

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

**10:30am** on Friday 23 June 2023 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

1.	<b>Welcome and apologies for absence</b>	Toby Harris, Chair of the Council	10:30- 10:35am (5 mins)	Oral
2.	<b>Declarations of Interest</b>	Toby Harris, Chair of the Council		
3.	<b>Questions Submitted by Members of the Public</b>	Toby Harris, Chair of the Council		Oral
4.	<b>Minutes of Previous Meetings</b> To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 21 April 2023	Toby Harris, Chair of the Council		Paper
5.	<b>Matters Arising and Rolling Actions List</b> To note any matters arising from the public meeting held on 21 April 2023 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
6.	<b>Decisions Log</b> To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Paper

### PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	<b>Assurance Reports from Committee Chairs</b>  a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration and Nomination Committee d. Statutory Panellists Assurance Committee	For noting	10:35- 10:55am (20 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
8.	<b>Promoting Professionalism</b>  Ross Scales, Head of Upstream Regulation  Joanne Rewcastle, Associate Director, Communications & Engagement  Rebecca Lucas, Policy Manager	For approval	10:55 – 11:45am (50 mins)	Paper
9.	<b>Comprehensive Complaints Resolution Model</b>  Toby Ganley, Head of Right Touch Regulation  Madeline Eastwood, Policy and Project Officer	For noting	11:45 – 12:15pm (30 mins)	Paper
10.	<b>Communications &amp; Engagement Strategy – Review of 2022</b>  Joanne Rewcastle, Associate Director, Communications & Engagement	For noting	12:15 - 12:35pm (20 mins)	Paper

### PART THREE - CONCLUSION OF BUSINESS

11.	<b>Any Other Business</b>	Toby Harris, Chair of the Council	12:35 – 12:40pm (5 mins)	Oral
12.	<b>Date of Next Meeting</b>  Friday 22 September 2023 (Wimpole Street)			

**LUNCH BREAK – (45 mins) - 12:40 – 13:25pm**  
**Before the closed session of Council**

### Appendix 1 - Items considered via correspondence

*Note:*

- *These papers will not be discussed during the substantive Council meeting unless there is a request, no later than 24 hours before the meeting, for a specific item to be added to the agenda.*
- *The deadline for comments on papers circulated via correspondence is outlined on the individual item.*

No.	Item	Authors	For	Closed /Public	Deadline
1	<b>Governance Manual Update</b>	Katie Spears	Approval	Public	21 June 2023

**Minutes of the Meeting of the  
General Dental Council  
held at 11:00am on Friday 21 April 2023  
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	
Caroline Logan (via MS Teams)	
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:**

Rebecca Ledwidge	Deputy Head of Governance
Colin MacKenzie	Head of Nations and Engagement (item 9 only)
Katherine McGirr	Policy Manager (item 8 only)
Clare Paget	Associate Director, Legal (as observer)
Joanne Rewcastle	Associate Director, Communications and Engagement
Tina Rosenow	Senior Governance Manager (as observer)
Ross Scales	Head of Upstream Regulation (item 8 only)
Katie Spears	Head of Governance (Secretary)

**Others in Attendance:**

Sir Ross Cranston	Chair of the Statutory Panellists Assurance Committee (SPC)
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Members of the public attended as observers.

## Apologies

Mike Lewis

### 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, and noted apologies from Mike Lewis.

### 2. Declaration of interests

- 2.1 No declarations were made.

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

- 3.1 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 February 2023 had been **approved via correspondence**.

### 5. Matters Arising and Rolling Actions List

- 5.1 The Council **agreed** that the one action marked 'suggested complete' should be considered complete.

### 6. Decisions Log

- 6.1 The Council **noted** that two decisions had been taken by correspondence since the last Council meeting:
- a. On 20 March 2023, the Council approved the incorporation of a new corporate project, Associates Project Review.
  - b. On 19 April 2023, the Council noted the Annual Report on the Use of the Seal.

### 7. Assurance Reports from the Committee Chairs

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

#### Audit and Risk Committee

- 7.2 The Chair of the Audit and Risk Committee (ARC) updated the Council that the Committee had met once since the last Council meeting for a single-issue discussion of the Annual Report and Accounts 2022 (ARA). The Council heard that the Committee had received detailed reports from the external auditors, haysmacintyre LLP, and from the National Audit Office (NAO). All outstanding items had either been completed before the Committee meeting or updated upon shortly thereafter. The Committee had reviewed and recommended the ARA for presentation to the Council, and seen a final draft, incorporating its comments, via correspondence.

#### Statutory Panellists Assurance Committee

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

- 7.4 The Council heard that the good progress had been made in relation to implementing an effective case management system into the hearings process and, in respect of the administrative separation of the GDC's adjudications function, the Chair of the Committee had been in contact with the Chair of the Medical Practitioners Tribunal Service (MPTS) to share learning. The Committee had been involved in training sessions for panellists in recent weeks and had found these impressive and responsive to issues that arose. Work was ongoing to support the process of appointing new Chairs to the statutory Committees and oversee wider panellist recruitment.
- 7.5 The Council also heard a short update on the Council Member recruitment exercise from the Chair of the Remuneration and Nomination Committee (RemNom). Shortlisting had taken place the preceding day and interviews would take place in the next few weeks.
- 7.6 The Council **noted** the assurance reports.

The Head of Upstream Regulation and the Policy Manager joined the meeting.

## **8. Improvements to the Specialists Lists Assessed Applications Process (SLAA)**

- 8.1 The Head of Upstream Regulation and the Policy Manager presented the paper that outlined the proposed improvements to the process for assessing applications to join the Specialists Lists maintained by the GDC.
- 8.2 Assessments of applications to join the lists had been paused for a year, due to longstanding issues. The key priority of the team was to re-start the assessments and the proposal was to do this by bringing the work in-house. There were currently 110 applications pending assessment: with roughly a third of those in respect of orthodontics; a third in respect of oral surgery; and around a tenth in respect of restorative dentistry.
- 8.3 The Council heard that the proposal was that the Registration team would continue to deliver the administrative side of this work - by preparing applications for assessment - but, instead of sending these applications to the Specialist Advisory Committees (SAC) via the Royal Colleges, the GDC would liaise directly with assessors who would be engaged as GDC Associates. These assessors would be listed specialists from the relevant specialist area. Three assessors would review each application and come together as a panel to make a recommendation to the Registrar. The team were in the process of recruiting assessors and reviewing guidance for the application process, to encourage more streamlined and focused applications. After this, the team would review the appeals process. This work would return to the Council later in the year.
- 8.4 The Council **discussed** the following:
- There was a need to ensure that there were sufficient assessors to clear the backlog of applications swiftly. The Council heard that there were already sufficient numbers of strong applications to support convening multiple panels to address oral surgery applications. There were fewer strong applications in respect of orthodontics and endodontics at present. The team were focused on appointing assessors to address the backlog as soon as possible.
  - There was an interplay between the pressures that a backlog in this area created, alongside the large numbers of applications received by the Registration team for individuals qualified overseas as dentists to register as dental care professionals. The Executive were monitoring this issue closely and appropriate resources were being allocated to tackle the issue.

- c. Decisions made in respect of the 1998 EU Regulations would impact the approach to any later reform of the appeals process. Embedded EU law – if preserved – could mean that the organisation would end up running a two-tier appeals process in respect of oral surgery and orthodontics, and the remaining 11 specialities. Most successful appeals, at present, related to process points.
- d. The general principle in the organisation's fees policy was that, where possible, full costs should be covered where they fell. The Council noted that decisions would need to be taken around the fees for assessing these applications and whether they should be amended.
- e. One way of addressing the size of the individual applications submitted to the GDC might be to move the process online. The Council heard that the team were encouraging the use of e-logbooks and supporting applicants as far as possible to focus their applications.
- f. There were resource decisions to be taken consciously around the costs of convening panels and the approach to addressing the backlog. The Council noted that this work could be usefully considered by the Finance and Performance Committee (FPC).

**ACTION: Governance to ensure that the work to implement improvements to the Specialist Lists Assessed Application Process is included in the forward workplan of the FPC at appropriate points.**

8.5 The Council **noted** the update.

The Head of Upstream Regulation and the Policy Manager left the meeting, and the Head of Nations and Engagement joined the meeting.

## **9. Costed Corporate Plan 2023-2025 Publication**

9.1 The Head of Nations and Engagement presented the paper that outlined the plan for the publication of the Costed Corporate Plan 2023-2025 (CCP). There had been one change made following comments via correspondence: to add a description of each of the previous strategic aims. The document would be published on 27 April 2023.

9.2 The Council **discussed** the following:

- a. The document would read slightly more clearly if the reserves policy section was moved to the end of the forecast and expenditure section. There was also a typographical error in the foreword in respect of the Annual Retention Fee (ARF).
- b. On page 16, in respect of the Overseas Registration Examination, it should be given its full title and the fees charged in respect of it should be set out in the table. The Council noted that the presentation of project titles might be confusing to a lay reader, but heard that the team had chosen to present in this way to ensure consistency between an internal and external audience.
- c. In respect of the wording in respect of how the Council sets the ARF, the Council preferred the wording used in the ARA 2022. It needed to reflect, as clearly as possible, that the Council had warned in its consultation on the strategy that there may be a need to increase the ARF in 2024 – 2025. It had kept the ARF for 2023 as low as possible and would limit any increase to inflation levels at most – whilst challenging its own costs – but there was less certainty on the level of fees over a three-year period at this time, given the external volatility in the financial environment.

- d. Between this and the ARA, there was a lot of information published in respect of the GDC's activities and this was welcome in furthering the Council's aims for openness and transparency.

9.3 The Council **noted** the update.

## **10. Any Other Business**

10.1 There was no other business.

10.2 The meeting was closed at 12pm.



**Minutes of the Meeting of the  
General Dental Council  
held at 12:45pm on Friday 21 April 2023  
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	(via MS Teams)
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:**

Samantha Bache	Associate Director, Finance (item 8 only)
Rebecca Cooper	Associate Director, Policy and Research (items 10 and 11)
Krishangi Dahiya	Policy and Projects Officer (item 11 only)
Rebecca Ledwidge	Deputy Head of Governance
Rebecca Lucas	Policy Manager (item 11 only)
Colin MacKenzie	Head of Nations and Engagement (item 8 only)
Clare Paget	Associate Director, Legal (as observer for Items 10 and 11)
Joanne Rewcastle	Associate Director, Communications and Engagement
Tina Rosenow	Senior Governance Manager (as observer)
Katie Spears	Head of Governance (Secretary)

## Apologies

None.

### 1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted that Mike Lewis had a clashing commitment that had run over the beginning of the meeting (he attended from Item 9 onwards).

### 2. Declaration of interests

- 2.1 All Council Members and all staff members present made a declaration in respect of Item 8 - the remuneration disclosures in the Annual Report and Accounts 2022. All staff declared an interest in respect of Item 9 - New Ways of Working.

### 3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 24 February 2023 had been **approved via correspondence**.

### 4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** that there were no live actions.

### 5. Decisions Log

- 5.1 The Council **noted** that one decision had been taken by correspondence since the last Council meeting:
- a. On 19 April 2023, the Council had noted the Significant Litigation Annual Report.

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

- 6.1 The minutes of the following non-statutory Committees were **noted** by the Council:
- a. The Audit and Risk Committee (ARC) meeting of 27 March 2023.
  - b. The Statutory Panellists Assurance Committee (SPC) meeting of 8 March 2023.

### 7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council in relation to international registration, the Overseas Registration Examination (ORE), access to NHS dentistry, senior leadership development at the GDC, and performance in relation to Fitness to Practise and Registration application processing. The Council **noted** the updates.
- The Head of Nations and Engagement and Associate Director, Finance joined the meeting.

### 8. Annual Report and Accounts (ARA) 2022

- 8.1 The Head of Nations and Engagement and Associate Director, Finance presented the final draft ARA for Council approval. The Audit and Risk Committee had scrutinised the ARA carefully and recommended this version to the Council. The timetable had been compressed this year and the ARA was planned to be laid two months' earlier than in previous years.
- 8.2 The Council discussed and **approved** the final draft ARA and noted that it would be electronically signed by the Chair and Chief Executive, alongside the letters of

representation to haysmacintyre LLP and the National Audit Office (NAO). The designed version would then be finalised, and the accounts laid in the Parliaments on 11 May 2023.

The Head of Nations and Engagement and Associate Director, Finance left the meeting.

## 9. New Ways of Working Update

- 9.1 The Chief Executive presented that paper outlining an update on organisational ways of working. The Chair noted that this update was presented for information – as the operational running of the organisation was a matter for the Executive to deliver, with appropriate strategic oversight from the Council. The Council **noted** the update.

The Associate Director, Policy and Research joined the meeting.

## 10. Regulatory Reform – International Registration

- 10.1 The Associate Director, Policy and Research presented the paper outlining the updated timetable for developing and consulting on new Rules and the longer-term ambition for international registration.
- 10.2 The Council heard that the recent section 60 order had brought with it a power to make Rules in respect of the Overseas Registration Examination (ORE) and international registration for DCPs. It has also ended the loophole that had allowed overseas qualified dentists to register as DCPs. The current system of international registration was a patchwork of routes; there was near automatic registration for EU qualified dentists, the ORE for those qualified elsewhere and a paper assessment for overseas qualified DCPs. The organisation planned to develop a more coherent framework that would maintain public safety and operate as efficiently as possible. There was a plan to gather evidence to enable an informed consideration of different models of assessment, whether that be via examination, longitudinal assessment or using provisional registration. There were elements of the work that were outside of the control of the organisation, such as the outcome of the review of the standstill provisions for EU qualified dentists by the Secretary of State. Additionally, trade agreements – for example, the European Free Trade Association (EFTA) agreement – would impact the framework.
- 10.3 In relation to the next steps for this work, the teams were drafting and consulting on two new sets of Rules that would be presented to the Council later in the year, and on longer term policy reform, based on the evidence gathered. The Rules that would come to the Council were considered to be transitional provisions, which would be put in place to govern the system whilst longer term plans were developed.

- 10.4 The Council **noted** the timetable for the work and welcomed a fuller discussion of the wider policy development piece later in the year. The Council **noted** the update.

The Policy Manager and Policy and Projects Officer joined the meeting.

## 11. Regulatory Reform – Draft s.60 Consultation Response (on regulating Anaesthesia Associates and Physician Associates)

- 11.1 The Associate Director, Policy and Research and Policy Manager presented the paper outlining the draft response to the recent consultation from the Department of Health and Social Care (DHSC) in respect of a section 60 order amending legislation in respect of the regulation of Anaesthesia Associates and Physician Associates.
- 11.2 There were several areas to highlight in respect of the GDC's response to the consultation. These were annexed to the paper and the Council **discussed** them and

**approved** the proposed response. It would be submitted before the closing date on 16 May 2023 and shared with the wider dental community.

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

## **12. Any Other Business**

- 12.1 There was no other business, and the meeting was closed at 15:35pm.

Public Council Actions Log								
Action No.	Date of Meeting	Minute no.	Subject	Action	Due date	Owner	Update	Status
31	21/04/2023	8.4(f)	Improvements to the SLAA Process	Governance to ensure that the work to implement improvements to the Specialist Lists Assessed Application Process is included in the forward workplan of the FPC at appropriate points.	05/05/2023	RL	Item scheduled for FPC agenda in November 2023.	Suggest complete

### Decisions Log – Public Council – 23 June 2023

<b>Date decision taken (confirmed)</b>	<b>Decision taken by</b>	<b>Agenda Item</b>	<b>Purpose</b>	<b>Outcome</b>
11 May 2023	Council – by correspondence	<b>Delegation Framework</b>	To approve an update to the Delegation Framework in respect of strategic risk appetite.	The Council approved the update.
21 June 2023	Council – by correspondence	<b>Governance Manual Updates</b>	To approve updates to the Governance Manual	The Council approved the update.

## Audit and Risk Committee (ARC) Assurance Report

Since the last Council meeting, the ARC met once on 18 May 2023.

At this meeting, the Committee:

Received a substantive oral report from the CEO. This included an update on the Costed Corporate Plan and Budget and the Committee heard that there had been significant change in the external and internal environment since that had been approved.

The Chief Executive also updated the Committee on work that had been undertaken re project and programme management across the GDC and received an update on resources.

The Committee also:

- **Approved** the Strategic Risk Register (SRR) and the updated Risk Management Framework after lengthy discussion and challenge. The Committee sought additional assurance on the escalation process between the operational risk registers and the strategic risk register. The Committee heard that a review of the escalation process from the Operational Risk Register to the SRR was being undertaken by the GDC's internal auditors, RSM. The Committee requested that an updated SRR was circulated to include the mapping of risks to strategic objectives. The Committee reviewed the current strategic risks in detail.
- **The Committee considered** Fitness to Practise (FtP) and determined to seek the opinion of the Finance and Performance Committee (FPC) which was tasked with monitoring the delivery of the FtP action plan. The ARC was particularly interested to know whether the plan was achieving the KPIs for new cases.
- The Committee requested that an additional Committee meeting of the Committee be scheduled to review the Strategic Risk Register in detail and to ensure that the internal audit assurance plan for the year remains current.
- **Received** a paper on the progress made with the implementation of the Equality, Diversity and Inclusion Strategy Implementation Report. The Committee noted the slippage against the plan and did not consider that the paper provided a clear picture on progress and, vitally, outcomes from actions taken. The Committee wanted to see delivery of the planned actions and an assessment of outcomes that could be evaluated. A further progress report on the implementation of the strategy was requested for the next regular ARC meeting. This should provide additional assurance on outcomes, their impact on the organisation, and associated timelines.
- **Noted** the instances of staff whistleblowing in 2022, of which there were none and **reviewed** the draft staff Whistleblowing Policy. The Committee did question whether there being none was an indication of any problems with the whistleblowing routes. The Committee was content with the revised policy, with additional signposting to

show the different routes available for staff to raise issues, including the levels of protection afforded in respect of each route, and this will be presented to the Committee for approval by correspondence.

- **Noted** the Internal Audit Progress Report but expressed disappointment that there had been difficulties faced by RSM in getting the EDI audit scoped.
- **Approved** the Internal Audit Recommendation Tracker and **noted** the In-House Quarterly Update and 2023 Plan. The Committee continues to be concerned at the number of actions missed or superseded and the impact on the control framework. The Committee will receive a further update on this at its next meeting when this and the new presentation has been reviewed by RSM.
- **Noted** the Significant Litigation Update
- Received a report on the review of the Governance Manual and:
  - **Recommended to the Council** the proposed updates to the role profiles in respect of the duties and roles of the Council, Chair and Senior Independent Council Member, and the Duties and roles of the Chief Executive, Accounting Officer and Registrar.
  - **Approved** the policy updates to the Capability Policy, Conduct Policy, Fitness to Practise (FtP) Concerns Policy and the Whistleblowing Policy for Council Members and Independent Governance Associates.
  - **Noted** the updates to the Duties and Roles of the Executive Management Team.
- **Noted** the Risk Assurance Deep Dive on Registration.

Sheila Kumar, Chair of the ARC



## Finance and Performance Committee Assurance Report

The Council is asked to note that the Finance and Performance Committee (FPC) gives assurance that the items noted in this report have been scrutinised by FPC and that the Committee is content with current and planned actions by the executive.

FPC met once since the last meeting of the Council on 25 May 2023 in Wimpole Street, London to discuss:

- Organisational Performance Reporting Suite Q1
- Fitness to Practise Operational Update
- Planned Approach to Interdependencies (Optimisation of GDC Estates, Total Reward, Workforce Development)
- Costed Corporate Plan (CCP) 2024-2026 – Planning Principles, Priorities and Timetable
- Proposed Changes to Headcount Management
- In-Depth Review – Dental Complaints Service (DCS)

The discussions and actions are summarised below:

### 1. Organisational Performance Reporting Suite Q1

- The Committee discussed the financial and other performance of the organisation for Quarter 1 2023.
- The Committee heard that there were six active CCP Projects that required IT CRM development and asked for an update on capacity in this area. The Committee noted that current CRM projects had increased in complexity and volume and discussed options to remedy this issue.
- The Committee noted that concerns around headcount gaps should be actively addressed. A significant change programme would review how project management was being carried out and would look to provide greater autonomy to individual Executive Directors to work within their budgets. The Committee agreed that the EMT needed to show flexibility and pace in responding to recruitment needs.

