

## **A meeting of the Council of the General Dental Council**

**09:30am** on Thursday 17 December 2020 at the General Dental Council,

**Via MS Teams**

### **Members:**

William Moyes (Chair)

Terry Babbs

Donald Burden

Catherine Brady

Anne Heal

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Crispin Passmore

Laura Simons

The meeting will be held in public<sup>1</sup>. Items of business may be held in private where items are of a confidential nature<sup>2</sup>.

**If you require further information or if you are unable to attend, please contact Katie Spears (Head of Governance) as soon as possible:**

Katie Spears, Head of Governance and Board Secretary, General Dental Council

Tel: 0207 167 6151      Email: [kspears@gdc-uk.org](mailto:kspears@gdc-uk.org)

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<sup>1</sup> Section 5.1 of the General Dental Council Standing Orders for the Conduct of Business 2020

<sup>2</sup> 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.	<b>Welcome and Apologies for Absence</b>	William Moyes, Chair of the Council	09:30- 09:35am (5 mins)	Oral
2.	<b>Declarations of Interest</b>	William Moyes, Chair of the Council		
3.	<b>Questions Submitted by Members of the Public</b>	William Moyes, Chair of the Council		
4.	<b>Approval of Minutes of Previous Meetings</b>  To note approval of: <ul style="list-style-type: none"> <li>the full minutes of the public meeting and abbreviated minutes of the closed meetings held on 22 October 2020.</li> </ul>	William Moyes, Chair of the Council		Attached
5.	<b>Matters Arising and Rolling Actions List</b>  To note any matters arising from the public meeting held on 22 October 2020 and review the rolling actions list	William Moyes, Chair of the Council		Attached
6.	<b>Decisions Log</b>  To note decisions taken between meetings under delegation (if any)	William Moyes, Chair of the Council		Attached

### PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	<b>Assurance Reports from Committee and Group Chairs</b> <ul style="list-style-type: none"> <li>a. Audit and Risk Committee</li> <li>b. Finance and Performance Committee</li> <li>c. Remuneration and Nomination Committee</li> <li>d. Chair's Strategy Group</li> </ul>	<i>For noting</i>	09:35- 09:55am (20 mins)	Oral

8.	<b>Statutory Panellists Assurance Committee – Annual Report and Reflections from Chair</b>  Rosie Varley, Chair of the SPC	<i>For noting</i>	09:55-10:10am (15 mins)	Paper
9.	<b>Council and Chair Appointments Process</b>  Lisa Marie Williams, Executive Director, Legal and Governance  Sarah Keyes, Executive Director, Organisational Development  Katie Spears, Head of Governance	<i>For decision</i>	10:10-10:25am (15 mins)	Paper
10.	<b>Review of the Corporate Strategy</b>  Stefan Czerniawski, Executive Director, Strategy  Osama Ammar, Head of Public Policy	<i>For decision</i>	10:25-10:55am (30 mins)	Paper
<b>COMFORT BREAK – 10 mins – 10:55-11:05am</b>				
11.	<b>Scope of Practice – Purpose and Approach</b>  Stefan Czerniawski, Executive Director, Strategy  Katherine McGirr, Policy Manager	<i>For discussion</i>	11:05-11:25am (20 mins)	Paper
12.	<b>Organisational Performance</b> <b>Part A: Financial Review and Forecast</b> <b>Part B: CCP Quarterly Performance Report</b> <b>Part C: Balanced Scorecard</b>  Samantha Bache, Head of Finance and Procurement  David Criddle, Head of Business Intelligence, Delivery and PMO	<i>For discussion</i>	11:25-11:45am (20 mins)	Paper

### PART THREE – CONCLUSION OF BUSINESS

13.	<b>Any Other Business</b>	William Moyes, Chair of the Council	11:45-11:50am (5 mins)	Oral
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<b>14. Review of the Meeting</b> As part of the review, can the Council be satisfied that the organisation is well-governed and specifically that: ➤ Time allocated to each paper ➤ Detail, balance, and level of information in papers ➤ Did papers make clear what happened at each Committee. ➤ The Council's work programme is appropriately prioritised and timetabled and balanced	William Moyes, Chair of the Council	11:50-11:55am (5 mins)	Oral
<b>15. Date of Next Meeting</b>	Thursday, 18 March 2021 (Virtual)		

### **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	<b>Chair and Chief Executive Appraisal Process</b>	Lucy Chatwin	Decision	Public	14 Dec 2020
2	<b>Process for Appointment of Independent Member of the ARC and Policy on Appointments of non-Statutory Committee Members</b>	Lee Bird	Decision	Public	14 Dec 2020
3	<b>Extension of the Chair's Strategy Group</b>	Katie Spears	Decision	Public	14 Dec 2020
4	<b>Managing Interests for Council Members and Independent Governance Associates - Policy</b>	Katie Spears	Decision	Public	14 Dec 2020
5	<b>Gifts and Hospitality for Council Members and Independent Governance Associates – Policy and Annual Report</b>	Katie Spears	Decision and noting	Public	14 Dec 2020
6	<b>Review of Financial Policies and Procedures</b>	Sam Bache	Decision	Public	14 Dec 2020
7	<b>Quality Assurance Decisions</b>	Ross Scales	Noting	Public	14 Dec 2020

8	<b>Public Affairs, Policy and Media Update and Stakeholder Engagement Report</b>	Colin Mackenzie/Lisa Bainbridge	Noting	Public	14 Dec 2020
9	<b>Research Programme - Update</b>	David Teeman	Noting	Public	14 Dec 2020
10	<b>Annual Reports on Committee Effectiveness</b>	Katie Spears	Noting	Public	14 Dec 2020
11	<b>Promoting Professionalism - Update</b>	Hannah Pugh	Noting	Public	14 Dec 2020

**Minutes of the Meeting of the  
General Dental Council  
held at 11:30 on Thursday 22 October 2020  
in Open Session held on MS Teams**

**Council Members present:**

William Moyes	Chair
Terry Babbs	
Donald Burden	
Catherine Brady	
Anne Heal	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Simon Morrow	
Crispin Passmore	
Laura Simons	

**Executive Directors in attendance:**

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

**Staff in attendance:**

Samantha Bache	Head of Finance and Procurement (items 8-10 only)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (items 8-9 only)
Colin Mackenzie	Interim Head of Communications and Engagement
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager
Lee Bird	Governance Manager

**Others in Attendance:**

Members of the Public

**Apologies:**

Caroline Logan

**1. Welcome and apologies for absence**

- 1.1 The Chair welcomed everyone to the meeting, in particular Donald Burden, Laura Simons and Mike Lewis, who were attending their first meeting as Council members, and noted apologies from Caroline Logan.

- 1.2 This was the first Council meeting held in public during the pandemic period. Members of the public in attendance were reminded of the meeting etiquette that had been circulated prior to the meeting.

## **2. Declaration of interests**

- 2.1 In relation to the substantive agenda, on the CCP and Budget, Council Members declared an interest in the provision for Council Member fees and staff declared an interest in relation to the provision for staff pay and pensions. All registrant Council Members declared an interest in the ARF levels discussion.
- 2.2 In relation to items considered via correspondence, all Council Members and all staff declared an interest in the whistleblowing item.

## **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 Council **noted** that the full minutes of the last public meeting held on 16 January 2020 had been approved in March 2020 and published shortly thereafter. Abbreviated minutes of all Council meetings held since that time had also been published.

## **5. Matters Arising and Rolling Actions List**

- 5.1 The Council **noted** the actions list and agreed that all items labelled 'suggest complete' should be marked as completed. The Council was content with the progress of the other live actions.

## **6. Decision Log**

- 6.1 The Council **noted** that it had considered six papers via correspondence:
- a. Appointment of External Auditors – the Council had approved the re-appointment of Haysmacintyre as external auditors for the 2020 and 2021 audit.
  - b. Whistleblowing: Joint Regulators Report – this paper had been noted.
  - c. Public Affairs, Policy and Media Update and Stakeholder Engagement Report - this paper had been noted.
  - d. Customer Feedback: Fitness to Practise - this paper had been noted.
  - e. Customer Feedback: Registration - this paper had been noted.
  - f. Board Development Update - this paper had been noted.

## **7. Assurance Reports from Committee Chairs**

- 7.1 The Chair of the Audit and Risk Committee (ARC) updated the Council on the work of the ARC since the last Council meeting. The Committee had met once and had considered the scheme of Council delegations. It had considered the strategic risk register (SRR) in detail and the Board Assurance Framework (BAF) which gave the Committee greater visibility as to how the organisation was managing risk. The Committee had conducted a deep dive into how the organisation was performing during the pandemic, with an eye on organisational resilience, and was working in a complementary way to the Finance and Performance Committee in this respect. The Committee had also received several

positive Internal Audit reports on incident management, core financial controls and the Registration function.

- 7.2 The Chair of the Finance and Performance Committee (FPC) updated Council on the work of the FPC since the last Council meeting. The Committee had met once to consider the sixth draft of the Costed Corporate Plan 2021-2023 (CCP) and Budget for 2021. The Committee had considered updated income projections, after the completion of the ARF collection round for DCPs and reviewed and endorsed the priority ranking of projects within the organisational portfolio. The Committee had also recommended a process by which it could periodically review the budget position and organisational capacity to reignite projects that were held in abeyance.

- 7.3 The Council **noted** the updates.

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

## **8. Costed Corporate Plan 2021 - 2023 and Budget 2021 - Accounting Officer Advice**

- 8.1 The Chief Executive, as Accounting Officer, set out his advice to the Council and noted that it was focused on ensuring that the GDC was able to deliver its statutory duties. The advice was intended to contextualise the plan and address how the broad risks and planning assumptions were captured within the budget.
- 8.2 The Council noted that an income caution of 10% was recommended, given the continuing impact of COVID-19 on the dental sector and that there was considerable uncertainty around the growth or maintenance of the register in the current climate, both in relation to the pandemic situation and around EU Exit. Additionally, the Council heard that risks also lay against expenditure, as there were high levels of uncertainty in areas that were outside of the control of the organisation and it had been necessary to make contingent provisions against these risks. Similarly, the likelihood of the organisation's free reserves needing to be accessed was now higher, as there was now a much greater level of uncertainty in the external environment.
- 8.3 The Council also noted the process for accessing contingent provision and reserves and noted that the Accounting Officer recommended the approval of the budget and the plan.
- 8.4 The Council **noted** the advice.

## **9. Review of the Costed Corporate Plan 2021-2023 (CCP) and Budget 2021**

- 9.1 The Executive Director, Registration and Corporate Resources introduced the paper and the process that had been followed to take the various iterations of this work through the scrutiny process with the FPC.
- 9.2 The Council was invited to approve the Costed Corporate Plan for 2021 – 2023 and the budget for 2021. The Council heard that the budget for 2021 was balanced against a 10% income caution and would be subsidised by £1.3m of a forecast underspend in 2020. The 2021 budget was set at 6.5% less than for 2020 (reducing from £40.4m to £37.8m) and the organisational headcount had decreased by 1.5% (to 359.5 FTE).
- 9.3 The Council was asked to note the contingency management framework which presented a changed approach to accommodate the high levels of uncertainty around risk caused by the current pandemic situation and EU Exit.



- 9.4 The Council was also invited to delegate authority to the FPC to reinstate projects that had been rated as 'Could do' in the prioritisation exercise, in the event that the level of income risk that had been incorporated into the budgeting approach did not materialise.
- 9.5 The Council discussed that there had been considerable scrutiny of the budget and plan at the previous Council meeting in September 2020 and throughout the planning process, by the EMT and the FPC. The plan and budget presented today were the result of several months of careful work.
- 9.6 The prioritisation exercise in relation to projects had been very rigorous. The Council noted that these projects were not 'nice to have'; they represented work that the organisation was committed to delivering when budget and capacity allowed.
- 9.7 The reactivation process, proposed to take place through FPC, was vital to ensure that these key pieces of work continued at an appropriate point. The reactivation of projects would be conducted carefully, with a view to Council's stated priorities, and would factor in the organisational capacity, financial position and other appropriate considerations. The EMT would monitor whether income risks were materialising and bring requests to the FPC to reinstate appropriate projects into the plan. It was envisioned that the FPC would monitor this through quarterly updates. The decisions would be made by the FPC at the point that resource became available, given the changing nature of the external environment, rather than a pre-approved list of projects being reinstated in turn. The Council would be informed as to any decisions taken in this respect by the FPC as part of the assurance reporting from the Committee to the Council and would consult appropriately where it felt necessary.
- 9.8 The Council **approved** the Costed Corporate Plan 2021-2023 and **approved** the budget for 2021.
- 9.9 The Council **noted** the contingency management framework.
- 9.10 The Council approved the proposed approach to the reactivation of 'Could Do' projects contained within the CCP prioritisation exercise and **delegated** this power to the Finance and Performance Committee.
- 9.11 The Council thanked the team for its hard work in producing an excellent piece of work.

**Action: Head of Governance to update the delegated powers within the Terms of Reference for the Finance and Performance Committee (to include the delegated authority to reinstate 'Could do' projects within the CCP in the event that income risk did not crystallise) and circulate to the Council for information.**

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

## 10. 2021 Reserves Policy

- 10.1 The Executive Director, Registration and Corporate Resources introduced the paper with the Head of Finance and Procurement. A more flexible and modular approach had been taken in the policy to ensure that the organisation could react appropriately to the high level of uncertainty around risk in the current climate.
- 10.2 The Council **discussed** the following:
- a. The organisation must hold adequate financial reserves to evidence that it remained a going concern. This was a statutory obligation and meant that it needed to be in a position to meet its obligations when they fell due. The reserves policy set out the level of operating expenditure that the Council had judged

appropriate to be held to ensure that the organisation had the financial capacity to deliver its functions, and cope with the risks to which it was exposed.

- b. The Council noted that with the current budget and known financial risks, the target free reserves level adjusted for costed risks was 4.5 months of operating expenditure. When the current forecast free reserves were adjusted for known financial risks, they would sit at 3.9 months of operating expenditure by December 2023. This was lower than the Council target of 4.5 months and would be kept under review to ensure that the level of free reserves remained within the upper and lower limits of the reserves policy. If there were concerns, there would be amendments to the work programme and these concerns would be raised with the Council.
- c. The Council discussed whether a topping up of reserves should be automatic or whether priority projects should be considered for reactivation. The Council agreed that there should be room for ongoing discussion about the approach to any income collected that was in excess of forecast levels and noted that the Accounting Officer's advice was that it was necessary to hold adequate (but not excessive) reserves and that this was ever more important given the current volatile environment. The FPC welcomed clarity around the reserves policy and recommended the proposed approach of making no change to the reserves policy to the Council.

10.3 The Council **approved** the reserves policy for 2021.

## 11. Annual Retention Fee Levels – CCP Funding Paper

11.1 The Executive Director, Registration and Corporate Resources and Head of Finance and Procurement presented the paper which outlined the proposed approach to funding the CCP and the proposed levels for the ARF for 2021.

11.2 The Council **discussed** the following:

- a. The budget envelope for the three-year period of the CCP 2021-2023 was £117m and, in October 2019, the Council had set the ARF levels for the period 2020-2022. These fees were set in line with the principles outlined in the 2018 fees policy. The Council had reduced the levels of the ARF in 2019 and, since this reduction had not been designed to cover the entirety of the expenditure within the plan, there remained work to be done to ensure that the organisation could continue deliver against its strategy with the budget envelope.
- b. The organisation was in Year 1 of its planning cycles and there was considerable risk and financial uncertainty this year. There was, accordingly, no intermediate change to fees proposed. The Council noted that this approach had been rigorously scrutinised in the earlier iterations of the work that had come before the Council and agreed that it was vital that the organisation could continue to deliver its statutory obligations.

11.3 The Council **approved** the approach to funding the CCP and the recommendation to leave the Annual Retention Fee levels unchanged. Accordingly, the ARF levels for 2021 were set at:

- a. For Dentists: £680
- b. For Dental Care Professionals: £114
- c. For Specialists: £72

*The Head of Finance and Procurement left the meeting.*

*The Senior Counsel and Head of In-House Legal Advisory Service joined the meeting.*

## 12. Scheme of Delegations

- 12.1 The Senior Counsel and Head of In-House Legal Advisory Service presented the paper which outlined a new scheme of Council delegations.
- 12.2 The Council **discussed** the following:
- The scheme was designed to enable staff to support the Council in performing its functions. The Audit and Risk Committee had scrutinised earlier iterations of this work and the Council had also considered it in September 2020.
  - The Council noted that the aims were to improve transparency, accessibility and understanding of the approach to delegations within the organisation and that the revisions made to the delegations themselves were largely around an improvement of the form and structure of the scheme.
  - The Council noted that the new approach formalised the existing (informal) requirements to review the scheme every two years and that the Council would take into account, but not be bound by, advice from the Committee, Chief Executive and Registrar. Language had been tidied up within the 'Matters Reserved' document and delegations to 'staff' rather than to the 'Executive' were included to minimise the risk of any sub-delegations.
- 12.3 The Council **approved** the proposed revisions to the Scheme of Council delegations and made the General Dental Council (Delegation of Functions) Rules 2020. The rules would be signed electronically (that afternoon) and sealed once the pandemic containment measures allowed.

*The Senior Counsel and Head of In-House Legal Advisory Service left the meeting.*

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

## 13. Organisational Performance – Q2 of 2020

### Part A: Financial Review and Forecast

- 13.1 The Head of Finance and Procurement presented the paper and outlined that, for Quarter 2 of 2020, the organisation's income had been £0.2m lower than budgeted. This was partly due to the deferment of examinations, due to COVID-19 and an adverse variance of 0.1% on dentist registrations in January 2020. Across the organisation, the year to date spend was £3.6m lower than budgeted and this was due to the re-profiling of work into later 2020 or into 2021 given the impact of the pandemic (which had been factored into the CCP 2021-2023 planning work), an underspend in hearings given the delays caused by COVID-19 and a £1.1m reduction in spend on staff costs (as there had been no staff pay increase award in 2020 and a recruitment freeze for part of the year).
- 13.2 The Council discussed when the organisation might be in a position to host the ORE, via its external suppliers, and noted that there was a shared priority for both the GDC and for candidates that this only be done when it was safe to do so. The organisation was in regular communication with those who were on the waiting lists for an examination date. The Council also noted that the approach that it had taken to de-risking its investment portfolio had been prudent and that the FPC would revisit the investment strategy in November 2020. The Council discussed whether research and engagement work that

had not taken place as planned in 2020 had been lost or deferred and noted that as priorities had shifted, to gain a proper understanding of the impact of COVID-19, work had been moved but not dropped from the research agenda.

- 13.3 The Council **noted** the update.

Part B: CCP Quarterly Performance Report

- 13.4 The Head of Business Intelligence, Delivery and PMO presented the paper and outlined the key performance insights. All three key areas of CCP delivery were rated as Green. The Council **noted** the report and that it was well presented.

Part C: Balanced Scorecard

- 13.5 The Head of Business Intelligence, Delivery and PMO presented the paper.
- 13.6 The Council **noted** the performance information and **approved** the report administration changes set out in the Balanced Scorecard at 1.6 of Appendix 3 to the paper.

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

## **14. Fitness to Practise Key Performance Indicators**

- 14.1 The Executive Director, Fitness to Practise presented the paper providing an update on the ongoing work to review and update the suite of key performance indicators for Fitness to Practise. The Council noted the need for more meaningful indicators in this area and welcomed the approach taken to securing better evidence to provide useful insights into performance here.
- 14.2 The Council **noted** the update.

## **15. Any Other Business**

- 15.1 The Council discussed that the Selection Panel had shortlisted for appointments to the Statutory Panellists Assurance Committee and would conduct interviews the following week. The Council could expect a paper for consideration by correspondence of the recommended appointments in November 2020.

## **16. Review of the Meeting**

- 16.1 The Council discussed the level of work that had gone into reviewing the CCP and Budget planning throughout the year and the need to ensure that the level of open debate that had been ongoing through those meetings continued in the public sessions. The drive to ensure that papers remained in public session continued to be important.
- 16.2 The new members of Council had found the volume of papers challenging but noted the level of familiarity with the subject matter that other members had developed – particularly through Committee scrutiny – would have assisted them. Other Council members noted the improvements in quality in the Council papers over 2020. All new members of Council noted that the induction approach had been rigorous, supportive and positive.
- 16.3 The Council noted that it had welcomed the move to considering more papers, that were less complex or repercussive, via correspondence to ensure that the meeting time was used effectively and this would continue to be monitored to ensure that the right balance was being struck.

*The meeting was closed at 12:45pm*

**Minutes of the Meeting of the  
General Dental Council  
held at 9:30 on Thursday 22 October 2020  
in Closed Session held on MS Teams**

**Council Members present:**

William Moyes	Chair
Terry Babbs	
Donald Burden	
Catherine Brady	
Anne Heal	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Simon Morrow	
Crispin Passmore	
Laura Simons	

**Executive Directors in attendance:**

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

**Staff in attendance:**

Sam Clements	Head of Risk Management and Internal Audit (item 7 only)
Osama Ammar	Head of Public Policy (item 8 only)
Colin Mackenzie	Interim Head of Communications and Engagement
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager
Lee Bird	Governance Manager

**Apologies:**

Caroline Logan

**1. Welcome and apologies for absence**

- 1.1 The Chair welcomed everyone to the meeting, in particular Donald Burden, Laura Simons and Mike Lewis, who were attending their first meeting as Council members. The Council noted apologies from Caroline Logan who had provided comments via correspondence.

## 2. Declaration of interests

- 2.1 In relation to the substantive agenda, registrant members declared an interest in the discussion on ARF levels as part of the Communications Principles paper.
- 2.2 In relation to items considered via correspondence, all staff declared an interest in the staff survey action plan.

## 3. Approval of Minutes of Previous Meeting

- 3.1 The Council **noted** that the full and abbreviated minutes of the closed meeting held on 24 September 2020 had been approved via correspondence.
- 3.2 The Council **approved** the abbreviated minutes of the closed meeting held on 24 September 2020 for publication by correspondence.

## 4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** the actions list and agreed that all items labelled 'suggest complete' should be marked as completed. The Council noted the update paper on the actions log and was content with the proposals within the paper around the updated due dates for the actions.

## 5. Decision Log

- 5.1 The Council **noted** that it had considered two papers via correspondence:
  - a. Staff Survey: Update on Action Plan – this paper had been noted.
  - b. Routes to Registration: Overseas Registration Exam and Mutual Recognition of Professional Qualifications – this paper had been noted.

## 6. Chief Executive's Report

- 6.1 The Chief Executive provided the Council with an update on the following topics: COVID-19, cyber security, payment by instalments, EU Exit and regulatory reform.
- 6.2 The Council **noted** the update.

## 7. Strategic Risk Register (SRR)

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

- 7.1 The Head of Risk Management and Internal Audit presented the paper on the strategic risk position of the organisation and noted that the Council had discussed its risk appetite at a workshop the previous day. The Council was also asked to discuss and approve an approach to strategic risk reporting and to confirm whether, when a risk was classed as being 'on appetite' being rated as Amber, remained a useful one.
- 7.2 The Council **discussed** the following:
  - a. It had received a revised risk matrix the previous evening, following the workshop discussions the previous day. There was some additional work required to clarify the wording of the matrix and the Council requested that this further work be presented via correspondence and a decision on risk appetite could be sought at the December Council meeting.
  - b. In respect of the strategic risk register, the Council noted that there were ten active risks; one new risk had been recognised since the last version of the register was presented and one had been recommended for dormancy.



- c. In respect of the onward reporting approach, the Council **agreed** that the appropriate level of detail for the Council was to see the Board Assurance Framework (BAF). The SRR could be placed in the reference section on Diligent Boards. The Council agreed that there should be some refinement of the approach to the BAF, around the narrative on mitigations, and that this should be discussed again at the Audit and Risk Committee before it was presented to the Council in December.
- d. In respect of the categorisation of risks that were 'on appetite', the Council **agreed** that these should be rated 'Green' rather than 'Amber' as this more accurately reflected the culture around risk that the Council wished to build.

7.3 The Council **approved** the strategic risk register.

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

## 8. Review of the Corporate Strategy

*The Head of Public Policy joined the meeting.*

8.1 The Executive Director, Strategy and Head of Public Policy presented the paper outlining the revised approach to the Corporate Strategy.

8.2 The Council discussed the following:

- a. The Corporate Strategy had been agreed in 2019 and this had set out the Council's strategic position for three years. The core purposes of the organisation had not changed but the external environment had changed significantly. This raised big strategic questions across the wider landscape; from the challenges faced by the dental sector around offering treatment during the pandemic, the wider damage to oral health to the sustainability of the professions in an economic, professional and personal capacity.
- b. The analysis of the research work that was underway to survey the wider public and registrant populations would be important to inform the final strategy and it was expected that this would contain insights around the expectations of both groups over the next 12 months and the attitudes of patients around accessing treatment during the pandemic.
- c. The Council expressed an appetite to focus carefully on the core statutory roles of the organisation and the need to communicate, with clarity, its message about its remit. The organisation had finite resources and, whilst there was likely to be value in working in the margins to influence effectiveness around its core duties, these would need to be carefully directed.

8.3 The Council **noted** that the draft strategy would be presented to the Council in December for approval.

*The Head of Public Policy left the meeting.*

## 9. Communications Principles – CCP, Budget, ARF Levels and Reserves Policy

9.1 The Executive Director, Strategy and Interim Head of Communications and Engagement presented the paper outlining the proposed communications approach to the Council decisions on the CCP, Budget, levels of the Annual Retention Fee and the reserves policy.

9.2 The Council **discussed** the following:

- a. The proactive approach to communications and engagement was the right one and the Council welcomed the form of the paper to outline the approach proposed.
- b. The Council highlighted the need to ensure that the messaging would reach a broad base of people, with a view to a good level of accessibility and inclusion.

9.3 The Council **noted** the proposed approach.

## **10. Any Other Business**

10.1 There was no other business.

## **11. Review of the Meeting**

11.1 The Council discussed the review of both meetings at the close of the public session.

*The meeting was closed at 11:20am*



Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
3	13/12/2018	Public	16.3	Non-Council Member Appointments (SPC)	Council approved the re-appointment of three members - Rosie Varley, Martyn Green, Nigel Fisher - Governance to formally notify the three members of their reappointment.	KS	01/12/2020	Suggest complete	TBC	KS	Governance team reviewing agreements with Legal team and will re-issue in the abundance of caution. This work is currently on hold to align with the Adjudications piece and ongoing recruitment of SPC members. <b>Agreements have been reviewed and re-issued in Q3 of 2020.</b>		Suggest complete
4	03/10/2019	Public	13.10	Estates Strategy Programme Update	The Chief Executive and Executive Director, Organisational Development to consider how to provide the appropriate assurance to Council that the culture of the organisation was aligned with delivery ambitions.	IB/SK	16/03/2021	LIVE	TBC	IB/SK	Placed on forward workplan for Q1 of 2021	To be incorporated into action plan following staff survey. This work has been delayed following the outbreak of COVID-19.	Remains live at present.
8	03/10/2019	Public	17.6	Balanced Scorecard	Executive Director, FtP Transition to consider how best to provide assurance to Council around the FTP performance indicators, particularly in relation to timeliness, and bring back a roadmap to Council in Q1 2020, after SLT and FPC.	JC	16/03/2021	LIVE	TBC	JC	FtP Performance Indicators have been considered by the FPC in Feb, May, June, July and the work will continue to be scrutinised by the FPC on behalf of the Council. Council received a further update at its October meeting and will receive a further update in March 2021.	This work has now been incorporated into the CCP and the project commenced in October 2020, with an expected completion date of January 2022. The business case is currently being prepared, to bring and update to Council in March 2020.	Remains live at present.
24	05/12/2019	Public	14.13	Revision Process for Speciality Curricula	Executive Director, Strategy to bring an update paper back to Council in October 2020.	SCz	16/03/2021	LIVE	TBC	SCz	This workstream has been re-prioritised following COVID-19 and the update has been placed on the workplan for the Council in March 2021.		Remains live at present.
25	22-Oct-20	Public	9.11	CCP and Budget	Head of Governance to update the delegated powers within the Terms of Reference for the Finance and Performance Committee (to include the delegated authority to reinstate 'Could do' projects within the CCP in the event that income risk did not crystallise) and circulate to the Council for information.	KS	01/12/2020	Suggest complete	30/10/2020	KS	Circulated to Council members by KS on 30/10/2020.		Suggest complete

# Decisions Log – Council 17 December 2020

Item 06

Date	Decision taken by	Agenda Item	Tabled for?	Outcome
18/11/2020	Council – by circulation	<b>Appointment of SPC Chair and SPC Members</b>	For decision	Approved. A new Chair, two lay members and a registrant member were appointed to commence in January 2021.
23/11/2020	AO, Chair of Council and Chair of FPC	<b>Access to Free Reserves to meet cost of additional SPC Member</b>	For decision	Approved - £8,500 for 2021.
14/12/2020	Council – by circulation	<b>Chair and Chief Executive Appraisal Process</b>	For decision	Approval to be confirmed in December Council meeting.
14/12/2020	Council – by circulation	<b>Process for Appointment of Independent Member of the ARC and Policy on Appointments of non-Statutory Committee Members</b>	For decision	Policy – approval to be confirmed in December Council meeting.  Process to appoint ARC independent member - approval to be confirmed in December Council meeting.
14/12/2020	Council – by circulation	<b>Extension of the Chair's Strategy Group</b>	For decision	Extension to February 2021– approval to be confirmed in December Council meeting.
14/12/2020	Council – by circulation	<b>Managing Interests for Council Members and Independent Governance Associates - Policy</b>	For decision	Policy – approval to be confirmed in December Council meeting.
14/12/2020	Council – by circulation	<b>Gifts and Hospitality for Council Members and Independent Governance Associates – Policy and Annual Report</b>	For decision and noting	Policy – approval to be confirmed in December Council meeting.  Annual Report – noting to be confirmed in December Council meeting.
14/12/2020	Council – by circulation	<b>Review of Financial Policies and Procedures</b>	For decision	Approval to be confirmed in December Council meeting in respect of: <ul style="list-style-type: none"> <li>Financial Policies and Procedures</li> <li>Financial Delegated Authority</li> <li>Council Member and Associates Expenses Policy</li> </ul>

				<ul style="list-style-type: none"> <li>• Staff Expenses Policy</li> <li>• Anti-Fraud, Anti-Bribery and Anti-Corruption Policy (Staff)</li> <li>• Procurement policy</li> <li>• Credit Card policy</li> </ul>
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Date	Decision taken by	Item	Tabled for?	Outcome
14/12/2020	Council – by circulation	<b>Quality Assurance Decisions</b>	For noting	Noting to be confirmed at December Council meeting.
14/12/2020	Council – by circulation	<b>Public Affairs, Policy and Media Update and Stakeholder Engagement Report</b>	For noting	Noting to be confirmed at December Council meeting.
14/12/2020	Council – by circulation	<b>Research Programme - Update</b>	For noting	Noting to be confirmed at December Council meeting.
14/12/2020	Council – by circulation	<b>Annual Reports on Committee Effectiveness</b>	For noting	Noting to be confirmed at December Council meeting.
14/12/2020	Council – by circulation	<b>Oral and Maxillofacial Surgeons – Update on Policy Position</b>	For noting	Noting to be confirmed at December Council meeting.
14/12/2020	Council – by circulation	<b>Promoting Professionalism - Update</b>	For noting	Noting to be confirmed at December Council meeting.

