

A meeting of the Council of the General Dental Council

10:00am on Friday 1 April 2022 at the General Dental Council,

1 Colmore Square, Birmingham, B4 6AJ

Members:

Lord Harris (Chair)

Terry Babbs

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 public¹. Items of business may be held in private where items are of a confidential nature².

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

Lee Bird, Interim Head of Governance and Board Secretary, General Dental Council

Email: Lee.Bird@gdc-uk.org

¹ Section 5.1 of the General Dental Council Standing Orders for the Conduct of Business 2020

² Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business 2020

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.	Welcome and Apologies for Absence	Toby Harris, Chair of the Council	10:00- 10:05am (5 mins)	Oral
2.	Declarations of Interest	Toby Harris, Chair of the Council		
3.	Questions Submitted by Members of the Public	Toby Harris, Chair of the Council		
4.	Minutes of Previous Meetings To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 2 December 2021	Toby Harris, Chair of the Council		Attached
5.	Matters Arising and Rolling Actions List To note any matters arising from the public meeting held on 2 December 2021 and review the rolling actions list	Toby Harris, Chair of the Council		Attached
6.	Decisions Log To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Attached

PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Assurance Reports from Committee Chairs a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration and Nomination Committee d. Statutory Panellists Assurance Committee	<i>For noting</i>	10:05- 10:25am (20 mins)	Oral

No	Item & Presenter	Tabled for?	Time	Status
8.	<p>Chair, Council Member and Associates Remuneration Policy</p> <p>Sarah Keyes, Executive Director, Organisational Development</p> <p>Lucy Chatwin, Head of People Services</p>	<i>For decision</i>	10:25-10:35am (10 mins)	Paper
9.	<p>Organisational Performance - CCP Quarterly Performance Report: Q4 2021</p> <p>Gurvinder Soomal, Chief Operating Officer</p> <p>Samantha Bache, Head of Finance and Procurement</p>	<i>For discussion</i>	10:35-10:50am (15 mins)	Paper
10.	<p>Review of Upstream Regulation: Scope of Practice and Principles of Professionalism</p> <p>Stefan Czerniawski, Executive Director, Strategy</p> <p>Ross Scales, Head of Upstream Regulation</p> <p>Duncan Fyfe, Policy Manager</p>	<i>For decision</i>	10:50-11:10am (20 mins)	Paper
11.	<p>CCP 2022-2024 Publication</p> <p>Colin Mackenzie, Head of Nations and Engagement</p>	<i>For decision</i>	11:10-11:20am (10 mins)	Paper
12.	<p>Regulatory Reform Update</p> <p>Stefan Czerniawski, Executive Director, Strategy</p> <p>Osama Ammar, Head of Policy and Research</p>	<i>For discussion</i>	11:20-11:35am (15 mins)	Paper

PART THREE - CONCLUSION OF BUSINESS

13.	Any Other Business	Toby Harris, Chair of the Council	11:35-11:40am (5 mins)	Oral
14.	Date of Next Meeting			

COMFORT BREAK - 11:40am-12:00pm (20 mins)
Followed by 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.	Chair and Chief Executive Objective Setting Process and Draft 2022 Objectives	Lucy Chatwin	Noting	Public	29 March 2022
2.	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	Daniel Knight / Lisa Bainbridge	Noting	Public	29 March 2022
3.	Preparing for Practice Review	Ross Scales	Noting	Public	29 March 2022
4.	Annual Report on the Use of the GDC Seal	Lee Bird	Noting	Public	29 March 2022

**Minutes of the Meeting of the
General Dental Council
held at 09.30am on Thursday 2 December 2021
in Open Session held via MS Teams**

Council Members present:

Lord Harris	Chair
Donald Burden	
Anne Heal	
Angie Heilmann MBE	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Crispin Passmore	
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
Sarah Keyes	Executive Director, Organisational Development
Lisa Marie Williams	Executive Director, Legal and Governance

Staff and Others in attendance:

Sir Ross Cranston	Chair of the Statutory Panellists Assurance Committee
Osama Ammar	Head of Public Policy (items 11 and 12)
Samantha Bache	Head of Finance and Procurement (item 8)
Lee Bird	Interim Deputy Head of Governance
Clare Callan	Head of Case Progression (item 9)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (item 8)
Colin Mackenzie	Head of Nations and Engagement (item 10)
Ravjeet Pudden	Programme and Portfolio Manager (item 9)
Joanne Rewcastle	Head of Communications and Engagement
Tyrrell Wright	Interim Head of Governance (Secretary)

Others in Attendance:

Members of the public attended as observers.

Apologies:

Terry Babbs.

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. Apologies had been received from Terry Babbs.
- 1.2 The Chair expressed regret that the Council was still meeting online, due to an assessment of the continuing risk posed by Covid-19. It was hoped that the next Council meeting would be in-person.
- 1.3 The Chair shared his recent stakeholder engagements, including meetings with the Chair of the Health and Care Professions Council and, separately, with a senior staff member from the Care Quality Commission. The Chair had also attended the anniversary celebrations of the British Association of Dental Nurses, as had Angie Heilmann. Upcoming engagements included meetings with the Nursing and Midwifery Council (NMC), General Medical Council (GMC), and Professional Standards Authority (PSA).

2. Declaration of interests

- 2.1 In relation to the substantive meeting agenda, all registrant Council Members declared an interest in Boundaries of Regulation (item 11).
- 2.2 In relation to items considered by correspondence, those present declared an interest in the following items:
 - a. Financial Delegated Authority (correspondence item 2a) - all budget holders.
 - b. Council Member and Associates Expenses Policy (correspondence item 2b) - all Council Members.
 - c. Whistleblowing Policy for Staff and Associates (correspondence item 3) - all staff.

3. Questions Submitted by Members of the Public

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

4. Approval of Minutes of Previous Meeting

- 4.1 The full minutes of the public meeting held on 21 October 2021 had been **approved via correspondence**. The Council Secretary highlighted that an omission related to Sir Ross Cranston's attendance at the meeting would be rectified. The Council **approved** the abbreviated minutes of the closed meeting held on 21 October 2021 for publication.

ACTION: Council Secretary to amend confirmed minutes of the public meeting held on 21 October 2021, to reflect the Chair of SPC's attendance.

5. Matters Arising and Rolling Actions List

- 5.1 The Council **noted** the rolling actions list.

6. Decision Log

- 6.1 The Council **noted** that there were no decisions taken by correspondence since the last meeting.

7. Assurance Reports from Committee Chairs

Audit and Risk Committee

- 7.1 The Chair of the Audit and Risk Committee (ARC) updated the Council on the work of ARC since the last Council meeting. The Committee had met once, and it was noted that the Chief Executive had given an update in relation to fitness to practise (FtP) and regulatory reform. The Committee also considered the following key business:
- a. The Strategic Risk Register (SRR) - the Committee had discussed the updated SRR and noted the risk horizon scanning exercise being undertaken by the Executive Management Team (EMT). The SRR and Risk Assurance Map update were on the agenda for the closed meeting of the Council.
 - b. The reporting framework related to the Equality, Diversity and Inclusion (EDI) Strategy.
 - c. A deep-dive on Associates - the Committee had discussed a presentation that provided a detailed examination of the management of Associates across the GDC, with a focus on the potential implications of the *NMC-v-Somerville* court case.
 - d. Internal and external audit - the Committee had approved the Global Internal Audit Plan and noted an update on progress with the implementation of internal audit recommendations. The Committee had also considered external audit planning documents from the external auditor, Haysmacintyre, and the National Audit Office, both of which the Committee approved.
 - e. Other items - the Committee had considered the Whistleblowing Policy for Staff and Associates, which it was content to recommend to the Council for approval, and the Q3 Information Governance update report.
- 7.2 The Chair of ARC brought it to the Council's attention that the Committee had one fewer member than it had previously. Whilst this was not currently an issue, it was suggested that this may be something for the Council to revisit at the appropriate time.

Finance and Performance Committee

- 7.3 A member of the Finance and Performance Committee (FPC) updated the Council. The Committee had met once and considered the following key business:
- a. The Q3 organisational performance report - the Committee had discussed an information governance incident and the current recruitment challenge, with some teams being particularly affected.
 - b. An update on the New Ways of Working (hybrid working) pilot - the Committee had noted good levels of staff compliance overall, with most instances of non-compliance due to annual leave and/or sick leave. A further update had been requested for early February 2022.
 - c. FtP - the Committee had considered three items directly related to FtP. These were an update on the FtP Action Plan, an in-depth review of Hearings, and consideration of proposed FtP KPIs and initial targets. In respect of the latter, the Committee had been content to recommend to Council that the FtP KPIs and initial targets be approved. The FtP KPIs item was on the agenda for this public meeting of the Council.
 - d. Other items - the Committee had considered a number of other items which were due to be considered today on either the Council's public or closed meeting

agenda. This included the review of Financial Policies and Procedures for 2022, which the Committee had been content to recommend to Council for approval.

- 7.4 The Council reflected on the recruitment challenge currently faced by many organisations and recalled efforts previously reported to Council to improve GDC staff retention. The Executive Director, Organisational Strategy, stated that retention rates continued to be monitored closely. The Council was informed that early indications from the assessment centres were encouraging.

Remuneration and Nomination Committee

- 7.5 The Chair of the Remuneration and Nomination Committee (RemNom) updated Council on two items considered via correspondence since the last Council meeting. These were the Council Member and Associates Expenses Policy and the Committee's Annual Report, both of which the Committee was content to recommend to the Council for approval and noting, respectively.

Statutory Panellists Assurance Committee

- 7.6 The Statutory Panellists Assurance Committee (SPC) had not met since the last Council meeting. The Chair of SPC took the opportunity to inform the Council that the Chair of FPC had been invited to present to the Committee at its next meeting. The Head of the Internal Legal Presentation Service (ILPS) had also been invited to present to the Committee. The Chair of SPC highlighted that he and another of the Committee Members had met and agreed to put ILPS in contact with HM Courts and Tribunals Services.

Chair's Group

- 7.7 The Chair informed the Council that the Chair's Group had recently met, the first under the new Chair, and would do so periodically. At the meeting it had been agreed to provide Council Members with access to all committee papers. The Chair emphasised that there was no expectation of Council Members requiring them to read papers for committees of which they were not members. The intention was to provide the option, particularly for the benefit of newly joining Council Members as part of their induction.
- 7.8 The Council **noted** the updates.

8. Organisational Performance

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

- 8.1 The Head of Business Intelligence, Delivery and PMO and the Head of Finance and Procurement presented the reports, which set out organisational performance for Q3 of 2021 and the finance forecast as at the end of the same period.
- a. Corporate Costed Plan (CCP) Performance for Q3 - key points were highlighted from the Performance Summary section of the report, with portfolio delivery reported to be as forecast overall. The Organisational Development overview reflected on the recruitment challenge being experienced and reported an increase in staff sickness levels during the quarter.
 - b. Finance Forecast - at the end of Q3 there was an operating surplus of £15.6m, which was £4.2m higher than budget. This was driven by underspend across a number of budget areas in the year-to-date. There was a forecast full-year operating surplus of £5.6m, which was £3.6m higher than budgeted. The Accounting Officer stated that whilst some of the underspend would result in actual savings, the greater proportion represented delayed expenditure which

would be incurred at a later date. He cautioned that inflationary pressures were also becoming increasingly apparent and likely to increase costs in the year ahead.

8.2 The Council **discussed** the following:

- a. In response to a request for an update on the Tone of Voice Project, the Executive Director, Strategy, advised that the project represented a collaborative effort to improve day-to-day communications with key stakeholder groups and was progressing well. As a result of work to-date it had already become apparent that relatively small changes could make a big difference.
- b. In respect of a similar request regarding the Complaints Resolutions Model, the Executive Director, Strategy, stated that work on this had recently recommenced after pausing due to Covid-19. Noting that the purpose of the project was to help the public understand the wider dentistry complaints system, the Council acknowledged the need to strike the right balance between being helpful and ensuring that the GDC remained within its statutory role and remit.
- c. The potential impact of increased sickness levels on staff performance were considered. The Executive Director, Organisational Development, stated that the increase appeared related to seasonal colds/flu and the return of office working as part of the new hybrid model of working being piloted. The Council observed that this was the case for many organisations.

8.3 The Council **noted** the reports.

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

9. Fitness to Practise Key Performance Indicators

The Head of Case Progression and the Programme and Portfolio Manager joined the meeting.

9.1 The Executive Director, Fitness to Practise, presented the paper, which set out proposed Key Performance Indicators (KPIs) for FtP and related targets. The Council was **informed** that whilst the KPI definitions would be retained, related targets would change over time, particularly as performance improved.

9.2 The Council **discussed** the following:

- a. There was a distinction to be made between KPIs and targets. Council members suggested that Council should focus its efforts on agreeing the KPIs by which success were to be measured in this important area, and that targets were a matter for the Executive. The Chief Executive welcomed this distinction and stated that the proposed targets had been tested and took into consideration the current performance challenges within FtP. The intention in setting KPIs across the business was to provide Council (and the Executive) with a framework to monitor performance in key areas, with associated targets set to manage performance, primarily at the operational level.
- b. The Council queried the approach taken to developing the 'timeliness' KPIs and associated targets. The Executive Director, FtP, advised that different types of case had been grouped into three groups, based on their streams. For each timeliness KPI, the proposed targets differed at each of the key stages of case progression, and the proposed targets had been tested against historic data. This

approach to setting targets against the timeliness KPIs ensured that they reflected the 'facts on the ground' when it came to progressing different types of case.

- c. The Council sought assurance that the proposed approach would enable the identification of outliers to the timeliness KPIs and that quality would continue to be a key focus in case progression. The Executive Director, Fitness to Practise, confirmed that this was the case. Two senior casework managers were being recruited to strengthen oversight of case progression, as part of the approved business case to increase FtP resources, and changes required to the CRM System were being planned. The Quality Assurance Committee would also continue to function.

- 9.3 The Council **approved** the FtP KPIs and **noted** the initial targets.

The Head of Case Progression and the Programme and Portfolio Manager left the meeting.

10. Separation of Adjudications - Proposed Name

The Head of Nations and Engagement joined the meeting.

- 10.1 The Executive Director, Fitness to Practise, and the Head of Nations and Engagement presented the paper, which proposed the name for an administratively separated adjudications function. A research agency had been commissioned to test the name via consultation with a patients panel. Results found that 33% preferred use of the word 'Tribunals' in the name, 32% 'Hearings', and 33% had no preference. When advised of the proposed name, 'Dental Professionals Hearings Service', 75% agreed or strongly agreed that '*the name clearly described the function of the service*' and 69% agreed or strongly agreed that '*members of the public will understand what the service does, by its name*'.

- 10.2 The Council **discussed** the proposal and **agreed** with the recommendation that the administratively separated adjudication function be named the 'Dental Professionals Hearings Service'.

The Head of Nations and Engagement left the meeting.

11. Boundaries of Regulation

The Head of Public Policy joined the meeting.

- 11.1 The Executive Director, Strategy, and the Head of Public Policy introduced the paper, which set out the proposed framework intended to assist the GDC when seeking to address disparate policy questions pertaining to what was and was not within the GDC's remit. It was not intended to provide a solution in its own right but would contribute to the toolkit available to policy colleagues and senior staff in undertaking a systematic appraisal of key considerations in often complex areas.
- 11.2 The Council recognised that a key purpose of the GDC was to protect, promote, and maintain public health, safety, and wellbeing. It was important that this was reflected appropriately within the proposed framework and that consideration was given to engagement with other regulators, where appropriate, when considering policy questions.
- 11.3 The Council advocated a cautious approach to the implementation of the proposed framework. In parallel to this, in considering complex policy questions, it was agreed that there was a need to continue to explore and define the Council's appetite when it came to encouraging innovation in dentistry practice.

- 11.4 The Council was of the view that publishing the framework externally could potentially enhance stakeholder confidence, by demonstrating how the GDC approached complex policy questions. This would be given further consideration.
- 11.5 Whilst the Council welcomed the framework as an additional 'tool', it emphasised the importance of ensuring that it did not become a 'tick box' exercise when considering complex policy questions, if it was to be conducive to better outcomes. The Executive Director, Strategy, recognised this risk and stated that it would be important to take a 'step back' regularly to ensure that the process did not become overly mechanistic.
- 11.6 The Council and Executive recognised that the external environment was continuously changing, meaning that the GDC needed to continue to adapt accordingly. The framework would therefore need to be reviewed periodically to ensure that all key considerations were taken into account when considering a policy question. On a similar theme, it was suggested that further/future development of the framework may benefit from differentiating between the potential risks and benefits of a given policy question on service users, on the one hand, and the public at large on the other.
- 11.7 The Council **approved** the framework.

12. Regulatory Reform Update

- 12.1 The Head of Public Policy updated Council on regulatory reform, including: review of GMC draft legislation packages, which it was anticipated would form the basis of changes for all other healthcare regulators under S.60 reforms initiated by the Department of Health and Social Care (DHSC); and the KPMG's review of the number of healthcare regulators. There was no update on the DHSC review of regulated health professions. The GDC's preparation for and response to regulatory reform proposals, as they emerged, was being overseen by the Regulatory Reform Programme Board, which had been designed to scale up and scale down activity if and as needed. Given the challenging external environment, timescales in respect of the regulatory reform agenda remained uncertain.
- 12.2 The Council was informed that the PSA had recently given its public support for the establishment of a single healthcare regulator. This view had been noted by the healthcare regulators within its remit.
- 12.3 The Council **noted** the update.
- The Head of Public Policy left the meeting.*

13. Any Other Business

- 13.1 The Chair informed the Council that it was Crispin Passmore's final meeting, as he would be stepping down from the Council at the end of the month. The Chair placed on record Council, EMT, and wider GDC thanks to Crispin Passmore for his significant contribution to the GDC over the past four years, including his tenure as Chair of the Audit and Risk Committee. The meeting wished Crispin Passmore well in all his future endeavours.

14. Items considered by correspondence

- 14.1 The Council **approved via correspondence** the:
- a. Investment Principles and Strategy;
 - b. Financial Policies and Procedures;
 - c. Whistleblowing Policy (Staff and Associates); and

d. Review of Education.

14.2 The Council **noted via correspondence** the:

- a. Public Affairs, Policy and Media Update, and the Stakeholder Engagement Report;
- b. Annual Reviews of Committee Effectiveness and Forward Workplans; and
- c. Research Programme Update.

The meeting was closed at 11.10am.

**Confirmed Minutes of the Meeting of the
General Dental Council
held at 11.30am on Thursday 2 December 2021
in Closed Session held via MS Teams**

Council Members present:

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

Executive Directors in attendance:

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

Staff and Others in attendance:

Sam Bache	Head of Finance and Procurement (item 9)
Lee Bird	Interim Deputy Head of Governance
Sam Clements	Head of Risk Management and Internal Audit (item 8)
Kerry Murison	Policy Manager (item 7)
Joanne Rewcastle	Head of Communications and Engagement
Tyrrell Wright	Interim Head of Governance (Secretary)

Apologies:

Terry Babbs
Crispin Passmore

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting. Apologies had been received from Terry Babbs and Crispin Passmore.

2. Declaration of interests

- 2.1 In relation to the Defined Benefit Pension Plan (item 9), a declaration was made by the Chief Operating Officer, and in relation to the Council Member Reappointment (item 10), a declaration was made by the Council Member concerned. It was agreed that they would withdraw from the meeting for item 10.

3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 21 October 2021 had been **approved via correspondence**.

4. Matters Arising and Rolling Actions List

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

5. Decision Log

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

6. Chief Executive's Report

The Chief Executive provided the Council with an update on:

Regulatory Reform: KPMG Review

- 6.1 The Council was **informed** that KPMG had provided a confidential update on its review of the number of healthcare regulators, as commissioned by the Department of Health and Social Care (DHSC).
- 6.2 The GDC would continue to monitor closely the review's progress, share advice and expertise in relation to dental regulation, and emphasise the importance of legislative reform to the current regulatory framework.

S.60 Legislative Reform

- 6.3 The Council was **updated** on legislative reform under S.60.

Overseas Registration Examinations / International Registration

- 6.4 The Council was **informed** that, following postponements due to Covid-19, the GDC was planning to re-start the Overseas Registration Examinations (ORE) early in 2022. The Council was reminded that the ORE process was currently delivered in two stages, comprising a theory stage and a practical stage. There was a legislative requirement to sit both within five years, which supported the suspension of both parts during the last year, when it had not been possible to carry out the practical stage.
- 6.5 The Council **heard** that in order to comply with Covid-19 protocols, the practical stage of ORE would cost more to run. The GDC would therefore incur a larger loss on the ORE than in recent years, since the price the GDC could charge ORE candidates was set in legislation and not within the GDC's gift to change. The plan was to hold a number of exams in 2022 to try to decrease the backlog of those wanting to sit the exam. A small number of candidates who had sat the theory part of the ORE would not be able to sit the practical exam within the five-year period; whilst this had a high impact for those individuals, the numbers were not significant overall.
- 6.6 The Council **heard** that the Registration and Strategy teams were continuing to work on the proposed legislative changes regarding international registration. It was highlighted

that the interim measures put in place due to Brexit were due to fall away at the end of 2022.

6.7 The Council **noted** the update.

7. GDC Corporate Strategy 2023-2025

The Policy Manager joined the meeting.

7.1 The Executive Director, Strategy, and the Policy Manager, introduced the paper, which provided an overview of the output from the previous Council workshop discussion, and sought agreement to the proposed approach to the development of the new strategy.

7.2 The Council **noted** the update and **agreed** the proposed approach to developing the new strategy.

The Policy Manager left the meeting.

8. Strategic Risk Register and Annual Risk Assurance Map

The Head of Risk Management and Internal Audit joined the meeting.

8.1 The Head of Risk Management and Internal Audit introduced the item. In summarising the Strategic Risk Register (SRR), the Council was informed that there were eight active risks on the SRR, that no new risks had been added to the SRR, and that one risk was recommended for dormancy. Since the Council last considered the SRR, two risks had their risk score increased and four risks were outside of appetite.

8.2 The Council was updated that, since the most recent Audit and Risk Committee meeting, where the SRR was also considered, the EMT had held a risk horizon scanning workshop. Whilst this workshop had not resulted in any new proposed strategic risks, updates to mitigations would be included within the next update.

8.3 The Council **approved** the SRR and Risk Assurance Map.

The Head of Risk Management and Internal Audit left the meeting.

9. DB Pension Plan

The Head of Finance and Procurement joined the meeting.

9.1 The Council was updated on, and took decisions related to, the Defined Benefit Pension Scheme.

The Head of Finance and Procurement left the meeting.

10. Council Member Reappointment

The Council Member concerned left the meeting.

10.1 The Executive Director, Legal and Governance presented the recommendation that the Council Member be put forward for a further term on the Council. Subject to the Council agreeing to the proposal, the required documents would be submitted to the PSA, and a request made to the Privy Council.

10.2 The Council **approved** the recommendation to recommend to Privy Council the reappointment of the Council Member for a further term of office, lasting three years.

11. Any Other Business

11.1 There was no other business.

The meeting was closed at 1.10pm.

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
26	23/09/2021	Public	13.3	EDI Strategy	The Executive Management Team to jointly review the reporting approach to this work before the next six-monthly implementation report.	EMT - SK	10/06/2022	LIVE			The action will remain live until it is presented back to the Council. The Council is due to receive an update on the implementation of the EDI Strategy at its June meeting.	The Head of OD and Inclusion has reviewed the action plan and reporting approach on the EDI Strategy progress. This work will return to EMT in January 2022, for final approval, in advance of the next formal reporting cycle for Council, in June 2022.	Not yet due
27	21/10/2021	Public	10.4	Promoting Professionalism	Executive Director, Strategy to submit a plan for the proposed transition to a principles-based approach. This plan would incorporate Council's feedback, in particular its direction that such a transition be phased and the need for a considered timetable reflective of known challenges in FtP and the uncertain timing of the legislative reform agenda.	SCz	01/04/2022	Suggest complete	01/04/2022	SCz	The action has been incorporated into the Review of Upstream Regulation item on the Council's agenda.	The project is currently being replanned to take more explicit account of the implications of the impact of the policy change on fitness to practise . That also creates an opportunity more closely to align the timetable and communications activity across both promoting professionalism and scope of practice. The updated plan and consultation approach has been put forward for approval at the April 2022 Council meeting.	Suggest complete
28	21/10/2021	Public	11.5	Scope or Practice	Executive Director, Strategy to submit to Council an updated paper. This would reflect Council's concerns regarding the proposed timetable, reflective of known challenges in FtP and the extent of uncertainty in the external environment.	SCz	01/04/2022	Suggest complete	01/04/2022	SCz	The action has been incorporated into the Review of Upstream Regulation item on the Council's agenda.	The project is currently being replanned to take more explicit account of the implications of the impact of the policy change on fitness to practise . That also creates an opportunity more closely to align the timetable and communications activity across both promoting professionalism and scope of practice. The updated plan and consultation approach has been put forward for approval at the April 2022 Council meeting.	Suggest complete
29	02/12/2022	Public	4.1	Minutes	Council Secretary to amend confirmed minutes of the public meeting held on 21 October 2021, to reflect the Chair of SPC's attendance.	LMW	10/12/2022	Suggest complete			This was amended shortly after the meeting and the correct version published on the website.	This was amended shortly after the meeting and the correct version published on the website.	Suggest complete

Decisions Log - Public Council - 1 April 2022

Date decision taken (confirmed)	Decision taken by	Agenda Item	Purpose	Outcome
04/02/2022	Council - by correspondence	Separation of Adjudications Plan (A Plan for the launch of the Dental Professionals Hearing Service)	To approve the plan for the launch of the Dental Professionals Hearing Service (DPHS) and note the brand and design concept for the DPHS.	The Council approved the plan as set out within the main paper and noted the brand and design concept. The Executive then progressed the plan.