### 2. Fitness to Practise (FtP) Operational Update

- The Committee received an update on the performance of the FtP Casework function and the performance of the team in addressing the caseload.
- The Committee discussed the breakdown of the active caseload and noted the progress made. The Committee agreed a 'normal' sustainable active caseload for the team to work towards.
- The Committee discussed the approach to older cases and the allocation of resources to these cases.
- The Committee agreed that further clarity on overall timeliness was required, particularly in relation to new cases, to allow the Committee to provide assurance to the Council on this. The next FtP Operational Update presented to the Committee would include further data on timeliness of new cases.

### 3. Planned Approach to Interdependencies (Optimisation of GDC Estates, Total Reward, Workforce Development)

- The Committee received a report which identified the high-level interdependencies across three key projects (Optimisation of GDC Estates, Total Reward and Workforce

Development) along with key impacts and considerations across the wider CCP and BAU activities.

- The Committee discussed the risk relating to People and Organisational Development remaining below full capacity in that two projects were contingent on the ability of the team to deliver them.
- The Committee suggested that a range of options and outline costs relating to the Estates Strategy, should be discussed with the Council at its away day.

4. Costed Corporate Plan (CCP) 2024-2026 – Planning Principles, Priorities and Timetable

- The Committee scrutinised the planning principles for the CCP and noted that there were several changes in approach for this planning cycle. SLT meetings (supplemented with additional staff) and EMT had replaced the Corporate Planning Board (CPB) to provide a broader business perspective and greater visibility to Senior Leadership. The first-round stage of the plan would focus on setting activity priorities for the organisation.
- The Committee raised concerns that the approach did not appropriately factor in BAU activities and noted that the tone of planning principles and priorities was overcautious given the GDC's current positioning.
- The CCP and Budget Setting 2024-26 first draft would be presented to the Committee for discussion at its next meeting.

5. Proposed Changes to Headcount Management

- The Committee received proposed changes to the Headcount Management Policy and corresponding amendments to the Council's Financial Delegations Framework. Proposed revisions were intended to provide greater autonomy for the Executive in dealing with immediate resourcing issues, whilst retaining a framework that protected the organisation from poor financial control around pay-related budgets.
- The Committee recommended the report for forward travel to the Council.

6. In-Depth Review – Dental Complaints Service (DCS)

- The Committee received a focused review of the performance of the DCS which provided an analysis of the strengths, weaknesses, opportunities, and threats surrounding the service.

The next Committee meeting will be held on 20 July 2023 in Wimpole Street, London.

Terry Babbs

Chair of the Finance and Performance Committee

# Remuneration and Nomination Committee Assurance Report

Since the last Council meeting, the Committee has met once, on 11 May 2023. At the meeting the Committee **discussed** the following:

- Council Member Appointments

The Committee received an update on the recruitment process to appoint two registrant Members to the Council. The process had been successful, and the proposed appointments would be recommended to the Privy Council for approval. The Committee welcomed the approach taken to advertise for two roles, one of which required less non-executive experience, and which had attracted a particularly good response rate.

- Council Member Induction

The Committee received a paper on the proposed induction process for new Council Members and approved the approach. A broad induction will be provided for both of the new candidates, and this will be supported by bespoke elements targeted to their respective roles. Particular care would be taken to support the less experienced new member.

- Appointments Policy for Independent Governance Associates

The Committee reviewed, scrutinised, and approved the Appointments Policy for Independent Governance Associates (IGAs). This policy is used to administer the process for appointing Members of the Statutory Panellists Assurance Committee (SPC) and independent Members to the non-statutory Committees of the Council.

- Workforce Development Plan

The Committee received a verbal update on the Workforce Development Plan which had been approved by the Executive Management Team (EMT) in March 2023. Work had begun to deliver the objectives which includes an improved staff induction process, a framework to identify and develop talent, a simplified appraisal framework, a 'living' personal development plan, and leadership training for managers.

- In-Depth Review of Associates

The Committee received a verbal update on the in-depth review of Associates that had been commissioned by the EMT to better understand the current utilisation of this part of the GDC workforce and to establish optimal future arrangements.

- Total Reward Project

The Committee received a verbal update on the Total Reward Project. Plans included the establishment of an affordable pay and grading structure that would attract and retain staff, as well as a staff benefits package, a refresh of staff recognition systems, plans for making the staff voice more effective, and more formalised and consistent performance management processes. Updates would be provided at the next meeting.

The Committee next meets on 29 June 2023.

**Anne Heal, Chair of the Remuneration and Nomination Committee.**

## **Statutory Panellists Assurance Committee (SPC) Assurance Report to the Council at its 23 June 2023 meeting**

1. SPC met once since the last meeting of the Council on 07 June 2023 in Wimpole Street, London.
2. In addition, there continue to be informal conversations between SPC members and between the Chair and the Executive about the implementation of the Committee's priorities.
3. Many Committee members had observed panellist development day sessions which helped to keep the Committee informed of panellist learning and development.

### *Separation of Adjudications Update*

4. The Committee received an update on the continuing Separation of Hearings project, following the launch of the Dental Professionals Hearings Service (DPHS).
5. The Committee heard that the separation of hearings work had predominantly concluded (subject to legislative and rule change) aside from outstanding work involving CRM development. The Committee would be kept updated on the progress of CRM development in future updates.

### *Legal Adviser and Panellists Recruitment Update*

6. The Committee noted that the process for legal adviser and FtP panellist recruitment was currently on track. Legal Adviser interviews had concluded in April 2023 and interviews for FtP panellists had been scheduled. Following the completion of interviews and the verification of referees by the People Services team, a paper would be presented to the Committee to complete the formal appointment process.

### *Learning, Development and Performance Update*

7. The Committee heard that four of the five in-person development day sessions for panellists had been completed. A sixth virtual training day had also been scheduled to highlight key material for anyone not able to attend in-person. The training days focused on issues identified at Quality Assurance Group (QAG) meetings and other recent concerns.
8. The Committee noted that three sessions for "would be" chairs had been run to date in 2023.

### *Quality Assurance Reports*

9. The Committee heard that out of the cases considered by QAG this quarter, one case fell outside the range of reasonable outcomes. This was a Professional Conduct Committee (PCC) decision which had been referred by QAG to the Professional Standards Authority (PSA) who was now appealing the case.
10. The Committee noted that many issues identified at the Decision Scrutiny Group (DSG) had already been discussed at QAG which gave a good indication that issues were being identified appropriately.

### *Hearings Case Progression and Improvements*

11. The Committee noted that the Hearings Management team were continuing to embed case management improvements and that processes would evolve as the team continued to learn.
12. So far case management changes had been received positively by stakeholders.
13. The Committee heard that the DPHS would be reviewing lost, wasted and saved days and exploring what information could be used to improve performance.

The next Committee meeting will be held on 05 September 2023 in Wimpole Street, London, and would be preceded by a workshop to explore possible panel developments.

Sir Ross Cranston

## Professionalism, Standards and Guidance: Engaging with stakeholders on a possible future approach

<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>	To discuss proposals to commence a stakeholder engagement exercise that explores how the GDC should provide guidance about the standards expected of dental professionals. This builds on proposals considered by the Council in 2022.
<b>Issue</b>	To engage with dental professionals and other stakeholders to gather feedback on how the GDC provides guidance about the standards of conduct, performance, and practice of dental professionals.
<b>Recommendation</b>	The Council is asked to <b>approve</b> the approach to engagement set out in this paper as the next stage in updating our guidance on professionalism

### 1. Introduction: Principles and guidance – the need for reform

- 1.1 As a key part of our role in patient protection, the GDC has a statutory duty to set and publish guidance detailing the expected standards of conduct, performance, and practice for dental professionals. At the core of the current guidance is the Standards for the Dental Team.
- 1.2 These standards are now ten years old and are due for review. This is an opportunity for the GDC to explore how we can maximise patient protection through revised guidance by taking different approaches and introducing possible new structures. Additionally, we can consider whether there are better ways to communicate the standards expected to those we regulate and ensure they are embedded within professionals' practice. The proposals in this paper seek to promote the importance of professionalism in dentistry and to provide guidance that would encourage behaviour that is deemed desirable, focusing on the importance of professional judgement.
- 1.3 Standards for the Dental Team is organised around nine principles, each supported by standards and guidance. In reviewing the existing Standards, we ask three high-level questions:
  - a. Is the basic structure of principles supported by more detailed guidance still the right one?
  - b. If so, what should the updated principles be?
  - c. And what supporting material should the GDC provide to help dental professionals interpret and apply the principles?
- 1.4 At earlier stages of the work, Council has supported the continuation of the principles-based approach and has endorsed four basic principles:

- *Treat patients with respect*
- *Practise safely and effectively*
- *Maintain trust in the profession*
- *Work in partnership with others*

- 1.5 Council discussed and endorsed the principles as the basis for the revised approach to developing guidance at two meetings in March 2021 and October 2021.
- 1.6 The third of the high-level questions, ‘what supporting material should the GDC provide to help dental professionals interpret and apply the principles?’ is the focus of the next phase of the project and of this paper.
- 1.7 The choice to be made is an essentially pragmatic one: how do we best construct a package of formal guidance and broader supporting material that is as effective as possible in helping dental professionals act professionally, whilst helping patients and others understand what they should expect from dental professionals.
- 1.8 As there are differing opinions about how that is best done, with the debate turning primarily on the level of detail and prescription which is most helpful., the approach proposed in this paper is to engage with stakeholders in a less formal manner than a full consultation and to listen to their views about what they need from GDC guidance – what works well for them and what does not. The purpose of this exercise is to inform the next steps of a review and the potential development of a proposal for formal consultation.
- 1.9 We propose to do that through a six-month engagement exercise, which is introduced in section 3 of the paper and described in greater detail in **Appendix 1**.
- 1.10 To support the engagement exercise, we have developed a model of how a future guidance structure could operate. We believe it could be the basis of a better way to provide standards and guidance than our current guidance material, as it would allow us to increase focus on the importance of professionalism and judgement. At this stage, though, the primary purpose of the model is to prompt debate rather than to assume the outcome of the engagement exercise. The model is introduced in section 4 of the paper, supported by **Appendix 2**.
- 1.11 In parallel, with the engagement exercise, we will continue the work already underway to ensure that updated guidance continues to be effective in supporting fitness to practise processes. An update on that aspect of the project is provided in section 5 of the paper.
- 1.12 The Council is asked to approve the engagement exercise as outlined in this paper and the appendices.

## **2. The Engagement Exercise**

- 2.1 We have developed a six-month engagement plan to share the ideas developed to date and to use that to prompt discussion and debate both about the overall approach and about how individual components might be developed within it.
- 2.2 The plan, which is presented in more detail in **Appendix 1**, is divided into three main phases, in which we:
- (i) build understanding of the goals of the exercise and explore approaches to setting standards,
  - (ii) discuss the scale and pace of change to implement any new approach, and
  - (iii) provide feedback on the first two phases to ensure that there is a shared understanding of the issues raised and potential ways forward.

- 2.3 The engagement exercise will help us understand:
- if GDC's current thinking on a principles-based framework to setting standards is the right approach for now, or in the future
  - if GDC's current thinking requires adjustments before taking the work further
  - if an alternative approach to GDC's current thinking will be better
  - when will any potential changes be best for the professions?
  - what support is needed by the professions before any potential change is made.
- 2.4 The exercise will inform the proposals we submit to Council for the next phase of this work.

### **3. The Model Framework for Engagement**

- 3.1 The Framework for Professionalism model, attached at **Appendix 2**, provides overarching principles for a dental professional and describes the framework within which these would sit. The principles reflect the expectations of the regulator, the public, and fellow professionals. The framework is designed to support professionals to apply these principles to their practice.
- 3.2 There are four principles in this framework, compared with the nine which are the foundation for the current Standards for the Dental Team. This makes it easier for dental professionals to remember the guidance, making them more likely to keep the principles at the forefront of their mind when delivering care to their patients. There would also be further support available within the model framework to help people understand what the principles mean in situations they may encounter in practice.
- 3.3 While streamlining the level of guidance that tells professionals they must or should act in a certain way may provide greater flexibility, there is understandable concern that it may also create greater uncertainty for dental professionals and make it more difficult for them in their day-to-day practice. The principles are therefore just one element within the model, and other elements would aim to provide further support to dental professionals, while providing us with greater flexibility in the way we provide guidance and support to our registrants.
- 3.4 Additional guidance would still be provided where it is important that we do so, such as where there is a legal or regulatory duty. Where there are other bodies that set guidance, we would signpost to this.
- 3.5 In addition to this guidance, the model proposes enabling professional decision making by providing supporting materials across a range of subjects. We want to improve the way we provide information across topics and to be able to update this information to respond to need and to make it more dynamic. This would allow us to consider the best way to present information that gets dental professionals to really engage with, and reflect on, the subject. The materials would include content such as scenarios, case studies, reflections, blogs, and other resources that would be designed to bring the subject matter to life, to help inform professional decision making and to promote the importance of professionalism.
- 3.6 The benefit of including the proposed model within the engagement is to bring to life an alternative option and to encourage individual stakeholders to consider how a change in approach to standards and guidance will affect them and other groups both positively and negatively. It may help us to identify where there are real or perceived differential impacts.
- 3.7 We are aware that there is likely to remain a diversity of opinion regarding what is the best way to set our standards and provide guidance to the dental team. The engagement exercise will not present a binary choice between a principles-based approach described in the model and the Standards for the Dental Team. Instead, it will seek to gather information to assess the optimal



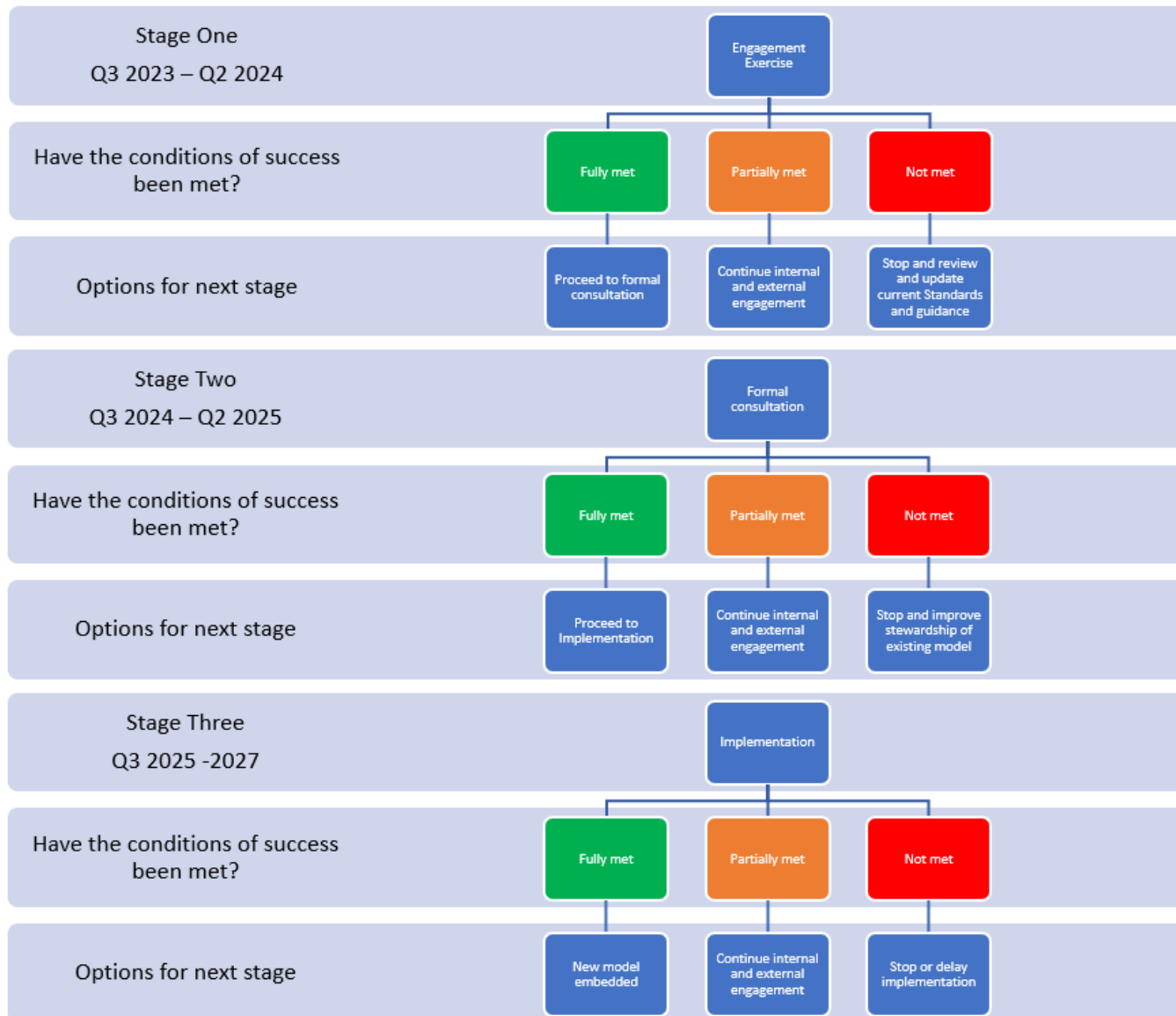
balance between greater and lesser prescription across a range of issues and about how we provide effective support to dental professionals to practice in accordance with the principles and protects patients from harm. Although it will not be presented as a choice between two options, we are aware that there are likely to be split preferences on the balance between prescription and flexibility and need to be prepared to respond to these opposing views.

- 3.8 An early review of the responses to the consultation on the revised Scope of Practice guidance (which closed on 11 May) has given us an opportunity to gain some insight the way dental professionals feel about a change in the level of detail and prescription we provide in our guidance. The majority of the responses were from individual dental professionals, and responses from some welcomed the shift while others were concerned that the guidance was not descriptive enough to support them in their roles. The analysis from the Scope of Practice consultation may help us to drive our communications about the proposed model for standards and guidance, as we deliver the engagement exercise.

#### **4. Milestones and decision points**

- 4.1 The overall ambition of this work is to update our standards and guidance and to present it in a form which encourages engagement with the content and embedding of positive behaviour and a professional mindset. We also acknowledge the significance of the journey that we are about to undertake, and that it will be necessary to regularly review our progress against key milestones.
- 4.2 There are many factors that may affect our ability to move to the next stage, including the information we gather during the engagement exercise, and our own operational readiness. It will be necessary for Council to evaluate whether the information gathered at each stage means that we are ready to move to the next planned phase of work, continue engagement, or adopt an alternative approach to updating the guidance.
- 4.3 We have set out conditions of success to be tested at the end of each stage to help us navigate the decision points. Outlined at each phase are the information that needs to have been understood and the activities that need to be undertaken to move to the next planned phase of this work.
- 4.4 Figure one sets out a simplified diagram showing the points at which Council would consider whether those conditions have been met and make a decision whether to either proceed to the next phase of the work, reconsider the trajectory of this work, or stop the further development of this approach. While there is no do nothing option, as the existing guidance is well overdue for updating, it would be possible to fall back to a simpler updating of that guidance.

