Business Plan

2011-2012

FITNESS TO PRACTISE

	2011	2012
Objective 1: Implement fitness to practise processes that meet a range of external performance criteria		
Actions to achieve Objective 1 **Implement agreed business improvements following the fitness to practise review carried out to May 2011**		
Action 1	• **Increase Investigating Committee (IC) hearing capacity to 4 meetings**	• **Maintain IC capacity at required levels (based on demand)**
Staffing	• 1 admin manager at Grade F and 2 admin staff	• No additional staff required, assuming the level of complaints does not increase
Success indicator	• Four IC meetings per month May – Dec and no backlog of ready cases awaiting IC hearing	• No backlog of ready cases awaiting IC hearing
Action 2	• **Introduce guidance for IC and support IC with legally qualified committee secretaries**	• **Review guidance for IC**
Staffing	• 2 IC secretaries at Grade F	• No additional staff required
Success indicator	• IC decisions are fair and reliable - to be judged by both numbers of legal appeals and by audit of IC decisions	• IC decisions are fair and reliable – to be judged by both numbers of legal appeals and by audit of IC decisions
Action 3	• **Implement standardised procedural guidance, plus accompanying standard letters/factsheets, for caseworks at all stages of our investigation process – and deliver training against that guidance**	• **Review and change guidance as appropriate**

Staffing	• No additional staff required	• No additional staff required
Success indicator	• Guidance in place, training delivered and casework quality improving (to be judged by casework audit from Q4 2011)	• Continued improvements in casework quality (judged by audit results)
Action 4	• **Establish a documented process for assessment and allocation of incoming complaints (such that we can readily identify and close those cases which could not raise an issue of impairment**	• **Continue to review and improve the process for initial assessment**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Assuming no shift in the make-up of the incoming caseload, a smaller proportion of cases is referred for an IC hearing	• Assuming no shift in the make-up of the incoming caseload, a smaller proportion of cases is referred for an IC hearing
Action 5	• **Establish a team within fitness to practise comprehensively to monitor practitioners with conditions/suspension following a Practice Committee hearing and to prepare cases for Review hearings**	• **Continue to develop and review the function**
Staffing	• 2 additional caseworkers at Grade E	• No additional staff required
Success indicator	• Team established, trained and fully functional by Q4 2011	• Quality of case presentation at Review Hearings is enhanced (judged by audit)
Action 6	• **Establish process for proactive pre-hearing case management within hearings function**	• **Continue to develop and review the process**
Staffing	• 2 additional staff at Grade G	• No additional staff required
Success indicator	• Process established and fully functional by Q4 2011	• Backlog of cases awaiting hearing is reduced and average length of wait for hearing is reduced (assuming no increase in numbers)
Action 7	• **Implement a comprehensive induction, training and mentoring process for Fitness to practise caseworkers**	• **Review and improve induction, training and mentoring processes**
Staffing	• No additional staff required	• No additional staff required
Success	• Documented caseworker induction, training and	• Quality of casework improves (as judged by audit results)

indicator	mentoring programmes in place by end of 2011	
Action 8	• **Carry out review regarding the provision of legal services to fitness to practise to establish whether in-house provision is more cost-effective and whether it could deliver some or all of the service we currently contract externally**	• **Dependent on outcomes of review carried out in 2011**
Staffing	• Possible expansion of the in-house legal team	• Dependent on outcomes of review carried out in 2011
Success indicator	• External legal service providers selected and fully operational within our process by end of 2011 • Review completed and assessed by EMT	• Dependent on outcomes of review carried out in 2011
Action 9	• **Introduce a comprehensive and effective system for performance and productivity management across Fitness to practise, utilising the functionality of the new BIS system**	• **Maintain and improve the systems for performance management**
Staffing	• 1 senior caseworker at Grade F	• No additional staff required
Success indicator	• System in place and operational by Q4 • Improved performance against service targets and increased throughput of casework	• Improved performance against service targets and increased throughput of casework
Action 10	• **Develop strategy for the potential longer-term changes to fitness to practise and hearings processes which require changes to the statutory Rules**	• **Dependent on outcomes of 2011 strategy**
Staffing	• No additional staff required	• Dependent on outcomes of 2011 strategy
Success indicator	• Strategy agreed with EMT and/or Council and engagement with CHRE and/or DH begun	• Dependent on outcomes of 2011 strategy
Action 11	• **Restructure fitness to practise and Prosecutions teams, so that legal resource is concentrated on managing cases referred for a hearing**	• **Keep operation of legal team and fitness to practise casework team under review**
Staffing	• 2 admin staff at Grade C	• No additional staff required
Success	• Team restructure is carried out successfully • New processes are documented and staff are trained	• Speed and quality of case presentation to Practice Committees is improved

