Minutes of the Meeting of the
General Dental Council
held at 13:45 on Thursday 28 September 2017
in Public Session
at 37 Wimpole Street, London W1G 8DQ

Council Members present:

William Moyes  Chair
Terry Babbs
Catherine Brady
Geraldine Campbell
Rosemary Carter
Margaret Kellett
Alan MacDonald
Kirstie Moons
Lawrence Mudford
Jayendra Patel
Neil Stevenson

Executive in attendance:

Ian Brack  Chief Executive and Registrar
Bobby Davis  Executive Director, Organisational Development
Jonathan Green  Executive Director, Fitness to Practise
Matthew Hill  Executive Director, Strategy
Gurvinder Soomal  Executive Director, Registration and Corporate Resources
Lisa Cunningham  Head of Communications
Lisa-Marie Roca  Principal Legal Adviser

Staff in attendance:

Clare Mitchell  Head of Governance
Ian Jackson  Director for Scotland
Hazel Adams  Head of DCS (Item 9)
Sam Clements  Head of Risk Management and Internal Audit (Item 8)
Katherine McGirr  Policy Manager (Item 11)
Melanie Stewart  Head of Finance and Procurement (Item 7)
Helen Elderfield  Governance and Executive Support Manager
Mohit Abbi  Interim Governance Manager

Invited Attendees:

Rosie Varley  Chair of the Statutory Panellists Assurance Committee
PART ONE – PRELIMINARY ITEMS

1. Opening Remarks, Apologies for Absence and Declarations of Interest

1.1. The Chair welcomed everyone to the meeting.

1.2. The Chair extended a warm welcome to the Council members elect who had been invited to attend as observers.

1.3. Apologies for absence were received from Jayendra Patel (Council Member) and David Smith (Council Member).

1.4. The Chair informed the Council that a session was being arranged to introduce staff to the new Council members on the evening of 25 October. The invitation was also extended to continuing Council members.

1.5. There were no declarations of interest expressed by staff members in relation to any of the items on the agenda.

2. Questions Submitted by Members of the Public

2.1. No questions had been submitted by members of the public in line with the GDC’s policy. However, the Chair advised that a letter raising a number of issues relating to items on the agenda for this meeting had been received from the BDA.

2.2. A full written response would be provided within seven to fifteen days in line with GDC policy and appended to the minutes of this meeting.

3. Minutes of the Public Council Meeting on 26 July 2017

3.1. The draft minutes were considered and accepted as a true and accurate record of the discussions that took place at the Council meeting in public on 26 July 2017.

3.2. The Council approved the minutes of the Council meeting in public held on 26 July 2017 without amendment.

4. Matters Arising from the Closed Council Meeting held on 26 July 2017 and Rolling Actions List

4.1. The Council noted progress made with actions arising from previous meetings.

5. Decisions Log

5.1. The Council noted that the following decisions had been taken by Committees under delegated powers since the meeting on 26 July 2017:

   • The Finance and Performance Committee (FPC) took a decision to agree that the additional information provided in the revised paper was sufficient for the Committee to recommend approval of the 2018 draft budget to the Council.
5.2. The Council noted that no matters had been decided by Chair’s action since the meeting on 26 July 2017.

PART TWO – ITEMS FOR DECISION AND DISCUSSION

6. Shifting the Balance: GDC’s Response to Consultation

6.1. Matthew Hill introduced the report, summarising the feedback that had been received in response to the consultation. The Council noted that the level and quality of the engagement with the proposals for action as part of ‘Shifting the Balance’ was encouraging.

6.2. Feedback had been analysed in detail and a significant programme of work was underway to ensure that the feedback to the discussion paper informed the plans that were being developed to implement the GDC’s vision. Patients, professionals and stakeholder groups would be involved accordingly as the programme of work developed. This would ensure that the plans were informed by those whom they affected.

6.3. With regard to the next steps, the Council noted that many of the proposals set out in ‘Shifting the Balance’ relied on leadership by the profession and could not be delivered by the GDC alone. It was, therefore, proposed that a network be established comprising leaders across the profession to ensure that those best placed to provide support, influence behaviour and effect change were empowered to do so.