Review of Council Member Remuneration 2022

Executive Director	Sarah Keyes ED, OD
Author(s)	Sarah Keyes ED, OD
Type of business	For decision
Purpose	This paper reviews remuneration rates for the Chair and Council members
Issue	To review of current remuneration rates of the Chair and Council members
Recommendation	The Council is asked to approve the recommendation from the Remuneration and Nomination Committee that remuneration rates should remain at their current level.

1. Background

- 1.1 The Remuneration Committee considered the levels of remuneration for the Chair of Council, Council Members, and Committee Chairs on 21 July 2020. At that time, following comprehensive benchmarking, a recommendation for no change was made. Agreement was reached to review remuneration following the appointment of the Chair of Council.
- 1.2 The Remuneration and Nomination Committee scrutinised the approach to the review of remuneration for the Chair and Council Members at their meeting in February 2022. They agreed that the remuneration rates should remain the same at their current levels. The rationale for this is explained in this paper.
- 1.3 Council is asked to approve the recommendation from the Remuneration and Nomination Committee that remuneration rates should remain at their current level.

2. Key Considerations

- 2.1 Whilst remuneration rates have been regularly reviewed, they have not changed for Council Members for approximately eight years.
- 2.2 The last two rounds of council member recruitment have concluded with the appointment to five vacant positions and with strong candidates from a large field. One of these appointments was to the Chair of Council. Whilst there has been learning from all rounds of the process, remuneration has not been flagged as a key barrier to either attracting or appointing candidates of a suitable calibre to the vacancies.
- 2.3 There is a current recruitment round in progress, and we have no indication from our recruitment partner, which is a different one to earlier recruitment, that remuneration levels have restricted applications.
- 2.4 Additionally, we have conducted recruitment to the SPC and have secured a Chair and two council members from a strong field at existing levels of remuneration.
- 2.5 With assistance from colleagues in Governance, an in-depth cross healthcare benchmarking activity has been conducted and was reviewed by the Remuneration and Nomination Committee.

- 2.6 The analysis covered information from, the NMC, GMC, HCPC, GCC, GOC, GOsC, GPhC and PSNI.
- 2.7 This benchmarking activity considered the size and complexity of the organisation, number of employees and registrants and compares the time requirements on post holders.
- 2.8 In summary, for the Chair:
- a. The mean average annual remuneration is £56,125
 - b. The median average annual remuneration is £57,500
 - c. GDC remuneration is slightly below this at £55,000
 - d. Time requirement is more flexible with a minimum commitment of 104 days
- 2.9 In summary, for Council Members
- a. The mean average annual remuneration is £12,508
 - b. The median average annual remuneration is £13,096
 - c. GDC remuneration is above this at £15,000
 - d. Time requirement at the GDC is above the mean and below the median.
- 2.10 It is within this context of the detailed market comparison and the intelligence we have gained from recent recruitment rounds that the recommendation is to retain Council Member allowances as they currently stand and review in 2024.

3. Legal, policy and national considerations

- 3.1 There are no legal considerations, policy changes or national issues that need to be considered.

4. Equality, diversity and privacy considerations

- 4.1 There are no equality, diversity or privacy considerations in the proposals as set out.
- 4.2 Council member diversity continues to be a priority in the approach we take to attracting candidates to the GDC. We work closely with our recruitment partner during any recruitment activity and the L&G Directorate will be considering options in their work plan for how we may develop our approach in this area.

5. Risk considerations

- 5.1 Remuneration may be a barrier to attracting and retaining certain future Council candidates but is not considered to be the case at present as set out above.

6. Resource Considerations and CCP

- 6.1 There are no current issues; any future resource changes would be considered in future iterations of the CCP planning.

7. Monitoring and review

- 7.1 It is proposed that this is reviewed in January 2024 taking account of the current economic and recruitment environment.

8. Next steps and communications

- 8.1 The next formal review of remuneration will be in 2024.

Sarah Keyes, OD, ED
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08 February 2022

Review of Associate Remuneration

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lucy Chatwin, Head of People Services
Type of business	For decision
Purpose	This paper reviews remuneration rates for Associates
Issue	To review current rates of remuneration to Associates
Recommendation	<p>The Council is asked to agree:</p> <ul style="list-style-type: none"> • there should be no change to the standard rate of Associate daily fee; • there should be no change to cancellation terms; • payment should continue to be made for reading and preparation time on the current model whilst ensuring there is a consistently applied approach across all groups; • a consistent payment for training days should be adopted across all Associate groups; • to reduce the fee paid to Legal Advisers and increase the remuneration to FtP Panel Chairs.

1. Background

- 1.1 A review of the daily fee paid to Associates was last conducted in 2019 and considered by the Remuneration Committee at its meeting in January 2020. It was agreed that no change should be made to the daily Associate fee, to Chair fees or to terms of cancellation at that time, as GDC was already paying more than most other Healthcare Regulators and was certainly on a par with all. This decision was endorsed by Council in March 2020 with fees due to be reviewed again in 2022.
- 1.2 We currently appoint Associates to operate our Fitness to Practise (FtP) Panels, both as Panellists and Panel Chairs; to provide professional legal, medical, clinical and expert witness advice to the FtP Panels; to operate our Registration Assessment and overseas qualification Panels; and as Education Associates to undertake inspections of educational establishments.
- 1.3 Current GDC Rates of Remuneration. The GDC currently pays a standard daily fee of £353 to the majority of Associates (FtP Panellists, FtP Panel Chairs, Education Associates, Registration Panellists and Overseas Examination and Advisory Panellists); and a higher fee to those from whom professional advice to a Panel is sought, ranging from £120 per hour to Expert Witnesses and Clinical Advisers to a Panel, through £681.40 per day to Legal Advisers, to £500 per day to Professional Advisers. The GDC rates are included in the table at **Appendix 1**.

2. Proposals

- 2.1 Our methodology has been to conduct a full review of the current market of Healthcare Regulators and, where appropriate, other Regulatory Bodies, to understand and compare rates payable for similar duties, and to review recent recruitment campaigns to make a judgment as to

whether we are attracting sufficient numbers of suitable candidates to be able to meet our statutory requirements.

- 2.2 We conducted a survey of seven other Healthcare Regulators and a selection of 10 other similar regulatory bodies. These results show that GDC continues to pay a higher daily fee for equivalent roles than the majority of other Healthcare Regulators (with the exception of Panel Chairs at GOC), and a considerably higher rate (by up to £230 per day) to Legal Advisers.
- 2.3 The results of the review were presented and discussed at RemNom in February 2022 which set out a series of recommendations with further financial information to follow the meeting. As a result of the discussion RemNom requested some further information which was supplied together with the outcome of the financial analysis of one of the proposals. After reviewing the additional information, RemNom are recommending to Council:
- a. there should be no change to the standard rate of Associate daily fee;
 - b. there should be no change to cancellation terms;
 - c. payment should continue to be made for reading and preparation time on the current model whilst ensuring there is a consistently applied approach across all Associate groups
 - d. a consistent payment for Training Days should be adopted across all Associate groups;
 - e. the fee for the Legal Advisers should reduce to £600.00 from £681.40 per day commencing on 1 January 2024 when they all start a new term of office and FtP Panel Chairs should be paid an additional half day's fee (£176.50) per booking to compensate them for increasing additional responsibilities.
- 2.4 The rationale for the recommendations is explained below.

3. Associate Fees

- 3.1 The review has shown that the GDC continues to pay a higher daily fee to most categories of Associate than other Healthcare Regulators. In addition, it shows that GDC pays more than all except 2 of the other organisations surveyed – the Association of Chartered Certified Accountants (ACCA) and the Solicitors Disciplinary Tribunal, who pay £400 and £595 respectively.
- 3.2 We have conducted three major recruitment campaigns for Associates since the last review in 2019 (FtP Panellists in 2020, Expert Witnesses and Clinical Advisers in 2020, Registration Panellists in 2021 as well as a re-appointment of Education Associates in 2021), all of which attracted a very healthy number of high quality and suitable applicants and a good degree of interest, **we feel based on the benchmarking there is no need to increase the daily fee from its current level of £353.**

4. Terms of Cancellation.

- 4.1 We have also considered the cancellation terms payable, in the event that a Panel or inspection of education establishment is cancelled at short notice. Current GDC terms of cancellation for all Associates except the specialist advisers (Clinical Advisers, Medical, Legal and Professional Advisers) and Expert Witnesses are:

Timing of Cancellation of Event	Fee Payable
0-5 working days before event	Full fee
6-10 working days before event	Half fee
More than 10 working days before event	No fee payable

For the ‘Adviser’ category, if more than 5 days’ notice of cancellation is given, then no fee is payable; otherwise, a full fee is paid. (The rationale behind this difference is that those specialist Advisers are more likely to have other work to turn to in the event of a cancellation, through their Practice, for example, as opposed to those who rely more on Associate income only.)

- 4.2 The position with other Healthcare Regulators is entirely comparable: all Regulators use some sort of sliding scale approach linked to the number of days’ notice being given, and the GDC compares very favourably with those organisations – some pay a little more favourably, some pay on the same basis as GDC, and some pay less generously.
- 4.3 It is unlikely that the level of cancellation fees paid will be an influencing factor in recruitment to these roles, but it is more likely to be a factor in retention and continuing to secure the co-operation and willingness of Associates to accept assignments (given there is no obligation on them to accept work offered).
- 4.4 As nothing appears to have changed since the last review in 2019, **we recommend that terms of cancellation for all groups of Associate remain unchanged.**

5. Payment for Reading and Preparation Time

5.1 Reading fees are paid at a full day’s fee or half-day to enable Associate’s to prepare in advance of meetings. The reading time facility is used across the Education, Governance, Registrations and Hearings and the costs for reading time throughout 2021 as follows:

	Cumulative Reading Days	Cost
Education	115	£40,595
Governance	6.5	£2,600
Registrations	666	£235,168
Hearings	337	£118,624
Total Reading Days	1,124.5	£396,987

5.2 No difficulties have been reported to the arrangements of reading fees for the Education and Registration Associates however the payment for reading time across Hearings has been applied inconsistently. **Whilst we are not proposing changes to the model, we are recommending that there should be a consistently applied approach to reimburse Associates for their reading time across all groups.**

6. Payment for Training Days

- 6.1 Until recently, it had been the case for several years that a full day’s fee would be paid to Associates attending training sessions. No payment has been made for additional e-learning or for the completion of online training mandated by the GDC (for example GDPR training).
- 6.2 For attendance at induction training, the GDC has routinely only paid travel and subsistence expenses, on the basis that these people were not yet contracted. Some groups of professional advisers, for example Legal Advisers, have traditionally received no payment as induction sessions are seen as part of the CPD they need to undertake to take on the role.
- 6.3 Given Induction training is mandated for all Associates, our recommendation is that we introduce a consistent approach to payment for training days.
- 6.4 We consider that a consistent approach to GDC training days would be the best and most logical approach, and **recommend the following formula and limits:**

- A half-day fee is paid for each day of induction training to FtP Panellists, Registration Panellists, Education Associates and Overseas Examiners only. Costs will vary according to demand for induction (driven by recruitment needs) but is estimated at 100 x ½-day fees for 2022 around £17.6K), which will account for all planned recruitment to the end of the year;
 - A full day's fee is paid for other development training (post-induction) to these Associates where in-person or online training is conducted;
 - No payment is made to professional advisers (Legal Advisers, Medical Advisers, Professional Advisers, Clinical Advisers and Expert Witnesses), as the training is considered as part of their CPD and appropriate CPD credits are received;
 - No payment is made for mandatory on-line training (GDPR, Health & Safety and EDI training), which are short modules.
- 6.5 These proposals are affordable within existing budgets. Any paid development undertaken will only be that required by us for them to undertake their role effectively and in compliance with our requirements. **Council is asked to approve a consistent payment for Training Days across all Associate groups as described above.**
- 7. Reducing the fee paid to Legal Advisers and increasing the remuneration to FtP Panel Chairs.**
- 7.1 We have been reviewing the fee currently paid to Legal Advisers which is currently £681.40 per day. The GDC rate has traditionally followed the Ministry of Justice Recorder rate, but other Regulators have moved away from that direct link over the years.
- 7.2 Benchmarking work across other Healthcare Regulators has established that the GDC fees are the highest (by at least 15% and up to 50%) amongst other Regulators and could be reduced without significant impact on recruitment or retention.
- 7.3 Recent recruitment exercises by other Regulators have set the daily fee at substantially lower than we currently pay. Information in respect of other Regulators' recruitment exercises have shown that the market is very healthy and we do not anticipate a reduction in the rate will affect attraction significantly.
- 7.4 We are also proposing to make changes to the overall remuneration to FtP Panel Chairs. When the GDC panel was established in 2003 it was agreed that all Panellists should be treated equally regardless of whether they were a dental professional or not and they should have an equal vote (the Chair does not have the casting vote), therefore they should all be paid the same.
- 7.5 Since this time and during the pandemic, the role of the Chair has developed, especially with having to chair remote hearings. They have also undertaken additional work in respect of mentoring new Panellists who have never sat in physical hearings to enable them to perform effectively which sees them providing support before the hearing and providing them with feedback.
- 7.6 In addition to doing their own reading in preparation for a hearing, the preparation for hearings as a Chair entails more work. This is increased when different types of cases may be being heard during the session. Chairs are also encouraged to mentor Panellists during hearings in respect of their development as a Panellist or potential Chair which is separate to the reviews Chairs undertake with Panellists to record individual development at defined points in their term of office.
- 7.7 Due to this and in order to maintain a steady flow of volunteers for the role of Chair, it is proposed that Chairs (who currently receive the same fee as Panellists) be paid an additional half day's fee

(£176.50) per booking. This would be a one-off fee to compensate them for increasing additional responsibilities. There would only be one fee paid per 'booking', regardless of length of sitting.

- 7.8 The Hearings team have been working on the modelling and there should be a cost saving in the region of **£82,032**. This has been calculated as follows:
- Currently a Legal Adviser can claim £3747.70 for a one-week sitting (that is 5 daily fees of £681.40, plus a half-days' reading fee).
 - At the reduced fee of £600 (£300 for reading) the weekly total would reduce to £3,300.
 - This would result in a weekly saving of £447.70 for each Legal Adviser.
 - Working on the assumption that there are 5 hearings per week for 48 weeks in 2023 (240 hearings) this will result in a cost saving of **£107,448**.
- 7.9 These savings would be reduced by the additional payment to Chairs of £176.50. To give an idea of the additional costs:
- 240 hearings (5 hearings per week) would be an additional cost of £42,360. However, the additional charges should not be this high as it is expected (based on recent years) in that approximately 40% of the bookings are longer than a week.
 - With only one fee being paid for a booking that would be 144 additional payments of £176.50 at a total additional cost of **£25,416**.
- 7.10 **Council is asked to approve the decision to reduce the Legal Adviser fees, and increase the FtP Panel Chairs.**

8. Legal, policy and national considerations

8.1 Not applicable.

9. Equality, diversity and privacy considerations

9.1 An equality impact assessment has been conducted on the scope of the project, with no negative impact identified.

10. Risk considerations

10.1 Remuneration may be a barrier to attracting and retaining some Associates but is not considered to be the case at present.

11. Resource considerations and CCP

11.1 Not applicable.

12. Monitoring and review

12.1 The next formal review of Associates remuneration will be in 2024.

12.2 The People Services team will monitor the impact of these proposals on the retention of existing Associates and the recruitment campaigns planned to run during 2022:

- a. Registration Panellists
- b. Education Associates

13. Next steps and communications

13.1 If approved, the outcome of the review will be notified to managers in the Directorates with responsibility for Associates.

13.2 If approved, the new fees for the Legal Adviser will be communicated in the recruitment campaign due to launch in 2023.

Appendices

1. GDC Associate Fees

Lucy Chatwin, Head of People Services

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17 March 2022

Appendix 1

1. GDC Associate Fees

Associate Type	General Dental Council
Fitness to Practice Panellists	£353
FtP Panel Chairs	£353
FtP Legal Advisers	£681.40**
FtP Medical Advisers	£617.87
FtP Professional Advisers	£500
Clinical Advisers	£120/ hour + VAT
Expert Witnesses	£120/ hour + VAT
FtP Decision Scrutiny Group Chair	£400
Education QA Inspectors	£353
Overseas Examination External Examiners	£176.50 per half day
Overseas Examination Advisory Group Members	£176.50 per half day
Registration Assessment Panel	£176.50 per half day
Specialist List Appeals Panel	£353

Notes:

****GDC** The fee paid to Legal Advisers is linked currently to the Ministry of Justice rate for Recorders and has increased in line with that over the years. It may be of interest to note that for the first time no increase was made in 2021. However, the next review will take effect from 31 March 2022.

Organisational Performance – Q4 2021 Review

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Samantha Bache, Head of Finance and Procurement
Type of business	For discussion
Purpose	To present Council with the quarterly organisational performance key points and supporting reports which are reviewed for assurance.
Issue	The paper reports on the key considerations for organisational performance across Costed Corporate Plan (CCP), budget and delivery covering the Q4 2021 performance period.
Recommendation	Council is asked to: <ul style="list-style-type: none"> • Discuss and note the main reports and appendices.

1. Introduction

- 1.1 This report provides a summary of the key points raised within organisational performance across the GDC relating covering the Q4 2021 performance period.
- 1.2 **Appendix 1** is the CCP Quarterly Performance Report which provides dashboards and strategic insights of GDC performance in relation to delivery of the CCP towards the Corporate Strategy aims.
- 1.3 To note, a Financial Forecast appendix is not applicable to Q4 reports as the year end position is reported.

2. Assurance

- 2.1 The full suite of Q4 2021 operational performance reports was reviewed by the Executive Management Team (EMT) at the 8 February 2022 meeting and the key points and narrative provided in this report have been endorsed by EMT.
- 2.2 Post review, the Accounting Officer confirmed that the paper and its appendices raised all appropriate issues in relation to organisational performance for the reporting period. Please note that Fitness to Practise (FTP) performance is reported in the balanced scorecard and the context/response is covered in greater detail in the FTP Action Plan update.
- 2.3 The Finance and Performance Committee (FPC) reviewed Q4 2021 organisational performance on 24 February 2022 and discussed the following:
 - a. The Organisational Performance cover paper.
 - b. The CCP Quarterly Performance Report.
 - c. An abridged Balanced Scorecard containing the key operational performance areas of the business.
- 2.4 The FPC approved the organisational performance reporting for Q4 2021 for presentation to the Council.

3. Q4 Financial Summary

- 3.1 The results for the period to end December 2021 are an operating surplus of £5.7m, £3.7m higher than budgeted. The majority of variances result from timing differences in expenditure, or in the case of the ORE examination deferment variance, will be offset by an equivalent reduction in exam income. The key variances are detailed in the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**.
- 3.2 The table below summarises the results of the income and expenditure account for the year ending 31 December 2021. A Financial Performance Snapshot dashboard is included within section 2.1 of **Appendix 1** to present key details in chart views.

	Dec 2021 Actual	Dec 2021 Budget	Variance Forecast to Budget
	£000	£000	£000
Income			
Fees	38,480	38,776	(296)
Investment income	403	-	403
Exam income	-	1,588	(1,588)
Miscellaneous income	9	-	9
Total Income	38,892	40,364	(1,472)
Expenditure			
Meeting fees & expenses	3,966	4,144	177
Legal & professional	4,969	6,884	1,915
Staffing costs	20,019	19,510	(509)
Other staff costs	487	1,062	576
Research & engagement	554	685	131
IT costs	1,517	1,911	394
Office and premises costs	1,527	1,603	75
Finance costs	592	598	7
Loss on disposal	(2)	0	2
Depreciation costs	1,250	1,247	(4)
Contingency	(12)	742	753
Total expenditure	34,867	38,385	3,518
Unrealised gain/(losses) on investments	1,645	-	1,645
Operating surplus/(deficit) before tax	5,670	1,979	3,691

4. Q4 Establishment & Organisational Development Summary

- 4.1 Key points relating to Organisational Development for Q4 are detailed within the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**.
- 4.2 At the end of December 2021, the total headcount is 20.3 FTE less than budgeted.

Directorate	Dec 2021 FTE (Actual)	Dec 2021 FTE (Budget)	Variance FTE (-)/+
Fitness to Practice	94.6	91.9	(2.7)
Registration and Corporate Resources	128.3	142	13.7
Legal and Governance	62.6	67.8	5.2
Organisational Development	16	19	3.0
Strategy	36.7	37.8	1.1
Total	338.2	358.5	20.3

5. Q4 CCP Delivery Summary

5.2 The main points for noting on CCP delivery are detailed in the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**. Additional progress updates against each strategic aim and their related projects are provided also within this report.

6. Q4 Operational Performance

6.1 The FPC reviewed an abridged Balanced Scorecard for Q3 2021 at the 24 February 2022 meeting and will provide assurance to Council through the Finance and Performance Committee Assurance Report.