Figure 1 – Conditions of success

**Conditions of success for engagement exercise**

- Guidance document updated
- We understand the sector's opinion
- We understand the impact on the GDC's processes
- The policy questions have been answered

**Conditions of success for formal consultation**

- We have created a future model based on feedback from the engagement exercise
- We have created a process for stewardship of the new model
- We understand the optimum time of the business to implement (caseload)
- We understand the training requirements for potential implementation of new model

**Conditions of success for implementation**

- Key supporting material ready for launch
- Policy stewardship arrangements in place
- Sector ready for implementation
- GDC functions able to absorb the change – caseload manageable, training complete

## **5. Ensuring effective support for Fitness to Practise**

- 5.1 The primary purpose of our standards and guidance is to give dental professionals a clear and consistent picture of what constitutes professional behaviour and provides support on issues where there may be uncertainty, either directly or by referring to other sources of advice and guidance. The overwhelming majority of dental professionals will use our new principles and guidance in this way, just as has always been the case for our existing guidance.
- 5.2 But our guidance (particularly our statutory guidance) also has a secondary purpose, directly affecting only a small minority of dental professionals. By setting the standards dental professionals should meet, our guidance is also an indicator of where dental professionals may have fallen short of those standards and is therefore relevant to – and used in – fitness to practise cases.
- 5.3 The engagement exercise proposed in this paper is mainly about ensuring that our future approach successfully delivers the primary purpose. But in parallel with that, we must also continue to ensure that any new guidance supports fitness to practise and does not inadvertently undermine its effectiveness.
- 5.4 More work has been done to analyse the way the current standards and guidance are used in decision making at all stages of the fitness to practise process, from triage through to substantive hearing, by conducting a review of 20 cases that have reached a Professional Conduct Committee (PCC) hearing. The cases identified were from a mix of conduct and clinical cases across the professional groups.
- 5.5 The review investigated whether the Standards for the Dental Team were referenced at key decision points; Initial Assessment Decision Group, Interim Orders Committee application, Case Examiners decision and in the panel determination.
- 5.6 The Standards were referenced at least once in each case considered, and in many cases at every stage.
- 5.7 While decision makers take account of what the GDC guidance states among their considerations, the legislation does not require assessment of whether fitness to practise is currently impaired to be based on this guidance. But the review confirms that although not required under the statutory tests, the Standards for the Dental Team are routinely used as a lens through which decisions are made.
- 5.8 Unsurprisingly, breaches of the standards can lead to fitness to practise proceedings. But the process also sometimes works in the opposite direction, where there can be a perception that within decisions that fitness to practise is impaired there needs to be identification of a breach of a specific element of the Standards, and that the current level of detail is helpful for that purpose. This perception is being challenged by separate activity within fitness to practise which seeks to place the emphasis on the totality of the circumstances in a case and the harm caused, rather than framing an investigation or decision around a specific breach of a standard.
- 5.9 There may also be a perception that when a case is referred to a hearing the legal team base charges on breaches of the standards. However, these charges are in fact based on the statutory heads of impairment (misconduct, deficient professional performance, health, criminal convictions and rulings from another regulatory body). Where the standards are referred to, this is for the purpose of context only. It will be important to ensure that there continues to be clarity about how the heads of impairment relate to the professional standards that the GDC expect. Ensuring that will be a design requirement of any future approach to guidance and has been taken into account in developing the Framework for Professionalism at Appendix B.

- 5.10 In addition to the standards and guidance being used as indicators of shortfalls in professional behaviour, they are also important in supporting the fitness to practise process itself. Registrants' duties to report their involvement in criminal and disciplinary matters and to co-operate with our investigations are expressed through our standards and guidance, and that will remain the case in any future model.
- 5.11 That all underlines the need to ensure that any future guidance framework continues to support the requirements of the fitness to practise process, as well meeting its primary purpose of supporting positive professionalism. We will continue our work on this aspect in parallel with the engagement exercise which is the primary focus of this paper.

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

- 6.1 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 guidance is issued or amended. This stage of development would form the first stage in fulfilling this requirement. A formal consultation on proposals would be necessary to meet this duty.
- 6.2 Legal colleagues reviewed the model prior to the proposal to go to Consultation, which was presented to the Council in October 2022. A further review was not considered necessary at this stage.
- 6.3 No areas where national differences may affect the how these proposals would work have been identified, but stakeholders would be engaged across the four nations of the UK during the exercise.
- 6.4 There are inter-dependencies across other areas of policy development within the GDC, including education and training, lifelong learning and regulatory reform.

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

- 7.1 No privacy issues have been identified that warrant completion of a detailed impact analysis. The engagement would be conducted within the scope of the GDC's existing privacy statement.
- 7.2 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.
- 7.3 No differential impacts on protected groups have been identified, however, specific questions would be asked in any future consultation to verify and, if necessary, alter the assessment of impact.

## **8. Risk considerations**

- 8.1 The following risks have been identified for this engagement exercise, though some of these extend to risks and issues that may arise at later stages. These risks and the mitigations that are in place or are scheduled to take place are summarised below:

Risk description	Mitigations
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Risk description	Mitigations
We are unable to gain views from important stakeholder groups, including those that are harder to reach.	Use of a range of engagement methods. Building in the flexibility to amend or extend elements of the engagement should we not have feedback from key groups of stakeholders.
The engagement exercise creates expectations that substantial changes will be made to the way that GDC provides guidance.	Careful messaging during the exercise and through pre-launch engagement would make clear that this is not a consultation or formal proposal, but an exercise to gather feedback. The flexibility within the engagement plans would allow us to respond quickly to address any misunderstanding.
Unrealistic expectations that we would develop an approach that could satisfy all stakeholders. It is highly unlikely a model can be developed that contains the detail and direction wanted by some, while also reflecting that situations are not black and white and professional judgement is needed.	Clarity within messaging that this is an exercise to gather feedback and test thinking before any review commences.  Feedback from the consultation on the Standards for the Dental Team noted that there were several stakeholders who did not favour the current approach. This means we do not currently have an approach that is universally supported.  The proposed engagement and consultation approach means that decisions on next-steps would be made following in-depth consideration of stakeholder views.
Stakeholders are unable to provide valid feedback about the framework described in the model without additional content, e.g., supporting materials, in place.	Descriptions would be provided of the supporting materials, and the role of these would be discussed during engagement.  Should the engagement indicate that a framework similar to that in the model at <b>Appendix 1</b> would work well, additional supporting materials would be produced for a formal consultation.
Concerns about the impact of any changes on fitness to practise distract from obtaining feedback about how well a model would support dental professionals to practise professionally.	Common goals established which will be used during engagement to keep focus on supporting professionalism and the primary purpose of standards and guidance.

## 9. Resource considerations and CCP

- 9.1 This engagement exercise would draw on resource from the policy and communications and engagement teams, with specialist advice provided by the research team. There is sufficient resource available within the CCP 2023-25 to deliver the proposed engagement, collate and review the feedback received and to report on the findings. This is because a similar level of resource had been allocated to a formal consultation within the CCP and it would be repurposed for this exercise.
- 9.2 Assumptions of staff resources required for a formal consultation and the potential further stages of implementation, maintenance and development were included in the CCP for 2023-25. These may need to be revised and extended within future CCPs as the project progresses.
- 9.3 The activity described in this paper, and in particular further work on assessing the impact on FtP processes described in section 5, would be managed to ensure that any impact on operational

performance would not affect progress to address the casework backlog. This would be achieved by close communications with the FtP and legal management team, and implementation would only be scheduled when the function is able to absorb the change. This is one of the conditions for success for implementation that need to be met (see Figure 1).

- 9.4 Costs relating to Fitness to Practise (FtP) and the Dental Professionals Hearing Service (DPHS) resources are an important consideration. 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.

## **10. 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 wider professionalism project, and high-level implementation plan approved
- **August 2022:** Stakeholder engagement event
- **October 2022:** Council paper – decision to hold back consultation on proposals, guidance consultations approved
- **December 2022:** Presentation to Council – decision to pause consultation and develop exploratory exercise

## **11. Next steps and communications**

- 11.1 Subject to the Council's approval, the engagement exercise will commence in September 2023. Council would subsequently be presented with recommendations and measurements against the criteria for success at each decision point to determine readiness to move to the next phase of the project.

## **Appendices**

1. Engagement plan
2. Model for engagement

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30 May 2023

# **Exploring new and better ways to provide standards and guidance: an engagement exercise**

## **Communications and engagement plan**

6 June 2023

# Contents

1. Engagement strategy and objectives
2. Engagement phases
3. Engagement activities



# Engagement, not consultation

1. This is an engagement exercise to understand opinion and concerns and gather fresh thinking and ideas about new and better ways to provide standards and guidance.
2. This is not a consultation exercise, where we would put forward a proposal and invite feedback.
3. To be successful, the engagement exercise must attract sufficient varied feedback to understand the opinion of dental professionals and stakeholders, their concerns and ideas and gather enough insight to inform Council's decision about the next steps.
4. During the engagement, we will show a principles-based approach as an example of how we could provide standards and guidance, making it clear that it's just one possible model and we want ideas about alternative approaches.
5. To do this, we need to be able to explain what we're trying to do and why, in a way that's easy to explain and understand, and that GDC staff and dental professionals can relate to.

# Engagement strategy

1. We will explain the purpose of the engagement exercise in terms of three simple goals (slide 5) that we expect to have widespread appeal amongst dental professionals and stakeholders.
  - We will describe the exercise in terms of heading towards goals where the future is not known or set and the approach and timescales are to be determined, to show that we are not fixed on an outcome
  - The goals will be simple to explain in conversation, without requiring extensive context or background information
2. We will engage in phases so that we listen, respond to and gather feedback during the exercise
  - In each phase, we will invite feedback to assess engagement and gather the deeper understanding that Council needs in order to make a decision about the next steps.

# Establish common goals

Through this engagement programme, we will explore new ways of setting standards and guidance for the dental team. In finding a new and better way forward, we want to establish with our stakeholders the goals a new model will need to ensure:

1. The standards and guidance **continue to uphold best professional practice** that protects patient-safety and maintain public confidence.
2. The standards and guidance are provided **in a way that is useful** to dental professionals and meets their needs.
3. The standards and guidance are set and provided **in a way that enables professionals to use their professional judgement** to deliver the right care for patients in every circumstance and conduct themselves in a way that ensures public confidence in dentistry.

# Having the right balance in achieving the goals

What is the necessary or desired level of prescription in setting standards or providing guidance?

What level of supporting materials, if any, is needed by the professions?

When, if at all, can a new model be implemented?

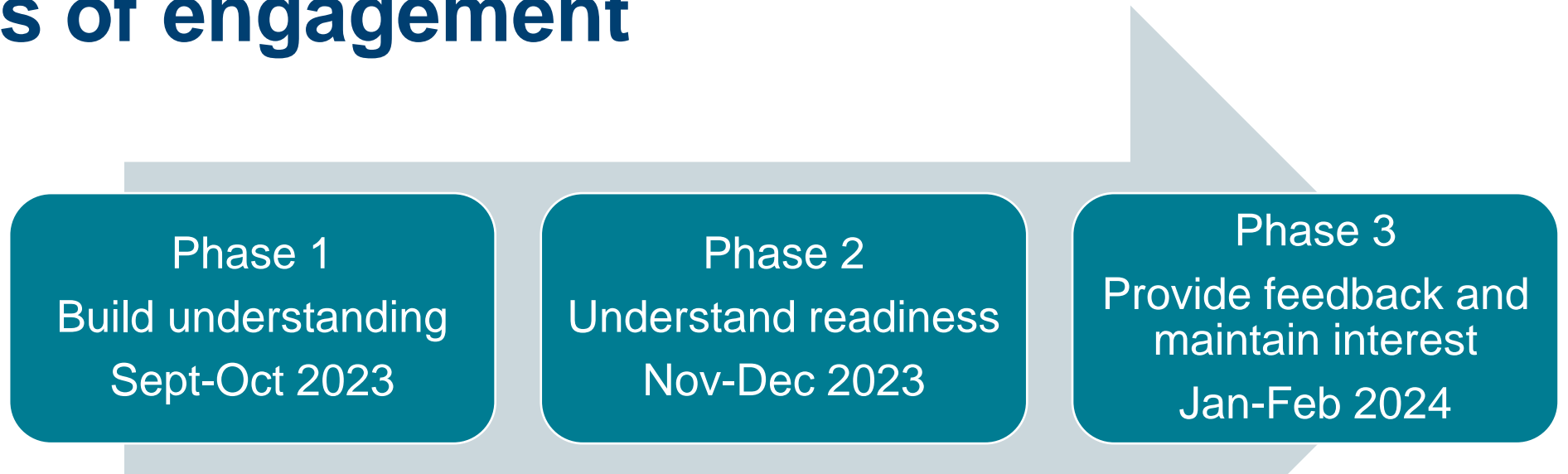


# What outcomes might we see?



Engagement will tell us how far dental professionals and stakeholders believe we should go with a more or less prescriptive approach, how fast and where we might need to pause to allow time for change to be adopted

# Phases of engagement



- |  |   |  |
|--|---|--|
| a) Build understanding of the goals              | a) Understand how far any changes should go, how long it would take, what order to change things in | a) Feedback to stakeholders on what we heard during the engagement phases                        |
| b) Get feedback on a principles-based approach   | b) Know what stakeholders would need in order to be ready, from the GDC and others                  | b) Maintain interest and build support for GDC's next steps in preparation of Council's decision |
| c) Explore alternative ways of setting standards |   |  |

# Engagement activities



**Pre-launch** engagement through emails and regular meetings to secure co-hosting of events



Launch and promotion of a dedicated **micro-website**



Launch and promotion of **survey** to capture feedback



Suite of bespoke **events** (online and in person) targeted at specific audiences (DPs, indemnifiers etc)

Utilising the **Dental Leadership Network** to discuss our proposals and explore alternative ways

Utilising existing **student engagement programme** to discuss our proposals and explore alternative ways

Utilising existing **regular stakeholder meetings across all four nations** to highlight this programme of work

Utilising existing networks and opportunities

# A dedicated micro-website

To provide information that dental professionals and other stakeholders need to understand and participate in the engagement exercise



A **central narrative** explaining what we are doing, why, and how everyone can get involved



House all existing **research** and publications around this work



A detailed exploration of GDC's work-in-progress **alternative framework**



EVENTS

Advertise and facilitate sign-up to **engagement events**



House the **survey** for stakeholders to feedback



# Phase 1: Build understanding

	Example Questions
<b>Assess reaction and provoke thinking</b>  Polling at online events, student engagement sessions, stakeholder conversations	<ul style="list-style-type: none"><li>a) Do you agree that these are the right goals for this engagement exercise?</li><li>b) Should this exercise have additional goals?</li><li>c) How do you use the current Standards for the Dental Team?</li><li>d) Are there any issues that the Standards for the Dental Team does not address that it should?</li><li>e) The GDC could provide standards and guidance through a new framework including principles, detailed guidance on issues, and supplementary materials such as case studies. What else should be added?</li><li>f) What are the risks or benefits of this approach?</li><li>g) What other new and better ways could be used to provide standards and guidance?</li></ul>
<b>Deeper understanding</b>  Online survey, accessible after reading an overview of the engagement exercise and the GDC's alternative framework for providing standards and guidance	<ul style="list-style-type: none"><li>a) Is what is expected from dental professionals clear from the GDC's alternative new framework?</li><li>b) How would the proposed framework affect dental professionals when carrying out their role. How might they practise and behave differently?</li><li>c) What might be different for patients receiving care if the proposed framework was in place?</li><li>d) How would a less rules-based model for standards and guidance affect the way in which dental professionals work on a daily basis? What is the right balance for standards, guidance and supporting materials?</li><li>e) Is what is expected from dental professionals clear from the GDC's alternative new framework for providing standards and guidance?</li><li>f) What would a new and better model for standards and guidance look like? How would it operate?</li></ul>

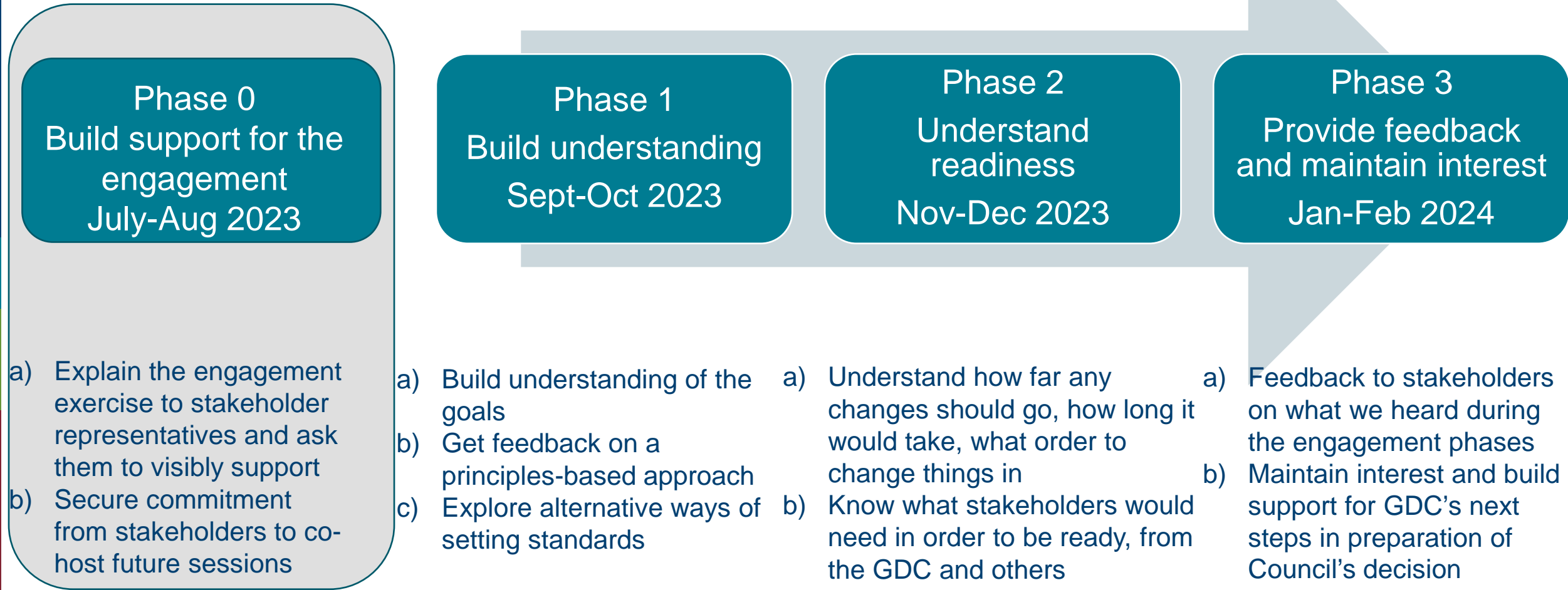
## Phase 2: Understand readiness

	Example Questions
<b>Assess reaction and provoke thinking</b>  Workshop at the Dental Leadership network, polling at online events, student engagement sessions	<ul style="list-style-type: none"><li>a) What does success look like for any model of providing standards?</li><li>b) What are the most important things to get right in changing the approach to providing standards for the dental team?</li><li>c) What will be needed to transition to any new approach – either the alternative framework from the GDC or something else?</li><li>d) What order should things change in?</li><li>e) How long should be given to make any transition from the current standards to a new approach a safe and effective one?</li><li>f) What support will you need through the transition phase and after implementation of any new standards?</li></ul>
<b>Deeper understanding</b>  Online survey, accessible after reading an overview of the engagement exercise and the GDC's alternative framework for providing standards and guidance	<ul style="list-style-type: none"><li>a) What would dental professions and employers need from the GDC to adapt to change?</li><li>b) What else might dental professionals need from other organisations in the dental sector?</li><li>c) What else do professionals need from the GDC to practise professionally, and make the right decisions for the context they are in?</li></ul>

# Phase 3: Share feedback and maintain interest

	Example Questions
<p><b>Assess reaction and provoke thinking</b></p> <p>Workshop at the Dental Leadership network, polling at online events, student engagement sessions</p>	<p>a) Did you participate in the GDC’s engagement exercise to explore the best approach to providing standards for the dental team?</p> <p>b) If so, how did you hear about it?</p> <p>c) Did the engagement exercise give you an opportunity to provide your feedback?</p> <p>d) Did you provide feedback? Options: through online workshops, events, your professional association, the survey, other</p> <p>e) Does the feedback reflect what you heard during the engagement exercise?</p> <p>f) Does the feedback confirm what you think about providing standards for the dental team?</p> <p>g) Was there any part of the feedback that was unexpected?</p>
<p><b>Deeper understanding</b></p> <p>Online survey, accessible after reading an overview of the engagement exercise and the GDC’s alternative framework for providing standards and guidance</p>	<p>a) Do we need any deeper understanding questions at this stage?</p>

# We need to build support before we start



## Engagement Exercise – Model Framework for Professionalism

In exploring new and better ways of setting standards and guidance, we will present to stakeholders our current thinking on a principles-based framework as a possible alternative to what we have now. This draft framework is described in detail below.

