations to regulate effectively and fulfil our core objective of maintaining patient safety. We would adopt a timescale that provided stakeholders the time needed to prepare for change, while continuing to engage with stakeholder groups as the proposals develop.

## About the GDC and our role in setting guidance

The core objective of our regulatory activities is public protection. This is a role given to us by Parliament and set out in the Dentists Act.

To protect the public, our work is focused on the following four areas. We:

- set and support standards in dental education and practice.

- maintain a register of dental professionals who meet our standards.
- ensure that nobody is admitted to that list if they do not meet the relevant requirements.
- take action if any dental professional falls short of our standards.

Our role and functions are set out in legislation. The objectives set for us by Parliament are at the core of everything we do and in some areas of our work the legislation also prescribes, in some detail, how we should deliver those objectives.

The legislation does not state a fixed way for how the GDC must set guidance about the standards of conduct, performance, and practice – only that we must provide it. This means we can provide this guidance in a way that we consider will work best for the profession, improve patient outcomes, and maintain public confidence in dentistry. We recognise that individuals will have different preferences for the degree of prescription and direction the GDC provides through standards and guidance.

## Responding to the consultation

The consultation will run for 12 weeks from 15 November 2022 to 7 February 2023. Alongside the open consultation, we will also provide opportunities for voices to be heard through engagement events.

Respondents are invited to share their views on all or some of the questions. Some respondents may prefer to focus on the question about the overall scope of the proposals, set out in section 6 of the consultation.

It will be possible to save progress and return to the consultation to complete later. You may also save and print your response once you have submitted it.

This consultation will invite questions on the following areas:

Section 1: Introduction to the new model for standards and guidance

Section 2: The Principles of Professionalism

Section 3: Applying the Principles in practice

Section 4: Guidance

Section 5: Supporting materials

Section 6: The Framework for Professionalism

Section 7: Equality, diversity, and inclusion considerations

If you have any questions about the consultation, or would like the consultation in another format, please contact [xxxx@gdc-uk.org](mailto:xxxx@gdc-uk.org)

## Why we are consulting

We are consulting to advise our position on how we set standards and guidance. We will do this by collecting the views of patients and the public, dental professionals, their representative organisations and education and training, funding, employing and contracting bodies across the four nations of the UK.

Additionally, this consultation fulfils our statutory duty to consult before issuing or updating formal guidance on the standards of conduct, performance and practice expected of dental professionals.

## What we are consulting on

Currently, we promote and maintain professional standards and conduct through a suite of standards and guidance. The standards and much of the guidance sit within the *Standards for the Dental Team*. This document outlines the things that dental professionals 'must' and 'should' do.

In future, we propose that the *Standards for the Dental Team* is replaced with a new Framework for Professionalism, which consists of:

- **Four Principles of Professionalism** which are the cornerstones of professionalism and apply to all aspects of practice and conduct.
- **Illustrative examples** under each principle that highlight ways that the principle can be demonstrated and are updated to reflect new and emerging issues.
- **Guidance** about aspects of practice where we have identified a specific need.
- **Supporting materials** using a range of media to help dental professionals understand what the principles mean and how they may apply across a range of contexts.

The Framework focusses on the importance of:

- professional judgement;
- patients' interests; and
- reaching decisions that are right for a specific context.

Under this Framework, professionals would use the principles to inform their judgement when making decisions about how to achieve the right outcome for patients based on individual circumstances and context, rather than following prescriptive rules.

The principles and guidance are the mandatory elements of the Framework that professionals would be required to consider and follow at all times.

The illustrative examples and supporting materials are neither standards nor rules. Their purpose is to demonstrate what the principles mean in practice. They would be presented as resources, such as case studies, scenarios, and blogs, to illustrate professionalism and explain how the principles and guidance might apply to different contexts. This new content would provide support on applying standards and guidance to real life situations in a way that our current rules-based approach is unable to do.

## Methodology

The consultation consists of 23 questions. The questions are a mixture of scale and open questions. Respondents are not required to answer all questions.

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

# Consultation proposals and questions

## Section 1: Introduction to a new model for standards and guidance

### The Framework for Professionalism

We propose replacing the [Standards for the Dental Team](#) and much of the associated guidance with a new Framework for Professionalism which is less focussed on rules, and instead seeks to embed a principles based approach to professionalism.

The new Framework is also guided by the following objectives:

- Prioritise patient safety and public confidence
- Recognise the complexities of decision-making and importance of professional judgement
- Support dental professionals to make the right decisions for each situation
- Respond quickly to changing environments and new issues

The proposed future Framework for Professionalism contains:

- Four overarching Principles of Professionalism
- Illustrative examples
- Guidance
- Supporting materials

Framework element	Purpose
Principles of Professionalism	To provide guidance about the standards of conduct, performance, and practice expected of dental professionals.
Illustrative examples	To assist professionals in interpreting the principles and applying them to their day-to-day practice.
Guidance	To provide standalone guidance documents referring to a legal obligation
Supporting materials	To encourage dental professionals to reflect on issues, and to illustrate the GDC position on topics of interest.  These materials will be produced to support professional development and insight.

We are not proposing this change because we think that the substance of the *Standards for the Dental Team* is wrong. Rather, in this consultation, we want to test our view that there is a better way to present the expectations of dental professionals than having a prescriptive list of rules.

We think that a principles-based approach, with the interests of patients at its core, will support professionals to use their professional judgement to determine the best course of action. As such, most of the content in our current standards and guidance would fit into one of the four component parts of the proposed Framework for Professionalism.

### Why we are proposing this change

Professional decision making involves taking account of, and balancing, a wide range of factors. These factors include, but are not limited to, the following:

- patient needs and expectations;
- maintaining trust and safety;

- the working environment;
- requirements of the professional's role;
- regulatory and legal requirements;
- experience, skills, and knowledge; and
- indemnity cover.

The best course of action may not always be clear and there may be more than one appropriate choice. As such, it can sometimes be challenging for professionals to reach the right decision, particularly in uncertain and unfamiliar circumstances - this view is supported by our research. What is important is that professionals make a reasoned judgement before acting, taking the whole context into consideration, and are able to explain how they reached their decision should it ever be called into question.

A principles-based approach would be more responsive to the context in which care is provided than a rules-based approach, thereby supporting professional decision making and achieving the best outcomes for patients. We aim to promote professionalism through the proposed Framework by emphasising the role of individual training, experience, and professional judgement in practice, enabling professionals to consider the full range of relevant contextual factors when making decisions.

Another benefit of the proposed approach is that it may address incorrect perceptions that not meeting the current rules-based standards to the letter, in every context, would result in action taken through Fitness to Practise processes. These types of concerns held by professionals may serve to limit practice which, in turn, impacts the care patients receive. The proposed approach should empower dental professionals to make professional judgements in the best interests of the patient, without misplaced fear of inadvertently breaching the complex standards structure.

### Research and evidence base

We developed the proposals in this consultation using evidence from research and from engagement with our stakeholders.

#### Research on professionalism

In 2020, we published the results of a [mixed-method research study](#) on professionalism. This work consisted of a rapid evidence review of the existing literature, a series of focus groups and interviews; and a 'Delphi' research exercise – a method for building consensus in positions among stakeholders. This was supplemented in 2021 with a [qualitative research study](#) of attitudes to professionalism by both patients and dental professionals.

The findings demonstrated that, while many expectations are shared, there are varying views on what amounts to 'appropriate' behaviour and the role that context plays in professionalism. This led us to conclude that a prescriptive list of standards is not the best way to foster professionalism, because its definition is tied to attitudes, practice, and contexts that can shift over time.

#### GDC review of the Standards for the Dental Team

Following the commissioned research, the GDC undertook a review of the standards and guidance that sit within the *Standards for the Dental Team*. We used a method that enabled us to group the content under a smaller number of headings or principles. The output of this review was the development of four overarching Principles of Professionalism.

#### Engagement with regulatory bodies

We engaged with other regulators, in the health sector and beyond, to understand their approaches to setting and upholding standards across different professions. We found a

diversity of approaches, with some regulators publishing standards using a prescriptive rules-based approach, while others had moved to a blended model of standards and principles. Overall, there was a common trajectory to streamline and move towards models which focus on professionals delivering the right outputs, rather than focussing on punitive measures for not following rules.

The Professional Standards Authority (PSA) promotes an outcomes-focussed model in their publication *Right-Touch Regulation* (updated 2015) which avoids overly burdensome and prescriptive requirements being placed on professionals.

## Section 2: The Principles of Professionalism

When developing the Framework, our goal was a system that empowers dental professionals to undertake professional decision making that allows the context to be taken into account. The Framework is based on a small number of key principles which dental professionals can apply in all contexts. In order to be effective, the principles needed to be concise, relevant, easy to remember, and easy to embed into everyday practice.

We have identified four principles, which together capture the essential elements of professionalism. For each of the principles we have also produced a very short supporting statement which relates the principles to aspects of professional activity.

Treat patients with respect	Practise safely and effectively	Maintain trust in the profession	Work in partnership with others
Treat your patients with dignity and support them to make informed decisions about their care	Ensure you use your knowledge and skills to provide the right outcome for your patients, keep up to date and speak up to protect others	Act with integrity and ensure your actions maintain the trust of colleagues, patients and the public	Work with colleagues to ensure an effective and supportive environment in which the safety and wellbeing of the patient and dental team is protected

The four principles underpin professional behaviour and are equal in their importance. They are not optional or discretionary. However, unlike a list of rules, they are intended to guide professional decision-making, taking into account that every decision, encounter, and patient situation will be different.

We developed the Principles while engaging with the public and the dental professions we regulate. We shared draft versions of these Principles with stakeholders throughout their development, as well as testing them through our qualitative research.

We will continue this engagement throughout the consultation and post consultation stages of this work to ensure that the Principles meet the needs of stakeholders including dental professionals, organisations, and the public.

### Impacts on the GDC's other functions

#### The Principles of Professionalism and education and training

The *Preparing for Practice* document currently sets learning outcomes that new UK qualified dental professionals must have met in their education and training. We are reviewing our expectations for new professionals, and we began consulting on the proposals in October

2022 (the consultation will close in January 2023). The proposed new document aligns with the Principles of Professionalism, as well as the current standards.