indicator		

Actions to achieve Objective 1

Ensure we have the capacity to run hearings in a timely manner

Action 12	• **Build hearing capacity to run 5 concurrent hearings from start of 2012**	• **Reduce the average length of time a case waits for a hearing after referral**
Staffing	• 2 panel secretaries	• Any increase in staffing will be the result of increases in the numbers of cases referred for hearing
Success indicator	• Staff, rooms, panellists and legal advisors all in place in sufficient numbers to run 5 concurrent panels	• Average age since referral of cases queued for hearing reduces in each quarter of 2012

Objective 2: Implement a systematic process to evaluate fitness to practise procedures and outcomes

Actions to achieve Objective 2

Action 1	• **Establish a quality assurance and business improvement function as part of the new Excellence Unit**	• **Continue to review and develop the function and the QA programme**
Staffing	• Staff in Excellence Unit	• No additional staff required
Success indicator	• QA and improvement team in place, trained and fully functioning by QA • First audits carried out in Q4	• Full programme of decision and casework audits carried out through the year (through BIS) – results analysed and fed back to operational teams – and business improvements identified and implemented

Objective 3: Implement an effective case-management system

Actions to achieve Objective 3

Action 1	• **Deliver a comprehensive and effective user requirement specification to inform configuration of the BIS system**	• **Identify potential improvements in BIS system and deliver further user specifications for those improvements**
Staffing	• No additional staff required	• No additional staff required

Success indicator	• BIS system delivered on schedule and meets user needs	• System improvements implemented and successful
Objective 4: Clarify and communicate what constitutes the practice of dentistry		
Actions to achieve Objective 4		
Action 1	• **Identify and prosecute further cases of illegal practice**	• **Review position and strategy re: prosecution of illegal practice**
Staffing	• No additional staff required	• Review position and strategy re: prosecution of illegal practice
Success indicator	• 6-10 cases prosecuted	• Review position and strategy re: prosecution of illegal practice

REGISTRATION

2011	**2012**
Objective 1: Ensure that the register is current, accessible and appropriate for our different audiences	
1.1 Develop online registration application and payment capabilities	
Action 1	• **Identify an appropriate online solution based on requirements specification**	• **Develop and implement the online solution**
Staffing	• IT and Operational Excellence Unit 1 x 12 month interim project manager starting October 2011	• Project manager post until Oct 2012

Success indicator	• Online system scoped and business case approved by EMT	• Specifications developed and transferred for system configuration • Pilot online applications for UK dentist graduates • Commence full implementation of online applications following success of pilot • Minimal user issues to resolve
1.2	**Maintain quality systems to ensure that the register is current and accurate**	
Action 1	• **Review standard operating procedures** • **Implement changes to standard operating procedures** • **Save documents in a central location to enable easy access and to communicate with staff**	• **Review standard operating procedures, considering business processes post implementation of Dynamics** • **Implement changes to standard operating procedures** • **Communicate procedural changes to staff** • **Data cleansing**
Staffing	• Operational Excellence Unit	• Operational Excellence Unit will need an increase in headcount to cover 2012 projects audit and compliance to be increased by 1.5 heads to ensure directorate wide compliance
Success indicator	• Audit conducted and standard operating procedures reviewed and updated against current processes and communicated to staff • Improved accessibility and staff knowledge of SOPs	• Audit conducted and SOPs reviewed and updated against current processes and communicated to staff • Improved accessibility and staff knowledge of SOPs
1.3	**Improve functionality and accessibility of the online register**	
Action 1	• **Continuous improvement of online register functionality, based on user feedback** • **Incorporate CHRE recommendations in developing the online register**	• **Develop online register to include details of temporary registrants**
Staffing	• No additional staff required	• Operational Excellence Unit
Success indicator	• Improved search functionality and usability • CHRE recommendations implemented	• Temporary registrants successfully added to the online register
1.4	**Ensure consistency of information provided on the online register and registration certificates**	
Action 1	• **Review the procedures and templates for producing registration certificates** • **Confirm the requirement for additional qualifications to**	• **Update registration certificate templates following revisions to the Register Rules** • **Consider procurement of bespoke certificate paper with**

	appear on certificates and on the online register	**registration cards**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Annual review to ensure our templates are up to date	• Annual review to ensure our templates are up to date