## Annual Report on Committee Effectiveness - Statutory Panellists Assurance Committee

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal and Governance John Cullinane, Executive Director, Fitness to Practise (Lead ED for the Committee)
<b>Author(s)</b>	Lee Bird, Governance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Appointments Committee 2020, clause 9.4, the Committee is required to report annually on any decisions taken under delegated authority, expenditure, progress against work programmes and planned work programmes for the following year.
<b>Issue</b>	To provide the Council with the Annual Report of its work for 2020.
<b>Recommendation</b>	The Council is asked to note the Annual Report of the Statutory Panellists Assurance Committee (SPC) for 2020.

### 1. Key considerations

- 1.1 The key purposes of the Committee, as defined in its Terms of Reference, are to “assist the Council with the exercise of appointment of Statutory Committee Members, including the recruitment, selection, appraisal and disciplining of Statutory Committee members”. The Committee, on behalf of the Council, oversees the recruitment, empanelment and development processes of the Statutory Committee<sup>1</sup> Members, as well as scrutinising the quality and efficiency of the Statutory Committees’ decision making through the monitoring of regular reports.
- 1.2 The membership of the Committee throughout 2020 was Rosie Varley (Chair and lay member), Nigel Fisher (registrant member), Martyn Green (registrant member) and Tim Skelton (lay member). Rosie Varley, Nigel Fisher and Tim Skelton will be demitting office at the end of 2020, with two new Members and a new Chair taking office from January 2021.
- 1.3 The Committee held four meetings throughout 2020; on 11 March, 27 May, 15 September and on 11 November. Due to the outbreak of COVID-19, the meetings held in May, September and November were held remotely using MS Teams.

### 2. Expenditure

- 2.1 The only costs associated with the Committee in 2020 were those relating to travel and subsistence of members for the March meeting, as all subsequent meetings were held

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<sup>1</sup> Statutory Committees include the; Professional Conduct Committee, Professional Performance Committee, Health Committee, Interim Order Committee, Investigating Committee and Registration Appeals Committee

remotely. Holding the Committee meetings remotely has resulted in financial savings for the organisation. This amounted to approximately £2,942.

### **3. Appointments**

- 3.1 Throughout 2020, the Committee oversaw the in-house programme to recruit members of the Statutory Committees ("panellists"). The Committee received regular updates relating to the Equality and Diversity breakdown of applicants, as well as scrutinising the steps to quality assure the recruitment and ensure consistency. The Committee approved the recruitment process in December 2019, was updated on the progress of the work at its meetings in March and May, and ultimately confirmed the appointment of 52 panellists in September 2020. The Committee reviewed the recruitment process in November 2020 to identify any improvements for future appointments.
- 3.2 In March 2020, following a pilot of the Interim Orders Committee (IOC), the Committee noted that it was more effective to embed IOC practice into the main Fitness to Practise (FtP) hearings process and therefore appointed panellists from the IOC to the pool of FtP panellists.
- 3.3 The Committee oversaw the planning and development of two Chair Selection Days and, in March and September 2020, appointed four panellists to the role of Panel Chair. The Committee noted that the four new Chairs were all registrants and welcomed the lay/registrant split that this created in the wider cohort of Panel Chairs.
- 3.4 The Committee discussed the process for reappointing panellists, paying particular attention to how assurance that those seeking reappointment had performed at the standard necessary to continue in their roles. Following the implementation of a number of quality controls and a revised review process, in March 2020, the Committee reappointed 51 panellists.
- 3.5 The Committee noted that there would be 54 panellists demitting office in September 2020 and was assured that, with the recruitment exercise that was taking place and the ability to conduct hearings remotely, there would be a sufficient number of panellists to meet the demand predicted for the coming years.
- 3.6 The Committee noted that the cohort of legal, medical, and professional advisors was sufficient to fulfil the demand of hearings in 2020 and therefore no recruitment exercise for these roles was required. It was agreed that a review of the number of advisors would be added to the 2021 workplan.
- 3.7 The Committee were assured, through regular updates, of the effectiveness of the in-house recruitment process.

### **4. Learning, Development and Training**

- 4.1 Throughout 2020, the Committee received regular updates on the learning and development plans for panellists. In May 2020, the Committee noted that, due to the outbreak of COVID-19, planned panellist training days would need to be delivered online rather than in person. Despite this change, the Committee heard at their meeting in September, that the sessions had been well received.
- 4.2 The Committee discussed the feedback from the panellists who had taken part in previous training days and noted how this had been incorporated into the panellist induction.
- 4.3 Following the appointment of a new cohort of panellists, the Committee discussed the approach to the induction process and agreed that it was appropriate to continue operating on the basis that training was to be conducted remotely using MS Teams for the foreseeable future.

- 4.4 It was noted that Committee Members had attended various training days held throughout the year, both in person and remotely, which provided an invaluable opportunity for engagement with panellists and provided the Committee with assurance that the training was of a high standard.
- 4.5 Following the appointments being made, the Committee discussed the plans for the induction of the panellists and, at its November meeting, received a comprehensive update to the induction and were assured of its successful implementation.

## 5. Quality Assurance Reporting

- 5.1 The Committee received quarterly reports from both the Quality Assurance Group (QAG) and the Decision Scrutiny Group (DSG), which provided the Committee with oversight of the steps that had been taken to quality assure decision making by the Statutory Committees.
- 5.2 At each of the Committee's meetings, it received a report from the QAG on the cases referred to it by the FtP or Internal Audit and Risk teams. Referrals can be made in respect of decisions at each stage of the FtP process. The QAG reports were scrutinised by the Committee, noting any themes and patterns that emerged in the types of decisions referred and discussed the learning opportunities that this presented.
- 5.3 The Committee also received, at each of its meetings, a report from the DSG. The DSG undertook randomised reviews of decisions from each stage of the FtP process. The Committee noted that the role of the DSG had strengthened scrutiny of the FtP processes through an independent Chair, and the reports provided the Committee with assurance of the quality assurance processes.
- 5.4 In September, the Committee received a report summarising the Professional Standards Authority's (PSA) learning points, which outlined feedback from the PSA on decisions the QAG had referred to it for review. The Committee was assured that, in relation to the cases that the PSA had reviewed and provided feedback, lessons were being learned and feedback would be provided to panellists as part of their ongoing learning and development.

## 6. Committee's Adherence to its Terms of Reference

- 6.1 The Committee fulfilled its functions as set out in its Terms of Reference, which can be found at **Appendix 1**.
- 6.2 The Committee noted that it would welcome a review of its Terms of Reference in 2021 to ensure that appropriate delegations were in place and that the Committee was fulfilling an appropriate assurance function for the Council.

## 7. Governance

- 7.1 The Committee reviewed and noted its workplan at each meeting and the Committee agreed the plan for 2021 at its November meeting.

## Appendices

- a. Statutory Panellists Assurance Committee Terms of Reference

Lee Bird, Governance Manager  
Lee.Bird@gdc-uk.org

02 November 2020

## **Terms of Reference: Appointments Committee (Statutory Panellists Assurance Committee-SPC)**

### **Key purpose**

- Ap1. To **assist** the Council in connection with the exercise of any function relating to the appointment of Statutory Committee members, including the recruitment, selection, appraisal and disciplining of Statutory Committee members or particular Statutory Committee members (for example, the chair), legal, medical and professional advisers.<sup>1</sup>

### **Delegated powers**

- Ap2. To appoint (or re-appoint) persons to serve on the Statutory Committees.
- Ap3. To determine the duration of the term of office of Statutory Committee members on their appointment or reappointment<sup>2</sup>.
- Ap4. To appoint, from amongst the Statutory Committee members, persons to act as chairs of the Statutory Committees ("panel chairs")<sup>3</sup>.
- Ap5. To approve a learning and development plan for Statutory Committee members and receive assurances from the Executive that the plan is being implemented effectively.
- Ap6. To approve an appraisal process for Statutory Committee members and receive assurances from the Executive that the process is being implemented effectively.
- Ap7. To deal with issues relating to the conduct and performance of Statutory Committee members in accordance with the Disciplinary Procedure.
- Ap8. To suspend or remove Statutory Committee members from office in accordance with the General Dental Council (Constitution of Committees) Rules Order of Council 2009.
- Ap9. To obtain external legal or other professional advice as necessary via the Executive.
- Ap10. On the request of the Council, to assist with the recruitment and selection of candidates to any other office.

### **Discharge of functions**

Ap11 In carrying out its functions the Appointments Committee will:

- a. Approve (but not design) the process for appointing Statutory Committee Members of the Investigating Committee and Fitness to Practise panels;
- b. Appoint Statutory Committee Members following recommendation at the end of the process;
- c. Approve (but not design) the process for appointing legal, medical and professional advisers;
- d. Appoint legal, medical and professional advisers following recommendation at the end of the process;
- e. Approve (but not design) the appraisal system for Statutory Committee Members on assurance of embedding of training;
- f. Approve (but not design) the appraisal system for legal, medical and professional advisers;
- i. Ensure that a fit for purpose and effective training programme was provided for Statutory Committee Members;
- j. Ensure that the Council provides an adequate training programme for legal, medical and professional advisers;

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<sup>1</sup> 3.(6)(a) The General Dental Council (Constitution of Committees) Rules Order of Council 2009

<sup>2</sup> 4.(4) The General Dental Council (Constitution of Committees) Rules Order of Council 2009

<sup>3</sup> 5.(1) The General Dental Council (Constitution of Committees) Rules Order of Council 2009

- k. Deal with disciplinary and performance issues relating to Statutory Committee Members where this is within the remit of the Appointments Committee by reason of the Disciplinary Procedure, and dismiss Statutory Committee Members if necessary;
- l. Receive reports regarding the discipline, performance issues and dismissal of legal, medical and professional advisers, and advise and report to the Council as appropriate.
- m. Scrutinise the quality and efficiency of the Statutory Committees' decision making by receiving regular reports of the performance and quality of decision making of the committees and panels. To include monitoring of the Fitness to Practise PSA standards action plan in relation to the work of the Statutory Committees;
- n. Build and maintain a body of intelligence for the Council through learning points and trends that emerge from the Committee's oversight of the work of the Statutory Committee members;
- o. Report to Council on the work of the Appointments Committee and the performance of the Statutory Committees.



## **Council Member Recruitment 2021**

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For approval
<b>Issue</b>	The GDC will be recruiting two new Council Members in 2021, one of whom will take the role of Chair. This paper sets out the proposed recruitment process.
<b>Recommendation</b>	The Council is asked to approve the proposed process, as recommended by the Remuneration and Nomination Committee.

### **1. Key considerations**

- 1.1 Council Members are appointed by the Privy Council following a recruitment process managed by the GDC. In accordance with section 25C of the Health and Social Care Act (2012), the Professional Standards Authority provides assurance to the Privy Council on the process undertaken by the GDC.
- 1.2 The Dentists Act 1984 sets out a number of requirements in relation to the composition of the Council (number of lay and registrant members) and certain criteria which must be filled by Council Members (the requirement to have a member from each of the four nations). Legislation also sets out that the maximum term of office for any Council Member is eight years.
- 1.3 In September 2021, two Council members will demit office after completing two terms in post. They are:
  - a. William Moyes, lay Chair of Council and Chair of the Chair's Strategy Group.
  - b. Catherine Brady, registrant member of Council and a member of the Audit & Risk Committee and the Chair's Strategy Group.
- 1.4 Therefore, in 2021, the GDC will be recruiting a new Chair, who can either be a lay or registrant member, and one further post. Whether the further post is a lay or registrant member will depend on the Chair appointment. No additional criteria will need to be fulfilled.
- 1.5 Given the need for stability and consistency for the organisation, particularly with the uncertain external climate, the GDC will need to secure a new Chair who can commit to a significant period in the role, and for a minimum of six years, or two planned periods. The GDC will ask the Privy Council for an initial term of four years, leaving flexibility for the second term.
- 1.6 Three additional Council members will come to the end of their first term in post in September 2021. In August 2020, the Council approved a process to seek reappointment for the three Council members and will be asked to discuss the reappointments at its

meeting in December. This discussion will take place in closed session due to the requirement that confidential reports on the three members proposed for reappointment are presented to the Council. Should the Council not choose to recommend the reappointments to the Privy Council, additional vacancies will be added to the recruitment process.

- 1.7 The Remuneration and Nomination Committee scrutinised the proposed process, including a high-level timetable and draft recruitment documentation, at its meeting in December 2020 and recommended it to the Council.
- 1.8 The Council is asked to **approve** the proposed process.

## 2. Overview of the process

- 2.1 The following people/organisations play a role in Council recruitment:
  - GDC staff (Governance, People Services and Communications) facilitate the recruitment process of Council Members.
  - An expert recruitment firm will support the search, including advising on the process, advertising and recruitment materials, and supporting the initial assessment of candidates.
  - Selection panels will create long and short lists of candidates, conduct interviews, and recommend to the Council who should be put forward for appointment. Both panels (one each for the Chair and the further Council Member post) will be made up of three Council Members, an independent member, and the Independent Member of the Remuneration and Nomination Committee.
  - The Privy Council makes the appointments to the Council.
  - The Professional Standards Authority (PSA) is responsible for providing assurance to the Privy Council on the open competition process.
- 2.2 The suggested recruitment process has not changed significantly from the process that the GDC ran in 2019/2020. It takes into consideration the PSA's *Good practice in making council appointments* guidance, and follows the four stage approach set out within that guidance.
- 2.3 Should Council approve the process, the planning documentation, which has been scrutinised by the RemNom, will be submitted to the PSA for its review and consideration prior to the adverts for the roles going live in January 2021.
- 2.4 We have procured a recruitment partner and are in the process of finalising our contract with them. They will provide advice, support and expertise throughout the process, and have confirmed that they can work within the draft timeline set out at **Appendix 1** and reviewed by RemNom.
- 2.5 The recruitment partner will draft a role profile for the Chair, based on criteria identified following Chair discussions and conversations with the Chief Executive. The firm has also been provided with a review of the challenges facing the GDC, prepared by Strategy colleagues for the Chair's Strategy Group. These materials, and the need to attract as diverse a pool of candidates as possible, will be taken into account when drafting the final profile.
- 2.6 As set out above, the Selection Panels will be supported by the Governance team and recruitment partner to produce long and short lists of candidates. The panels will interview the candidates with the most relevant skills and experience. It is confirmed that the proposed panels meet the PSA requirements, including in relation to the independent member, who has a specific role in providing assurance. In line with all recent Council

appointments, it is also suggested that the Independent Member of RemNom sits on the panel.

2.7 For the Chair appointment it is suggested that the panel is as follows:

- **Terry Babbs**, Lay Council Member, Senior Independent Council Member and Chair of the Finance and Performance Committee.
- **Sheila Kumar**, Lay Council Member and member of the Audit and Risk Committee.
- **Simon Morrow**, Registrant Council Member and member of the Audit and Risk Committee.
- **Ann Brown**, Independent Member of the RemNom.
- **Jacqui Francis**, Independent Member of the 2020 recruitment panel.

2.8 To ensure cohesion between the appointments it is proposed that the above individuals are also on the panel to select the further Council Member, apart from Terry Babbs, who will be replaced by the current Chair of the Council, William Moyes.

2.9 To ensure that the GDC can recruit from both registrant and candidate applications for the Chair role, the two posts will be recruited in parallel, up to the point of the interviews. At this point, the Chair recruitment will take precedence, and will determine which candidates (either lay or registrant) will be interviewed for the further post. Candidates will be told of the approach at the earliest opportunity, and we understand this is a similar approach taken by other healthcare regulators.

2.10 Once the panel have decided on the preferred candidate, the Independent Panel Member will submit her report to the PSA, the PSA will be asked to assure the process, and the Governance team will submit all the relevant details to the Privy Council and undertake the required due diligence.

2.11 The Governance team will also facilitate the delivery of an induction programme for both the new Chair and the further Council Member. This will be based on the programme delivered this year, as amended in line with reflection from this year's process and taking into consideration the role of the new Chair. Proposals for this programme, will be brought to the RemNom in May 2021.

### **3. Legal, policy and national considerations**

3.1 In accordance with the GDC's legislative framework, the Privy Council makes appointments to the General Dental Council. The framework sets out the number of Council members (12), and the criteria which must be satisfied in making appointments, including having at least one Council member from all four nations of the UK and the requirement for both lay and registrant members. The legislation also puts a limit on the length of term of office for Council members (a maximum of eight years in 20 years).

3.2 The GDC is responsible for managing the process of recruitment, and for providing the names of suggested appointees to the Privy Council. In accordance with section 25C of the Health and Social Care Act (2012), the Professional Standards Authority (PSA) provides assurance to the Privy Council in relation to the robustness of the process for suggested appointments used by all of the healthcare regulators, including the GDC.

### **4. Equality, diversity and privacy considerations**

4.1 The recruitment partner will be tasked with attracting candidates from a diverse range of backgrounds. Applicants will be encouraged to complete a monitoring form as part of their application to enable us to monitor the equality and diversity breakdown.

- 4.2 Personal information of applicants will be held securely by the recruitment partner.
- 4.3 The recruitment partner will report on diversity at all stages of the selection process and members of the interview panel will be asked to undertake update training in relation to inclusive selection practice including unconscious bias prior to panels commencing. It should be noted, however, that the GDC's ability to take any positive action if the initial sift does not deliver a diverse range of candidates is, due to time pressures, limited.
- 4.4 The PSA have recently consulted with healthcare regulators about the potential for changes to the requirement for anonymisation of candidates within their guidance. The responses to this consultation varied and the PSA will continue to require that candidates' details are anonymised until the end of the shortlisting stage. Members of the Governance team attended the PSA's seminar on increasing diversity within Board recruitment on 8 December and learning will be shared with our recruitment partner.

## **5. Risk considerations**

- 5.1 There is a risk that, following the appointments being recommended by Council, the Privy Council do not make appointments, or the PSA do not have confidence in our process. This is mitigated by the process outlined in the PSA Advance Notice being adhered to throughout. Due diligence and reference checks will be conducted on the applicants being recommended for appointment to mitigate any reason why the Privy Council might not make the appointments. The Governance team has been in close communication with the Privy Council in relation to any additional checks that they may require, such as enhanced checks in relation to social media that were required in the 2020 recruitment round.
- 5.2 There is a risk, given the expressed views of certain areas of the dental professions, that the appointment by the Privy Council of a candidate who is not a registrant Chair will attract criticism. The GDC is committed to ensuring that the recruitment process is open, transparent and fair and that the best candidate for the post is recommended to the Privy Council for appointment by the Selection Panel and the Council. The Communications and Engagement team will monitor this risk closely and develop an appropriate strategy for communications and outreach in this area.

## **6. Resource considerations and CCP**

- 6.1 The resource has been considered as part of the Costed Corporate Plan and will be absorbed by the teams as part of business-as-usual activities.

## **7. Monitoring and review**

- 7.1 The RemNom will receive regular updates to the progress of the recruitment.
- 7.2 The Council will be asked to recommend the appointments to the Privy Council by correspondence prior to its meeting in June 2021.

## **8. Development, consultation and decision trail**

- 8.1 The RemNom discussed and provided scrutiny on the proposed process at its meeting in December 2020, and has recommended it for approval by the Council.

## **9. Next steps and communications**

- 9.1 Following the Council's approval, the Governance team will submit the Advance Notice to the PSA. The PSA require three weeks to provide their scrutiny and make any comments on the process. This will allow us to adhere to the timeline detailed in **Appendix 1**.

## **Appendices**

### **Appendix 1 - High level recruitment timeline**

Lisa Marie Williams, Executive Director, Legal & Governance

Katie Spears, Head of Governance

KSpears@gdc-uk.org

02 December 2020

## Appendix 1

## High level recruitment timeline

Task	Lead	Date
<b>Phase one – Planning</b>		
Draft Advance Notice	GDC	November 2020
Submit paper to RemNom with draft Advance Notice	GDC	3 December 2020
Governance team members attend PSA session on diversity in Board appointments	GDC	December 2020
Submit paper to the Council for approval	GDC	17 December
<b>Phase two – Advance Notice scrutiny</b>		
Advance notice (and supporting documentation) to appoint submitted to the PSA	GDC	18 December
PSA clearance (takes three weeks)	PSA	Three weeks
<b>Phase three – Implementation</b>		
<b>Campaign Planning</b> (coms, packs, adverts, schedule confirmation, panel booking, criteria etc)	GDC and Supplier	Circa two weeks starting 11 January 2021
Launch (four-week application window)	Supplier	January 2021
Application deadline	N/A	February 2021
Application sift	Supplier	February 2021
Longlisting pack available to the panel	Supplier	February 2021
Longlisting scoring due back from panel	GDC	February 2021
Longlisting meeting	GDC to coordinate	March 2021
Preliminary interviews of longlisted candidates with consultant	Supplier	March 2021
Shortlisting pack available to the panel	Supplier	March 2021
Shortlisting meeting	GDC to coordinate	March 2021
Shortlisted candidates to have telephone conversation with CEO (if requested)	GDC to coordinate	30 - 31 March 2021
Interview packs for Chair role available to the panel	Supplier	5 April 2021
Selection process for Chair role	GDC to coordinate	April 2021
Interview packs for the member role available to the panel	GDC to coordinate	April 2021
Selection process for the member role	GDC to coordinate	May 2021
Due diligence (GDC) including collection of references	GDC to coordinate	May 2021
<b>Phase four – Recommendation, scrutiny and appointment</b>		
Recommendation to the Council	Head of Governance and Chair of Council	Early June 2021
Notification to the Privy Council and PSA	Head of Governance	June 2021
Submission of the IPM report to the PSA.	Independent member of the panel to provide	
PSA scrutiny	PSA	Three weeks June 2021
Privy Council approval	PC	Two weeks July 2021
Formal offer made to candidates	PC	July 2021
Agreeing contract	GDC	1 week



## Responding to the changing strategic context

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Osama Ammar, Head of Public Policy
<b>Type of business</b>	For decision
<b>Issue</b>	<p>To provide:</p> <ul style="list-style-type: none"> <li>A draft update for the Corporate Strategy 2020-22 describing the changing strategic context in which we operate and how we will make clear our role, purpose and aims and shift the emphasis of our planned work to the new features of the context.</li> </ul>
<b>Recommendation</b>	The Council is asked to consider the contents of this paper and appendix and approve the draft update to the Corporate Strategy 2020-22.

### 1. The strategic direction for GDC

- 1.1 The GDC's core statutory objectives remain unchanged by the impact of COVID-19. We exist to protect, promote and maintain the health, safety and well-being of the public and to promote and maintain public confidence in the dental team and their professional standards and conduct. Similarly, our core operational activities in support of those purposes – registration, fitness to practise and education quality assurance – are and will remain the fundamental mechanisms through which we achieve those purposes.
- 1.2 The context in which GDC operates has, however, changed dramatically since March. The impact of the pandemic on the practice of dentistry has been enormous. Initially most forms of dental treatment stopped in support of wider public health measures. Now, even though the range and capacity of dental care has considerably increased, very substantial challenges remain, with consequences set to be felt for some years to come.
- 1.3 The impact on GDC as an organisation has also been considerable. We have had to switch rapidly to very different ways of operating, minimising our dependence on our offices and on direct personal proximity more generally. GDC has also been criticised by some registrants, who have challenged the substance of decisions made in response to the pandemic and have more generally felt that we should have done more to support the profession at a time of crisis.
- 1.4 The way in which we work with the public, patients, professionals, and the many other stakeholders is potentially very different. We have had to break our reliance on in-person meetings and engagement events by moving more of our activity online, which has had some positive effects in convening groups of stakeholders more quickly and at lower cost but places a heavy reliance on use of technology, which can be exclusionary for some stakeholders.
- 1.5 Although the impacts on GDC are significant, the greater impact has undoubtedly been on the context in which dental care provided. This paper presents a draft update for the Corporate Strategy 2020-22 (appendix one) which does not replace our current strategy,

but instead supplements it with an overview, based on the evidence we have collected, of the changed context and its consequences.

1.6 The update to the Corporate Strategy 2020-22:

- a. describes the work we have been doing to give us the fullest possible picture of the new and changing landscape;
- b. sets out key of the features of the changing strategic context;
- c. clarifies on our role, purpose, and aims
- d. describes how we will be shifting our emphasis in response to the changing context as we work to achieve our aims.

1.7 Without changing their intent, it is proposed the wording of our strategic aims is simplified. The experience of adapting to the new context has demonstrated to us that our aims need to be more succinctly expressed so that it is clearer how we prioritise our efforts. We also believe these clearer strategic aims will provide further support to stakeholders trying to understand our role and purpose in the wider system.

## 2. Implications for GDC

- 2.1 As described in appendix one, the pandemic's effects on our Corporate Strategy are focused primarily on the external environment. After consideration of the changing context, it is proposed that our vision, values and approach to our work remain unchanged. It is important to note though that our ways of working have changed and so this has been acknowledged in the document.
- 2.2 The most significant change is a shift in emphasis as we go about achieving the strategic aims and items in the CCP. Many of the features of the changing strategic context are not new, but instead accelerated or exacerbated by the pandemic. For example, we already planned to address preparedness for practice of dentists and review learning outcomes, but now there is a new emphasis and urgency to that work.
- 2.3 More work needs to be done to carefully review the impact on the CCP, but it is anticipated the shift in emphasis does not create new work, but instead changes emphasis and priority. The work to fully consider impacts on the CCP will follow agreement of the update to the strategy. It is also intended that the new emphases to the strategy will provide a series of additional measures for use in evaluation of impact of CCP objectives and the strategic aims.
- 2.4 It is important to note that the pandemic's effects are only one part of the uncertainty that we currently manage. End of the EU exit transition period and the unclear timetable for reform of regulatory legislation also make planning our activity with certainty a challenge.
- 2.5 All of this together reinforces the need for enhanced responsiveness and agility from the organisation. We continue to face uncertainty both about the necessary balance of our own activities and about the income we depend on to fund them. There is a real prospect of significant changes in areas ranging from the design of education courses and assessment to the developing importance of remote patient assessment which will require us to respond, influence and adapt. We need to be confident that both our external horizon scanning and our internal planning and prioritisation support the agility and responsiveness we are likely to need.