### The Principles of Professionalism and fitness to practise

The Principles would not change the legal test to determine whether an allegation of impairment must be considered under the Fitness to Practise process. When a concern about a dental professional has been raised with the GDC, a decision on whether to open a case is based on the overall risk to the public. Once a case is opened, decisions are based on the legal test around impairment, and this will remain the same under the Framework of Professionalism.

### Transitioning from Standards to Principles

If the output of the consultation leads us to determine that this framework should be adopted, the feedback we receive will help us to integrate the Principles into our activity to promote the understanding of regulation amongst patients, the public and dental professionals. We will carry out further focussed engagement and work across our teams to identify any operational issues, to ensure that there is a smooth and consistent transition to any new approach, and to mitigate issues as they arise.

### Questions

1. To what extent do you agree or disagree that the draft principles capture the key areas of professionalism in dentistry.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

2. To what extent do you agree or disagree that the Principles, when applied by dental professionals, will help maintain public and patient safety?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

### Section 3: Applying the principles in practice

While the Principles provide an opportunity for professionals to use their professional judgement, we recognise the benefit of supporting professionals to interpret and apply the Principles in everyday practice.

The level of challenge professionals may face when applying these Principles may depend on factors such as confidence, experience, education, context, and support from colleagues.

Patients may also benefit from some illustrative examples of how the principles relate to the standard of care they should expect to receive and what this looks like in practice.

To address this, we propose including illustrative examples within the framework to help with understanding and practical application of the Principles. The illustrative examples listed as bullet points below each principle are intended to assist dental professionals to apply the Principles to their day to day practice. These examples are things that you may have seen before in the current guidance, such as communication and confidentiality. It is important to note that these lists are non-exhaustive and there are many other things that may need to be considered.

### Principle 1: Treat Patients with Respect

Treat patients with dignity and support them to make informed decisions about their care

Ways that you can demonstrate this include:

- Being clear, patient, empathetic, and polite with your patients
- Keeping patient information confidential and respecting patients' privacy
- Being aware that some patients are anxious or afraid of dental treatment and how you behave or speak to them may affect the likelihood of them seeking oral healthcare in the future
- Having a clear policy for managing complaints that empowers patients to give feedback about their care and have confidence that their concerns are listened to
- Communicating clearly with patients about their treatment options, including costs, in a way they understand
- Recognising and supporting patients who are vulnerable, including those who may not be able to provide consent themselves, and those who require reasonable adjustments to be made for their care
- Treating patients as individuals and not making assumptions about them based on how they look or their background
- Making sure that you give patients a clear explanation of the proposed treatment and obtain their informed consent before starting a course of treatment and at each stage of treatment

### Principle 2: Practise Safely and Effectively

Use your knowledge and skills to provide the right outcome for your patients, keep up to date and speak up to protect others.

Ways that you can demonstrate this include:

- Reflecting on your performance and identifying strengths and areas for development
- Reflecting on your own mental and physical health and seeking support when you need it
- Keeping your skills up to date to develop and maintain your practice over the course of your career
- Reflecting on your practice and learning from your colleagues
- Listening to, learning from, and acting on feedback received from patients
- Speaking up when you see something go wrong to support your patients and colleagues and to protect them from harm
- Understanding your personal scope of practice, and only performing tasks that you are trained, competent and indemnified to do



- Keeping up to date, accurate patient records that allow you and other professionals to clearly understand them

### Principle 3: Maintain Trust in the Profession

Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public.

Ways that you can demonstrate this include:

- Putting patient interests at the centre of what you do, and encouraging others to do the same
- Demonstrating candour, being open and transparent in your interactions with patients, colleagues, regulators, and others
- Conducting your life both inside and outside work, including on social media (or online), in such a way that maintains your patients' trust in you, and the public's confidence in the dental profession
- Understanding your duty to inform the GDC if your fitness to practise or the fitness to practise of another registrant may be impaired, or if you are convicted of a crime or sanctioned
- Understanding the skills and expertise (scope of practice) of the whole dental team, and working with others in a way that benefits your patients
- Ensuring you have appropriate indemnity arrangements in place

### Principle 4: Work in Partnership with Others

Work with colleagues to ensure an effective and supportive environment in which the safety and wellbeing of the patient and dental team is protected.

Ways that you can demonstrate this include:

- Working with colleagues to provide holistic patient care
- Working as a team; referring and delegating to other professionals and being willing to take instruction from others where appropriate
- Seeking feedback from your colleagues to improve your practice and responding constructively
- Looking out for your colleagues, and their wellbeing
- Ensuring that you are appropriately supported by colleagues when undertaking clinical procedures

### Question

3. To what extent do you agree or disagree that the use of illustrative examples will help professionals to apply the Principles of Professionalism?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

## Section 4: Guidance

The Framework includes guidance on key topics, with a reduction in the overall number of formal guidance documents provided.

The GDC will provide guidance on topics where a need has been identified by stakeholders or the GDC and it meets the criteria that:

- A legal or professional obligation for all dental professionals
- A topic where no other guidance exists, or
- Guidance for this topic exists but additional clarification from the regulator is required

To help dental professionals to understand how the Principles might apply across different areas, including those where we currently provide guidance which does not meet those criteria, we will aim to instead produce supporting materials (see section 5) to demonstrate how the Principles may apply to the areas covered by that guidance.

We have so far identified three areas which meet the criteria to be formal guidance within the proposed Framework:

- Scope of Practice
- Guidance on Professional Indemnity
- Reporting Guidance: matters that you must report to the GDC

As part of this consultation, we have updated the existing guidance in these areas, and we are seeking your views about the changes made.

### Scope of Practice guidance

*Scope of Practice* is an area we have identified as needing guidance within the new Framework. We have proposed changes to the existing guidance following research and engagement which we describe in further detail below. The draft updated guidance can be found on the GDC's website. [\[Linked on website/page 21 of this document\]](#)

The changes to our *Scope of Practice* guidance aim to provide dental professionals with clear boundaries around their role while also enabling professionals who are trained, competent and indemnified to expand their scope of practice within those boundaries safely and effectively. The revised guidance will also help professionals understand the boundaries of other roles within the dental team, to promote team working.

The current *Scope of Practice* document presents a prescriptive list of tasks for each of the dental care professional (DCP) groups. One of the main reasons why we are proposing these changes is that the current approach can limit and restrict practice if it is used, as we understand it often is, as a permission sheet for tasks which can or cannot be done.

The GDC introduced the *Scope of Practice* document in 2008 to help distinguish between the roles we regulate and give clear guidance to dental professionals about the tasks that fell within the remit of each profession. This document provides details regarding:

- the skills which dental professionals with that title should have on qualification (this is their 'core' 'scope of practice')
- the skills which might be developed later in their career as part of their professional development ('additional skills'), and
- the skills which are 'reserved' to other titles

## Scope of Practice review objectives

The *Scope of Practice* was last reviewed in 2013 alongside the *Standards for the Dental Team*. The review also took into consideration the introduction of [direct access](#). The *Scope of Practice* guidance aimed to benefit patients by providing clarity about the roles of dental professionals, what they could and could not do in the absence of a dentist, and when a patient may be able to see a DCP for treatment without a referral from a dentist.

Advances in society and technology have changed the dental landscape. In turn, these changes have raised a significant number of queries from professionals, stakeholders and employers about how the *Scope of Practice* in its current form addresses these issues. In response, we decided to conduct a wider review of the guidance. We began this review with an extensive research and engagement exercise with a future model in mind that is:

- Centred on protecting patients – protects patients by guiding dental professionals to practise safely within clear boundaries of their role.
- Supportive and guiding – supports and guides professional decision-making.
- Enabling - enables the dental team and individuals to work to their full potential in a variety of different settings.
- Flexible – sets role boundaries while also adaptive to the ever-changing environment of dentistry.
- Futureproof – supports the delivery of dentistry of the future.

We wanted to fully understand how the *Scope of Practice* is being used by dental professionals, other organisations and the GDC, and whether it is fit for purpose. In 2019 we commissioned independent research, the results of which were published in the [Scope of Practice Review](#). The research found that there was a lack of clarity about the purpose of the document. It also found that the organisations and individuals that most use the *Scope of Practice* document are education and training providers, employers, and professional representative bodies. Dental professionals refer to the document less frequently.

Alongside this research, we carried out an analysis of the GDC's Fitness to Practise data to get a better understanding of how the GDC is using the *Scope of Practice* guidance when applying it to Fitness to Practise cases.

Patients may have different experiences of dental teams across different practices, as roles expand within role boundaries. Introducing a principles-based approach may create concerns about consistency. It is important that patients know what to expect from the professionals involved in their dental care. We will work with patient groups to provide patient-facing information about the different roles within the dental team.

## Questions

4. To what extent do you agree or disagree that the revised approach to Scope of Practice meets the following objective?

**Centred on protecting patients:** protects patients by guiding dental professionals to practise safely within clear boundaries of their role.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

5. To what extent do you agree or disagree that the revised approach to Scope of Practice meets the following objective?

**Supportive and guiding:** supports and guides professional decision-making.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

6. To what extent do you agree or disagree that the revised approach to Scope of Practice meets the following objective?

**Enabling:** enables the dental team and individuals to work to their full potential in a variety of different settings.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

7. To what extent do you agree or disagree that the revised approach to Scope of Practice meets the following objective?

**Flexible:** sets role boundaries while also adaptive to the ever-changing environment of dentistry

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

8. To what extent do you agree or disagree that the revised approach to Scope of Practice meets the following objective?

**Future-proof:** can support the delivery of dentistry of the future.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

9. What in your view are the benefits or risks of the proposed approach to the revised Scope of Practice?

10. Please tell us below if you think there are any improvements that we can make to the role descriptions for each member of the dental team

Dental professional role	Comments/suggestions for improvement
1. Dental nurses	
2. Orthodontic therapists	
3. Dental hygienists	
4. Dental therapists	
5. Dental technicians	
6. Clinical dental technicians	
7. Dentists	

The primary purpose of the *Scope of Practice* guidance is to protect patient safety by guiding dental professionals only to carry out tasks that they are trained and competent to perform safely and which are appropriate to their professional title. However, we are aware that the *Scope of Practice* has also been used in other contexts, for example by education providers and managers of dental professionals.

11. Please tell us about any impacts you think the revised structure of the Scope of Practice will have on its use in other contexts.