### The Principles of Professionalism

We have developed four principles, which together capture the essential components of professionalism. These principles were developed by reflecting on commissioned research on professionalism in dentistry, and analysing the content of the Standards for the Dental Team, which was broadly supported by the research. This enabled us to identify four overarching themes. These themes were then refined by engagement with professionals, patients and in discussion with Council.

For each of the principles we have included a short supporting statement which relates the principles to aspects of professional activity.

Figure 1: Principles of Professionalism

<b>Treat patients with respect</b>	<b>Practise safely and effectively</b>	<b>Maintain trust in the profession</b>	<b>Work in partnership with others</b>
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

We wanted to highlight a different system that we think could provide a framework to better support dental professionals to use their professional judgement, providing the flexibility to allow them to take the context of situations they encounter into account.

We understand that dental professionals may need further information to take these principles and apply them in practice. There are also areas that represent a risk to patients and the public if guidance is not followed. We therefore propose to situate the Principles within a Framework that provides dental professionals with formal guidance in some areas but is agile enough to provide supporting information where a need is identified.

### Framework for Professionalism

These principles are situated within a Framework for Professionalism that includes;

- Core things professionals **must** follow:
  - **Principles of Professionalism** that succinctly articulate the standards of conduct, performance and practice expected of dental professionals.
  - **Guidance** on specific matters which provides detail regarding what we expect professionals to do in these areas..
- Additional content to help **support** professionals would sit alongside the principles and guidance to support professional decision making and learning:
  - **Illustrative examples** that demonstrate how the principles apply in different contexts and would assist dental professionals in using the principles in their decision making.
  - **Supporting materials** that provide further scenarios of applying the principles in contexts through mediums such as blogs, infographics, videos and case studies. This may include important topics and emerging issues across dentistry.

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.

We consider that the agility of this approach, and the inclusion of supporting materials, should be better at supporting professionals to apply standards and guidance to real life situations than our current rules-based framework.

## Illustrative examples

The Principles are supported by examples of how each principle are demonstrated in practice. We've identified these example areas from engagement and research. The purpose of the illustrative examples is to support dental professionals with applying a principles based approach, and encourage understanding of what it means to be professional. This is a non exhaustive list, and the examples could change over time to respond to the needs of dental professionals and patients. The suggested illustrative examples are set out below.

### Principle 1: Treat Patients with Respect

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

Ways this is demonstrated in practice 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 valid 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 this is demonstrated in practice 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 this is demonstrated in practice 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 this is demonstrated in practice 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

#### **Guidance**

Although the Principles are designed to cover the core elements of what it means to be a professional in dentistry, it will still be necessary for the GDC to issue specific and detailed guidance to our registrants where necessary. The creation of the proposed framework has included a consideration of how we set that guidance in a way that provides certainty in regards to their professional obligations, and is agile and responsive to emerging issues in dentistry.

We think our resource can be best spent developing guidance where there is:

- 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

So far, we have identified three areas which meet the above criteria within the proposed Framework:

- Scope of Practice
- Guidance on Professional Indemnity and Insurance
- Guidance on reporting matters to the GDC

We have updated and consulted on these guidance documents in 2023.

We are not proposing that this represents the exhaustive list of topics about which the GDC will issue guidance to our registrants. The process by which we will decide on any additions to the guidance we provide under the framework is described below.



For topics which don't meet these criteria we think dental professionals should be sign-posted to the authoritative body on that topic or directed towards supporting materials (we will provide detail about supporting materials in the next section).

## Supporting materials

We recognise that there is a lot of useful material that does not meet the above requirements that is useful to dental professionals in making decisions in their daily practice. This includes, but is not limited to, the material currently in the Standards for the Dental Team. We believe that an effective model for standards and providing guidance should include support for dental professionals on key topics and is responsive to issues that arise in dentistry.

We are proposing that we provide the information in a way that supports, rather than limits professionals. This means not putting everything into formal guidance but communicating with professionals as part of an on-going dialogue and through different formats. We think the way to do this is to host supporting material on a separate section on our website which may include blogs, videos, infographics and case studies. These materials can be considered as part of daily practice and applied in a way which is relevant to the context and upholds standards rather than being a set of 'rules' that professionals must follow.

Dental professionals and their representative bodies hold a lot of knowledge, skills and experience and want to foster partnership working to create content that develops the knowledge, skills, and behaviours of the professions as a whole.

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.

This is a different way for the GDC to approach standards and guidance although there are existing resources that we have developed as supportive 'explainers' and would fit within the described library of materials. These include:

- [Complaints Handling](#)
- [Supporting the Dental Team](#)

## Ensuring our guidance and supporting materials remain up to date

It is essential that we ensure that the guidance we provide to dental professionals remains up to date over time. This means that we will need to institute a process by which we decide how and when we update our guidance, and supporting materials, as well as when there is a need for the GDC to issue formal guidance on a particular issue to the profession.

When an issue arises, we will consider whether there is a need for the GDC to respond to it, and if so, what is the most appropriate way for us to do so. We will use the criteria set out above to assess whether we need to issue formal guidance ourselves, whether we can develop supporting materials on the topic, or whether we can signpost to existing guidance issued by other bodies more appropriate to address the issue.

Where we decide there is a need to add to our suite of formal guidance documents, we will consult with the profession and other stakeholders.

## Comprehensive Complaints Resolution Model

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Madeline Eastwood, Policy and Projects Officer Kristen Bottrell, Policy Manager Toby Ganley, Head of Right Touch Regulation
<b>Type of business</b>	For noting
<b>Issue</b>	This paper is being presented to the Council to update on findings of the review of the function of the Dental Complaints Service (DCS) in relation to its role in the dental complaints landscape, and to note progress on improving signposting provided by the GDC to organisations that deal with complaints relating to dentistry.
<b>Recommendation</b>	The Council is asked to: <ul style="list-style-type: none"> <li>note the conclusions relating to the DCS part of the work for the reasons set out in the paper</li> <li>note the progress on the comprehensive complaints resolution model project.</li> </ul>

### 1. Background

- 1.1 Strategic Aim Two of our Corporate Strategy states our ambition to protect the public through our role as part of an effective and accessible system for resolving complaints, ensuring only the most serious are dealt with as fitness to practise concerns. This project facilitates that ambition by focussing on understanding and mapping the dental complaints landscape and working to ensure dental complaints are dealt with by the organisation best placed to address them. Helping complaints to be resolved efficiently should result in better outcomes for patients and can reduce unnecessary escalation into the Fitness to Practise (FtP) process and litigation. This project has focused on the systems and processes for dealing with matters that do not meet the FtP threshold and as such we have looked to identify the ways in which we can increase the likelihood of effective resolution of complaints. We have also worked with other organisations that deal with complaints related to dentistry to ensure that the information provided to patients and the public is clear and consistent.
- 1.2 Stage one of this work focused on mapping the complex dental complaints landscape and engaging with partners to understand the experience of navigating this system. There was widespread consensus that the fragmented system, which has evolved over time, means that patients and the public can be unclear about which organisation to approach with their complaint.
- 1.3 Based on the conclusions of this phase, we sought to take a leading role in signposting complainants, updating our public facing information, influencing other organisations to update their signposting and improving consistency in the user experience when making a dental complaint.
- 1.4 In 2021, the scope of this project was expanded to include consideration of the role of the Dental Complaints Service, both in terms of its function within the wider complaints landscape, and to

look at the options for expanding the service to handle NHS complaints. This paper sets out the conclusions of this review.

- 1.5 This paper also provides the Council with an update on the wider work, which is on track to be completed in September this year.

## **2. Role of the Dental Complaints Service**

- 2.1 The DCS was launched as a result of an Office of Fair Trading report published in 2002 which highlighted that, in contrast to the NHS, the only recourse for private patients who were unhappy with their treatment was to seek legal advice, which could be costly and lead to lengthy litigation. The DCS was set up in May 2006 to assist patients and dental professionals to resolve complaints about private dental treatment. The establishment of the DCS therefore filled a significant gap, and the service plays an important role in helping private dental patients resolve complaints in a proportionate way.
- 2.2 Patients and registrants that have made use of the DCS service consistently report high levels of satisfaction, with an independent survey finding that the service was transparent, professional, managed efficiently and that complaints are handled in a timely way.
- 2.3 A social return on investment study (SROI), published in 2019, concluded that the DCS has created a considerable social value for its stakeholders. SROI is a framework for measuring and accounting for the full social, economic and environmental impact of activities, including the ones that have no direct monetary value. The aim of this study was to help the GDC to understand the wider social impact of the DCS on patients, dental professionals and other stakeholders and evidence the value created for its stakeholders. The value was calculated against the impact on stress, feeling of wellbeing, confidence, knowledge, and finances for their stakeholders. For every pound spent on the service, a social value of £3.25 is created. The study found that the service created almost £1.3m social value for patients, dental professionals, and other stakeholders.
- 2.4 In other healthcare contexts, advocacy organisations can assist those complainants who find it difficult to make a complaint themselves. While these advocacy organisations would like to be able to assist with dental complaints, their funding models mean that they are unable to do so. Decisions about funding for independent advocacy will be made by each local authority as part of its overall responsibilities to fund services to meet the needs of local people and communities, and the advocacy services we engaged with report that funding is not made available for dental complaints.
- 2.5 Although the DCS is not an advocacy service, it plays a key role in offering mediation and advice to both complainants and dental professionals. As there are currently no other organisations or services offering mediation and support for local resolution for private dental complaints, the DCS clearly plays a crucial role and there would be a significant gap if this service were not available.
- 2.6 We were asked to consider whether the remit of the DCS should be extended to include NHS complaints. As set out above, the DCS was established to fill a gap and assist in the resolution of private dental complaints as no other route previously existed for complaints about privately funded dentistry.
- 2.7 In contrast, the NHS operates a statutory complaints scheme, and within that, patients and members of the public have some choice about where to direct their initial complaint (either to the practice or to service commissioner). If the complaint is not satisfactorily resolved, the matter can be escalated to the relevant Ombudsman service in each of the four nations of the UK. The NHS complaints process is an established and effective route for NHS patients to seek resolution of

their complaints, and attempting to run a parallel complaints process for NHS dentistry via the DCS would represent a significant intrusion on those processes.

- 2.8 The DCS currently receives calls from members of the public looking for help making a complaint regarding NHS treatment. In fact, the proportion of enquiries the DCS receives relating to NHS treatment has recently increased and these currently represent approximately 24% of all enquiries received.
- 2.9 While the DCS cannot provide the full mediation service that they provide to those complaining about private treatment, in 2018 a process was implemented for assisting NHS patients who contact the DCS for help. These calls are triaged and signposted to the NHS complaints process, including the escalation routes via the Ombudsmen in each of the four nations. In addition, callers are also provided with advice on how best to formulate their complaint. Were the DCS to take a greater role in resolution of complaints relating to NHS dental treatment, there would be significant potential cost implications – in 2020-21, the DCS received 4,358 enquiries, while the NHS received 14,285 new complaints about dentistry.
- 2.10 The signposting provided by the DCS can be further enhanced by the signposting improvements planned as part of the broader project, which are explained in detail in Section 3, below.
- 2.11 As there is already an effective complaints resolution route available for NHS care, our work did not identify a need for the DCS to extend the service they provide to NHS complainants. There is a gap however in the GDC's own processes, specifically relating to when and how the GDC signpost to the DCS. The DCS have a set of criteria that they use to decide whether to raise an FtP concern. However, there is no similar process for deciding to refer or signpost in the other direction – from the FtP process to the DCS, e.g., where an informant has indicated that they would like a refund, apology, or remedial treatment, none of which is provided by the FtP process. This means that there is a gap where FtP informants, who originally approached the GDC with the intention of securing assistance of the kind the DCS can offer may be left without resolution of their complaint.
- 2.12 Our conclusions in relation to the question of expansion of the DCS to handle NHS dental complaints are therefore that:
- a. There is no compelling reason to support expansion of the service. There is a clear and functioning process for NHS complaints, which provides appropriate avenues and resolution for those complaining. The support available to those complaining about NHS dental services has been improved by the signposting and advice provided to them by the DCS on their initial contact.
  - b. That the cost of doing so, in light of there being no obvious gap to fill, would be disproportionate to the benefit.
- 2.13 The Council is asked **to note** these conclusions and that this part of the project is complete.

### **3. Improving complaints signposting**

- 3.1 Since the resumption of this project in July 2022, following a pause due to reprioritisation during the Covid-19 pandemic, work has focused on options for assisting complainants to navigate the dental complaints system and identify the organisation that can best help them to resolve their complaint. Given our remit, the best way for the GDC to do this is to improve the information and signposting on our website, based on our improved understanding of the complainant experience, and by working with other organisations that deal with complaints about dentistry to improve the quality and consistency of their signposting.

- 3.2 Having mapped the remits of the organisations that deal with complaints about dentistry against the different types of complaints and the different types of complainants, we have developed a signposting package to improve how the GDC assists people in navigating the system once they have engaged with the GDC, either via our website or via our customer advice and information system. The language is designed to be easy to understand, and to mirror the information available from the organisation best placed to help.
- 3.3 These improvements will focus on:
- a. **Making improvements to our triage tool** by ensuring that the language is clear, accessible and, where the FtP threshold is not met, direct complainants to the correct organisation to handle their complaint.
  - b. **Updating the signposting available on our website** and the creation of content that provides comprehensive information about the organisations that deal with dental complaints, without needing to access the triage tool.
  - c. **Ensuring that our staff are aware of this signposting** and trained in using it, so that the experience of accessing signposting via the GDC is consistent.
  - d. **Highlighting support for local resolution** by continuing to emphasise that dealing with complaints locally can often provide the best outcome for all parties.
- 3.4 Alongside these planned improvements, there are other projects focussed on improving the data we hold about the FtP process, and we continue to feed the insight gained from this data into improving our communications including public and registrant facing information.
- 3.5 We will also feed in to planned work with our digital insights partner, TPX, to better understand the experience users have of navigating the GDC's website. This will enable us to design our signposting so it is accessible and easy to navigate, so that users can find the right organisation to make their complaint to, including the GDC, where appropriate.
- 3.6 Knowing that complainants will not always begin their complaints journey at the GDC, we will engage with other organisations who deal with dental complaints to encourage the implementation of similar, consistent, signposting. An analysis of the signposting available on the websites of complaints handlers in the sector has shown that signposting is inconsistent, with some organisations providing comprehensive signposting, but others very little. Influencing organisations to improve the signposting they offer aims to ensure consistency and improve the experience of navigating this complex system. An acknowledgement of this inconsistency and the need for a system-wide approach has been demonstrated in engagement undertaken throughout this project to date.
- 3.7 We will also continue to stress the importance of good complaints handling at a local level, both as a learning opportunity for dental professionals and as an important step in many complaint journeys. Local resolution is, in many cases, the most efficient and appropriate way to resolve complaints to the satisfaction of all parties. Effective handling of complaints at a local level will reduce the need for complainants to escalate their complaint to FtP or litigation, which can cause considerable stress for all parties, and be costly when escalated unnecessarily.
- 3.8 In order to evaluate the success of this project internally, we will monitor and report on the upskilling and training of our staff, use the analytics on our website to analyse the numbers of people accessing our signposting pages and their progress through our triage tool. Should this improved routing of complaints be successful, we will expect to see a reduction in the proportion of concerns that are raised with us but closed at initial assessment.
- 3.9 We will evaluate the wider benefits of this project by seeking feedback from stakeholders, including patients, the public, dental professionals and the organisations that we are signposting

to, to understand whether we have succeeded in our ambition to improve the experience of making a complaint related to dentistry. We will do this by including questions in our annual surveys, and continuing the relationships that we have developed with our partners as part of this project.

**4. Next steps and communications**

- 4.1 The Comprehensive Complaints resolution model project is on track to complete in September 2023.
- 4.2 Work on the final stage of this project, as described above, will be managed via the Project Board.

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07 June 2023



## External Communications and Engagement Strategy Review

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Joanne Rewcastle, Associate Director, Communications and Engagement
<b>Type of business</b>	For discussion
<b>Purpose</b>	This paper provides an update on progress against the Communications and Engagement Strategy that was approved by Council on 1 April 2022.
<b>Issue</b>	To provide the Council with assurance that the GDC's communications strategy is enabling delivery of the GDC's Corporate Strategy, to outline the strategic challenges and to ask how the Council wants to have more visibility of the communications and engagement activities.
<b>Recommendation</b>	The Council is asked to: <ul style="list-style-type: none"> <li>• Review progress and the strategy's role in enabling delivery of the GDC's Corporate Strategy</li> <li>• Note the challenge and limitations of the current strategy</li> </ul>

### 1. Background

- 1.1 In April 2022, the Council approved the Communications and Engagement Strategy and endorsed the activities identified as deliverable within current resources as the basis for implementing the strategy.
- 1.2 The Council noted that the further activities set out in the strategy were dependent on additional resourcing, which was not approved as part of the process for setting the CCP for 2023 – 2025.
- 1.3 The attached report describes our approach to implementing the strategy, progress against the strategy, an evaluation of the results, and case studies showing how the strategy was used in response to specific issues or threats to the GDC's reputation or progress against the Corporate Strategy.

### 2. Summary of performance

- 2.1 There are positive signs that the GDC's key messages are reaching more dental professionals and stakeholders, we are building understanding of the GDC's role and priorities and building support for future activities.
- 2.2 We have delivered the vast majority of work committed to in the strategy in April 2022, and we have delivered additional activity beyond what was in the strategic plans. We have achieved this by improving our strategic planning, ways of working and internal stakeholder engagement at all levels.
- 2.3 **Appendix 1** includes five case studies which illustrate how the strategy has been used to:
  - a. Manage reputational risk caused by perceptions of fitness to practise.
  - b. Build a narrative for international registration reform.
  - c. Establish the Dental Leadership Network as senior stakeholder forum.
  - d. Engage stakeholders in Scotland to secure positive and practical support.
  - e. Building support for the Dental Professionals Hearings Service.

2.4 **Appendix 2** describes progress against the strategy in detail.

### **3. Purpose and limitations of the Communication and Engagement Strategy**

- 3.1 The purpose of the Communication and Engagement strategy is to support delivery of the GDC's Corporate Strategy, which describes the Communications and Engagement strategy as an enabler to achieving the GDC's goals.
- 3.2 The strategy was derived from insight into stakeholders' perceptions and an understanding of what the GDC needs to achieve.
- 3.3 Much of the activity is driven by the GDC's projects, policy development, management of reputational risks and leveraging engagement opportunities.
- 3.4 We know that other factors drive perception of the GDC, both externally and internally. The strategy as it stands will continue to respond to these when required and make marginal gains in perceptions derived from them. However, there are limits on what can be achieved here, and by the capability and capacity of the team. These challenges are described below.
- 3.5 Bids for additional resource will be included in the CCP 2023-24 planning round, for scrutiny through that process.

### **4. Perceptions are formed from a range of communications**

- 4.1 Perceptions of the GDC are formed and influenced by the full range of communications we issue, including operational communications relating to registration and fitness to practise, and of course by the operation of those regulatory activities.
- 4.2 Progress has been made in reviewing registration correspondence and work is underway to review the tone of voice of FtP letters.
- 4.3 This currently does not extend to other operational communications such as call scripts, telephony, direct e-mails, responses to Freedom of Information requests or corporate correspondence. Any activity towards this would be a significant change of direction, requiring resource and potentially new capability from across the GDC.