6.4. The Chair expressed disappointment that there were no patient groups in the list of respondents to the consultation. Matthew Hill provided assurance that discussions had taken place with patient groups alongside the consultation process and that the response to the proposals had been positive.

6.5. The Council noted the GDC’s response to consultation and approved the consultation report for publication.

7. Balanced Scorecard Q2 Report

7.1. Michael Huntley and Alex Gooding joined the meeting to present the report.

7.2. Gurvinder Soomal introduced the balanced scorecard covering the Quarter 2 performance period 2017. Several pieces of development work had been carried out and several new performance indicators had been introduced.

7.3. The key performance indicator (KPI) for active processing time for restorations had been de-escalated from the KPI dashboard in Quarter 2 and replaced by the KPI for active processing time for UK dentist applications. Quarter 2 was a seasonally busy period for this application route. Three key performance successes were highlighted for Quarter 2:

- The overall GDC 2017 financial position was positive as at the end of Quarter 2. This was linked to FtP expenditure being £1.8m lower than budgeted for this period due to lower than estimated external legal fees and delays in recruiting to vacant posts across the organisation.

- The two registration application routes regarded as ‘key’ for the period achieved processing time targets. Registration had continued to meet all its active processing time KPIs for a second consecutive quarter, which was reflected in a customer satisfaction rating of 90%.

- Parts of the FtP process had been functioning well in Quarter 2. 100% of triage cases received a decision within 25 days of receipt. ILPS staff productivity had improved to 98%, which was an improvement of 3% compared against the previous quarter.
7.4. Three key issues were also highlighted:

- The timeliness in the processing of FtP cases continued to be recognised as a priority for improvement. There had been a modest improvement in performance in the six-month progression target and cases that missed the referral to Interim Orders Committee timeliness target were largely attributed to registrant availability issues. However, several other indicators were flagged as red in the FtP process dashboard.

- The number of hearings lost/wasted days had increased to 30%, the highest it had been in 2017 to date.

- One serious data breach was reported to the ICO in May 2017. However, the ICO recommended the data breach be closed and there was no further action required.

7.5. Terry Babbs, Chair of the FPC, provided assurance to the Council that the Committee reviewed performance in Quarter 2 in detail. The Council was encouraged to note that there had been a number of key successes.

7.6. Council noted the increased productivity of the In-house Legal Prosecution Service. Lisa-Marie Roca provided assurance that the quality of work was being scrutinised and maintained alongside the increased throughput of cases.

7.7. Concerns were raised about the timeliness of some stages of the FtP process. Jonathan Green agreed to provide data on the number of cases that were awaiting a hearing which were outside the fifteen-month target for overall prosecution case length.

**Action:** Jonathan Green to provide data on the number of cases awaiting a hearing which were outside the fifteen-month target for overall prosecution case length by 26 October 2017

7.8. Staff turnover had increased from Quarter 1 and was higher than the target figure. Bobby Davis indicated that further work was being undertaken to analyse the reasons for this using data from the recent staff survey and exit interviews.

7.9. Council noted that only 51% of education providers had met the “student assessment” Standards for Education. Matthew Hill explained that the QA performance indicators had been developed since the start of the year and were being kept under review. As these indicators were relatively new, historic data was required to make comparisons and identify trends.

7.10. The Council noted that mechanisms were being put in place to capture feedback on staff satisfaction with facilities. This would be reported as a performance indicator in future versions of the scorecard. Staff satisfaction with facilities was linked to staff morale, which in turn linked to retention. Bobby Davis explained that staff would be asked to identify the key facilities issues that mattered to them.

**Action:** Bobby Davis – staff to be asked to identify the key facilities issues that mattered to them by 26 October 2017

7.11. In response to a query regarding FtP timeliness, Jonathan Green explained that while some parts of the FtP process were meeting timeliness KPIs e.g. triage, there was an issue in case work where there was a high level of staff turnover and significant number of vacancies. This put additional pressure on the remaining members of the team. Jonathan indicated that key ‘pinch-points’ were being identified through the end to end review of FtP and a plan was in place to target key elements of the process. Recruitment to the vacant posts was essential and consideration was being given to alternative methods of recruitment and different pools of candidates.

7.12. The Council noted the Quarter 2 Balanced Scorecard.
8. **Financial Report Q2**

8.1. Melanie Stewart joined the meeting and presented the GDC’s financial performance in the six months to 30 June and the Quarter 2 actual performance.