### Guidance on Professional Indemnity

In November 2015, we introduced new rules which set out that all dental professionals applying for registration or restoration, and those renewing their registration each year, need to tell us that they have indemnity cover in place - or will have by the time they start practising.<sup>1</sup> These new rules were introduced following the commencement of the Health Care and Associated Professions (Indemnity Arrangements) Order 2014 which introduced the requirement for all registered healthcare professionals to hold appropriate indemnity arrangements. Indemnity arrangements must provide appropriate and adequate cover for the costs of claims and damages awarded to patients arising out of negligence.

Our supporting guidance on professional indemnity was produced to make this requirement clear to dental professionals.

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<sup>1</sup> The General Dental Council (Indemnity Arrangements) (Dentists and Dental Care Professionals) Rules Order of Council 2015

In 2018, the Department of Health and Social Care (DHSC) published a [consultation on appropriate clinical negligence cover](#) for regulated healthcare professionals. Although the Government has not yet indicated whether it intends to introduce any changes in the light of the responses it has received, the consultation prompted the GDC to review its own regulatory guidance on indemnity. In our review we identified opportunities to provide more support to registrants by clarifying the indemnity cover required and the things to consider when getting indemnity cover. Additionally, the review provides an opportunity to align the guidance with the Principles of Professionalism.

### Proposed changes

The draft updated guidance can be found on the GDC's website. [\[Linked on website/page 34 of this document\]](#)

#### *Explanation of the cover required*

Indemnity cover is a legal requirement for all practising dental professionals. The changes to the indemnity guidance will provide more clarity on the level of cover a professional's indemnity and insurance needs to provide in the event of a claim. The revisions highlight that indemnity arrangements must be regularly reviewed to ensure cover remains valid for all tasks, work locations and working hours.

#### *Indemnity checklist for dental professionals*

This short but important checklist will highlight what dental professionals must do in relation to indemnity to be compliant with legal and regulatory requirements.

#### *More detail provided on types of cover available*

We have highlighted that those individuals who are covered by employer-based schemes should ask their employer for a copy of the policy, and we have pointed out that employers' liability insurance and public liability insurance do not count as professional indemnity.

In relation to NHS indemnity, we have provided some more detail on what these schemes provide cover for (and what they do not cover e.g. support in the event of a Fitness to Practise investigation). We have also highlighted that cover will not be provided for delivery of NHS dental care in general dental practices by NHS indemnity schemes.

Options for personal cover, and potential providers, have been set out in some more detail. Key distinctions between the two types of cover (discretionary indemnity and contractual insurance) have been included, including the meaning of occurrence-based cover and claims-made cover. The importance of securing run-off cover if an individual has had a claims-made policy has been highlighted to ensure that claims can still be made, even if the policy has ended.

#### *Questions for dental professionals to ask when arranging cover*

We have included a set of questions dental professionals should ask when arranging their indemnity cover to be assured that indemnity arrangements are appropriate to them as individuals. The questions are designed to help registrants establish what they will be covered for, whether there are any limits to their cover, what terms they must adhere to under their policy and what to do if their circumstances change.

### Questions

12. To what extent do you agree or disagree that the guidance on indemnity provides a clear explanation of what dental professionals must do to be compliant with legal and regulatory indemnity requirements?

Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree  
Please explain your answer

13. Please tell us about anything else that you think should be included in the revised guidance for indemnity.

### Reporting Guidance: matters you must report to the GDC

The current criminal convictions guidance sets out when dental professionals should report criminal proceedings to the GDC. The guidance is supplementary to the *Standards for the Dental Team* which we propose replacing with the Principles of Professionalism. The guidance has been amended to:

- maintain and clarify the requirement to report criminal convictions;
- remove the link to the *Standards for the Dental Team*;
- include guidance on reporting regulatory proceedings, as this currently sits in the *Standards for the Dental Team*; and
- include guidance on reporting a professional's own health, conduct, or performance concerns.

### Proposed changes

The draft updated guidance can be found on the GDC's website. [\[Linked on website/page 37 of this document\]](#)

#### *Addition of reference to regulatory proceedings*

Standard 9.3 of the *Standards for the Dental Team* references the requirement to report both criminal proceedings and regulatory proceedings. However, there is currently only supplementary guidance for Reporting Criminal Proceedings. Under the new Framework the guidance has been expanded to include regulatory proceedings.

#### *Addition of reference to cooperating with GDC's processes*

Standard 9.4 requires those registered with the GDC to co-operate with our proceedings. This requirement has been included in the draft guidance.

#### *Addition of reference to reporting of health concerns*

Standard 9.2 references the self-reporting of health, conduct or performance issues. We have included this within the Reporting Guidance as an additional measure to ensure that patient safety is maintained, and that professionals are aware of their professional duty to report health matters that require additional management.

### Questions

14. To what extent do you agree that the Reporting Guidance: matters that you must report to the GDC provides dental professionals with clear direction on what should be reported to the GDC?

Strongly agree  
Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

15. Please tell us anything else that you think should be included in the *Reporting Guidance*

## Section 5: Supporting materials

We want to help professionals develop their knowledge, skills, and behaviours, support them to use their professional judgement, and help them embed the Principles of Professionalism in their practice.

We are proposing to provide supporting materials to achieve this.

These materials may contain content on key topics such as communication, record keeping and Equality, Diversity, and Inclusion (EDI), and would signpost to external guidance we commonly refer to, such as the Advertising Standards Authority guidance. The aim of the supporting materials is to meet the following objectives:

- Develop continual learning and insight amongst professionals
- Engage professionals in topical issues
- Help professionals to understand 'best' practice in specific scenarios or settings
- Provide materials that support a positive patient safety culture

The materials would include content such as statements, case studies, videos, blogs and other resources that are designed to bring the Principles to life, to help inform professional decision making and to promote professionalism. This content would be maintained, developed, and added to regularly to achieve continued impact and influence. Our proposal is that this content should be developed with stakeholders, and therefore we have not produced new content ahead of the consultation. However, there are existing materials that would sit within the Framework and provide an indication of the types of material that would be produced as supporting material. This includes:

- [Complaints Handling](#)
- [Supporting the Dental Team](#)

The primary audience for the supporting materials is dental professionals, but they will be accessible to anyone with an interest in dentistry including educators, representative bodies, and members of the public.

### Questions

16. We propose producing a range of supporting materials to aid learning and development, and support professionals to interpret the Principles of Professionalism. To what extent do you agree or disagree that the purpose of supporting materials is clear?

Strongly agree

Agree

Neither agree nor disagree



Disagree

Strongly disagree

Please explain your answer

17. Is there anything else you think we should be aiming to achieve through the supporting materials? Please provide comments below.

Yes

No

## Section 6: Overall Framework for Professionalism

In this consultation we have described our proposals for the Framework for Professionalism and how this fulfils the GDC's regulatory duty to set and maintain standards of practice in dentistry.

We have shared details about how the proposed model is designed to support professionals to apply a principles-based approach to their judgement when making decisions, to reach outcomes that are in the best interests of patients; moving toward an approach based on outcomes rather than on rules.

As explained throughout the consultation, the Framework we have outlined would replace the *Standards for the Dental Team* and associated guidance with:

- **Four Principles of Professionalism** which are the cornerstones of professionalism and apply to all aspects of practice and conduct.
- **Illustrative examples** under each principle that highlight ways that the principle can be demonstrated and are updated to reflect new and emerging issues.
- **Guidance** about aspects of practice where we have identified a specific need.
- **Supporting materials** using a range of media to help dental professionals understand what the principles mean and how they may apply across a range of contexts.

### Questions

18. To what extent do you agree or disagree that the proposed Framework for Professionalism meets the following objective?

Prioritise patient safety and public confidence

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please explain your answer

19. To what extent do you agree or disagree that the proposed Framework for Professionalism meets the following objective?

Recognise the complexities of decision making and importance of professional judgement

Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree  
Please explain your answer

20. To what extent do you agree or disagree that the proposed Framework for Professionalism meets the following objective?

Support dental professionals to make the right decision for each situation  
Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree  
Please explain your answer

21. To what extent do you agree or disagree that the proposed approach to setting standards and guidance meets the following objective?

Respond quickly to changing environments and new issues  
Strongly agree  
Agree  
Neither agree nor disagree  
Disagree  
Strongly disagree  
Please explain your answer

22. Reflecting on everything that we have shared with you in this consultation about the proposed Framework, we would like your feedback on anything else we should include. Please provide any comments below, specifying if they refer to the overall framework, or one of the sections.

## Section 7: Equality, diversity, and inclusion

The GDC has committed to strategic equality, diversity, and inclusion (EDI) objectives as part of our organisational planning. We aim to foster inclusion, promote diversity and further eliminate discrimination in line with our [Equality Diversity and Inclusion Strategy](#).

The proposals set out in this consultation have been developed with those objectives in mind. By focusing more on principles than on detailed prescription, the Framework of Professionalism should provide greater adaptability to support the diverse needs of both

patients and dental professionals while ensuring common principles and standards which support dental professionals and protect patients.

### Question

23. Please tell us about any ways in which you think our proposals have the potential to impact (positively or negatively) on the following protected characteristics

age

disability

gender reassignment

marriage and civil partnership

pregnancy and maternity

race

religion or belief

sex

sexual orientation

# Scope of Practice guidance

This guidance on Scope of Practice is split into two sections. This first section sets out how to use the guidance and is applicable to all members of the dental team.

The second section provides separate information relevant to each of the registered dental titles and specific guidance for each of the dental professions.

## **1. What do we mean by *scope of practice*?**

The GDC registers seven different dental professional titles who work together to form the dental team. For the dental team to function effectively, each team member must understand the valuable role that they – and their colleagues – play in the provision of dental care to patients.

As a Registrant, your scope of practice is made up of the activities that you carry out as part of your professional role. These are activities that you have the knowledge, skills and abilities to perform safely and effectively.

Your scope of practice is personal to you. The activities you carry out will partly be defined by the setting in which you practice, the needs of your patients, and the knowledge and skills of yourself and your team. Your scope of practice is also likely to change over time as you develop and expand your knowledge, skills and experience (within the defined boundaries of your registered title).

The GDC has produced this guidance on scope of practice to protect patient safety by guiding dental professionals to only carry out tasks that they are trained and competent to perform safely. It describes the expected abilities for each registered title and outlines the boundaries of each.