1.5   Analysis of registrant demographics to identify trends, enabling information to assist in the development of future policies and communications strategies

Action 1	• **Review ways of encouraging registrants to complete equality and diversity forms to ensure the rationale for collecting this information is clearly communicated**	• **Continued encouragement for registrants to complete equality and diversity forms** • **Determine reporting requirements and extract demographic data as required to enable trend analysis**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Improvement to the number of completed equality and diversity forms	• Greater number of completed equality and diversity forms • Outcomes from trend analysis is used to inform future policy development

Objective 2: Assure patient and public protection by putting in place appropriate checks and balances before placing an individual on the register

2.1   Review the ORE contracting arrangements and make appropriate changes

Action 1	• **Implement new contractual arrangements**	• **Review new contractual arrangements**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Negotiated terms and conditions contract agreed and approved	• Contract terms and conditions reviewed and amendments made as necessary, and approved

2.2   Implement appropriate indemnity checks for the dental team

Action 1	• **Research and propose a process for indemnity checking once instruction from the DoH has been received**	• **Specify changes to primary legislation**
Staffing	• Project Manager to be allocated once project commences	• Project manager to be allocated once project commences

Success indicator	- Implementation plan developed which details costs and timeframe - Council approval to amend primary legislation - New case management system configured to enable recording of indemnity information	Drafting instructions completed and changes to legislation approved (circa 18 months)
2.3 Review the registration application process to ensure a robust process to minimise the potential of fraudulent entries and introduce annual renewal of registration		
Action 1	**Initiate review of the application process and consider additional identification checks, such as the provision of photographs for each registrant** **Develop an annual renewal process to cover self declarations (health, convictions), payment of ARF, provision of indemnity information, and submission of CPD hours** **Review of health declaration, aiming for an annual self declaration, removing the need for third party validation**	**Liaise with external organisations to minimise identity fraud (e.g. UK Border Agency). Determine how information will be accessed and used** **Review the revised application process and make changes where necessary** **Increase audit team functionality to enable compliance auditing of Registration assessment procedures and review of documentation**
Staffing	No additional staff required	Interim project manager and operations teams
Success indicator	- Policy on annual registration developed - Guidance for registrants developed and published, promoting further confidence in entries to the register - New procedures embedded within existing registration processes - Standard operating procedures developed and staff trained on new procedures	- Use of external information embedded into business processes - Implement compliance audits and take remedial action for any erroneous or fraudulent entries - Outcomes of audits are fed back as a continuous improvement function within the department
Objective 3: Ensure registrants keeps their professional practice current by providing evidence of ongoing safe and competent practice		
3.1 Continuous improvement of the administration of the CPD scheme		
Action 1	**Develop IT systems to enable registrants to log CPD information, which is recorded against their file** **Improve published guidance on CPD**	**Target communications to improve submission of CPD hours** **Improve the functionality of online CPD submission as part of the online application project**

Staffing	• No additional staff required	• No additional staff required
Success indicator	• Online application developed and tested • Registrants are informed of the availability of recording CPD information online • All guidance material reviewed and consistent messages delivered	• CPD policy reviewed to ensure that it is current and operationally sound in preparation for the introduction of revalidation • Specifications developed to improve the submission of CPD information on eGDC – publish and communicate this information to registrants

3.2   Improve auditing process for continuing professional development returns

Action 1	• **Implement CPD audit function for 2 Dentist CPD cycles**	• **Review continuing professional development auditing and propose changes** • **Use outcomes from audits to develop future CPD policy** • **Complete audit of 2006 – 2010 Dentist CPD cycle**
Staffing	• No additional staff required	• Revalidation Team and Operational Excellence Unit and growth in audit team described above
Success indicator	• High rate of CPD compliance	• Completion of audit for 2006 – 10 dentist CPD cycle • CPD audit process reviewed as necessary • Audit outcomes used in the development of future CPD policy/revalidation

Objective 4: Provide robust evidence for removals from and renewals to the register, on the basis of patient safety

4.1   Maintain quality systems to provide appropriate evidence for removals and renewals

Action 1	• **Review processes to ensure only key registration staff can remove registrants from the register**	• **Monitor removals from the register**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Clearly documented procedures for removing individuals from the register with supporting information instructing removal uploaded against a registrant's file • New procedures are communicated to all staff	• Only key registration staff remove registrants from the register