8.2. At the end of Quarter 2, the GDC’s operating surplus was £17.6m, which was £3.9m higher than budgeted. This was largely due to:

8.2.1. Higher than budgeted income from the dentist ARF collection.

8.2.2. Lower than budgeted meeting fees and expenses, largely due to the change in the Hearings transcription service from stenographers to loggers.

8.2.3. Lower than budgeted legal and professional fees, largely due to fewer cases allocated to ELPS between October 2016 and June 2017 and the overstatement of the 2017 budget estimate.

8.2.4. Lower than budgeted staffing costs, due to a delay in recruitment processes, posts budgeted for but not approved for recruitment and a delay in initiating learning and development activity.

8.2.5. Lower than budgeted publications and communication costs, due to the delayed start of research projects.

8.2.6. Higher than budgeted IT costs, due to annual Microsoft licensing invoices being paid earlier than was anticipated.

8.3. The Council resolved to discuss the report on the GDC’s financial performance for the six months to 30 June 2017.

9. **Dental Complaints Service Report Q2**

9.1. Hazel Adams joined the meeting to present the report on the performance of the Dental Complaints Service (DCS) for Quarter 2 2017.

9.2. In addition to reporting on performance in the quarter, the report set out the current challenges and the plans to develop the service.

9.3. It was noted that there had been 506 incoming enquiries. This was a 23% reduction compared to the same period in 2016. 181 complaints had been received, which was consistent with the number received in the same period last year. The most common issue raised in the past 12 months by complainants was a perceived failure in dental treatment, accounting for 63% of complaints.

9.4. The DCS had secured a full refund of fees in 96 concluded complaints, with partial refunds secured in eight further cases. In 19 cases, patients received financial contribution from their treating dentist for remedial work required. In 10 complaints, a full explanation of issues arising during dental treatment was secured for patients and four patient complaints were closed after they received full apologies. It was noted that timeliness had been compromised due to significant staffing issues.

9.5. Hazel provided an update on the pieces of work within the DCS review project which aimed to improve current service delivery and to review the criteria for referral of cases to Fitness to Practise.


*Hazel Adams left the meeting.*
10. Business Plan and Budget 2018

(1) 2018 Business Plan

10.1. Gurvinder Soomal introduced the 2018 business plan. As part of the development of the business plan, the Project Management Office (PMO) had collated information on each key priority programme and project due for implementation in 2018 and the EMT had assessed the plan as deliverable within the 2018 budget and resource allocation. It was noted that the 2018 business plan had been presented to the FPC and was recommended to the Council for approval.

10.2. The business plan outlined the projects on the current business plan that would extend into 2018, in addition to the work that will be scoped in 2018 for delivery in 2019. A key part of the 2018 business planning process had involved engagement with project leads to identify benefits drawing on subject matter expertise. Project leads had also been asked to identify the potential risks that could impact delivery of the priority.

10.3. There would be a need to balance the delivery of the business plan with ‘business as usual’ activities, which would be compounded by the risks to delivery. The Council noted the risks to delivery-related to resources, specifically the significant time demands on certain members of staff and the finite number of project managers to deliver the priorities, which therefore created a reliance on a small group of individuals.

10.4. The Council noted that the PMO had worked with the Head of Communications and Engagement and the Portfolio Delivery Group (PDG) to identify key themes for 2018 based on priorities. The themes had been reviewed in detail by the PDG. The themes were as follows:

- Theme 1: Building organisational capability and improving our performance.
- Theme 2: Developing our model of upstream regulation.
- Theme 3: Improving our approach to “enforcement” regulation.
- Theme 4: Continuing to build a cost-effective and efficient organisation.

10.5. The Council discussed the priorities, projects and programmes and associated risks and considerations. The Council acknowledged that the business plan was multifaceted and needed to be communicated in ways which were interpretable and understandable by a variety of key stakeholder groups as well as patients and the public. The Council asked for the development of the Patient Engagement Strategy to be highlighted within the business plan.