## **2. How to use this guidance**

Part of what it means to be a dental professional is being able to make decisions in the patient's best interests using your own professional judgement. As set out in GDC guidance, [Principles of Professionalism](#), you should be able to justify the reasons for the decisions reached in each instance.

This guidance should help you understand the tasks and skills that you can perform safely in your daily practice, and those that need to be done by another member of the dental team.

You must follow this guidance and use it to inform your professional decision-making. Whilst the decisions you make will be dependent on the specific context and your individual circumstances, you must adhere to the criteria set out in this guidance when forming these professional judgements.

## **3. Make sure you are trained, competent and indemnified for everything you do**

You must work within your knowledge, skills, professional competence and abilities, and have appropriate insurance or indemnity in place.

This means you should only carry out a task or type of treatment, prescribe or plan treatment, and make decisions about a patient's care if you are sure that you have the necessary skills and are appropriately trained, competent and indemnified.

If you are unclear exactly what this means you should ask yourself the following questions:

- *Have I been trained to carry out, plan or prescribe this task or treatment?*
- *Do I feel competent and confident to carry out, plan or prescribe this task or treatment?*
- *Am I appropriately indemnified to carry out, plan or prescribe this task or treatment?*

You can find more information on what we mean by 'trained' and competent' in our [\[information on competence and training\]](#).

As a registered dental professional, you are responsible for the decisions, treatment and advice that you plan and provide. You must use your own professional judgment to assess whether you are trained and competent to plan and carry out any activities that you take on. If you are unsure whether you are trained, competent or appropriately indemnified for a task, it may help to discuss this with:

- your employer
- your colleagues
- your education provider
- your professional association
- your indemnity provider.

If a task, treatment plan, type of treatment or decision is outside your scope or you do not feel that you are trained and competent to do it (except for when in education or on a training course where you are appropriately supervised) you must refer the patient to an appropriately trained colleague (either where you work or in an alternative setting).

#### **4. Your pre-registration training is the basis of your role**

As a dental professional, you will have spent a number of years training in order to gain a qualification that enables you to register with the GDC under a particular professional title.

Your core scope of practice – that is the basic skills and tasks that you should be able to do in your daily practice – is largely defined by what you learnt to do in your pre-registration training.

The learning outcomes for each of the professional titles that we register are contained in the document [Preparing for Practice](#). These learning outcomes reflect the knowledge, skills, attitudes and behaviours each dental professional must have to practise safely, effectively and professionally in the relevant registration category.

#### **5. Developing your skills and abilities over the course of your career**

Of course, you are not limited to the skills that you learnt in your pre-registration training.

Your scope of practice is likely to change over the course of your career, whether because of changes in the technology of dentistry, or your further training and development.

There are likely to be new skills (within the boundaries of your registered title) that you want to develop after registration to broaden your scope of practice or you may deepen your

knowledge of a particular area by choosing more specialised practice. Your [Personal Development Plan \(PDP\)](#) can help you identify which skills within your field of practice to develop.

To carry out additional skills you will need to undertake further training. The training that you undertake must be sufficient to make you competent in the task. There are many different types of courses available, however not all of them will be sufficient to make you competent to practise safely. For example, more complex skills may require training delivered by an accredited educational provider which includes some form of formal assessment.

Our [\[information on competence and training\]](#) may help you when considering what training you need to develop competence in particular areas.

It is important to note that post-registration training such as CPD will not let you move from one professional registration title to another, or to allow you to undertake duties beyond the boundaries of your current title. To do this, you will need to undertake another GDC approved course and register in another dental professional category.

## **6. The boundaries of each professional title**

Each professional title has a specific role within the dental team and each title has defined boundaries. The boundaries of each title, or what each profession *cannot* do, are set out for each professional title.

If you want to expand your scope beyond these boundaries, you will need to undertake further dental training and gain a qualification which will allow you to register in a different registrant group.

As a registered dental professional, you are responsible for ensuring that you work within the boundaries of your registered professional title/s. Any dental professional who practises outside their boundaries poses a risk to patient safety and puts their GDC registration at risk.

## **7. A team-based approach to patient care**

### What is the dental team?

The dental team is made up of seven registered dental professional titles, and some unregistered roles, that all contribute to patient care.

Whilst your team usually consists of your direct colleagues within your workplace, there will be times when you need to work collaboratively with dental professionals and other health and social care professionals, in other settings such as other practices, specialists and hospital settings.

### Understanding your role and the role of others

The Principles of Professionalism set out that you should work in partnership with others to maintain a supportive environment which maintains and protects patient safety. . To do this, you must know your own scope of practice and also be familiar with that of your colleagues. This is particularly important if you lead a dental team.

Working as a part of a team is vital in providing a high standard of care, where patients receive the most appropriate treatment from the most suitable dental professional.

The level and nature of this care will depend on the:

- patient's wellbeing and safety needs
- treatment needed
- type of practice or clinical setting, and
- team's education, experience and competence.

### Medical Emergencies

A patient could collapse on any premises at any time, whether they have received treatment or not.

All members of the dental team must know their role in the event of a medical emergency, and ensure they are sufficiently trained and competent to carry out that role. If the setting in which you work changes, your role in the event of a medical emergency may change as well.

### Delegating and referring

It is good practice to delegate where you can and where it is safe to do so to maximise team efficiency. However, you can only delegate to colleagues who are trained, competent and confident to carry out the tasks required of them. You may need to support a colleague when carrying out a new activity.

Good communication within your team is essential for making this work.

You must also know when to refer or hand over patient care to another dental professional for an opinion or treatment. You should do this if the diagnosis or treatment is beyond your own scope of practice, training or competence.

### **8. Other sources of guidance**

Dental professionals must find out about, and follow, the laws and regulations which apply to their clinical practice or affect their work.

There are other regulations, standards, guidance and legislation that limit which registered titles can perform certain tasks – these therefore affect your permitted scope of practice. They may also set out specific training and CPD requirements that are required to be able to undertake certain tasks. These are not set by the GDC, but as a registered dental professional you are required to follow them.

Links to relevant sources are provided below.

Any dental professional that does not comply with relevant regulations, standards, guidance and legislation puts their GDC registration at risk.

[\[Provide up-to-date links to external sources of information\]](#)

## Guidance on training and competence

### 1. What does it mean to be competent?

Competence can be described as the combination of training, skills, experience and knowledge that a person has; and their ability to apply them to plan and/or perform an activity safely, consistently and in accordance with currently accepted professional standards.

### 2. How is competence developed?

Competence is not only developed through education and training, but also through experience. This can be broken down into pre and post registration training and activities.

- Pre-registration training

Prior to registration, competence is primarily developed through established training, education and workplace/clinical experience that is delivered in line with the [Standards for Education](#) and [Learning Outcomes](#) set by the GDC (or has been assessed by the GDC as equivalent).

- Post-registration training

Post-registration training can take a number of different forms. These can include:

- completing a relevant qualification or accredited course
- speciality training (dentists only)
- undertaking [CPD](#), with concise aims and objectives, anticipated learning outcomes and quality controls
- on-the-job training
- mentoring or being mentored
- gaining experience in practice, for example taking on new or different responsibilities under supervision.

The ways in which you develop your competence will vary and will depend upon considerations such as the complexity of the task, your experience, the skills available in your team and your patients' needs. The different forms of training listed above may not be sufficient on their own and you may wish to use a combination.

There are many different types of courses available, however not all of them will be sufficient to make you competent to practise safely. For example, more complex skills may require training delivered by an accredited educational provider which includes some form of formal assessment.

### 3. How can competence be measured or assessed?

It is always advisable to keep a record of all training undertaken and its successful completion, and a record detailing the clinical experience obtained in the process of training. This can be linked to, or form part of, your [Personal Development Plan \(PDP\)](#).

One of the key attributes of a professional is to be able to reflect and self-assess your own competence and if unsure speak to colleagues. Competency should be evidence-based and verified by an appropriate person such as your employer or training provider before work commences, using any records available.



## Profession-Specific information

### Dental nurses

#### Role within the dental team

Dental nurses play a broad and varied role in providing essential support in all aspects of patient care, across a range of environments. This includes oral health promotion and education with a focus on prevention, providing clinical support to colleagues and maintaining high standards of infection control.

#### Where do dental nurses work?

Dental nurses work in a wide variety of different settings. These include:

- in general practice providing clinical support to colleagues, particularly dentists, dental hygienists, dental therapists and clinical dental technicians
- in specialist practice
- in hospital settings, for example in a maxillofacial department
- outside of the clinic, providing oral health and oral hygiene education and instruction – for example in schools, healthcare and family centres and domiciliary care
- in salaried dental services/ Community Dental Services
- in schools and other community settings when applying fluoride varnish, either on prescription from a dentist or direct as part of a structured dental health programme

#### What do dental nurses do?

##### Core skills

Dental nurses predominantly work with other dental professionals, providing support to colleagues and patients for all aspects of dental care. The tasks that dental nurses will generally undertake following registration include (but is not limited to):

- supporting patients to maintain and improve their oral health
- taking the principal role in infection prevention and control in the clinical setting
- preparing the surgery and equipment for treatment and ensuring all necessary materials are ready for use
- providing clinical support during examinations and treatments
- monitoring, supporting and reassuring patients during treatments.

These skills and abilities that dental nurses have on registration are based on the [GDC learning outcomes](#)

##### Expanding scope of practice

There are a wide range of further skills and qualifications that dental nurses can go on to gain over the course of their career. The variety of clinical environments that dental nurses can work in may impact the skills and abilities they choose to develop in order to fulfil that role – for example they may wish to focus their practice to a particular area of dentistry which will require specific skills. [Personal Development Plans \(PDPs\)](#) can be useful in identifying the additional skills dental nurses wish to develop.

Additional skills can be gained in different ways depending on the skill that is being developed – some may be gained through in-house training and some through external courses or CPD. Some skills – specifically those relating to radiography and assisting with the treatment of patients under conscious sedation – require specific training and certification that conforms to set [standards and regulations](#).

Given the wide range of further skills and abilities dental nurses can develop, it is not feasible to expect everyone to be competent in every area. Dental nurses must be confident that they are competent (and appropriately indemnified) to undertake additional skills before putting them into practice. There should be mutual agreement between the dental nurse and the dentist, employer or supervisor that they are competent to take on the additional role within the clinical setting.