## 3. Legal, policy and national considerations

- 3.1 The impacts of COVID-19 are being experienced in different ways in each nation, and there has been some variance in national responses. The national or local variation is, for some,



being considered supportive of further devolution of powers or independence. These debates may become relevant to the wider context in which our strategy will be operating.

- 3.2 The UK is approaching the end of the EU exit transition period and there continues to be uncertainty over whether negotiations will conclude with a deal. The UK government has taken steps to prepare for a “no deal” scenario, but there remains very little time for adaptation to new arrangements. This may again, be a further contextual factor increasing uncertainty over 2021 and 2022.

#### **4. Equality, diversity and privacy considerations**

- 4.1 There are no specific equality, diversity and privacy considerations arising from this paper or Council’s discussion.
- 4.2 There are however, and described in appendix one, disproportionate impacts on some communities from the pandemic and we will need to consider the evidence on these issues on an ongoing basis as we work to achieve the strategic aims.

#### **5. Risk considerations**

- 5.1 This work addresses the core risk that our strategy may not be relevant to the new context brought about by COVID-19. Our efforts to revisit the strategy, including engaging with stakeholders, are a mitigation of that risk.

#### **6. Resource considerations and CCP**

- 6.1 These are described section two and further work will be required to consider the full impact of our current context on the CCP and planning process.

#### **7. Monitoring and review**

- 7.1 The uncertain nature of the changing strategic context requires additional monitoring and review opportunities for EMT and Council. The development of our horizon scanning capability will regularise the efforts to take a longer forward view of the changes to the sector that may have bearing on our strategy and regulatory model.
- 7.2 The work to start developing the Corporate Strategy 2023-2025 commenced in November and will provide an opportunity to monitor the external environment and engage with the Council over relevant changes that may affect the remainder of the 2020-2022 strategic period.

#### **8. Development, consultation and decision trail**

The table below summarises the decision and consultation trail for the work to revisit the Corporate Strategy.

Month and Year	Description
July 2020	Workshop with Chairs' Strategy Group Workshop with Council
September 2020	Update for Chair's Strategy Group Stakeholder engagement
October 2020	Paper for Council in closed session
November 2020	Workshop with EMT
December 2020	Paper for EMT on draft update to Corporate Strategy Paper for Council on final draft update to Corporate Strategy

## 9. Next steps and communications

- 9.1 If Council approves the draft update, the next step will be to communicate the findings of our work with our stakeholders.
- 9.2 A communications plan has been developed which includes the following activities:
- Creation of a dedicated section of the website to share our findings on the impact of the pandemic
  - Publication of the surveys of the UK public and dental professionals
  - A series of blog posts taking an in depth look at the themes we have identified
  - Direct communications with participants in our round-table events
  - Newsletter articles
  - Social media updates
  - Media briefings
  - Follow-up stakeholder event with participants in our round-table events

## Appendices

- Responding to the changing strategic context

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02 December 2020

# Responding to the changing strategic context

December 2020

## Introduction

Members of the public faced unexpected challenges accessing dental care in 2020 because of the global pandemic. The first national lockdown forced dental practices to close in response to the unknown transmission pattern of the novel virus. Routine appointments had to be cancelled, ongoing treatment was suspended, and urgent care could only be delivered in locations where patients and dental professionals could be protected from infection risks.

Dental professionals and the dental sector responded wherever they could to support the health of the public and restore services to their patients. Many dental professionals volunteered for redeployment to support the response to the pandemic across the UK health services. Urgent Dental Care Centres and remote triage approaches were established by each nation to provide safe treatment to patients whose needs were greatest. New protocols supported the resumption of routine dentistry and the sector responded by quickly adjusting their practice to new requirements for safe dental care. And work continues to develop new evidence on transmission and innovative methods of dental care and infection control to increase the number of patients who can safely receive services.

Those efforts provide a basis for dental services to remain open even as the infection rate changes. But the pandemic has already placed additional pressures on fragile parts of the system and changed the context in which dental care is provided and received. Some of these changes and pressures are temporary, others more permanent, and others still may prove to be catalysts for longer term and more fundamental changes. There are also lessons that can be learned from this shock to the sector, which can be applied to increase resilience in provision of dental care to the public.

To be effective in protecting, promoting and maintaining patient safety, wellbeing and confidence in dentistry, the GDC must understand the context in which dental care is provided. Equally, an understanding of the context in which dental professionals are working is essential if we are to treat them fairly and allay their understandable concerns that they would be penalised for using their best judgement to provide safe care during the pandemic. It is obvious that the pandemic has changed and will continue to change the context of dental service provision, but the extent of the impact is less obvious. We undertook new work to start to draw together and measure the impacts of the pandemic on the public, dental professionals and the dental sector. The purpose of this work was two-fold:

- To support the efforts for recovery by developing an evidence-base that we can share with the public and dental sector
- To consider whether our strategy and planned activity remains suited to the new context of dental provision and public protection.

This work is an addition to our Corporate Strategy 2020-22 and provides a summary of:

- the insight we gathered from surveys and online stakeholder events
- the parts of our strategy that will remain the same
- the parts of our strategy we want to clarify or shift our emphasis to best protect the public and be fair to dental professionals over the course of recovery

## Gathering insight into the effects of the pandemic

Increased uncertainty has been one of the most significant effects of the pandemic, making it hard for everyone to forecast and plan accordingly. At the start of the first national lockdown we realised that making predictions on how quickly things would return to normal would be an ineffective way to model an uncertain future. Instead, we developed a range of analytical tools and scenarios based on the duration of the pandemic and the response to it.

This approach helped us take a perspective across the breadth of possible futures so we could target our efforts in research and engagement toward the impacts on:

- The public and patients
- Dental professionals
- Dental service providers

We commissioned independent research and held six online roundtable events with dental professionals, sector leaders and organisations that represent patients to take in as many perspectives as we could.

Our approach to research was to understand the experiences of the public and dental professionals so far in the course of the pandemic, and also to ask them how, when and why they think they will access and deliver dental care in future. This research was conducted through surveys of representative samples of the populations (2,176 members of the public, and 9,388 dental professionals) and helps us understand the prevalence of effects and likely trajectories for dental service provision and public engagement with them.

As well as undertaking new research, we also:

- adapted our ongoing research activities to collect insight into the effects of the pandemic
- looked to the research and publications produced by others
- became participants in longer-term research conducted by others

We asked both professionals and the public about their expectations for the year ahead, not so much to capture a set of predictions about the future, but more as a way of understanding current levels of confidence and the factors likely to influence their future behaviour. The information they gave us inevitably reflects the situation at the time the data was gathered. Already since then, there have been changes both in the immediate dental environment and in the trajectory of the pandemic more generally, all of which we need to take into account both in interpreting the research data and in forming our own judgements about the relative probability of future scenarios.

The summaries of effects that follow are intended only to present a picture of how our findings appear to fit together. It is not a replacement for the detailed insight we publish in reports of our research and stakeholder roundtable meetings and we encourage you to go directly to the evidence we have collected to find out more:

### LINKS TO BE ADDED

- COVID-19 and Dentistry: Survey of the UK public for the General Dental Council
- GDC patient and public survey 2019-20
- Impact of COVID-19 on GDC's registrants
- Summary of Roundtable events

## Effects on the public and patients

Members of the public experienced a sudden reduction in access to dental care upon the announcement of the national lockdown on 23 March 2020. Significant efforts were made initially to provide urgent care and later to re-open more routine services, but the number of appointments available to patients will remain considerably lower than before the expecting a long period of catching up on the backlog of patient need, which will mean that some patients will find it harder to receive the treatment they require. Amongst the types of patients that dental professionals thought would be more affected were:

- people with clinical vulnerabilities, especially in extreme cases
- children
- older people
- people unable to afford dentistry
- people who have a fear of dentistry
- people of minority ethnicity

During the period that dental practices were closed, most members of the public understood how they would be able to seek dental care. However, some did not understand the arrangements. Members of the public told us they primarily relied on their dental practice to provide them with information about where to seek dental care. In some instances, members of the public wanted their dental practices to do more to keep them informed. Some patients who were in pain or had other dental care needs did not seek dental professional care and decided that they would treat themselves or go untreated.

There is a mix of levels of confidence amongst members of the public about visiting dental practices. Almost half have no concerns, but almost half are considering waiting until there is a cure or vaccine before they visit a dental practice. It also appears that people from Black and Asian communities are more likely than people from White communities to not go to a dental practice at all unless they have an urgent issue, or to wait several months before going to a dental practice because of concerns over risk of infection. .

Dental professionals are already taking the right actions to provide confidence to patients by wearing PPE and putting in place infection prevention and control measures such as extra cleaning. But patients want consistent information about their dental services and the measures in place to protect them to give them confidence. While it is not within the GDC's remit, members of the public questioned whether we could have a role in ensuring this consistency and clarity, including around safety measures in place.

Some members of the public are expressing concerns about charges for PPE and about being directed to private rather than NHS treatment.

Some dental professionals expressed concerns that public confidence in dentistry may reduce because of the reduction in access to care. And for some types of treatment, dental professionals told us they are lacking confidence that they will be able to meet demand. Periodontal treatment, and restorative treatments that require laboratory work appeared to be the areas where confidence was lowest.

## Effects on dental professionals

Dental professionals told us that they are experiencing heightened feelings of stress caused by a variety of factors, including the pressures on their business or personal finances, and a

concern that they may make a mistake while working under difficult circumstances. Dental professionals continue to be anxious about legal or regulatory action that might not take into account the extraordinary context that the pandemic brings.

Dental professionals in our roundtable events were clear that these pressures also apply to non-registrant members of the dental team, such as receptionists, who are also a core part of the provision of safe and effective dental care.

In spite of those anxieties, most dental professionals are confident they can do their job safely. Most feel they have the necessary training, skills, equipment, and information and guidance. Information and guidance on safe dental care in the context of the pandemic was used by most dental professionals and they found it helpful. But dental professionals wanted to highlight that information and guidance was provided quite late, and could be confusing and inconsistent because it came from a variety of organisations and may be applied differently in parts of the sector.

We asked dental professionals to think of their futures: most think they will be in the same role in 12 months, but around a quarter think they will not. It seems that younger dental professionals are more likely to be thinking about a career change and older dental professionals are thinking about retirement. Dental Hygienists, Dental Therapists and Dental Technicians are also more likely than other dental professionals to be thinking they will not be in their current role in 12 months.

Dental students and trainees and their supervisors and teachers have told us that dental education has been impacted by the reduction in the number of patients receiving care and the period when practical training was suspended. The opportunities to learn in the clinical environment and gain experience have been reduced and this may have an effect on readiness for registration, confidence to practise and future career prospects. The costs of delivering training to dental professionals have also increased. Although there has been considerable work done by education providers, funding bodies and GDC to sustain education and training of the dental professional workforce, these pressures may be sustained for a long period of time and will require more work to provide the necessary support to the future generation of dental professionals.

## **Effects on dental service providers**

The reduction in the capacity of the dental sector as a whole has generally reduced income, although there are exceptions. There is a complex and mixed picture both for current income and projected income across the different types of service providers (NHS / private / mixed), different employment statuses, and different parts of the dental economy, with the self-employed and dental laboratories appearing most affected.

Some providers have been able to benefit from support measures, but other have not. Costs have been increasing too from changes to working practices to improve already robust infection control measures. The majority of dental professionals do not think they can absorb those costs into their business models.

Dental business owners are considering different options, which to an extent depend on whether they provide NHS or private services, to address their income challenges. The options being considered or pursued include charging for PPE, taking on loans, or extending their opening hours. A small proportion of dental business owners told us that they think they may need to close their businesses.

Some dental business owners told us they are considering diversifying their services, for example providing cosmetics, to support their incomes. NHS and mixed dental business owners told us they are considering shifting some of their time toward private provision.

Members of the public told us that they were more likely to seek different types of treatment over others, saying they were more likely to continue to seek treatments such as fillings and root canal work, than to seek cosmetic dentistry or non-dental treatments.

There are signs that the numbers of people employed in dentistry may reduce. One in three business owners expected to employ fewer staff in 12 months' time, and one in six expected to make redundancies, and one in five to make changes to employment contracts.

## **Features of the changing strategic context**

The broad picture of effects suggests there are some features of the changing strategic context that appear likely to affect patients and their experience of seeking dental care.

### **1. Patients are likely to find it harder to get dental treatment**

The opportunities for patients to attend an appointment and receive treatment are reduced. Although there have been considerable steps made to increase those opportunities they are not yet restored to normal levels, and it seems it will be many months before they are. As time passes, the reduced capacity for dental care is building up a backlog of unmet need that will take a long time to be addressed.

### **2. Some patients and dental professionals are more affected than others by the new pressures placed upon them by the pandemic**

While the effects of reduced access will have broad effect on the public, there are signs the effects will be more concentrated upon some groups of patients who may already have experienced reduced access to dental care compared to other parts of the population. And dental professionals are not immune from those concentrations of impact. They may be affected personally and carrying anxieties about their own physical, mental and financial wellbeing as they work. Or they may serve communities where those disproportionate impacts are greater.

### **3. New pressures on the dental economy**

There has generally been a decrease in income and increase in cost for dental businesses over a prolonged period of time. Some parts of the dental economy will be resilient to this changing context or be more capable of diversifying their business model. Others are telling us that their businesses need additional financial support in the next 12 months to remain viable. The effects are being felt on some parts of the dental economy more than others: dental laboratories providing NHS services and the self-employed.

### **4. New pressures on dental education and the workforce**

Education and training of the new generation of dental professionals has been slowed by the need for enhanced infection prevention, meaning that there is a risk of delays in their being ready to join the workforce. There are cascading impacts caused by delays to training that are still difficult to fully determine, though most education providers are cautiously optimistic that the worst effects can be avoided. New entrants to the professions are in need of support as they transition into practice at a challenging time. Additionally, existing dental professionals are considering their options now that the future of their employment in dentistry seems less secure and some are thinking of retiring early or leaving the dental workforce. This may add further pressure on the growing backlog of unmet patient need.

### **5. New dental practice models and public protection matters are likely to emerge that will require a response from us**

Our work has drawn together a picture of rapid changes over the course of 2020 to how dentistry is funded, organised and delivered. Temporary contract changes, remote triage of patients, new infection control requirements, and reduced treatment options are likely to be extended for a considerable period. These temporary changes may also act as



catalysts for more permanent alterations designed to support the sector to meet the new financial challenges and changing patient demand. For example, remote triage mechanisms and changing roles for the dental team are innovations that offer opportunities for sustained improvements to access to dental care. As practice changes, so too may the risks related to it. Although not all changes will require us to respond, we believe that the pace of change will be accelerated because of necessary innovation and increase the likelihood that we need to consider adaptations to the regulatory model.

**6. The professions, working across different nations, in different contexts, and under challenging circumstances, report a lack of cohesive leadership at a time when it is needed most**

Dentistry, like many healthcare sectors, is diverse and made up of communities of practitioners with different leadership arrangements for its component parts. There are some parts of the system that are intended to take a whole sector view, but the pandemic has exposed that there is no single source of leadership for the diverse array of dental professionals and businesses. During a period of great uncertainty, dental professionals and business owners told us that it was difficult to identify authoritative guidance, and that there sometimes appeared to be inconsistencies in the guidance and its application to different parts of the sector. This was a source of frustration and confusion for dental professionals and made it harder in turn for them to help their patients understand the availability of treatment and the constraints on providing it.

## Shifting our emphasis as we work to achieve our strategic aims

The new features of the changing context mean we will be shifting our emphasis as we undertake the work to achieve our strategic aims.

### **1. Ensuring members of the public are receiving the information they need to be confident in dental care**

The public are seeking clarity and reassurance, for example asking for clearer communications about currently available services, or for information that will increase their confidence in visiting a dental practice. During this time we need to place a stronger emphasis on making sure the public receive reassurance and that their requests for clarity are heard by dental professionals and sector leaders. We also need to place greater emphasis on the effects of the pandemic in our planned work to facilitate dialogue between dental professionals and patients.

### **2. Playing our part to identify and address the exacerbated effects of inequality on members of the public seeking dental care and dental professionals**

We are preparing a new Equality, Diversity and Inclusion Strategy for 2021-2023. This provides a timely opportunity to consider how the work we already have planned in our Costed Corporate Plan can be used to tackle the effects of inequality and discrimination. For example, our planned review of learning outcomes for pre-registration training is an opportunity to ensure that needs of patients from diverse backgrounds are accounted for in the core requirements for dental professional education.

### **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**

The GDC is not the right organisation to lead on resolving these challenges, but we do have a role to play because of our responsibility to protect, promote and maintain the health, safety and wellbeing of the public. As the gatekeeper for registration, we need to continue to press for changes to legislation to enable our work to reform routes to registration so that we can simultaneously protect the public and avoid unnecessarily restricting the provision of dental care. And with our overview of the whole sector and growing capability to draw together useful insight, we want to make sure that sector leaders can access the intelligence we collect so they can take action to sustain or evolve the dental economy to meet the needs of patients.

### **4. Focus our attention on the changes to dental practice affecting patient safety that have been accelerated or brought about by the pandemic**

Our Corporate Strategy already sets out the need to respond to the ways dentistry, like all healthcare practice, is changing to meet the needs of the patient population and from the introduction of new technology. The pandemic means we need to shift the emphasis of that work to the more immediate changes that may occur sooner than previously thought so that we can ensure that the regulatory model remains effective and does not become an inhibitor for safe innovation.

## **5. Provide clarity on our leadership role and support cohesive sectoral leadership**

GDC's purpose is to be the professional regulator for dentistry. Our central objective is public protection.

Regulation should empower dental professionals to rely upon their training and ethical framework to make professional judgements that put the interests of patients first. We need to ensure that, so far as we can within the legislation that we are bound by, our approach to regulation adapts appropriately to the changing environment, acting to protect patients but not to prevent innovation. We also need to ensure that that approach is understood by the professionals we regulate and in particular that they have the confidence to exercise their professional judgement.

Our position as the professional regulator brings with it the ability to influence, to contribute to (and sometimes challenge) developing ideas, and to bring together different voices and interests to address issues of common concern. That has value to the sector as a whole, but also brings specific benefits to GDC: it provides us with a critical set of mechanisms to reinforce the move to upstream regulation; it is also an essential part of how we continue to rebuild our reputation away from the distorted perception that our only interest is in enforcement. So we want to shift our emphasis in our engagement with sector leaders and encourage reflection on subjects where we do not have a direct role but which may affect public safety, health and wellbeing so that whole system approach to leadership can be developed to build greater resilience in dental service provision on behalf of patients.

## Providing clarity on our role, how we will work and our aims

However much the surrounding context in which we work changes, our role remains the same: **we protect, promote and maintain the health, safety and wellbeing of the public, and uphold professional standards for and confidence in the dental team.**

That consistency of purpose means that our Corporate Strategy 2020-2022, developed to enhance our regulatory functions and capability to protect the public, is resilient to the changing context.

### Our vision and values

The work to understand the changing context has demonstrated that our vision and values remain the right ones. They reflect the core characteristics of good regulation on behalf of members of the public, no matter the prevailing conditions.

#### Our vision

A system of regulation which:

- 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.

#### Our values

- Fairness – we treat everyone we deal with fairly.
- Transparency – we are open about how we work and how we reach decisions.
- Responsiveness – we listen, and we adapt to changing circumstances.
- Respect – we treat everyone with respect.

### Our approach to our work

How we work has changed significantly. Remote hearings, decreased reliance on physical offices, and exclusively online engagement with our stakeholders are rapid and transformational changes to our operations that have the potential to become more permanent. But even though the mechanisms through which we work are changed our approach to our work remains the same:

- 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.

### Our strategic aims

The experience of adapting to the new context has demonstrated to us that our aims need to be more succinctly expressed so that it is clearer how we prioritise our efforts. Therefore, we have taken this opportunity to simplify the wording, but not change the intent, of our strategic aims so that our role in the system is clearer.

We aim to operate a regulatory system which protects patients and is fair to registrants through:

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.

## Direction of scope of practice review

<b>Executive Director</b>	Stefan Czerniawski
<b>Author(s)</b>	Katherine McGirr, Policy Manager
<b>Type of business</b>	For discussion
<b>Issue</b>	To provide Council with an overview of progress of the SoP review and some initial options for the format of the revised guidance.
<b>Recommendation</b>	Council is asked <b>to discuss</b> the options provided at section 4 of this paper and provide a steer as to the preferred parameters for the review, taking into account the appetite for a substantial change in approach.

### 1. Background

- 1.1 In 2009, several new professional groups now marshalled as the Dental Care Professionals (DCPs) became subject to registration and regulation by the GDC. This raised the question of how to ensure all registrants practise safely and within the boundaries of their professional title.
- 1.2 The solution adopted was Scope of Practice guidance document (SoP): a prescriptive list of tasks for each DCP group which details:
  - a. the skills which DCPs with that title should have on qualification (this is their 'scope of practice');
  - b. the skills which might be developed later in their career as part of their professional development ('additional skills'); and
  - c. the skills which DCPs in a particular group would not develop without becoming a different type of registrant because those skills are 'reserved' to other titles.
- 1.3 The SoP was last reviewed in 2013 alongside the Standards for the Dental Team. That SoP review also took into consideration the introduction of Direct Access<sup>1</sup>. The SoP was expected to benefit patients by providing clear guidance on the roles of dental professionals and what they could and could not do in the absence of a dentist and when a patient may be able to go direct to a DCP for treatment.
- 1.4 A lot has changed in the past decade since DCP registration and these changes have exposed some significant issues with the SoP in its current form. These include:

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<sup>1</sup> In 2013 the GDC removed the regulatory barrier to Direct Access. This meant that patients could have direct access to some DCP groups for treatment which did not require a dentist's presence (although some elements still require a dentist's prescription or prior assessment).

- Having an inflexible and prescriptive list that sets out what professionals can and cannot do does not align with the GDC's strategic agenda and wider work on upstream interventions, including the principles of professionalism.
- Dental professionals and other stakeholders increasingly ask the GDC to provide detailed (often clinical) advice about what DCPs 'can and can't do' in their daily practice for fear of DCPs straying outside scope and making themselves vulnerable to FtP proceedings.
- The SoP cannot take into account new innovations in technology and dentistry or shifts in team dynamic without a formal revision and so quickly becomes outdated.
- The prescriptive list of tasks may not only limit professionals from acting flexibly but may act as a barrier to proactively deploying dental professionals in new ways – something that has become increasingly pertinent in the current pandemic.

- 1.5 We are therefore conducting a three-stage review of the SoP. Stage one involved building an evidence base about how the guidance is currently used by registrants, the GDC and stakeholders; identifying intended and unintended impacts and outcomes of the guidance; and gathering views on the future of the guidance. Stage two is a policy review of the purpose and format of the SoP guidance. The evidence from stage one is being drawn upon to inform any potential changes to the guidance. Stage three will work with stakeholders to draft the content of the guidance in such a way as to best meet the fundamental purpose of the SoP.
- 1.6 Stage one evidence gathering is complete and the intelligence gained (some of which is detailed below) is being used to inform stage two of the review. Stage two is underway and consideration has been given to the purpose of the SoP, whether there is a better approach that may achieve that purpose and the risks associated with a change in approach.
- 1.7 Council is asked to discuss the options provided at section 4 of this paper and provide a steer as to the preferred parameters for the review, taking into account the appetite for a substantial change in approach. We will use the direction provided to develop a final recommendation for the format of new SoP guidance for the March 2021 Council meeting.

## 2. How is the Scope of Practice being used by different audiences?

- 2.1 At its March 2020 meeting, Council approved publication of the stage one research<sup>2</sup>, conducted independently by research company IFF which was published in June 2020<sup>3</sup>. This research explored the current uses and audiences of the SoP guidance document and whether the document is working as intended. In addition to this, the Policy team held internal workshops with staff from policy, research, communications, FtP, legal, clinical and PMO teams; and conducted a qualitative analysis of a sample of 50 FtP cases in order to better understand the nature of SoP cases and the types of patient safety issues that have arisen.
- 2.2 The findings of this research are summarised in **Annex A**.

## 3. Defining the purpose of the Scope of Practice

- 3.1 The fundamental purpose of the SoP is to secure patient safety – to inform and guide dental team decision-making regarding the tasks DCPs can do safely, so that DCPs do not undertake tasks that they are not trained and competent to do.

<sup>2</sup> Scope of Practice research report, Council paper, 19 March 2020

<sup>3</sup> Scope of Practice Review, IFF Research, available from the [GDC Research Library](#)

- 3.1 The SoP is used by different audiences for a variety of purposes. However, some of these purposes may be better serviced by a different approach than the SoP guidance document in its current form provided by the GDC. For example, we know that the current SoP is not used by patients. That is not necessarily a problem, but it does suggest that we might consider developing a patient-facing description of the different roles of the dental team in order to aid patient understanding of who is involved in their dental care. However, such a patient-facing communication would have a different purpose, format, tone and style to one targeted at dental professionals and is not considered further in this paper.

#### 4. Options for the format of the Scope of Practice

- 4.1 Concluding that the SoP secures public safety by informing and guiding dental team decision-making regarding the tasks DCPs can do safely, this section asks what approach will be most effective in achieving this.
- 4.2 If we were starting from scratch today, then it is quite possible that we would seek achieve this purpose by other means rather than a prescriptive list of tasks, because DCP groups have undergone considerable professional development over the past decade and now have a clearer understanding of requirements and expectations that comes with professional regulation. However, the GDC has produced this guidance for over a decade and stakeholders, some dental professionals, and some teams within the GDC have come to rely on it<sup>4</sup>. Before any substantive changes are proposed to the format and content of the guidance, we must first consider the key risks and benefits associated with such changes.
- 4.3 **Updating the existing guidance document:** One option is to retain the existing format of a list of specific tasks that a registrant group should be able to carry out on qualification, additional skills that can be developed and tasks that cannot be undertaken as they are reserved to other registrant groups. The list of tasks would be regularly reviewed and updated to maintain currency and may be made more detailed in order to avoid ambiguity in how it is applied to everyday practice.
- 4.4 This approach is perhaps the lowest risk option, as it has the benefit of providing continuity in format, unambiguous guidance for dental professionals and stakeholders and a distinct point of reference for FtP when investigating cases and taking case decisions. Risks associated with this approach that need careful consideration include:
- This approach is inconsistent with the GDC's strategic direction and undermines our continued messaging around professionalism.
  - Lists of specific tasks are inflexible to technological advancements which are developing ever more rapidly.
  - Several tasks written into the current SoP are based on legislation, regulations and guidance produced externally, which may be misinterpreted or quickly become outdated.
  - In its current format, the SoP can restrict practice (even where there is no evidence of risk to patient safety) simply because a specific task is listed in the scope of another registrant group. In this way, it acts as a barrier to flexibility in dental team working and does not enable the best use of skill mix.

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<sup>4</sup> Stage one evidence-gathering exposed concerns regarding potential substantial changes to the SoP guidance due to fears it would lead to professionals acting out of scope and the demarcation between the professions would be less clear. Many groups felt the document should instead be updated more regularly and with increased detail.