(2) 2018 Budget

10.6. Gurvinder Soomal introduced the proposed 2018 budget.

10.7. It was noted that the 2018 budget had been drafted during a period when the organisation was undergoing significant change and when key aspects of the portfolio of projects to implement ‘Shifting the Balance’ were still under development. Gurvinder highlighted four key areas of the budget:

- The income budget had been set to reflect the significant uncertainty the GDC faced in relation to the possible impact of the EU exit on the ARF collection. This was an area that had proven challenging to forecast. The income budget was based on the level of the ARF for dentists and Dental Care Professionals (DCPs) continuing unchanged in 2018.
- The expenditure budget included an enabling provision for the cost of the headcount required for business plan programmes and projects due for implementation in 2018, as well as recruitment to support ‘business as usual’ activity, as identified by EMT.
• The 2018 business plan contained a number of activities that would fundamentally change the way the GDC operated and would require investment. However, due to areas of uncertainty which made budgeting more difficult, specific contingent provisions had been included in some areas.

• Whilst many areas of uncertainty had been covered in the 2018 budget through use of specific contingent provisions, there remained some further uncertainties, such as the impact of the implementing GDPR, therefore warranting the creation of general contingency.

10.8. Melanie highlighted that the GDC was budgeting for a £3m surplus in 2018, which was £3m lower than the 2017 Quarter 2 forecast surplus of £6m. This position was projected to improve to £3.6m in 2019 and then reduce to £2.4m in 2020.

10.9. The outlook for 2019 and 2020 indicated that the general reserve would exceed the levels set out within the GDC’s current Reserves Policy. It was noted that the Council was currently developing a new Fees Policy and, subject to approval at the December Council meeting, a consultation on the new policy would take place in January 2018. Melanie explained that publication of a costed corporate plan for 2019 and beyond would form part of the new Fees Policy and provide an opportunity to review the fee levels and reserves policy following consultation feedback.

10.10. The proposed 2018 budget projected total income of £45m, which represented a £1.3m reduction compared with the latest 2017 forecast due to the expectation that the 5% caution rating on dentists and DCP ARF which failed to materialise in 2017 continued to be treated as a risk consideration. The caution on income had been increased further to 8% on income for overseas first-time registrations.

10.11. Total operating expenditure was budgeted at £42m, which represented a £1.6m increase compared with the latest 2017 forecast. The expenditure budget reflected:

• Year-on-year reductions in costs due to a reduction in FtP activity and the impact of FtP cost saving initiatives.

• A provision for a £1.8m budget contingency to fund specific initiatives.

• The cost of an ‘enabling provision’ to fund a potential increase in headcount. The proposed increase in headcount had been subject to robust challenge from both EMT and the FPC.

10.12. With surpluses projected in 2017 and 2018, it was expected that reserves would reach six months of operating expenditure, in line with the Reserves Policy, by 31 December 2018. This would be reflected in a significantly improved 2018 cash position. This would be considered as part of the annual review of the Investment Policy.

10.13. It was noted that no change in the ARF had been budgeted for 2018 or projected beyond that. The rationale for future fee changes would be addressed as part of the new Fees Policy. Melanie also highlighted that the 2019 and 2020 projections were based on the surplus position being maintained at £3.6m and £2.4m respectively.

10.14. In relation to headcount and salary costs, the proposed 2018 budget assumed a net increase of a further 16 FTE in 2017. It was noted that a provision equivalent to a 4% increase in the cost of 2017 payroll had been made to cover the cost of any approved pay review and changes such as re-grading of posts.

10.15. Significant efficiency savings from initiatives that had been implemented in prior years were included in the budget. However, new initiatives, primarily those related to ‘Shifting the Balance’, would incur cost.

10.16. Terry Babbs reported that the draft 2018 budget had been presented to the FPC on 7 September at which it was reviewed and discussed in detail. A considerable degree of challenge was provided and, although the Committee agreed the general shape and
approach to the 2018 budget, they requested further information and explanation, particularly in relation to the process and rigour applied to headcount decisions was incorporated. Terry advised the Council that the report had subsequently been updated and shared electronically with the Committee for their endorsement prior to submission to the Council for approval.

10.17. Ian Brack emphasised that there were unusually high levels of contingency included within the 2018 budget. This reflected the significant levels of uncertainty relating to both income and expenditure. A framework would be developed for release of reserves and use of contingency.