7. Appendices

- Appendix 1 - CCP Quarterly Performance Report Q4 2021

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CCP Quarterly Performance Report

Quarter 4 2021

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q4 2021 CCP quarterly performance for discussion. This report provides a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
Recommendation:	The Council is requested to discuss the report.
Decision Trail:	EMT 8 February 2022 FPC 24 February 2022 Council 1 April 2022

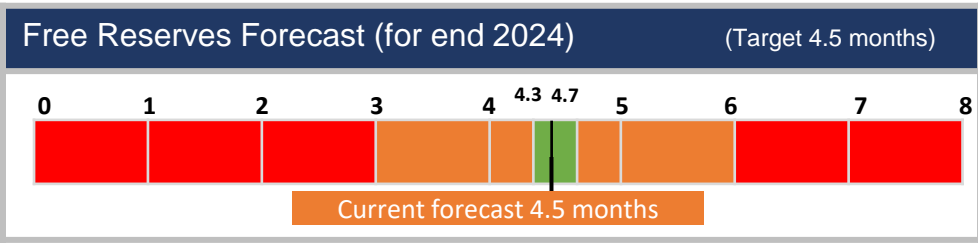
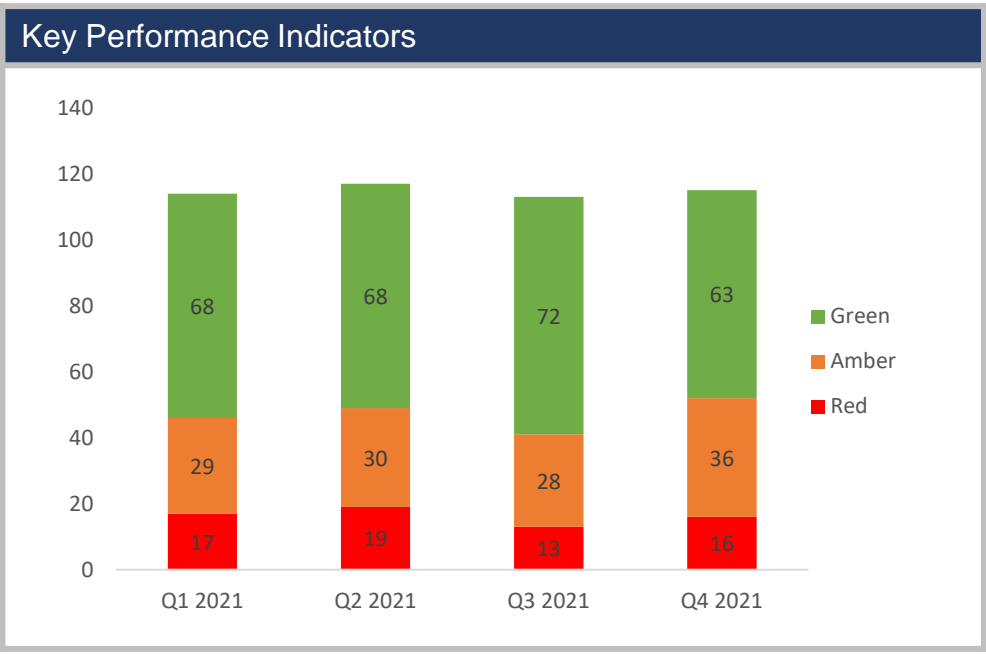
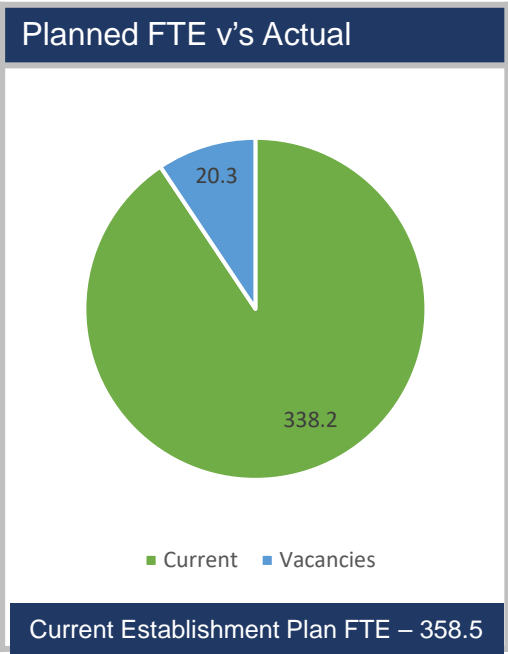
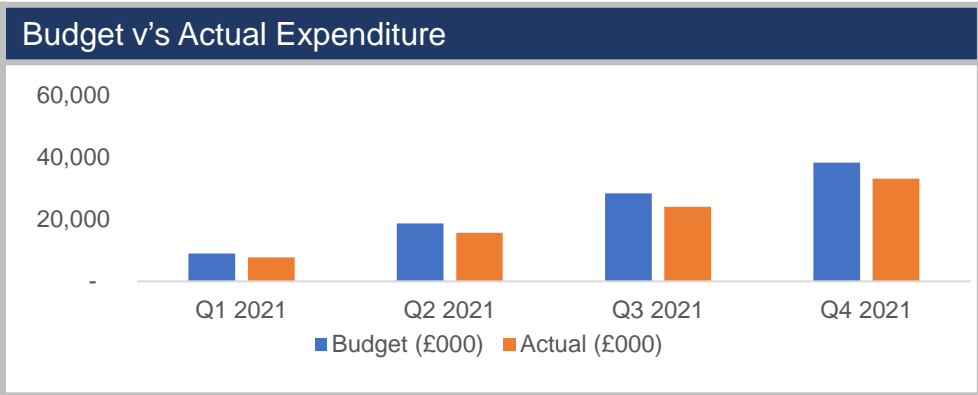
The key performance insights in Q4 2021 are:

Finance Overview: The results for the period to end December 2021 are an operating surplus of £5.7m, £3.7m higher than budgeted. The key variances, defined as those greater than £100k are:

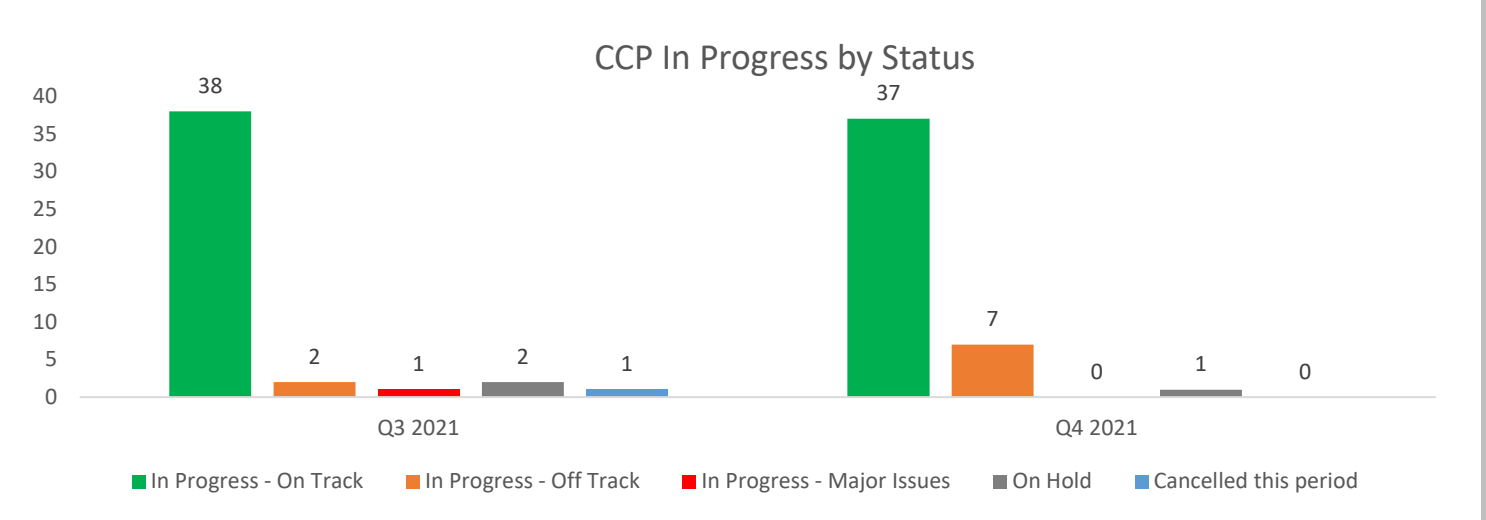
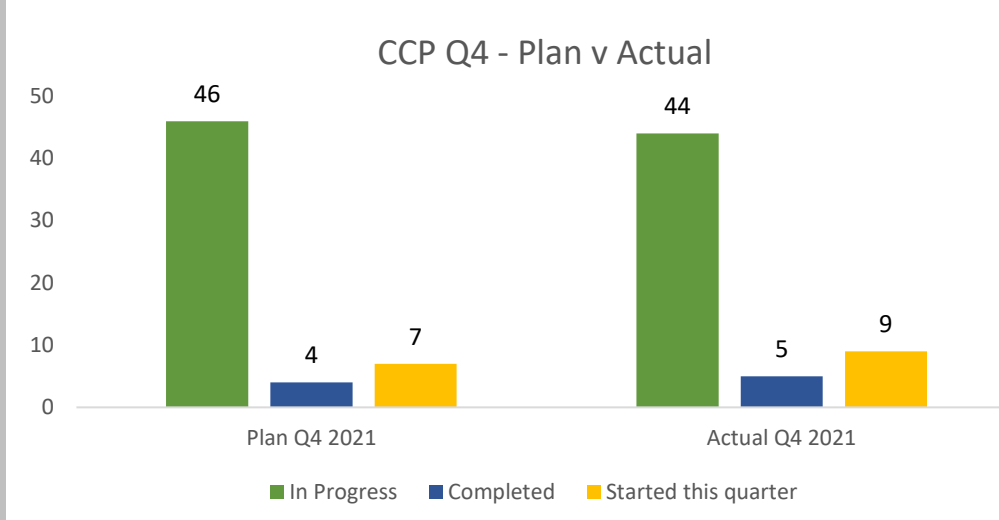
- £1,915k underspend on legal and professional fees, comprising of; £1,490k underspend in Registration and Corporate Resources as a result of ORE exam deferment which was offset by the equivalent reduction in exam income. £245k underspend in Legal due to ILPS (£68k) overspent (additional interim order activity and hearings support work). Offsetting this were savings in IACE (£121k via rule 9 work, covered in house, and Covid preventing some Illegal Practice work): ILAS (£63k) via fewer Registrant/Brexit appeals) and ELPS (£129k due to delays in referrals from FTP and delayed hearings which have gone part heard or moved to 2022).
- In FtP a £133k underspend was caused by FTP Case Progression (Medical Advice) continued to be delivered by Clinical Dental Advisors, not referred to external providers, and a high-level single complaint /complex case Caseworker vacancies and delayed reviews/referrals. OD was £51k underspent due to the reactive nature of trustee, pension advice and reduced consultancy spend. These were offset by an £4k overspend in Strategy.
- £509k overspend in Staff costs because of an additional employer contribution to the defined benefit section of the GDC pension scheme recorded within Finance of £2.1m. This was offset by a £1,591k underspend with variances being seen across all directorates due to vacant posts, staff on reduced or furloughed hours and staff on development pay grades.
- £576k other staffing costs underspend, due to cumulative variances seen within all Directorates as a result of Covid-19 restrictions on staff travel or the ability to attend/receive Learning & Development activities.
- £394k IT underspend. This is all recorded within the Registration and Corporate Resources Directorate and is due primarily to the telephony contract coming significantly under budget, as outturn costs are expected to be lower, and the contact centre phase has been moved into 2022. Development and consultancy are lower due to the effect of the lockdown on a considerable number of projects including spend on the new finance system which has been pushed into 2022.
- £177k underspend on Meeting fees & expenses. The material variance is seen within Education & QA in the Strategy Directorate, where £175k relates to concerns being completed in report format and without the need for formal meetings or inspections. Additionally, Thematic Reviews have been completed in house. Legal, FtP and RCR have a combined underspend of £2k, where overperformance in FtP Hearings (£125k), has been offset by savings in Governance (Members travel of £110k) and RCR (£17k).
- £131k Research and Engagement underspend comprising of a £112k within the Strategy Directorate; Communication & Engagement have savings in Project and Event activity. This links to delays in the renewal of the website development contract and decisions not to hold in person events due to the ongoing Covid situation. FtP, OD, Legal and RCR have a combined £19k surplus. Most, £12k is within the Dental Complaints Service due to a delay in panellist retraining and possible severance payments now pushed into 2022.

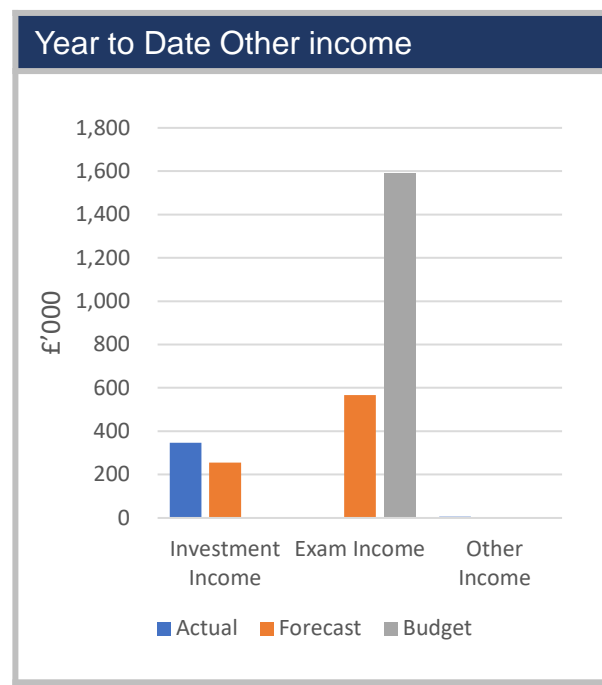
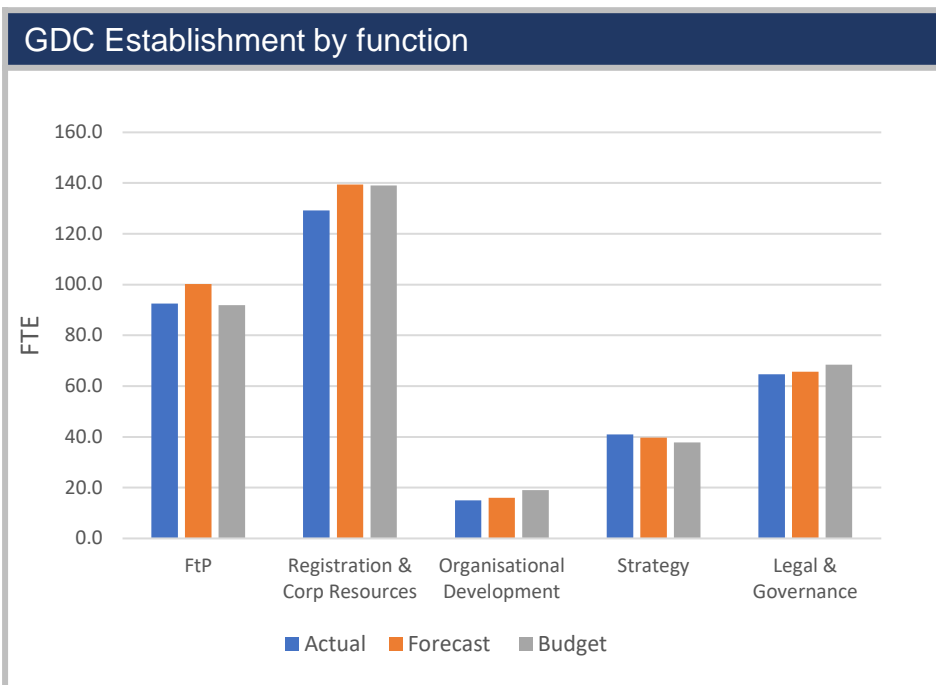
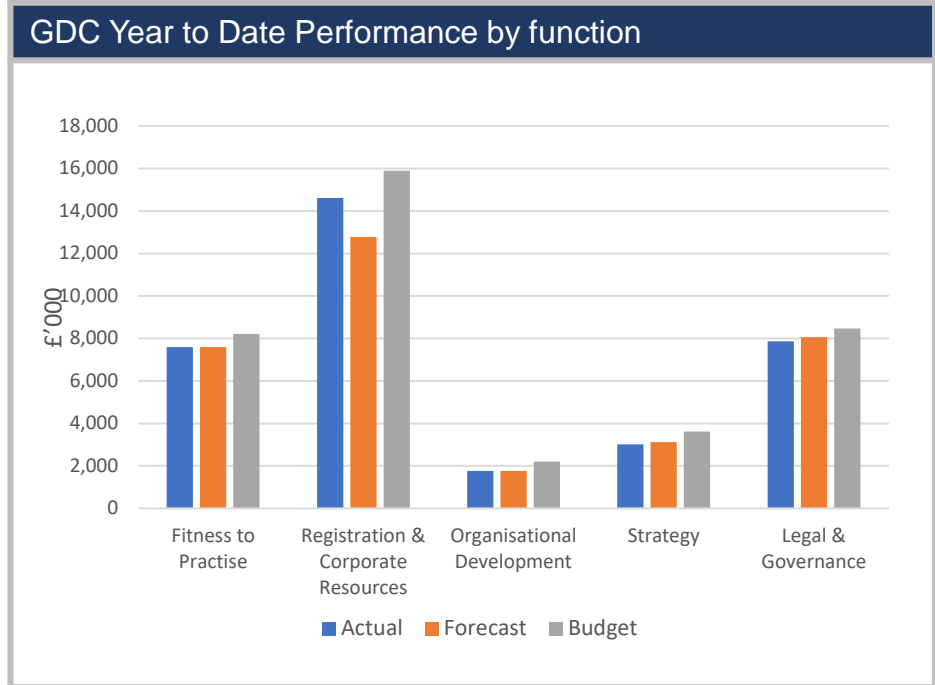
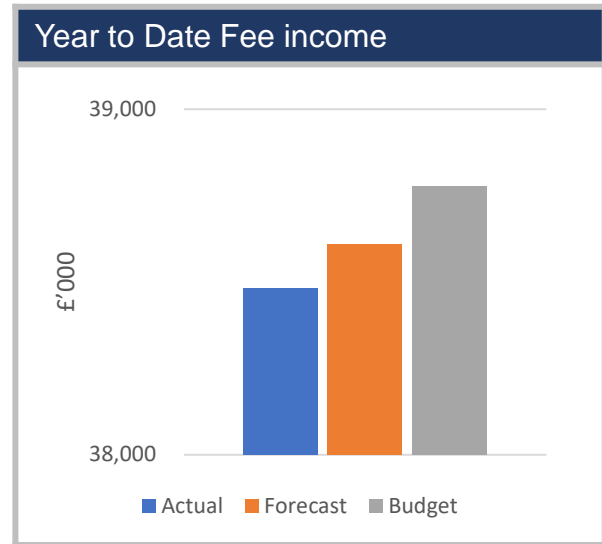
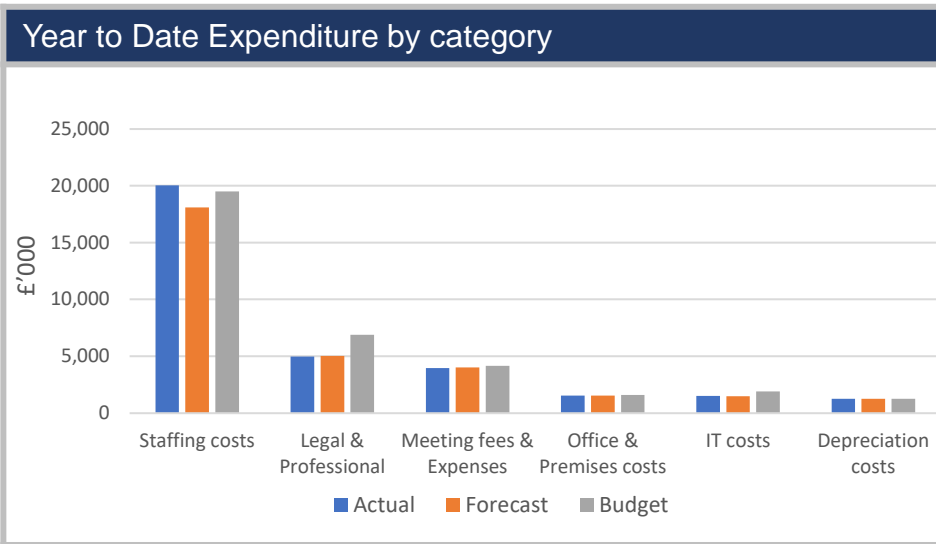
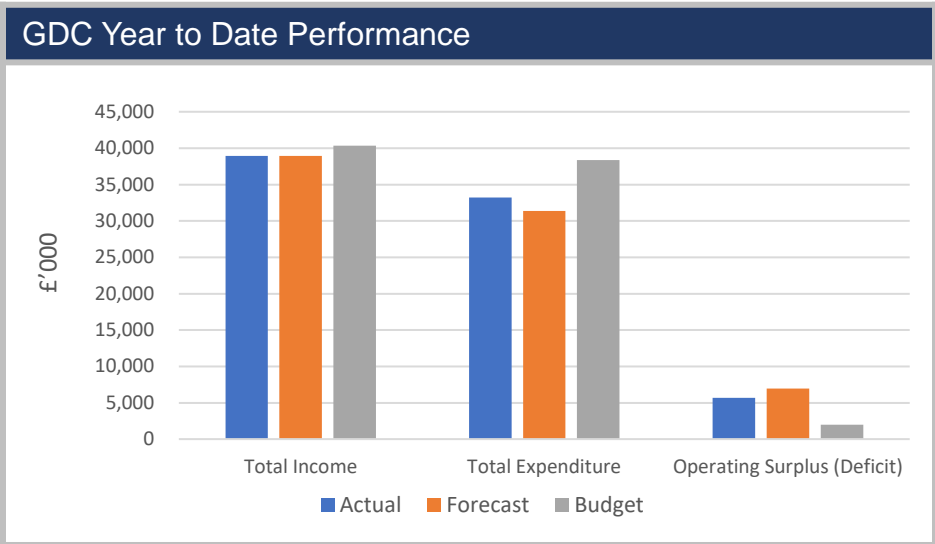
CCP Delivery Overview: Portfolio delivery is as forecast overall, with minor adaptations to projects being managed at operational levels. Operational delivery plans have been presented to EMT in December 2021 for the delivery of the CCP 2022-24. Planning is commencing for the CCP 2023-25 timetable and this will be developed with close alignment to the planning for the 2023-25 Corporate Strategy.

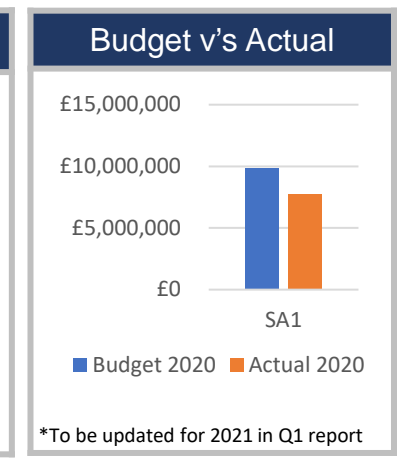
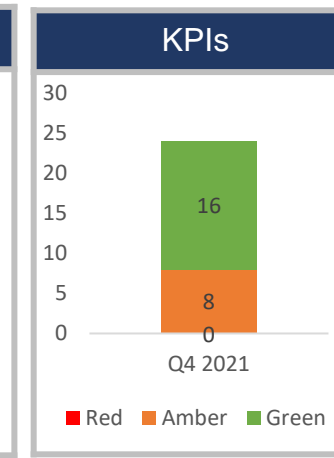
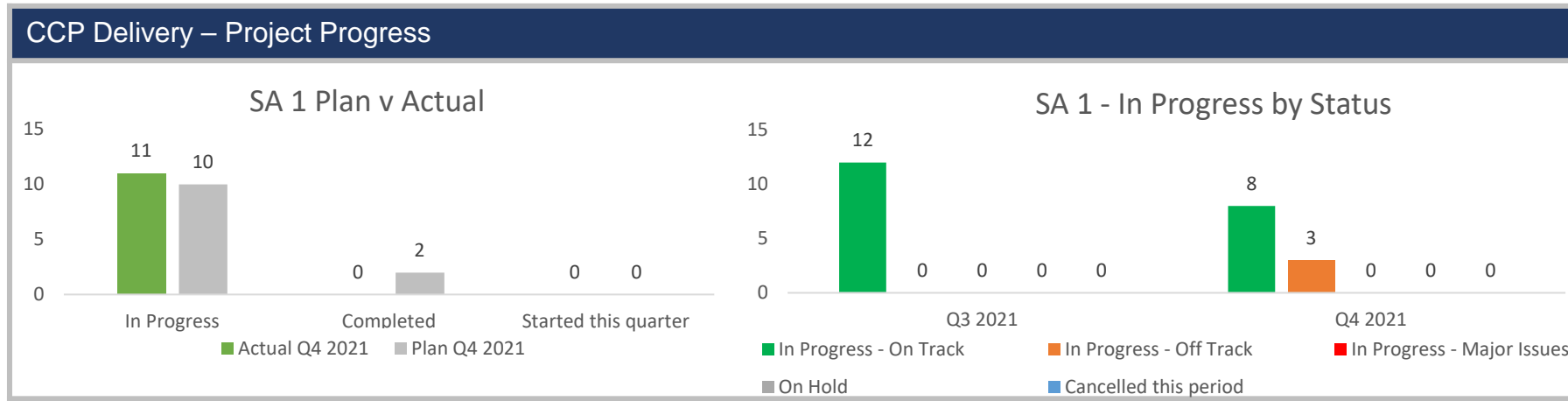
Organisational Development Overview: Recruitment activity has increased this quarter with 42 appointments made across both sites. Due to a high number of vacancies, we have recruited via assessment centres with 6 being held over 3 days. Recruitment timeliness has increased with 93% appointments were made within target which has been aided by the assessment centre approach, which is particularly suited to the volume and type of vacancies we had. Sickness absence has slightly decreased since the last quarter, however with 861 sick days in Q4 2021 is a 42% increase compared to the 495 sick days in Q4 2020.



