

**Unconfirmed Minutes of the Meeting of the General Dental Council  
held at 1pm on Thursday 29 March 2019 at  
37 Wimpole Street, London W1G 8DQ**

**Council Members present:**

William Moyes	Chair
Terry Babbs	
Catherine Brady	
Geraldine Campbell	
Anne Heal	
Margaret Kellett	
Sheila Kumar	
Kirstie Moons	
Simon Morrow	
Crispin Passmore	

**Executive Directors in attendance:**

Ian Brack	Chief Executive and Registrar
Bobby Davis	Executive Director, Organisational Development
Matthew Hill	Executive Director, Strategy
Tom Scott	Executive Director, Fitness to Practise (FtP) Transition
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa-Marie Williams	Executive Director, Legal and Governance

**Staff in attendance:**

Samantha Bache	Head of Finance (items 9 and 10)
David Criddle	Head of PMO (item 11)
Lisa Cunningham	Head of Communications and Engagement
Amber Davis	Governance Manager
Rachel Knight	Head of Governance (Secretary)
Ian Jackson	Director for Scotland
Anna Raftery	Quality Assurance Specialist (item 14)
Melissa Sharp	Head of In House Legal Advisory Service (item 8)
Michelle Williams	DCS Head of Operations (item 12)

Members of the public were in attendance.

**PART ONE – PRELIMINARY ITEMS****1. Opening remarks and apologies for absence**

- 1.1. The Chair welcomed everyone to the meeting.
- 1.2. Apologies for absence were received from Jeyanthi John and Caroline Logan.

**2. Declarations of interest**

- 2.1. Staff present declared an interest in item 8, Estates Strategy update.

### 3. Questions submitted by members of the public

- 3.1. No questions had been submitted by members of the public in line with the GDC's policy.

### 4. Approval of minutes of the previous meetings

- 4.1. Council approved the minutes of the meeting held on 31 January 2019

### 5. Matters arising from the Open Council meeting held on 31 January 2019 and rolling actions list

- 5.1 There were no matters arising.
- 5.2 Council **noted** the rolling actions list and **agreed** to close items the items suggested complete. It was noted that the learning points referred in action 316 (Analysis of wider lessons from PSA investigation in Barrow-in-Furness Hospital and NMC) had been attended to and delivered within the original timetable.

### 6. Decisions log

- 6.1 Council **noted** that no decisions had been taken between meetings or under delegation.

## PART TWO – ITEMS FOR DECISION AND DISCUSSION

### 7. Estates strategy update

- 7.1 The Executive Director, Registration and Corporate Resources, updated Council on the implementation of the estates strategy. The offices at Baker Street had been closed within the timetable. Strand 1 teams had completed the transition and were fully operational from the Birmingham offices. Individual consultations for staff impacted by Strand 2 would be completed by 1 April 2019. The initial recruitment campaigns held for FtP and education Quality Assurance posts had been successful, and the second planned FtP campaign would not be required. A recruitment plan was currently being developed for the remainder of Strand 2. The induction and development programme was underway: twelve staff would be joining the GDC on 1 April 2019.
- 7.2 The refit of Wimpole Street was currently being costed, following SLT approval of the plans. The IT pilot of video conferencing between Colmore Square and Wimpole Street had concluded on 31 January 2019. A further business case was being developed proposing the roll-out of Skype for Business to further rooms in Wimpole Street.
- 7.3 Council **noted** the update.

### 8. EU Exit

- 8.1 The Head of In house Legal Advisory Services presented the paper which recommended that Council approve the amended rules and regulations, for which no parliamentary process was required.
- 8.2 The biggest challenge of the EU Exit was the uncertainty, so the GDC was working as closely as possible with the Department of Health and Social Care. It was clear that any form of EU exit would impact on registration, and Parliament had already approved changes to legislation that would come into force on the day the UK left the EU. This legislation would make changes to the Dentists Act and to certain statutory instruments, and would remove concepts currently derived from the MRPQ directive. The drafts before Council drew heavily on the Act to ensure that the GDC rules and regulations would be accurate and relevant on the day of exit.
- 8.3 Counsel had advised that "exit day" was a defined legal term and there would be no requirement to add the specified date to the rules and regulations when it was known. There was some concern that this would not provide sufficient transparency about the effective date

of the new rules and regulations in the long term, and it could be helpful to have accompanying explanation with the text. If the UK did not leave the EU the revised documents would not come into effect and the changes would fall away. The drafts were applicable in any form of exit and were not dependent on a deal.

- 8.4 The Chair invited members to object to the list of rules and regulations proposed for amendments. As no objections were received Council **approved** the General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019 and the General Dental Council (EU Exit) (Amendment) Regulations 2019.
- 8.5 The Chief Executive updated Council on correspondence with the Department of Health and Social Care regarding the statement made in Parliament that there would be no impact on regulators or the presumption of equivalence should there be no deal. The minister had not provided any explanation on the basis for the assumption. The content of dental syllabuses varied across Europe, for example, in some countries the qualifying first degree did not include clinical work. It was agreed that there was no value in writing again, but that once consideration had been given to the resource implication of the assumption the GDC may have to approach the Permanent Secretary.
- 8.6 Council **noted** the update.