- e. The inflexibility of the document means that it can quickly become outdated and should therefore be regularly reviewed to maintain currency and relevance. This has resource implications for the GDC.
- 4.5 In light of the above risks, and the fact that this approach does not address the current issues with the SoP, it is recommended that we do not proceed with this option.
- 4.6 **Withdrawing the SoP guidance.** Another option, at the other end of the spectrum, is to cease to provide standalone SoP guidance for DCPs and adopt a similar regulatory approach to that used for dentists – whereby all dental professionals have an ethical and regulatory responsibility to work within their training, competence and indemnity.
- 4.7 This approach has the benefit of aligning with the GDC’s strategic direction and promoting professionalism, is agile, flexible and enabling. It also applies across the whole profession. However, there are a number of risks associated with such a move, including:
  - a. Post-qualification courses (other than speciality training) are not quality assured by the GDC, and with no set parameters of the boundaries of roles or standards for training, DCPs may be able to expand their scope without sufficient training to render them competent. This presents a risk to patient safety.
  - b. Competence is subjective and self-determination of competency could lead to unsafe practice.
  - c. Demarcation between the professions would be less clear, potentially devaluing the initial qualification for all registrant groups.
  - d. Without a set piece of guidance, FtP teams may find it harder to investigate and prove allegations of risk to patients and may need to source external advice more frequently at a greater cost.
  - e. Engagement and evidence gathering as part of stage one of this review has shown consensus among dental professionals, stakeholders and some GDC teams for maintaining the guidance.
- 4.8 This option is attractive, particularly as DCP groups have been regulated for over a decade now and pre-qualification training prepares them for the professional responsibility that comes with being regulated. However, it is likely that the learning outcomes at the point of professional qualification and registration would start to be used as a surrogate for the SoP if we were to withdraw it completely. That has other drawbacks, including crystallising competence at the point of qualification, and could perpetuate the drawbacks of the SoP while losing its advantages.
- 4.9 The resulting loss of clarity could create patient safety concerns, so whilst this option may be one that we seek to implement in the future, it would not be sensible to move in a single step from having a prescriptive SoP to not having one at all.
- 4.10 **Merging with existing guidance and setting high-level reserved duties:** Between these first two options is a middle ground, where we may be able to achieve the optimal balance between the benefits and identified risks. This could potentially be achieved by developing a SoP that:
  - a. Provides a broad description of the purpose of the different roles in the dental team;
  - b. Refers to the professional responsibility to act within training, competence and indemnity set out in any revised standards or principles of professionalism;
  - c. Links to the learning outcomes document as the point of reference for taking decisions on training and competence;

- d. Sets risk-based categories of duties that *cannot* be done (rather than those that can) as they are 'reserved' to other registrant groups.
- e. Signposts to guidance and legislation provided by external organisations (upon which much of the current SoP is based);

4.11 The benefits of an approach such as this include:

- a. This better aligns with the evidence gathered at stage one which suggests that it is not the actual guidance document itself that deters DCPs from acting out of scope, but an understanding of scope that is developed during pre-registration training.
- b. A simpler explanation of the purpose of the different roles in the dental team may be easier to communicate to the profession and may facilitate better team working.
- c. The learning outcomes provide more detail as to the skills a dental professional is expected to have at the point of registration (their fundamental 'scope of practice') than the current SoP and can be used better as a guide.
- d. It provides a clear and detailed reference point to inform professional judgements about training and competency.
- e. Specifying categories of reserved duties helps set the parameters of the different registrant groups whilst still being enabling, as it focusses more on defining the boundaries of unsafe practice rather than the detail of what different registrants are allowed to do.
- f. Having reserved duties that are based on risk focusses on the key issue of patient protection rather than professional roles.

4.12 Risks associated an approach such as this include:

- a. Such an approach provides considerable flexibility to DCPs, and any oversights or gaps in the list of reserved duties could lead to unsafe practice outside of competence.
- b. The list of reserved duties has the potential to become detailed and prescriptive, which could result in the same issues arising as with the current SoP.
- c. The list of reserved duties would still need to be updated regularly to take into account developments in education, technology etc. (albeit a review of a broader range of duties is likely to require less resources than a review of a prescriptive list of specific tasks).

4.13 We recommend that we focus on developing the approach set out in option three. Further work is likely to include considering what existing guidance can be used, how the reserved duties will be presented and communicated to the profession and stakeholders, and how to mitigate all risks identified.

4.14 Council is invited to note progress made so far and to agree that the next stage of the work should focus on this third option (paras 4.10 to 4.13).

## 5. Risk considerations

5.1 This paper does not seek to provide a comprehensive analysis of the risks and benefits of all possible options but sets out some initial scoping of options in order to aid discussion. Further analysis of the recommended option is likely to identify further risks for consideration.

- 5.2 As identified at stage one of this review, there is a potential risk that the FtP and legal teams will require external expert advice in order to investigate and prove allegations of an individual acting outside of scope, should there be a significant change in approach. There will be opportunities to learn from other regulators as to how they manage out of scope type cases in FtP, including for example what resources are used and how they frame allegations of this nature in the absence of having explicit guidance. Policy staff will continue to work closely with teams across the GDC to minimise this risk.
- 5.3 The concern expressed in the research by registrants and stakeholders when discussing possible removal of the SoP suggests there is a perceived risk of registrants acting out of scope should the SoP be significantly changed (although evidence gained at stage one in relation to this assertion is mixed<sup>5</sup>). This highlights the importance of effective communication and engagement with registrants – to increase awareness of the reviewed guidance (in whatever form it takes) and to help bring them along the journey of exercising professional judgement. An effective communications and engagement plan will be key to mitigating this risk.
- 6. Resource considerations and CCP**
- 6.1 Further research, if required, will be commissioned as part of a comprehensive research activity in the 2021/22 budget included in planning for the reform programme (currently subject to approval). Staff time has been allocated to this work within planned activities for this year in the CCP.
- 7. Monitoring and review**
- 7.1 This work forms part of the wider programme of developing upstream regulation and is closely linked with ongoing work to develop the principles of professionalism. This project is subject to monitoring and review through the PMO. Council will be provided with a paper for decision for its March 2021 meeting.
- 8. Development, consultation and decision trail**
- 8.1 At its March 2020 meeting, Council approved publication of the stage one research, conducted independently by research company IFF.
- 9. Next steps and communications**
- 9.1 Using the direction provided, we will develop a thorough analysis of the recommended approach to the revised guidance (including how to mitigate identified risks) with a draft format of the revised guidance for the March 2021 Council meeting.
- 9.2 We will also start planning the third stage of the SoP project, which involves drafting the content of the reviewed guidance. This will include plans for external consultation and engagement with interested parties such as dental professionals, their representatives and education providers.
- 9.3 Communication and engagement plans will be drafted for each stage of this project which will outline the key messages that will need to be communicated, the key audiences to communicate and engage with, and how and when that will be done.

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<sup>5</sup> On one hand, this fear is contrary to the finding from the IFF research that professionals by and large have a good understanding of their own scope, and generally only stray outside of scope for reasons relating to the patient's interests. On the other hand, the FtP analysis shows that over 80% of SoP FtP cases related to dental nurses technicians and CDTs, which according to the IFF research are the groups least familiar with the SoP document.

- 9.4 To feed into the communication and engagement plans, stakeholder mapping is currently in progress to determine who are the key stakeholders that will need to be engaged at the different stages of the project. Following this mapping exercise, a range of consultation exercises will take place with external stakeholders to explore the different options that Council have given direction on. This is to be completed within the first quarter of 2021.
- 9.5 The range of consultation exercises that is to take place between December 2020 and March 2021 may include engagement with a set of dental professionals and consultation (online) events with key stakeholders. The aim of the consultation exercises will be to gain a wide range of views from stakeholders and dental professionals, on the options for the future of SoP that we have been given direction on. This will then help inform the next stage of the project, such as testing with stakeholders the option that was preferred and the likelihood that it will achieve its key purpose.
- 9.6 Staff will also start planning the third stage of the SoP, which involves drafting the content of the reviewed guidance. This will include plans for further external consultation and engagement with interested parties such as dental professionals, their representatives and education providers. Council will be provided with an outline for how the SoP review will progress for its meeting in March 2021.

## Appendices

### Annex A – findings of research into the use of Scope of Practice

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01 December 2020

## ANNEX A

**Use of Scope of Practice – Research Findings****Dental Care Professionals**

1. Whilst many groups use the SoP, DCPs are perhaps its primary audience as it was initially intended to provide clarity and specificity regarding what they could and could not do in their daily practice.
2. Evidence gained as part of stage one of this review suggests that DCPs have high awareness and understanding of their own scope, which is gained mostly through their education, colleagues and peers, and not from the SoP document itself. This suggests that for individuals, understanding of their SoP is now embedded within their pre-qualification training and professional working life.
3. The IFF research found that any instances of working out of scope were not usually due to DCPs being unaware that the treatment was out of their scope/competency, but they were trying to ensure that their patient was receiving the best treatment possible; for example, by not referring them to another dental professional some distance away or because they were being asked by a senior colleague to undertake the task
4. Hygienists, therapists and orthodontic therapists seemed the most familiar with the SoP document, with dental technicians, clinical dental technicians and dental nurses less familiar. When we consider this against prevalence of SoP breaches, however, analysis of FtP data<sup>6</sup> shows the majority of SoP cases relate to dental technicians, followed by dental nurses and clinical dental technicians (CDTs), with dental technicians and CDTs over-represented at FtP, suggesting that lack of familiarity with the document does impact out of scope working.

**Dentists**

5. Whilst the SoP does not restrict dentists' practice, the SoP has a significant impact on dental team working. As the 'head of the dental team', dentists should be able to use the SoP to guide referral decisions and organise the dental team safely and effectively.
6. In terms of familiarity with the SoP document, the research indicates that dentists were less familiar with the SoP than DCPs. It appears that this lack of familiarity can have a negative impact on dental team working, with DCPs reporting that dentists are not referring enough as they are unaware of the treatments that DCPs can undertake, and educators feeling that many dentists are not maximising the potential of their staff.
7. There is also some evidence of the SoP being used defensively. Some DCPs felt more comfortable pushing-back on requests from dentists to do particular tasks they felt were out of scope, and a few dentists reported the SoP being used by some DCPs to prove that a task is not in their scope because it is not listed in the SoP guidance document. In this way, the SoP could be seen to have an inhibiting effect on the workforce, reducing the potential for innovation and flexibility of roles and skills across the team.

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<sup>6</sup> Analysis of FtP cases between 2015 and 2019 showed that there were 1,296 FtP cases raised with the GDC regarding DCPs, 24% of which referred to a SoP concern.

## Stakeholders

8. There are a variety of different stakeholders that use the SoP guidance. This includes education providers, indemnifiers, corporate providers and professional bodies and associations. The IFF research suggests that stakeholders<sup>7</sup> are more likely than dental professionals to be regularly using the SoP guidance document to help design new training courses, update the content of current courses, discuss developmental opportunities and recommended CPD with individuals and provide advice and guidance to the profession.

## GDC

9. Whilst the GDC was not initially considered a primary audience of the SoP, over the years the guidance has become embedded within FtP processes as a means of investigating and forming charges against DCPs. When discussing the future of the SoP guidance, some colleagues expressed concerns about the ability of the GDC to take forward a case without the document, and the potential increase in funding required to fund external expertise.
10. The qualitative analysis of FtP cases indicated that decision makers in FtP often refer to the SoP guidance in relation to breaches which derives from other guidance or legislation. This includes other internal GDC guidance, such as the Standards for the Dental Team, and external guidance and legislation from other organisations, such as IRM(ER) (radiography) regulations and medicines legislation.
11. The analysis also indicated an inconsistency as to whether harm was considered in making determinations. Some decisions did record a consideration of the evidence of harm and its implications for patients. This appeared to be more consistent at PCC stage than the earlier FtP stages, where consideration of harm caused to patients was not considered at all or was referred to in a limited manner on the final decision sheet. In many cases decision makers refer to working outside of scope as undermining confidence in the profession, often when there is no evidence or mention of actual harm. This might suggest that in the absence of harm, a divergence from the SoP guidance is enough to indicate a potential risk of losing confidence of patients and the public and therefore the cases became a matter of conduct and dishonesty.

## Patients

12. There was clear evidence from the research that patients and the public do not use the SoP guidance document. Those participating had no awareness of the document and did not feel it is relevant and necessary for them to have this kind of information, nor did they feel it was designed for them.

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<sup>7</sup> Nine stakeholders were interviewed as part of the research – five educators, one corporate providers, one indemnifier, one employer and one professional body.



## Q3 2020 Organisational Performance

<b>Executive Director</b>	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
<b>Author(s)</b>	Samantha Bache, Head of Finance and Procurement  David Criddle, Head of Business Intelligence, PMO & Delivery
<b>Type of business</b>	For discussion
<b>Purpose</b>	This paper presents a summary of the key points for organisational performance for the quarter.
<b>Issue</b>	The paper reports on the Financial Review for the Q3 2020 performance period and discusses the Financial Forecast, the CCP Quarterly Performance and the Balanced Scorecard which are detailed in Annexes 1 to 3.
<b>Recommendation</b>	Council is asked to: <ul style="list-style-type: none"> <li>• Discuss and note the cover report paper and Annexes 1 to 3</li> </ul>

### 1. Introduction

- 1.1 This report provides a summary of the key points raised within organisational performance across the GDC, covering the Q3 2020 performance period.
- 1.2 Section 3 provides a financial performance review to the period ending September 2020.
- 1.3 Annex 1 is provided as the result of the Q3 Financial Forecast. This report is a consideration of the GDC's expected financial performance by the end of the financial year, based on the reforecast completed by budget holders in September 2020.
- 1.4 Annex 2 is the CCP Quarterly Performance Report. This report is intended to provide Council with a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
- 1.5 Annex 3 is the Balanced Scorecard. This report is the operational performance management report across the GDC directorates. It enables the organisation to set and track performance indicators which reflect success against key business strategies and objectives.

### 2. Assurance

- 2.1 All reports were reviewed by SLT/EMT at the 9 November 2020 meeting and noted by FPC at their 17 November 2020 meeting.

### 3. Q3 Financial Review summary

- 3.1 At the end of Sept 2020, the GDC's operating surplus was £5.1m higher than budgeted at £14.8m. Actual income is £0.5m lower than budgeted and expenditure is £5.6m lower than budgeted for the period.

3.2 The table below summarises the income and expenditure account for the nine months ending 30 Sept 2020.

Table 1 Quarter 3 Financial outturn

	Budget to Sept 20	Forecast to Sept 20	Actual to Sept 20	Variance to Budget	Variance to Forecast
	£000	£000	£000	£000	£000
<b>Income</b>					
Fees	37,714	37,744	37,788	74	44
Investment income	-	259	291	291	33
Exam income	1,588	501	501	(1,087)	-
Miscellaneous income	-	175	176	176	1
<b>Total Income</b>	<b>39,302</b>	<b>38,679</b>	<b>38,756</b>	<b>(546)</b>	<b>77</b>
<b>Expenditure</b>					
Meeting fees & expenses	3,518	2,490	2,501	1,017	-11
Legal & professional	5,988	3,492	3,440	2,548	52
Staffing costs	15,000	13,669	13,659	1,341	10
Other staff costs	832	410	370	462	40
Research & engagement	621	435	426	195	9
IT costs	1,088	938	919	169	19
Office and premises costs	1,591	1,138	1,131	460	7
Finance costs	248	403	401	-153	2
Depreciation costs	720	1,181	1,181	-461	-
Unrealised (gain)/losses on investments	-	(121)	(121)	121	-
<b>Total expenditure</b>	<b>29,606</b>	<b>24,035</b>	<b>23,907</b>	<b>5,699</b>	<b>128</b>
<b>Operating surplus/(deficit) before tax</b>	<b>9,696</b>	<b>14,644</b>	<b>14,847</b>	<b>5,149</b>	<b>203</b>

3.3 The significant variances (defined as individually being circa £0.1m or higher) for income being £0.5m lower than budgeted are set below:

- Exam income:** £1.1m adverse variance due to delaying collection of examination fees due to the deferment of exams as an impact of COVID-19.
- Investment income:** £0.3m favourable variance due to increased levels of bank interest and dividends received.
- Miscellaneous income:** £0.2m favourable variance due to the sale of assets which have reached the end of their useful life, secondment income recovered and staff furlough claims.

3.4 The significant variances (defined as individually being circa £0.1m or higher) for expenditure being £5.6m lower than budgeted are set out below:

Table 2 Significant expenditure variances

Recurring' savings/(overspend)	£000s
<b>Staff costs:</b> Underspends across all directorates due to vacancies, staff recruited on development ranges compared to market rate budget and the decision to not award a pay award in 2020.	1,341



<b>Depreciation (£328k) &amp; Finance costs (£153k):</b> Overspend due to a change in the accounting standard relating to leases (IFRS16) which has resulted in lease costs now being held on the balance sheet.	(481)
<b>Office &amp; Premises:</b> Underspend due to a change in the accounting standard relating to leases (IFRS16) which has resulted in lease costs now being held on the balance sheet.	459
<b>Variances individually less than £100k:</b>	71
<b>'One-off' savings/(overspend)</b>	
<b>Research &amp; Engagement:</b> In response to the Pandemic, a re-profiling of Research Commissioning was undertaken, and the effect of this re-scoping exercise is delivery of one-off savings against budget.	226
<b>ILPS &amp; ELPS:</b> Reduced referrals from FTP, and delays/deferment of Hearings have resulted in a reduction in budgeted legal provision and increased capacity within the ILPS function. Increased ILPS capacity has reduced the number of referrals to ELPS.	1,292
<b>Education QA:</b> Savings due to reduced physical further education inspections and decision not to increase regulatory burden on universities during the pandemic.	114
<b>Investments:</b> Unrealised gain on investments	121
<b>Variances individually less than £100k:</b>	228
<b>Savings/(overspends) from timing differences</b>	
<b>ORE:</b> Suspension of the ability to run the ORE examination due to the pandemic and limitation of our providers ability to run social distanced exams, and quarantine arrangements for applicants to enter the UK. The underspend on expenditure is reflected in reduced exam fee income (£1,087)	1,197
<b>Hearings:</b> Underspent due to the closure of Wimpole Street through the pandemic and our restrictions in being able to run hearings. Underspend also captures a switch to remote hearings which has produced efficiencies in associated expenses.	742
<b>Depreciation:</b> Overspends due to an increased outturn in our 2019 capital expenditure, which increased depreciation in 2020.	(134)
<b>IT:</b> Underspends against flat phased budget for IT software licenses and consultancy support, which is in part reactive to business need.	168
<b>DCS:</b> cancellation of DCS complaints panels and a suspension of DCS panellist recruitment & training, due to pandemic restrictions	115
<b>People Services:</b> Uncertainty around the ability to deliver an all staff conference due to pandemic restrictions, where discussions were still ongoing at the date of reporting as to what alternative activity may be required	127
<b>Variances individually less than £100k:</b>	113
<b>Total expenditure variance to budget</b>	<b>5,699</b>

#### 4. Q3 CCP Quarterly Performance Summary

- 4.1 The detailed GDC wide performance dashboards and insights, as well as breakdowns of performance for each of the 5 Strategic Aims are in Annex 2. For ease of reference the key GDC wide performance insights are highlighted below.
- 4.2 At the end of Q3, the 2020 portfolio delivery is on track overall, with 6 projects out of the 43 currently in progress facing schedule delays. The delays are not expected to impact overall delivery, either for projects due to complete in 2020 or those continuing into next year.
- 4.3 Following the DHSC's revision to the approach and timescales for regulatory reforms, any projects within the reforms programme scope have been deferred to be further evaluated in Q2 2021, when a wider programme business case will be considered again.
- 4.4 Planning for the CCP 2021-23 has concluded in Q3 with endorsement of the plan by FPC, and final approval obtained from Council at their meeting on 22 October.
- 4.5 To align the CCP report with the quarterly Finance updates, we are now reporting FTE instead of Headcount in both reports. At the end of September 2020, the total GDC

headcount FTE was 339.5, which is 28.4 FTE less than budgeted (367.9). This is largely due to the freezing of recruitment activity during the pandemic lockdown, for which activity has resumed in Q3 on a case by case basis.

## 5. Q3 Operational Performance - Balanced Scorecard

5.1 Key performance headlines are presented within the executive summary of the Balanced Scorecard report in Annex 3. For ease of reference these key performance highlights and issues are summarised below.

### 5.2 Key Performance Highlights:

- a. **Registration applications volumes increase:** There was a notable increase of registration applications across all routes in Q3 compared with Q2, except for the specialist list. This can largely be attributed to the dentist graduation periods within UK/EEA (with many applications being later in year than usual), the peak restoration period following DCP annual renewal, and applicants now being able to obtain documents required for registration after facing difficulties earlier in the year due to COVID-19 restrictions.
- b. **Information performance summary:** There were no data breaches classed as major ICO impact or major GDC impact in Q3. All 80 Freedom of Information (FOIs) requests and 11 Subject Access Requests (SARs) were responded to within the statutory deadlines. The 80 FOIs processed is the highest volume received in a single quarter since 2016.
- c. **Illegal Practice timeliness:** All 4 cases having a charging decision made in Q3 were completed within 9 months of receipt achieving 100% performance. 99% of cases received (192 out of 193) met the target for being reviewed by a legal assistant with 3 working days. Also 99% of enquiries (133 out of 135) met the target for being assessed by a paralegal within 5 working days of receipt.
- d. **People Services highlights:** Out of the 25 employees due to complete their 6 month probation in Q3, all but 1 successfully passed, with this 1 employee resigning before their probation was completed.
- e. **Governance summary:** The Governance team delivered 16 more Board meetings (including EMT Boards) than originally planned for Q3, with 29 meetings in total delivered. Despite this increase the team improved on Q2 performance, with all nine areas of performance measures achieving at 80% or more of the targets.

### 5.3 Key Performance Exceptions:

- a. **Fitness to Practise timeliness:** In prosecution stages, the proportion of case completing hearings within 9 months of the Case Examiner referral is at 19% in Q3, with 6 out of the 26 cases meeting the target. While there were operational reasons for missing the target, including postponements, it will remain harder to meet this target given the reduction in hearings capacity. Of the 20 cases that missed the 9-month target, 12 were postponed due to Covid-19 impacts.

The proportion of cases receiving a Case Examiner final decision within 6 months of receipt is 20% in Q3. There were 131 cases with a final Case Examiner decision, with 38 cases received in 2020, 73 from 2019, 12 from 2018, 4 from 2017, 2 from 2016 and 2 from 2013. Whilst the FtP team are continuing to work through resolving older cases this will continue to have an adverse impact on the performance.

The FtP Action Plan continues to focus on improvement areas within timeliness. The plan encompasses action to reduce the volume of cases in IAT, casework and Rule 4, as

well as introducing feedback loops and further business improvement activity throughout 2020.

- b. **DCS Case Resolutions timeliness:** The proportion of DCS cases completed within 3 months was at 71% in Q3 2020 which is a 10% decrease from Q2 2020. This is a result of dental professionals taking longer to respond to complaints and patients being unable to obtain second opinions as a result of practice closures. Also, a significant number of cases processed related to 2 large corporate practices which closed down. Legal advice on the first practice enabled most of its cases to be closed. For the second large practice there were delays due to difficulties identifying its ownership.

5.4 **Report Administration** – There are no requests for changes to Balanced Scorecard reporting criteria requiring Council approval in the Q3 2020 report.

## Appendices

- Annex A: Financial Forecast – Q3 2020
- Annex B: CCP Quarterly Performance Report – Q3 2020
- Annex C: Balanced Scorecard – Q3 2020

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01 December 2020

## Annex A - Quarter 3 Financial Forecast

### 1. Quarter 3 2020 forecast

1.1. This report sets out the GDC's financial forecast for 2020 as of the end of the third quarter, following a detailed review which was undertaken in September 2020.

1.2. The forecast reflects the following:

- a. the detailed review of expenditure incurred year to date
- b. the outcome of the Q3 2020 forecast updates submitted by each directorate
- c. the actual income from the 2020 Dentist and 2020-21 DCP ARF collection.

1.3. It shows that the budgeted operating deficit of £0.8m could become a surplus of £5.9m by the end of 2020, a movement of £6.7m.

Table 1 Quarter 3 2020 forecast summary

	2020 Budget	2020 Q3 Forecast	Variance Forecast to Budget
	£000	£000	£000
<b>Income</b>			
Fees	38,031	37,899	(132)
Investment income	-	386	386
Exam income	1,588	501	(1,087)
Miscellaneous income	-	188	187
<b>Total Income</b>	<b>39,619</b>	<b>38,974</b>	<b>(646)</b>
<b>Expenditure</b>			
Meeting fees & expenses	4,540	3,406	1,134
Legal & professional	7,639	5,124	2,515
Staffing costs	19,987	18,399	1,587
Other staff costs	1,075	672	403
Research & engagement	800	629	170
IT costs	1,450	1,311	140
Office and premises costs	2,118	1,550	568
Finance costs	354	561	(207)
Depreciation costs	1,148	1,517	(369)
Contingency	1,308	-	1,308
Unrealised gain/(losses) on investments	-	121	121
<b>Total expenditure</b>	<b>40,419</b>	<b>33,048</b>	<b>(7,371)</b>
<b>Operating surplus/(deficit) before tax</b>	<b>(800)</b>	<b>5,925</b>	<b>6,725</b>

## 2. Key variances in the Q3 2020 forecast

- 2.1. In line with our Q2 2020 forecast update, the biggest driver of the forecast underspend for 2020 remains the impact of COVID-19 on our delivery of planned activities, which we set out in the CCP 2020-22. Whilst there has been a reduction in anticipated activity and expenditure for this financial year, several of our planned activities will now take place in future years. Any deferment of our work and the associated financial impact has been addressed through our planning of the approved CCP 2021-23. These savings are therefore not true financial savings, but a reprofiling of our expenditure into later accounting periods.
- 2.2. Due to continued regional restrictions we have sustained a reduction of expenditure on items such as business travel, Council expenses and meeting costs for 2021. We are continuing to explore what the new way of working looks like and ensure that our operating model will both deliver our functions effectively but also be financially efficient.
- 2.3. In some areas for 2021, we took an active decision to reduce expenditure given the increase in financial risk and uncertainty we face. This includes a decision to not award a 2020 pay increase for our employees and freezing the recruitment for non-business critical posts through the first national pandemic lock down. Savings from these efficiency decisions in 2020 are now forecast to be around £1.5m.
- 2.4. The key drivers (defined as individually being circa £0.1m or higher) of the forecast surplus being £6.7m higher than budgeted are as follows:

Table 2 Quarter 3 2020 forecast key variances

	£000
<b>Income</b>	
<b>Fees:</b> Adverse variance on initial dentist registrations due to 795 fewer registrations against predicted levels, offset by £186k additional ARF income received in the 2020 Dentist ARF collection and Dentist Application processing fees.	(132)
<b>Investment Income:</b> Additional unbudgeted income generated from investment dividends have been reflected in the forecast.	386
<b>Exam Income:</b> Forecast has been adjusted to recognise exam deferment as an impact of COVID-19.	(1,087)
<b>Miscellaneous Income:</b> Forecast has been updated to recognise the £54k received from the sale of assets, which had reached the end of their useful life, secondment cost recovery and furlough income received from HMRC.	187
<b>Total Q3 2020 Income forecast variance</b>	<b>(646)</b>
<b>Expenditure</b>	
<b>Staffing costs:</b> Forecast has been updated across all directorates reflecting the impact of COVID-19 on recruitment, the 2020 staff pay freeze and posts recruited below the budgeted market rate.	1,587
<b>Contingency:</b> Having reviewed the budgeted contingency there is no indication that there will be a requirement to access contingency funding due to existing underspends across business areas.	1,308

	£000
<b>FTP Hearings:</b> Forecast reflects lower levels of hearings/adjudications due to COVID-19 restrictions.	810
<b>ILPS:</b> Forecast amended to reflect reduced expenditure incurred year to date, a reduction in expected referrals in Q4 2020, and deferment of expenditure related to Hearings due to COVID-19 restrictions.	905
<b>ORE Exams:</b> Reduction in the forecast due to the deferral of ORE exams resulting from COVID19 disruption.	1,207
<b>Office &amp; Premises:</b> Forecast has been adjusted to reflect the change in accounting policy following the implementation of IFRS16, which now sees expenditure on accommodation leases recorded under depreciation and finance costs.	568
<b>Other Staffing Costs:</b> Expenditure related to business travel, recruitment activity and learning and development either not now being incurred or deferred into 2021 due to the impact of COVID-19.	403
<b>Research &amp; Engagement:</b> Forecast reflects the amended timing of research and engagement activities which have been impacted due to COVID-19 restrictions. Whilst this has resulted in a reduction in forecast spend for 2020, this update reflects an increase in the forecast previous included at Q2 2020.	170
<b>ELPS:</b> The proportion of cases referred from Case Examiners to ILPS/ELPS was previously set at 80:20, however, the actual ratio, to September 2020, is 88:12. This is due to a reduction in the volume of referrals and the available capacity within the ILPS team.	459
<b>DCS (Meeting Fees &amp; Expenses):</b> Forecast reflects the cancellation of DCS complaints panels due to COVID-19 restrictions and the suspension of DCS panellist recruitment & training.	152
<b>Education QA:</b> Impact of reduced activity on physical inspections due to COVID-19 disruption, and our decision not to increase the regulatory burden on providers during the lockdown.	160
<b>IT:</b> Updated forecast level of expenditure for consultancy to reflect delays in project work due to COVID-19 disruption.	140
<b>Depreciation</b> Forecast has been adjusted to reflect the change in accounting policy following the implementation of IFRS16, which now sees expenditure on accommodation leases recorded under depreciation and finance costs.	(369)
<b>Finance Costs (Facilities):</b> Forecast has been adjusted to reflect the change in accounting policy following the implementation of IFRS16, which now sees expenditure on accommodation leases recorded under depreciation and finance costs.	(207)
<b>Unrealised gains on investments:</b> Forecast has been updated to reflect the impact on gains on the investment portfolio over the first 9 months of this year.	121
<b>Not analysed</b>	(43)
<b>Total Q3 2020 Expenditure forecast variance</b>	<b>7,371</b>

2.5. The latest forecast returns from teams assume headcount of 359.0 FTE at 31 December 2020, compared with an anticipated 361.9 FTE in the original budget.



