

## Corporate Strategy 2020 - 2022

<b>Purpose of paper</b>	This paper introduces the Council's corporate strategy following consultation and the report on that consultation exercise.
<b>Action</b>	For approval
<b>Business Plan 2019</b>	Strategic planning framework: corporate strategy
<b>Decision Trail</b>	<p>The GDC's new policy on fees was approved in October 2018. One of the key changes introduced by that policy is a new approach to consultation on GDC activity and spending.</p> <p>Under the new policy, we have committed to consulting every three years on a corporate strategy, with high level costings attached, which will set out the GDC's priorities and proposed programmes of work over that three year period.</p> <p>The Council approved a version of the strategy for publication in April. The consultation began in May 2019 and ran until 30 July.</p>
<b>Next stage</b>	Following approval the documents will be published in line with the communications plan.
<b>Recommendations</b>	<p>The Council is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the consultation outcome report for publication</li> <li>• Approve the 3 year strategy for publication</li> </ul>
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<b>Appendices</b>	<ul style="list-style-type: none"> <li>i) Corporate strategy 2020 – 2022</li> <li>ii) Report on consultation</li> </ul>

### 1. Executive Summary

- 1.1. This paper introduces the final draft of the GDC's corporate strategy for 2020 – 2022 following a 12 week consultation.

- 1.2. The strategy for 2020 - 2022 seeks to draw together the various commitments the GDC has made in *Shifting the balance*, the end to end review of fitness to practise, our work to rationalise our estate and the work to develop an approach to managing, developing and deploying our people.
- 1.3. As required by the GDC's fees policy, we have adopted a new approach to developing our corporate strategy and the associated plans. This new approach involves development of and consultation on a three-year strategy, with high level costs attached. This is aimed at shifting the focus of the debate about the level of the fee on to the cost of achieving regulatory outcomes, and away from our annual budget. The strategy sets out 5 strategic aims, each with a set of objectives. Each of the strategic aims has a cost attached, as well as an explanation of how that cost is borne by the two registrant groups, dentists and DCPs.
- 1.4. The 12-week consultation has now closed, and analysis of the responses has been carried out. Response rates were somewhat lower than expected, but we received constructive and full responses from many of our major stakeholders.

## **2. Introduction and background**

- 2.1. The GDC's revised policy framework for fee setting, which came into effect in January 2019, set out a new approach to strategic planning and consultation with our stakeholders on expenditure.
- 2.2. The policy states that:
  - We will consult every three years on the high-level objectives and associated expenditure plans which will underpin the annual retention fee. The consultation documents will be reasoned, costed and clear about the assumptions on which they are based, particularly in relation to efficiency gains.
  - We will consult on our proposals for distributing the costs of achieving the objectives among different groups and subgroups of registrants, including on any proposed cross subsidy, and any steps that might be taken to minimise the impact on those groups and subgroups.
- 2.3. The policy also states that we will publish, maintain and update a rolling three-year corporate plan, which will be costed at programme/function level, and will outline clear objectives. We will therefore also need to publish, but not consult on, our corporate plan. This will set out in more detail how we propose to achieve the objectives set out in the strategy and will attach timescales to programmes of work. The Council will be involved in the development and prioritisation of that plan.

## **3. The strategy**

- 3.1. The latest draft has been amended following the consultation. It also reflects comments provided in writing by Council members prior to the 11 September meeting.
- 3.2. The strategy reflects on the period 2016 – 2019, and summarises some of the key achievements from Patients, Professionals, Partners, Performance. It then sets out the following:
  - GDC's purpose, role and responsibilities - statutory purpose and mandatory functions
  - Vision – what we want from a system of regulation
  - Organisational values
  - Strategic aims – these aims seek to articulate the organisation's key priorities and how we propose to achieve our statutory purpose.
    - developing and delivering an evidence informed, cost-effective and proportionate 'upstream' regulatory framework, which begins with education, supports career-long learning, and promotes high standards of oral healthcare and professional conduct.