Portfolio Delivery

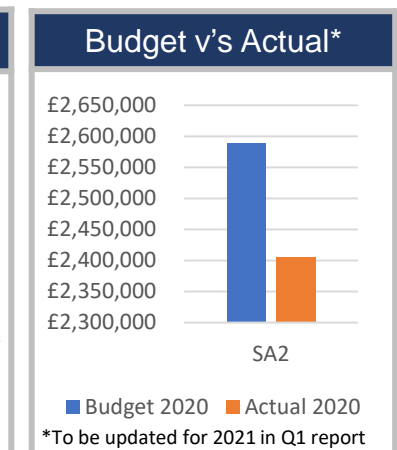
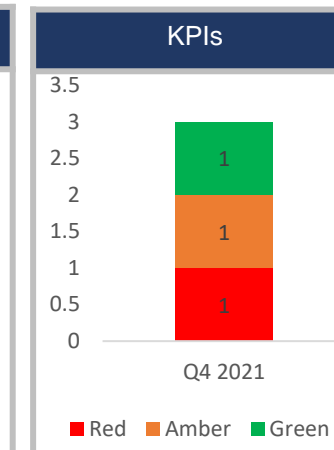
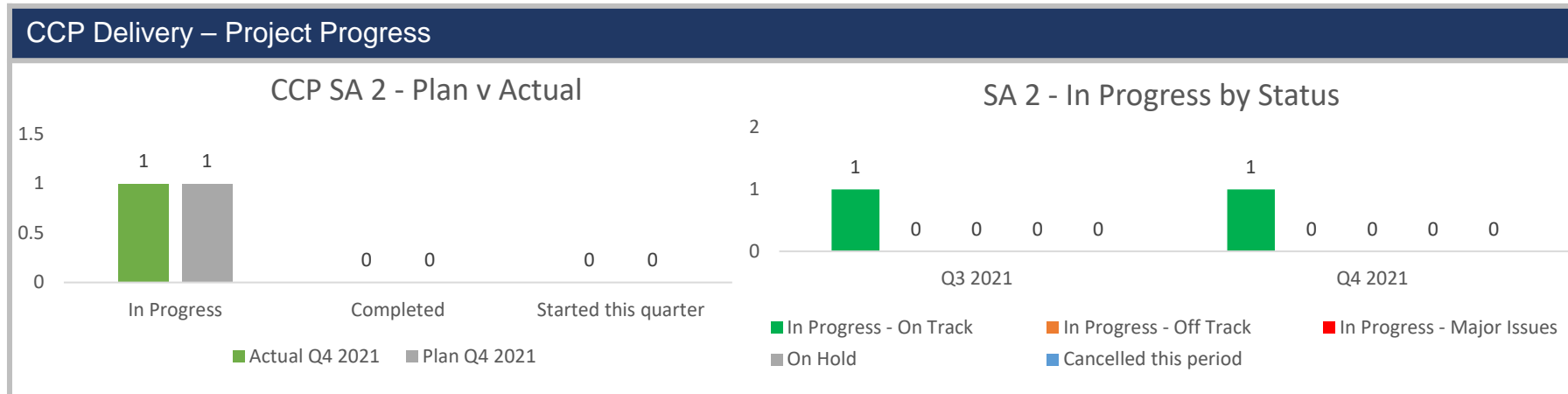






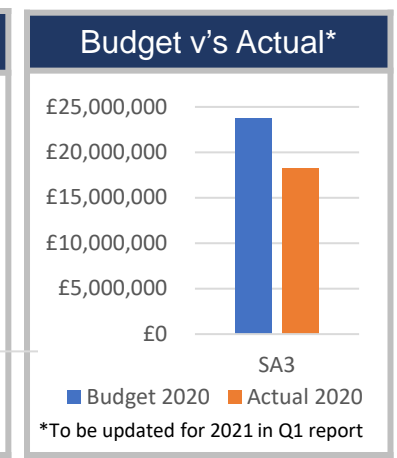
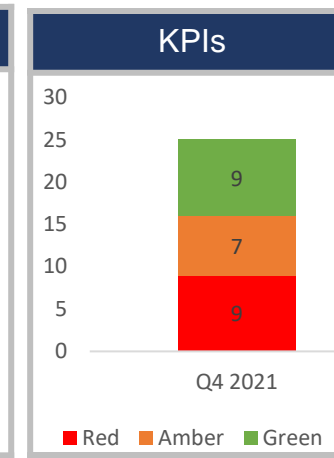
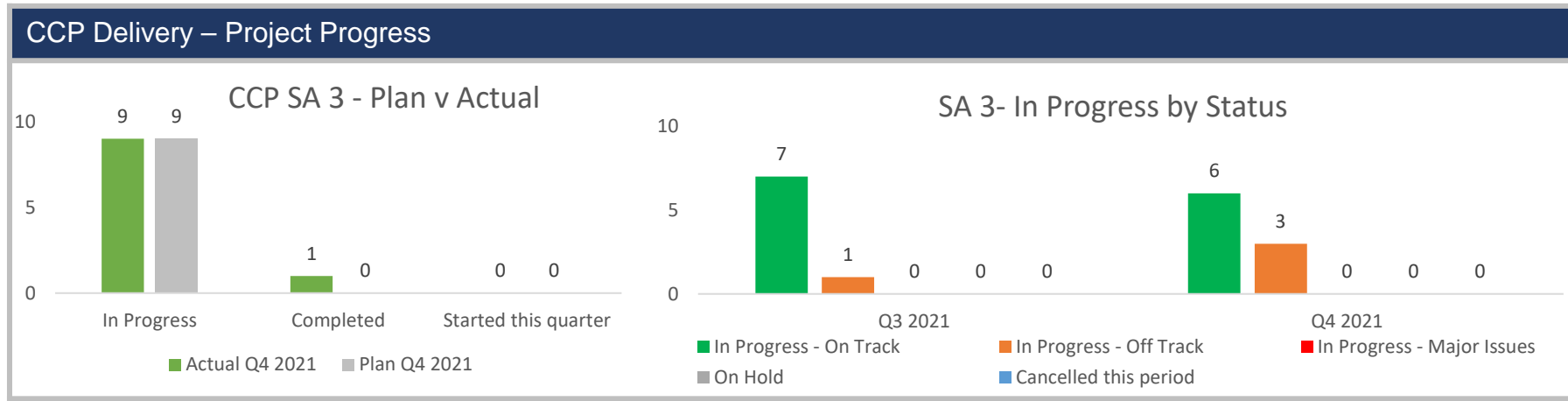
Progress Summary

- Progress across the suite of projects contributing to this strategic aim has remained steady as elements of framework continue their development and move closer towards a comprehensive consultation on parts of the framework supporting professional practice and conduct over the course of 2022 and implementation in 2023.
- Monitoring and evaluation of our upstream efforts has moved forward and is now embedded in routine activity of the Research and Intelligence team providing long-term capability to evaluate impact.
- **Implement a framework to promote professionalism – Phase 1, Review scope of practice for all titles and Review learning outcomes and expectations for safe beginners – Phase 1** are reviewing and reconsidering the timings of consultations to reduce the risk of “consultation fatigue” on the dental profession and to ensure the projects progress effectively. Once the way forward has been agreed the project performance status will revert to on track.



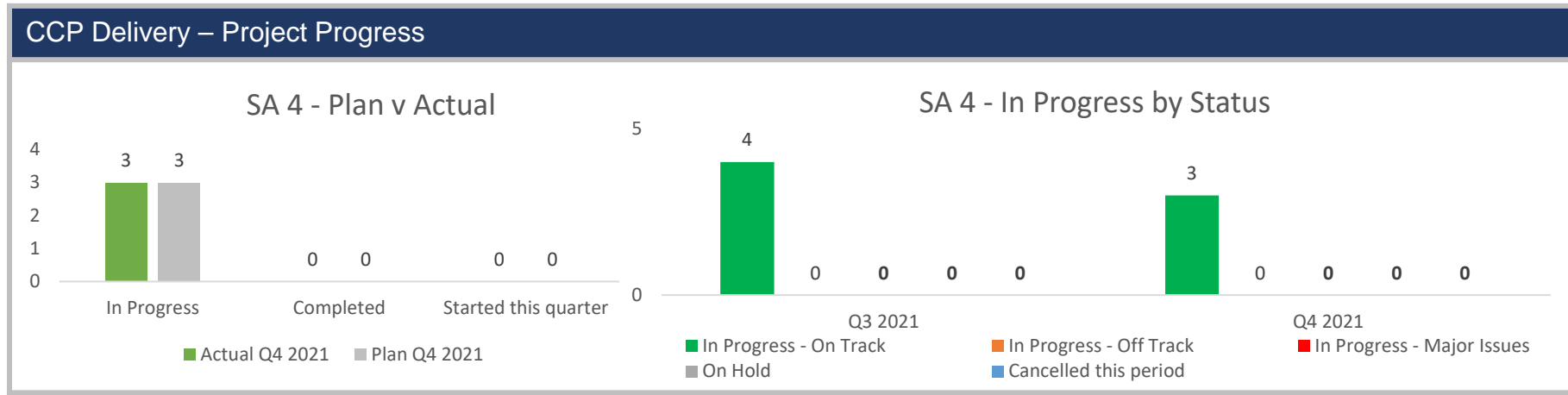
Progress Summary

- A significant step forward has been achieved now that there are agreements across all four nations on the routes for handling local concerns. And work has been taking place to improve data sharing across complaints handling bodies to build a better picture of the risks underpinning complaints.
- Progress on the research activities and related policy development activities, such as our cross-regulatory seriousness research project and human factors will provide insights into the factors that underpin concerns and appropriate handling before they are referred to the GDC.
- Work on [Develop a comprehensive complaints resolution model](#) recommenced in quarter 3 of this year. This work was deferred following review of Covid-19 impacts on the CCP in 2020 and is now performing well, with stakeholder engagement planned for early 2022.



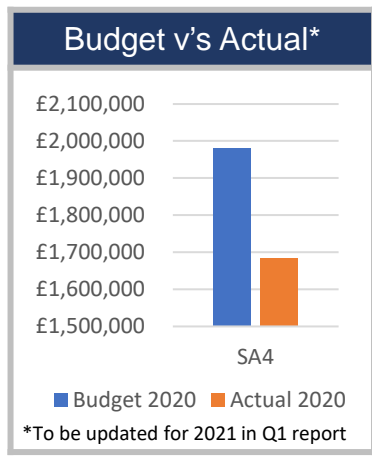
Progress Summary

- Work has continued to progress on improving our capability to use our own data holdings and understanding the factors that lead to differing approaches to decisions on seriousness in fitness to practise data as part of a cross regulatory research project. As the results of this work are published in 2022, it will be used to guide improvement activities that can be achieved under our current legal framework and to inform regulatory reform proposals.
- Operational pressures in the fitness to practise team are being addressed through innovative techniques to recruit staff. It is anticipated that over the course of 2022 there will be further progress on the activities that underpin achievement of this strategic aim once the benefits of the extra capacity begin to be felt.
- Work on the separation of the hearings function has been progressing well, with implementation planned for 2022.
- **Operational improvements to the adjudications function** has been delayed by resourcing issues, this currently under review and anticipated returning to schedule by next quarter.
- **Review internal fitness to practice guidelines** - a review of the project schedule is being undertaken to ensure it is achievable. This will be completed by end of Q1 2022.
- **FTP KPI Redesign** - there have been some delays to finalising the requirements specification for CRM development which have meant the development has been rescheduled to commence in February 2022 instead of January. It is not anticipated that the overall end date for delivering this project will be impacted but the schedule will be reviewed in Q1 to ensure this is achievable.



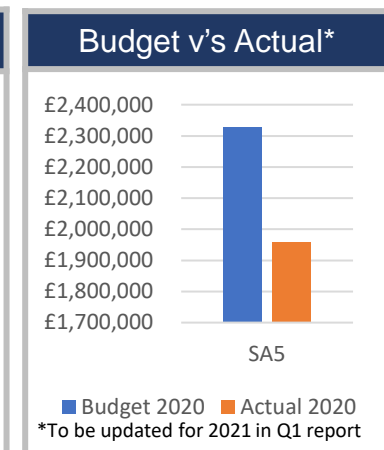
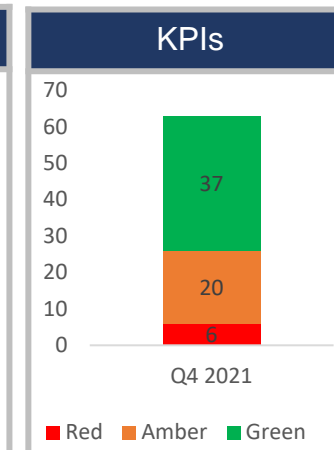
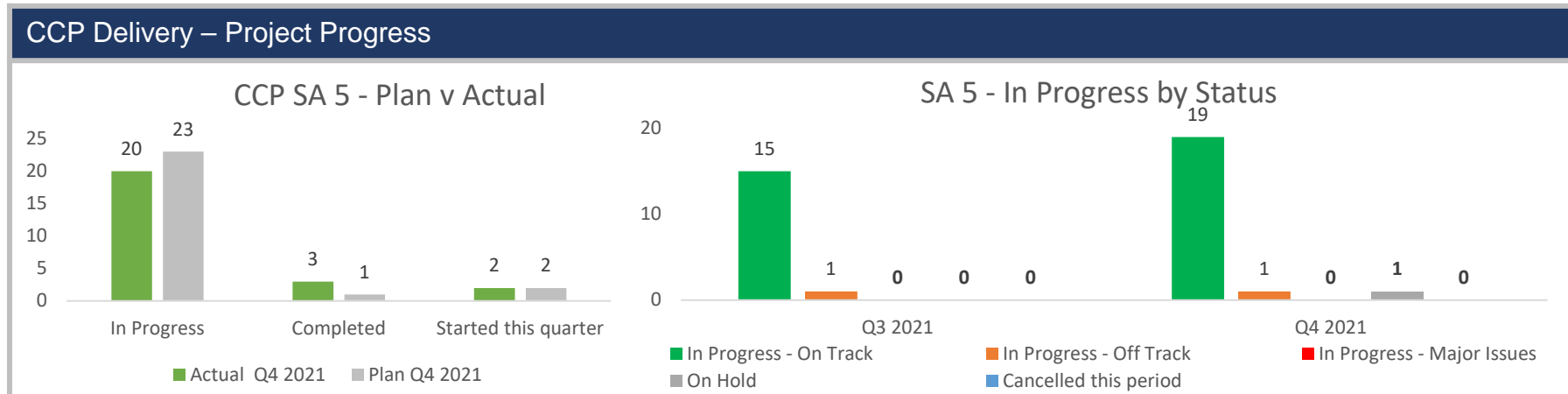
KPIs

There are currently no KPIs pertaining to strategic aim 4



Progress Summary

- Progress on reform has been considerable with the establishment of the regulatory reform programme board, which has commissioned activities to assess the resource demands placed on the organisation over the uncertain timetable for the DHSC's plans to prepare amendments to the Dentists Act.
- Greater certainty has been achieved over the timing of the focused changes to the Dentists Act's provisions for international registration, with a consultation now planned for early 2022. This will start the work to build flexibility and scalability into the GDC's model for international registration over the course of 2023 and will also provide options to increase capacity of the ORE in the medium term.
- The boundaries of regulation framework has been approved by the Council and puts in place a mechanism to consistently and proportionately consider the issues that test the boundaries of the current regulatory model in preparation for reform.
- All projects aligned to strategic aim 4 are progressing in accordance to plan at present. Develop and implement GDC wide strategy moved this quarter from Strategic aim 4 to Strategic Aim 5



Progress Summary

- Piloting of the new ways of working approach continued throughout the quarter until government guidance imposed working from home where possible. The pilot will resume once the government guidance changes and organisational resilience to absence can be assured.
- The development activities related to the GDC's corporate strategy for 2023-2025 has been progressing and is being tied into the Corporate Costed Plan development process. In both instances the activity focuses on the GDC's capability to deliver effective regulation in a sustainable way.
- Progress on the GDC wide data strategy, which is a core underpinning component of the GDC's regulatory effectiveness and performance has been positive. Development activities will proceed in 2022.
- **Hybrid Multisite Council Meetings** - additional time has been required on analysis to ensure the right solution is understood and the right provider can be engaged. It is anticipated this will be addressed expediently to provide the solution with minimal impacts to planned timescales.
- Implement new procurement and contract management process has been placed on hold until February 2022 as the results of an external audit on procurement functions are pending, which are likely to impact the project scope and required timescales. Once the outcomes of the audit are known, the next steps for the project can be determined.

Upstream regulation: update on upstream suite

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Ross Scales, Head of Upstream Regulation Kristen Bottrell, Policy Manager Duncan Fyfe, Policy Manager
Type of business	For approval and for noting
Purpose	To update Council on the upcoming consultations on Promoting Professionalism and Scope of Practice, and to seek approval from Council on the activities planned prior to consultation.
Recommendation	Council is asked to approve the implementation and consultation plans for Promoting Professionalism and to note these plans for Scope of Practice.

1. Purpose of paper

- 1.1 This paper reports on the progress of two upstream projects, Promoting Professionalism (specifically the review of the Standards for the Dental Team and associated guidance) and a review of the Scope of Practice (SoP) guidance. While these reviews are constituted as separate projects, the SoP guidance is linked, and subordinate to, the new principles-based framework being developed through Promoting Professionalism.
- 1.2 Both projects were presented to Council in October 2021 and are scheduled for public consultation this year. This single paper gives an update on both projects, to emphasise the connections between them and the consistency of our approach. The paper:
 - a. responds to questions raised by Council in October about the impact of each project on the GDC's fitness to practise (FtP) processes;
 - b. provides further detail regarding the upcoming consultations and the timeframe for implementation;
 - c. seeks approval for the direction of travel of Promoting Professionalism; and
 - d. invites Council to note the further progress on developing revised Scope of Practice guidance
- 1.3 It is important to keep in mind that the primary purpose of both the Principles of Professionalism and the Scope of Practice review projects is to better support registrants to exhibit professional behaviour and to have confidence in their own professional judgement. Despite the emphasis placed on FtP in this paper and the criticality that the end products work with the GDC's processes, the overarching objective to promote professionalism continues to be the primary focus of these projects.

2. Principles of Professionalism

Background

- 2.1 The Principles of Professionalism are a core component of the Promoting Professionalism programme. This programme aims to encourage a preventative approach by giving dental

professionals clarity about the expectations and obligations placed on them and confidence to use their professional judgement. The Principles, and the associated guidance review, will remove the prescriptive detail contained within the current standards documentation and support dental professionals to use their professional judgement to maintain and develop behaviours needed for public confidence and good oral healthcare.

- 2.2 In the GDC's corporate strategy 2020-22, we outlined plans to develop a better understanding of what professionalism means to the public. This understanding will help the GDC ensure not only that the principles, supporting guidance and narrative are clear, concise, and meaningful, but also that they will reflect what matters to patients and the public. The proposal is to move away from detailed standards and rules that tell professionals what they must and should do and with which they must comply, and encourage them to ask of themselves "is what I am doing the professional thing to do?" This approach intends to promote a greater focus on the use of professional judgement and recognition of context in decision-making. It will also provide a better foundation for the GDC to engage with dental professionals, including through a dedicated online space that can evolve and be updated when issues are identified or when focus is required on a particular matter.
- 2.3 In October we presented Council with three options for the presentation of the Principles of Professionalism. The first reflected the current 'rules-based' approach that would be supported by a comprehensive review of the guidance we provide. The second option was to move to a wholly principles-based approach and, while some illustrative direction would remain, the level of prescriptive detail of the Standards for the Dental Team would be removed. The third option was for the Principles of Professionalism to stand alone without supporting narrative content.
- 2.4 Council considered the second option to be the right way forward at the time, recognising the size of the step from the current approach to the third option. Although supportive of the proposed focus on the principles, Council was concerned about the potential impact of this significant change in approach on our internal processes, particularly in fitness to practise and our ability to deal with caseloads in a timely and efficient way.

Fitness to practise impact

- 2.5 We met the Executive Director, FtP and the Executive Director, Legal and Governance following the October meeting of Council about the potential impact of the proposed approach on the GDC's standards and guidance. We used feedback from Council and this meeting with the two executive directors to develop and conduct workshops with FtP, In-House Legal Advisory Service (ILAS), and policy colleagues. The discussions in the workshops provided assurance that implementation of the Principles was unlikely to significantly affect workloads if the Principles are phased on the timeline outlined at section 8 of this paper. At these workshops we looked at example cases using the proposed Principles, and were assured that they can be used to address the allegations which come to us as FtP concerns. We discussed the way in which the current Standards were referred to in both investigations and case presentation (including in the drafting of interim order requests). Colleagues relayed that although it was helpful to refer the panels to specific breaches of the standards, they seldom refer to the detail of the subsections under the standards, and the same outcome could be achieved by referring to a Principle.
- 2.6 We discussed how the flexibility contained within the Principles will put more responsibility on decision-makers to use their judgement (just as that same flexibility does for dental professionals). The removal of much of the detail of the current standards means that decision makers will not rely on the breach of a specific 'rule' to make a case, but rather an assessment of the harm caused through the lens of the principles. This represents a change in approach. The

policy team will support colleagues to apply this, and we have built this into the implementation plans outlined in section 8 of this paper.

- 2.7 As a key component of this review is to remove the level of detail contained in the current standards, we have considered the hierarchy of guidance contained within the principles and accompanying guidance framework. Broadly, the framework comprises four key elements:

Element	Purpose
Principles of Professionalism	Guidance as to the standards of conduct, performance, and practice expected of dental professionals. Used in FtP decision making
Narrative description that provides more detail to each principle using everyday language	Assist professionals in interpreting the principles and applying them to their day to day practice. Further consideration is needed to determine whether and how these descriptions will be used in FtP decision making
Directive guidance	Standalone guidance documents referring to a legal obligation Used in FtP decision making
Supporting materials: Dynamic guidance that includes case studies, scenarios and signposting to draw out important themes and issues of patient safety and public confidence. This could include campaigns from the GDC around specific issues and tailored communications on these subjects	Used to encourage registrants to reflect on issues, and to illustrate the GDC position on topics of interest. The intention is that these materials will be produced to support professional development and insight, not primarily to enforce the Principles. The implications that the existence of these materials may have on FtP decision making will be explored at the next stage of this work.

- 2.8 To test this proposal, the workshops sought to understand the way current guidance is used in our internal processes. This feedback has allowed us to make decisions around which type of guidance needs to be issued as directive guidance, and what can be addressed via dynamic supporting materials, including a space for content that supports learning and development, alongside a supporting communications plan.
- 2.9 These discussions made clear that there is a need to provide directive guidance where there is a legal obligation for all registrants to comply, i.e., indemnity and the reporting of criminal convictions. We will also need to consider how we make clear registrants' obligation to cooperate with any formal enquiry, including but not only GDC fitness to practise proceedings, and the reporting and following of any sanctions that result from these enquiries. These directive pieces of guidance will form part of the formal public consultation.
- 2.10 We also discussed guidance referred to at different stages of our FtP processes. Advertising and social media guidance were highlighted as being frequently signposted at early stages. We heard

that it is important that the FtP team can refer registrants to useful information so that they understand the GDC's and, importantly, public expectations. Colleagues at each of the workshops felt that these issues could be addressed via other material provided by the GDC, via the dynamic guidance / supporting materials discussed above. These materials will not be directive guidance but provide registrants with information that supports their development and helps them gain insight from different perspectives to help them meet the Principles.

- 2.11 The insight provided by colleagues within the GDC has been helpful in determining priorities for the guidance review, as well as the narrative descriptions to accompany the principles. We will continue to engage with colleagues to test the principles and associated framework prior to consultation.
- 2.12 To develop the policy proposal for consultation, we will continue to engage with internal colleagues and begin our engagement with external stakeholders. This will include meetings with stakeholders such as indemnifiers, membership organisations and educators. In addition, we will convene an external reference group that will provide input into the drafting of these materials, give access to stakeholders who we ask to be critical friends, and help identify other stakeholders to speak with prior to consultation. We will take feedback from these engagements to refine our policy thinking and design our consultation materials, to ensure that the principles and the accompanying guidance (both directive guidance and supporting materials) provide a framework to support registrants to use their professional judgement and allow the GDC to exercise our statutory functions to mitigate harm to the public. The timing for the public consultation that will follow is discussed below in section 8.

3. Scope of Practice

Background

- 3.1 The GDC's SoP guidance sets out the skills and abilities that every dental care professional should have at the point of registration and the skills which might be developed later on as they go through their career. The guidance was introduced in 2009 and last reviewed in 2013. Our corporate strategy for 2020-2022 signalled our intention to review the SoP, with a view to enabling more effective deployment of the whole dental team and facilitating inter-professional working.
- 3.2 In 2021, we drafted a revised guidance document (in partnership with the profession, stakeholders and internal colleagues) that seeks to change how we think about scope of practice. The draft guidance moves away associating "scope of practice" with a detailed list of sanctioned tasks prescribed by the GDC, in favour of the more fundamental concept that an individual's "scope of practice constitutes specific tasks unique to the individual and may change over time, but should be within the boundaries and purpose of their professional role. This is the approach that is taken to scope of practice in other regulated professions and in dentistry in many other jurisdictions.
- 3.3 The new draft guidance on SoP therefore covers how dental professionals should determine what is within their SoP, based on their skills and abilities, training and experience and the interests of their patients. It refers to other existing areas of upstream regulation that will also help a dental professional determine their scope, including the Principles of Professionalism.
- 3.4 Council considered the draft guidance in October 2021 and agreed that the draft could proceed to public consultation.

Fitness to practice impact

- 3.5 However, as with Promoting Professionalism, Council raised a concern that introducing and assimilating new guidance on SoP could negatively affect the timeliness and effectiveness of the GDC's FtP operations.
- 3.6 Since October, we have sought and received assurances from the Executive Director, Fitness to Practise, that introducing new guidance on SoP will not unduly disrupt the effectiveness of the directorate. Those assurances are given, in part, because of the relatively low number of FtP allegations hinging on SoP infractions, and especially the timetable for implementation discussed in section 8 of this paper.
- 3.7 We continue to engage with our colleagues in ILAS, who are particularly alert to the potential risk that less prescriptive guidance on SoP will make it more difficult for the GDC to build and argue FtP cases. ILAS is confident, however, that the risk is being appropriately managed for this stage of the review, and that the consultation should proceed as planned.

Extension of scope for clinical dental technicians (CDTs)

- 3.8 In October 2021, Council approved a draft consultation that included a question about whether CDTs should be permitted direct access to partially dentate patients for partial dentures. However, certain members suggested that the issue might be better addressed in a separate consultation. We are minded to agree that as the question is unrelated to the aims and objectives of the SoP review, the question should be removed from the draft.
- 3.9 We will pursue a consultation specifically on CDT activity closer to the implementation of the new guidance and communicate this to stakeholders.

4. Legal, policy and national considerations

- 4.1 The Dentists Act 1984 gives the Council the duty to issue "guidance as to the standards of conduct, performance and practice expected" of dental professionals. The Principles and guidance would be issued under this duty.
- 4.2 An initial draft of the documentation provided as part of the regulatory reform agenda suggests that the requirement to set standards will be retained, and that setting the Principles and providing guidance will satisfy this requirement. The executive team will keep sight of further drafts to ensure this remains the case.
- 4.3 There are no specific national considerations; the Principles and SoP guidance will apply across all UK nations. However, there is a need to ensure that the communications and the guidance documents consider different rules and policies across the UK nations, and that views from across the UK nations are sought prior to, and during the consultation process.
- 4.4 Revising the concepts of dental professionals' professional standards and scope of practice may have implications for initiatives such as HEE's Dental Education Reform Programme ; however, we anticipate the impact will be low, as the focus of our projects is not to make detailed and specific changes to what dental professionals can and cannot do. Up until the consultations, Policy will continue to work with stakeholders to further understand the potential impacts across the four nations.