### **5. Recruitment and retention**

- 5.1 External content is currently aimed at dental professionals and stakeholders. Activity in this strategy is not dedicated to creating content to appeal to potential recruits and build interest in the GDC as an employer.
- 5.2 Our contact with the outside world through recruitment, as for regulatory activities above, has not been seen as or treated as external communications in the context of this strategy.
- 5.3 The overall effectiveness of our communication strategy could be enhanced by treating regulatory and recruitment communications more in those terms, but that would be a significant extension of our current approach. In the meantime, we do have to manage the consequences of not being fully integrated across the full range of the GDC's communication activities.

### **6. External issues that the GDC needs to respond to**

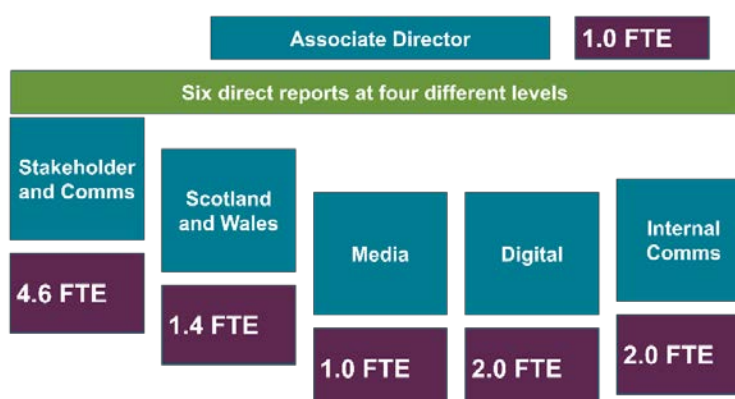
- 6.1 Issues emerge that the GDC either has no agency to influence or we do have agency, but it will take time to resolve our position. Our timeliness in being able to agree a position creates a vacuum which others can fill with misinformation and disinformation. Examples of such issues are access to NHS dentistry, the reporting of deaths experienced during FtP cases and activity in the High Court or Court of Appeal.



- 6.2 When agreement of the GDC's position requires time and we are unable to issue a statement in the meantime, we remain exposed to reputational damage until the key messages can be shared. We then mitigate the reputational risk by sharing the GDC's position with stakeholders in advance to encourage their understanding and support when the information is made public.

## **7. Development of the communication and engagement team**

- 7.1 The team lacks capability in several areas, which hampers our current and any future progress against the wider strategic ambitions. These are: senior digital leadership, digital content creation, social media content production and monitoring, senior public affairs leadership, senior strategic communications leadership and planning. These challenges are described in turn.
- 7.2 When the GDC's vision for the future has been set, high-quality, effective and efficient digital communication products, services and content will be essential to reach, engage and influence perceptions, both internally and externally. We lack sufficient capability in identifying, creating and evaluating engaging content for the website, social media and intranet.
- 7.3 Further improvement of the GDC's digital estate internally and externally requires capability which does not currently exist in the team or the GDC. Experience in digital delivery management, user centred design and content design are essential but lacking, especially at a senior level.
- 7.4 We lack dedicated public affairs expertise. We undertake some monitoring of political activity and incorporate this into briefings for senior stakeholder engagement, but a lack of dedicated and experienced resource means that we struggle to engage in activities such as briefing ministers or senior government officials with consistent and proactive key messages which we can reproduce in external communications.
- 7.5 Aligning strategic communications and engagement activity across stakeholders, events, digital, and trade media requires senior strategic communication experience to implement the strategy, and especially to evaluate and improve delivery. There is insufficient experience in the team.
- 7.6 The team structure creates few opportunities for career development or promotion, leading to an increased likelihood that experienced people will leave to develop their careers elsewhere.
- 7.7 There is no succession plan for any of the senior roles because the gap between them and the next most senior roles is too large for more junior members of the team to navigate, and there is no pathway for other people in the team to work towards these roles, with the risk of immediate capability gaps when someone leaves.
- 7.8 Capacity for personal development is limited by workload, as the team supports almost all projects in the CCP as well as a demanding 'business-as-usual' workload.
- 7.9 The team structure is imbalanced, with the Associate Director having six direct reports at four different levels. The lack of senior resource in communications and digital requires extensive leadership time and hands-on delivery, which hampers progress elsewhere.



## 8. Legal, policy and national considerations

- 8.1 We have dedicated resource to prioritise regular engagement with stakeholders in each nation.
- 8.2 We review the communication and engagement priorities with the Strategy management team every month, to ensure we are supporting Council's strategic aims and priorities.
- 8.3 On a case-by-case basis, we consult Legal on matters that affect the GDC's reputation.

## 9. Equality, diversity and privacy considerations

- 9.1 There are no privacy issues.
- 9.2 Our communications activity will continue to be mindful of the diverse audiences we are engaging with, and we will continue create opportunities to promote the GDC's equality and diversity goals.

## 10. Risk considerations

- 10.1 The challenges and risks to further delivery of the strategy are described above.

## 11. Resource considerations and CCP

- 11.1 The full ambition of the strategy includes additional activities which would make a strong contribution to the aims, but which cannot be delivered within our current capacity or capability.
- 11.2 We will propose the investment required through the CCP planning round for 2024/25.

## 12. Monitoring and review

- 12.1 The delivery plans are monitored through weekly progress meetings in the team, monthly reviews of the communication and engagement activity and CCP in the Strategy Leadership Team, and individual project board meetings for CCP projects.

## 13. Development, consultation and decision trail

- 13.1 The Communication and Engagement team have reviewed the strategy and considered the impact on dental professionals and stakeholders.

## 14. Next steps and communications

- 14.1 The Communications and Engagement team will continue to deliver against the existing Strategy.

## Appendices

- a. Appendix 1 – Case studies illustrating delivery of the strategy
- b. Appendix 2 – Report, Progress against the external communication and engagement strategy

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12 June 2023

## Case studies

A number of issues threatening the GDC's ability to make progress on our strategic goals during 2022/23. The Communications and Engagement strategy was used to formulate responses and mitigations with a long-term, strategic approach, supported by a series of tactics.

Five examples are described below, to explain how the strategy was used to protect the GDC's reputation, mitigate risks and enable the GDC to make progress on its goals.

### Case study 1: Managing reputational risk caused by perceptions of FtP

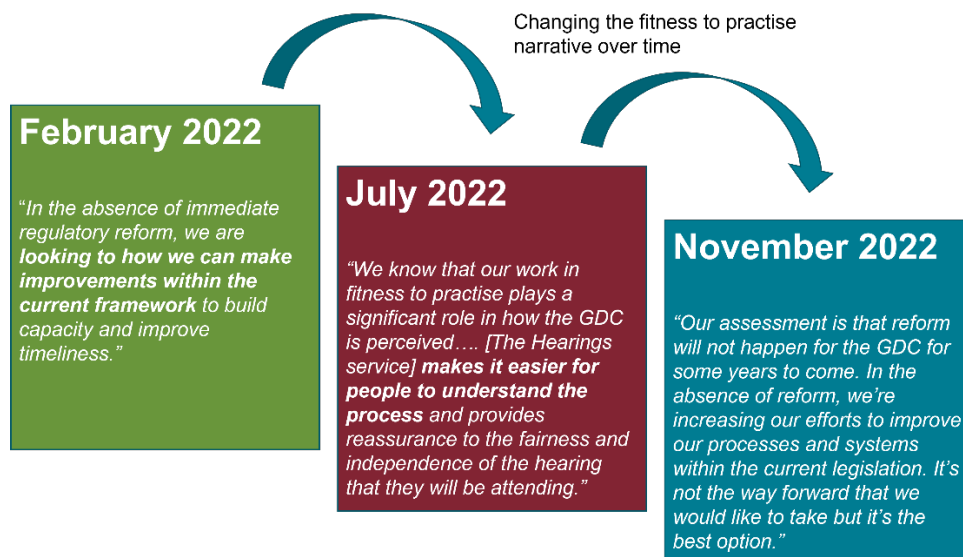
#### Context

We know that the GDC's fitness to practise (FtP) regulatory activities are a significant source of the negative perceptions about our role, trustworthiness and fear amongst dental professionals. We knew that further research to be published in 2022 was going to show how stressful the process is for participants. The GDC was also being criticised for being unable to report the number of deaths by suicide that occur during FtP cases.

#### Communication and engagement response

At the end of 2021, the GDC had started to make improvements to FtP where we could, in the absence of regulatory reform. We looked across the portfolio of CCP projects and non-CCP work and identified that which would make further improvements to FtP. This included small process changes, launching the Dental Professionals Hearings Service, a consultation on Interim Order Committee (IOC) guidance, changing the admissions guidance, and more.

We crafted a narrative that explained what we were doing to improve FtP where we weren't constrained by legislation. We explained why the improvements were important, based on the research findings and what we know of people's experience of FtP.



We negotiated with projects and service leads to schedule communications about these activities with external publication of the research reports and a statement from the GDC about our intentions to explore how we could report deaths during FtP cases.

We used a mixture of news, blog posts and presentations to explain the work, so that different types of content could be used to appeal to different audiences and preferences.

We released eight pieces of news related to the FtP improvements we were making. Each piece averaged 1,500 views on the GDC's website and was selected by readers of the monthly newsletter to dental professionals around 1,500 times.

We embedded key messages about each FtP improvement and the research findings into our regular stakeholder engagement meetings. We provided embargoed copies to selected stakeholders of the most controversial information in advance of publication.

The Executive Director, Fitness to Practise, presented the FtP changes to stakeholders at a Dental Leadership Network.

<p><b>24 February 2022</b> <b>Owning our performance issues</b></p> <p>Fitness to practise: building capacity, ensuring fairness and improving timeliness</p> <p>24 February 2022 by John Cullane</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>Our investigations and hearings into serious concerns are a vital part of the public protection framework we operate, but our performance in this area is often hampered by restrictive and</small></p>	<p><b>29 June 2022</b> <b>Launching the Hearings Service</b></p> <p>Why we gave our hearings service a new name and identity</p> <p>29 June 2022 by John Cullane</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>When the Council approved the work to create a new identity and name for our hearings service they did it because it was the right thing to do: to highlight the independence of our hearings service and to improve the experience of everyone who is involved in a hearing, including dental</small></p>	<p><b>26 October 2022</b> <b>Changes to guidance</b></p> <p>Change of process for the making of admissions during a dental professional fitness to practise hearing</p> <p>26 October 2022</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>The Dental Professionals Hearings Service is changing the way that admissions made by dental professionals are handled at the preliminary stage of a fitness to practise hearing, to</small></p>	<p><b>9 November 2022</b> <b>A sensitive and important topic</b></p> <p>Reporting the cause of death of registrants who have died while under fitness to practise investigation</p> <p>09 November 2022 by Stefan Cornsford</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>We know that fitness to practise investigations are often a stressful experience, particularly for the dental professional who is the subject of the investigation. Only a very small number of</small></p>
<p><b>10 November 2022</b> <b>Consulting on guidance</b></p> <p>GDC launches public consultation on updated Interim Orders Committee guidance and associated information</p> <p>10 November 2022</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>As part of our work to improve fitness to practise processes wherever possible in the absence of regulatory reform, we have today launched a 12-week public consultation on proposed</small></p>	<p><b>30 November 2022</b> <b>Research into FTP experiences</b></p> <p>GDC publishes research on experiences in fitness to practise</p> <p>30 November 2022</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>We have today published independent qualitative research which we commissioned to understand and learn from the experiences of 70 individuals involved with fitness to practise. The research, which looked at historical cases dating from 2015 - 2021, found that although</small></p>	<p><b>30 November 2022</b> <b>Without regulatory reform</b></p> <p>Improving fitness to practise processes in the absence of regulatory reform</p> <p>30 November 2022 by John Cullane</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>We know that a fitness to practise (FTP) investigation can be a stressful experience. Many cases are resolved quickly and with no action taken, but it is also true that many cases take too long to resolve and others become complex and adversarial.</small></p>	<p><b>28 February 2023</b> <b>Making further improvements</b></p> <p>Further fitness to practise improvements: reducing the impact on registrants and reporting our performance</p> <p>28 February 2023 by John Cullane</p> <p>Share <a href="#">f</a> <a href="#">t</a> <a href="#">in</a></p> <p><small>We've been making changes that aim to improve our fitness to practise processes and systems, where we can within our current regulatory framework, and published some of these</small></p>

## Outcomes

- FtP is no longer a key issue or concern when we engage with stakeholders. There is more to do to build understanding amongst dental professionals, and support from stakeholders will help us to do this
- Stakeholder reaction to controversial research into the experience of FtP participants was balanced
- Trade media reports of the FtP improvements recognised the work the GDC is doing to make improvements
- Stakeholders responded positively to having more visibility of the changes
- When GDC colleagues met stakeholders and dental professionals, they could confidently explain a credible and transparent set of improvements that the GDC is making to FTP
- There is more to do, and future evaluation will show whether it has shifted attitudes towards the GDC's role in FtP.

## Case study 2: Building a narrative for international registration reform

### Context

The GDC was attracting criticism regarding our ability to offer sufficient places for the Overseas Registration Examination (ORE) to meet demand, over the same time period as the Department of Health and Social Care (DHSC) was consulting on its reform for international registration. The GDC was operating the ORE under the current legislation at the same time as expectations were being raised about legislation change, which made it difficult for stakeholders to understand the different regimes and the possible impact of the very complex legislation changes.

At the same time, issues with accessing NHS dentistry were increasing in political profile, along with pressure from dental corporates for the GDC to do more to increase the flow of overseas qualified dentists into the UK.

### **Communication and engagement response**

We identified the points in time when we were likely to need to react publicly to the DHSC's regulatory programme, and to communicate with ORE candidates, and make statements about the international registration process.

We crafted a narrative that focused on explaining the facts of the matter, to make it clear what the GDC could and could not do to increase the flow of overseas dentists and, importantly, to explain the work that would be involved when the legislation did change in future.

We explained this to stakeholders in our regular meetings and particularly focused on explaining it at several events, to build understanding of the legislative constraints and what we would do when they changed.

We timed news announcements with direct contact to ORE candidates, to ensure a consistent message was available online for candidates and stakeholders, particularly as candidates would not be members of UK-based professional associations or exposed to UK dental trade press and therefore less likely to be exposed to key messages.

We responded to the Health and Social Care Select Committee's enquiry into NHS dentistry, making clear the contribution of overseas-qualified dentists to the registers and the limitations on our ability to increase the flow of these dentists.

We worked very closely with Policy colleagues, to align external key messages with the messages that Policy colleagues have provided to DHSC.

### **Outcomes**

We have made the point that reform of the international registration legislation is not the solution to access to NHS dentistry and will not deliver large numbers of qualified dentists in a short space of time. Stakeholders do understand the impact of the section 60 order and the work that the GDC needs to do to improve overseas registration routes.

However, some stakeholders continue to press the GDC to do more, sooner, to increase the flow of overseas dentists, as they believe it is a large part of the solution to workforce recruitment and patient access.

### **Case study 3: Establishing the Dental Leadership Network as a senior stakeholder forum**

#### **Context**

In October 2022, Council agreed a new strategic aim for the GDC: Risks affecting the public's safety and wellbeing are dealt with by the right organisations. Delivery of this aim would require the right organisations to be aware of risks affecting the public's safety and wellbeing, a better understanding of each other's role and remit, and a way to engage with each other about such risks.

#### **Communications and engagement response**

We created the Dental Leadership Network in November 2022, bringing together around 100 stakeholders to share information and build relationships, create a better understanding of everyone's remit, priorities and shared challenges, and encourage collaboration and ownership to resolve shared challenges.

To establish this as a shared network, we:

- carefully named the network to be inclusive and welcoming for all stakeholders, not just dental professionals. We set parameters around membership of the network and invited stakeholders from our network of contacts. We also explored other stakeholder groups to ensure we had good representation and remained open to expanding the group.
- identified a strong theme for the first event, Leadership in dentistry, to be broad enough to be relevant to all attendees, regardless of their role and position.
- arranged for the GDC's Chair to open the first event, providing senior leadership and endorsement from the GDC. We provided updates from the GDC and invited a panel of dental leaders to discuss the theme. We invited feedback from attendees and used this to shape a second event in March 2023, with the theme of 'Supporting the whole dental team', and fewer GDC-led updates.

A press release from the second event generated several pieces of positive trade media coverage, with attendees also publishing positive personal reflections of the event.

We invite speakers and panel members from across the four nations and stakeholder network, aiming to achieve a balance of genders, ethnicity and professional role. We encourage speakers to be frank and honest about the challenges and the whole network to ask what they can do as leaders in their areas, to make a difference.

Future events will take place in July 2023 and November 2023. In July, we are introducing new branding for the network, to distinguish it from the GDC.

We continue to refine and manage membership of the network, to prioritise representatives of stakeholder groups.

We are also actively encouraging others to take a bigger role in the network, moving it away from a GDC-led event, to a GDC-hosted network.

Over 96% of respondents rated the overall event (March 2023) as either excellent or good. A key takeaway is that more stakeholders believe that the GDC is listening and are taking notice of the wider professions' challenges.

Going forward, as a Network, there was recognition that dental leaders need to take some collective responsibility to initiate change and speak with one voice across all professions.





## Outcomes

Stakeholders are positive about the Dental Leadership Network and it's been reported positively in the trade press. It's provided the GDC with a platform to demonstrate this strategic aim, i.e. share insight we have, encourage others to do the same and identify the right organisations to make progress on shared challenges.

### **Case study 4: Engaging stakeholders in Scotland to secure positive and practical support**

## Context

There were 11,807 dental professionals in Scotland as at 15 March 2023, and active stakeholders across professions, education, clinicians and the Scottish government. In the past year, there have been emerging issues around the GDC's position on upselling of private treatments rather than NHS, and the need to demonstrate our commitment to and knowledge of engaging across the four nations. In addition, face-to-face meetings were starting to reform after the pandemic and the GDC needed to be visible.

## Communication and engagement response

The GDC has a Head of Scottish Affairs (0.8 FTE) to manage stakeholder engagement in Scotland. With a full schedule of active and constructive stakeholder engagements, we reprioritised our activities to align to the engagement objectives and support the GDC's Corporate Strategy, as follows:

- we restarted twice yearly meetings between the GDC's Chair and CEO and Scotland's Cabinet Secretary for Health, providing detailed briefings to explain the GDC's activities, understand the CabSec's priorities and recognise common interests.
- on the emerging issue of upselling, the Scottish Government initially pressured the GDC to communicate a firm stance on upselling, to discourage dental professionals from upselling with the threat of regulatory consequences. We challenged back on that approach, explaining that we'd rather see proportionate regulation, that increasing FTP cases due to upselling was not in the interests of professionals or patients as local discussions of such concerns was our strategy, and that the scale of the issue wasn't known.

The Scottish Government responded positively, gathering data to show the scale of the issue and exploring whether they could restart a disciplinary unit in each health board. They also ran a public-facing campaign to educate patients in the NHS treatments they are eligible for. We provided a supportive quote from the GDC's Chair at the launch of the campaign. We also enhanced our guidance for practice owners to clarify dental professionals' responsibilities regarding upselling.

Other engagement activities included selecting the appropriate sector-led events to be visible at and presented on topics including public engagement, regulatory reform, and international registration.

We provided five information-sharing sessions to the clinical fellows, which were independently assessed by NHS Education Scotland as 'excellent'.

The Head of Scottish Affairs presented to BDS and BSc (Hygienist and Therapist) first and final year students, VT dentists and dental nurses, with a high proportion of sessions held in person rather than virtual.

## Outcomes

We have strengthened our already positive stakeholder relationships. All of the Scotland clinical fellows were visible and enthusiastic attendees at the Dental Leadership Network. One clinical fellow has taken up a place, part-time, in the Strategy directorate on policy development. We had positive reactions and strong engagement on LinkedIn to posts about the student engagement, from students and education providers.



The Cabinet Secretary for Health offered support to encourage action in Westminster on the Section 60 order for international registration.