#### Boundaries of the role

Dental nurses predominantly work with other registered dental professionals, and other registered healthcare professionals where appropriate. Dental nurses do not diagnose disease or plan treatment. Dental nurses work under prescription from, or direction of, a dentist or other registered dental or healthcare professional.

## **Orthodontic therapists**

### Role within the dental team

Orthodontic therapists carry out certain parts of orthodontic treatment under prescription from a dentist or specialist orthodontist and support the patient through the clinical journey of orthodontic treatment.

### What do orthodontic therapists do?

Tasks that orthodontic therapists undertake include (but is not limited to):

- preparing tooth surfaces for orthodontic treatment
- taking patient measurements and impressions to be used to produce orthodontic appliances
- inserting, adjusting (but not activating) and removing fixed and removable orthodontic appliances to the prescription of a dentist/orthodontist
- providing emergency care to make a patient comfortable between scheduled appointments with the dentist/orthodontist
- identifying and referring treatment issues or concerns to the prescribing dentist or orthodontist
- carrying out Index of Orthodontic Treatment Need (IOTN) screening

Further information on the specific skills and abilities that orthodontic therapists should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

### Boundaries of the role

Orthodontic therapists can only work under the prescription of a dentist or orthodontist and do not take responsibility for the progress of treatment. Orthodontic therapists do not undertake dental treatments that are not related to the provision of orthodontic treatment or carry out interproximal reduction.

## **Dental Hygienists**

### Role within the dental team

Dental Hygienists educate and support patients to attain and maintain high standards of oral health, as well as promoting wider systemic health. Dental Hygienists play a principal role in preventing and treating periodontal disease and providing oral health advice.

### What do dental hygienists do?

Dental hygienists work collaboratively with other dental and healthcare professionals, making referrals where appropriate. The role includes (but is not limited to):

- oral health education and promotion with a focus on prevention, underpinned by a holistic approach
- carrying out clinical examinations for the purposes of diagnosing and treatment planning within scope and competence
- maintaining and stabilising the existing dentition by preventing and managing periodontal disease, interventions for prevention of dental caries and tooth wear and care and maintenance of dental implants
- management of hard tissue diseases and soft tissue conditions and identifying soft tissue abnormalities and making appropriate referrals

### Boundaries of the role

Dental hygienists do not carry out permanent restorative procedures or extract paediatric or permanent teeth.

## **Dental therapists**

### Role within the dental team

Dental therapists educate and support patients to maintain high standards of oral health, as well as promotion of wider systemic health, by preventing and treating periodontal disease and providing oral health advice. Dental Therapists also deliver a range of direct restorative treatments to all age group patients and extract paediatric teeth.

### What do dental therapists do?

Dental Therapists work collaboratively with other dental and healthcare professionals, making referrals where appropriate. The role includes (but is not limited to):

- oral health education and promotion with a focus on prevention, underpinned by a holistic approach
- carrying out clinical examinations for the purposes of diagnosing and treatment planning within scope and competence
- maintaining and stabilising the existing dentition by prevention and management of dental caries, periodontal disease, tooth wear and care and maintenance of implants
- management of hard tissue diseases and soft tissue conditions, identifying soft tissue abnormalities and making appropriate referrals
- carrying out direct restorations on the primary and secondary dentition
- undertaking pulpotomies, extractions and placing pre-formed crowns on the primary dentition.

### Boundaries of the role

Dental Therapists do not undertake complex restorative treatment or procedures associated with the pulp in the adult dentition.

## **Dental Technicians**

### Role within the dental team

Dental technicians make custom-made dental devices to the prescription of a dentist or clinical dental technician and to Medicines and Healthcare products Regulatory Agency (MHRA) requirements. They also repair dentures direct to members of the public.

### Where do Dental technicians work?

Dental technicians can work in a dental laboratory as part of a team manufacturing dental appliances, and in clinic as part of a multi-disciplinary dental team designing, developing, manufacturing, fitting and providing advice to patients on dental appliances.

### What do dental technicians do?

Dental technicians manufacture custom-made dental appliances to the prescription of a dentist or clinical dental technician. Tasks that dental technicians undertake include (but are not limited to):

- designing and making a range of custom-made dental appliances to meet MHRA requirements
- working with dentists and clinical dental technicians on treatment planning
- verifying and taking responsibility for the quality and safety of devices leaving a dental laboratory

Further information on the specific skills and abilities that dental technicians should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

With further training, dental technicians who work directly with patients, as part of a multidisciplinary team, in a clinic can also undertake further tasks, including:

- taking impressions and measurements for the purpose of making dental appliances
- carrying out implant frame assessments
- recording occlusal registrations

Dental technicians can see patients directly for denture repairs and shade taking.

### Boundaries of the role

Dental technicians do not treat patients directly without the prescription from a dentist or clinical dental technician, except for denture repairs and shade taking.

## **Clinical Dental Technicians (CDTs)**

### Role within the dental team

CDTs work collaboratively with other members of the dental team – particularly dentists – in the provision of removable dental appliances to patients. Clinical dental technicians (CDTs) provide removable appliances direct to edentulous patients (patients with no natural teeth or implants) and to dentate patients (patients with some natural teeth or implants) on prescription from a dentist.

### What do they do?

In particular, CDTs plan, design, manufacture, fit and carry out the clinical examinations and procedures related to providing removable dental appliances. CDTs can prescribe and provide removable dental appliances directly to edentulous patients, and on prescription to dentate patients.

CDTs also provide sports mouthguards directly to patients.

In the process of their work, CDTs may recognise abnormal oral mucosa and related underlying structures, and refer patients to other healthcare professionals where necessary, such as when a patient needs a treatment plan, prescription, or the CDT is concerned about a patient's oral health.

Further information on the specific skills and abilities that CDTs should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

Following registration, with additional training and experience, CDTs can provide additional services within their professional boundaries.

### Boundaries of the role

CDTs do not see dentate patients or patients with implants directly – a prescription from a dentist is required to confirm that the patient is dentally fit and suitable for treatment.

## **Dentists**

### Role within the dental team

Dentists usually lead the dental team and can carry out the full range of dentistry if they are trained, competent and appropriately indemnified.

### What do dentists do?

Full information on the specific skills and abilities that dentists should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

### Further education

In line with the principles of lifelong learning and [CPD](#), dentists will expand their skills and abilities over the course of their career.

Dentists can go on to undertake further education in specific clinical areas of dentistry in which they have a special interest.

The education and training undertaken must be sufficient to develop competence in the area of practice, particularly in order to practise in a specialist area. Dentists should carefully consider the boundaries of their own competence before practising independently. Our [\[information on training and competence\]](#) may be useful in determining what training and experience is necessary.

Further education and training will also include non-clinical areas of practice which are essential to the role of the dentist within the dental team, for example leadership.

### Delegation and team working

As dentists often lead the dental team in the clinical setting, they will often take responsibility for ensuring collaborative working across the team. Effective and efficient delegation is an important part of collaborative working – delegating where safe and possible and considering the experience of the team.

When delegating, dentists must understand their colleagues' scope of practice, and the tasks that colleagues are trained, competent, confident and indemnified to do. Dentists must not delegate tasks that are outside of a colleague's scope and competence. There should be mutual agreement between dentist and colleague regarding tasks that are delegated.

### The boundaries of the role

In order to undertake skills that were not covered in pre-registration training, dentists must undertake further training and ensure they are competent before they start to practise.



## Guidance on professional indemnity

You must have insurance or indemnity in place before you practice

The GDC's Principles of Professionalism highlight that dental professionals must ***practise safely and effectively*** and act in such a way as to ***maintain trust in the profession***.

Sometimes things don't go as planned, which is why all dental professionals must have appropriate insurance or indemnity. The purpose of indemnity is to ensure that any patient harmed by the negligence of a dental professional is compensated.

The type of cover you choose may be a policy of insurance, an indemnity arrangement, or a combination of the two. Regardless of whether you have your own personal savings or investments to cover a claim, you must still have indemnity arrangements in place.

Your insurance or indemnity must provide cover which ensures patients are protected in the event of a claim. You must regularly review your insurance or indemnity to ensure that it covers you for all the tasks that you do, the locations where you work and for the hours you work to ensure that patients are adequately protected.

When you register, renew or restore your GDC registration you will be asked to declare that you have, or will have, cover in place before you start working as a dental professional.

If you're working abroad but registered in the UK, you will need to comply with the indemnity requirements set out in this guidance and you may also need to comply with the indemnity requirements for the country you are working in. Do not assume that your UK indemnity will cover you.

### Indemnity checklist for dental professionals

Making sure patients are protected and compensated (when appropriate) is key to ensuring that trust in the dental professions is maintained. As a dental professional, **you must:**

- ✓ Get your own cover unless you are certain that all aspects of your practice are covered by an arrangement made by your employer
- ✓ Make sure you understand the scope and any limitations of any coverage provided by your employer
- ✓ Check that your cover is up to date and provides cover for all the tasks that you do, the locations where you work and the hours you work.
- ✓ Not do anything that is not covered and if your cover has expired, stop practising.
- ✓ Cooperate with patients, their legal representatives, and your indemnity provider in the event of a claim.

### Types of indemnity or insurance

You can decide what type of cover is best for you, as long as it allows for a patient to claim compensation for any loss or harm they suffer. Speak to an insurance adviser, your employer or professional association for guidance on the level of cover you may need.

## **1. Personal cover**

There are a range of personal indemnity and insurance products made available by dental defence organisations (or unions) and insurance companies in the UK. Dental professional membership bodies may also offer products from third parties.

There are crucial differences in the cover provided by defence organisations and commercial insurance providers. Defence organisations typically offer an occurrence-based model, which has two key features:

- If you were a member of the defence union at the time of the adverse incident, you can apply for assistance at any time, even if you're no longer a member.
- Cover is discretionary, so the defence organisation is not obliged to provide you with assistance in the event of a claim. As a result, the primary purpose of making sure patients are protected in the event of a claim may not always be achieved.

You must have adequate indemnity to cover past as well as current periods of practice. Failure to do this could result in patients not being adequately protected in the event of a claim. Commercial insurance products typically provide a specified level of cover for specific circumstances, and on a claims-made basis. Claims-made policies typically cover claims that may arise during the policy period only. This means that you will normally need to take out run-off cover for any future claims made after your policy has expired.

## **2. Employer-based schemes**

Your employer may have an insurance or indemnity which covers you, but *do not* assume that you're covered. It's your responsibility to make sure you're covered for all the tasks that you do, the locations where you work and the hours you work. Make sure you ask your employer for a copy of the policy and keep it for your records.