5. Equality, diversity and privacy considerations

- 5.1 No privacy issues have been identified.
- 5.2 An equality and diversity impact assessment will be carried out prior to consultation and published alongside it. These considerations will be kept at front of mind, both in the design of the framework and when carrying out internal and external engagement. We will ensure that the

audiences engaged with and the perspectives that gathered are diverse, and specific questions are asked that are designed to draw out potential equality and diversity issues.

6. Risk considerations

- 6.1 The change in approach to how the standards of conduct, performance and practice expected of dental professionals are presented and communicated will be a significant change for both dental professionals and internal colleagues. At Council's request, we have focused this paper on the risk that a major change in our professional standards and scope of practice will negatively impact on our FtP processes and decision making, particularly in the short term.
- 6.2 The main risk for both projects, however, is that the Principles and the new SoP guidance fail to give registrants more clarity and confidence in exercising their professional judgment and acting in the best interests of patients. Our internal and external engagement work, and particularly the consultations, will be a key to mitigating this risk. We expect to learn more from the consultations, and our direct engagement, about any risks and concerns presented by the new guidance, and work to address and mitigate those by the time Council is asked to approve the final drafts. Finally, between approval and implementation our communications and policy staff will support registrants and GDC teams to understand how to use the Principles and SoP guidance in their day-to-day work.

7. Resource considerations and CCP

- 7.1 This programme of work is part of the CCP.

8. Timeframe for implementation



- 8.1 We will return to Council in September 2022 seeking approval to consult on the Principles of Professionalism framework. This package will include the Principles, the directive guidance, the and a fuller description of the approach to providing learning and development content. While the SoP consultation could be launched sooner, we think there is value in consulting alongside the Principles; together, they amount to a significant change in GDC's policy direction and what it means to be a dental professional in the UK. By aligning these developments we hope that the profession and public will see and understand the connections between the projects, and how they both deliver the GDC's wider upstream strategy.
- 8.2 Following consultation, we will ask Council to consider publication of the Principles and the associated guidance framework, and the new guidance on SoP, towards the end of Q2 2023. The guidance would be published and promoted before it comes into effect, which is planned for April 2024 (depending on Council meeting dates).

- 8.3 In 2023, if the Principles and SoP guidance have been approved and published, the policy and communications teams will work to communicate the changes to the public and the profession. In addition, from Quarter 3 of 2023 the policy team will work with FtP colleagues to design a package to train staff on the changes. Building in this period between publication and implementation will allow the GDC to provide support both to internal colleagues and dental professionals to prepare for this change in approach.
- 8.4 Full communications and development plans are being developed for each stage of the programme, with planned activity broadly outlined above.

9. Recommendations

Action required	Description
For approval	Council is asked to approve the implementation and consultation plans for Promoting Professionalism as outlined in this paper
To note	Council is asked to note the implementation and consultation plans for Scope of Practice, in particular the commentary regarding the impact on FtP and the scope of practice of CDTs, following the approval given by Council in October 2021.

Kristen Bottrell, Policy Manager
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Duncan Fyfe, Policy Manager
dfyfe@gdc-uk.org

22 February 2022

Costed Corporate Plan 2022 - 2024 publication

Executive Director	Stefan Czerniawski, Executive Director Strategy
Author(s)	Colin MacKenzie, Head of Nations and Engagement
Type of business	For decision and approval
Recommendation	The Council is asked to feedback and approve the content of the CCP 2022 - 2024 publication, before it goes to final design and is published.

1. Background and context

- 1.1 In line with our commitment to be more transparent and to publish our planned activity over a three-year period, we initially delivered a prototype Costed Corporate Plan (CCP) that was for internal use only in 2019, and subsequently published detailed three-year Costed Corporate Plans in 2020 and 2021.
- 1.2 The 2022 Costed Corporate Plan, that we plan to publish in late April following Council approval, will cover the period from 2022 to 2024. This will include one year of our existing strategy and two years of our new Corporate Strategy, which will be published in January 2023.
- 1.3 We have chosen to address this by stating that our current strategy Right time, Right place, Right touch, is now in its final year, and then provided a brief update on the new strategy development, within section 2 of the CCP publication. This includes the context in which the GDC will be delivering its next strategy, and notes that we will be consulting on this in 2022 and publishing our new strategy in January 2023.

2. The content of the 2022 CCP

- 2.1 We have retained the same structure for the 2022 publication as we did in 2021. As this is the final year of our 2020 - 2022 strategy we decided to keep it consistent with last year.
- 2.2 This includes a foreword from the Chief Executive and Registrar; an update on our Corporate Strategy, which this year also includes an update on the approach and timings on our work to develop our Corporate Strategy 2023 – 2025; a review of the 2021 plan; the work programme for 2022 – 2024; and our forecast expenditure and income.
- 2.3 The content for the review of 2021 has been based on the content developed for the ARA, to ensure consistency of messaging.
- 2.4 To simplify the presentation of the individual projects we have again grouped them by strategic aim and the year of completion only, and not included the start date of the activity, which is less important to an external audience. This makes it easier to report what we have achieved against the original plan and removes the issue of having to explain any project start or end delays within the year.
- 2.5 In total, there are 72 projects on the CCP 2022 – 2024, which have been allocated to the following strategic aims:

#	Strategic aim description	Number of projects
1	Career-long upstream regulation that upholds standards for safe dental professional practice and conduct	17
2	Resolution of patient concerns at the right time, in the right place	2
3	Right-touch regulatory decision-making for our enforcement action	14
4	Maintaining and developing our model of regulation in preparation for reform of our legislation	3
5	An outcome-focused, high performing and sustainable organisation	36
TOTAL		72

2.6 Of the 72 projects, 43 are due to complete in 2021, 18 in 2022 and 11 in 2023.

2.7 As with the 2021 publication we have included the forecast costs and income for 2022 and the total costs for three year period of the plan, by strategic aim.

3. Legal, policy and national considerations

3.1 None that we are aware of.

4. Equality, diversity and privacy considerations

4.1 At this stage there are no considerations that we are aware of.

5. Resource considerations and CCP

5.1 There is no request or requirement for any additional resource to deliver this.

6. Development, consultation and decision trail

6.1 The following people have been consulted and have contributed to the preparation of this paper:

- a. Osama Ammar, Head of Public Policy
- b. Dave Criddle, Head of Business Intelligence, Delivery and PMO
- c. Louise Piper, Business Planning and PMO Manager
- d. Samantha Bache, Head of Finance and Procurement

7. Next steps

7.1 The Council is asked to approve the content of the CCP 2022 – 2024, for publication.

7.2 Once the content has been approved the publication will be designed and published on the GDC website.

8. Appendices

8.1 Appendix 1- Final draft of CCP 2022 - 2024 publication

Colin MacKenzie, Head of Nations and Engagement

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Tel: 07540 107935

08 March 2022

**General
Dental
Council**

Costed Corporate Plan 2022 – 2024

Final Draft

15 March 2022 (version to Council for approval)

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1. Foreword from Chief Executive and Registrar

As the UK-wide statutory regulator of around 114,000 members of the dental team, our primary purpose is to protect patient safety and ensure that the public have confidence in the services provided by dental professionals.

Our Costed Corporate Plan (CCP) sets out what we will do, the fees that we charge, and includes our forecast of income and expenditure for 2022, as well as reporting on our progress in 2021.

The pandemic has continued to impact the work that can be delivered and is still having a significant impact on the dental sector and wider economic landscape. We continued to deliver our statutory purpose throughout the pandemic, reprioritising work to ensure that we operated efficiently and effectively. We changed how we work too, with most staff working remotely from home for much of the year, although staff from our core operational functions continued to work from our Birmingham office throughout 2021. We heard most of our Fitness to Practise hearings remotely, improving our use of video technology and adapting how we work.

In 2021 we have been able to start some of the work that was delayed in 2020 due to the pandemic and were able to start work early on some activities that were not planned to start until 2022. Furthermore, we have completed significant pieces of work that were not planned at the start of the year.

We were able to restart Part 2 sittings of the Overseas Registration Exam (ORE) in January 2022, which had been suspended since early 2020. While the regulatory reform scope and timetable remained uncertain, we reviewed the CCP to ensure that we were able to incorporate any necessary preparatory work into the workplan, if the Department for Health and Social Care's (DHSC) plans for legislative reform for the GDC were to start in 2022.

It proved necessary to increase our budget for 2022 by 5.8%, compared to 2021. This was due in part to the costs associated with increasing the capacity of our Fitness to Practise and Registration teams to improve our performance in these vital statutory functions.

Our current corporate strategy covers the three year period ending in 2022. We are developing a new corporate strategy for the period from 2023 to 2025 which will be published in January 2023, following a public consultation. The planned activity for 2023 and 2024 set out in this document will be reviewed against our updated strategic aims as we develop the Costed Corporate Plan for 2023.

While we develop our next corporate strategy, we will continue to make progress on our plans for 2021 and 2022 and to deliver our regulatory remit to ensure patient safety and public confidence in dental services.

Ian Brack
Chief Executive and Registrar

2. Corporate Strategy 2020 - 2022 Right time, Right place, Right touch update

As the UK-wide statutory regulator we play a crucial role in ensuring that the public are protected and that they have confidence in the services provided by dental professionals.

Recent years have seen a shift in the way we regulate the professions, as we have sought to move away from a focus on enforcement, emphasising instead prevention and right-touch regulation, whilst at the same time ensuring that our approach to regulation always has patient safety and public confidence at the heart of everything we do.

We previously set out our vision when we launched our corporate strategy in November 2019, which is a system that:

- supports the provision of safe, effective oral health care
- promotes and embeds clear standards of clinical competence and ethical conduct
- embodies the principles of right touch regulation: proportionality, accountability, consistency, transparency, targeted, and agility.

This strategy is now in its final year in 2022.

We have continued to respond to the new demands created by the COVID-19 pandemic, which continues to have a significant impact on dental education, on access to dental services, particularly NHS services, and on the confidence and expectations of dental patients and the wider public.

Integral to the achievement of our current strategy are our five strategic aims.

Our experience during the pandemic led us to simplify the wording in 2020, but not change the intent of the strategic aims we initially published.

We did this to make the intention of our work clearer to our stakeholders and to support our ability to reprioritise our work during the period of additional uncertainty that the pandemic brings. All our activity is aligned with one or more of these aims:

Strategic aim	Description
1	Career-long upstream regulation that upholds standards for safe dental professional practice and conduct
2	Resolution of patient concerns at the right time, in the right place
3	Right-touch regulatory decision-making for our enforcement action.
4	Maintaining and developing our model of regulation in preparation for reform of our legislation
5	An outcome-focused, high performing and sustainable organisation.

Achieving these aims requires us to continue to transform our working practices by further embedding these approaches into our work:

- **Working collaboratively** – developing and maintaining effective partnerships with relevant organisations and the professions.
- **Being evidence-led** – using research to support and inform proportionate decision making and to focus our activity and resources.
- **Making the best use of resources** – constantly challenging ourselves and our operating practices to ensure value for money.

- **Being inclusive** – seeing the value and importance of diversity and acting to ensure that this is reflected in our work.

And these are all approaches that will continue to be relevant, not just for this year, but for future years when we publish our new strategy.

In considering the changing strategic context, we identified five shifts in emphasis to take into account as we undertake the work to deliver the Costed Corporate Plan.

1. Ensuring members of the public are receiving the information they need to be confident in dental care
2. Playing our part to identify and address the exacerbated effects of inequality on members of the public seeking dental care and dental professionals
3. Highlighting the new pressures on the dental economy and workforce that may affect patient care and ensuring our routes to registration facilitate access to the workforce where it does not compromise public protection
4. Focus our attention on the changes to dental practice affecting patient safety that have been accelerated or brought about by the pandemic
5. Provide clarity on our leadership role and support cohesive sectoral leadership

These shifts do not create new work items in our plan, but instead change how we approach that work and some of the things that we will achieve when the work completes.

Developing our new corporate strategy for 2023 - 2025

In June 2021 we commenced work to develop a refreshed set of strategic aims and objectives which will enable us to continue to work towards our long-term vision set out in 'Right time, Right place, Right touch', while also delivering and improving our statutory functions.

Our core strategic ambition since the publication of 'Shifting the Balance' in 2017 is to focus more on prevention and upstream activities, reducing the risk of harm occurring and, over time, reduce the need to deal with the consequences of harm having occurred. However, we know that there is still much to be done to achieve this ambition and it will therefore remain at the core of our corporate strategies for some time to come. We have been reviewing progress on the achievement of our strategic aims set out in 'Right time, Right place, Right touch' and are considering the context of the wider external environment in which we will be working in in 2023 - 2025.

Our next corporate strategy 2023 - 2025 will be published in January 2023, following a public consultation.

3. Review of the 2021 Plan

The Costed Corporate Plan (CCP) for 2021 was designed to be flexible and to facilitate changes to the detail and profile of the plan throughout the year as priorities changed. This meant that although the pandemic continued to affect the work that can be delivered - and is still influencing the dental and wider economic landscape - we were able to better manage our workplan and deliverables in 2021. As a result, we were able to commence and continue work in areas that were not possible in 2020.

2021 CCP project summary

Status	Strategic aim 1	Strategic aim 2	Strategic aim 3	Strategic aim 4	Strategic aim 5	Total
On track or completed	15	1	12	3	40	71
End date moved	6	0	1	0	4	11
On hold	0	0	0	0	1	1
Stopped	1	0	0	0	5	6
TOTAL	22	1	13	3	49	89

At the beginning of the year there were 79 projects on our workplan for 2021, plus an additional 10 projects that were carried over from the previous year (2020: 78 projects in total).

Of these 89 projects:

- 27 projects were completed
- 44 projects are in progress and remain on track for delivery in 2022 or 2023
- 11 projects had end dates moved, due to changes in scope and schedule
- One project was put on hold.
- Six projects were stopped for a number of reasons including changes to the landscape that meant the work was no longer required at this time, the planned work was superseded by deliverables from other projects, or changes to operational practices.

In addition, we were able to start work early on some activities that were not planned to start until 2022.

Responding to, and living with the pandemic

Throughout the pandemic the GDC has continued to deliver its statutory purpose, reprioritising our work to respond to the effects that COVID-19 was having on the workplan.

Although some core staff continued to work from our Birmingham office throughout the whole of 2021, most staff worked remotely from home for much of the year, returning to the office in the autumn, then going back to remote working again towards the end of 2021 when the impact of the Omicron variant resulted in a change in Government guidance.

In 2020 it was necessary to halt or defer some work as a result of the wider impacts of the pandemic, for example projects that required external engagement which we were unable to undertake. In addition, several internal projects were delayed as we refocused our resources to ensure our people were able to work remotely to deliver our regulatory remit.

In 2021 we were able to commence some of this work as we were able to engage more effectively with our stakeholders and the public throughout the year. Projects recommenced in 2021 included introducing a new digital recording system; developing tools to support patient-centred care; and progressing the administrative separation of our Hearings Function. It was not feasible to continue this work during the initial pandemic conditions as appropriate consultation and stakeholder engagement could not be undertaken, but we were able to undertake this activity in 2021 as the restrictions eased.

Unplanned and additional work undertaken in 2021

Whilst the level of unplanned work in 2021 was significantly less than that in 2020, there were still a number of areas where we were required to complete significant areas of work, that were not planned for at the start of the year.

For example, the Overseas Registration Exam (ORE) was suspended in early 2020, and significant additional work was required to communicate with those affected by the ongoing uncertainty over when the exam would resume. As soon as the COVID-19 restrictions affecting the exam were removed, work was required to plan the resumption of the ORE part 2. The ORE successfully resumed in January 2022, with 131 participants sitting the part 2 exam.

At various points in the year the pandemic was also the cause of some unplanned activities, such as responding to a consultation and preparing guidance for the introduction of COVID-19 vaccination as a condition of deployment in England.

The UK's exit from the EU also continued to change the priority and scope of our work. The UK government started to prepare new legislation to authorise regulators to enter into mutual recognition agreements to replace the prior European system of qualification recognition. This work had interactions with planned changes to our international registration legislation we had already been working on with the DHSC.

Regulatory reform continues to draw upon our resources, but its scope and timetable remain uncertain. At present, following the consultation that was published in March 2021 we are awaiting publication of the response and the outcomes of the reviews planned for the number of regulators and regulated professions.

Whilst there is still uncertainty over the DHSC's plans for legislative reform for the GDC, the department commenced work in 2021 to prepare the GMC reform proposals, which will include the common elements of the legal framework for all regulators. We have been sighted on the draft proposals and provided feedback to the DHSC. We have also made preparations, taking into account the uncertainty over the scope and timetable for reform, if the process to reform the regulators is moved forward.

The CCP was reviewed to consider which projects could be impacted in 2022. Our main aim in this work is to take a proportionate approach to maintaining readiness as we await certainty over the timetable and scope of reform. This work will continue throughout 2022 and will evolve as more information is shared by the DHSC.

Achievements, progress and key projects completed in 2021

In addition to responding to the pandemic and undertaking the additional work that was initially not planned for, the key activities delivered or progressed in 2021 included:

Progress and key projects completed in 2021
<p>Launched payment by instalments option</p> <p>We launched a payment by instalment option to DCPs in May and dentists in quarter four, allowing them to spread the cost of their retention fee across the year. This option has been taken up by 10% of DCPs and 16% of dentists.</p>
<p>Improved our EDI data capture</p> <p>We asked all dental professionals to update their EDI information, as part of their annual renewal in June and December and now have updated data for over 104,000 dental professionals, which is 92% of the register. This data will now be used to help inform our EDI strategy and development work going forward.</p>
<p>Developed shared understanding of Professionalism</p> <p>Our Promoting Professionalism programme continued in 2021, with a focus of prevention rather than enforcement. We continued to work with dental professionals and the public to come to a shared understanding of what professionalism means in dentistry.</p> <p>Achievements in 2021 included designing the draft set of new principles that we will be consulting on in 2022, completing research to understand what professionalism means to patients and dental professionals, completing stakeholder engagement to discuss what professionalism in dentistry looks like, and using this to help shape our work.</p>
<p>Supported the dental team with online resources</p> <p>In April 2021, we published Supporting the dental team, an online resource for employers, managers, and contractors of dental services. The guide, which was developed with the help of our stakeholders, pulls together useful information from a range of places to support employers and managers of dental professionals, who may not be GDC registrants, to play a significant role in ensuring patients receive high standards of service and care.</p>
<p>Recommended developing a comprehensive complaints resolution model</p> <p>Work on developing a comprehensive complaints resolution model recommenced in quarter three of 2021. This project will continue to work with our partners to develop a comprehensive model for the definition and resolution of complaints and concerns about dentistry, across each of the four nations.</p>
<p>Progressed our review of Scope of Practice</p> <p>We initially consulted key stakeholders on the overall approach for updating the guidance, then held a series of virtual workshops over the summer with stakeholder organisations and dental professionals, across all titles, to develop the structure and content of a revised set of guidance. We aim to consult on this guidance later in 2022.</p>
<p>Continued to deliver Hearings safely and efficiently</p> <p>With isolation measures continuing in 2021, we continued to hear most of our Fitness to Practise hearings remotely. We also gained more experience and learning from running hybrid hearings. Over the course of the year, we refined our use of video technology and introduced over 50 new panellists to sit on Fitness to Practise hearings. We ran one</p>

hearing totalling 33 days, that ended in early 2022, which was held entirely using video technology.

Throughout 2021 we held 682 online hearings (including initial hearings, Practice Committees, Interim Order Committees, and their respective reviews), compared to 11 that were held as hybrid, and one that was held entirely in-person

Commenced work on the administrative separation of our Hearings function

Work completed in 2021 included confirmation of the new name for this service: the Dental Professionals Hearings Service, stakeholder workshops and public research.

Initial development work to establish the new distinct identity was completed, and this development work will continue in 2022. We anticipate launching the Dental Professionals Hearings Service in Quarter 2.

Introduced a new telephone system

Our ability to deal with telephone inquiries from members of the public and dental professionals when staff were required to work mostly from home was impacted by our previous reliance on an internal, desk-based phone system. We implemented a new telephone system, linked to our internal IT systems, introducing 'soft phones' that better supported our employees working from home and the office, enabling them to provide effective telephone help and support to dental professionals, patients and the public.

Implemented additional back-office systems to improve organisational efficiency

We were able to implement a number of new back-office systems that improved our operational effectiveness and efficiency. These changes included replacing our credit card processing systems; improving and upgrading our IT infrastructure; and introducing new technologies that now allow us hold hybrid multisite Council meetings.

We also introduced a new People Software System that replaced the five discrete software systems previously used to manage and support our HR services.

4. Work programme for 2022 – 2024

Detailed below is our work programme for 2022 - 2024. As with last year we have allocated individual activities to a single strategic aim, although we recognise that some projects will contribute to multiple strategic aims.

A target year by which each project is scheduled to be completed is provided for all the initiatives. These timings are indicative as they are based on the information available during the planning period (Q4 2021) and are subject to a changing external environment and organisational priorities.

There are 72 projects in the 2022 - 2024 work programme, with 62 projects on the workplan for 2022: 43 'flow through' projects that started in previous years, and 19 new projects that will start in 2022.

Of the 72 projects on the work programme, 43 are due to complete in 2022, 18 in 2023 and 11 in 2024.

As with 2021, much of our project work will again continue to focus around delivering strategic aim five. This aim is focused on the organisation and how we perform ensuring we have the right systems, processes, and technology in place. Improved effectiveness and efficiency should free capacity and enable us to shift more of our resource towards upstream regulatory efforts which anticipate and address potential public protection issues before they become problems.

It should be noted that the CCP only details the project work we plan to complete and does not include all our normal business as usual (BAU) activity that we undertake to ensure that we are able to deliver against our regulatory remit of ensuring public safety and public confidence in dental services. The cost of this BAU activity is included in the financial information, detailed in section 5.

This business as usual activity includes our Registration and Customer Service teams, Fitness to Practise functions, Strategy, and the wider support functions. It also includes significant work within strategic aim 2 to ensure the effective resolution of patient concerns at the right time, in the right place, with ongoing activities such as chairing the 'Profession wide complaints handling initiative', and the stakeholder activity across the four nations where our engagement has increased significantly. This has included rolling low level concerns across all four nations, meaning these concerns are now addressed through local resolution rather than by the GDC.

The costs for these BAU activities have been allocated to the relevant strategic aim, along with the project costs to provide a total cost breakdown, by strategic aim, for all the planned work and activities over the next three years.

Details of the forecast expenditure by strategic aim can be found in section 5.

Details of individual projects on the 2022 - 2024 workplan, by strategic aim and year of completion

Strategic aim 1

Career-long upstream regulation that upholds standards for safe dental professional practice and conduct

#	Strategic aim 1 projects due to complete in 2022
1.1	Develop an outcome-focused model for lifelong learning - Phase 1
1.2	Implement a framework to promote professionalism - Phase 1
1.3	Implement a process for mediated entry to specialty lists
1.4	Improve the tone of voice of our communications - Phase 3
1.5	Review learning outcomes and expectations for safe beginners - Phase 1
1.6	Review scope of practice for all titles
1.7	Revise and approve specialty curricula
1.8	Scope of Practice Review - Phase 2
1.9	State of the Nation
1.10	State of the Nation - Advancing public safety and confidence in UK dentistry - Phase 2

#	Strategic aim 1 projects due to complete in 2023
1.11	Consult on learning outcomes and expectations for safe beginners - Phase 2
1.12	Develop an outcome-focused model for lifelong learning - Phase 2
1.13	Implement a framework to promote professionalism – Phase 2
1.14	Implement further digital improvements – Phase 1
1.15	Revise the standards for education

#	Strategic aim 1 projects due to complete in 2024
1.16	Review the process for QA of specialty training
1.17	Implement a revised process for entry and exit to specialty lists

Strategic aim 2

Resolution of patient concerns at the right time, in the right place

#	Strategic aim 2 projects due to complete in 2022
2.1	Develop a comprehensive complaints resolution model

#	Strategic aim 2 projects due to complete in 2023
2.2	Develop our understanding of the impact of differing indemnity models on regulation

Strategic aim 3

Right-touch regulatory decision-making for our enforcement action

#	Strategic aim 3 projects due to complete in 2022
3.1	Develop monitoring and evaluation of upstream activity
3.2	Develop monitoring and evaluation of fitness to practise
3.3	Case Improvements
3.4	Establishing the GDC's Role in Promoting Human Factors
3.5	Operational Improvements to the Adjudications function
3.6	Review of criminal enforcement strategy

#	Strategic aim 3 projects due to complete in 2023
3.7	Case Management Improvements Project
3.8	FtP KPIs Redesign
3.9	Developing potential in FTP casework Teams
3.10	Redeveloping Case Plans
3.11	Review approach to regulatory intervention

#	Strategic aim 3 projects due to complete in 2024
3.12	Case Management Improvements Project
3.13	Consider software improvements for hearings
3.14	Identify software options of empanelment process

Strategic aim 4

Maintaining and developing our model of regulation in preparation for reform of our legislation

#	Strategic aim 4 projects due to complete in 2022
4.1	Further develop and maintain our understanding of change in the dental sector, including its workforce

#	Strategic aim 4 projects due to complete in 2023
4.2	Review boundaries of regulation

#	Strategic aim 4 projects due to complete in 2024
4.3	Reforming International registration

Strategic aim 5

An outcome-focused, high performing and sustainable organisation

#	Strategic aim 5 projects due to complete in 2022
5.1	Develop 2023 - 2025 corporate strategy
5.2	ARF & Applications fees review for strategy cycle
5.3	Develop and implement GDC wide Data Strategy
5.4	AllPay contract review/renewal
5.5	Culture of operating effectively in a digital age
5.6	Organisational Operating Model Design
5.7	Development of data warehouse and self-serve reporting – Phase 1
5.8	Effective Associates
5.9	Hybrid multisite council meetings
5.10	Implement board effectiveness recommendations
5.11	Implement new procurement and contract management process
5.12	Introduce new telephone system, phase 2
5.13	IT systems analysis
5.14	Legal Apprenticeships
5.15	Records Management - Information Audit
5.16	Internal Engagement Strategy & Action Plan development
5.17	People Systems Phase 2 - LMS Implementation
5.18	People Systems
5.19	Policies & working practice changes due to COVID
5.20	Replace credit card processing systems

5.21	Planning for insurance buy out DB Pension
5.22	Resourcing Strategy
5.23	SCRIBE Replacement
5.24	SharePoint Upgrade
5.25	Workforce Planning

#	Strategic aim 5 projects due to complete in 2023
5.26	UK Registration Paperless
5.27	Management Capability
5.28	Improving Communications and Support
5.29	Rewarding Contribution
5.30	Update financial processing and management systems
5.31	Associate Council Member Project

#	Strategic aim projects due to complete in 2024
5.32	Non-UK Registration Paperless
5.33	Enabling continuous Registration processes by paperless means
5.34	Advice on and implementation of Unitary Boards
5.35	Council & Committee Effectiveness Review 2022 implementation of recommendations
5.36	Talent Management programmes

Projects added and deleted from the 2022 workplan - March 2022

Three additional projects were added to the original 2022 workplan following a review of our 'on hold' activity in Quarter 1 2022.