### **Case study 5: Building support for the Dental Professionals Hearings Service**

#### **Context**

Visual separation of the GDC from Hearings was agreed to be an important way to signal the independence of FtP panels and an opportunity to make it easier for service users to understand the process. One of the ways to achieve this was to establish a distinct visual identity for the Hearings service.

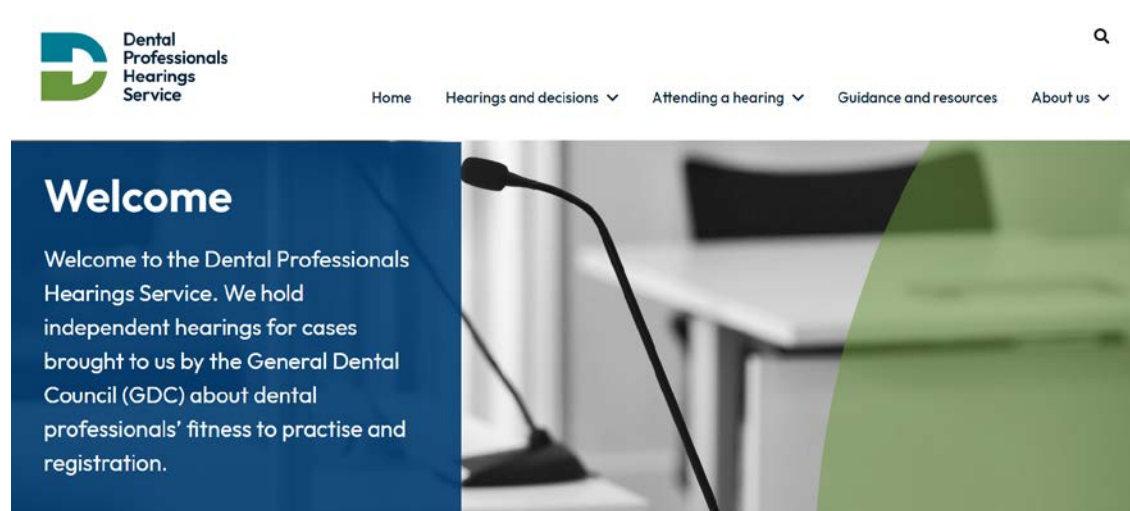
#### **Communications and engagement response**

The communications and engagement objectives were to:

- Explain why the GDC has created a distinct identity for its hearings service, and that this administrative separation is what we can do within the legislative constraints to provide assurance that panels and hearings operate independently of the GDC, and we cannot influence their outcomes
- Reassure users that there will be no disruption to service, ensuring a positive user experience of the new identity, through all information being available in one place, consistent branding across all channels and an appropriate tone of voice
- To provide reassurance that the Hearings service is fair, independent, and transparent.

We led on the work to develop the new brand identity for the new service. This included:

- Leading on a procurement exercise to select an agency to support us with the development on the new brand and visual identity
- Stakeholder and public and patient engagement; both in the discovery phase and when the new service was launched, to ensure it met users' expectations.
- Development of the new brand identity and launch of new website, <https://www.dentalhearings.org/>.
- A review and re-write of all content, completed with the support of Hearings colleagues.
- A review of the different audience group user journeys to ensure the new website met their different needs.
- Removal of all hearings relating content from the existing GDC website.
- New branding throughout the Hearing suites in Wimpole Street
- Strong communications plan to support the launch of the service.



## Outcomes

A new identity and name for our hearings service the Dental Professional Hearings Service was launched in June 2022.

This further highlighted the independence of the hearings function from our investigation and prosecution functions and improved the experience for all who attend a hearing.

All communications relating to a hearing now come from the Dental Professionals Hearings Service, which has its own dedicated hearings website, where all the information relating to dental hearings can be found in one place.

Since its launch we have sought feedback from users and stakeholders, and work continues to make further improvements to the hearings service based on the feedback received.

**Review of progress against  
the external  
communication and  
engagement strategy**

**April 2022 to March 2023**

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22 May 2023

Dr Joanne Rewcastle

Associate Director, Communications and Engagement

## 1. Executive summary

When the external communication and engagement strategy was agreed by Council in April 2022, we committed to continuing to improve some activities and starting work on new activities in 2022. We have made progress on all these commitments with one exception, which is to improve our social media content, due to a lack of capacity and capability.

We also delivered additional activities, over and above what we planned to do, in response to issues and priorities that emerged during the course of the year.

We are reaching more dental professionals with our key messages, with over 75% of the register opening a monthly newsletter each quarter. For the first year ever, the monthly newsletter was opened by more than 50% of the register consistently for the past 12 months.

We are reaching more dental professionals and stakeholders with the GDC's website, with page impressions (the number of times a page has been accessed or viewed) increasing by 7% compared to the previous year.

The information we provide through news items and blog posts, including the Chair's monthly blog post, is proving to be useful and used, with page impressions increasing by 40% in this period compared to the previous year.

We encouraged dental professionals to respond to relevant consultations by the GDC and Department of Health and Social Care. Around 70% of individual responses to our consultations have come from dental professionals.

We continue to respond to around 25 media enquiries per quarter and generated 148 pieces of trade media from our content in this 12-month period.

Our stakeholder engagement activities continue to improve, with 392 stakeholder engagements between Q2 2022 and Q1 2023 across the four nations, including regular and meetings, webinars, workshops and events. It's not appropriate to compare these with the previous years during the pandemic, when physical meetings were suspended.

Early feedback from the 2022 – 2023 student engagement programme, based on almost 250 responses, is that 94% rated the programme as good or excellent and 92% said the session improved their understanding and perception of the GDC.

We continued to engage patients and the public on specific topics, such as the GDC's Corporate Strategy and launch of the Dental Professionals Hearings Service, working with research agencies and patient representative groups such as Healthwatch.

We have improved our strategic planning, development and consistency of key messages, using these to respond to and mitigate challenges to the delivery of the GDC's Corporate Strategy.

Research into perceptions of dental professionals and stakeholders is scheduled for Q4 2023, when we will start to see the impact of the strategy on perceptions of the GDC.

## 2. Strategic objectives

In April 2022, Council approved the external Communications and Engagement Strategy, objectives and delivery plans.

The strategy is designed to be simple to understand, memorable and easy to use. At the highest level, the strategy articulates what we want to do, why we want to do it and how we will do it. It rests on three objectives, each with outcomes and delivery plans (Table 1).

*Table 1 Communication objectives, outcomes and delivery priorities*

<b>WHAT (Objectives)</b>	<b>1. Create understanding of our purpose and role in patient safety and public confidence</b>	<b>2. Articulate the important and current priorities for the GDC for different audiences</b>	<b>3. Build support and involvement for our future priorities</b>
<b>WHY (Outcomes)</b>	<ul style="list-style-type: none"> <li>a) Build respect and trust for our role in patient safety and public confidence</li> <li>b) Reach an increased proportion of our audiences to influence perceptions</li> </ul>	<ul style="list-style-type: none"> <li>a) Encourage a sense of shared challenges with professionals and stakeholders and their role in achieving them</li> <li>b) Professionals and stakeholders take visible steps to engage with and act on the GDC's priorities</li> </ul>	<ul style="list-style-type: none"> <li>a) Protect patients more effectively and build more public confidence</li> <li>b) Influence stakeholders and professionals to take practical steps to be ready to support our goals</li> </ul>
<b>HOW (Strategy)</b>	<ul style="list-style-type: none"> <li>• Be clear what we stand for – consistent key messages and narrative, supported by facts and data</li> <li>• Actively prioritise and nurture the stakeholder relationships that we need to achieve our goals</li> <li>• Explore how we can reach patients and the public with the key messages that are relevant to them and help us to achieve our purpose</li> </ul>	<ul style="list-style-type: none"> <li>• Always explain our priorities in the context of patient safety and public confidence</li> <li>• Selectively choose why and how we need to land key messages about each topic, using a variety of engagement activities</li> <li>• Communicate our interest in topics of relevance to professionals and stakeholders such as EDI, the state of the workforce, wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Tell a story over time, embedding consistent key messages to signal our intent and test and learn from reactions</li> <li>• Shape and target our communications using evidence and insight about our audiences</li> <li>• Be a convener of ideas and insight in the sector</li> </ul>

## 3. Our approach to implementing the strategy

In order to implement the strategy, we had to make some changes and improvements to how the GDC identifies and plans communications and engagement. This is because key messages from the range of projects and 'business-as-usual' changes needed to be brought

together into a coordinated and sequenced set of engagement activities, to ensure consistency of key messages across stakeholder engagement and communications.

These changes are now embedded into how the team and GDC works, providing a sustainable improvement to communications delivery in the longer term.

## Aligning the strategy to the GDC's Corporate Strategy and goals

The GDC's Corporate Strategy describes the Communications and Engagement strategy as an enabler to achieving the GDC's goals. When the GDC's Corporate Strategy was agreed by Council in October 2022, all communication and engagement activities were aligned with the Corporate Strategy. We mapped all activities to the GDC's goals.

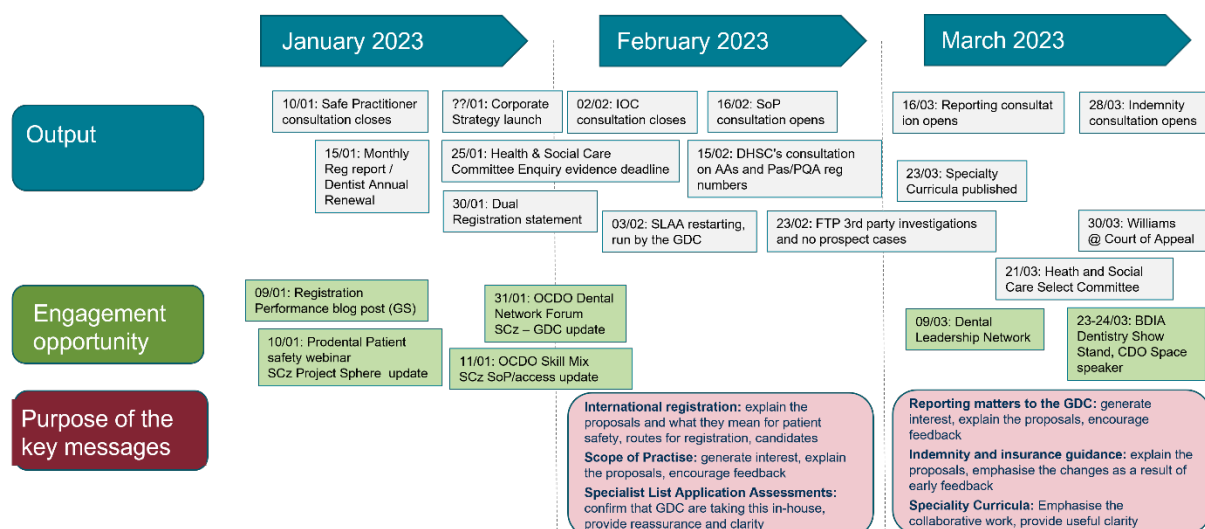
Individual communication and engagement plans were aligned to the strategic engagement objectives and all new work starts with alignment to the strategy.

## Managing the delivery of key messages from projects and non-project activities

We improved the visibility of the combination of project-led and 'business-as-usual' changes across the GDC that required external communication or engagement, making it possible to identify dependencies across these. The issue was that the owners of each change or activity often had limited visibility of the combined reputational risk across different activities or the potential to align key messages. Project deadlines tended to drive communication deadlines without an understanding of the knock-on impact on the overall key messages and engagement from the GDC.

Our response to this was to implement a 'comms grid' to show the external output that was planned or needed to be scheduled. This enabled the team to negotiate the schedule and sequencing of related key messages from all of the GDC's project and 'business-as-usual' activity. It has improved flexibility and responsiveness, making it easier to adjust capacity and delivery to respond to unexpected and emerging themes.

Figure 1 Example communication and engagement grid



Activity is only given a confirmed 'slot' on the grid when the team are confident that delivery will take place as planned. It allows the team to have the totality of scheduled and

unscheduled activity in view, to allocate resources, recommend priorities and escalate scheduling issues to the appropriate Director or the CEO.

The comms grid also enables the Chair and CEO to have a regular overview of recent and planned external output from the GDC, to ensure that key messages are consistent, prepare for stakeholder meetings and identify opportunities to build support and arguments and mitigate reputational risk.

The comms grid is reviewed weekly by the team and monthly by the Strategy management team. Members of the communication team who are allocated to individual projects use the grid to propose and confirm scheduling of all external output. The implementation of the comms grid has changed behaviours regarding scheduling external communication and engagement across the GDC.

### **Enabling early visibility of the need for the team's expertise and delivery**

At early stages of the project lifecycle, the project team may not necessarily recognise the need or opportunity for external communication or engagement. This can result in opportunities being missed or unexpected requests for activity at short notice when the need was identified.

We improved the project lifecycle to make it effective at identifying where projects would need expertise or resource from the team. We worked with Corporate Projects to introduce a new step in the planning stage of the project lifecycle. The project manager now completes a 'communication screening report'. This asks a small set of simple questions about the activity, audiences and impact.

The internal and external comms leads and Associate Director review these twice a month and respond to the project manager with a named contact from the team where we need to be involved, recommendations about timeframes and sequencing, dependencies with other external activity or further questions.

This is now an established part of the project lifecycle with positive feedback from project managers, as it enables them to improve how the work is planned.

### **Improving consistency of external and internal key messages**

One element of the internal engagement strategy is to improve the understanding of colleagues of the GDC's purpose, role and priorities.

External communication and engagement is an effective source of content to do this. When the external communication grid is reviewed, opportunities to share key messages with GDC colleagues are identified and followed through by the internal communication and engagement team (who are part of the overall team).

Internally, an appropriate director or the CEO will own the message and the internal team will draft and secure their approval for content in the weekly colleague update. Examples of external content which has been shared internally include the Annual Retention Fee, registration challenges and performance, FtP improvements, student engagement, the Dental Leadership Network.



#### 4. Progress on what we said we would continue to do in 2022/23

We committed to continue improving some of our activities, using capacity created from our more focused planning and prioritisation, the implementation of efficiency improvements within the communications team and capability from a new external digital partner.

*Table 2 Progress on activities we continued to do in 2022*

<b>We continued to do this</b>	<b>Progress</b>	<b>Comment</b>
Improve our stakeholder engagement	Ongoing	We will measure perceptions in Q4 2023
Integrate the Chair's engagement programme	Done	Established an ongoing pattern of regular engagement, supplemented with speaking events where there is value to do so
Be visible at key industry events	Done	Apr-22: NHS Education Scotland conference May-22: Dentistry Show, Birmingham Nov-22: Scottish cross-regulatory conference Mar-23: BDIA Showcase Apr-23: NHS Education Scotland Conference May-23: Dentistry Show Birmingham, Scottish Dental Show
Bring the sector together	Done	Virtual events (Corporate Strategy, Scope of Practice, New to UK Practice) Dental Leadership Network (Nov-22, Mar-23)
Improve strategic planning and sequence key messages	Done	Examples: Corporate strategy, FtP improvements, Seriousness and FtP Experiences Research, Regulatory reform, Guidance and standards, Interim Order Committee Consultation, Safe Practitioner consultation
Costed Corporate Plan communications	Done	Annual Report and Accounts, Annual statistical reports, Whistleblowing report, CCP, ARF, Launching the Dental Professionals Hearings Service
Improve social media content	Not progressed	Lack of capacity and capability

#### 5. Progress on what we said we would start to do in 2022

We committed to start doing additional work, which we will continue during 2023.

Table 3 Progress on activities we started to do in 2022

We started to do this	Progress	Comment
Reviewed public-facing content about Concerns	Ongoing	Audited the content, evaluated how it is used, identifying gaps to prioritise content changes
Presenting consultations online	Ongoing	Fixed immediate usability and accessibility issues. Embedding learning in future consultations
Improving the GDC's website	Ongoing	User research into how dental professionals and stakeholders use the website, to identify their needs and prioritise improvements. Implemented a quarterly continuous improvement cycle to fix bugs and develop new templates
Explored working with other organisations to reach patients and the public	Ongoing	Evaluating possible partners, identifying where they might be able to reach the public on issues that affect the GDC
Build a 'narrative hub' of key messages and facts	Ongoing	Developed key messages for important topics in 2022. Further development of key messages and facts required in 2023.
Proactive trade media	Ongoing	Chair's interview about the Corporate Strategy; Angie Heilmann's interview about CPD. Further opportunities have been restricted by resource gaps
Rebuttal approach	Ongoing	Developing a consistent and timely approach to tackle misinformation and disinformation. While we develop our approach, we have rebutted misinformation about racism in the GDC and inaccurate use of data by an indemnifier.
Develop a content strategy	Ongoing	Mapping content against the communication objectives to manage reputational risk and create opportunities to land key messages
Improved our communication channels	Ongoing	Implemented a communication grid to sequence and embed key messages. Aligned key messages in the Chair's blog post with the monthly newsletter.

## 6. Additional activities, over and above the original plans

We produced additional content, over and above what we committed to do:

- Helped overseas dental professionals who had recently joined the register to prepare for UK practice, by developing new content for a webinar to explain regulation, their responsibilities and what patients expect.
- Mitigated reputational risk regarding the GDC's approach to reporting deaths during FtP, articulating the risks to EMT and agreeing a position statement.
- Supported the Scottish Government's public-facing campaign about NHS dentistry and upselling by providing a supportive quote from the GDC and updated guidance.

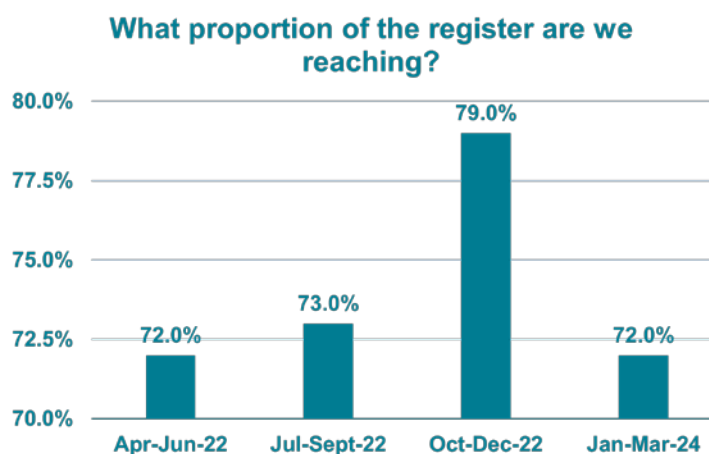
- d) Promoted recruitment to Council via proactive messages to encourage applicants in the Chair's blog post, Dental Leadership Network, a blog post from Caroline Logan.
- e) Supported the GDC's attendance at a careers fair in Birmingham by producing pull-up banners, a handout and website content.

## 7. Engaging dental professionals

The numbers of dental professionals that we are reaching is increasing. For the first year ever, more than 50% of dental professionals opened every monthly newsletter throughout 2022. In Q1 2023, the open rate was a high of 54%.