- working with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively.
- developing, embedding and delivering a cost-effective and proportionate model for enforcement action
- Maintaining and developing the regulatory framework
- developing a high performing, sustainable organisation.
- How we will work – these aim to emphasise *how* we will work, as opposed to *what* we will achieve. They are not deemed to be ends in themselves, rather they are tactics that we need to deploy in order to ensure that we achieve our aims.
- Success measures – these set out the things we will look at to understand whether we have been successful not only in completing tasks, but in effecting change.
- Context – this section sets out the background to the landscape in which we are operating and will seek to set out some of the challenges that we, our stakeholders and partners face. It is not intended to be an exhaustive description of everything affecting the sector, rather it is intended as an acknowledgement of the rapid and constant change facing us, our partners and those we regulate.
- Detail on why we have set our objectives, and what we will do in pursuit of them.
- Information on the distribution of costs across the strategic aims. This information has been updated since the consultation as a result of further analysis during the planning and budgeting process, with the proportions assigned to each strategic aim having changed, albeit not significantly.

3.3. There are areas of the strategy in which we have had to allow for uncertainty, including the response to the UK’s exit from the EU and the work to support the broader regulatory reform led by the Department of Health and Social Care.

#### **4. Consultation response report**

- 4.1. The consultation responses have been analysed and a report prepared. This sets out the numbers of responses to each question. We did not request binary responses to the questions, but we have sought to determine whether responses were positive/negative/neutral. Many of the negative responses were very brief and contained very little detail or reasoning. They also focused largely on ARF levels rather than on the strategy itself.
- 4.2. Following feedback from the Council at the closed meeting on 11 September, we have reviewed the report to ensure that it is sufficiently balanced, and incorporated feedback from legal colleagues.
- 4.3. The analysis undertaken during the budgeting process, to ensure appropriate alignment of projects to strategic aims has been reflected in the strategy document. The change in the proportion of expenditure within the strategy is as a result of ensuring that projects are correctly assigned to the strategic aims.
- 4.4. The report on the consultation is attached at annex 2.

#### **5. Risks and considerations**

<p><b>Communications</b></p> <ul style="list-style-type: none"> <li>● A communications plan has been prepared and will be discussed as a separate agenda item</li> </ul>
<p><b>Equality and Diversity</b></p>

<ul style="list-style-type: none"> <li>The strategy does not require an equality impact assessment. Assessments will need to be made as projects to achieve the objectives are designed and commenced.</li> </ul>
<b>Legal</b> <ul style="list-style-type: none"> <li>There are no immediate legal implications to this strategy.</li> </ul>
<b>Policy</b> <ul style="list-style-type: none"> <li>This strategy is the high-level articulation of the GDC's policy/strategy. The policy framework that supports the organisation's business will need to be kept under review as work to deliver the strategy gets underway.</li> </ul>
<b>Resources</b> <ul style="list-style-type: none"> <li>The strategy forms the basis of the organisation's expenditure plans for 2020 – 2022.</li> </ul>
<b>National</b> <ul style="list-style-type: none"> <li>This strategy will apply across the four nations of the United Kingdom, although there are objectives which affect individual nations differently.</li> </ul>
<b>Risks on registers</b> <ul style="list-style-type: none"> <li>This strategy aims to set out how the organisation will deliver on the ambitions described in <i>Shifting the balance</i> as well as how it will respond to external factors, including the UK's exit from the European Union and emerging plans from the Department of Health and Social Care for broader regulatory reform.</li> </ul>

## 6. Recommendations

- 6.1. The Council asked to approve the strategy and the consultation outcome report for publication.

## 7. Internal consultation

- 7.1.

Department	Date and consultee name
All SLT members	Since 4 December 2018
Strategic planning framework board members	Since 4 December 2018

## 8. Appendices

- 8.1. Corporate strategy 2020 – 2022
- 8.2. Consultation outcome report