The projects added to the plan following this review are included in the projects detailed above and are Review of criminal enforcement strategy (3.6), Consider software improvements for hearings (3.12), Identify software options of empanelment process (3.13).

One project was removed from the plan which was the Paperless Expenses project.

5. Forecast expenditure and income

Forecast expenditure by strategic aim 2022 compared to 2021

The total forecast expenditure for 2022 is £40.63m, compared with the agreed budget for 2021 of £38.39m, which is an increase of 5.8%. This is due to the increased resource requirements across our Fitness to Practise and Registration directorates to address the deferred activity resulting from the operational impact of the pandemic and to increase our operational effectiveness. Additional funding was also required to meet the increased cost of additional social distancing restrictions required to enable us to recommence the Overseas Registration Exam (ORE) for a January 2022 sitting.

The total 2021 forecast is £34.88m, which is an underspend of £3.5m. The key driver of this underspend has been the impact of the pandemic. For example, we were unable to run the ORE throughout 2021, and we have seen an increase in deferred operational activity, mainly in fitness to practise. We expect it will take us until Quarter 4 to catch up on this pipeline of deferred activity. In addition, unplanned staff vacancies and increased recruitment lead times throughout the year, meant we did not fully utilise the planned staff cost budget – and further impacted on the GDC's ability to deliver planned work. In December 2021 and January 2022, assessment centres were successfully introduced to address the recruitment issues we had been experiencing.

The breakdown of forecast spend by strategic aim includes both the CCP project activity detailed previously, in addition to the normal business as usual work and operational activities that are completed across the GDC throughout the year.

#	Strategic aim	Initial 2022 forecast (£)	% of total	2021 forecast (£)	% of total
1	Career-long upstream regulation that upholds standards for safe dental professional practice and conduct	10,729,027	27%	9,677,187	28%
2	Resolution of patient concerns at the right time, in the right place	2,418,949	6%	2,362,480	7%
3	Right-touch regulatory decision-making for our enforcement action	23,598,006	58%	18,980,206	54%
4	Maintaining and developing our model of regulation in preparation for reform of our legislation	1,743,005	4%	1,784,075	5%
5	An outcome-focused, high performing and sustainable organisation	2,138,350	5%	2,074,604	6%
	TOTAL	40,627,337	100%	34,878,552	100%

Forecast expenditure by strategic aim over next 3 years (2022 – 2024)

The three-year expenditure forecast, by strategic aim, for 2022 to 2024 is £120.40m.

#	CCP 2022 – 2024 Strategic aim costs mapping	Total cost (£)	% of total
1	Career-long upstream regulation that upholds standards for safe dental professional practice and conduct	32,133,033	27%
2	Resolution of patient concerns at the right time, in the right place	7,249,648	6%
3	Right-touch regulatory decision-making for our enforcement action	70,088,361	58%
4	Maintaining and developing our model of regulation in preparation for reform of our legislation	5,101,594	4%
5	An outcome-focused, high performing and sustainable organisation	5,822,620	5%
TOTAL		120,395,256	100%

Income projections

Our income forecast for 2022 is £40.3m with 91% of income forecast to come from the ARF.

2022 forecast income	Value (£'s)	%
ARF	36,684,668	91.0%
Registration application fees	1,966,915	4.9%
Specialist fees	74,220	0.2%
ORE	1,587,728	3.9%
Total	40,313,531	100%

The three-year income projection for 2022 to 2024 is £121m.

Annual Retention Fee (ARF)

The ARF level has been set to align to our forecast of activity, expenditure and reserves. We have worked to ensure that we have removed cross subsidy, where possible, so that the cost of regulation is borne by those most closely associated with that activity.

Our fee-setting policy established three key principles:

1. Fee levels should be primarily determined by the cost of regulating each registrant group.
2. The method of calculating fee levels should be clear.
3. Supporting certainty for registrants and the workability of the regulatory framework.

In 2019 Council set the ARF levels for the next three years, subject to any unforeseen circumstances:

- Dentists £680
- Dental care professionals £114

The ARF level paid by dentists and DCPs and the application fees will be reviewed again in October 2022.

First registration application fees

This is made up of two parts, a processing fee currently set at £22.95, with an additional variable rate dependent on the complexity of the application assessment.

Specialist fees

We apply a fee for initial applications for entry to specialist lists, which is £345 (per specialty). There is then an annual specialty retention fee of £72 (per specialty).

Overseas Registration Exam (ORE)

The ORE is an exam that overseas qualified dentists have to pass in order to register with the GDC. It is made up of 2 parts, a written exam and a clinical exam.

Reserves policy

Our [reserves policy](#) has been designed to ensure that we retain our financial viability to maintain our statutory purpose and functions. It recognises our financial risk exposure and ensures that we have adequate levels of working capital throughout the year.

We have aligned our budget expenditure, income and reserves target to our corporate strategy. Our reserves policy is reviewed annually by Council and was last considered in October 2021.

Regulatory Reform – Update

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Osama Ammar, Head of Policy and Research Programme
Type of business	For noting
Purpose	To update the Council on the progress of legislative changes, arising the proposals to reform health professional regulation, that will affect the role and functions of the GDC.
Issue	Proposals for structural and legislative change are expected to affect the: <ul style="list-style-type: none"> • regulatory functions of the GDC, • discharge of its duties • constitution of the governance structure. <p>These are all the responsibilities of the Council.</p>
Recommendation	The Council is asked to note the current position.

1. Introduction

- 1.1 The long-held ambition to reform health professional regulation, which the GDC has supported throughout, continues to be framed by uncertainty on its scope and timetable. This paper provides the Council with an update on the activity currently underway to understand the scope and timetable for reform and manage the uncertainty.
- 1.1 In previous updates, the Council received an overview of the various efforts to make amendments to the Dentists Act 1984. Appendix one of the paper provides an updated tabulated summary of the effects and current timetable. This timetable is based on best available information at the time of writing and may be subject to change by the UK government.
- 1.2 The paper provides an update on:
- a. **International registration reform:** The s.60 Order to amend the Dentists Act provisions on international registration (section two)
 - b. **Wider legislative reform:** preparation of a s.60 Order for the GDC to bring about wider reform (section three)
 - c. **Structural reform:** the review of the currently regulated professions and number of regulators (section four)
 - d. **Regulatory reform programme:** the activities of the GDC's regulatory reform programme (section five)

2. International registration s.60 Order

- 2.1 A consultation from the Department of Health and Social Care (DHSC) on the international registration s.60 Order launched on 7th February 2022. The purpose of the consultation is to remove restrictions upon the GDC that make the routes to registration ineffective. The proposals are the first step in work for the longer term (a period of years) to implement changes to embed a

more effective model for international registration. In the short term (2022), the proposals would assist candidates who have been affected by the suspension of sittings of the ORE and whose time limits have expired, and remove the route for registration as a dental care professional for applicants solely with an international dental diploma. In the medium term (2023), the proposals have the potential to unlock the capacity restrictions on the ORE, following a consultation on new rules governing its operation and developing and implementing new relationships with suppliers.

- 2.2 The consultation proposes amendments to the Dentists Act and the Regulations governing the ORE that have the following effects:
- a. The GDC would be able to make rules to govern new routes to registration through a consultation, without requiring Privy Council approval.
 - b. GDC would be able establish new provider relationships beyond the “dental authorities” to conduct an assessment of internationally qualified dentists.
 - c. The GDC would be able to undertake the assessment of internationally qualified dentists itself, in whole or in part.
 - d. The GDC would be able to charge fees that recover costs of activities related to international registration through a consultation on rules, without requiring Privy Council approval.
 - e. Dentists with qualifications from outside the UK would no longer be able to apply for DCP registration on the basis of their international dental diploma alone.
 - f. Candidates, affected by the suspension of ORE sittings caused by the pandemic, would have the period of the suspension discounted from their five-year time limit between their first attempt at Part 1 and being able to sit Part 2.
- 2.3 The DHSC consultation will close on 6 May 2022. The GDC will be making a response to the consultation setting out its broad support for the essential changes to the Dentists Act that have for too long prevented effective routes to international registration from being implemented.

3. Wider legislative reform

- 3.1 The information in this update remains the largely the same as for the Council’s December 2021 update. The Department for Health and Social care (DHSC) held a consultation between March and June 2021 on high level proposals for reform of the regulators. The DHSC is still to report the outcomes of this consultation. The [GDC’s response to this consultation](#) was published on 16th June 2021.
- 3.2 The high-level proposals set out a sequence of amendments to legislation for each regulator over an unclear timetable. The only clear commitment in the timetable is that the General Medical Council’s legislative framework will be reformed before any other regulator and its legislation will form the common core for all regulators. The sequence of reform for the remaining regulators will be informed by the outcomes of a review of the number of regulators and a review of currently regulated professions (see section four).
- 3.3 The consultation on draft amendments to the GMC’s legislation is now expected to launch in Summer of 2022. DHSC plans to share sharing packages of draft legislation with the regulators for comments.
- 3.4 GDC’s timetable for reform is unclear, but at the fastest possible pace it is unlikely that the Dentists Act will be subject to amendment until late 2023.

4. Structural reform

- 4.1 The DHSC launched a [consultation on deciding when statutory regulation is appropriate](#). The consultation lays out proposals for criteria that would be used for making decisions on when statutory regulation is appropriate for professions or groups. The consultation indicates that there is currently no intent to use the powers that would derive from the Health and Social Care Bill to change the configuration of the professions currently regulated by statute. Any decisions on changes to the configuration of the regulated professions would be made using the proposed criteria and would additionally require changes to legislation through consultation.
- 4.2 The DHSC is currently considering the report from KPMG on the review of the number of regulators. Any outcomes from that consideration which lead to a change in the configuration of the regulators will require public consultation on amendments to legislation.

5. Regulatory reform programme

- 5.1 Since the Council's last update, the regulatory reform programme board has been considering detailed estimates of the resources required to engage with the first stage of work to prepare for regulatory reform. Work will now commence on specific projects in July 2022, which is anticipated but not guaranteed to match up information becoming available from the DHSC on the timetable and scope of regulatory reform affecting the GDC. In the interim period, work will be focused on developing underpinning policy for the exercise of any new flexibility.
- 5.2 In addition, the international registration project has been incorporated into the regulatory reform programme and will now be overseen by the programme board.

6. Legal, policy and national considerations.

- 6.1 There is potential for profound change to the way that GDC operates as a result of the proposed amendments to GDC legislation. Draft packages of legislation for the GMC provide the opportunity to conduct a more comprehensive analysis of the future legal framework, its potential for flexibility, and any associated risks. Various teams in the organisation are undertaking this analysis, including the In-house Legal and Advisory Service, Policy team and teams responsible for statutory functions.
- 6.2 Regulation of some dental care professionals is a devolved matter to Scotland. While reform of the regulatory model is an ambition of the devolved administrations, the wider political context in which UK-wide change of regulation is being proposed may affect how each nation chooses to respond to the proposals.

7. Equality, diversity and privacy considerations

- 7.1 The proposals to amend GDC legislation will have a significant impact, potentially both positive and negative, on the organisation's ability to offer services equitably, eliminate discrimination, and foster inclusion. As and when legislation is prepared, there will be opportunities to feed into equality and diversity analysis conducted by the UK government and, before changes are made to GDC operations, equality and diversity impact analysis will be required, as well as consultation where the Act requires it.
- 7.2 The proposals set out in draft legislation or policy consultations preserve the protections on privacy of data, while also providing some enhancements to GDC's capability to share and require information in the course of protecting the public. If these proposals are carried forward to amendments to GDC legislation, data protection and privacy impact analysis will be required and undertaken. Again, the UK government will also be conducting its own analysis.

8. Risk considerations

- 8.1 There remains considerable uncertainty over the timetable for reform of the GDC's legislation which affects our capacity to plan and may lead to wasted investment of resources. The staged approach to the initiation of the regulatory reform programme mitigates the risk of abortive work by only starting work in response to triggers which provide greater detail and certainty on the impact to the GDC.
- 8.2 Alongside the uncertainty over the timetable is the risk that decisions on structural and legislative reform will occur with little forward notice. The regulatory reform programme has incorporated trigger points related to information becoming available on the direction of structural and legislative reform so that, as far as possible, a state of readiness can be maintained and the scope of work and its impact on the CCP can be reviewed through corporate planning process.
- 8.3 If legislative reform takes place, the scale of impacts across the organisation is both broad and deep. The timeframe over which the GDC will be expected to have adapted and be operating transitional arrangements is unclear. There may be significant costs of transition for which we would need to make provision.
- 8.4 The principle of consistent regulation across the regulators may lead to elision of important distinctive features of dental regulation that protect the public.
- 8.5 At a high level, the proposals place new emphasis on the GDC to make its own rules and operate through discretion, which will increase risk of challenge.
- 8.6 There is some risk that the new duties and governance arrangements may consume resources in their application, which will affect the GDC's ability to leverage the opportunities to improve the regulatory model during the period of implementation.

9. Resource considerations and CCP

- 9.1 The resources for the first stage of the regulatory reform programme have now been determined and impacts to the CCP in 2022 have been mitigated by the overall delay to the prospect of reform to the GDC. The regulatory reform programme board will continue to monitor the resource demands arising from regulatory reform and will refer to the Executive Management Team when impacts are significant enough to require a review of the CCP.

10. Next steps and communications

- 10.1 External stakeholders, particularly dental professionals, their employers and representatives will be affected by amendments to GDC legislation. The impact on patients and the public will be less direct but no less important.
- 10.2 For the GDC's stakeholders, and the GDC, attention in 2022 will be focused on the proposals for international registration and recognition of qualifications.
- 10.3 There will be continued engagement with the DHSC over the course of their work to consider the criteria for making decisions on when statutory regulation is appropriate and the configuration of the professional regulators.
- 10.4 Staff time, through the staged regulatory reform programme, will be directed to understanding the impact of the proposed common legal framework, monitoring the triggers that will provide further certainty, and effectively influencing the variety of legislative vehicles.

Appendices

- a. Appendix one – Tabulated summary of legislation affecting the Dentists Act 1984

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23 February 2022

Appendix one

This timetable is based on best available information and may be subject to change by the UK government.

Legislation	Intended effects	Intended timetable
General reform proposals		
Widespread amendments to the Dentists Act by a section 60 Order to bring about the bulk of the reform proposals (sponsored by the Department for Health and Social Care)	<ul style="list-style-type: none"> • New governance and accountability framework. • Elements of flexibility in specific areas of GDC functions. • Elements of inflexibility (eg three-stage fitness to practise process, common sanctions across regulators) 	<ul style="list-style-type: none"> • Onward timetable for reform of GDC legislation to be determined by the UK government following the reviews of the number of regulators and currently regulated professions. • Consultation on revised GMC legislation now expected in Q3 2022.
Health and Care Bill (sponsored by the Department for Health and Social Care)	<p>New powers in secondary legislation for the UK government to:</p> <ul style="list-style-type: none"> • close a regulator • remove professions from regulation <p>The government has not yet given any indication of how it might exercise these powers, though it has announced that there will be reviews of the number of regulators and of the professions subject to regulation. Permitting regulators to delegate statutory functions to another statutory regulator.</p>	<ul style="list-style-type: none"> • Implementation of the Health and Care Act is intended to begin in Spring 2022, however, it is unclear when the parts affecting regulators would be implemented.
Routes to international registration		
Stand-alone amendments by a section 60 Order to increase flexibility for international registration (sponsored by Department for Health and Social Care)	<ul style="list-style-type: none"> • Lifting capacity restrictions on the ORE • Flexible framework for assessment of individual dentist and DCP applicants • Introducing cost recovery for international education quality assurance 	<ul style="list-style-type: none"> • Consultation launched 7 February 2022. • Amendments likely to come into effect by Q3 of 2022

<p>Professional Qualifications Bill (sponsored by Department for Business, Energy and Industrial Strategy)</p>	<p>Providing clear and consistent powers to:</p> <ul style="list-style-type: none"> • Individually negotiate recognition agreements with international competent authorities • Recognise qualifications through trade agreements made by the UK. 	<ul style="list-style-type: none"> • Royal Assent intended towards Spring 2022 • Timetable for regulations to authorise the GDC to enter mutual recognition agreements is unclear, but not anticipated until mid-2022 at the earliest • Trade agreements may include additional timetables for establishment of systems of qualification recognition
<p>Revocation of the standstill arrangement by s.60 (sponsored by the Department of Health and Social Care)</p>	<p>Revoking the temporary arrangements to extend a system of near-automatic recognition to specified European dentist, orthodontic and oral surgery qualifications.</p>	<ul style="list-style-type: none"> • UK government policy was that the period of temporary near-automatic recognition was to last “up to two years”. • The Regulations governing the temporary system of recognition require a review after two years from 1st January 2021, and a report to be published within six months of the end of that two year period.

Chair and Chief Executive's Objectives 2022

Executive Director	Sarah Keyes, Executive Director Organisational Development
Author(s)	Lucy Chatwin, Head of People Services
Type of business	For approval
Purpose	The Council is responsible for approving the objectives for the Chair of Council and Chief Executive
Issue	To review the Chair and Chief Executive's objectives
Recommendation	The Council is asked to approve the objective setting process and objectives

1. Introduction

- 1.1 The objective setting process for the Chair of Council and Chief Executive in 2021 normally forms part of the appraisal process. Given that the Chair is new to role and unable to fully participate in all elements the appraisal process such as undertaking 12 months of reflection, the objective setting process has been separated.
- 1.2 The purpose of this paper is to provide Council with oversight of the Chair and Chief Executive's objectives for 2022 for approval.

2. 2022 Objectives

- 2.1 The objective setting process was scrutinised by the Remuneration and Nomination Committee in February 2022. They agreed that the purpose of the objective setting process is to ensure there are robust goals in place to measure progress and to enhance the overall performance of the GDC. They further agreed the objective setting process should be separated from the appraisal process for both the Chair and Chief Executive, that objectives should be Specific, Measurable, Attainable, Relevant, Timebound and in line with good practice, it is advised there is a maximum of five.
- 2.2 After scrutiny the Remuneration and Nomination Committee were satisfied the process was robust enough to provide assurance to Council.
- 2.3 The Chair's objectives were developed in conversation with the Senior Independent Council Member. A full copy is included in **Appendix 1**.
- 2.4 The Chief Executive's objectives are developed in conversation with the Chair. A full copy is provided in **Appendix 2**.

3. Equality, diversity and privacy considerations

- 3.1 The objectives for both the Chair and CEO should reflect their respective responsibilities for delivery of the GDC's obligations around EDI. Consent has been obtained to share the Chair and Chief Executive's objectives.

4. Risk considerations

- 4.1 Not applicable.

5. Resource considerations and CCP

5.1 Not applicable.

6. Monitoring and review

6.1 Objectives will be discussed agreed and monitored as part of the regular meeting arrangements between the Chair and Chief Executive and the Senior Independent Member and Chair

7. Development, consultation and decision trail

7.1 The Remuneration and Nomination Committee scrutinised the process during their meeting in February 2022.

8. Next steps and communications

8.1 Not applicable

Appendices

Appendix 1 – Chair of Council's objectives

Appendix 2 – Chief Executive's objectives

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18 March 2022

Chair Objectives for 2022/2023

Objectives	Content	Timescale	Measures
1	Develop effective working relations with the Chief Executive and the Executive Team and oversee their implementation of the Corporate Plan	<ul style="list-style-type: none"> • Establish weekly meetings with CE • Monitor CE's delivery of his objectives • Set up regular meetings with each member of the ET and with other senior staff • Establish pre-Council meetings with full ET • Monitor ET's delivery of the Corporate Plan 	Throughout 2022 <ul style="list-style-type: none"> • Meetings take place regularly and are purposeful
2	Develop relationships with external stakeholders and ensure there has been a step change in the nature and quality of the GDC's relationships with external stakeholders	Throughout 2022 <ul style="list-style-type: none"> • Conduct initial round of meetings with CDOs in each of the four nations • Conduct initial round of meetings with other regulators • Conduct initial round of meetings with groups representing dental professionals, dental education providers, with patient's groups and other organisations • Establish the regularity and future frequency of such meetings • Review with the Chief Executive and the Executive Team the nature of the GDC's working relationships with external stakeholders and interests • Ensure Council members are provided with support to enable their effective engagement with external stakeholders as ambassadors for the GDC 	<ul style="list-style-type: none"> • Productive relationships are in place with as many stakeholders as possible and that this is seen as a key facet of the way in which the GDC operates
3	Oversee review of governance arrangements and of ways in which the Council operates	By end of 2022 <ul style="list-style-type: none"> • Initiate discussions with the governance team to ensure a review of arrangements takes place • Have individual discussions with Committee chairs and Council members 	<ul style="list-style-type: none"> • Governance arrangements are made more effective in line with Board effectiveness review • Relationships between and roles of Council and Committees are clarified • Council members feel content with the

		<ul style="list-style-type: none"> • Chair Council workshop to shape review • Oversee appointment of outside reviewer 		arrangements and ways of working
4	Oversee consideration of the structure of the GDC	<ul style="list-style-type: none"> • Discuss emerging and developing proposals with CE on a regular basis • Ensure Committee Chairs and Council members are engaged as appropriate • Listen to views expressed by members of the ET 	By end of 2022	<ul style="list-style-type: none"> • Structural changes are taken forward as necessary to deliver a more effective organisation
5	Support work to improve FtP performance	<ul style="list-style-type: none"> • Meet regularly to discuss FtP performance with CE and ED • Discuss performance with Chairs of FPC and SPAC 	Throughout 2022	<ul style="list-style-type: none"> • Progress is made on improving FtP performance
6	Oversee development of GDC's Corporate Strategy	<ul style="list-style-type: none"> • Chair Council discussions on developing Corporate Strategy • Oversee Consultation process on the Corporate Strategy 	By end of 2022	<ul style="list-style-type: none"> • New agreed Corporate Strategy is in place in a timely fashion, so as to drive the Business Plan and budgetary process
7	Give overall lead on equality, diversity and inclusion for the GDC	<ul style="list-style-type: none"> • Act as visible lead for GDC on EDI issues as is appropriate • Oversee work of Chief Executive and Executive Team on these matters • Consider means of monitoring progress 	Throughout 2022	<ul style="list-style-type: none"> • EDI is incorporated in internal and external activities and communications • Council has regular opportunities to monitor progress and receive advice on progress

Chief Executive Objectives for 2022

- Corporate reporting and BAU activities such as budget setting are built into the Governance timetable.
- Detailed timelines relating to discrete projects will be incorporated into the Corporate plan.
- Discrete CEO-led corporate initiatives will be subject to timetables agreed with Council.