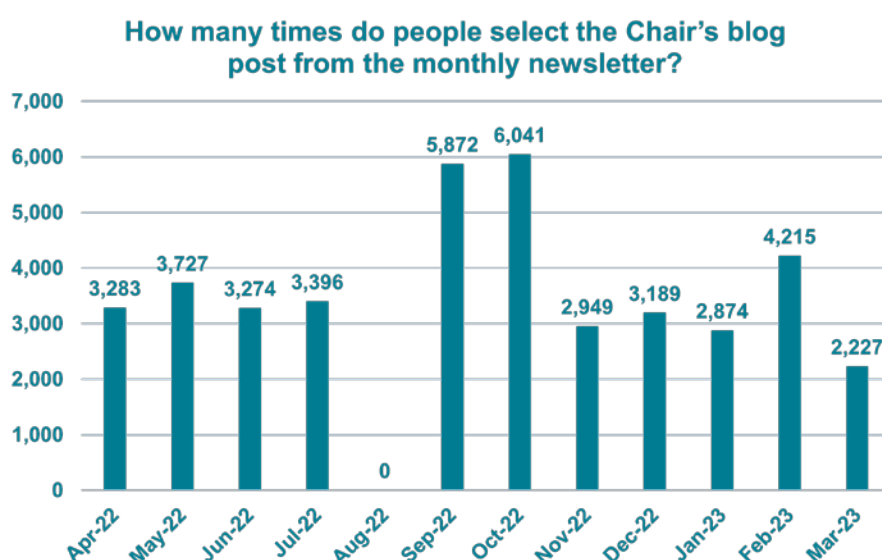
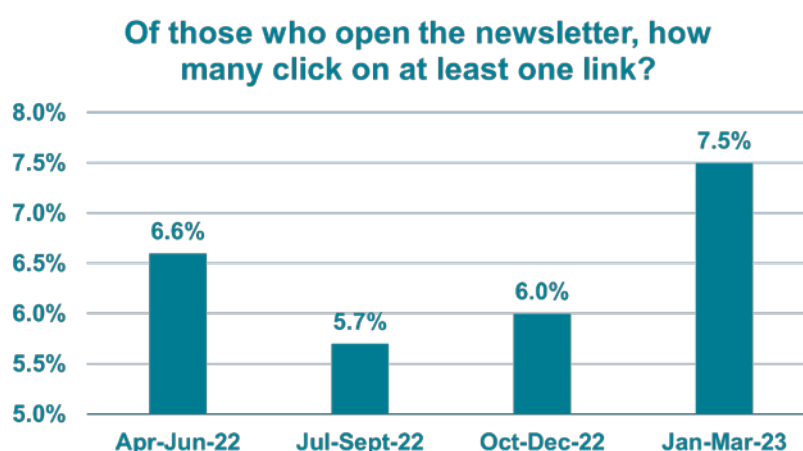


Around 75% of dental professionals have opened the newsletter at least once each quarter, in the past 12 months. This means that are reaching around three quarters of the register every 3 months, even though fewer than that open the newsletter each month.



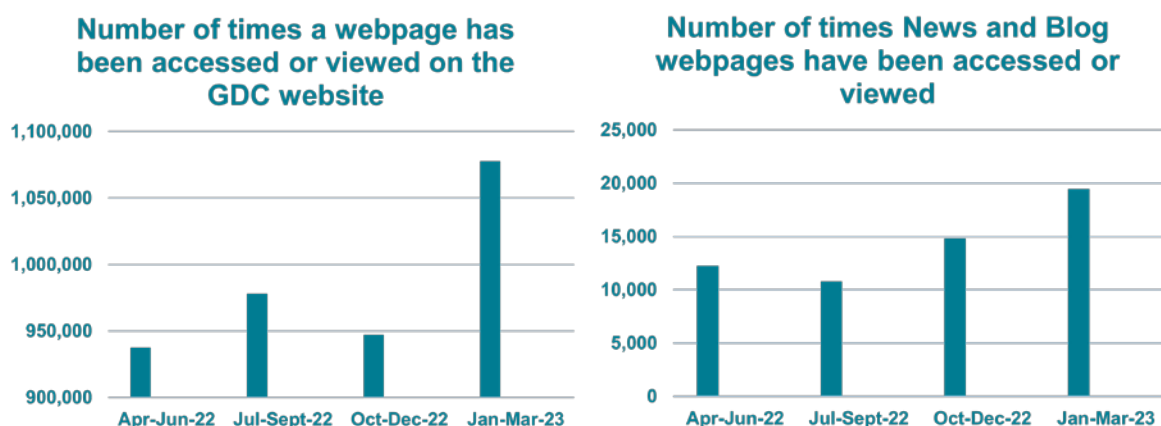
Some content is designed to be read within the newsletter. For other content where we want to encourage dental professionals to go to the GDC's website, we have been improving the 'call to action', encouraging users to click a link to find out more information. For the first three quarters of 2022, between 5.7% and 6.6% of dental professionals who opened the newsletter clicked at least one link to find out more, with 7.4% selecting at least one link in Q1 2023.

The Chair's monthly blog post was opened from the monthly newsletter to dental professionals an average of 3,700 times each month between Q2 2022 and Q1 2023. In 9 months out of 12, it was in the top three of the items that are most likely to be 'clicked' or selected by dental professionals.



We measure website performance through page impressions, which is the exact number of times a specific webpage has been accessed or viewed by a user. Page impressions for the whole GDC website were 7% higher between Q2 2022 and Q1 2023 compared to the previous 12-month period. Page impressions for news and blogs were 40% higher compared to the previous 12-month period.

All external communications, including news items and blog posts, are promoted through the newsletters and we see a spike of traffic to the GDC's website after the monthly newsletters are issued. Every communication includes 'calls to action'. These may be to sign up to attend a workshop or event, respond to a consultation, or access further information on the GDC's website. The cumulative effect of increasing readership of and engagement with the monthly newsletters with clear calls to action and an increase in readership of news and blog posts is significant in the increase in page impressions of the GDC's website.



The student engagement programme was refined in 2021-2022, improving the content, key messages and timing. We held 17 sessions with BDS first years, 13 with BDS final years, 15 sessions with foundation/vocational trainees and one session for third year dental hygienists and therapists. As a summary of performance:

- a) The student engagement programme reached 1,074 BDS first year students, 1,022 BDS final year students, 791 Foundation/Vocational dentists, 150 dental hygienists and therapists and 8 clinical dental technicians.
- b) We worked with the qualification bodies, including NEBDN and City and Guilds, to distribute bespoke, recorded sessions on their websites, to reach dental nurses as they start training. This was identified as the best way to reach dental nurses as the training start dates vary throughout the year, unlike other professions.
- c) We provided similar bespoke recorded sessions for the other dental care professions, for distribution via training providers.
- d) In the 2021-2022 programme, 91% of respondents said that the sessions were useful.
- e) Early feedback from the 2022-2023 programme, based on almost 250 responses, is that 94% rated the programme as good or excellent, 92% said the session improved their understanding and perception of the GDC, and their biggest takeaway was learning what the GDC does and does not do.
- f) The 2022-2023 student engagement programme will be evaluated when it is complete, with further refinements made before the next programme starts in September 2023.

We re-established the GDC's presence in relevant industry events, including the Dentistry Show (Birmingham), NHS Education Scotland conference (virtual), the Cross-Regulatory Conference (Edinburgh) and the BDIA showcase (London). We interacted directly with hundreds of dental professionals and stakeholders, through a mixture of conversations at the GDC's stands, or presentations.

We encouraged dental professions to respond to the GDC's and DHSC's consultations. 70% of respondents to the GDC's Corporate Strategy consultation were dental professionals (200 out of 267 individual responses). Of the 55 individual responses to the GDC's Interim Order Guidance consultation, 90% were from dentists.

The DHSC's consultation on the Section 60 amendments for GDC and NMC international registration legislation received 1,634 individual responses. The breakdown provided indicated that 1,200 (73%) dental professionals responded (839 dentists (51% of individual responses), 348 DCPs (21%) and 13 internationally qualified dental professionals (0.8%)). The remaining individual responses were from nurses, midwives, other registered healthcare professionals (not specified) and other (not specified).

We continue to work with trade media organisations to promote the GDC's key messages and content. In 2022, we placed two proactive articles in the trade press (the Chair explained the Corporate Strategy consultation exercise and Angie Heilmann MBE encouraged dental nurses to comply with CPD).

Between Q2 2022 and Q1 2023, there were 148 pieces of trade media generated from our content, and we responded to around 25 media enquiries per quarter.

Further proactive trade media activity was hampered by a lack of capability and capacity and a need to upskill a replacement Media Manager from January 2023.

## **Outcomes**

Use of the information we provide through the newsletters and websites indicates that we are reaching more dental professionals with our key messages.

Direct feedback from dental professionals in stakeholder meetings and at industry conferences indicates that their understanding of the GDC's role and priorities is improving.

We see trade media articles from individual professionals which repeat and embed some of our key messages. We do continue to see articles and have direct conversations where professionals have misunderstood our role, purpose and priorities, indicating that there is more to do.

Evaluation of the impact of the activities on the perceptions of dental professionals of the GDC will be gathered when the perception survey is repeated in Q4 2023.

## **8. Engaging stakeholders**

Since October 2021, we've established a programme of engagement for the GDC's Chair with key stakeholders. The Chair meets twice a year with the CDOs, British Dental Association, Association of Dental Groups, and the Cabinet Secretary for Health in Scotland. Annual meetings are held with the Dental Schools Council, COPDEND, the College of General Dentistry, the other DCP membership bodies, Healthwatch and the PSA. He has also met on an ad-hoc basis with several health regulator Chairs.

We held 392 stakeholder and dental professional engagements between Q2 2022 and Q1 2023 across the four nations, including regular and meetings, webinars, workshops and events.

We remain committed to engaging across the four nations, continuing in Wales, re-establishing connections, in Northern Ireland (after a resource gap in summer 2022), and continuing to build and form strong relationships in Scotland. We engage with stakeholders in England through regular meetings between selected stakeholders and the GDC's Chair, EDs, policy heads and communications.

Our regular stakeholder conversations in each of the four nations are with the CDOs, governments, professional associations, education providers and students. These

conversations are used to share information about the GDC's current and future priorities, stakeholder and professions and to provide updates on specific queries, for example registration delays, education quality assurance, standards.



The majority of stakeholder engagements are led by the Communications and Engagement team, agreeing the agenda, providing briefings for GDC attendees, following up on actions. Separately, the policy leads in the Strategy directorate have regular engagement at a working and strategic level with the DHSC and NHS England and the FtP directorate leads on relationships with indemnifiers.

Additional ad hoc stakeholder discussions are arranged in response to topical issues, when we convene relevant stakeholders and representatives from the GDC.

Both the Communications team and Policy team have quarterly cross-regulatory engagement with the other healthcare regulators, which is useful to share best practice and understand the regulatory reform activities.

We created the Dental Leadership Network in November 2022, to share information and build relationships and create a better understanding of everyone's remit, priorities and shared challenges. The Network meets three times a year, encouraging collaboration and ownership to resolve shared challenges.

Where we have built trusted relationships with stakeholders, we have shared embargoed content ahead of publication of, for example, controversial research and high-profile announcements.

## Outcomes

We have had positive feedback from all stakeholders about the regular engagement we have with them, that we demonstrate that we want to hear their issues and concerns and explain the GDC's priorities.

The Dental Leadership Network has had particularly positive feedback that it has brought stakeholders together from across the sector to learn from each other as well as about the GDC.

Our stakeholders of course have their own interests and perspectives which do not always align with ours, including sometimes making public statements which are critical of GDC



positions and activities. Our approach is to proactively have our position and key messages in the public domain and continue to embed them in our communications and engagement.

Professional associations and membership bodies are proactively asking us to provide useful content to include in their publications, particularly about CPD and the GDC's role.

Evaluation of the impact of the activities on the perceptions of dental professionals of the GDC will be gathered when the perception survey is repeated in Q4 2023.

New and additional stakeholders have been identified and invited to join the Dental Leadership Network, increasing the opportunity for our key messages to reach stakeholders.

However, the main drivers of stakeholders' understanding and criticism of the GDC are now predominantly our operational performance and processes.

## **9. Engaging patients and the public**

We continue to provide information online aimed at the public, including raising concerns, tooth-whitening, remote orthodontics. However, we are unable to proactively distribute this content to patients and the public, limited by our capacity and capability.

We engaged local Healthwatch organisations on the GDC's Corporate Strategy consultation.

We engaged the public on design of the Dental Professionals Hearings Service website, through the Community Research patient and public panel.

We have started to explore working with other organisations to reach patients and the public, identifying potential stakeholders who have common goals to the GDC, and how we would evaluate the appropriate partners in terms of effectiveness and outcomes. Further progress towards achieving this is not possible within current capacity and capability.

### **Outcomes**

Feedback from patient representatives informed the GDC's Corporate Strategy.

Insight and information about patients' perspective informed decisions and thinking about the content and approach to launching the Dental Professionals Hearings Service.

However, the GDC's engagement with patients and the public will remain at the same limited level of activity, in the absence of further capacity and capability.

## **10. Further development of the evaluation approach**

This report has drawn on data about content use and engagement, evidence of stakeholder engagement and feedback where we have data.

It would be more effective to adopt an evaluation approach used in government communications, measuring inputs, outputs, out-takes and outcomes. We currently lack the capacity and capability to do this, but we will continue to make improvements to how and what we measure to show the impact of the strategy and where we need to do more or something different to shift perceptions.



Examples are that, by evaluating the newsletters and website, we are getting a better understanding of the content that is most likely to engage dental professionals and stakeholders.

Work with the external digital partner in 2023 will help us to understand what users need from the GDC's website.

We aim to improve how we monitor and evaluate sentiment in trade media (positive, negative, neutral) to identify where we have shifted perceptions or opportunities to do this.

The outcome of the strategy on the perceptions of dental professionals and stakeholders of the GDC will be measured in Q4 2023 when the 'Perceptions' research is repeated.

## **11. Strategic priorities for 2023 and 2024**

The strategic priorities for 2023 and 2024 which are within current capacity and capability include:

- Explaining and building engagement in our activities to reform international registration
- Engagement to gather insight into the optimum way to provide standards and guidance
- Continuing to explain the GDC's role and purpose

We will continue to make marginal gains to improve engagement with dental professionals through the monthly newsletter, by presenting relevant content in an engaging way, improving 'calls to action' and monitoring to better understand what content is performing best.

Dental professionals: we will continue to share content to meet their needs and the GDC's priorities, including:

- Encourage compliance with CPD requirements for dental care professionals – June 2023
- Consult on proposals for transitional international registration rules – July 2023
- Consult on proposals for overseas DCP registration – July 2023
- Further sessions for those 'New to UK Practice' – July 2023
- Further engagement on standards and guidance – September 2023
- Confirm the Annual Retention Fees – October 2023
- Refine and restart the student engagement campaign – September 2023
- Consult on proposals for longer-term improvements to international registration – Q1 2024
- Deliver Dental Leadership Network events – July and November 2023
- Attend industry-led events – LDC Conference (June 2023), Dentistry Show London (October 2023)

Stakeholders: we will continue to engage with stakeholders across the four nations, including:

- Further development of the Dental Leadership Network
- Engage with Local Dental Committees
- Engage with new stakeholder organisations to reach more dental professionals, including the Clinical Dental Technicians Association and Association for Dental Administrators and Practice Managers

- Repeat the Perceptions research in Q4 2023

Patients and the public: we will continue to undertake research into public perception and understanding of the GDC's priorities, on a case-by-case basis.

Evaluation: we will continue to make marginal gains in measuring performance against with the communication and engagement objectives.

CCP projects: we will lead the following corporate and business-as-usual projects: Annual Report and Accounts, Registration and FTP Statistical reports, Whistleblowing report, Tone of Voice Phase 3, Improving the intranet, Improving digital communications.

The majority of other CCP projects have an external or internal communications or engagement need, which will require our input and expertise.

## **12. Activities we are unable to progress with current capacity and capability**

- Do more to reach patients and the public with our key messages, to improve patients' understanding of how we prevent harm, and build public confidence in dental services.
- Be more effective at building trust and respect with the professions to increase the reach and impact of our key messages and achieve our goals to prevent harm.
- Be proactive in public affairs, to anticipate, prepare for and provide briefings to progress regulatory reform activities, engagement with Government and other regulators.
- Fully realise the benefits of the work we are starting with the new external digital partner, using it to improve effectiveness of the GDC's digital communications (externally and internally).
- Improve our communication channels, including how we could equip and use colleagues as confident and consistent advocates of the GDC's role and reputation to increase our reach.
- Develop additional professional expert support for the standards and production of communications sent out by the operational directorates.

## Board Effectiveness: Governance Manual Review

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal and Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For approval
<b>Purpose</b>	<p>The Audit and Risk Committee (ARC) is asked to periodically review the governance structure and report on its adequacy to the Council (ARC <i>Terms of Reference A12</i>).</p> <p><u>The Governance Manual</u> captures the GDC's corporate governance framework for Council Members and Independent Governance Associates (IGAs). It comprises a set of policies, procedures and guidance that support the induction of new appointees and act as a central reference point for Council Members and IGAs.</p> <p><u>The Governance Handbook</u> captures the GDC's corporate governance framework for staff. Any amendments made to relevant documents contained in the Governance Manual will be mirrored in those contained in the Governance Handbook.</p> <p>The component parts of these documents are reviewed by the appropriate forum and in line with an agreed review schedule, as approved by the Council in September 2021.</p> <p>The ARC reviewed and approved minor amendments to selected corporate policies at its meeting in May 2023.</p> <p>The Council is asked to <b>approve</b> the minor updates to the appended role profiles that are due for review in 2023.</p>
<b>Issue</b>	To review the policies included within the Governance Manual and Governance Handbook.
<b>Recommendation</b>	The Council is asked to review and <b>approve</b> the role profile updates.

### 1. Key considerations

- 1.1 Following the implementation of the Deloitte report into Board Effectiveness in 2019, the Governance team developed a comprehensive framework to capture the key elements of corporate governance at the GDC. Arising out of this work, the team created two groups of documents, targeted at different audiences:
  - a. The Governance Manual – sets out the corporate governance framework for Council Members and Independent Governance Associates (IGAs)<sup>1</sup> and supports the induction of new appointees and acts a central point of reference for policies, procedures and guidance at a strategic level. It is available via the organisation's Board portal.

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<sup>1</sup> Independent Governance Associates are defined as Independent Members of the non-statutory Committees of the Council and the members of the Statutory Panellists Assurance Committee.

- b. The Governance Handbook – sets out the corporate governance framework for staff and includes wider operational detail, process and procedures that are managed at a local level. It is available on the GDC intranet.
- 1.2 In August 2021, the Audit and Risk Committee (ARC) reviewed and recommended to the Council the approach to the governance framework, including its content and review schedule. In September 2021, the Council approved the recommendations of the ARC.
- 1.3 For completeness, it was agreed that:
  - a. The first iteration of any newly drafted corporate policies in respect of the Council and IGAs would be approved by the Council and, thereafter, the ARC would be responsible for their review and approval.
  - b. The ARC would be responsible for the approval of revised versions of specific corporate policies and the Council would retain responsibility for others, as set out in the table below. The Executive Management Team (EMT) would be responsible for the approval of, largely, operational policy documents.
- 1.4 The Governance team maintains a list of the documents included in both the Manual and the Handbook and their scheduled dates for review.
- 1.5 Since that time, the ARC has:
  - In June 2022, scrutinised and recommended to the Council new Standing Orders and Terms of Reference for the non-statutory Committees.
  - In November 2022, approved revisions to a suite of corporate policies. The Committee also recommended updates to the Code of Conduct for Council Members and IGAs (of which the Council approved in December 2022).
  - In May 2023, approved updates to a suite of corporate policies and recommended updates to relevant role profiles. Minor drafting and updating amendments were made to the Capability Policy, Conduct Policy, FtP Concerns Policy and the Whistleblowing Policy for Council Members and Independent Governance Associates.

## 2. Updates to the Governance Manual and Handbook

- 2.1 Due to substantial review that took place in 2021, the policies and component parts of the Governance Manual remain fit for purpose and do not require significant change. The minor revisions are:
  - a. Updates to references to the Standing Orders, following the introduction of the *Standing Orders for the Conduct of Business of the Council and Committees 2022*.
  - b. For the Council Member, Chair and Senior Independent Council Member roles, the Council Member role profile has been revised following changes made in advance of the 2023 Council Member recruitment exercise.
  - c. For the Duties and Roles of the Chief Executive, Accounting Officer & Registrar, an update has been made to correct the legal basis for the role and add clarity to the reporting lines.
- 2.2 The Council is asked **to approve** the updates to the:
  - a. Duties and roles of the Council, Chair and Senior Independent Council Member (**Appendix 1**).
  - b. Duties and roles of the Chief Executive, Accounting Officer and Registrar (**Appendix 2**).

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

- 3.1 Legal, policy and national implications were considered in the drafting of the policies and component parts and no adverse implications have been identified.