Most important of all, the employer policy must provide cover which protects patients in the event of a claim, so check what your employer's policy specifically covers. It may not provide you with cover in the event of a fitness to practise investigation, so you would need to take out additional cover if you wish to have this type of support .

Professional indemnity cover is different from, and will not be provided by, employers' liability insurance or public liability insurance.

In some cases, dental technicians who have no direct contact with patients may be covered by their workplace's insurance policies, such as product liability insurance. However, such policies may not cover them in the case of a fitness to practise investigation.

### **3. NHS or 'Crown' indemnity**

If you're directly employed by the NHS or Health and Social Care (HSC) Northern Ireland, it is likely that your indemnity cover will be provided through a clinical negligence scheme.

There are, however, some important limitations in this type of cover, as it does not apply to all areas of practice. You will only be covered for the work you do under the terms of your NHS or HSC employment, so you will not be covered for any private practice, or support in the case of a fitness to practise investigation. Even if you are employed, you may not be covered for delivery of NHS dental care in primary care dental practice.

It is your responsibility to ensure that you have indemnity cover for all areas of your practice in all settings and you should ensure that you have additional cover if any of your work falls outside the scope of the scheme. These schemes do not provide you with cover in the event of a fitness to practise investigation, so you would need to take out additional cover if you wish to have this type of support.

### **4. When indemnity or insurance is not required**

Only a very small number of dental professionals do not require any indemnity or insurance. They will work in completely non-clinical roles and their employer will have no requirement for them to have their own cover.

If you move into one of these roles after a clinical role, you will still need to make sure that you are appropriately covered for the period you were working in a clinical role because claims may arise after some time. This means you must ensure that you secure appropriate run-off cover which will provide cover against claims relating to previous years if your policy was a claims-made policy.

If your circumstances change, and you resume clinical interaction with patients, you will need to secure appropriate cover.

### **Questions to ask when arranging your cover**

1. Will this product ensure that I can meet any liabilities to patients in all circumstances? If not, what alternative or additional products might I need?
2. Will this product cover me for all the tasks that I do, the locations where I work and the hours I work?
3. What are the financial or other limits of this product?
4. Is the level of financial cover sufficient in relation to the risks related to my individual professional practice?
5. Is the product occurrence-based or claims-made cover? If a claim is made by a patient after the policy has expired, will I still be covered?
6. What assistance is provided in disciplinary or fitness to practise proceedings?
7. What terms and conditions must be adhered to?
8. What do I do if my circumstances change (e.g., taking on new tasks, change in working hours, change to a non-clinical role)?

# Reporting Guidance: matters that you must report to the GDC

The GDC's Principles of Professionalism highlight that dental professionals must **practise safely and effectively** and act in such a way as to **maintain trust in the profession**.

An important part of maintaining trust is to assess your own fitness to practise and the fitness to practise of those you work with.

This guidance covers matters you must report to the GDC, including if you have concerns about your own fitness to practise, the fitness to practise of others, or if you are subject to regulatory investigations or criminal proceedings anywhere in the world.

You must cooperate with any GDC investigation or sanction. Additionally, you have a professional obligation to cooperate with the proceedings of any other governmental or public body.

If you receive a letter from the GDC in connection with concerns about your fitness to practise, you must respond in full within the time specified in the letter. You should also seek advice from your indemnity provider or professional association.

Failure to follow this guidance will put your registration at risk. If you are in doubt about whether to report a matter to the GDC, you should contact us on <https://www.gdc-uk.org/contact-us>.

## **1. Concerns about the fitness to practise of yourself or others - what you must do**

If you know, or suspect, that patients may be at risk because of your health, behaviour, or professional performance you must take action to address this.

You should consider whether you are able to manage the situation and/or your condition so that it does not impact your ability to practise safely and effectively. You may wish to seek advice, or to take further action including changing, adapting or limiting your practice, and making reasonable adjustments.

Where you identify or suspect that a colleague's health, behaviour, or performance is putting patients' health at risk or that it could reduce trust in the profession you should act to address this. Actions you might take include speaking to the individual to better understand the situation, encouraging them to get help, and notifying their employer.

If you remain concerned that you or another dental professional may be putting patients at risk or reducing trust in the profession, you must inform the GDC immediately.

## **2. Regulatory investigations – what you must do**

You must inform the GDC immediately if you are subject to the fitness to practise procedures of another healthcare regulator, either in the United Kingdom or overseas.

You must also notify the GDC of any investigation from a governmental or public body, including;

- Commissioners of health across the four nations, NHS England, NHS Scotland, NHS Wales and Health and Social Care Northern Ireland
- the Health and Safety Executive (HSE)
- Healthcare systems regulators, for example, the Care Quality Commission (CQC), Healthcare Inspectorate Wales (HIW), Healthcare Improvement Scotland (HIS), the Regulation and Quality Improvement Authority (RQIA); including against the registration of premises for which you are responsible.
- Other healthcare regulators
- the Coroner or Procurator Fiscal acting to investigate a death
- any other regulatory body, for example, the Information Commissioner's Office (ICO), the Advertising Standards Agency (ASA)
- the police

## **3. Criminal proceedings – what you must do**

You must inform the GDC if anywhere in the world you:

- are charged with a criminal offence, including road traffic offences
- are found guilty of a criminal offence, including road traffic offences
- receive a conditional discharge for an offence
- accept a criminal caution (including a conditional caution), or otherwise formally admit to committing a criminal offence
- receive a formal adult warning (in Scotland)
- receive a caution (unless protected – see section below)

You do not need to inform us of the following:

- a fixed penalty notice for a road traffic offence
- a fixed penalty notice issued by local authorities (for example for offences such as dog fouling, or graffiti)
- an anti-social behaviour, preventative justice, or other social order.

However, if someone else tells us about the behaviour which led to you being given such a notice or order, we may still consider whether public confidence may be undermined by such behaviour.

## **Reporting charges and convictions at Registration/Restoration**

When you are registering with the GDC, and when restoring your registration, you will be asked to declare any criminal charges and convictions. Failure to declare previous charges and convictions at this point may put your registration at risk.

**You are not required to report** protected cautions and convictions. For the purposes of registration or restoration you will need to use the definition applicable to England and Wales:

### **Cautions**

- A caution is protected if:
  - it was issued six or more years ago, unless it is for an offence that is on the [specified offences list](#), or
  - the person was under 18 years at the time the caution was given

### **Convictions**

A conviction is protected if all of the below bullet points apply:

- eleven years have passed since the date of conviction (or five and a half years if the person was under 18 at the date of conviction),
- it did not result in a custodial sentence (including a suspended sentence) or service detention, and
- it is not for a 'listed' offence. There are separate groups of 'listed' offences (serious violent and sexual offences) in [England and Wales](#), [Northern Ireland](#) and [Scotland](#).

A conviction in Scotland is protected if:

- it is [spent](#), and
- appears in the [list of offences to disclose subject to rules](#), and either:
  - the sentence imposed by the court was an admonition or an absolute discharge, or
  - fifteen years have passed since the date of conviction (or seven and a half years if the person was under 18 at the date of conviction).

Under Scottish law, there is an additional list of convictions which cannot be protected because they are too serious.

## **Appendix 2: Detailed activities to prepare for implementation at the GDC**

### **Introduction**

We undertook a series of actions to better understand the impact of introduction of the principles of professionalism into our fitness to practise and other processes to inform a detailed plan for internal engagement prior to the introduction of the Framework for Professionalism. These actions are summarised under the following headings:

1. Learning from the impact on other regulators
2. Impact on fitness to practise processes
3. Wider impacts on GDC processes and staff

Following these actions, and preparation of the consultation and engagement plan, it is proposed a detailed programme of internal engagement is presented to Council in June 2023.

### **1. Learning from the impact on other regulators**

- 1.1 We explored the approaches of other regulators. A scoping exercise was undertaken of other regulators' professional standards – both healthcare and non-healthcare – with specific focus on the standards and guidance framework, content, and wording of professional standards
- 1.2 This included liaising closely with GPhC, who are the healthcare regulator with the most similar framework to the one proposed. We involved the FtP policy lead from the GPhC in workshops with GDC FtP colleagues. We understand that there was a minimal impact on the GPhC's FtP processes following the change in approach. One area of learning that was shared with us was the need for explicit guidance for when criminal and external regulatory proceedings should be shared with the regulator. Advice was also given to engage at an early stage with colleagues within FtP teams.

### **2. Impact on fitness to practise processes**

- 2.1 Analysis of the impact on fitness to practise processes has involved:
  - a. internal engagement with senior, legal and operational staff,
  - b. reviews of standard operating procedures and guidance,
  - c. trials of decision-making under the new framework.
- 2.2 Engagement with senior and operational staff included:
  - a. colleagues working within FtP casework and the legal teams to understand the relationship between the standards and guidance and decision making.
  - b. discussions with the Executive Director, FtP and the Executive Director, Legal and Governance, along with other colleagues working alongside FtP to begin making detailed plans for implementation, should these proposals be accepted by Council. They have confirmed that the timeline set out is achievable based on current plans and progress. These activities have confirmed actions that will need to be undertaken in the period between publication and implementation.
- 2.3 The review of internal guidance and standard operating procedures for all stages of the FtP process, identified where the standards and guidance feature and how they are considered. We found that 'breaches' or 'departures' from the Standards are often referred to when determining

impairment. However, the tests applied at each decision-making point within our FtP process do not themselves reference the standards, asking instead:

- a. if harm has been or may be caused, or
- b. if public confidence in the profession has been or may be undermined, and
- c. whether the issues raised are serious enough that, if proved, it would suggest that the fitness to practise of the practitioner might be impaired.

This suggests that implementation of the principles in fitness to practise processes is a procedural change rather than a change to core criteria that are used to determine fitness to practise. Initial discussions with our FtP and legal colleagues indicated that a shift from the current standards to principles would not make it more difficult for them to make a case of impairment, however it will be necessary to continue to develop this understanding as this work progresses, including working with our legal teams to ensure that legal concepts that are crucial to applying the tests at each decision-making point can continue to be addressed using the new framework.