STANDARDS

	2011	2012
Objective 1: Ensure that our standards are appropriate and continue to protect patients and the public		
Actions to achieve Objective 1		
Action 1	• **Review guidance and consider options for improvement in Q3 and Q4** • **Engage with a range of stakeholders including educators and indemnfiers to ensure standards are developed with a more comprehensive set of stakeholder views**	• **Complete review and propose new standards guidance Q1** • **Consult with internal and external stakeholders Q2** • **Finalise Standards and seek Council agreement Q3** • **Launch Standards with active stakeholder communication Q4**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Stakeholders are engaged with the review	• Stakeholders have a full opportunity to influence the review • Guidance is understood and accepted by registrants and public • Guidance is demonstrably aimed at patient protection and reflects right touch regulation
Objective 2: Define the scope of practice for all members of the dental team in order to ensure patient protection		
Actions to achieve Objective 2		
Action 1	• **Develop Scope of Practice options and proposals including direct access as appropriate** • **Present Scope of Practice consultation**	• **Consultation with stakeholders on draft Scope of Practice Q1** • **Finalise Scope of Practice Q2** • **Council agreement Q2** • **Launch alongside new Standards with active communication**

	findings to the Council	Q4
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Stakeholders are engaged with the review	• Scope of practice is understood by public and registrants • Scope of practice is accepted by registrants • Scope of practice supports effective Fitness to practise decision making • Scope of practice contributes to patient protection

Objective 3: Establish a core fitness to practise policy

Actions to achieve Objective 3

Action 1	• **Identify short, medium and long term process changes aimed at streamlining fitness to practise work** • **Identify how such changes might be effected e.g. policy decision, rule change/legislative change**	• **Policy work to underpin short term fitness to practise changes** • **Policy work in preparation for S60 order to effect changes requiring amendment to the Dentists Act**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Fitness to practise policy supports improved Fitness to practise process, efficiency and perception of fairness	• Fitness to practise policy supports improved Fitness to practise process, efficiency and perception of fairness

Objective 4: Implement a communications strategy regarding our regulatory standards to patients and the public, the dental team, the dental sector and the policy arena

Actions to achieve Objective 4

Action 1	• **Design communications and engagement strategy Q4** • **Develop a communications toolkit Q4**	• **Deliver targeted annual communication plan. This will include :** • **Registrant events in England, Scotland, Wales and Northern Ireland** • **Active development of e-newsletters** • **The Gazette and improvements to the on-line version** • **Engagement with the dental press to launch and communicate Standards**

		• **Include a pilot of social media usage** **For the public:** **Public facing versions of standards and scope of practice documents on our website** **For dental sector stakeholders such as educationalists, indemnifiers and employers:** • **Active communication at launch and on-going to follow up from engagement events undertaken during standards development** **For policy makers:** **Quarterly meetings in England, Scotland, Wales and Northern Ireland**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Strategy clearly identifies effective ways to engage with stakeholders	• Patients are aware of what to expect and action to take if their expectations are not met • Registrants understand their responsibilities and how to meet our expectations • Dental sector understands standards and uses them in teaching and communication with their stakeholders • Policy makers note that standards are up to date

EDUCATION/QUALITY ASSURANCE/REVALIDATION

	2011	2012
Objective 1: Ensure that our quality assurance of dental education and training fulfils our statutory purpose		
Actions to achieve Objective 1		

Action 1	• Design and implement interim BDS quality assurance system Q3
	• Finalise new QA process Q4
	• Recruit new inspectors Q4
	• Actively engage with educational stakeholders on the development of new processes Q4
		• Council agree new QA process based on:
		   o Learning Outcomes
		   o QA Standards agreed by Education Committee
		   o Clear criteria by which to judge success and evidence GDC will accept Q1
		• Begin interim BDS inspection round based on standards agreed by education committee
		• Active engagement with stakeholders to determine roll out timescale of new QA process
		• Revise guidance for inspectors based on new QA process
		• Implement new Quality Assurance process Q4
		• Continue with DCP inspections (estimate 12 in 2012)
		• Respond to environmental factors such as whistle blowing, and concerns raised through inspection, annual monitoring and other means
		• Undertake annual monitoring and learn from and share findings

Staffing	• New QA inspectors	• 1 additional QA officer post (Grade F) required due to increased volume of reactive inspections and scheduled inspections forecast for 2012