### 3. Financial risk and opportunity considerations

3.1. The following financial risks and opportunities have been updated as a result of the Q3 2020 financial forecasting round:

- a. In February/March 2020, our investments were materially impacted by the downturn of financial markets resulting from COVID-19. We incurred unrealised losses in the region of 16% (£2.8m). As of September 2020, we have seen a significant recovery of investment assets, however, we recognise that the risk of a second wave of the pandemic could see a return to unrealised losses before the end of this financial year. As such, we have retained our current financial risk assessment of £2m by the end of this year.
- b. Within Hearings, the impact of COVID-19 and the switch to remote hearings has resulted in forecast underspend of £0.8m against budget for 2020. The assumptions used in the forecast around Hearings activity are a mix of remote and physical activity, however, given the ongoing regional COVID-19 restrictions, we no longer expect Hearings activity to normalise towards the later part of 2020 and the risk of further deferment has increased. We have therefore removed the previous financial risk of £0.25m which was held in recognition of hearings activity overrunning the Q2 2020 forecast position.
- c. Similar to Hearings, within ILPS and ELPS, the impact of a reduced number of referrals and the now unlikely outcome of normalisation of activity in the latter part of this financial year, due to ongoing COVID-19 restrictions, has resulted in us removing a net financial risk of £0.1m which was introduced in the Q2 2020 forecast.
- d. Financial risks for the period 2021-23 are consistent with the work completed in producing the final Costed Corporate Plan (CCP) 2021-23.

### 4. Forecast reserves

- 4.1. In December 2019, Council approved the 2020 Reserves Policy. This confirmed that the GDC should aim to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. In October 2020, Council confirmed that there should be no changes to the Reserves Policy for 2021.
- 4.2. Free reserves are to be at a minimum of three months of operating expenditure, net of our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of our current three-year plan of strategic activity
- 4.3. Following Council's approval in October 2020 of the CCP 2021-23, we measure forecast free reserves to the period ending December 2023.
- 4.4. As a result of the updated Q3 2020 forecast and our updated assessment of financial risk, it is estimated that by 31 December 2023 free reserves, net of financial risk will be £11.7m. This is the equivalent of 3.6 months of budgeted operating expenditure at the end of the planning period, which is around £3m short of the target set by Council.

### 5. Monitoring and review

- 4.5. Actual financial performance is monitored monthly and will provide an analysis of the variance between the actual spend, the revised Q3 2020 financial forecast and the original budget.

# CCP Quarterly Performance Report

## Quarter 3 2020

<b>Type of business:</b>	For discussion
<b>For Council only:</b>	For public session
<b>Issue:</b>	To present the CCP Quarter Council Report Q3 2020 for discussion. This report is intended to provide Council with a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
<b>Recommendation:</b>	Council are requested to discuss and note the report
<b>Decision Trail:</b>	SLT/EMT 9 November 2020 FPC 17 November 2020



**The key performance insights in Q3 2020 are:**

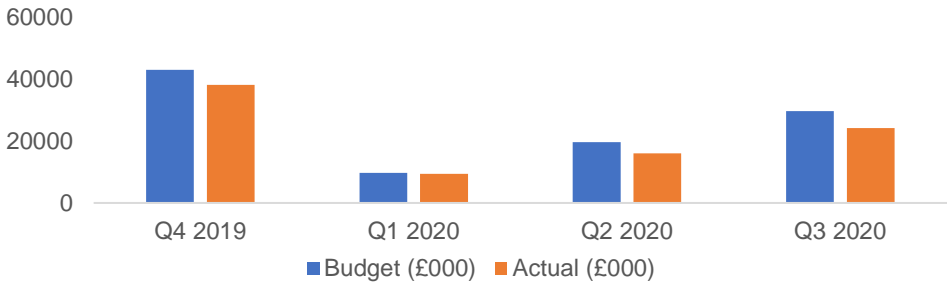
**CCP Delivery Overview** – At the end of Q3, the 2020 portfolio delivery is on track overall, with only six projects out of the 43 in progress facing schedule delays. The delays are not expected to impact overall delivery, either for projects due to complete in 2020 or those continuing into next year. Following the DHSC's revision to the approach and timescales for regulatory reforms, any projects within the reforms programme scope have been deferred to be further evaluated in Q2 2021, when a wider programme business case will be considered again. Planning for the CCP 2021-23 has concluded in Q3 with endorsement of the plan by FPC, and final approval from Council at their meeting on 22 October.

**Finance Overview** - Across the organisation, total year to date spend was £24m at the end of the Q3, which is £5.6m lower than budgeted. The key variances are:

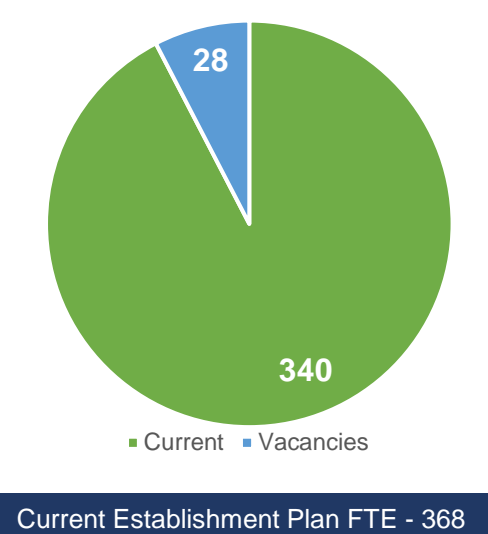
- £1.3m relating to ILPS/ELPS Legal Expenses. There has been a reduced demand for legal advice in ILPS & ELPS due to COVID-19 causing delays to hearings progressing.
- £1.3m relates to staff cost savings across all directorates due to vacancies, staff recruited on development ranges compared to market rate budget and the decision to not award a pay award in 2020.
- £1.2m resulting from April exams being cancelled and the GDC not needing to pay for the hosting of exams.
- £0.7m from the impact of COVID-19 on cancelled hearings/adjudications and a switch to remote hearings.
- £0.2m relates to a reprofiling of research commissioning in response to the impact of COVID-19.
- £0.2m is from profiling differences in IT expenditure and a reduction of commissioning IT professional services as a result of delays in project delivery relating to COVID-19.
- The end Q3 2020 reserves forecast for the position as at end of December 2023 has reduced to 3.6 months from the 4.3 months forecasted in Q2 2020. This reforecast is a result of the updated financial forecast out turn for 2020, updated financial risk assessment and the expenditure plan update for the three year period of the CCP 2021-23.

**Establishment FTE Plan Overview** - To align the CCP report with the quarterly Finance updates, we are now reporting FTE instead of Headcount in this report. At the end of Q3 there are 28 FTE vacancies. The level for permanent staff has remained stable compared to the end of Q2, however the establishment overall has reduced by 1 FTE. Recruitment activity has resumed for posts that the leadership team have approved are required from within the original recruitment plan. The remaining posts continue to be under review.

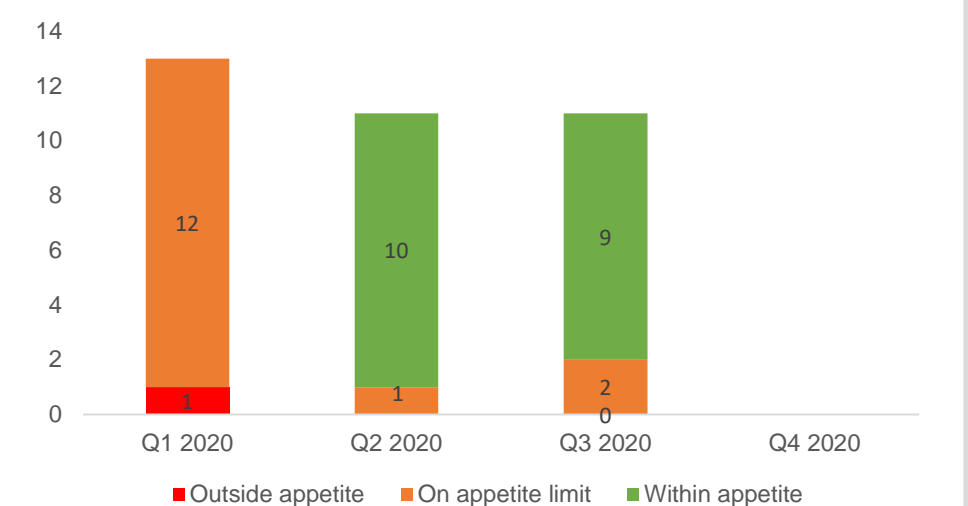
Budget v's Actual Expenditure



Planned FTE v's Actual

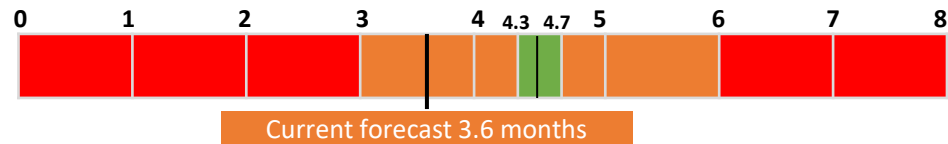


Strategic Risks

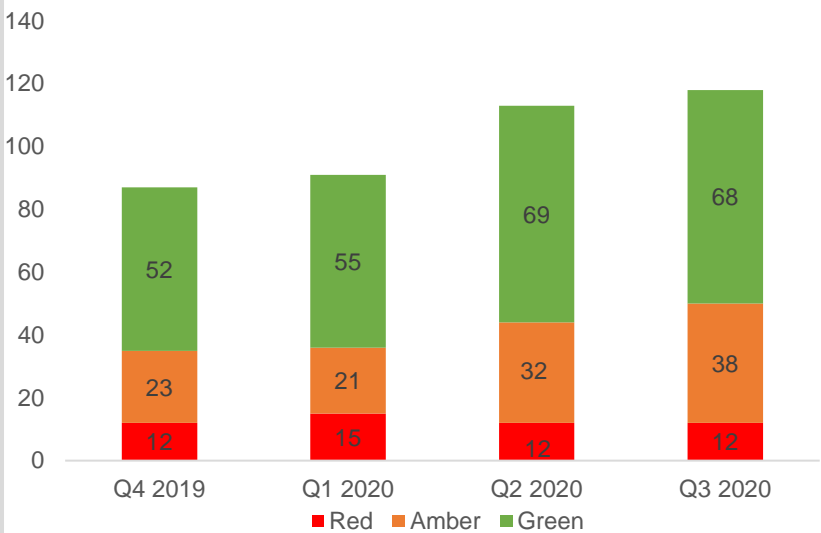


Free Reserves Forecast (for end 2023)

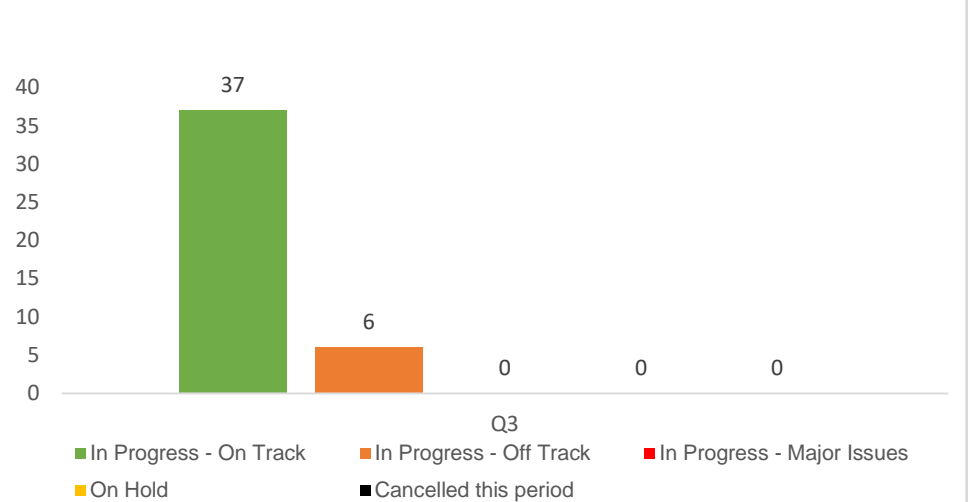
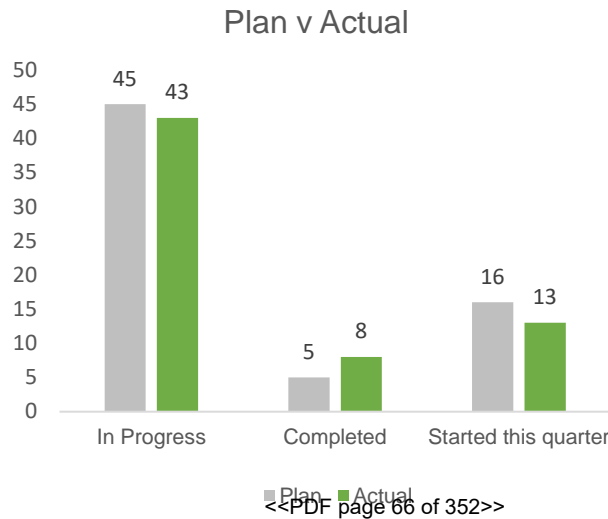
(Target 4.5 months)



Key Performance Indicators



CCP Delivery - Projects



## 2.1 Strategic Aim 1

**Strategic Aim 1: To operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care**

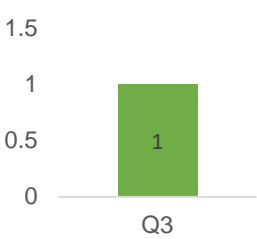
### Budget v's Actual

■ Budget (£000)  
■ Actual (£000)

- Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.*

### Strategic Risks

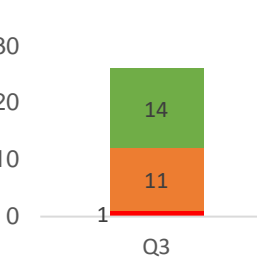
■ Within appetite  
■ On appetite limit  
■ Outside appetite



- There are no strategic risks rated amber or red in Q3
- Details are included within the Strategic Risk Register report in section 3.0

### KPIs

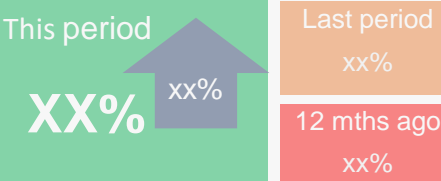
■ Green  
■ Amber  
■ Red



- Amber and Red performance indicators are listed below with full details available in the Q3 2020 Balanced Scorecard:  
**Amber**  
PI/STR/014  
KPI/REG/001 & 002 Overall  
KPI/REG/003 & 004  
PI/REG/005 & 006  
PI/REG/011 & 012  
PI/REG/020 & 021  
PI/REG/013 & 014  
KPI/REG/001 & 002 Active  
KPI/REG/003 & 004  
PI/REG/005 & 006  
PI/REG/013 & 014  
**Red**  
PI/STR/004

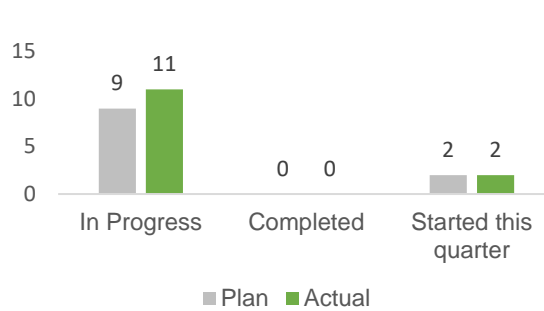
- Note: Strategic Aims KPIs are in development so not currently reportable*

SA/001 – name of new SA kpi

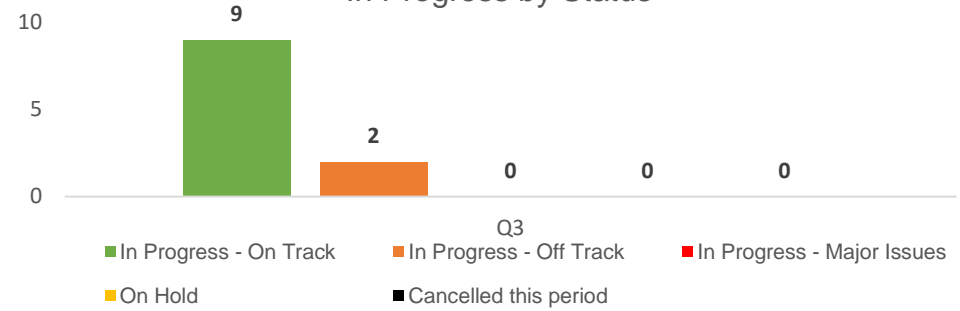


### CCP Delivery – Project Progress

#### Plan v Actual



#### In Progress by Status



### Progress Summary

- Much of the activity so far in 2020 has been to establish the framework and building blocks for an outcomes focused model of upstream regulation. A key part of that is being able to assess the GDC's impact, particularly in respect of public protection. We have also made progress with our approach to monitoring and evaluation and have built both outcome and impact measures into each initiative (e.g. professionalism). We have conducted rapid evidence reviews on a number of areas, including CPD, professionalism and preparedness for practice, and will use the results of these to inform the further development of the work programmes
- We have made progress with several of our planned initiatives to support our move towards this aim, but have also faced delays with some as a result of the pandemic. The monitoring and evaluation built into each of the initiatives should enable an improved understanding of the impact of individual components and their collective effect over the life of this strategy.
- The projects in exception are delayed due to impacts on their schedules due to COVID19:
  - Strategy TWP - Review standardised registration communications – phase 2
  - Strategy TWP - Revise the support provided to new registrants

## 2.2 Strategic Aim 2

**Strategic Aim 2: work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay.**

Budget  
v's Actual

■ Budget (£000)  
■ Actual (£000)

Strategic  
Risks

■ Within appetite  
■ On appetite limit  
■ Outside appetite

KPIs

■ Green  
■ Amber  
■ Red

SA/002 – name of new SA kpi

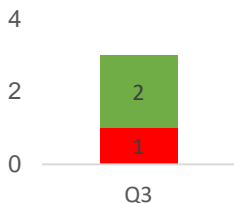
This period  
**XX%**

Last period  
xx%  
12 mths ago  
xx%

- Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.*

N/A

- There are no strategic risks mapped to strategic aim 2 at this time. All strategic aims are assessed in relation to the strategic risk register.
- Operational risks mapped to Strategic Aim 2 are reviewed and scrutinised at ARC.
- See section 3.0 for the full Strategic risk register.



- Red performance indicators are listed below. Full details are available in the balanced scorecard.
- PI/STR/002 - Timeliness of DCS Case Resolutions

- Note: Strategic Aims KPIs are still in development so not currently reportable*

### CCP Delivery – Project Progress

- There are no active projects in progress at present mapped to strategic aim 2.
- Some of our work already in progress in early 2020 to support this strategic aim was re-scheduled due COVID-19 impacting the ability to perform in person engagements. Work is currently due to recommence in Q4 2020
- A number of projects have been considered within CCP 2021-23 planning and included within the 2021-23 portfolio.

### Progress Summary

- Over the quarter we have continued to make progress in our approach to sharing and understanding complaints data and how we can use it. This is designed to enable us to answer the following questions:
  - Where does risk lie?
  - Where can we and others better intervene?
  - How, working with others, can we better define our roles in an effective regulatory framework?
- Establishing a baseline with the data will enable us to refine our approach and measure our progress and success

Strategic Aim 3: use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action.

Budget  
v's Actual

■ Budget (£000)  
■ Actual (£000)

- Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.

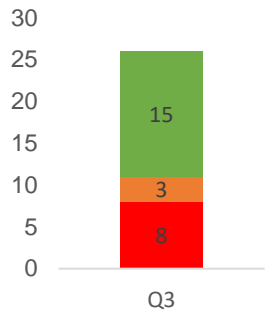
Strategic  
Risks

N/A

■ Within appetite  
■ On appetite limit  
■ Outside appetite

- There are no strategic risks mapped to strategic aim 3 at this time. All strategic aims are assessed in relation to the strategic risk register.
- Operational risks mapped to Strategic Aim 3 are reviewed and scrutinised at ARC.
- See section 3.0 for the full Strategic Risk Register report

KPIs



■ Green  
■ Amber  
■ Red

- Amber and Red performance indicators are listed below with full details available in the Q3 2020 Balanced Scorecard:  

<b>Amber</b>	<b>Red</b>
PI/FTP/029	PI/FTP/002
PI/FTP/014	PI/FTP/003
PI/FTP/015	PI/FTP/005
	PI/FTP/008
	PI/FTP/009
	PI/FTP/011
	PI/LEG/023
	PI/LEG/024

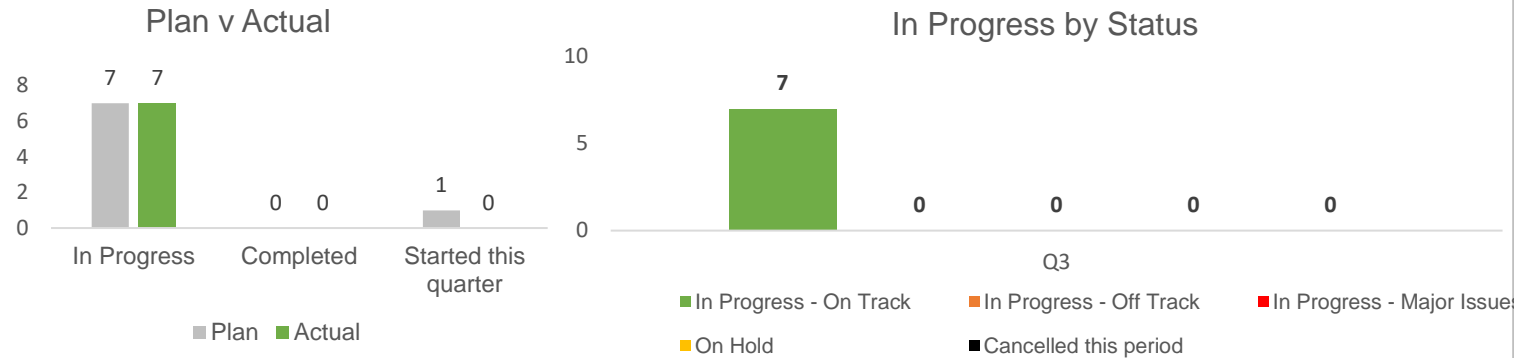
SA/003 – name of new SA kpi

This period  
XX%  
xx%

Last period  
xx%  
12 mths ago  
xx%

- Note: Strategic Aims KPIs are still in development so not currently reportable

### CCP Delivery – Project Progress



### Progress Summary

- Much of the progress in 2020 has been in establishing a system to enable us to understand what the data and other sources of evidence in relation to FtP tells us, particularly in relation to the impact on public protection. This includes a rapid evidence review of the way in which other regulators capture and analyse their FtP data.
- The work we have done to establish an approach to understanding and articulating the *value* of our work (as opposed to the cost). We can do this by describing and measuring the benefits across a range of outcomes, which we can then do at set intervals, enabling us to understand impact and measure change over time.
- We have made progress on developing principles to guide regulatory decision making, to enable us to put the concept of right touch regulation into practice. This has been delayed by the impact of the pandemic, but a draft set of principles were presented for first review with SLT in October 2020.
- The scope of the work on the incorporation of human factors in FtP decision making is likely to be increased as a result of the pandemic, and work is ongoing to develop guidance to ensure a proportionate approach to FtP decision making in cases where clinical care has been impacted by COVID 19 and the restriction.

Strategic Aim 4: maintain and develop the regulatory framework.

<div>Budget v's Actual</div> <div><div></div><div></div></div>		<ul style="list-style-type: none"><li>Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.</li></ul>
<div>Strategic Risks</div> <div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> <div>Q3</div>	<ul style="list-style-type: none"><li>There are no strategic risks rated amber or red in Q3.</li><li>See section 3.0 for the full Strategic Risk Register report</li></ul>
<div>KPIs</div> <div><div></div><div></div><div></div></div>	N/A	<ul style="list-style-type: none"><li>No KPIs are currently aligned to Strategic Aim 4.</li></ul>
<div>SA/004 – name of new SA kpi</div> <div><div>This period</div><div>Last period</div><div>12 mths ago</div></div>	<div><div>xx%</div><div>xx%</div><div>xx%</div></div>	<ul style="list-style-type: none"><li>Note: Strategic Aims KPIs are still in development so not currently reportable</li></ul>

CCP Delivery – Project Progress

Plan v Actual

In Progress by Status

Progress Summary

- The regulatory reform timetable remains uncertain, but work has commenced on the internal facing aspects of the work under this aim within boundaries of regulation. Work also continues on the policy intention and influence for the DHSC’s regulatory reform programme, with the international registration element being the primary focus.
- The project in exception is due to delays in schedule from COVID-19:
  - Strategy TWP – Develop and quality assure GDC’s data holdings

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## 2.5 Strategic Aim 5

**Strategic Aim 5: continue to develop an outcome-focused, high-performing and sustainable organisation.**

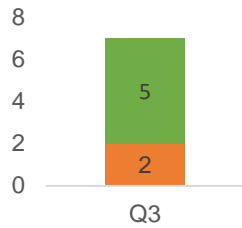
### Budget v's Actual

■ Budget (£000)  
■ Actual (£000)

- Note: Finance would require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.*

### Strategic Risks

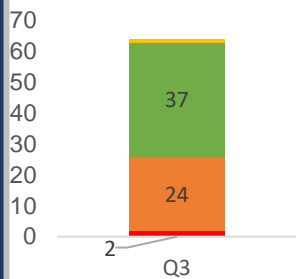
■ Within appetite  
■ On appetite limit  
■ Outside appetite



- There is 1 strategic risk rated amber in Q3 – SRR13
- Details are included within the Strategic Risk Register report in section 3.0

### KPIs

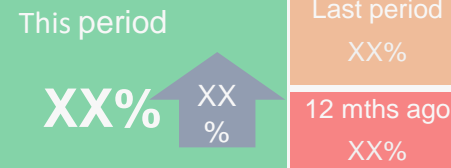
■ Green  
■ Amber  
■ Red



- The red performance indicators are below with full details available in the Q3 2020 Balanced Scorecard:

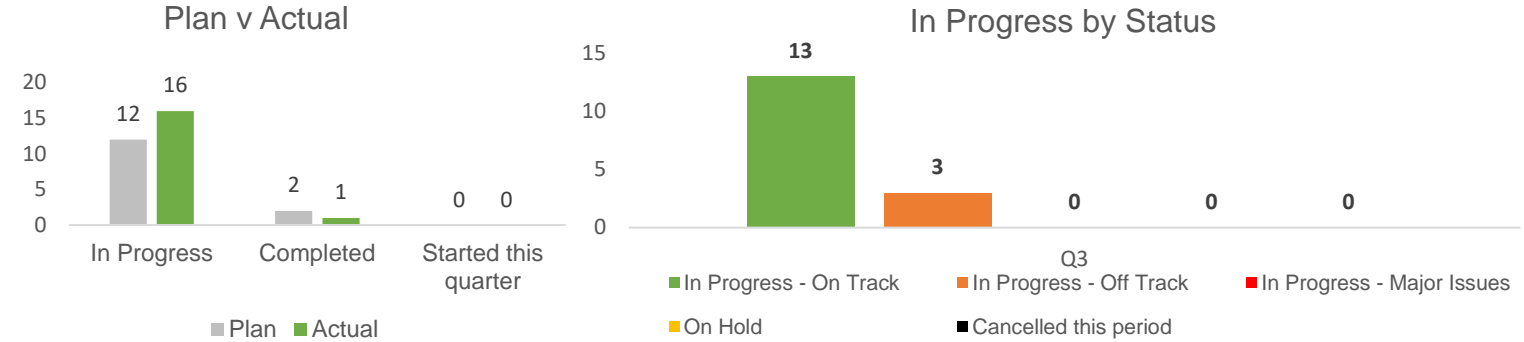
PI/LEG/002 - Significant ICO Impacts  
KPI/FCS/006 - Fees and Expenses  
Payments Timeliness

SA/005 – name of new SA kpi



- Note: Strategic Aims KPIs are still in development so not currently reportable*

### CCP Delivery – Project Progress



### Progress Summary

- The structures that have been developed and put in place in the first half of 2020 to understand and support the organisation's performance are enabling more effective planning and monitoring. These structures were deployed in both a planned way as part of the standard monitoring cycle, and in an unplanned way as a result of the impacts of the pandemic.
- Focus is on stability and long term sustainability through financial planning. Work is being undertaken to understand operational priorities to ensure that in the event budgets are constrained, the essential work continues.
- The projects in exception are delayed due to impacts on their schedules due to COVID19:
  - Corporate Resources TWP – Bank provider change
  - Corporate Resources TWP – Implement new digital audio recording system
  - Corporate Resources TWP – People systems



RISK REF	RISK	CHANGE TO RESIDUAL RISK EXPOSURE	INHERENT	RESIDUAL	APPETITE LVL	DATE WITHIN APPETITE	ESTIMATED CESSATION	ESTIMATED COST
SRR10	Failure to undertake full and organisation wide evaluation of performance implications, risks or emerging issues	↔	20	15		N/A	Dec 2020	N/A
SRR13	Failure to achieve the objectives and realise the benefits of the Corporate Strategy	↔	18	15		TBC	Dec 2022	N/A
SRR11	GDC's senior management lacks capacity, capability or necessary knowledge to do its job	↔	16	12		N/A	Dec 2021	N/A
SRR19	Unable to effectively monitor productivity, efficiency and sustainability during the period of wide scale home working	New risk	12	12		TBC	TBC	N/A
SRR3	The GDC is perceived as a struggling Regulator if PSA standards are not achieved or retained.	↔	12	6		N/A	Never	£25,000
SRR17	Unable to collect the projected December Dentists ARF income in full	↔	10	10		N/A	Feb 2021	Unknown
SRR2	Uncertainty over constitutional changes following the referendum result to exit the EU.	↔	18	12		N/A	Jan 2021	N/A
SRR18	Following a recent ET judgment in a claim submitted against NMC, a similar claim may be submitted against GDC which would challenge the employment status of Associates	New risk	9	9		N/A	TBC	TBC
SRR12	Unable to progress cases in a timely manner.	↔	18	12		N/A	Dec 2021	£516,444
SRR5	Government policy could have adverse effects on the plans, risks and opportunities of the GDC.	↔	12	8		N/A	June 2022	N/A
SRR8	Loss of MRPQ will require revisions to registration processes/ requirements to the GDC	↔	12	9		N/A	Jan 2021	£461,910
RISKS RECOMMENDED FOR DORMANCY								
SRR16	Ineffective transition to new ways of working protocols	↔	16	12		N/A	N/A	N/A



There are 11 active risks on the SRR. Since the last update two new risks have been identified; and one risk has been recommended for dormancy. No risks have increased or decreased in residual risk exposure. Two risks are on risk appetite and the remaining risks are within appetite.