2.4 Trials of decision-making under the new framework included:

- a. Consideration of a range of anonymised cases using the principles of professionalism, rather than the current standards, as a reference point. The outcome of these discussions provided assurance that the draft principles can be used to assess allegations.
- b. Review of a selection of published determinations to understand how the present standards and guidance are reported at this stage of the process and identified that a principle or guidance document in the proposed framework could be referenced in each of these.

2.5 Through all these activities we did not identify a significant impact from the proposals on how decisions are made. However, this is not to say that there would not be an impact on the operational processes within and outwith FtP. Following implementation, new cases would be handled under the Framework for Professionalism if the allegations related to incidents that happened after the implementation date. Allegations and cases already within the system and new cases where the alleged issue took place before implementation would refer to the *Standards for the Dental Team*. We will need to consider the best way to manage using the previous and new frameworks during this transitional period, including whether changes to the structure our case management teams are needed to manage this period of change, for example with dedicated teams managing cases within each framework.

2.6 For those involved with decision points within the FtP processes, and those whose day-to-day work would be impacted by the proposals, additional training focused on the impact on their role will be provided. The majority of roles requiring this training are in FtP and the Dental Professionals Hearing Service. We discussed the need for this training with those responsible for training in these areas.

2.7 Within FtP and Dental Professionals Hearing Service, role specific training would be provided for the following groups:

- a. The Initial Assessment Team
- b. Casework (tailored to the different streams of casework)
- c. Case Review Team



- d. Case Examiners
- e. Panellists
- f. Committee Secretaries
- g. In house legal presentation service

- 2.8 We will work with operational colleagues to design and deliver training packages that address the needs of each of these groups. We have engaged with the FtP Training Manager and will bring together a working group of people who can represent the teams in need of training. On the advice of those working in these areas, training will be rolled out sequentially from staff involved when a concern is first received, through to casework, case examiners, panel members, and the staff who support them.
- 2.9 After the Framework for Professionalism comes into effect in our fitness to practise processes, we will monitor its implementation through our decision scrutiny processes. These processes are already in operation, but would be adapted to monitor decisions that follow implementation of the Framework for Professionalism.

### **3. Wider impacts on GDC processes and staff**

- 3.1 We have identified the teams who actively use or need to understand the standards and guidance we provide for dental professionals. Outside FtP, colleagues working in internal audit, education quality assurance, policy, registration and customer services would need a clear briefing and focused training on the proposals. A programme of training will be implemented 4-6 months before the implementation date. Those who will support the training programme and assist with the training would be trained first.
- 3.2 To promote this change across the whole organisation, we will work with Internal Communications and Organisational Development. We will engage with staff across the organisation about the proposed framework to prepare them for the introduction of the changed approach. This will include speaking at a 'GDC Live' event, attending team meetings, and, where appropriate, holding bespoke workshops.
- 3.3 By definition, the Framework for Professionalism will create new demand on the Policy and Research team to deliver a more responsive and more rigorous approach to development and maintenance of policy supporting the framework. As policy development and maintenance places new demands on that team, there will be a corresponding impact on public and profession facing content which will in turn create increased demand on the Communications and Engagement team.

## Appendix 3: Communications and engagement plans

### Introduction

In the table below are the primary and secondary arguments and narratives to explain our proposals and what they mean for stakeholders. The following table explains the benefits to different stakeholders. We will explain the change in the context of the benefits to the stakeholders, i.e. what is in it for them. We will validate these key messages with stakeholders during the consultation.

The detailed communications and engagement plan, phase-by-phase, follows the two tables.

#### 1. Primary arguments and narratives

Argument	Narrative
<p>We want to consult on a proposal and collaborate on the next steps</p>	<p>We want to share the latest thinking and proposal for a new framework for positive professionalism with you.</p> <p>We know that the proposals, if agreed, would represent a significant change for dental professionals, other stakeholders and the GDC.</p> <p>We want to listen to and understand different views on the proposals as they stand, so that future decisions and development can be made in collaboration with other organisations.</p> <p>We've done preliminary work to show what the proposals would mean to our regulatory activities. We want to give other organisations an opportunity to look at what the proposals mean for them too.</p> <p>We also want to hear what support you would need to be able to make the change, should it proceed, and which organisations you believe should provide that support.</p> <p>This is not a framework that we can or would look to impose without a thorough understanding of the issues and the time and support needed to make it work. Even then, the consensus might be that the approach needs something different or more thought.</p> <p>Our primary purpose is to protect patient safety and maintain public confidence in dental services. It's therefore vital that we hear views from patients and the public too, so that they understand and can feed back on the impact of the proposals on them.</p> <p>Any future proposals will be richer and better informed if we've heard everyone's views and helped everyone to hear and understand these too.</p>
<p>Scale of the change</p>	<p>Our proposals for a new framework for professionalism and standards would represent a significant change in the guidance and standards available to every dental professional in the UK.</p> <p>Because of the scale of the change we are proposing, we want to hear from stakeholders right across the sector to listen to and understand their views.</p>

<b>Argument</b>	<b>Narrative</b>
Positive professionalism	<p>The changes would be a further step towards positive professionalism and continuing to move dental regulation towards preventing harm rather than responding to the consequences of it.</p> <p>The proposed new framework is focussed on reaching the right outcome for patients in different contexts of dental practice, rather than rules that may not suit every context.</p>
Everyone needs to be confident that the GDC will be ready for the changes too	<p>Everyone needs to be confident that the proposals will have no adverse impact on FTP timeliness or outcomes. We've done preliminary work to understand the changes that the proposals would mean for us. We will do more work but we want this to be informed by what you tell us, so that we collaborate on what's needed to ensure positive professionalism.</p>

## 2. Secondary arguments and narratives

<b>Argument</b>	<b>Narrative</b>
The impact of the change on FTP	<p>In our preliminary work to understand the impact of the proposals on the GDC, we have tested the new framework and found that experienced case workers and lawyers reach the same conclusions about a dental professional's conduct and practice as they would with the current framework.</p> <p>We believe that this is because, in the new framework, we will be applying the same test of a dental professional's fitness to practise as set out in the current legislation. The test we apply is whether harm has been caused or may be caused to a member of the public and also whether public confidence in the profession has been or may be undermined.</p> <p>If the proposals are agreed, we'll update our fitness to practise processes to reflect the new framework. This will be informed by your feedback. And we'll also plan for extensive training of our initial assessment team, case examiners, legal team, panellists and committee secretaries.</p> <p>This is important so that everyone involved understands that dental professionals are applying new standards and guidance to reach the right outcome for patients in different contexts, rather than rules that may not suit every context.</p> <p>We and you need to be confident that the proposals will have no adverse impact on FTP timeliness or outcomes.</p>
Professional judgement of scope of practice	<p>The current <i>Scope of practice</i> is a list of skills and procedures that each dental professional can perform. We know that it's sometimes assumed that anything not listed is 'out of scope'.</p> <p>This creates a barrier to using the skills and expertise of the whole dental team and can stifle innovation. It also puts the guidance at constant risk of being out of date, with technological advances and changing population needs moving faster than ever.</p>

Argument	Narrative
	<p>Working to a prescriptive list of tasks also undermines the concept of professionalism. Dental professionals are best placed to know if they are still competent in a skill or not sure about the best practice methods for a particular treatment.</p> <p>Professionals in the dental team may have also trained in new skills and techniques to allow them to expand their current practice in a safe way.</p> <p>Our proposal is that professionals should make their own judgement and work within a scope that best fits their skills and training and is in the best interests of their patients.</p> <p>This may be a different way of thinking about one's scope of practice. The guidance will still explain the boundaries of each dental professional role, while also giving professionals who are trained, competent and indemnified the ability to expand their scope of practice safely and effectively.</p>
<p>The proposals are based on evidence and our engagement with stakeholders</p>	<p>Our research with both the public and dental professionals showed that people's opinions on what can be described as 'appropriate' behaviour varies. Context is also very important in professionalism.</p> <p>This led us to conclude that a prescriptive list of standards is not the best way to foster professionalism, because its definition is tied to attitudes and practice contexts that can shift over time.</p> <p>When we shared this with lots of stakeholders, there was broad support for the move to principles-based standards.</p>
<p>Developing a simpler framework which is not restricted by legislation</p>	<p>The current framework is prescriptive, complex and detailed. It represents a previous time of prescriptive regulation which we have been working to shift for the past few years.</p> <p>How we execute many of our statutory responsibilities is often restricted by our legislation. But we can update and modernise this framework while still meeting our legislative requirements.</p> <p>As an example, the new framework currently has just four principles and three areas of guidance. We believe this will be an improvement and simpler to use and easier to understand and recall than the current framework, which has 9 principles, 29 patient expectations, 42 standards, and 176 guidance statements.</p>
<p>A fundamental part of our strategic plans for the next three years</p>	<p>We've recently consulted on our strategic plans for the next three years. This new framework is a fundamental part of our objective to protect the public by ensuring that dental professionals are well trained and deliver care to high standards, supported by a regulatory approach which enables prevention of harm and lifelong learning.</p>

### 3. Benefits for stakeholders

Stakeholder	Benefits
Patients and the public	Your dental professional will use their professional judgement to make decisions about how to achieve the right outcome for you based on your individual circumstances and context, rather than following prescriptive rules.
Dental professionals	<p>You can use the framework to guide your professional judgement rather than being directed about what you 'must' and 'should' do.</p> <p>You can focus on reaching the right outcome for patients in different contexts of dental practice, rather than following rules that may not suit every context.</p>
Employers	<p>You can use the framework to enable everyone in the dental team to work to their full potential. Dental professionals can make their own judgement and work within a scope that best fits their skills and training and is in the best interests of their patients.</p> <p>You can also attract people into the professions on the basis that they are expected to use their professional judgement to reach the right outcome for patients and build their confidence in dentistry.</p>
Defence organisations	<p>You can be confident that the proposed new framework puts professional judgement at the centre of decisions about patient outcomes, and that the GDC will understand this when assessing cases.</p> <p>The proposals have no adverse impact on FTP outcomes.</p> <p>This is because we will be applying the same test of a dental professional's fitness to practise as set out in the current legislation. The test we apply is whether harm has been caused or may be caused to a member of the public and also whether public confidence in the profession has been or may be undermined. The test also includes whether the issues raised are serious enough that, if proved, it would suggest that the fitness to practise of the practitioner might be impaired.</p> <p>Dental professionals remain responsible for having the appropriate indemnity in place to support their scope of practice.</p>
Education providers	<p>The proposals will assist you to embed positive professionalism at the start of someone's education and career.</p> <p>You can build skills and confidence in students and trainees using their professional judgement to make decisions about how to achieve the right outcome for patients based on individual circumstances and context.</p>

## Communications and engagement plan by phases

We have mapped our external communications and engagement approach against the different phases of the work. We present the priorities, objectives, activities, and deliverables for each of the following phases:

- Before the consultation
- During the consultation
- After the consultation

We also provide our initial thinking on the communications and engagement work necessary should the GDC decide to implement the proposals following the consultation.