**Action: Ian Brack/Gurvinder Soomal to bring a framework for the release of reserves and use of contingency to the FPC at its meeting on 22 November 2017**

10.18. Council noted that the budget paper would normally have been published on the GDC website ahead of the Council meeting. This had not been possible on this occasion because of the need to amend and re-circulate the budget for endorsement by the FPC. In addition, consideration of the 2018 budget had been brought forward by a month in 2017. The budget paper would be published on the GDC website as soon as possible after the meeting.

**Action: Helen Elderfield to publish the Budget paper on the GDC website as soon as possible**

10.19. The Council:

- **approved** the 2018 Business Plan.
- **approved** the 2018 Budget.
- **made** the 2017 Fee Regulations.

*Michael Huntley, Alex Gooding and Melanie Stewart left the meeting.*

11. **Whistleblowing Policy – Prescribed Persons**

11.1. Clare Mitchell presented the report, highlighting the proposed changes to the whistleblowing policies for staff and Council members and associates. Amendments had been made to the policies in relation to the GDC’s role as a prescribed person. In addition to responsibilities for its own staff, the GDC had wider obligations as a “prescribed person” for the purposes of whistleblowing. As a result, the GDC was an alternative route for someone wishing to blow the whistle in relation to matters concerning the GDC’s statutory functions.

11.2. From April 2017, an additional requirement for prescribed persons came into effect to publish an annual report, the first of which was due by September 2018, detailing concerns which had been raised and what action had been taken. Following a review of the legislation and guidance, the intention appeared to be to capture matters which had been raised with the prescribed person as an alternative to the whistleblower’s employer. The Council noted that a system was in place to capture these matters and the website was being updated to provide information on the GDC’s role as a prescribed person. The GDC’s standards were also being reviewed.

11.3. The Council **approved** the revised whistleblowing policies.

12. **Stakeholder Engagement Strategy**

12.1. Lisa Cunningham introduced a report to update the Council on the development of the GDC’s Stakeholder Engagement Strategy.
12.2. The GDC’s current level of stakeholder engagement across the four nations was discussed at the Policy and Research Board meeting in February 2017. Agreement was reached to explore the four-pillar model option to map stakeholder priorities. The results of this modelling were subsequently developed and presented at the Council Workshop in March 2017, at which the priorities for improving stakeholder engagement were agreed and the four-pillar model for organising engagement was subscribed to. Based on the feedback received from the Policy and Research Board and Council workshop, a Stakeholder Engagement Strategy had been developed. Additional feedback was obtained from the Policy and Research Board and EMT meetings on 6 September and 11 September respectively, where members were presented with the priorities and the proposed approach in delivering them.

12.3. The Stakeholder Engagement Strategy set out a framework for plans to be developed and delivered over the next three years. Lisa Cunningham explained the importance of stakeholder engagement as a regulator with the three key stakeholder groups - partners, the profession and patients.

12.4. The Chair sought clarity on how the GDC proposed to create interest amongst and engage with patients. This would be addressed as part of the outworking of the Patient Engagement Strategy but engagement would be achieved through a combination of engagement with strategic and education partners, and patient representative groups.

12.5. The Chair queried whether work was being undertaken to develop a Student Engagement Strategy to raise awareness amongst students of professional healthcare regulation. Council noted that a programme of work around this had commenced in December 2016 and there were plans to engage with both educators and directly with students to generate an informed level of understanding regarding dental regulation. Student engagement was a means to deliver improved regulatory outcomes. It was noted that providers of dental education outside the dental schools needed to be included in this work. The Chair suggested that consideration should be given to the GDC holding a conference on dental regulation.

12.6. The Council resolved to discuss and approve the Stakeholder Engagement Strategy.

13. Committee Updates

13.1. Audit and Risk Committee: The key items considered by the Audit and Risk Committee during their meeting held on 5 September 2017 were noted. Alan MacDonald thanked fellow Committee members and staff for their hard work and support during his term as Chair of the Committee.

13.2. Finance and Performance Committee: The key items considered by the FPC on 7 November 2017 were noted. Discussions had taken place about the FPC taking on responsibility for procurement from the Audit and Risk Committee.

13.3. Policy and Research Board: The key items considered by the Policy and Research Board on 6 September were noted. Rosemary Carter thanked fellow Committee members and staff for their hard work and support during her term as Chair of the Committee.