#### Risks on risk appetite

*SRR13 - Failure to achieve the objectives and realise the benefits of the Corporate Strategy and SRR10 - Failure to undertake full and organisation wide evaluation of performance implications, risks or emerging issues*

The reasons for these risks being on risk appetite have previously been reported and accepted by SLT and ARC; and risk exposure has not changed since then.

#### Risk recommended for dormancy from the SRR

*SRR 16 - Ineffective transition to new ways of working protocols*

This risk was identified as the organisation looked to move away from widespread home working. However, the change in Government guidelines asking people to work from home where they can, following the rise in COVID infections, has led to this risk being made dormant. Local team/ Directorate operational risks will/ have been identified to ensure that where staff are still required to work from an office, that full teams are not in together, which could result in an entire function being unable to operate due to the self-isolation of its staff.

#### New risks

*SRR 18 - Following a recent ET judgment in a claim submitted against NMC, a similar claim may be submitted against GDC which would challenge the employment status of Associates*

This risk had only just been identified at the time of writing this paper; and a control framework has yet to be established. However, the control framework for this risk will be limited in terms of what the GDC can do; and it is considered that this risk is within appetite.

*SRR 19 - Unable to effectively monitor productivity, efficiency and sustainability during the period of wide scale home working*

The GDC is effective at reporting on and monitoring production, but has far more difficulty is monitoring productivity, efficiency and sustainability, which during a period of widespread home working, is a significant risk for the GDC. This risk was identified on the date of the change in government guidelines on homeworking where possible, so a control framework has yet to be established.

Other strategic risk updates considerations

*SRR 11 - GDC's senior management lacks capacity, capability or the necessary knowledge to do its job*

The risk cessation date of this risk was due to be December 2020, but this has now been extended to December 2021. This is due to EMT meeting as opposed to SLT during much of 2020; and due to the ongoing workshop project on leading and leadership.

At the time of writing this paper, ARC had yet to meet following the last SLT. This means they have yet to see (and approve) the revision to the residual risk score for *SRR 12 Unable to progress cases in a timely manner* (which brought the risk within risk appetite) nor the BAF prototype for ARC and Council (reminder that if approved this would only be for ARC and Council, with SLT still receiving the full SRR. Updates on these will be verbally provided at the SLT meeting.

Risk EQA2 (*The dental education system is not producing new registrants with sufficient breadth and depth of skills and experience; and the GDC have not taken proactive measures to address this*) on the Strategy ORR, is currently under consideration within the Directorate as to whether they believe it may be becoming a Strategic risk and/or outside of appetite (it is currently within appetite). They will have a clearer picture over this after the Education and QA team has met with Education providers in November 2020.

The Executive Director, Strategy has confidence in the steps being taken to address this risk (in terms of what's within GDC's remit), but has concerns that it might not be enough, even if it's outside of our control.

# GENERAL DENTAL COUNCIL

## Balanced Scorecard Report Review of Q3 2020 Performance Project Management Office

<b>Type of business:</b>	For discussion
<b>For Council only:</b>	For public session
<b>Issue:</b>	To present the Council with the balanced scorecard covering the Q3 2020 performance period. The report contains an executive summary which highlights all relevant issues and successes, details of any changes to the report structure added this period and the performance of all indicators for the current period.
<b>Recommendation:</b>	Council are asked to discuss and note the report.  There are no amendments requiring approval set out in Section 1.6 'Proposed Reporting Criteria Amendments'
<b>Decision Trail:</b>	SLT 9 November 2020  FPC 17 November 2020 <<PDF page 75 of 352>>

# Balanced Scorecard Report

## Review of Q3 2020 Performance

Page	Overview of Key Areas
3 - 4	Executive Summary
5 - 6	Key Performance Indicators – Summary Dashboard
7	RAG Summary
8 - 10	Tracking of Previous EMT Actions
11	Proposed Reporting Criteria Amendments
12 - 23	Registration & Corporate Resources Directorate Performance Indicators
24 – 33	Fitness to Practice Directorate Performance Indicators
34 – 42	Legal and Governance Performance Indicators
43 – 49	Organisational Development Performance Indicators
50 - 52	Strategy Performance Indicators

Key Performance Highlights

- 1. Registration Applications Volumes Increase:** There was a notable increase of applications across all routes in Q3 compared with Q2, with the exception of specialist list applications. This can largely be attributed to dentist graduation periods within UK/EEA (with many applications being later in year than usual), the peak restoration period following DCP annual renewal, and applicants now being able to obtain documents required for registration after difficulties earlier in the year due to COVID-19 restrictions. *(See section 1.1 Registration Performance Indicators – Process Dashboard)*
- 2. Information Performance Summary:** There were no Major ICO impacts in Q3 requiring reporting to the ICO. There were also no DSIs which had a major GDC impact. 100% of FOI requests were responded to within the statutory deadline in Q3, which is two quarters in a row of 100% achievement. The 80 FOIs processed in Q3 is the highest volume received in a single quarter since 2016. The proportion of Subject Access Requests (SARs) meeting SLA increased to 100% for Q3 with all 11 requests completed within the statutory deadline of 30 days. This is an increase from 95% in Q2, however there was a higher volume of SARs in Q2 (37). *(See section 3.1 Information Performance Indicators)*
- 3. Illegal Practice Timeliness Summary:** 100% performance was achieved for 1 out of the 3 KPI’s, with the remaining 2 significantly within target at 99%. Receipt to charging increased from 80% in Q2 2020 to 100% in Q3 2020, taking performance from red to green. Administrative Review decreased slightly from 100% in Q2 2020 to 99% in Q3 2020. 1 case took longer to resolve than normal and therefore missed the KPI. Initial Paralegal review increased from 98% in Q2 to 99% in Q3. During Q3, 133 out of the 135 cases met target compared to 55 out of 56 cases in Q2. 2 cases took longer to resolve than normal and therefore missed the KPI.*(see section 3.1 FTP Illegal Practice Performance Indicators)*
- 4. People Services Highlights:** Recruitment Probation success increased from 87% in Q2 2020 to 96% in Q3 2020. 25 employees were due to complete their probation in Q3 2020 and 24 successfully passed. 1 employee resigned before their probation was completed. *(see section 4.4 – People Performance Indicators – Planning, Engagement & Development and 4.5 – People Performance Indicators – Retention)*
- 5. Governance Summary:** In Q3, the Governance team delivered 16 more Board meetings (including EMT Board) than originally planned, with 29 in total delivered. Despite this increase the team improved on Q2 performance in relation to agenda delivery, with 80% of all agendas delivered on time, bar a slight delay in one for RemNom and one for CSG. The team communicated actions within 3 working days for 100% of cases, which marked an 30% increase in performance from Q2. For the 14 Board meetings (excluding the additional EMT meetings) that took place in this quarter, 59 of the 117 papers (50%) submitted to the team were late arriving with the team. Of the 58 papers submitted on time, 56 (97%) were sent to the Board in line with the KPI delivery time. This is slight drop in performance from the 100% in Q2 and was due to the emergency nature of the additional meetings.

Key Performance Exceptions

- 1. FtP Timeliness Summary:** In Prosecution timeliness, the Case Examiner Referral to Hearings performance is at 19% for Q3, a decrease of 12% from Q2 (31%). Of the 26 cases in Q3, 6 met the 9-month target. While there were operational reasons for missing the target, including postponements, it will remain harder to meet this target given the reduction in hearings capacity. Of the 20 that missed the 9-month target, the majority of the cases (12) were postponed due to Covid-19. In Investigation Timeliness, receipt to CE final decision performance is 20% for Q3, a decrease of 3% from Q2. There were 131 cases in Q3, with 38 cases received in 2020, 73 in 2019, 12 in 2018, 4 in 2017, 2 in 2016 and 2 in 2013. The oldest case was 353 weeks old. Whilst the team are continuing to work through and get older cases to the Case Examiners, this will continue to have an adverse impact on the performance. The FtP Action Plan referenced within the EMT Actions continues to focus on improvement areas within FtP timeliness. The plan encompasses action to reduce the volume of cases in IAT/casework/Rule 4, as well as actions to introduce feedback loops and further business improvement activity throughout 2020 and then as business as usual. *(See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)*
- 2. DCS Case Resolutions Timeliness:** Performance decreased from 81% in Q2 2020 to 71% in Q3 2020, moving performance from green to red. DCS has seen an impact on case timeliness as a result of several influences. Firstly with Covid-19 impacts, dental professionals are taking longer to respond to complaints as they were not open and unable to access patient records to respond to complaints raised. Secondly patients were also unable to obtain second opinions as a result of practice closure and availability for getting examinations with new dentists. Cases for one large corporate practice were not able to be processed due to no access to records after their closure, where following legal advice these have in most instances been closed. This is with the exception of failed treatment, where not being able to obtain records has resulted in these cases not progressing. Additionally another large practice closing and difficulties identifying ownership has also had a significant impact on case resolution time for DCS. *(see section 2.6 Dental Complaints Service Performance Indicators)*

## Looking Forward

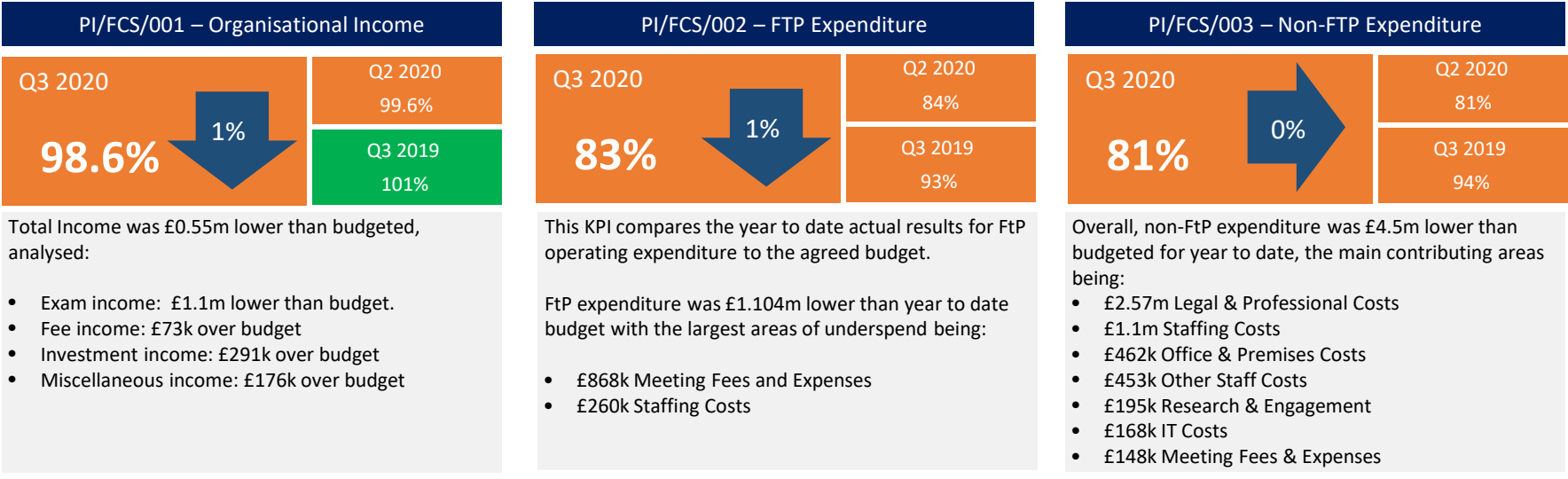
- The planning for the 2021-2023 CCP has been progressed through Q3 with the focus on creating a plan providing organisational stability and longer-term resilience, whilst being able to adapt to the uncertainties ahead. Given the risk of impacts to the dental profession and GDC income resulting from the COVID-19 pandemic, the CCP 2021-23 sets a budget balanced to 10% income risk. The final draft is to be presented to Council for approval on 22 October.
- In the light of the COVID-19 pandemic, the Corporate Strategy is receiving ongoing review and Council will have an opportunity to discuss the emerging findings and supporting evidence at the 22 October closed session. The CCP 2021-23 planning development has worked closely alongside the Corporate Strategy review process, and all known considerations have been incorporated into the CCP plan set out. This collaboration has enabled the CCP 2021-23 plan to be developed to required timescales and hence Council approval is requested at this 22 October 2020 meeting

## Actions Planned by EMT

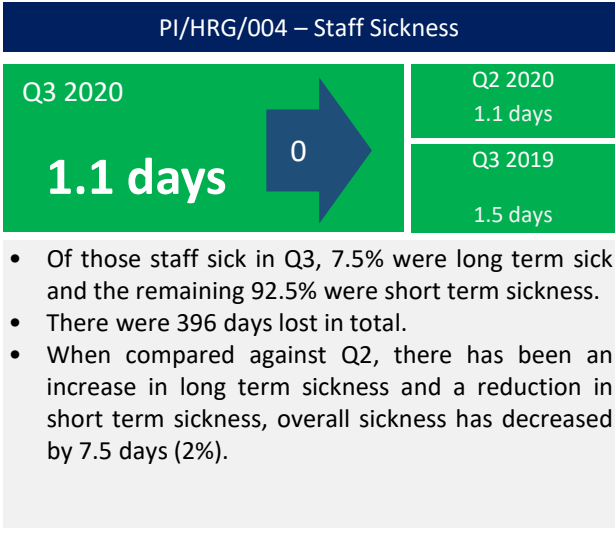
- All EMT actions are detailed in Section 1.5 of this report with status updated for as at end of Q3 2020.

1.2 Key Performance Indicators

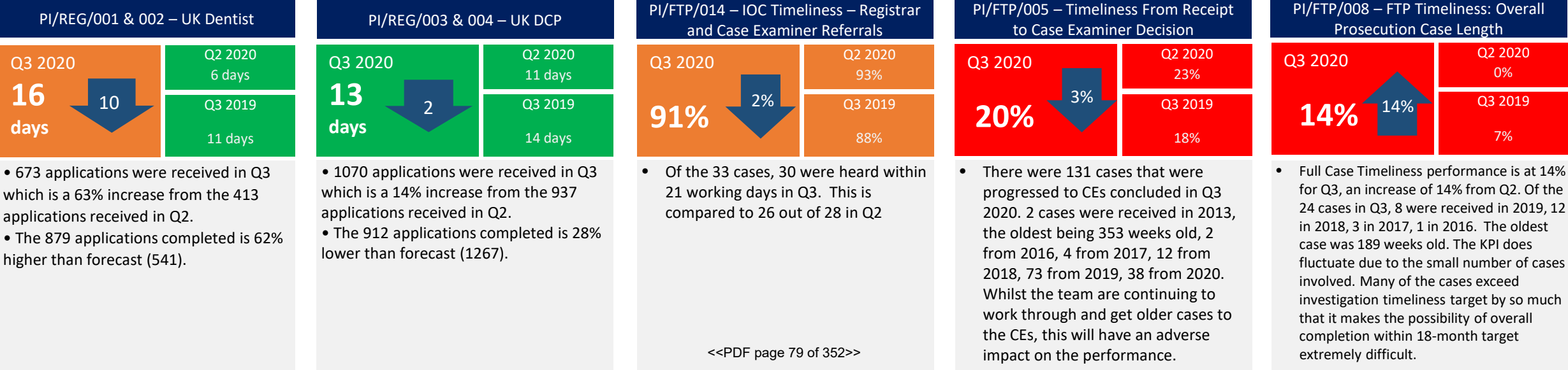
Financial – Q3 2020



Resources – Q3 2020



Timeliness – Q3 2020



# 1.2 Key Performance Indicators

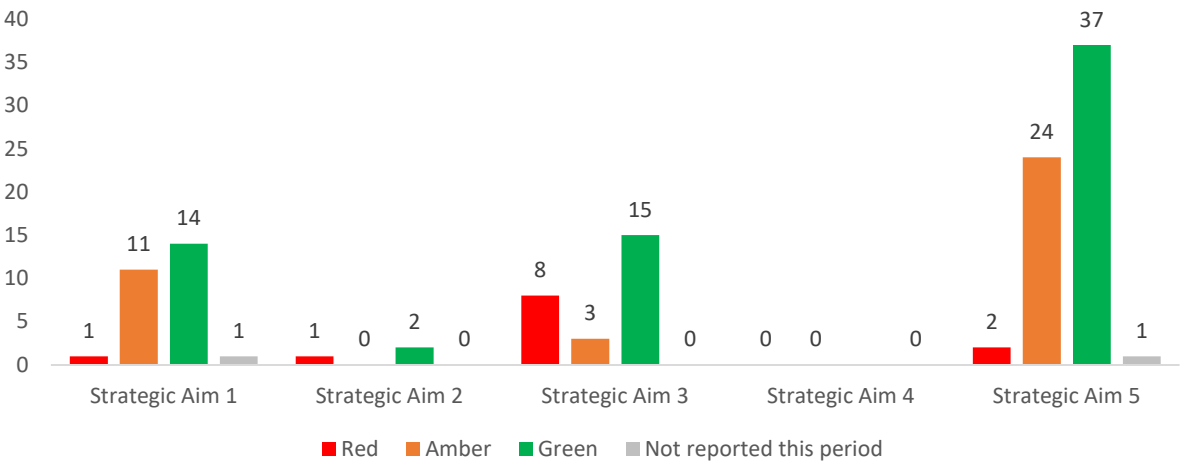
## Internal Process – Q3 2020

PI/FCS/009 – GDC Website and Online Register Availability		PI/FCS/011 – Dynamics CRM Availability		PI/FTP/006 – Proportionate Split of Internal/External Prosecution Referrals		PI/LEG/001 – Major ICO Impacts	
Q3 2020	Q2 2020	Q3 2020	Q2 2020	Q3 2020	Q2 2020	Q3 2020	Q2 2020
100%	99.9%	100%	100%	84%	95%	0	0
0.01%		0%		11%		0	
Q3 2019	Q3 2019	Q3 2019	Q3 2019	Q3 2019	Q3 2019	Q3 2019	Q3 2019
100%	100%	100%	100%	77%	77%	0	0
<ul style="list-style-type: none"><li>100% uptime was achieved with only 11 minutes downtime (due to a Microsoft update outside of control of GDC) with minor issues recorded during the period and availability of the GDC website and online register maintained continuously during Q3.</li></ul>		<ul style="list-style-type: none"><li>100% uptime was achieved with no issues recorded during the period with GDC Dynamics CRM being continuously available for all users during Q3.</li></ul>		<ul style="list-style-type: none"><li>9 out of the 47 cases in Q3 were External Prosecution Referrals compared to 2 out of 41 in Q2.</li><li>5 of the referrals were linked to an existing case (registrant) already being held by external prosecution.</li><li>4 were complex multi patient cases</li></ul>		<ul style="list-style-type: none"><li>Of the total number of 30 DSIs in Q3, none were categorised as major ICO impact.</li></ul>	

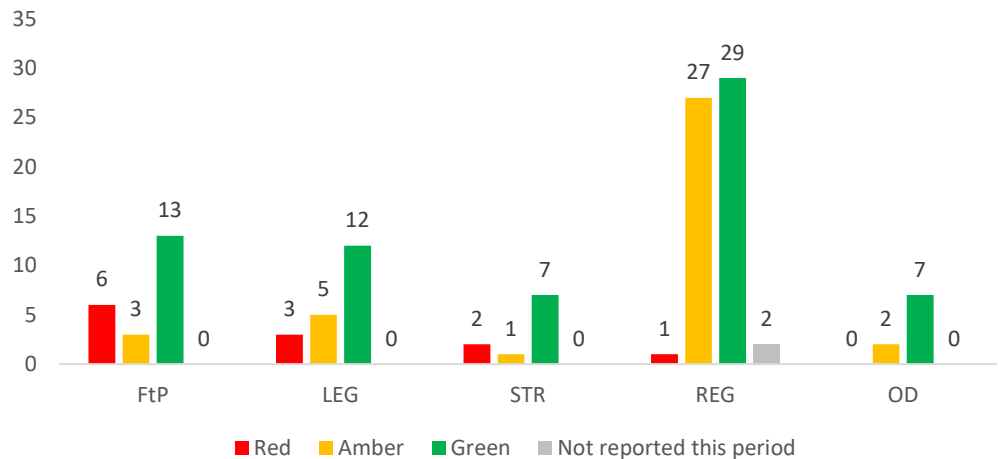


# Indicators by Directorate Summary

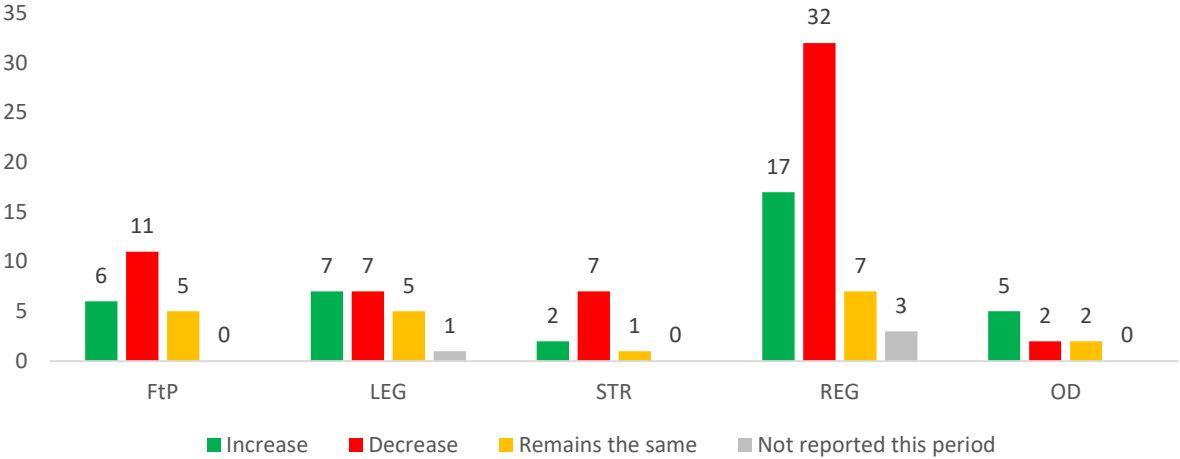
RAG Summary-Performance by Strategic Aim



RAG Summary-Performance Indicators by Directorate



Direction of Travel Summary-Performance Indicators by Directorate



## 1.5 Tracking of EMT Actions

Action ID #	Action	Date Raised	SRO	Current status comments as at end Q3 2020	Status
BSC005	<b>Registration monitoring of workload and capacity:</b> At 2 July 2019 SLT meeting, SLT noted the increase and sustained workload of Registration application volumes within DCP Casework. Several mitigations have been put in place including additional resource (both registration assessment panel members and a registration caseworker). SLT will continue to monitor the workload, capacity and related performance indicators on a monthly basis, so that effectiveness of current mitigations and any further options can be evaluated regularly.	Q2 2019	Gurvinder Soomal	<ul style="list-style-type: none"> <li>7 new Registration Assessment Panellists were appointed to DCP Casework Panels. The Panellists are now trained and able to fully participate, reducing the pressure from the existing pool of panellists.</li> <li>1 x permanent Registration Caseworker post was added to the existing establishment in Q3 of 2019.</li> <li>As of October 2020, there are 381 live applications, compared with 208 live applications in October 2020 (a 183% increase).</li> <li>An indicator has been added to the balanced scorecard in relation to DCP additional title applications (SLT now has increased visibility of application numbers).</li> <li>1x 6-month FTC Registration Caseworker post has been approved in Q4 2020.</li> </ul>	<b>Complete</b> (will remove next Quarter)
BSC006	<b>EMT monitoring of FtP timeliness – FtP to consider adding additional performance indicators for timeliness:</b> The current FtP timeliness indicators provide a blanket view to 100% all cases, which does not provide visibility to the range of possible constraints on timeliness. The action is for additional performance indicators / data views to be considered and proposed to SLT, which provide a more granular view on timeliness. This is formally committed to the FtP action plan.	Q3 2019	John Cullinane	A paper framing the challenge which measuring performance in FtP faces was reviewed by FPC on 15 June. A business case has been developed, and will include an action to plan and deliver roadmap of FtP CRM systems development across all stage of the FtP process. We are still establishing the full list of inputs into business case, including the final review of timelines data by stream, and we are also aware of some operational process changes that are likely to adversely impact timeliness but also lead to more proportionate (and less expensive) outcomes. We need to ensure that the implications of these changes are also taken into account in developing the new KPIs	In Progress

1.5 Tracking of EMT Actions

Action ID #	Action	Date Raised	SRO	Current status comments as at end Q3 2020	Status
BSC007	<b>Maintain regular sight of ongoing performance report development activities:</b> There is an ongoing roadmap of review and development for the balanced scorecard and bridging paper to ensure the report remains current and effective. The substance of the performance report is included in the bridging paper and details level in the balanced scorecard. This action is for SLT to be kept updated on the development activities status through the EMT action updates.	Q3 2019	Gurvinder Soomal	<p>The Quarterly CCP Performance Report has been presented to FPC for Q2 performance and will be presented to Council in October. A decision has been made to exclude the focus on section from the report going forward.</p> <p>The new design template of the balanced scorecard was seen for the first time by FPC in their review of the Q2 2020 report at the 10 September meeting.</p>	Ongoing
BSC009	<b>FtP Performance Indicators complete set review:</b> Agreed at SLT meeting 4 Feb 2020 that EMT should will have separate discussions to review the current challenges faced through measuring FtP performance using the current set of performance indicators. From this there will be proposals for appropriate changes to indicators, their measures and targets. This relates also EMT to BSC006 but is taken as a separate action.	Q4 2019	John Cullinane	<p>A paper framing the challenge which measuring performance in FtP faces was reviewed by FPC on 15 June. A business case has been developed, and will include an action to plan and deliver roadmap of FtP CRM systems development across all stage of the FtP process. We are still establishing the full list of inputs into business case, including the final review of timelines data by stream, and we are also aware of some operational process changes that are likely to adversely impact timeliness but also lead to more proportionate (and less expensive) outcomes. We need to ensure that the implications of these changes are also taken into account in developing the new KPIs</p>	In Progress
BSC010	<b>Registration to monitor team resource in relation for handling of EEA/Overseas DCP applications:</b> SLT approved the addition of performance indicators to PI/REG/21 and PI/REG/22 at February 4 meeting and it was agreed EMT should monitor the volume of applications and the DCP case worker resource capacity closely.	Q4 2019	Gurvinder Soomal	<p>The indicators are now included within the balanced scorecard, providing increased visibility of DCP application numbers. Resource and capacity continue to be closely monitored, as reflected in the update against BSC005.</p>	<b>Complete</b> (will remove next Quarter)

1.5 Tracking of EMT Actions

Action ID #	Action	Date Raised	SRO	Current status comments as at end Q3 2020	Status
BSC011	Creation of a revised FtP Action Plan	Q1 2020	John Cullinane	A revised action plan was presented to FPC in May 2020. The plan encompasses action to reduce the volume of cases in IAT/casework/Rule 4, as well as actions to introduce feedback loops and further business improvement activity throughout 2020 and then as business as usual. The action plan has been reviewed by FPC on 16 July and by Council on 30 July, and a revised plan will be presented to FPC in November to take account of resourcing issues in Q3 that have affected output.	In Progress
BSC012	Review of the Corporate Strategy & CCP as a result of COVID19 impacts	Q1 2020	Stefan Czerniawski  Gurvinder Soomal	In the light of the COVID-19 pandemic, the Corporate Strategy is receiving ongoing review and Council will have an opportunity to discuss the emerging findings and supporting evidence at the 22 October closed session. The CCP 2021-23 planning development has worked closely alongside the Corporate Strategy review process, and all known considerations have been incorporated into the CCP plan set out. This collaboration has enabled the CCP 2021-23 plan to be developed to required timescales and hence Council approval is requested at this 22 October 2020 meeting.	In Progress
BSC013	Monitor FTP incoming case volume - EMT to monitor FTP incoming cases closely as the reduction in incoming cases pushes case length measures longer as more complex cases remain in progress.	Q1 2020	John Cullinane	Incoming cases in Q2 2020 fell by 38% compared to the same period in 2019 (191 incoming compared to 305). The effect of this on performance will emerge in Q3/Q4 as the effect of having fewer “new” cases will be that older cases will have more impact on the overall figures than previously. Since July 2020, we have seen a reversion to just below the expected levels of incoming concerns, so the relative lack of “new” cases should not be a factor in FTP Casework timeliness from Q4 onwards. The postponement of substantive initial hearings from March-June, mostly for a minimum of several months, will continue to have an adverse impact on timescales across the rest of the FTP process KPIs	In Progress

# 1.6 Proposed Reporting Criteria Amendments

Change Details	Executive Sponsor	Action Requested	Change Status
THERE ARE NO AMENDMENTS REQUESTED FOR FORMAL COUNCIL APPROVAL AT THE 17 DECEMBER MEETING  Please Note: QA Performance Indicators have now been updated for 2019-20 period on slide 52.			