## 9. Financial review Q4

- 9.1 The Head of Finance was welcomed to the meeting and introduced the report. It was noted that the pre-audit adjustment operating surplus was £5.5 million, £2.3 million higher than budgeted. The main reason for the higher than expected income was, as had been reported throughout the year, that a 5% caution factor had been applied to budgeted ARF income to reflect the EU Exit risk that there would be a downturn in EEA registrant applications due to the withdrawal of the UK from the European Union.
- 9.2 Although the EU Exit had not had the expected impact in 2018 there remained a risk that the risk could crystallise in 2019. Council had decided not to make a provision in the 2019 budget, which meant that if the risk was realised the GDC would have to call on reserves.
- 9.3 Council **noted** the report on the Q4 financial outturn.

## 10. Reserves policy

- 10.1 The Head of Finance presented the proposed reserves policy 2019. The policy had been amended following Council agreement to move to an approach of reporting on free reserves, net of fixed assets, similar to that of other healthcare regulators. This would result in an improvement in transparency of reporting and encouraging informed scrutiny of the GDC's reserves position. The revised policy was appropriate to support the implementation of the new fees policy in 2019 and the new strategic planning framework.
- 10.2 Work to develop the corporate strategy 2020 – 2022 and the supporting costed corporate plan was underway. A reserves policy for this period would be developed and may have to be adjusted to support the medium term financial and strategic planning. FPC was confident that the proposed policy was appropriate for 2019 and supported the current framework. The proposed policy indicated that the role of the reserves was changing, and it was inevitable that they would be used more frequently in the future. The benchmarking information was helpful because it positioned the issue and explained the thinking behind the proposals.
- 10.3 Council **approved** the updated reserves policy for 2019.

## 11. Balanced scorecard Q4 2018 performance

- 11.1 The Head of PMO presented the Q4 balanced scorecard and highlighted the key performance successes and issues. The balanced scorecard reflected the directorate structure during Q4. The 2019 scorecard had been amended to incorporate the directorate established in January 2019.
- 11.2 The impact of the relocation of staff to the Birmingham on KPIs and targets were discussed. It was noted that the increase in registration processing times was largely due to ten additional applications being received in Q4 compared to Q3, which had coincided with the new Birmingham staff training period. New staff had to follow instructions and so took longer to process each registration, but they had maintained accuracy.
- 11.3 Council noted that the scorecard indicated that FtP timeliness was still an issue, although historic tracking demonstrated that there had been a marked improvement in assessment timeliness. The KPI for assessment referral to case examiner was significantly below the overall target of 75% within 9 weeks. It had been reported red for a long time; however the backlog had halved and was forecast to be eliminated within the next three months. The rating was expected to improve over the course of the year.
- 11.4 The end to end review would complete at the end of June 2019. The KPIs would be recalibrated once the new practices and technology had been embedded and the new Birmingham teams had been established. The targets needed to be stretching but realistic, and it would be helpful for Council to discuss them in a workshop, which should include benchmarking against other regulators and dialogue with the PSA.

### **ACTION: To add a Council workshop on FtP KPIs to the workshop schedule.**

- 11.5 Council were satisfied that the pulse surveys of Birmingham staff and other initiatives deployed during the transition to the Birmingham offices were appropriate given the diversion of resources to the estates strategy. A new approach to measuring engagement across the GDC would be defined for Q2 2019, with data available from Q3. The KPI for probation success was listed as an issue – the current figures were skewed by resignations from fixed term contractors which was to be expected. The metric was to be amended to better reflect the different workforce cohort lifecycles. Council suggested that it would be helpful to differentiate between the London and Birmingham offices because the story in each location would reflect their different situations.
- 11.6 The target for information statutory compliance remained at 100%, with no provision for an amber rating. Both FoI and DPA compliance had slipped to a red rating this quarter but the percentage remained above 95% which was a strong performance, particularly given the size of the team and the reliance on adherence to best practice across the organisation, for example forwarding requests to the team in a timely manner. Council noted that an amber risk would be more helpful than zero tolerance for all information compliance indicators. The GDPR had reduced the timeframe for self-reporting serious data breaches, which meant that suspected breaches were reported before they were fully investigated. In this quarter two breaches had been reported but one investigation had proved that it was not a reportable breach. The second breach was the loss of a USB stick by an expert witness who was contracted to the GDC. The FPC had scrutinised controls in place regarding the use of portable data devices, including USB sticks and were satisfied that the risk was low. It was recognised that contractor's and associates' personally-owned machines remained outside the control of IT but their use was addressed by the terms of GDC contracts. Contractors had been reminded of the policies and requirements they had signed up to.
- 11.7 Council **noted** the report.

## 12. Dental complaints service Q4 2018

- 12.1 The DCS Head of Operations presented the report. During Q4, 511 enquiries were received, 97% of which were responded to within two working days. The most common outcome from complaints was a full refund from the dental professional. Patients were only eligible for a

refund if they were having remedial treatment. It was possible for a complaint to have more than one outcome, although most patients were seeking a refund and requests for apologies were low.