### Before the consultation

The priorities are to prepare stakeholders for the consultation, making them understand the scale of the changes that are being proposed, and encouraging them to provide us with their thoughts and feedback.

The **objectives** are:

- Build awareness and understanding of the proposals
- Build awareness of the consultation, its time frame, and the various ways in which stakeholders can provide the GDC with their thoughts and feedback
- Provide assurance to stakeholders that although the GDC's proposals have been built on research and stakeholder engagement, the consultation is an opportunity to listen further to a wider audience to consider different perspectives.

The key activities for this phase are:

- Held a stakeholder event (10 August) with representation from a broad range of stakeholder groups, including dental professional associations, indemnifiers, organisations working with patients, and organisations working in dental education.
- Explain the proposals to stakeholders, listen to their feedback, and encourage them to prepare for the consultation
- Share key messages about the proposals and consultation timeframes with all stakeholders, including through the Chair's scheduled engagements. These include his meeting with the BDA, the Scottish Government Cabinet Secretary for Health and Social Care, and keynote speech at the ADG event.
- Sense-check with stakeholders, including patients and the public, if our consultation questions are clear to understand and if the format (online survey) is easy to use and accessible

To aid our activities, we will produce or deliver:

- Narrative to embed key messages into communication and engagement products
- Description of what the change means for the GDC's statutory functions
- Map of how the existing framework aligns to the proposed new framework

### During the consultation

The priorities are to reach every audience that is affected by or has an interest in the proposals so that we gather as wide a range of views as possible. The objectives are:

- Ensure that the GDC has proactively explained the proposals to stakeholders representing every audience and listened to feedback

- Ensure that the GDC provides a range of ways that makes it easy for stakeholders to provide their thoughts and feedback
- Encourage cross-sector discussion about the proposed changes and understand the support needed should the proposals be implemented

The key activities for this phase are:

- Engage with the public and patients to understand their view on how our proposals will affect them. We will do this through engaging organisations that work with or represent patients and by using our Public and Patient Panel to facilitate workshops and focus groups with members of the public and patients.
- Hold an in-person Dental Professionals Forum in London where we will share information with stakeholders about this and other priorities
- Engage stakeholders across the four nations in our established stakeholder meetings in England, Scotland, Wales and Northern Ireland and by attending local meetings
- Attend stakeholders' events and meetings to explain the proposals and validate our understanding of what the proposals mean for them
- Work with education providers through planned activities to engage with the Safe Practitioner framework which the GDC may be proposing shortly before this framework is announced
- Share key messages with stakeholders through the Chair's scheduled engagements.
- Share the proposals with all dental students and newly qualified professionals in our annual student engagement programme and encourage their feedback
- Review and consolidate feedback

To aid our activities, we will produce or deliver:

- New landing page on the GDC's website to signpost users to the new framework (principles of professionalism and the three pieces of guidance), the online consultation, and previously published supporting information
- Plan of stakeholders to ensure that we have identified everyone affected by or with an interest in the proposals and know how we are reaching them
- Updated narrative and slide pack to launch the proposals to stakeholders
- User guide to assist navigation from current structure to new framework
- Trade media article from the GDC explaining the proposals in the context of patient safety and the impact of the change on the GDC (dispel some myths)
- Key messages in the Chair's monthly blog posts
- Regular flow of news items in the GDC's monthly newsletters to dental professionals and stakeholders
- Guest blog posts from stakeholders explaining what the proposals mean for patients and professionals

### After the consultation

The priorities are to communicate the outcome of the consultation and prepare the sector for any changes that the proposals will bring. The **objectives** are:

- Communicate the outcome of the consultation and GDC's response
- Communicate and explain any changes to GDC's proposals following the consultation
- Build a consensus with our stakeholders around the outcome of the proposals and the support needed to move forward

The key activities for this phase are:

- Brief all stakeholders about the consultation outcome
- Hold stakeholder events to explain GDC's next steps
- Should the proposals go ahead following the consultation, establish a stakeholder reference group to work with us to develop, sense-check, and test materials and content to support the transition

To aid our activities, we will produce or deliver:

- A report summarising stakeholders' feedback and the GDC's response
- Updated arguments, narrative, description of the changes and what they mean for the GDC's statutory functions
- A series of stakeholder events to explain GDC's decision and next steps following the consultation

### **Transition to the new framework**

A decision on whether to implement the proposals will only be made after hearing from our stakeholders and considering their viewpoints. The nature and priorities of the communication and engagement work will be dependent on what Council decides following the consultation.

If, following the consultation, the GDC decides to implement the proposals, the priorities will be ensure that the GDC and stakeholders are ready for the change. The **objectives** will be:

- Explain how the GDC is preparing for the changes and encourage stakeholders to prepare, understanding what they need from the GDC and others to do this
- Manage risk to the implementation by working with other organisations in the regulatory system to identify their role, responsibility and commitment to support the changes

Should the proposals proceed, we will undertake these activities:

- Work with patient representative organisations to explain the changes to patients and the public and co-produce materials to communicate this to patients
- Work with other organisations in the sector to confirm and communicate their responsibilities to support the changes
- Work with stakeholders to build the implementation plans and co-produce materials to help the transition to the new framework
- Provide GDC-led verified CPD sessions to explain the changes to dental professionals
- Work with the network of advocates we developed during the consultation, to co-produce information that supports the changes and urges everyone to prepare
- Test patient-facing material with patients and the public

To aid these activities, we will produce or deliver:

- A new GDC website section provides the new framework, including:
  - Principles of professionalism
  - Illustrative examples
- The new GDC website section provides updated guidance:
  - Scope of Practice



- Indemnity
- Reporting Matters to the GDC
- Updated User guide to assist navigation from current structure to new framework
- Learning materials including any guidance which we remove from the Standards for the Dental Team

## External Auditor Appointment

<b>Executive Director</b>	Gurvinder Soomal, Chief Operating Officer
<b>Author(s)</b>	Samantha Bache, Associate Director, Finance
<b>Type of business</b>	For decision
<b>Purpose</b>	This paper is presented to the Council, following Audit and Risk Committee’s review and endorsement of the proposal to appoint Haysmacintyre as External Auditor.  Public: This paper will be discussed in the public session of the 21 October 2022 Council meeting
<b>Issue</b>	To recommend the appointment of the independent External Auditor.
<b>Recommendation</b>	The Council is asked to appoint Haysmacintyre LLP as the independent External Auditor.

### 1. Background

- 1.1 In order to meet our statutory responsibility to produce an Annual Report and Accounts for Parliament, the GDC must appoint an independent external auditor. The independent External Auditor is appointed by Council, on the recommendation of the Audit and Risk Committee (ARC).
- 1.2 The Audit and Risk Committee are responsible for scrutiny of the process and proposals in relation to the appointment, reappointment and removal of the external auditors, and to make the appropriate recommendations to Council in relation to its decision making in this area.
- 1.3 In November 2021, the Audit and Risk Committee endorsed a joint procurement strategy that would enable us to strengthen our commercial attractiveness to the audit market with other healthcare regulators.
- 1.4 In June 2022 the GDC invited bids, on behalf of the General Pharmaceutical Council and the GDC, under the Public Contracts Regulations’ Open Procedure for the respective organisations audit requirements and 16 audit firms went on to access and review our invitation to tender.
- 1.5 Following inviting tenders, only one tender was received. The initial evaluation was an assessment of an eligibility questionnaire which determines the suitability, technical ability, economic and financial capability of a bidder to be able to provide the services required. As reported to the Audit and Risk Committee in September 2022, this submission failed to demonstrate it met the minimum requirement of the contract. The procurement under the Public Contracts Regulations’ Open Procedure was duly closed.
- 1.6 A Public Contracts Regulations’ Negotiated Procedure without Prior Publication was then considered. This option permits the award directly to a supplier without the need for running further competition process, so long as the published service requirement and evaluation methodology do not significantly change from that set out in the original Invitation to Tender.
- 1.7 Through this process we have fully evaluated a bid from Haysmacintyre, after initially satisfying ourselves that they meet the minimum technical, economic, and financial standing requirements.
- 1.8 ARC considered the evaluation results at a special committee meeting on 18 October 2021. Following a detailed discussion, the committee endorsed the proposal to appoint Haysmacintyre

as Independent External Auditor for a period of up to 5 years, subject to an annual performance review.

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

- 2.1 The Annual Report and Accounts are laid before or provided to each of the UK parliaments.
- 2.2 Our In-House Legal Advisory Service has previously confirmed (October 2020) that the requirement to procure and appoint new external auditors comes from best practice, rather than being a legislative requirement that is imposed on us directly.
- 2.3 Haysmacintyre's bid complies with the Auditing Practice Board's Ethical Standard 3 in respect of managing any familiarity threat. Key staff will be rotated and if necessary, additional safeguards required by the Standard will be put in place.

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

- 3.1 The procurement considered EDI issues, and the sharing and handling of data - including personal data - as part of the standard procurement process. Working with relevant subject matter experts across the organisation as appropriate.

## **4. Risk considerations**

- 4.1 The risk of an appointment to Haysmacintyre relates to audit objectivity and impartiality. This has been fully considered by the ARC and the proposed bid and contacting arrangement are compliant with the Auditing Practice Board's Ethical Standard 3

## **5. Resource considerations and CCP**

- 5.1 The budget and resource requirements for this service have been included within the Costed Corporate Plan 2023-25.

## **6. Monitoring and review**

- 6.1 The external audit service, if a contract is awarded, will be monitored via the use of regular contract performance meetings. An annual efficiency review will be presented to ARC each year.

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

- 7.1 Subject to Council's approval to appoint Haysmacintyre as the Independent External Auditor to the Council, we will notify Haysmacintyre of the award and put in place relevant contractual provisions.

Appendices

- a. none

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18 October 2022