		• This may require further review depending on schedule for new QA process
Success indicator	• New process clearly aligned to learning outcomes	• Learning Outcomes accepted and applied by dental education institutions • QA Process ensures patients are protected
Action 2	• **Develop proposals for Specialist List quality assurance Q4**	• **Finalise Specialist List Quality Assurance system based on QA Standards agreed by Education Committee** • **Develop criteria for acceptance and evidence the GDC will accept** • **Pilot Specialist List Quality Assurance Q2/3** • **Implement fully Q4**
Staffing	• No additional staff required	• No additional staff required
Success Indicator	• Quality assurance of Specialist Lists is proportionate • Process ensures patients are protected	• QA of Specialist Lists is proportionate • Process ensures patients are protected

Objective 2: Develop a framework of education outcomes aimed at assuring fitness to practise for initial, specialist and continuing registration

Actions to achieve Objective 2

Action 1	• **Finalise and publish learning outcomes Q4** • **Hold workshops with educational stakeholders to plan implementation Q4**	• **Continue implementation planning with educational stakeholders Q1 onward** • **Use the new QA process above to drive forward the implementation of Learning Outcomes** • **Use annual monitoring to assess level of implementation of Learning Outcomes and to drive uptake.**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Outcomes are welcomed and adhered to by educational stakeholders • Patients are better protected	• Outcomes are implemented • Educational stakeholders support the implementation • Patients are better protected

Objective 3: Implement a revalidation scheme for dentists and complete the development of a revalidation scheme for the rest of the dental team

Actions to achieve Objective 3

Action 1	• **Develop revalidation plan, incorporating a review of Continuing Professional Development** • **Begin building evidence base for right-touch revalidation**	• **Undertake research programme to inform development of Revalidation and Continuing Professional Development** • **Consider consultation findings and literature review results to develop proposed changes to CPD** • **Process/system testing and piloting of CPD revisions** • **Undertake impact Assessment** • **Analyse commissioned research and the approach taken by other regulators to inform proposals for "right touch" revalidation**
Staffing	• No additional staff required	• Grade G post
Success indicator	• Revalidation and CPD developed based on a clear evidence base	• Revalidation and CPD developed based on a clear evidence base

Objective 4: Develop specialist lists across the dental team which positively reinforce patient and registrant choice and patient protection

Actions to achieve Objective 4

Action 1	• **Scope review of specialist lists Q3** • **Develop options and proposals Q4**	• **Gather evidence to determine the scope and scale of specialist list review from sources including Fitness to Practise data and the implementation of new QA process for the specialties**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Scope enables effective project delivery	• Specialist lists add to patient protection • Lists are proportionate and consistent with "right touch" regulation
Action 2	• **Scope review of mediated entry and flexible entry to specialist lists Q3** • **Develop options and proposals**	• **Consult with stakeholders on proposals Q1** • **Implement agreed approach for mediated and flexible entry to specialist lists** • **Support registration teams in developing implementation plan.**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Scope enables effective project delivery	• Scope is consistent with right touch regulation • Proposals protect patients

VALUE FOR MONEY: POLICY AND COMMUNICATIONS

	2011	2012

Objective 1: Raise our resources responsibly

Actions to achieve Objective 1

Action 1	• **n/a**	• **Scope and deliver a review of the Annual Retention Fee policy**
Staffing	• n/a	• Part of one additional policy post
Success indicator	• n/a	• Policy meets equality and diversity tests • Policy generates income required • Policy supports cost effective collection of income

Objective 3: Target our resources efficiently and effectively

Actions to achieve Objective 3

Action 1	• **Review Policy and Communications Directorate Q4** • **Develop communications and engagement strategy Q4**	**Implementation of Communications and engagement strategy This will include : For registrants** • **Registrant events in England, Scotland, Wales and Northern Ireland** • **Active development of e-newsletters** • **The gazette and improvements to the on-line version** • **Engagement with the dental press to launch and communicate Standards** • **Include a pilot of social media usage**