- 12.2 Customer satisfaction had dropped to 93% in Q4 following one response whereby the patient was unhappy with the scope of DCS' remit. The patient had expected the DCS to act as an advocate for their complaint rather than be impartial and expected genuine compensation.
- 12.3 Council queried whether there were any trends about the types of treatments that were included in complaints.

**ACTION: To include a trend analysis on the number of complaints by treatment type in the next report.**

- 12.4 The introduction of FtP referral principles in March 2018 had reduced the number of referrals to FtP. To ensure quality the progress of referred cases were monitored to identify any that were assessed by FtP as inappropriate. In addition a request had been made to the compliance team to undertake a detailed review, the results of which would be received by the appropriate forum. There were not many similar models against which the DCS could benchmark its performance. The closest model was the optical complaints service whose referral rate had been stable at 2%.
- 12.5 DCS phase 2 timescales had been extended slightly to accommodate the complaints resolution project which would complete in March 2020. The outcome of this would guide the DCS review.
- 12.6 Council **noted** the Q4 2018 DCS performance report.

### 13. Chairs Strategy Group (CSG) membership

- 13.1 The Chair of Council introduced the paper. Following his request at the last meeting one registrant member had indicated an interest in filling the CSG vacancy.
- 13.2 Council **approved** the appointment of Catherine Brady to the CSG with immediate effect until 31 July 2019.

## PART THREE - ITEMS FOR NOTING

### 14. Annual Reports

#### Quality Assurance Group (QAG)

- 14.1 The Executive Director, Strategy, presented the annual report from QAG. The group had developed into a useful tool to improve clarity and consistency in decision making. Work was ongoing to ensure that the learning extracted from the work of the group was translated into work programmes across the organisation, including guidance, communications and training.
- 14.2 The regulatory policy forum referred in the paper was a newly established internal mechanism to disperse and co-ordinate learning across the GDC. It included a range of people and ensured that different parts of the business were involved in conversations about work under development. One of the themes of work that was in early development was the need to communicate clear expectations to the registrant community. For example, there had been frequent conversations arising out of cases analysed by QAG about the GDC stance on recreational drug use, for which a policy was actively being pursued.

#### Decision Scrutiny Group (DSG)

- 14.3 The annual report was presented by the Quality Assurance Specialist. 382 case reviews were completed in 2018: 360 decisions were rated as green; fourteen were amber and eight were red. The method of randomly selected cases had demonstrated its value because it had detected a small number of decisions of concern that would not otherwise have been

identified. As such the additional level of assurance of FtP decision making provided by the group was a significant strengthening of the QA infrastructure. The process also identified best practice, which was disseminated as appropriate to improve quality in decision making from a position of strength.

- 14.4 Council **noted** the annual reports from the Quality Assurance Group and Decision Scrutiny Group.

## **15. Reports of the Council Committees**

### **Audit and Risk Committee (ARC)**

- 15.1 The Chair of ARC introduced the report. He emphasised the value of the deep dive audits to provide further assurance that detailed systems of control were appropriate and working.

### **Remuneration Committee**

- 15.2 The Chair of the committee confirmed that in addition to the report of the meeting held on 24 January the committee met on 21 March 2019 to review the Council member appraisal process and non-executive remuneration policies. Recommendations would be coming to Council in due course. In January the committee had received an update on the Associates project, which had progressed well with the clarification of the legal framework regarding associates and a decision tree which showed where the different roles fit into the GDC workforce. Work was ongoing to ensure the organisation was able to make best use of this skilled and connected group of people. At the next meeting the committee would receive a revised EDI action plan.

### **Finance and Performance Committee (FPC)**

- 15.3 The Chair of FPC highlighted the key pieces of work completed by the committee in Q1, including the recommendation that the management accounts were a suitable basis from which to prepare the 2018 Annual Report and Accounts and the agreement that the proposed efficiency savings disclosures were appropriate.

### **Policy and Research Board (PRB)**

- 15.4 The Chair of PRB introduced the report. She noted that the Board had received a presentation on the implementation of SNOMED but were concerned that little seemed to be known about it amongst registrants. There was also a lack of clarity about whether the nonclementure would be England only or rolled out across the four nations. The Board had also commented on a Local Dental Committee (LDC) engagement plan, which was important because it involved the key areas of the registrant base.
- 15.5 Council **noted** the reports from the Council's committees.

## **PART FOUR - CONCLUSION OF BUSINESS**

### **14. Any Other Business**

- 14.1 There were no items of any other business.

### **15. Review of the meeting**

- 15.1. The opportunity to consider the scorecard in detail was welcomed and should be repeated two or three times a year.

### **16. Close of the meeting**

- 16.1. There being no further business, the meeting ended at 2.30pm

**Date of next meeting:** 30 May 2019, to be held in Cardiff. The timings would be confirmed as soon as possible.

**Name of Chair:**

William Moyes