# Registration and Corporate Resources Directorate Performance Indicators

Page	Section
13 - 15	1.1 Finance Performance Indicators (Quarter Only PI's)
16 - 17	1.2 IT Performance Indicators
18 - 19	1.3 Registration Process Performance Indicators Dashboard Results & Reference Information
20 – 21	1.4 Registration Performance Indicators – Process Dashboard – Historic Tracking
22	1.5 Supplementary Registration Performance Indicators
23	1.6 Facilities Performance Indicators (Quarter Only PI's)

## Reference Dates for PIs:

Current Month	SEP 2020	Current 3 Months	SEP, AUG, JUL 20
Previous month	AUG 2020	Previous 3 months	JUN, MAY, APR 20
Current Month Prior Year	SEP 2019	Current 3 Months Prior Year	SEP, AUG, JUL 19

## Trend Image Key:

Current Year	
Previous Year	
Green (within target)	
Red (outside target)	

PI/FCS/001 - Organisational Income	PI/FCS/002 - FTP Expenditure	PI/FCS/003 – Non-FTP Expenditure	PI/FCS/004 – Pension Funding Scheme																																								
Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget.	Total forecast annual operating expenditure by the FTP directorate (inc FtP Commissioning) compared with budget	Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget	The DB pension scheme funding position: the value of the DB pension scheme’s assets compared to the value of its liabilities																																								
<div><div>Q3 2020</div><div>98.6%</div><div>1%</div></div> <div><div>Q2 2020</div><div>99.6%</div><div>Q3 2019</div><div>101%</div></div>	<div><div>Q3 2020</div><div>83%</div><div>1%</div></div> <div><div>Q2 2020</div><div>84%</div><div>Q3 2019</div><div>93%</div></div>	<div><div>Q3 2020</div><div>81%</div><div>0%</div></div> <div><div>Q2 2020</div><div>81%</div><div>Q3 2019</div><div>94%</div></div>	<div><div>Q3 2020</div><div>£1.9m (Deficit)</div></div> <div><div>Q2 2020</div><div>N/A</div><div>Q3 2019</div><div>£0.4m Surplus</div></div>																																								
<p>PERFORMANCE INSIGHTS</p> <p>Total Income was £0.55m lower than budgeted due to:</p> <ul style="list-style-type: none"><li><b>Exam income:</b> currently £1.1m lower than budget relating to exam deferment due to COVID-19.</li><li><b>Fee income:</b> whilst currently showing a very small variance to both forecast and budget in total, the key points to note are a £172k adverse variance on initial Dentist registrations due to timing differences against predicted levels, offset by £134k additional ARF received in the 2020 Dentist ARF collection and £231k application processing fees above predicted levels.</li><li><b>Investment income:</b> £291k over budget due to increased levels of bank interest and dividends received against budgeted levels.</li><li><b>Miscellaneous income:</b> currently over predicted levels due to £40k received from the sale of assets reaching the end of their useful life, and £101k received in furlough income from HMRC.</li></ul> <div><div><div>Q4-2018</div><div>105%</div></div><div><div>Q1-2019</div><div>100%</div></div><div><div>Q2-2019</div><div>101%</div></div><div><div>Q3-2019</div><div>101%</div></div><div><div>Q4-2019</div><div>102%</div></div><div><div>Q1-2020</div><div>101%</div></div><div><div>Q2-2020</div><div>100%</div></div><div><div>Q3-2020</div><div>99%</div></div></div> <div><div>G 100%</div><div>R 97.9%</div></div> <table><tr><th>T</th><th>G</th><th>A</th><th>R</th><th>Aim</th></tr><tr><td>100% to budget</td><td>100%+</td><td>98-99.9%</td><td>&lt;97.9%</td><td>5</td></tr></table>	T	G	A	R	Aim	100% to budget	100%+	98-99.9%	<97.9%	5	<p>PERFORMANCE INSIGHTS</p> <p>This KPI compares the year to date actual results for FtP operating expenditure to the agreed budget.</p> <p>FtP expenditure was £1.1m lower than year to date budget with the largest areas of underspend being:</p> <ul style="list-style-type: none"><li><b>Meeting Fees &amp; Expenses £868k:</b> Reduction in hearing expenses and DCS complaints panels. Further panellist training and delays in NHS complaints with work likely to be pushed into 2021.</li><li><b>Staffing Costs £260k:</b> Underspends due to vacancies, staff recruited on development ranges compared to market rate budget and the decision to not award a pay award in 2020.</li></ul> <div><div><div>Q4-2018</div><div>100%</div></div><div><div>Q1-2019</div><div>93%</div></div><div><div>Q2-2019</div><div>95%</div></div><div><div>Q3-2019</div><div>93%</div></div><div><div>Q4-2019</div><div>95%</div></div><div><div>Q1-2020</div><div>95%</div></div><div><div>Q2-2020</div><div>84%</div></div><div><div>Q3-2020</div><div>83%</div></div></div> <div><div>R 105%</div></div> <table><tr><th>T</th><th>G</th><th>A</th><th>R</th><th>Aim</th></tr><tr><td>100% to budget</td><td>98% to 102%</td><td>Below 98% OR 102.1% to 105%</td><td>&gt; 105%</td><td>5</td></tr></table>	T	G	A	R	Aim	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	> 105%	5	<p>PERFORMANCE INSIGHTS</p> <p>Overall, non-FtP expenditure was £4.5m lower than budgeted for year to date.</p> <ul style="list-style-type: none"><li><b>Non-FtP Legal &amp; Professional fees £2.5m:</b> COVID-19 impact has reduced Hearings and FTP Pipeline of activity feeding into Legal and Governance. This has reduced demand for Legal advice in ILPS and ELPS in 2020, pushing costs into 2021.</li><li><b>Staffing costs and other staff costs overall £1.5m:</b> lower than budgeted due recruiting delays, posts being at lower than budgeted market rate and large reductions in travel and associated costs.</li><li><b>Other underspending areas are Office &amp; Premises costs (£462k)</b> due change in accounting policy re IRFS16(see opposite effect below). <b>Research &amp; Engagement (£195k)</b> due to the COVID re-profile for Research commissioning. These are offset by overspends in <b>Depreciation costs (£462k) &amp; Finance Costs (£153k)</b>, due the change in accounting policy.</li></ul> <div><div><div>Q4-2018</div><div>96%</div></div><div><div>Q1-2019</div><div>84%</div></div><div><div>Q2-2019</div><div>90%</div></div><div><div>Q3-2019</div><div>94%</div></div><div><div>Q4-2019</div><div>86%</div></div><div><div>Q1-2020</div><div>89%</div></div><div><div>Q2-2020</div><div>81%</div></div><div><div>Q3-2020</div><div>81%</div></div></div> <div><div>R 105%</div></div> <table><tr><th>T</th><th>G</th><th>A</th><th>R</th><th>Aim</th></tr><tr><td>100% to budget</td><td>98% to 102%</td><td>Below 98% OR 102.1% to 105%</td><td>&gt; 105%</td><td>5</td></tr></table>	T	G	A	R	Aim	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	> 105%	5	<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none"><li>The pension update as at 1<sup>st</sup> April 2020 was prepared by the pension scheme’s actuary.</li><li>The valuation showed a deficit of £1.9m comparing to £0.4m surplus last year. The significant contributing factor to the deficit in year is the impact of COVID-19 on both the pension assets, and discount rates applied within actuarial assumptions. The Trustee remains happy that the Employer Covenant is strong, and therefore has not requested any change in employer contributions ahead of the next formal triennially valuation in April 2021.</li><li>The valuation represents 95% funding as compared to previously being 101% funding.</li></ul> <div><div><div>Q4-2018</div><div>0.3</div></div><div><div>Q1-2019</div><div>0.3</div></div><div><div>Q2-2019</div><div>0.3</div></div><div><div>Q3-2019</div><div>0.4</div></div><div><div>Q4-2019</div><div>0.4</div></div><div><div>Q1-2020</div><div>0.4</div></div><div><div>Q2-2020</div><div>N/A</div></div><div><div>Q3-2020</div><div>-1.9</div></div></div> <div><div>R 5M</div><div>G 2M</div></div> <table><tr><th>T</th><th>G</th><th>A</th><th>R</th><th>Aim</th></tr><tr><td>100% or greater</td><td>Less than £2m shortfall</td><td>Between £2m &amp; £5m shortfall</td><td>Greater than £5m shortfall</td><td>5</td></tr></table>	T	G	A	R	Aim	100% or greater	Less than £2m shortfall	Between £2m & £5m shortfall	Greater than £5m shortfall	5
T	G	A	R	Aim																																							
100% to budget	100%+	98-99.9%	<97.9%	5																																							
T	G	A	R	Aim																																							
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100% or greater	Less than £2m shortfall	Between £2m & £5m shortfall	Greater than £5m shortfall	5																																							



PI/FCS/005 – Financial Reporting Timeliness

PI/FCS/006 – Fees and Expenses Payments Timeliness

PI/FCS/007 – Invoices and Refunds Timeliness

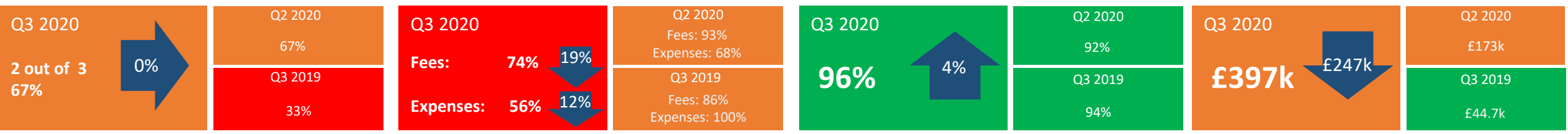
PI/FCS/008 – Adherence to Purchase Order Policy

The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline.

Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines

Proportion of invoices and refunds that are processed in line with recognised deadline

Value of invoices where a purchase order has not been raised at the point of commissioning the service/product



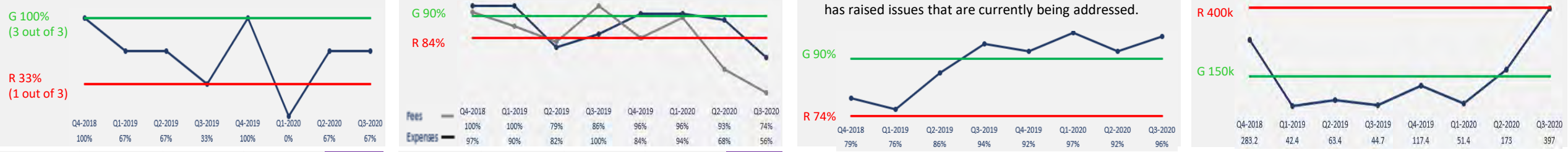
- PERFORMANCE INSIGHTS

  - The July and August Performance reports were reported within the 10<sup>th</sup> working day requirement. The Sept report was 2 days late due to resolving presentation issues identified by management.
  - The Financial Planning and Analysis Team have prepared the revised draft of the CCP 2021-23 budget which has been subject to multiple reviews and amendments. Council will be presented the final draft for approval at their October 2020 meeting..
  - The Sept management accounts process included the re-forecasting of full year income and expenditure for the Q3 reporting round.
- PERFORMANCE INSIGHTS

  - 74% of fees were paid on time, a decline from 93% last period.
  - 56% of expenses were paid within deadline, against a target of 95%. Decline from 68% last period.
  - Late payment of fees and expenses was due to claims being received late by the Finance team, after the required cut off dates, rather than a delay in financial processing. Reminders continue to be sent advising of the cut off dates so that Associates and members of staff are fully informed of the required submission dates.
  - The total expense claims received in the period July to Sept was 16, of which only 9 were received on time.
- PERFORMANCE INSIGHTS

  - Overall Q3 performance for Invoices, Suppliers and Refunds is 96%, which is 4% higher than Q2 and 6% above the target of 90%.
  - Q3 performance for invoices processing is 96%, which is 6% above the target of 90% and an improvement of 11% compared to Q2. This reflects a reduction of 30% in the number of invoices processed in Q3 compared to Q2.
  - The number of suppliers paid within our 30 days payment terms is 95%, 2% above Q2, and 5% above target.
  - 97% of refunds were paid on time against the target of 90%, however 3% lower than Q2 which was 100%.
  - 7 refunds were late in Q3 due staff absence in Sept which has raised issues that are currently being addressed.
- PERFORMANCE INSIGHTS

  - £397k of invoices were not compliant in the past period, which is £247k above the £150k target.
  - £396k relates to 1 Microsoft invoice where the initial PO was raised in error, which had to be cancelled and a new one raised.
  - If the Microsoft invoice is excluded the balance would be £1k, well within the KPI target.



T	G	A	R	Aim
3 out of 3 months to deadline	3 out of 3 months	2 out of 3 months	1 out of 3 or fewer	5

T	G	A	R	Aim
95% processed in deadline	95% +	85% to 94%	84% and lower	5

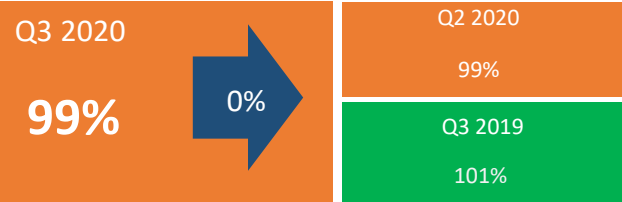
T	G	A	R	Aim
processed within 30 days	90% +	75% to 89%	74% and lower	5

T	G	A	R	Aim
> £150k non invoiced spend	Below 150k	Between £150k and £400k	Above 400k	5



PI/FCS/019 – Organisational Efficiencies

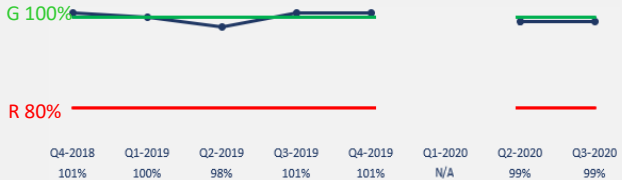
The actual realisation of planned organisational efficiencies in comparison to budgeted levels



**PERFORMANCE INSIGHTS**  
Overall 2020 forecast efficiency savings is £2.77m compared to target of £2.8m.

The Sept’20 checkpoint of the Estates Strategy Business Case compared to the Nov’19 update was done in conjunction with the Facilities Contracts and Operations Manager. This review identified the following :

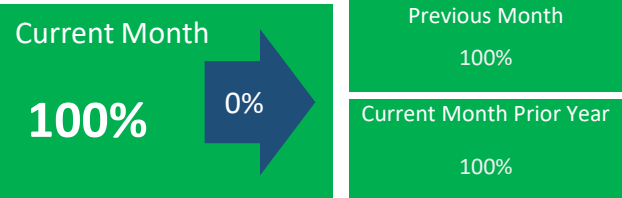
- Increased depreciation charges related to extra capital expenditure at Colmore Square :
  - 32 Additional desks in expansion area (£20k)
  - Additional assessable WC door (£15k)
  - Compressor Failure in IT Server Room (£5k)
- Increased depreciation charges related to extra capital expenditure of £50k for the Wimpole Street re-fit.
- 17% Service Charge increase at Colmore Square (£30k)



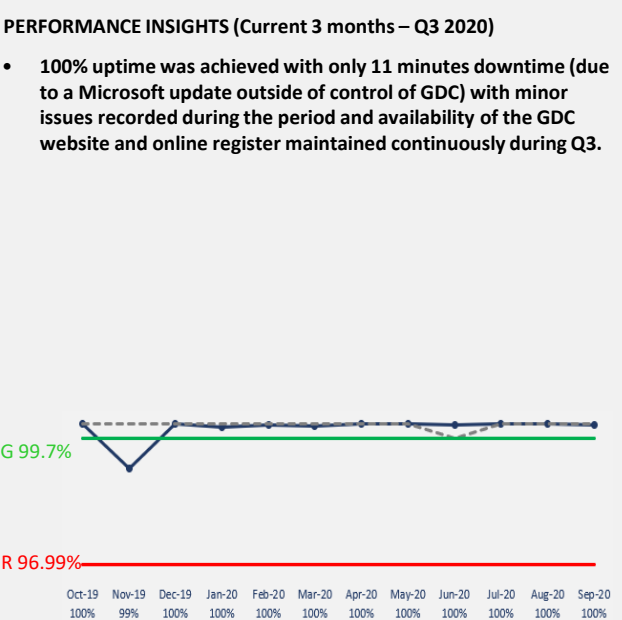
T	G	A	R	Aim
Efficiency savings > or = budget level	FYE savings at 100% or > of budget level	FYE savings at 95%-99% of budget level	FYE savings at < than 80% of budget level	5

PI/FCS/009 – GDC Website and Online Register Availability

The proportion of time that the GDC website is available



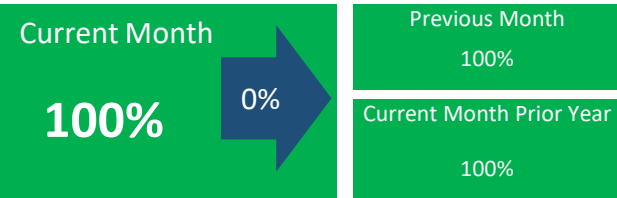
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	99.9%	100%



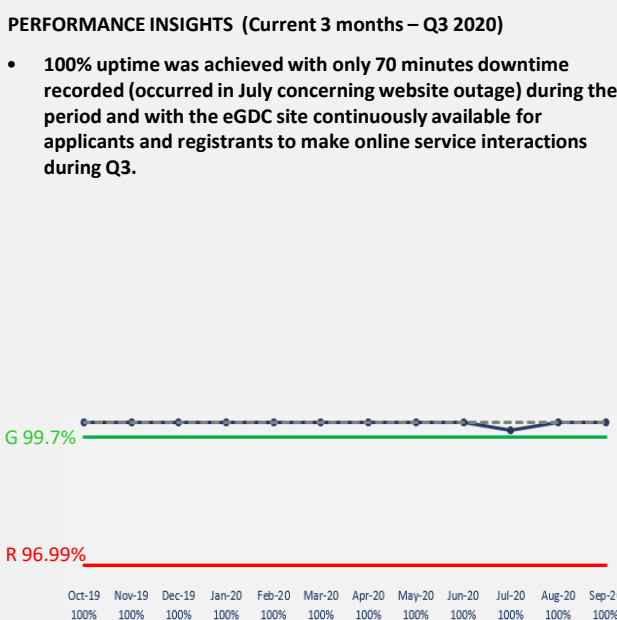
T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/010 – eGDC Site Availability

The proportion of time that the eGDC website is available



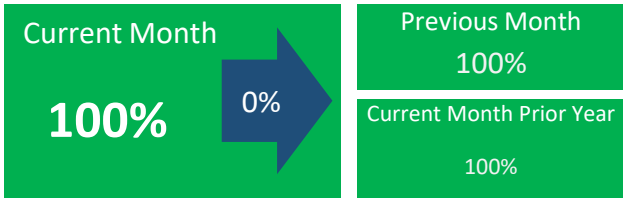
Current 3 months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%



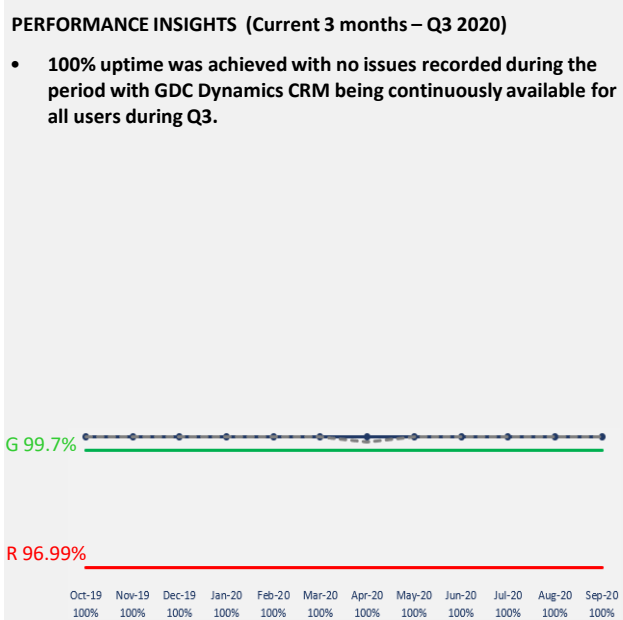
T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/011 – Dynamics CRM Availability

The proportion of time that the Dynamics CRM organisational database is available.



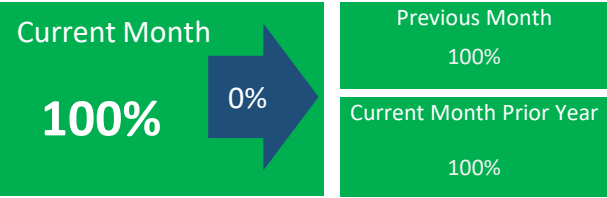
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%



T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/012 – GDC Exchange Email Availability

The proportion of time that GDC Exchange Email is available.



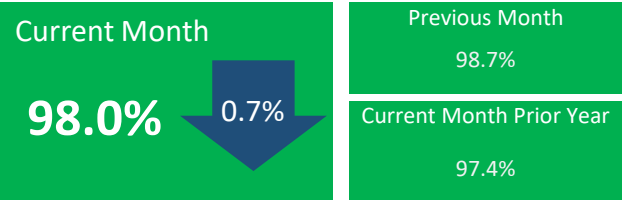
Current 3 months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%



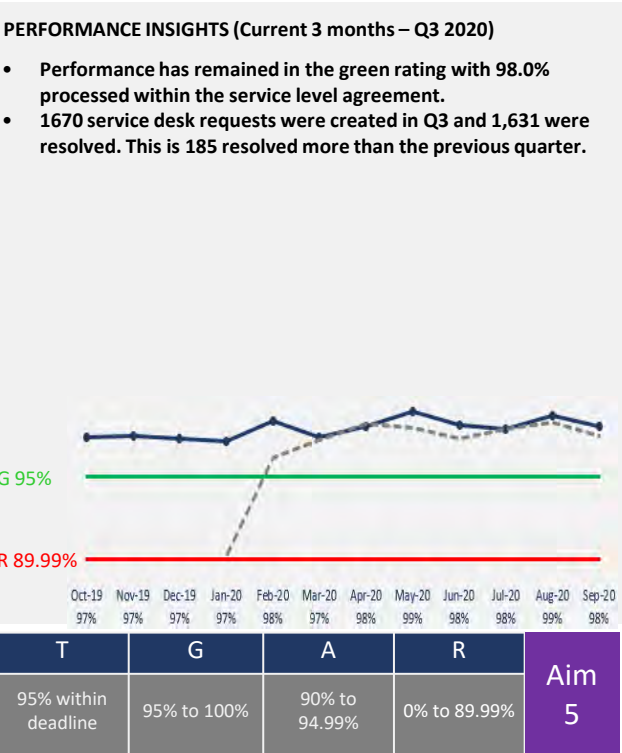
T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/013 – IT Service Desk Timeliness

The proportion of IT support/development requests that are processed within service level agreement timeframes.

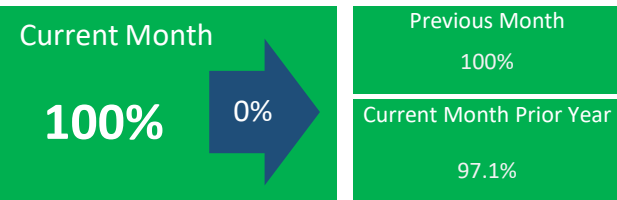


Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
98.2%	98.3%	97.8%

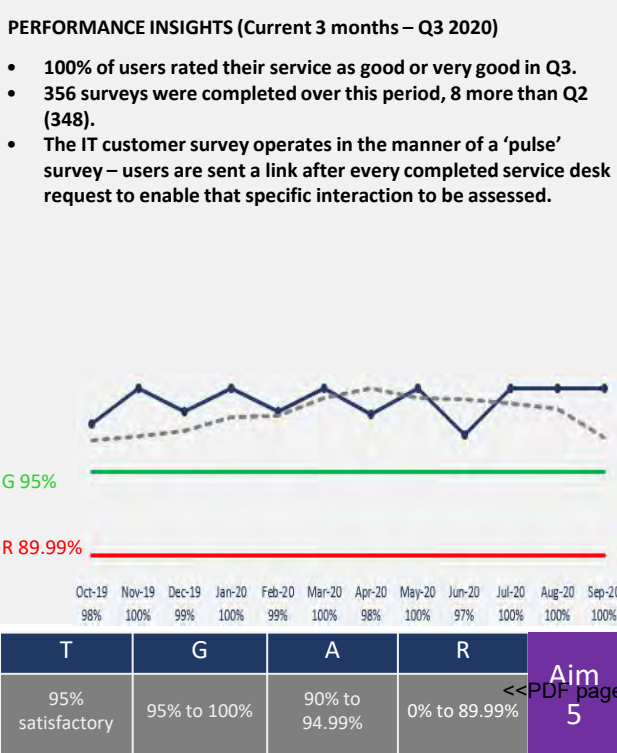


PI/FCS/014 – IT Customer Service Feedback

The proportion of customer survey feedback received in the ‘satisfactory’ category.