13.4. Horizon Scan: Lisa Cunningham introduced the horizon scanning report, outlining highlights from the external environment, including: a detailed briefing on the possible implications for the GDC regarding the UK’s exit from the EU; other key highlights from the external environment; and developments in dentistry and the dental sector.

13.5. Shifting the Balance: The Council noted the update on the ‘Shifting the Balance’ programme and agreed that the format was helpful. Further updates on progress would be brought back to the Council.

13.6. The Council noted the updates from the most recent meetings of the Committees.
PART THREE – ITEMS FOR NOTING

14. GDC’s Response to PSA Standards Consultation

14.1. The Council noted the GDC’s response to the PSA Standards Consultation.

PART FOUR – CONCLUSION OF BUSINESS

15. Any Other Business

15.1. The Chair thanked the outgoing members of the Council for their contributions, both in the form of support and challenge, and for their commitment during their tenures and wished them well in the future.

16. Review of the Meeting

16.1. Council members agreed that the meeting had gone well and the detailed papers and presentation facilitated discussion.

17. Close of the Meeting

17.1. There being no further business, the meeting was closed at 15:45.

Date of next meeting: 26 October 2017

Name of Chair:
William Moyes
By email
27 September 2017

Dear Mr Moyes

With the next Council meeting only a day away, we would like to raise a few issues in relation to the GDC’s plans for the forthcoming year and beyond which you might wish to bear in mind during your discussions.

Annual retention fee

The ARF for dentists was increased in 2014 (for the calendar year 2015) to £890. You will recall that the consultation held in 2014 on the level of the fee was deemed unlawful in court, and that reimbursements to registrants were only not ordered because this would have ‘destabilised’ the GDC. Despite regular representations by the profession, the level of the ARF has remained at the same level for 2016 and 2017, and the GDC has remained the most costly regulator in the UK while it has been trying to put its house in order after a significant period of mismanagement, particularly in the fitness-to-practise area.

We have now seen that the ARF for dentists is listed for 2018 at the same level again on the GDC website (https://www.gdc-uk.org/professionals/fees/arf). The public papers to the Council outline an ambitious ‘Business Plan’ which does not appear to be costed. However, as the GDC website clearly shows, the decision for the fee to remain at its current level has already been made, although there has been no announcement and no discussion with the profession about this; we have not seen any budgets as part of these or previous Council papers and did not necessarily expect to do so, as the budget is usually discussed at the October meeting.

Given that the ARF was raised on the basis of projected ‘complaint’ levels that have not materialised, we would like to see a clear outline of what these funds are being used for, if not to expand the GDC’s remit by working on projects that are linked to apparent core business but will actually facilitate an expansion of scope. The other possibility seems to be that the money continues to be used to top up the reserves, which, at an operating surplus of £3.9m above budget in June, as outlined in your finance report for the Council meeting, is completely inappropriate.
We are aware that your ‘Business Plan’ contains a proposal to review how the fee is structured for next year. However, given the above, this will not address yet another year of what is essentially the GDC hoarding registrants’ money.

We call on the Council significantly to reduce the ARF for dentists for 2018.

Dental Complaints Service (DCS)

We note the paper outlining the internal review of the DCS. As you will be aware, as part of our response to *Shifting the Balance* we called for an independent review of the service before any major changes were made to it, after research showed that its approval ratings were quite different from those suggested. So far, we are not aware that such a formal review has been planned.

We are members of the GDC’s Complaints WG in which the possibility of an arbitration service has been discussed. Our response to *Shifting the Balance* also provided feedback on some of the suggestions in relation to the service.

We are therefore very surprised to see in the ‘Business Plan’ document, page 8, that, in 2018, the GDC will be “Developing an effective process for assisting NHS patients including follow up/feedback as part of the Dental Complaints Service (DCS), ensuring NHS patients have the same access to the service as private.” As you will know, we do not think that this is the appropriate approach, and we now have to wonder what the value of the GDC’s “engagement with the profession” through the GDC’s Complaints WG is, as these were moving into a different direction. Again, this appears to be a move that negates the good will and support that the profession has tried to bring to the table despite the persisting lack of trust in the dental regulator.

We await your comments.