Objectives		Content	Timescale	Measures
1	The organisation's statutory duties and strategic objectives underpin its planning, budgeting, and the management of workforce and performance.	The Executive has a clear understanding of the organisation's mission and Council's priorities	Throughout 2022	Proposals brought to Council or committee by executive always relate to delivery or furtherance of GDC statutory duties and strategic priorities
		Structure, processes and management of organisation are focused on efficient and effective delivery of Statutory and Strategic priorities	April 2022	Strategy for 2023-25 is approved by Council for Consultation
		The GDC develops and maintains an organisational culture that is appropriate for an independent public sector regulatory body	Throughout 2022	Continuous review of wider governance arrangements (delegations, structures, processes) to ensure they remain fit for purpose
			Throughout 2022	Ensure that Council members and any independent members of Committees have an appropriate level of understanding of public sector control and accountability issues to enable them to exercise informed and appropriate scrutiny
2	The organisation is financially secure and maintains appropriate and effective financial controls	The organisation's budget, forecasting systems and processes are robust	Throughout 2022	<ul style="list-style-type: none"> • Unplanned calls on contingency are used to identify learning points for future budgeting exercises. • Quarterly Forecasting exercises reflect known issues in performance, expenditure etc. • Half year & year end actuals reflect financial forecasts • Medium-long term income and expenditure forecasts consistent over time except where a significant and unexpected extraneous cause for change is identified
		Good financial management is prioritised throughout the executive, maintaining a culture of cost control, reducing costs where appropriate	Throughout 2022	<ul style="list-style-type: none"> • Unbudgeted expenditure in 2022 is minimised, calls on contingency within the budget are managed to ensure sound financial control, with costs absorbed within relevant directorate budget from savings where possible. Performance management recognises and supports attempts to "beat the budget" – whilst maintaining quality

				<ul style="list-style-type: none"> • EMT continue to identify options for improving corporate cost-effectiveness
		Budgets proposed to the Council are based on realistic and informed assumptions	End Q3	<ul style="list-style-type: none"> • Directors actively challenge their teams' budget assumptions – particularly performance and caseload assumptions • Lessons learned from any unbudgeted expenditure in 2022 are, where appropriate, incorporated into budget for 2023 • Assumptions for budgeting purposes are shared with Council: supporting evidence provided • Draft 2023-25 CCP and 2023 Budget is presented to FPC in good time to allow constructive interrogation and challenge • Final draft 2023-25 CCP and 2023 Budget presented to Council endorsed by EMT, after a challenge process involving FPC, with outcomes reported to Council.
3	Council has the understanding and data necessary to scrutinise and challenge the executive and to assure itself regarding the operations and finances of the GDC	Performance and financial information provided to EMT and the Council and committees is accurate, timely and consistent	Throughout 2022	<ul style="list-style-type: none"> • The EMT reviews, and where necessary revises, the management information and reporting structures to reflect the current and forecast business needs of the organisation. • The EMT continues revision and development of the reporting structure for Council and Committees, utilising existing and any newly developed business-led reports and mechanisms, to reflect the requirements identified during the Board development process • The performance reports provide the necessary information to enable Committees and Council to gain the appropriate assurance • The financial reports provide the necessary information to enable Committees and Council to gain a clear picture of the organisation's financial position • The financial reports are historically consistent across time and any revision of previously reported positions is clearly drawn to the attention of council members.
		The executive provides considered, clear, evidence-based advice to the Council		<ul style="list-style-type: none"> • Performance monitoring, financial forecasting and risk management processes are appropriately cross-referenced and interconnected at both operational and strategic level. • Reports to council clearly identify costs of proposals and make recommendations on basis of value for money

		Interactions between the Council and executive are constructive, transparent and professional		<ul style="list-style-type: none"> The Council receives reports for information, over the course of the year which cover all aspects of the GDC's work. Financial and performance reports are robust and are historically consistent across time, with any revision of previously reported positions clearly drawn to the attention of council members. Council has the necessary information to assure itself regarding EDI considerations
		Effective, timely remedial action is proposed and taken by management when necessary		<ul style="list-style-type: none"> Council or Committees have not needed to substantively or fundamentally challenge management proposals. Implementation of management proposals has proceeded to timetable
4	The organisation's design and operations are fit for purpose	The organisational design supports agility and effective working;	Throughout 2022	<ul style="list-style-type: none"> Organisational Structure is reviewed each quarter to ensure that it remains appropriate EMT membership kept under review Changes to management, structure and process enhance resilience, effectiveness and agility. Longer term Estates plans kept under review
		Lessons from 2020-21 are carried into post-COVID working patterns and operations, with organisational design and operational revisions as necessary.	Throughout 2022	<ul style="list-style-type: none"> Undertake and regularly review working pilot Identify sensitivities and performance implications re flexible working Determine longer term implications for recruitment/reward/estates.
		The organisation provides the best possible value for money in delivering its mission and the Council's strategic priorities.	Throughout 2022	Performance is improved where necessary or otherwise maintained to plan
			End 2022	Auditors identify no material control failures or inappropriate expenditure in 2022
		The wider systems and procedures of the	Throughout 2022	It is not necessary to raise the 2023 ARF in real terms unless additional workload is undertaken by the organisation, having previously been approved by Council.
			Throughout 2022	Managerial scrutiny and committee oversight expose no causes for concern

		organisation are appropriate and robust	End 2022	Internal auditors report satisfactory assurance at end of audit plan for 2022
		Equality, Diversity and Inclusion considerations are given appropriate emphasis in the operations and procedures of the GDC	Throughout 2022	<ul style="list-style-type: none"> • EDI monitoring of staff and register is comprehensive, proportionate, and robust • Any evidence of bias in regulatory activity is investigated and addressed as appropriate • EDI considerations are, where possible, actively addressed in recruitment of staff and associates
		The executive is appropriately skilled and operates in the most effective manner to support delivery of the statutory mission and the wider strategic objectives, (collaborating as necessary with stakeholders and partners)	Throughout 2022	<ul style="list-style-type: none"> • EMT actively seek to further develop collaboration between members and their Directorates, reviewing collaboration across the organisation regularly throughout the year. • EMT members demonstrate collegiate behaviour and, corporate perspective in Council and Committee meetings
		the organisation collects and analyses the information it needs to undertake its functions and identify and remedy underperformance	Throughout 2022	The EMT reviews, and where necessary revises, the management information and reporting structures to reflect the current and forecast business needs of the organisation.
		Swift and effective action is taken to identify and remedy the causes of any persistent performance issues	Throughout 2022	EMT provides robust and appropriately detailed mitigation plans when balanced scorecard or other reports indicated inadequate levels of performance
			End Q3 2022	FTP timeliness and case age have shown sustainable improvement
			End Q3 2022	Registration performance has shown sustainable improvement
5	The organisation continues to improve in the number of PSA targets obtained, securing all possible	Progress towards securing a complete set of achievable PSA standards is monitored regularly	As appropriate throughout 2022	Reports made to Council (depending on PSA timings) to forecast performance against PSA standards, with supporting evidence for assumptions
			End 2022	Performance against standards accords with forecasts

	standards by the close of 2022			
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Policy, media and public affairs update

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Lisa Bainbridge, Stakeholder Engagement Manager Toby Ganley, Head of Right Touch Regulation Kristen Bottrell, Policy Manager Daniel Knight, Stakeholder Engagement Manager Gordon Matheson, Head of Scottish Affairs Tom Chappell, Media Manager
Type of business	To note
Purpose	This paper provides Council with an analysis of public affairs and public policy media developments, providing an external context to support discussions and decision-making by Council. This report covers the period 18 November 2021 to 17 March 2022.
Issue	Regular update
Recommendation	To note

1. Policy developments in dentistry

Guidance and SOPs remain in place for dentistry as restriction ease in England

- 1.1. The Government announced on 24 February that the requirement in England to self-isolate after testing positive for COVID-19 will end. The changes are set out in [COVID-19 Response: Living with COVID-19](#). When announced, the Chief Dental Officer for England, Sara Hurley, confirmed that the published [infection prevention and control guidelines](#) (since updated on 15 March, including the [dental appendix](#)) and Standard Operating Procedures (SOPs) remained in place for dentistry.
- 1.2. Revised guidance on the [management of staff, patients and residents in health and social care settings](#) has also been published, which includes the continuing need to stay at home if they experience symptoms and arrange for a PCR test. Healthcare workers also need to stay at home until they have had two consecutive negative LFD test results (taken 24 hours apart) (the first LFD to be taken five days after symptoms begin).

Mouth Cancer Action Charter launched

- 1.3. The [Oral Health Foundation](#) and [Denplan](#) launched their [Mouth Cancer Action Charter](#) on the 24 November 2021. The Charter calls for a publicly-funded public health awareness campaign on signs and symptoms of mouth cancer, and for improved access to routine dentistry for early detection of mouth cancers, alongside other recommendations for the wider healthcare sector.

NHS publishes electives recovery plan

- 1.4. NHS England and government have released a [blueprint](#) on 8 February to address backlogs built up during the COVID-19 pandemic and to tackle long waits for care with an expansion in

capacity for tests, checks and treatments. Professional bodies have expressed concern about capacity within the profession to carry out the plan.

MyDentist report on oral health

- 1.5. MyDentist published [The Great British Oral Health Report 2021](#) in January 2022. The report puts the findings of a new national survey of patient attitudes alongside published evidence from the dental sector. The executive summary of the report includes the following:

“The findings are clear: millions of patients are struggling to access NHS dentistry, there is a growing gulf between the North and South of the country, and funding pressures and acute shortage of NHS dentists mean hundreds of dental practices may have to close in the years ahead.”

Guidance on teledentistry from the BOS

- 1.6. The [British Orthodontic Society \(BOS\)](#) released its [guidance on teledentistry and remote interactions in orthodontic care](#) on 24 February 2022. Further to statements from both the GDC and the Care Quality Commission (CQC) in 2021, the BOS has produced this guidance to help orthodontic providers and their teams better understand the scope of teledentistry services and technologies as part of orthodontic care, as well as the associated issues.

Research on the role for dentists in reducing obesity

- 1.7. A [new study being led by Loughborough University will look at the role dentists can play in reducing obesity in the UK](#). The research is being funded via the National Institute for Health Research and will run for two years.

Child oral health: applying All Our Health from the OHID

- 1.8. On 8 March the Office for Health Improvement and Disparities (OHID) has updated the guidance, [Child oral health: applying All Our Health](#). The guidance contains examples and interventions that are recommended at population, community and individual level to improve dental health for children. Improving the oral health of children is an OHID priority.

2. Developments in health and care professional regulation

Government not proceeding with vaccination as a condition of deployment

- 2.1. The [Government has announced](#) it will not proceed with legislation, which was due to come into effect on 1 April, requiring healthcare workers to be vaccinated against COVID-19 as a condition of deployment in England.

Consultation on criteria used to make decisions on which health and social care professions should be regulated

- 2.2. The Department of Health and Social Care (DHSC) is [consulting on what factors should be considered when taking decisions on the regulation of health and care professionals](#). Responses are due by 31 March 2022.
- 2.3. This consultation considers how the new powers, proposed in the [Health and Care Bill](#), to introduce and remove professions from regulation might be used. DHSC is seeking views on:
- the proposed criteria to make decisions on which professions should be regulated
 - whether there are regulated professions that no longer require statutory regulation

- whether there are unregulated professions that should be brought into statutory regulation.

PSA refines its approach to reviews

- 2.4. During 2021 the Professional Standards Authority (PSA) carried out two consultations to help refine its approach to reviews. Respondents, including the GDC, were broadly supportive of the proposals. The PSA will introduce the new process for the 2021/22 review year onwards, which includes moving from an annual review to a three-year review cycle.
- 2.5. Despite moving to a three-year cycle, the GDC will be reviewed next year, albeit with a 15-month review period from 1 July 2021 to 30 September 2022, before moving to a regular reporting period running 1 October to 30 September.

CQC monitoring of the Mental Health Act

- 2.6. The CQC has reported on its [Monitoring of the Mental Health Act \(MHA\) for 2022/21](#). The report highlights concerns about:
- The potential impact of reduced access to community mental health services during the pandemic, specifically the 4.5% increase in use of the MHA to detain people with mental health problems in hospital for assessment and treatment.
 - Children and young people being placed in unsuitable environments while they wait for an inpatient child and adolescent mental health (CAMHS) bed.
 - Black or Black British people being four times more likely than White people to be detained, have more repeated admissions and be more likely to be subject to police holding powers under the MHA.
 - Worryingly high rates of detention in economically deprived areas.
 - The impact of a lack of community alternatives and poor commissioning decisions leading to people with a learning disability and/or autistic people being admitted to hospitals that were a long way from home for prolonged periods of time.

CQC update to regulatory approach from 1 February

- 2.7. The CQC has been keeping its regulatory approach under review during the pandemic and has announced revisions in response to the changed situation and the easing for restrictions in England. From 1 February 2022, the CQC will inspect where:
- There is evidence that people are at risk of harm. This applies to all health and social care services, including those where inspections were previously postponed except in cases where we had evidence of risk to life.
 - It can support increasing capacity across the system, particularly in adult social care.
 - A focus on the urgent and emergency care system will help them to understand pressures, where local or national support is needed, and share good practice to drive improvement.

GPhC consult on remote hearings

- 2.8. The General Pharmaceutical Council (GPhC) has [consulted on continuing to hold remote hearings](#) as we emerge from pandemic restrictions. The consultation closed on 8 February 2022. The consultation sought feedback on a proposed permanent change to the GPhC procedural rules to give the regulator express power to conduct hearings and meeting by teleconference or video link.

GMC on the state of medical education and practice in the UK

2.9. The General Medical Council (GMC) published its annual report on [The state of medical education and practice in the UK](#) in December 2021. The report covers how the pandemic and the recovery have affected doctors' work and training, provides insights into their experiences, and learning for the UK health services to improve support to doctors and patients.

GMC updates guidance to fitness to practise decision-makers

2.10. The GMC has updated its [guidance for fitness to practise decision-makers](#) for use when assessing individual cases. The document has been updated to ensure that the context of the sustained pandemic is taken into account and decisions are fair and proportionate to the circumstances.

GMC reports on doctors who have died

2.11. The [GMC has published a report on doctors who have died while under investigation or during a period of monitoring](#). The data, which will now be published on an annual basis, has been published following the introduction of a new process for obtaining and recording the cause of death of doctors who die while they are in fitness to practise procedures.

GMC statement on sexual misconduct in UK healthcare

2.12. The GMC issued a statement on 11 February 2022 on [sexual misconduct in UK healthcare](#). The statement reiterates the GMC's expectation of all doctors and employers to make sure working environments are safe, supportive and give staff the confidence to speak up if they have concerns. The statement has been issued in response to increasing accounts of sexual harassment and assault faced by healthcare staff.

3. Summary of media issue and coverage

Registered dentist numbers remain stable

3.1. We often see the number of dental professionals on the GDC registers misrepresented to imply crisis in the dental workforce. We seek to proactively undermine this misreporting by sharing comparative analysis after each renewal cycle. This analysis following the recent dentists' renewal was covered by multiple dental sector titles including [Dentistry](#), [The Dentist](#), [Dental Review](#), [The Probe](#) and [Dental Tribune](#).

ORE restart and 2022 schedule published

3.2. The GDC announced the resumption of the Overseas Registration Exam (ORE) in February this year, following its COVID-19 suspension in 2020. This was reported in the [British Dental Nurses' Journal](#), the [British Dental Journal](#), [The Probe](#), [The Dentist](#) and [Dental Review](#).

GDC's support for DHSC consultation

3.3. The GDC released a supportive comment on the DHSC's proposals to amend the legislation governing international routes to registration. The comment was designed to raise awareness of the consultation and highlight the GDC's proactive work in this area. It was reported by [The Probe](#), [The Dentist](#) and the [British Dental Nurses' Journal](#).

Stakeholder perceptions research published

3.4. In November the GDC published stakeholder perception research. This was covered in several dental trade publications, including [The Dentist](#), [The Probe](#) and [Dental Nursing](#).

Research on concept of seriousness published

3.5. The GDC's publication of cross-regulatory research on the concept of seriousness in fitness to practise was published in February this year and was covered in trade publications [The Dentist](#), [Dental Nursing](#), [Dental Review](#) and [The Probe](#). An inaccurate statement was made by a stakeholder in relation to the research and, after our request to correct it was refused, the [GDC issued a correction](#), which was reported on by [The Dentist](#), [Dental Nursing](#) and [Dental Review](#).

Fitness to practise

3.6. The following fitness to practise cases have featured in the media:

- [The Guardian](#) reported on the IO suspension of [Andrew Baker](#).
- [Bristol Post](#) (and syndicated in other local media) reported on the continued IO suspension of [Dennis Li Tai Leong](#).
- [The Daily Mail](#), [The Dentist](#), [Belfast live](#) (and syndicated in other local media) reported on PCC erasure of [Eamonn McCann](#).
- [Bristol Live](#), [Wales Online](#) (and syndicated in other local media) reported on PCC suspension of [Tertius Alberts](#).
- [Jersey Evening Post](#) (and syndicated in other local media) reported on IO conditions on [Dr Erika Francioso](#).
- [Daily Mail](#), [Wales Online](#) (and syndicated in other local media) reported on the PCC erasure of [Jennifer Locke](#).
- [The Dentist](#), [Sussex Express](#) (and syndicated in other local media) reported on the continued IO suspension of [Fariba Shamelj](#).
- [The Times](#) reported on the IO conditions on [Rita Poddar-Ahmad](#).
[Cornwall Live](#) reported on the PCC suspension of [Martin John Docking](#).

4. Public affairs and parliamentary update

General Dental Services Statistics for Northern Ireland, Quarter 3 2021/22

4.1. On 20 January the Health and Social Care, Business Services Organisation (BSO) (Northern Ireland), published [high-level summary information on dental activity carried out by general dental practitioners in Northern Ireland for quarter 3 2021/22](#). The report details information on the number of general dental practitioners in Northern Ireland, along with the number of registered patients and the treatments carried out and submitted to BSO for payment.

More than 500 children in Northern Ireland waiting for urgent dental work

4.2. [According to figures obtained by BBC News Northern Ireland](#), more than 500 children in Northern Ireland are waiting for urgent dental treatment, with the Southern Health Trust experiencing the longest wait time for urgent extractions at 53 weeks. The Chief Dental Officer for Northern Ireland, Caroline Lappin, said she "shared the frustration" over the figures.

Collapse of Stormont has exasperated issues in the NI Health Service, says Minister

4.3. At a speech at Stormont, [Health Minister Robin Swann highlighted how the failure to agree a three-year budget due to the collapse of the power-sharing executive](#), had prevented a 10%

cash uplift for the Department of Health which meant that patients had been "cruelly robbed" of a chance to resolve the health crisis which had been exasperated by the COVID-19 pandemic.

BDA Northern Ireland launches manifesto for rebuilding and reforming dentistry

- 4.4. Ahead of the Assembly Elections in May, the British Dental Association (BDA) has launched its [Manifesto for rebuilding and reforming dentistry](#), which lays out what it believes is required to reform and rebuild the service. It highlights three core objectives:
- firm foundations
 - a sustainable workforce, and
 - action on inequalities.

Healthwatch and NHS dentistry in England

- 4.5. Healthwatch England published a report in December 2021, following a review of evidence collected from April to September 2021 entitled, [What people have told us about NHS dentistry](#). Healthwatch reported that public feedback had risen five-fold over the previous 18-months, compared to pre-pandemic levels, and accounted for a quarter of all the feedback received.
- 4.6. [Healthwatch Dorset](#) has also highlighted research findings on access to NHS dentistry. In January it stated that only three out of 99 dental practices in Dorset were accepting new adult NHS patients between September and November of 2021.
- 4.7. The findings from Healthwatch were also referred to by Lord Hund of Kings Heath in a [debate in the House of Lords in January](#) who asked what was being done to address NHS dental care access issues. Lord Kamall, Parliamentary Under-Secretary of State at DHSC responded by highlighting the recent "one-off additional £50 million, secured for NHS dental services" and that the Government was working with the NHS, Health Education England and the BDA to "improve access through dental system reform".

DHSC consultation on fixed recoverable costs in lower value clinical negligence claims

- 4.8. The DHSC has published a consultation on proposals to introduce fixed recoverable costs and a new streamlined process in clinical negligence claims up to a value of £25,000 in England and Wales. The consultation is open until 24 April 2022. On the announcement the MDDUS released a statement stating that [a fixed recoverable costs system needed to be proportionate and avoid complexity to succeed](#).

Written Statement on temporary emergency registers

- 4.9. The Government announced in a [Ministerial written Statement on 16 March that the temporary emergency registers](#) created during the pandemic to support the NHS and social care providers would be closing on 30 September 2022. The timetable provides healthcare professionals with six months to take up full registration if they wish. Prior to the closure of the emergency registers the Secretary of State for Health and Social Care will be notifying regulators that the emergency conditions no longer apply, and the registers will close.
- 4.10. The Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) were provided with powers under coronavirus legislation introduced to manage the pandemic, while the GMC and the GPhC used existing powers to create temporary registers.

Dental age checks

4.11. The BDA published a statement on the [Government's defeat on dental age checks](#), which saw Peers vote with a majority of 70 to pass an amendment which strengthens the safeguards around the use of scientific methods of estimating the age of undocumented migrants. The [GDC Chair also intervened](#) in the debate on the amendment on the issue of informed consent.

DHSC to introduce licensing for cosmetic procedures

4.12. An amendment to the [Health and Care Bill](#) will give the Health Secretary powers to introduce a licence for non-surgical cosmetic procedures such as Botox and fillers. The scope and details of regulations will be determined via public consultation. This follows a ban on procedures for cosmetic purposes on under 18s in England.

4.13. The intent is to ensure consistent standards and protect individuals from those without licences, including from the potentially harmful physical and mental impacts of poorly performed cosmetic procedures.

NHS Dental Statistics for England 2021/22

4.14. [NHS Digital has published the NHS Dental Statistics for England, 2021-22, Biannual Report on](#) 24 February. The report provides dental activity statistics for England, covering April to September 2021, and patients seen data for 24-month period (adults) and 12-month period (children) up to 31 December 2021.

Dental access and workforce issues feature in parliamentary activity in England

4.15. MPs have been putting questions to government on access to NHS dental services in England and other issues relating to the dental workforce, in response to concerns from constituents. Debates have also taken place in reference to access to services:

- [access to dentistry](#) on 24 January
- the [future of the NHS](#) (e-petition debate) (includes reference to dentistry) on 31 January
- [dentist industry and NHS backlogs](#) on 7 February
- [access to NHS dentistry](#) (Westminster Hall debate) on 10 February.

4.16. Interventions from MPs have included Prime Minister Questions (PMQs) in December on funding for [NHS dentistry from Cat Smith MP](#) who stated, "My constituents are having to resort to performing DIY dentistry, including on their children". Responding, the PM said the Government was putting "record funding" into the NHS. [Caroline Johnson MP](#) also raised access issues at PMQs and sought backing for her campaign for a dental school in the East of England. The PM was questioned further in January by [Navendu Mishra MP](#) on the lack of NHS dentists in his constituency and the prohibitive costs of private dental treatment. Responding the PM made reference to the "£36bn increase in funding for the NHS".

4.17. Data has been provided by ministers in response to questioning, which provides some sense of scale to the issue being tackled by dental teams. The number of NHS courses of dental treatment in dental practices, outpatient appointments in hospitals, and hospital admissions for 2019/20 and 2020/21 has been reported in the House of Commons:

Treatment type	2019/20	2020/21
NHS treatment delivered in primary care dental practices	38,281,000	11,985,000

Treatment type	2019/20	2020/21
Outpatient attendances for dental medicine specialities, restorative dentistry, paediatric dentistry and orthodontics	1,365,742	735,080
Admissions	38,109	17,654

4.18. MPs and Peers have also posed Parliamentary Questions on:

- the [number of places at dental schools](#) in England and [University of York](#)
- guidelines to ensure [private patients are not prioritised over NHS-funded patients](#)
- the [number of dental practices in England](#) (House of Lords)
- the number of people [working in dental practices](#) (House of Lords)
- the number of dentists who have [left the NHS in the last 12-months](#)
- the need to restart the ORE, and any [plans to fund a 'catch-up' programme](#)
- [availability](#) and equitable access to services
- the numbers of NHS dentists available in a number of regions and constituencies
- support for the [recruitment of dentists](#)
- the [age profile of dentists and the impact of retirements](#)
- what is being done to [encourage dentists to remain in the profession](#).

4.19. In response, ministers pointed to the [£50 million in new funding announced](#) to help tackle access issues and recover NHS services. The new funding is expected to deliver 350,000 extra dental appointments, in February and March, in England. On the new funding announcement, Chief Dental Officer for England, Sara Hurley, said:

“Dental services are a vital part of the NHS providing oral health care to all age groups, and that’s why we have taken this unprecedented action to boost NHS dental services.

“More than 600 urgent dental health hubs were rapidly ramped up during the pandemic to deliver urgent care for patients, and the NHS is now getting key services like dentistry back to pre-pandemic levels – injecting an extra £50 million into routine services will help provide check-ups and treatment for hundreds of thousands of people.”

4.20. Responses to questions on access to dentistry also included reference to the development of “proposals for dental system reform.”

Pressure builds for new dental contract in England

4.21. Parliamentary questions on expected revisions to the dental contract in England have been posed regularly during the reporting period. Questions included reference to research on effectiveness of the current contract, the merits of using Units of Dental Activity, what progress was being made, how the contract would be reformed, and by when.

4.22. Ministers have responded without giving a lot of detail, but have made reference to working closely with stakeholders and the establishment of technical and advisory groups. The Government has also stated that negotiations with the BDA are ongoing, and may include the need of legislative change.