		For the public: **Public facing versions of standards and scope of practice documents on our website** **For dental sector stakeholders such as educationalists, indemnifiers and employers:** • **Active communication at launch and ongoing to follow up from engagement events undertaken during standards development** **For policy makers:** • **Quarterly meetings in England, Scotland, Wales and Northern Ireland**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Strategy identifies our audiences and sets clear objectives for our engagement	• Patients and public are aware of what they expect from their dental team and what to do if their expectations are not met • Registrants are aware of their responsibilities and how to meet them
Action 2	• **Agree model for engagement in England, Wales and Northern Ireland Q4**	• **Implement arrangements for engagement in England, Wales and Northern Ireland**
Staffing	• No additional staff required	• Part of one additional policy post
Success indicator	• A cost efficient and effective model is proposed	• Our regulation reflects as necessary differences across 4 countries • We can enhance our influence in relation to patient safety
Objective 5: Deliver open and transparent decisions through effective governance mechanisms		
Actions to achieve Objective 5		
Action 1	• **Agree policy development programme for 2012**	• **Q1-2 Annual registrant and patient survey to inform business and policy planning**
Staffing	• No additional staff required	• No additional staff required
Success Indicator	• The process builds in the principles of evidence based policy making and right touch regulation	• We have solid and cost effective evidence base for policy prioritisation within the Council's strategy

VALUE FOR MONEY: GOVERNANCE

	2011	**2012**
Objective 2: Account for our spending decisions		
Actions to achieve Objective 2		
Action 1	• **Develop new internal audit programme Q4**	• **Implement new internal auditor programme, reporting to the Audit Committee and the Council s**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• New contract in place in Q3	• Feedback from client departments that internal audits have made a difference to ways of working
Objective 3: Target our resources efficiently and effectively		
Actions to achieve Objective 3		
Action 1	• **Implement recommendations of review of committee structure**	• **Review workings of new committee structure, review Council business improvements, review Council Member and staff training outcomes, and implement appraisal system**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• New structure implemented in Q3	• New structure is regarded as working well by Council Members and staff • GDC business transacted more effectively measured by timely decision making based on high quality policy papers

Action 2	• **Liaise with CHRE in relation to governance review and advice to regulators on appointment of Council members** • **Report the CHRE's findings to the Council and agree implementation plan**	• **Prepare for any changes to governance structure arising from CHRE's review. This may involve changes to the GDC's constitution order.**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Governance system agreed that has the confidence of the GDC	• Governance system agreed that has the confidence of the GDC
Action 3	• **Liaise with Law Commission in relation to development of a single Act for all regulators**	• **Develop a comprehensive response to the Law Commission's consultation on the new Act, due in Q1**
Staffing	• Part of new policy post in policy team	• Part of new policy post in policy team
Success indicator	• GDC actively shapes the new legislation to ensure its role as regulator is enhanced	• GDC actively shapes the new legislation to ensure its role as regulator is enhanced

Objective 4: Manage our resources in accordance with good governance		
Actions to achieve Objective 4		
Action 1	• **Develop and implement Risk Management Framework** • **Develop operation at risk registers**	• **Embed Strategic and operational at risk register, ensuring they inform GDC policy**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Strategic Risk Register accepted by Council in Q2 • Operational Risk Register developed in Q3	• ORRs inform SRR and SRR informs business planning
Action 2	• **Ensure a comprehensive response to the CHRE's annual performance review**	• **Ensure a comprehensive response to the CHRE's annual performance review**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• GDC meets the requirements of the review through timely submission of evidence and cooperation at every stage	• GDC meets the requirements of the review through timely submission of evidence and cooperation at every stage

VALUE FOR MONEY: FINANCE AND CORPORATE SERVICES

	2011	2012
Objective 1: Raise our resources responsibly		
Actions to achieve Objective 1		
Action 1	• **Establish an investment policy to increase returns on cash deposits**	• **Implement agreed investment policy to increase returns on cash deposits**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Council approves investment policy	• Investment income returns greater that that achievable on one month bank deposits
Objective 2: Account for our spending decisions		
Actions to achieve Objective 2		
Action 1	• **Tender internal audit contract**	• **Plan and implement new financial audit contract**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• New contract awarded	• New audit programme completed