Yours sincerely

Mick Armstrong
Chair
Dear Mr Armstrong,

I am writing in response to your letter of 27 September. As you know, on 28 September Council approved a business plan and associated budget for 2018. The business plan is not uncosted. The budget is built around the costs of delivering the plan, and the budgeting and planning processes were carried out as parallel, iterative processes. In approving the plan and the budget, the Council recognised and took into account a number of factors:

- the changes made over the last four years that have resulted in the GDC’s financial position becoming healthier and more resilient – a process that is expected to continue

- the need to prioritise investment in maintaining PSA standards we have achieved and securing those that remain outstanding. The Council attaches great importance to this and know that historic poor performance against the PSA standards has been a matter of focus for the BDA as well. I hope that you will join me in welcoming the continuing success of this investment

- our expectation that the depletion of reserves that kept the annual retention fees low in the face of a significant rise in complaints, which peaked in 2014, should, by the year end, have been largely recovered. (I should add with respect to this point that your suggestion that the 2014 increase in the dentist ARF was to address further increases in complaints oversimplifies the position somewhat. As you know, the GDC had dealt with a very significant increase in complaints to unprecedented levels by depleting the organisation’s financial reserves to an unacceptable position. The GDC simply could not continue dealing with that caseload or indeed bearing the risk of its financial position at the previous level of the ARF, and that is why it had to be increased. So the rise in complaints did materialise: it is a matter of fact, and one whose consequences we are still dealing with)
However, Council also recognised that this year our budget must allocate investment funding to take forward *Shifting the Balance*, whilst also making provision for a high degree of financial uncertainty. The Council has proposed a compelling new agenda for reform in *Shifting the Balance* that has been widely welcomed, with many organisations and individuals expressing a willingness to be involved in, and sometimes lead, the wide range of projects that this agenda will stimulate. This of course includes the BDA, and I greatly welcome that. Work on some elements of the agenda is already well underway but more initiatives and projects have to follow next year if we are to take advantage of this appetite for change. And those will inevitably require investment whilst we continue to operate under the existing system. We will be publishing our summary of the *Shifting the Balance* consultation in the autumn and using that as an opportunity to set out some thinking in key areas.

In 2018, we, like many organisations in the public and private sectors, and indeed in the profession itself, will be facing a great deal of uncertainty. To a large extent, the UK’s exit from the EU drives this uncertainty. It could have profound implications, for example, for freedom of movement (which may affect the size of the GDC register and hence income) and mutual recognition of qualifications (which might entail a greater reliance on costly examinations and assessments to regulate entry to the register). And this uncertainty may also affect the wider economic environment, which could result in increased costs (if for example labour costs or currency movements).

The cumulative effects of inflation are also starting to become more significant for us, although we are currently absorbing its impact.

All of this means that, whilst our more traditional cost pressures are receding, we have new ones, and, unusually for the GDC, we also have significant risk and uncertainty relating to the income that the ARF will generate. As a result, we have decided to set a budget for 2018 that:

- Reflects the uncertainties described above (recognising that we are not alone in facing them);
- Seeks to maintain the PSA standards we have previously regained and continues to pursue those that remain (recognising that investment will need to be maintained);
- Provides some initial pump priming for the changing organisation and approach to regulation envisaged in *Shifting the Balance*.

Implicit in the budget decision is that we plan no change in the level of the ARFs for dentists or for DCPs in 2018. That will mark the third year in which both ARFs have been held flat. As we said in *Shifting the Balance*, we will consult in the new year on a new approach to fee setting for all of the professional groups on our register. That approach will be grounded firmly in the rigorous stewardship of funds raised through fees that the GDC has been embedding. While we can only reduce the ARF if and when it is prudent to do so, we aim to generate a better debate about how we use fee income to achieve regulatory outcomes.

You raise one additional specific point about the future of the Dental Complaints Service (DCS). I can confirm that our plans have not changed from those discussed with you and others through our working group. We have no plans to substitute for NHS complaints procedures. Our focus is on providing those NHS patients who do approach the DCS with suitable signposting and advice on how to frame complaints constructively.
Yours sincerely

Dr William Moyes
Chair
General Dental Council
EA Amy Coppock: 020 7167 6026
Web: gdc-uk.org