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

- 4.1 Equality and diversity implications were considered in the drafting of the policies and component parts and no adverse implications have been identified.

**5. Risk considerations**

- 5.1 There are no risk implications to the proposed revisions of these policies.

**6. Resource considerations and CCP**

- 6.1 The upkeep of the Governance Manual is considered business-as-usual activity for the Governance team.

**7. Monitoring and review**

- 7.1 Most component parts of the Governance Manual are reviewed every two years. Any changes to the contents will be presented to the appropriate approval forum in line with the agreed approach.

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

- 8.1 The EMT reviewed the changes to the documents outlined above in April 2023 and the ARC reviewed them in May 2023. The EMT and ARC recommended the proposed changes.

**9. Next steps and communications**

- 9.1 If approved, the documents will be updated in the Governance Manual on Board Intelligence and the intranet. Relevant stakeholders will be informed of the update.

**Appendices**

- a. Duties and roles of the Council, Chair and Senior Independent Council Member
- b. Duties and roles of the Chief Executive, Accounting Officer and Registrar

Katie Spears  
KSpears@gdc-uk.org

09 June 2023

### Council Member Role Profile

Role title:	Council Member
Reports to:	Chair of Council
Fees & expenses:	£15,000 per annum + any related expenses for travel and subsistence incurred on GDC business  Additional £3,000 per annum for Committee Chairs
Time commitment:	A minimum of 35 days per year (including reading and preparation time for meetings and attendance at training)  Council Members also usually sit on one or more of the Council's Committees.
Type of appointment & duration of term:	The post is a statutory office and the person will be an office holder not an employee of the GDC. The initial term of office is for up to 4 years, with the possibility of reappointment for a further of up to 4 years. There should be no expectation of automatic re-appointment. Appointments are made by the Privy Council, with assurance over the process emanating from the Professional Standards Authority.
Location:	Formal Council or Committee meetings are generally held at the GDC's offices in London, however, some meetings may be held in Birmingham or via remote videoconferencing or at external venues.

### Background information:

The GDC is the UK-wide regulator of the dental team, including dentists and dental care professionals. It is a statutory body, created by the Dentists Act 1984, which has an overarching purpose of public protection through the delivery of its core functions. These include maintaining the dental registers, administering an efficient fitness to practise process and setting and maintaining standards in relation to dental treatment and education.

The Dentists Act sets out three objectives for the GDC:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the professions regulated; and
- To promote and maintain proper professional standards and conduct for members of those professions.

The Council is the strategic body that oversees the organisation's delivery of its core functions. It is comprised of 12 members, six of whom are non-registrants (lay members) and six are registered dental professionals (registrant members). Appointments are made by

the Privy Council and assurance over the process is provided by the Professional Standards Authority.

#### The role:

Council Members will be strategic thinkers who can quickly build relationships, challenge constructively and focus on the key issues to ensure that the GDC continues to improve the service provided to the public. They are expected to be experienced leaders with the skills to think strategically, build relationships quickly, liaise effectively with stakeholders and provide constructive challenge. They will be expected to be able to focus on the key issues in the oversight of the delivery of the GDC's statutory functions and regulatory objectives.

Council Members must be committed to patient safety and public confidence in dental services, which is the primary purpose of the GDC. They must have the confidence to both speak out and challenge, and work adhere to the Principles of Public Life and they must have the confidence to constructively challenge, whilst working effectively with fellow Council Members, the Executive and stakeholders.

**Commented [KS1]:** Amended in line with updated role profile in 2023 Council Member recruitment

#### Role responsibilities:

Council Members collectively are responsible for:

1. Setting the strategic direction of the GDC within its statutory framework
  - Taking responsibility for the corporate strategy, business plans and budgets, and the development of the framework for reviewing policy and operational performance
  - Ensuring that the GDC focuses on its statutory duties of patient safety and public confidence in dental services
  - Evaluating the effectiveness of the Council in fulfilling its statutory purpose
  - Overseeing the development of policy and taking major policy decisions
2. Ensuring that the public and stakeholders have confidence in the GDC in conjunction with the Accounting Officer
  - Ensuring that the GDC has measures in place to engage with stakeholders and with other relevant organisations and government agencies in the four nations of the UK
  - When appropriate, acting personally to support and promote the interests of the GDC
3. Providing challenge and scrutiny of the GDC's operations, ensuring that they are aligned with the organisation's strategic direction
  - Holding the Executive to account for the management of day-to-day operations
  - Holding the Executive to account for ensuring that the GDC's operations are organised in ways which facilitate the delivery of core functions to best effect, and that this is kept under review as circumstances change
4. Setting a positive tone, behaviour and culture for the organisation
  - Ensuring that the Council models the principles of public life and the GDC's leadership behaviours
  - Providing constructive and effective challenge

#### Essential Criteria:

Council Members must be able to demonstrate:

1. A commitment to patient protection and a proven understanding and experience of supporting confidence in public services.
2. Demonstrable experience of contributing to an organisation operating within a statutory framework, in an environment that is impacted by and impacts upon government policy
3. A clear understanding of, and the ability to work effectively with the Executive to challenge, support and hold the Executive to account for the delivery of the corporate strategy
4. The capacity to understand the organisational and business issues facing the GDC, and the skills required to analyse, interrogate and scrutinise performance data
5. Demonstrable experience of contributing constructively to collective decision-making processes, respecting and listening to others and earning the respect of colleagues
6. A personal commitment to good governance, and of upholding the recognised principles of public life, and identifying and managing conflicts of interest.
- 6-7. An understanding of, and demonstrated a commitment to, equality, diversity and inclusion

**Commented [KS2]:** Amended in line with updated 2023 Council Member recruitment exercise

#### Desirable criteria:

*To be determined in relation to the needs of the Council at the time of recruitment.*

#### Eligibility:

##### Registrant Member

A dental professional (registrant) member is someone who is currently registered with the GDC, has met their CPD requirements and made an indemnity declaration. Applicants must not be subject to current fitness to practise proceedings.

All applicants should be aware that Council members who are subject to an investigation or proceedings concerning their fitness to practise by the GDC or other licensing bodies may have their membership of [the Council SPC](#) suspended by the [Privy Council](#) while those proceedings are underway. You cannot be a member of the Council at the same time as being a member of any of its statutory committees.

[No person who is disqualified from membership as set out in The General Dental Council \(Constitution\) Order, 2009, may be a Council Member.](#)

##### Lay Member

These Members must be a lay person. Lay means a person who:

- is not and never has been a registered dentist or a registered dental care professional, and



- does not hold a qualification or qualifications which would entitle them to apply for registration as a registered dental care professional, and/or
- been a director of a body corporate registered with the General Dental Council.

No person who is a member of the Statutory Panellists Assurance Committee or serves [on](#) a statutory committee of the GDC may serve concurrently as a Council Member.

No person who is disqualified from membership as set out in The General Dental Council (Constitution) Order, 2009, may be a Council Member.

### Chair of Council Role Profile

Role title:	Chair of Council
Reports to:	The Council (via the Senior Independent Council Member) The Privy Council (through appointment)
Fees & expenses:	£55,000 per annum + any related expenses for travel and subsistence occurred on GDC business
Time commitment:	A minimum of two days per week
Type of appointment & duration of term:	The post is a statutory office and the person will be an office holder not an employee of the GDC. The initial term of office is for up to 4 years, with the possibility of reappointment for a further of up to 4 years. There should be no expectation of automatic re-appointment. Appointments are made by the Privy Council, with assurance over the process emanating from the Professional Standards Authority.
Location:	The Chair will be based in London, with occasional travel to Birmingham as required. Some GDC meetings will be held via videoconferencing or at external UK venues.

### Background information:

The GDC is the UK-wide regulator of the dental team, including dentists and dental care professionals. It is a statutory body, created by the Dentists Act 1984, which has an overarching purpose of public protection through the delivery of its core functions. These include maintaining the dental registers, administering an efficient fitness to practise process and setting and maintaining standards in relation to dental treatment and education.

The Dentists Act sets out three objectives for the GDC:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the professions regulated; and
- To promote and maintain proper professional standards and conduct for members of those professions.

The Council is the strategic body that oversees the organisation's delivery of its core functions. It is comprised of 12 members, six of whom are non-registrants (lay members) and six are registered dental professionals (registrant members). Appointments are made by

the Privy Council and assurance over the process is provided by the Professional Standards Authority.

**The role:**

The Chair will be an experienced leader and will be an individual who can lead the organisation through the changing external circumstances while delivering high quality services that protect the public.

They will be a strategic thinker who can quickly build relationships, liaise effectively with stakeholders, challenge constructively, and focus on the key issues in the oversight of the delivery of the GDC's statutory functions and regulatory objectives. Moreover, the Chair must gain the support and trust of the experienced and dedicated Council Members and GDC employees.

The Chair must be committed to patient safety and public confidence in dental services. They must adhere to the Principles of Public Life and they must have the confidence to constructively challenge, whilst working effectively with fellow Council Members, the Executive and stakeholders.

**Role responsibilities:**

The Chair is responsible for:

1. Providing leadership of the Council and GDC, and ensuring Council sets the strategic direction of the GDC within its statutory framework.
  - Leading on the conduct of Council business, bringing impartiality and objectivity, and ensuring that clear decisions are taken
  - Taking responsibility for corporate strategy, business plans and budgets and the development of the framework for reviewing policy and operational performance
  - Ensuring that the GDC focuses on its statutory duties of patient safety and public confidence in dental services
  - Overseeing the development of policy and taking major policy decisions
2. In partnership with the Chief Executive, leading the external relationships of the GDC, ensuring that the public and stakeholders have confidence in the GDC.
  - In agreement with the Chief Executive, leading or supporting activities to engage with stakeholders and with other relevant organisations and government agencies in the four countries of the UK
  - When appropriate, acting personally to support and promote the interests of the GDC
3. Providing challenge and scrutiny of the GDC's operations, ensuring that they are aligned with the organisation's strategic direction.
  - Building an effective relationship with the individual occupying the role of Chief Executive Registrar and Accounting Officer
  - Leading Council in holding the Executive to account for the management of day-to-day operations and that the GDC's operations in ways which facilitate the delivery of core functions to best effect, and that this is kept under review as circumstances change
4. Setting a positive tone, behaviour and culture for the organisation

- Ensuring that the Council models the principles of public life and the GDC's leadership behaviours
- Providing constructive and effective challenge

**Essential Criteria:**

The Chair must be able to demonstrate:

1. Significant non-Executive Board level experience, and chairing experience of a Board or formal Committee, with the proven ability to lead and facilitate strategic debate, bringing together the diverse perspectives and experiences of other Board members.
2. A track record of working at a senior level in the public sector and/or regulatory experience.
3. Exceptional stakeholder management and communication skills, and the ability to develop and manage a range of complex relationships and act as an ambassador for the GDC.
4. Proven ability to lead an organisation through change and uncertainty.

In addition, the Chair should meet the essential criteria which all Council Members are expected to have:

5. A demonstrable commitment to patient protection and supporting confidence in public services.
6. Demonstrable experience of contributing to an organisation operating within a statutory framework, in an environment that is impacted by and impacts upon government policy
7. The ability to work effectively to challenge, support and hold the executive to account for the deliver of the corporate strategy
8. The capacity to understand the organisational and business issues facing the GDC, and the skills required to analyse, interrogate and scrutinise the performance data
9. Demonstrable experience of contributing constructively to collective decision-making processes, respecting and listening to others and earning the respect of colleagues
10. A personal commitment to good governance, and of upholding the recognised principles of public life, and a commitment to equality, diversity and inclusion.

**Eligibility:**

The Chair of Council can be a lay or a registrant.

Registrant Member

A dental professional (registrant) member is someone who is currently registered with the GDC, has met their CPD requirements and made an indemnity declaration. Applicants must not be subject to current fitness to practise proceedings.

All applicants should be aware that Council members who are subject to an investigation or proceedings concerning their fitness to practise by the GDC or other licensing bodies may

have their membership of [SPC-Council](#) suspended by the [Privy](#) Council while those proceedings are underway.

~~No person who is a member of the Statutory Panellists Assurance Committee or serves on a statutory committee of the GDC may serve concurrently as a Council Member. You cannot be a member of the Council at the same time as being a member of any of its statutory committees.~~

~~No person who is disqualified from membership as set out in The General Dental Council (Constitution) Order, 2009, may be a Council Member.~~

#### Lay Member

Must be a lay person. Lay means a person who:

- is not and never has been a registered dentist or a registered dental care professional, and
- does not hold a qualification or qualifications which would entitle them to apply for registration as a registered dental care professional, and/or
- been a director of a body corporate registered with the General Dental Council.

No person who is a member of the Statutory Panellists Assurance Committee or serves [on](#) a statutory committee of the GDC may serve concurrently as a Council Member.

No person who is disqualified from membership as set out in The General Dental Council (Constitution) Order, 2009, may be a Council Member.

### Senior Independent Council Member Role Profile

Role title:	Senior Independent Council Member (SICM)
Reports to:	The Chair – as a Council Member The Council – in respect of the SICM duties
Fees & expenses:	In line with their contractual agreement as a Council Member. There is no additional remuneration for the SICM role.
Time commitment:	Largely the role can be accommodated within the core time commitment of the Council Member role (35 days per annum) but some additional time (1-2 days) may be required around the conduct of appraisals.
Type of appointment & duration of term:	The post is a statutory office and the person will be an office holder not an employee of the GDC. The initial term of office is for up to 2 years, with the possibility of reappointment for a second and final term of up to 2 years. There should be no expectation of automatic re-appointment. Appointments to this role are made by the Council, following proposal by the Chair.
Location:	Council and Committee meetings are held at the GDC's offices in London, however, some meetings may be held in Birmingham, at external UK venues, or remotely via videoconference.

#### Background information:

The GDC Standing Orders for the Conduct of Business [of the Council and Committees 2022](#) (the Standing Orders) provide that the Council may choose to appoint one of its Members as the Senior Independent Council Member (SICM). The role of a SICM is similar to that of a Senior Independent Director and is designed to fulfil the dual process of acting as a sounding board for the Chair and intermediary for other Council Members. The role of the SICM is named in the UK Governance Code and it is considered best practice to have an appointment in place for this role on a Board.

#### The role:

The role of the SICM is set out in the Standing Orders as follows:

1. Be a conduit between Members and the Chair to communicate any major concerns Members have to the Chair
2. Lead the process of appraising the performance of the Chair and take advice from the Council and the Remuneration and Nomination Committee around whether to seek views of external stakeholders (including Government)
3. Investigate any complaints (from Members, Officers of the Council or any other parties) about the Chair's conduct; and
4. Occasionally deputise for the Chair at external or internal meetings

The SICM also has a role in relation to whistleblowing as set out in the policy for Council Members and Independent Governance Associates.

The SICM is not automatically the deputy Chair of the Council. A temporary or deputy Chair can be appointed by the process as set out in the GDC Constitution (Order) and the GDC's Standing Orders.

The Council should consider the requirements of the role when considering whether an appointment is appropriate. The following key skills are likely to be useful in fulfilling this role:

- The ability to liaise effectively with colleagues and stakeholders
- Strong communication skills
- Experience in leadership, performance appraisal and a clear understanding of the GDC's statutory purpose.
- The ability to adhere to the Principles of Public Life and a good understanding of the right-touch regulation principles.
- An ability to demonstrate fairness, transparency, openness and respect in the conduct of investigations.

**Eligibility:**

The SICM must be a current member of the Council. The term of appointment is usually two years, and therefore, at the point of appointment, the SICM must have at least two years remaining on their term as a Council Member.

The Council, in consultation with the Chair, are responsible for appointing an appropriate Council Member to the position of the SICM.

## Chief Executive, Registrar and Accounting Officer

At the GDC, the Chief Executive has three inter-related roles: as Chief Executive, as the Accounting Officer; and as the Registrar. Whilst each has a different legal basis, serves different purposes and has different lines of accountability, all positions must be held by the same person. The Standing Orders of the GDC also set out that this post-holder will be the Secretary to the Council – but may, and does, delegate this role to the Head of Governance.

### Chief Executive

Appointed by:	The Council
Reports to:	Chair of Council and is accountable to the Council as a whole.
Legal basis:	<i>The General Dental Council Standing Orders for the Conduct of Business <u>of the Council and Committees</u> 202<u>29</u></i>  The Chief Executive is an employee of the General Dental Council and is subject of to the terms of their contract, and various staff policies.

#### Overview of the role

- The Chief Executive appoints and leads the Executive Management Team.
- The Chief Executive is responsible for undertaking executive functions under delegation from the Council.
- They are responsible for controlling expenditure within the Annual Budget as set by the Council.
- They have an advisory role to the Council and to its Committees.

### Registrar

Appointed by:	The Council
Reports to:	Chair of Council and is accountable to the Council as a whole.
Legal basis:	<i>The Dentists Act 1984</i>

#### Overview of the role

- The Registrar's duties are directly derived from the Dentists Act and are not delegated from the Council – much of the operational activity of the GDC is related to delivering the Registrar's responsibilities.
- Many of the functions of the Registrar are undertaken at the direction of Statutory Committees.
- The Registrar may delegate, either generally or specifically, any of their functions to any of the Council's staff. The Scheme of Delegations sets out where these delegations lie.

- Registrar duties include, responsibility for the day-to-day running of the GDC, including education matters, managing all aspects of the register, and a variety of Fitness to Practise responsibilities, including investigating allegations making referrals to the Investigating Committee (Case Examiners) and the Interim Order Committee. Most of the FTP duties are delegated to the Casework team or the ED, Legal and Governance.

### Accounting Officer (AO)

Appointed by:	The Privy Council
Reports to:	<a href="#">The Privy Council.</a>  <a href="#">The AO may also interact with the relevant Government Department (currently the Department of Health and Social Care) and can be asked to attend before Committees of the Westminster Parliament.</a>
Legal basis:	<a href="#">The Dentists Act 1984 – the AO is responsible on behalf of the GDC for the execution of the Council's obligations under section 2C of the Dentists Act 1984</a>

### Overview of the Role

- [Accountable to Parliament for the stewardship of the GDC's resources.](#)
- [Required to keep and produce accounts in such form as the Privy Council may determine.](#)



- They cannot be compelled to carry out their responsibilities as AO in a specific way by anyone except the principal AO and the Treasury.
- This role is not appointed by Council nor does not derive its authority from the Council. In matters such as writing off expenditure, or seeking a Direction, the AO cannot be instructed by the Council.
- The detailed responsibilities of the role are set out in Chapter 3 of *Managing Public Money*. At the GDC, the Accounting Officer is obliged to take into account these principles of Managing Public Money.

### Responsibilities

- They are personally responsible for the GDC's:
  - Regulatory (compliance with legislation) and propriety (meeting appropriate standards of conduct)
  - Affordability and sustainability
  - Value for money
  - Control of major projects or initiatives
  - Opportunity and risk management
  - Learning and business improvement
  - Financial controls and management
- The responsibilities are set out in full in Chapter 3 of *Managing Public Money*. These are set out in three areas:
  - Governance
  - Decision Making
  - Financial Management
- The AO must personally sign the Annual Accounts and Annual Report and the Governance Statement.
- They must personally approve the GDC's budgets and will provide advice to Council in relation to the budget.
- They are expected to ensure that the organisation operates effectively and to a high standard of probity.
- The AO can be called before the Public Accounts Committee to be answerable for the organisation's business.

### Personal and advisory role

- The AO role is a personal appointment and responsibilities cannot be delegated to staff or to the Council.
- The AO has a specific advisory role to the Council to bring to their attention any conflict between the Council's instructions and their duties as AO. They cannot simply accept the Council's aims or policy without examination
- The AO should pay particular attention to novel, contentious, or repercussive proposals.
- The AO must be specific when registering any objections.
- If the AO wishes to draw significant problems to the attention of the Council, they will normally issue an *Accounting Officer's Memorandum*.
- If the Council wishes to continue with a course that the AO has advised against, the AO should ask for a formal written direction to proceed.