Objective 3: Target our resources efficiently and effectively

Actions to achieve Objective 3

Action 1	• **Implement CRM system (BIS) to ensure contact information is recorded in a single database**	• **Complete implementation of CRM system to ensure it meets the requirements of the GDC**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Effective implementation in some departments	• Effective implementation across all GDC departments of CRM/CMS system • Benefits evident in terms of accessibility of data, workflow discipline, streamlined working practices
Action 2	• **Automate performance management information required by the Executive, Council and others**	• **Provide added value business intelligence using data mining techniques**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Delivery of automated Council report in Q4	• Provision of KPI reporting identifying trends and anomalies in data
Action 3	• **Implement intranet and develop remote working solutions** • **Implement extranet for Council members**	• **Monitor operation of intranet and extranet making improvements as required.**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Launch of the intranet in Q2	• Intranet accepted and well used as information hub
Action 4	• **Purchase new version of Microsoft Office**	• **Telephony Systems review. Re-tender all voice and maintenance contracts with the aim of procuring a unified communications solution to integrate with CRM / CMS systems and deliver voice communication to the most appropriate device (phone, computer, mobile) regardless of location**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Rollout and training of MS Office 2010 to all staff	• New contract in place, streamlined, more flexible telephony and 20% reduction in annual spend

Action 5	• Evaluate CRM system at year end to ensure that it meets all internal and external customer needs	• Evaluate CRM system at year end to ensure that it meets all internal and external customer needs
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Fitness to practise team use the system for case management	• GDC departments using the CRM/CMS system to their needs
Action 6	• Implement online registration system	• Continue to develop suite of online applications to automate remaining manual processes between online and CRM
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Online registration system implemented	• Reduced administration burden on GDC teams and improved operational efficiencies
Action 7	• Develop estates strategy, including relocation of DCS in East Croydon and submission of planning permission for Wimpole Street	• Planning redevelopment of Wimpole Street • Costed proposal to the Council in early 2012 (assuming planning permission is granted) • Tendering for construction contract • Development of detailed project plan
Staffing	• No additional staff required	• No additional staff required
Success indicator	• DCS relocated • Wimpole Street planning application approved	• Detailed plans and specifications for re-development in 2013
Action 8	• Identify efficiency savings across the GDC's functions • Co-operate with the CHRE on efficiency review commissioned by the Department of Health in 2011 •	• Develop proposals for how the GDC could achieve efficiencies whilst meeting its statutory responsibilities • Liaise with other regulators on potential for shared services • Report to the Council on the outcome of the efficiency review, seeking approval for efficiencies with strategic implications
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Efficiency savings identified	• Completion of CHRE efficiency review, demonstrating efficiency savings
Action 9	• n/a	• Review need to upgrade or replace finance systems

Staffing	• n/a	• No additional staff required
Success indicator	• n/a	• Review complete with clear outcome

Objective 4: Manage our resources in accordance with good governance		
Actions to achieve Objective 4		
Action 1	• **Develop a comprehensive business continuity management policy**	• **Implement a business continuity management policy**
Staffing	• Consultancy support	• No additional staff required
Success indicator	• Draft policy completed	• Effective business continuity policy in place and effectively communicated to staff

VALUE FOR MONEY: HUMAN RESOURCES

	2011	2012
Objective 3: Target our resources efficiently and effectively		
Actions to achieve Objective 3		
Action 1	• **Implement action plan arising from the staff survey**	• **Implement action plan arising from the staff survey**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Staff survey targets met with consequent increase in retention and morale	• Actions completed with consequent increase in retention and morale • Measured by further survey
Action 2	• **Implement review of pay, performance management policies and benefits**	• **Complete review of pay, performance management policies and benefits**
Staffing	• No additional required	• No additional staff required
Success indicator	• Agreed for individual activities	• Review complete with clear outcome
Action 3	• **Support organisational change through recruitment and training**	• **Support organisational change through recruitment and training**
Staffing	• In line with agreed budget	• In line with budget proposals
Success indicator	• Agreed for individual activities	• Agreed for individual activities
Action 4	• **Introduce a planned learning and development programme**	• **Link Learning and development to performance management**

Staffing	• No additional staff required	No additional staff required
Success Indicator	• Improved productivity and staff morale	Improved productivity and staff morale

VALUE FOR MONEY: DENTAL COMPLAINTS SERVICE

	2011	**2012**
Objective 1: To resolve private dental complaints in a fair, efficient, transparent and quick way		
Actions to achieve Objective 1		
Action 1	• **To close 66% of cases within 7 days** • **To close all cases within 3 months by tackling the 1% of cases currently older than this.**	• **Review the Dental Complaints Service.** • **Undertake a review of the service to explore how its potential can be maximised including how it relates to the GDC's Fitness to Practise function.**
Staffing	• No additional staff required	• No additional staff required
Success indicator	• Continued good customer perception analysed through feedback forms	• Potential for links to GDC processes maximised • Patients are protected