Update from Scotland

- 4.23. During a Scottish Parliament opposition debate on NHS dentistry on 23 February, cross party concern was raised about the backlog of NHS dental treatment, growing oral health inequalities, the difficulties in obtaining an NHS dental appointment, and the need to reform the funding model. While highlighting the support provided to dentistry during the pandemic, [the Cabinet Secretary said that he is dismayed by "...the practice of up-selling private plans to the public"](#), that he had raised the issue with GDC, and that he encouraged dental professionals to report cases of up-selling to their NHS board because "that is not allowed under NHS regulations."
- 4.24. The Scottish Government on 28 February 2022 lodged a [supplementary legislative consent memo](#) relating to the [Professional Qualifications Bill](#). Following a UK amendment in the House of Commons at Report Stage, the Scottish Government has stated that it still cannot recommend that the Scottish Parliament gives its consent to the Bill, claiming it shows insufficient respect for Devolved Government's responsibilities.
- 4.25. In March 2022, the Chief Dental Officer for Scotland published [revised NHS Scotland dental payment arrangements](#) incorporating a 'multiplier' payment designed, according to the Scottish Government, to reward dentists for seeing more NHS patients. Additionally, the Chief Dental Officer for Scotland outlined [funding support for dental equipment and one-off sustainability payments](#).

5. Policy developments in healthcare

Build Back Better: Our Plan for Health and Social Care

- 5.1. The Government has set out its plans to address the challenges in the health system and in adult social care in [Build Back Better: Our Plan for Health and Social Care](#). The document includes government spending plans for the additional funding to be raised by the new Health and Social Care Levy being introduced in April.

Inequalities in healthcare

- 5.2. On 14 February, the NHS Race and Health Observatory published [Ethnic Inequalities in Healthcare: A Rapid Evidence Review](#). This is a review of ethnic inequalities in healthcare and within the NHS workforce, conducted by academics at the University of Manchester, the University of Sheffield and the University of Sussex.
- 5.3. On 10 March, NHS Providers published [Race 2.0 - Time for real change](#). The report highlights the scale and scope of the challenge to improve racial equality across the NHS.

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17 March 2022

Stakeholder engagement report – April 2022

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Daniel Knight, Stakeholder Engagement Manager Colin MacKenzie, Head of Nations and Engagement Gordon Matheson, Head of Scottish Affairs Leighton Vale, Head of Welsh Affairs Serena Monaco, Stakeholder Engagement Officer
Type of business	For noting
Purpose	This paper provides Council with a summary of the key stakeholder engagement activities during the reference period.
Issue	The aim is to be transparent as well as providing additional context to inform strategic discussions and decision making.
Recommendation	To note

Contents

This report includes the following sections:

1. [Summary of engagement in numbers](#)
2. [Summary of Chair’s engagement](#)
3. [Summary of UK-wide engagement](#)
4. [Summary of engagement in Scotland](#)
5. [Summary of engagement in Wales](#)
6. [Summary of engagement in Northern Ireland](#)
7. [Summary of engagement in England](#)
8. [Stakeholder appointments](#)

1. Summary of engagement in numbers

- 1.1. This report covers the period between 18 November 2021 and 11 March 2022. During this time, we attended or hosted a total of 142 meetings and events. Of these:
- 41 were events led by the GDC
 - 74 were scheduled meetings with key stakeholders, and
 - 27 were meetings and events that we attended, or presented at, which were arranged by an external organisation.

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2. Summary of Chair's Engagement

- 2.1. The GDC Chair continued his engagement with a wide range of stakeholders and stakeholder organisations, holding a series of introductory meetings. These included meetings with the Chair or key representatives of other regulators in November and December including the Professional Standards Authority, Care Quality Commission, Nursing and Midwifery Council and General Medical Council.
- 2.2. In addition, the Chair met with the Chairs of COPDEND and the Dental Schools Council, where he was provided with an overview of BDS undergraduate education and post graduate foundation dentist training.
- 2.3. This engagement activity has continued in 2022 where the Chair has met with key stakeholders including the CDO for Northern Ireland on 20 January, the CDO for Scotland on 28 January and the Cabinet Secretary for Scotland on 31 January.
- 2.4. In addition, he held introductory meetings with the Presidents, Chairs and representatives from professional bodies of organisations who represent a wide range of dental professions. These included the ABSTB on 21 February, the DTA and BSDHT on 25 February, the BADT on 3 March, MDDUS on 28 February and DDU on 7 March.
- 2.5. Finally, the chair met with senior colleagues from HealthWatch and the Oral Health Foundation who were able to give him an overview of the challenges patients have faced over the last two years when trying to access NHS dental services.

3. Summary of UK-wide engagement

- 3.1. Our student and new registrant engagement programme launched in January and will run through until May. So far, we have delivered 22 sessions to around 1,700 new registrants, BDS students and dental hygiene, dental therapy and dental technician students, from across England, Scotland, Wales and Northern Ireland. Almost 97% of respondents have so far said

that they found the session useful, and feedback has been very positive from attendees about the revised tone and increased interactivity of the sessions.

- 3.2. The GDC Chair, Head of Communications and Engagement and Head of Nations and Engagement attended the British Association of Dental Nurses (BADN) 80 +1 anniversary on 13 November. The event provided a good opportunity for the GDC to meet a wide range of stakeholders including dental nurses and BADN representatives, as well as education providers including NEBDN and the College of General Dentistry.
- 3.3. The Head of Communications and Engagement and Head of Nations and Engagement attended update meetings with other healthcare regulators on 8 December and 2 March. Communications priorities for the other regulators proved similar to the GDC's, including an increased focus on EDI, the challenges healthcare professionals continue to face as a result of COVID-19, vaccination as a condition of deployment and regulatory reform.
- 3.4. On 12 December the Chief Executive and Executive Director, Strategy held their regular update meeting with the Chair and Chief Executive of the BDA. Discussions included Regulatory Reform, and the resumption of the Overseas Registration Exam (ORE).
- 3.5. On 1 February we met with a group of registered dental professionals who had qualified outside of the UK. The purpose of the meeting was to understand the challenges encountered when they first started practising and to understand how the GDC could help with their transition to practise in the UK. The feedback was very constructive, and we are now developing a workshop targeted for all dental professionals new to UK practice, that will be piloted later in 2022.
- 3.6. On 15 February the Executive Director Strategy, Head of Nations and Engagement and Head of Upstream Regulation met with the Chair of the African and Caribbean Dental Association (ACDA). This was a very constructive meeting which covered a wide range of topics, including Regulatory Reform, the restarting of the ORE, education and learning outcomes and the need to ensure that these meet the diversity of the UK population. Discussions also highlighted the challenges faced by African and Caribbean dental professionals, and the historical perceptions of the GDC, which were not reflective of the GDC of today.
- 3.7. On 16 February the Executive Director Strategy and members of the strategy management team held their quarterly meeting with the Association of Dental Groups (ADG) and a number of representatives from dental corporates. One of the main areas of discussion was the workforce challenges facing dentistry and, in particular, the difficulties in filling NHS positions in rural and coastal areas and the impact that this was having on access to dental services. In addition, discussions included regulatory reform, international registration, the resumption of the ORE and the challenges of NHS vs private dental treatment, in particular the reduction in the number of dentists on performer lists.
- 3.8. On 10 March the Executive Director Strategy, Executive Director Fitness to Practices and members of the Strategy Management Team met with senior colleagues from Bupa Dentalcare. This was a very constructive meeting which covered a wide range of topics including the change in vaccination as a condition of deployment requirements, workforce challenges facing the professions, regulatory reform, international registration and the restarting of the ORE.

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4. Summary of engagement in Scotland

- 4.1. Engagement activity in Scotland continues to develop and expand. During this reporting period, the Head of Scottish Affairs met with: the Cabinet Secretary for Health and Social Care (accompanying Chair and Chief Executive); CDO Scotland and deputy CDOs; officials in CDO's office; Scotland's directors of dentistry; Senior Dental Policy Advisor at Scottish Government; Director of Dentistry, NHS NSS; Postgraduate and deputy dental deans, NHS NES; Head of the Scottish Government's Regulatory Unit; Disclosure Scotland; Head of Dundee Dental School; Scottish Parliament Information Centre (SPICe); Clinical Services at Greater Glasgow and Clyde Health Board; Scotland Heads of GMC, NMC, GPhC; New College Lanarkshire, faculty and curriculum leads; Healthcare Improvement Scotland.
- 4.2. Principal issues discussed included:
- Ongoing challenges in remobilising NHS dental capacity, and some concerns around 'up-selling' of private provision
 - International registration/ORE/localised workforce shortages
 - Timetable for regulatory reform and associated Consents from Scottish Parliament
 - Public/patient engagement, in partnership with Citizens' Panel
 - Legislative changes to Vulnerable Persons Scheme, and implications for dental team
 - Finalised draft of 'emerging concerns' framework
 - Content and speakers for in-person cross-regulatory conference in Edinburgh in October 2022.
- 4.3. The series of online one-hour CPD-verifiable presentations for local dental teams in Scotland continued during this period, with sessions on professionalism for dental practice advisors, and dental nurse students. Additionally, we led a series of GDC sessions for the current and last year's cohorts of Scottish Clinical Leadership GDP Fellows, in partnership with NHS NES; plus, the programme of UK-wide presentations for BDS 1 and 5 and VDPs is underway in Scotland.

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5. Summary of engagement in Wales

- 5.1. During this last period the Head of Welsh Affairs met with the Head of the GMC in Wales, the Wales Director of the General Pharmaceutical Council, Public Health Wales and Cardiff Metropolitan University. In addition, we continue to hold our regular meetings with the Deputy Chief Dental Officer, and Head of Health Education and Improvement Wales, where we discuss issues such as the recovery of dental services in Wales from the pandemic, access, NHS contract reform and workforce training issues.

- 5.2. The Head of Welsh Affairs and Head of Right Touch Regulation presented to the BDA Welsh Council and Welsh General Practice Committee.
- 5.3. As part of our student engagement programme, we have presented to first year dental students at Cardiff University and foundation dentists facilitated by HEIW.

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6. Summary of engagement in Northern Ireland

- 6.1. The Chair of Council, Lord Toby Harris, had a productive introductory meeting with the Chief Dental Officer for Northern Ireland, Caroline Lappin, on Friday 21 January. Discussions included the impact of COVID-19 on dentistry in Northern Ireland, the findings from the GDC's perception's research, dental workforce planning and issues around the diversity of the dental team in Northern Ireland.
- 6.2. A meeting of the inter-regulatory Northern Ireland Forum was held on Tuesday 25 January with representatives from all health and care regulators in Northern Ireland. Agenda items included regulatory reform, the potential for an emerging concerns protocol in Northern Ireland, fitness to practise improvement processes and workforce pressures across the healthcare sector.
- 6.3. Student and new registrant engagement sessions were held in Queens University Belfast with first year BDS students on Monday 28 February and with foundation dentists at the Northern Ireland Medical and Dental Training Agency on Tuesday 1 February. These interactive sessions proved very popular with attendees and led to useful discussions around the role of the GDC and the importance of professionalism.

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7. Summary of engagement in England

- 7.1. As well as the UK-wide engagement meetings, there were also a number of key engagement meetings that were England specific. These included monthly meetings with key colleagues in Health Education England (HEE) in December, January and February with the Head of Education Quality Assurance. Topics discussed included the specialty training quality assurance process and the specialty curricula review. The GDC has also now become part of the HEE regulatory forum.
- 7.2. On 25 January the Head of Education Quality Assurance attended the regular meeting of ABSTD. The key topics of discussion included specialty curricula review and the specialist list application process.

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8. Stakeholder appointments

- 8.1. The General Optical Council has appointed Steve Brooker to lead its education, policy, standards, and communications and engagement functions as Director of Regulatory Strategy.
- 8.2. Gisela Abbam has been appointed the new Chair of Council at The General Pharmaceutical Council.
- 8.3. Andrew Dickenson was appointed the Chief Dental Officer for Wales on 1 April 2022. Andrew comes from Health Education England where he has been working as Regional Postgraduate Dean for Midlands and East of England as an Oral & Maxillofacial Surgeon. He is also Vice Chair of COPDEND.

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Preparing for Practice Review

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Jessica Rothnie, Policy Manager Ross Scales, Head of Upstream Regulation
Type of business	For noting
Purpose	To update on the review of <i>Preparing for Practice</i> , including timeframes for development, consultation and stakeholder engagement.
Issue	<i>Preparing for practice</i> was last revised in 2015 and an update is required to act on feedback received and reflect changes in dentistry and wider society.
Recommendation	Council is asked to note the progress to date and future plans for the review.

1. Introduction and context

- 1.1 The GDC's role in education and training is one of its four statutory functions. The GDC's expectations for pre-registration training of dental professionals are articulated as learning outcomes in the document *Preparing for practice*. These learning outcomes set out the knowledge, skills and behaviours that must be held or demonstrated for registration.
- 1.2 *Preparing for practice* was updated in 2015 following a small-scale review, and it is now in need of a more in depth review. The GDC's commitment to reviewing the learning outcomes forms an important part of our upstream agenda and is closely linked to other workstreams including the Scope of Practice review, developing the Principles of Professionalism, reviewing the Standards for Education and legislative reform.
- 1.3 In 2019 we completed a thematic review of the preparedness to practise of new dentists. The Corporate strategy 2020-22 commits us to use its findings to inform our policy and quality assurance activity in relation to education and training. The current review addresses those findings and discharges that commitment.
- 1.4 This paper sets out progress to date and a timeline for consultation and publication of the review of the learning outcomes and expectations of dental professionals at registration.

2. Background

- 2.1 The learning outcomes in *Preparing for practice* were initially designed in 2011 following a strategic education review. This was a major shift in approach away from the GDC stipulating inputs and setting curricula, towards a model in which the outcomes of education are defined. The current learning outcomes have been designed to give pre-registration education providers flexibility in designing their own training courses and curricula whilst putting patient protection, patient expectations and oral health needs at its centre.
- 2.2 The first version of the learning outcomes was published in 2012 and updated in 2015. There have been significant shifts in society and in dentistry since 2015, which we now need to take into consideration. These include the work being undertaken on human factors, wellbeing and resilience, and a sharper focus on equality and diversity. In addition, the pandemic has had a

significant impact on dentistry – including dental education and the dental workforce – the longer term implications of which, such as greater emphasis on remote consultations, will be considered within the review.

- 2.3 This review will also build on the thematic review undertaken in 2019, which included recommendations specifically related to the preparedness for practice of new dentists. The review found a need for further clarity on the terms “safe beginner” and “independent practitioner” and clearer expectations as to the level of competence and experience a new graduate should have. Whilst the thematic review focussed on dentists only, there are ramifications for dental care professionals and associated training providers, who have raised similar questions.

3. Development to date

- 3.1 In July 2021, a survey was sent out to all UK dental training providers and relevant stakeholders, asking for feedback on the current version of the learning outcomes. The GDC received 41 responses and the GDC team has analysed the results to feed into the review. Key themes in the feedback include:
- There is significant overlap and duplication of learning outcomes across the domains and this needs to be reduced
 - Many providers are having difficulty assessing certain learning outcomes, particularly related to professionalism and management and leadership domains
 - Providers reported difficulties in creating environments to assess certain behaviours within the confines of a primary/undergraduate training programme
 - Some respondents felt that the outcomes were too broad and needed more specificity and clarity
 - Some respondents called for greater clarity on the terms “safe beginner” and “independent practitioner”
- 3.2 In October 2021 a steering group was formed to provide education, assessment and sector expertise which does not exist in-house. The group comprises dentists, dental hygienist therapists, a dental technician, and a dental nurse, with a regulatory education expert from outside the sector. Group members have experience in areas including primary/undergraduate and post-graduate education provision, foundation training, and equality and diversity matters. The terms of reference are explicit in defining the group as advisory only, and not a decision-making body.
- 3.3 The first steering group meeting was held on 26 October, and there have been six virtual meetings to date. There have been presentations and workshops pertaining to the strengths and weaknesses of the learning outcomes, the complexities of assessment, the Dental Schools Council’s development of the Education Transition Document, and the College of General Dentistry (CGD)’s career pathways framework. The initial analysis of the survey has also been shared and discussed by the group.
- 3.4 The steering group meetings have helped the GDC team inform the shape of the review by exploring feedback and previous research, identifying issues, and establishing assumptions. A summary of the discussions is set out below:
- After considering the differing expectations of education providers, newly qualified registrants and their employers and/or postgraduate trainers which were outlined within the thematic review, the group identified that the overriding purpose of *Preparing for practice* is to ensure that new registrants are safe to provide treatment to patients and the

public, as opposed to more specific purposes such as preparing graduates to work in an NHS practice.

- The review requires more than a light touch update of the learning outcomes as more structural and fundamental issues have emerged following discussion amongst the steering group and from the survey feedback.
- There are difficulties in assessing certain current outcomes, as they describe an intended learning goal but are not always an achievable or demonstrable outcome. For example, many providers have fed back that certain qualities expected under the domain of professionalism are difficult to assess routinely, and often can only be measured by the absence of poor behaviour. This does not detract from the necessity of these expectations being taught and assessed, but that an alternative metric from a learning outcome may be needed.
- The steering group suggested that “safe practitioner” should be the descriptor for a newly qualified dental professional. The terms “safe beginner” and “independent practitioner” have been problematic since their origin and the GDC is routinely asked to provide granular detail about what is expected at each point. Furthermore, stakeholders have fed back that trainees working clinically in some professions are expected to be both safe and independent upon registration, and so neither term is appropriate. Another benefit of the term “safe practitioner” is that it is used in the CGD’s career pathways framework, so this consistency could help to clarify expectations of new registrants more broadly across the sector. The GDC will engage further with the CGD to ensure description and interpretation of the term is consistent.
- The steering group have expressed a very clear wish to ensure expectations are laid out so that the document makes it clear where these are shared across the different professional groups. This has the aim of building greater interprofessional education opportunities and encouraging greater recognition of common behaviours and professional skills across the dental team.
- The steering group and GDC team are currently drafting a description of a “safe practitioner” based on attributes or behaviours expected of a newly qualified dental professional that apply across all professions. The group is also considering how to reflect important expectations that can only be assessed opportunistically or artificially.
- Discussions have indicated that the proposal will retain a large portion of (updated) learning outcomes in a similar format to *Preparing for practice*. Alongside these will be those behaviours or attributes which cannot be routinely assessed for every learner, which may be expressed in a different format. The GDC team will work with the steering group to ensure that assurance of these behaviours through an alternative metric can be gained through the quality assurance process. Implications for the Standards for Education review will also be considered.
- This new approach may result in a document that looks different structurally, but the GDC’s expectations will be broadly consistent with *Preparing for practice*. Thus, the impact on the education providers curriculum design is not expected to be extensive, but rather one that will require tweaking and adjusting. Overall, the proposed approach should alleviate some of the assessment challenges described above.
- Once a working draft has been developed, the group proposes to engage with subject matter expert stakeholders to assist the GDC in reviewing the outcomes using different lenses. This activity will be at the core of the review as we consider in depth how the

expectations should change in relation to societal changes and important aspects of practice and will focus on areas including equality and diversity, mental health and wellbeing, and climate change/sustainability.

- The new document will also need to reflect the revised scope of practice and standards expected of registered dental professionals (Principles of Professionalism).

4. Communications and engagement

- 4.1 We plan to present the draft revised document to Council in September, seeking approval to consult from October 2022. We then intend to run the consultation alongside the consultation on a revised approach to the scope of practice and the introduction of principles of professionalism.
- 4.2 An engagement programme will be developed for the consultation period in which key stakeholders will be approached for feedback and input.
- 4.3 The implementation schedule is complicated as multiple factors are at play: the extent of the changes proposed and agreed, programme duration, and variation in providers' agility will all need to be considered. However, if the Council approve the post-consultation draft for publication in Q2 2023, education providers can be expected to implement changes for their courses to take effect from academic year 2024/25.
- 4.4 The project team will work with the GDC Education QA team to establish and monitor the implementation plans of providers.

5. Legal, policy and national considerations

- 5.1 The Dentists Act 1984 requires the Council to 'promote high standards of education at all its stages' and sets out a range of obligations and powers to enable the GDC to pursue this aim.
- 5.2 The GDC sets the learning outcomes for training programmes to design their courses and uses the Standards for Education to monitor training programmes' compliance with the learning outcomes through the quality assurance process. We do not expect the government's regulatory reform proposals to change this responsibility.
- 5.3 It is important to note that there will be implications for registration assessment processes for international qualifications, as the GDC's learning outcomes set a consistent standard for entry to the registers across all application routes. Preparation time, consultation and resourcing for internal teams and the ORE Advisory Group will be built into implementation. However, as with education providers, it is expected that the changes will ultimately be beneficial for these processes as assessment against the outcomes should be more straightforward.
- 5.4 The expectations will apply to all training programmes across the UK. Views from key stakeholders across the four nations will be sought prior to formal consultation.

6. Equality, diversity and privacy considerations

- 6.1 No privacy issues have been identified.
- 6.2 There has not yet been formal consideration of equality and diversity within the review, but the next stage will directly consider equality, diversity and inclusion within dentistry and wider society, and will be reflected in the consultation draft.
- 6.3 These considerations will be also kept at front of mind when carrying out internal and external engagement. It will be important to ensure that the audiences engaged with and therefore the perspectives gathered are diverse, and specific questions are asked that are designed to draw out equality issues.
- 6.4 A full Equality Impact Assessment will be produced for the formal consultation phase.

7. Risk considerations

- 7.1 As stated above, the change in approach to *Preparing for practice* will have an impact on education providers and this may initially be seen as an unnecessary burden by stakeholders. However, it is expected that while there may be some initial tweaking of curricula and processes for education providers, they will welcome the changes which will introduce benefits for teaching and assessment. Furthermore, the consultation process will bring out the concerns of providers and the GDC will be able to address these before finalising.
- 7.2 The GDC will need assurance that the revised expectations can be met and demonstrated through the quality assurance team. This is a key consideration for the steering group, particularly members who are education providers themselves who have vested interests in ensuring that the changes will improve course design, delivery and assessment, and compliance with the GDC's QA process, rather than hinder it.

8. Resource considerations and CCP

- 8.1 This programme of work is part of the CCP.

9. Next steps

- 9.1 Council will receive a paper seeking approval for consultation at the September meeting. If approved the draft document will go out for consultation soon after.
- 9.2 The consultation will then be open for a minimum period of 12 weeks, though it is likely to be longer to take account of the Christmas period. The final draft and consultation response will be presented to Council at the first meeting after March 2023 for approval to implement.

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21 February 2022

Use of the GDC Seal - Annual Report

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Ermelinda Bajrami, Governance Manager Lee Bird, Interim Deputy Head of Governance (Secretariat)
Type of business	For noting
Purpose	In line with clause 17 of the GDC Standing Orders for the Conduct of Business 2020, to provide the Council with an annual update on use of the Common Seal by the GDC in 2021.
Issue	To provide the Council with the Annual Report of the Use of the Seal 2021.
Recommendation	The Council is asked to note the Annual Report.

1. Introduction

- 1.1 The General Dental Council Standing Orders for the Conduct of Business 2020 make provision for the use of the Common Seal and require the Registrar to keep a record of the affixing of the seal and report its use to the Council.
- 1.2 The Seal is required to execute a certain class of document and thereby bind the Council. The documents are sealed in the presence of two authorised individuals, usually the Chair and the Chief Executive, who then sign the register of seals.
- 1.3 A number of documents were approved by the Council in 2020, but the formal sealing process was delayed due to the pandemic contain restrictions. These documents were subsequently sealed in the presence of the Chief Executive and the Executive Director, Legal and Governance (on delegated authority from the Chair of Council) on 13 September 2021 and are indicated below.
- 1.4 The Fees Regulations for Dentists and Professions Complementary to Dentists 2021 came into force in May 2021, but, similarly, the sealing process was delayed due to the pandemic containment restrictions. These documents were also subsequently sealed in the presence of the Chief Executive the Executive Director, Legal and Governance (on delegated authority from the Chair of Council) on 13 September 2021 and are indicated below.

2. Documents sealed during the period of this report

- 2.1 The table below sets out the documents that have been sealed between 1 January 2021 and 31 December 2021.

Date seal used	Title/Description of document
26 March 2021	Deed of Alterations for the General Dental Council Pension and Life Assurance Plan

13 September 2021 (delayed from 2020)	The General Dental Council Standing Order for the Conduct of Business 2020
13 September 2021 (delayed from 2020)	The General Dental Council Standing Orders for the Appointments Committee 2020
13 September 2021 (delayed from 2020)	The General Dental Council Standing Orders and Resolution for the Non-Statutory Committee of Council 2020
13 September 2021 (delayed from 2020)	The General Dental Council Delegations of Function Rules 2020
13 September 2021	The General Dental Council Dentist Fees Regulations 2021
13 September 2021	The General Dental Council Professions Complementary to Dentistry Fees Regulations 2021
13 September 2021	The General Dental Council EU Exit Amendment Regulations 2021

3. Next steps and communications

3.1 The Council is invited **to note** the use of the Seal from 1 January 2021 to 31 December 2021.

Appendices

a. None

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04 March 2022