Current 3 months	Previous 3 Months	Current 3 Months Prior Year
100%	98.6%	98.3%

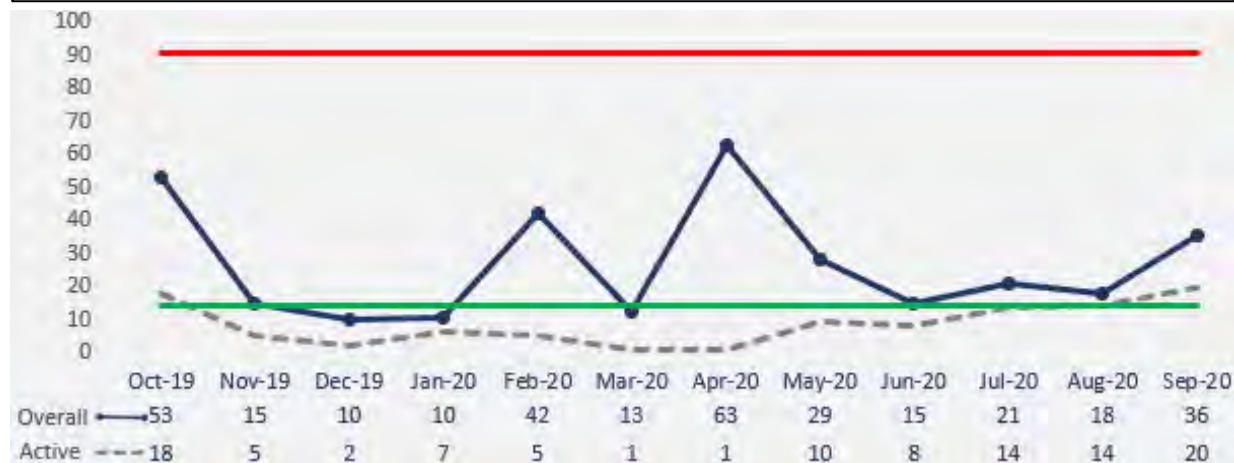


		KPI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 Dentist EEA & Overseas	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/020 & 021 Assessed DCP Additional Titles	PI/REG/013 & 014 Specialist
A. Average Overall Processing Time		THIS PERIOD  <b>25 Calendar Days</b>  PREVIOUS PERIOD 36 Calendar Days	THIS PERIOD  <b>31 Calendar Days</b>  PREVIOUS PERIOD 26 Calendar Days	THIS PERIOD  <b>38 Calendar Days</b>  PREVIOUS PERIOD 46 Calendar Days	THIS PERIOD  <b>36 Calendar Days</b>  PREVIOUS PERIOD 48 Calendar Days	THIS PERIOD  <b>57 Calendar days</b>  PREVIOUS PERIOD 85 Calendar Days	THIS PERIOD  <b>89 Calendar Days</b>  PREVIOUS PERIOD 74 Calendar Days	THIS PERIOD  <b>84 Calendar Days</b>  PREVIOUS PERIOD 68 Calendar Days	THIS PERIOD  <b>79 Calendar Days</b>  PREVIOUS PERIOD 49 Calendar Days
B. Average Active Processing Time		THIS PERIOD  <b>16 Calendar Days</b>  PREVIOUS PERIOD 6 Calendar Days	THIS PERIOD  <b>19 Calendar Days</b>  PREVIOUS PERIOD 13 Calendar Days	THIS PERIOD  <b>20 Calendar Days</b>  PREVIOUS PERIOD 14 Calendar Days	THIS PERIOD  <b>22 Calendar Days</b>  PREVIOUS PERIOD 29 Calendar Days	THIS PERIOD  <b>40 Calendar Days</b>  PREVIOUS PERIOD 52 Calendar Days	THIS PERIOD  <b>58 Calendar Days</b>  PREVIOUS PERIOD 55 Calendar Days	THIS PERIOD  <b>54 Calendar Days</b>  PREVIOUS PERIOD 51 Calendar Days	THIS PERIOD  <b>76 Calendar Days</b>  PREVIOUS PERIOD 41 Calendar Days
C. Contextual Measures	Incoming	673 applications received	1070 applications received	637 applications received	246 applications received	60 applications received	261 applications received	138 applications received	28 applications received
	Processed	879 applications completed	912 applications completed	273 applications completed	120 applications completed	15 applications completed	66 applications completed	53 applications completed	23 applications completed
	Work In Progress	5 live applications at month end	313 live applications at month end	389 live applications at month end	130 live applications at month end	51 live applications at month end	231 live applications at month end	82 live applications at month end	46 live applications at month end
D. Insights		<ul style="list-style-type: none"><li>673 applications were received in Q3 which is a 63% increase from the 413 applications received in Q2.</li><li>The 879 applications completed is 62% higher than forecast (541).</li><li>There were 5 live applications at the end of Q3 which is 98% less than the 229 live in Q2.</li></ul>	<ul style="list-style-type: none"><li>1070 applications were received in Q3 which is a 14% increase from the 937 applications received in Q2.</li><li>The 912 applications completed is 28% lower than forecast (1267).</li><li>There were 313 live applications at the end of Q3 which is 11% more than the 283 live in Q2.</li></ul>	<ul style="list-style-type: none"><li>637 applications were received in Q3 which is a 277% increase from the 169 applications received in Q2.</li><li>The 273 applications completed is 27% lower than forecast (376).</li><li>There were 389 live applications at the end of Q3 which is 264% more than the 107 live in Q2.</li></ul>	<ul style="list-style-type: none"><li>246 applications were received in Q3 which is a 100% increase from the 123 applications received in Q2.</li><li>The 120 applications completed in Q3 is a 52% increase to the 79 in Q2.</li><li>There were 130 live applications at the end of Q3 which is 86% more than the 70 live in Q2.</li></ul>	<ul style="list-style-type: none"><li>60 applications were received in Q3 which is a 33% increase from the 45 applications received in Q2.</li><li>The 15 applications completed is 88% higher than forecast (8).</li><li>There were 51 live applications at the end of Q3 which is 19% more than the 43 live in Q2.</li></ul>	<ul style="list-style-type: none"><li>261 applications were received in Q3 which is a 59% increase from the 164 applications received in Q2.</li><li>The 66 applications completed in Q3 is a 113% increase to the 31 in Q2.</li><li>There were 231 live applications at the end of Q3 which is 8% more than the 214 live in Q2.</li></ul>	<ul style="list-style-type: none"><li>138 applications were received in Q3 which is a 13% increase from the 122 applications received in Q2.</li><li>The 53 applications completed in Q3 is a 33% increase to the 40 in Q2.</li><li>There were 82 live applications at the end of Q3 which is 1% less than the 83 live in Q2.</li></ul>	<ul style="list-style-type: none"><li>28 applications were received in Q3 which is a 42% decrease from the 48 applications received in Q2.</li><li>The 23 applications completed is 18% lower than forecast (28).</li><li>There were 46 live applications at the end of Q3 which is 4% less than the 48 live in Q2.</li></ul>

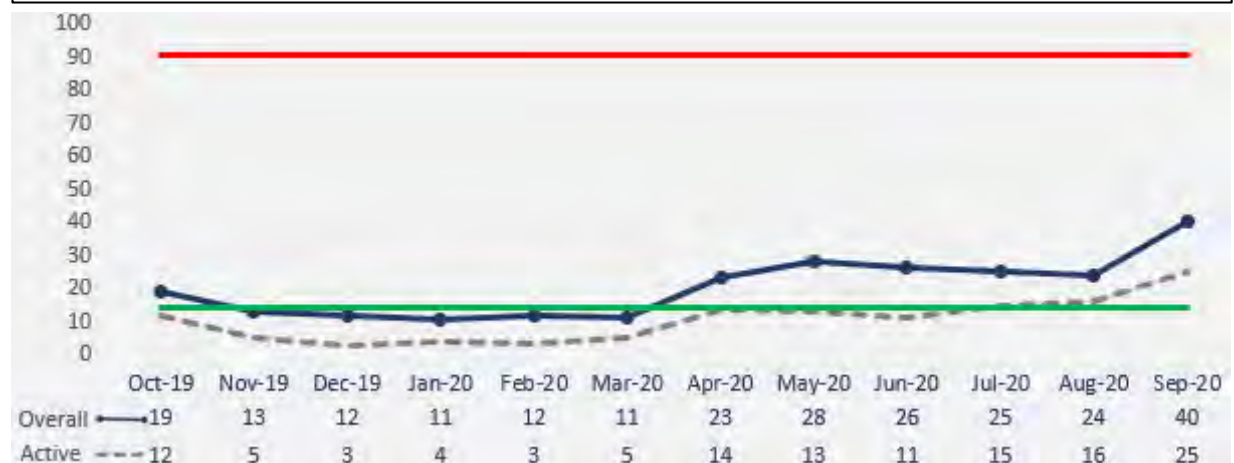
DESCRIPTION	KPI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 Dentist EEA & Overseas	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/020 & 021 Assessed DCP Additional Titles	PI/REG/013 & 014 Specialist
	PI/REG/001: The average overall time taken to process all UK Dentist Applications	PI/REG/003: The average overall time taken to process all UK DCP Applications	PI/REG/005: The average overall time taken to process all Restoration Applications	PI/REG/007: The average overall time taken to process all EEA Dentist Applications	PI/REG/009: The average overall time taken to process all Assessed Dentist Applications	PI/REG/011: The average overall time taken to process all Assessed DCP Applications	PI/REG/020: The average overall time taken to process all Assessment Additional Titles	PI/REG/013: The average overall time taken to process all Specialist List Applications
	PI/REG/002: The average time taken with days on-hold removed	PI/REG/004: The average time taken with days on-hold removed	PI/REG/006: The average time taken with days on-hold removed	PI/REG/008: The average time taken with days on-hold removed	PI/REG/010: The average time taken with days on-hold removed	PI/REG/012: The average time taken with days on-hold removed	PI/REG/021: The average time taken with days on-hold removed	PI/REG/014: The average time taken with days on-hold removed
	TARGET LEVEL:	TARGET LEVEL:	TARGET LEVEL:	TARGET LEVEL:	TARGET LEVEL:	TARGET LEVEL:	TARGET LEVEL:	TARGET LEVEL:
GREEN when:	Average 0-14 Days	Average 0-14 Days	Average 0-14 Days	Average 0-60 Days	Average 0-60 Days	Average 0-80 Days	Average 0-80 Days	Average 0-80 Days
AMBER when:	Average 15 - 90 Days	Average 15 - 90 Days	Average 15 - 90 Days	Average 61 - 90 Days	Average 61 - 90 Days	Average 81 - 120 Days	Average 81 - 120 Days	Average 81-90 Days
RED when:	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	121 Days (Statutory Time Limited Level) +	121 Days (Statutory Time Limited Level) +	91 Days (Statutory time limit level) +
DESIRED OUTCOME	Applications to join the register are accurately assessed with the correct outcome in line with the internally set service level agreement.							
Corporate Strategy Link	Strategic Aims: 1 and 5							

Overall: —●— Active: - - - Green (within target): — Red (outside target): —

### UK Dentist Applications – Overall & Active KPI Performance PI/REG/ 001 & 002



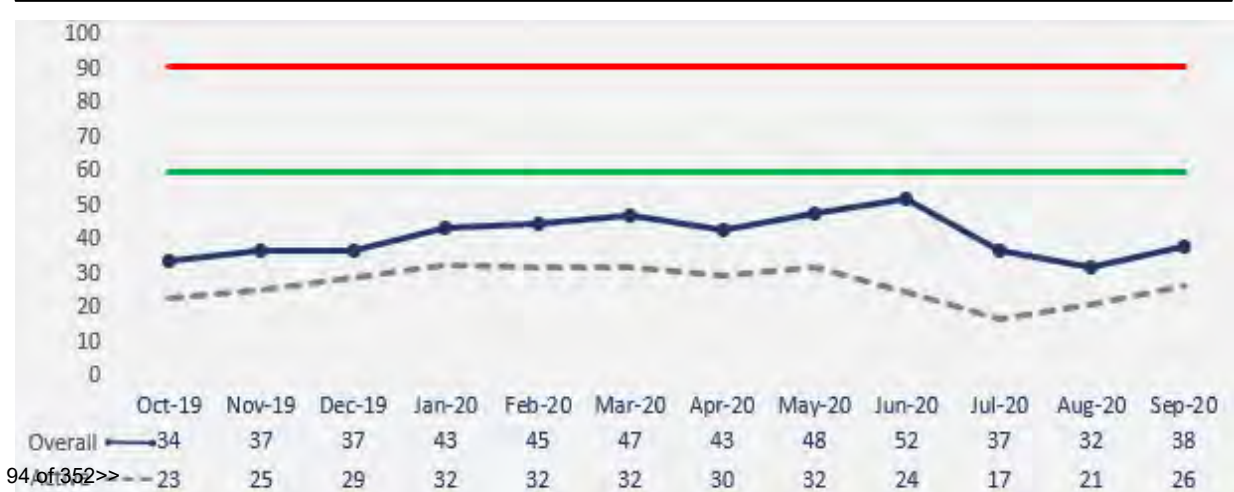
### UK DCP Applications – Overall & Active KPI Performance PI/REG/ 003 & 004



### Restoration Applications – Overall & Active KPI Performance PI/REG/ 005 & 006



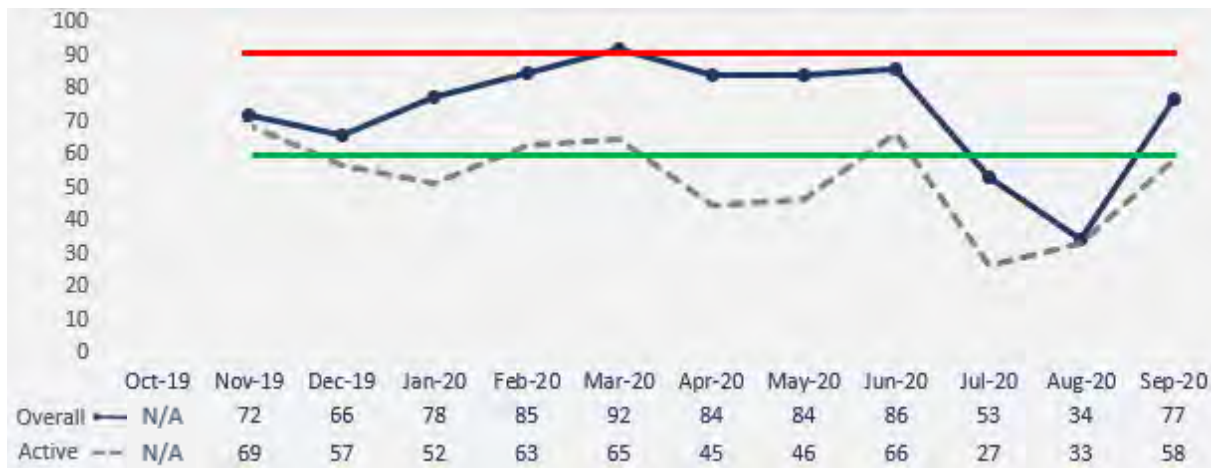
### EEA Dentist & Overseas Applications – Overall & Active KPI Performance PI/REG/ 007 & 008



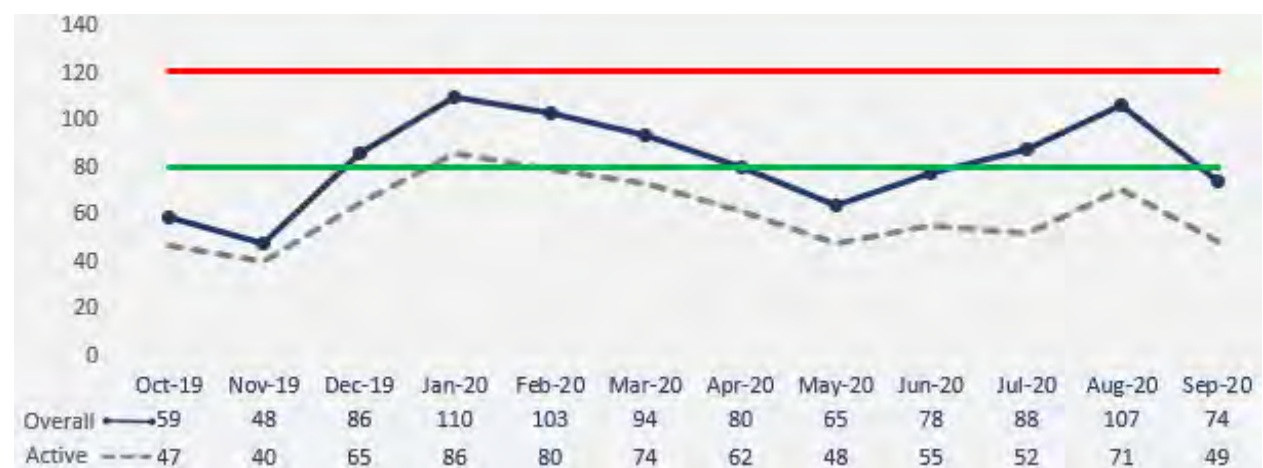


Overall: —●— Active: - - - Green (within target): — Red (outside target): —

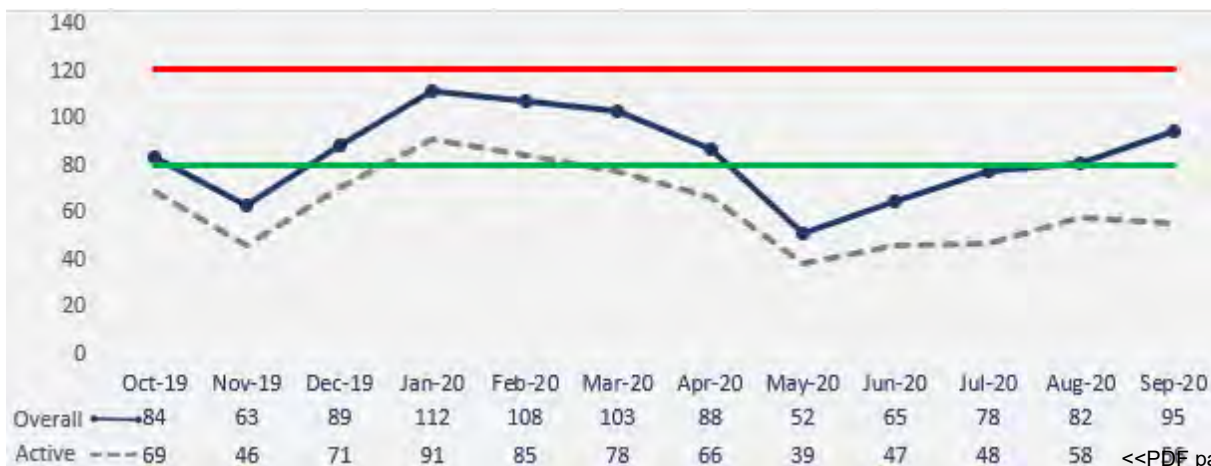
## Assessed Dentist Applications – Overall & Active KPI Performance PI/REG/ 009 & 010



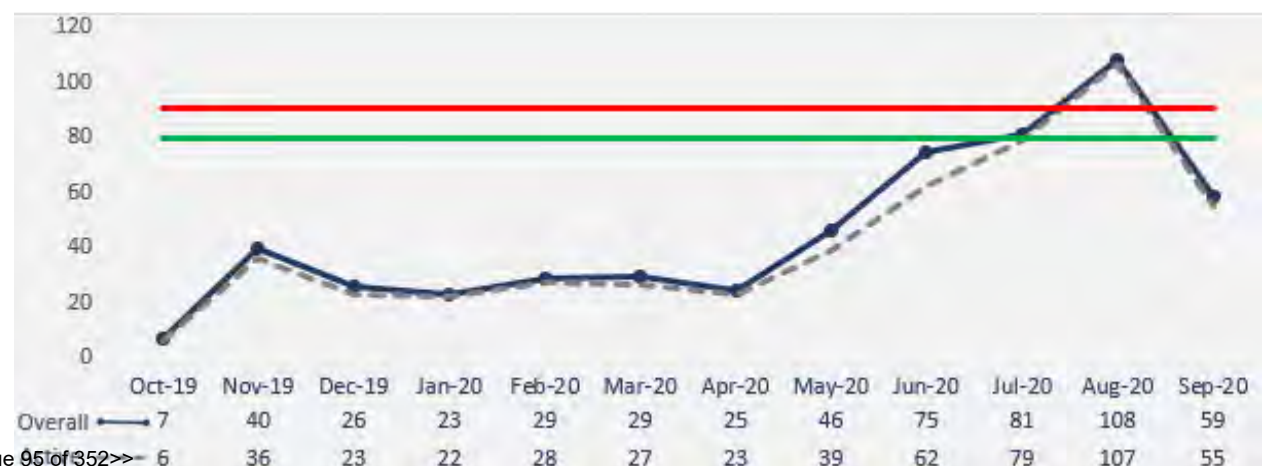
## Non-EEA DCP Applications – Overall & Active KPI Performance PI/REG/ 011 & 012



## DCP Additional Titles – Overall & Active KPI Performance PI/REG/ 020 & 021

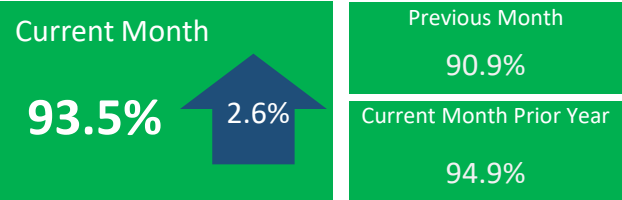


## Specialist List Applications – Overall & Active KPI Performance PI/REG/ 013 & 014



PI/REG/015 – Call Centre Availability

The proportion of inbound calls from members of the public that are answered by the Customer Advice and Information Team (CAIT).



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
90.6%	95.7%	94.5%

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

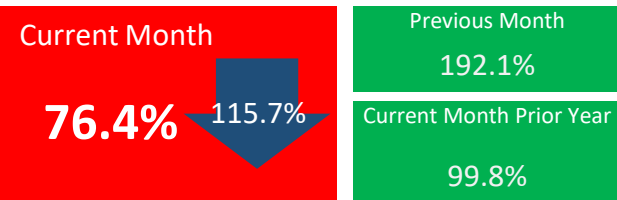
- 18,399 out of 20,305 offered calls were handled during Q3.
- The number of calls handled has increased by 131% compared to the 7,594 handled in Q2.

Month	Availability (%)
Oct-19	97%
Nov-19	99%
Dec-19	99%
Jan-20	98%
Feb-20	98%
Mar-20	96%
Apr-20	98%
May-20	93%
Jun-20	96%
Jul-20	89%
Aug-20	91%
Sep-20	94%

T	G	A	R	Aim
85% + calls are answered	85%+	65%-84%	64% or lower	1&5

PI/REG/017 – Registration Applications Processed

The number of additions to the Register compared to budgeted levels.



Current 3 months	Previous 3 Months	Current 3 Months Prior Year
109.2%	50.1%	99.6%

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

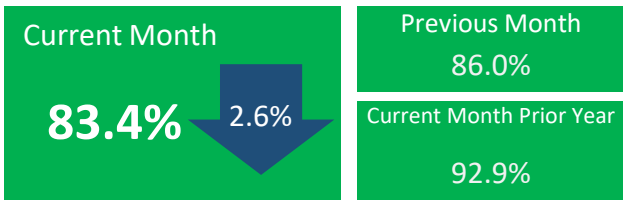
- The income generated (£416,741) from applications is 9% higher than forecast (£381,562) for Q3.
- 2,280 applications were completed against the 2,370 forecast in Q3 2020. Of the applications completed:
  - 39.8% were UK DCP applications.
  - 38.7% were UK Dentist.
  - 11.9% were Restoration.
  - 5.4% were EEA Dentist and Non-EEA Dentist.
  - 0.7% were Specialist.
  - 2.9% were Overseas DCP.
  - 0.6% were Dentist assessed
- Septembers Performance dropped to 76% mainly because less UK DCP applications were completed than targeted. The numbers are below target due to impact of the team's time split between working from home and the office and processing more DCP restoration applications which are more complex.

Month	Registrations (%)
Oct-19	106%
Nov-19	98%
Dec-19	79%
Jan-20	101%
Feb-20	104%
Mar-20	77%
Apr-20	86%
May-20	58%
Jun-20	39%
Jul-20	76%
Aug-20	192%
Sep-20	76%

T	G	A	R	Aim
100% of expected registrations	95% +	85% to 94%	84% or less	1&5

PI/REG/016 – Registration Customer Satisfaction

Combined % of respondents either strongly agreeing or agreeing with the statement “I was satisfied with the customer service I received from the GDC”.



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
87.8%	90.5%	93.3%

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

- 87.8% of 345 respondents were positive about the Registration department's customer service supplied throughout the application process during Q3.
- 8.5% provided neutral feedback and 3.7% provided negative feedback.
- UK Registration: 81% positive, 11% neutral and 9% negative.
- OS DCP: 91% positive, 7% neutral and 2% negative.
- OS Dentist: 89% positive, 6% neutral and 5% negative.
- ORE: 88% positive, 10% neutral and 2% negative.

Month	Satisfaction (%)
Oct-19	92%
Nov-19	98%
Dec-19	94%
Jan-20	96%
Feb-20	94%
Mar-20	95%
Apr-20	94%
May-20	92%
Jun-20	88%
Jul-20	94%
Aug-20	86%
Sep-20	83%

\* Please note trend graph only starts from July 2019 due to data gathering time needed.

T	G	A	R	Aim
80% or above	80% +	60% to 79%	59% or lower	1&5

PI/REG/018 – Registration Audit Pass Rate

The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
N/A	N/A	N/A

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

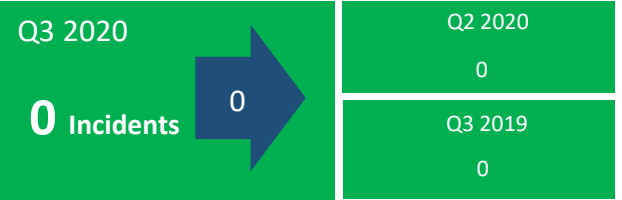
- No data or insights was provided this quarter. The Audit Support Officer role is not currently filled.
- Interviews for the role are currently taking place.

T	G	A	R	Aim
90% pass rate	90% to 100%	80% to 89%	79% or lower	1&5



PI/FCS/020 – Health and Safety Incident Occurrence

Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).



PERFORMANCE INSIGHTS

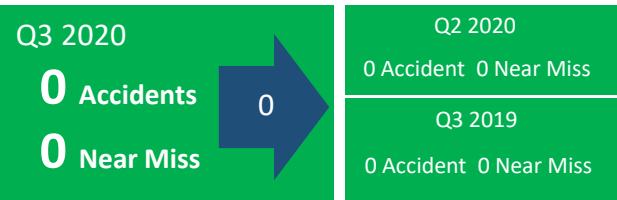
- During Q3 2020, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.

\* Please note there is no trend graph as no incidents have been reported over the last 9 quarterly periods.

T	G	A	R	Aim
No incidents occur	No incidents occur	1 or more improvement notice	1 or more prohibition notice	5

PI/FCS/015 – Serious Accident Occurrence

Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).



PERFORMANCE INSIGHTS

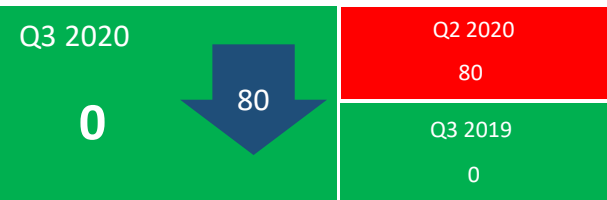
- No serious accidents and no near misses were recorded in Q3 2020 that met this definition

\* Please note there is no trend graph as no serious accidents or near misses have been reported over the last 9 quarterly periods.

T	G	A	R	Aim
No accidents occur	No accidents occur	1 or more internal near miss	1 or more serious accident	5

PI/FCS/017 – Wimpole Street Lift Availability

The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service



PERFORMANCE INSIGHTS

- This is a composite measure which captures the number of hours where one of either the main Wimpole Street lift (serving the basement floor up to floor 5), or the rear Wimpole Street Mews lift (serving the basement floor up to Mews floor 2) are out of action.
- During Q3 2020 there are no instances of call outs/ outages caused by faults on the main lifts.
- During Q2 2020 the rear lift (Mews) was out of service for 2 weeks awaiting replacement battery. Lack of access to the building caused delay. The building was closed so no staff were inconvenienced.

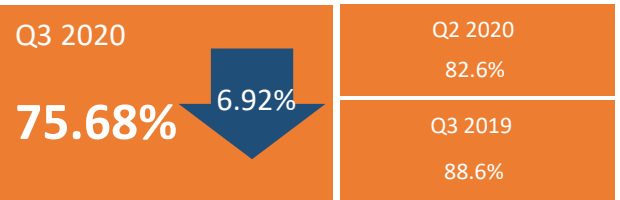
Quarter	Availability (hours)
Q4-2018	4
Q1-2019	6
Q2-2019	7
Q3-2019	4
Q4-2019	4
Q1-2020	8
Q2-2020	80
Q3-2020	0

R 16  
G 8

T	G	A	R	Aim
availability (8 hours)	8 hours of less	8.1 hours to 15.9 hours	16 hours +	5

PI/FCS/018 – External Contractor Performance

Number of jobs completed by external contractors within their given priority SLA



PERFORMANCE INSIGHTS

- This performance indicator is based on the jobs completed by GVA Acuity, now known as AY (Avison Young), the GDC's external contractor at 37 Wimpole Street. Jobs are either reactive or planned and performance is reported as inside or outside the SLA. This SLA changes depending on the priority level given to the task.
- The target level for jobs to be completed within SLA has been set as 95% (GDC).
- AY logged 122 completed jobs during Q3 2020 of which 75.68 % were within SLA of the combined Reactive and Planned Jobs. The lockdown affected some of the Planned Maintenance.

Quarter	Performance (%)
Q4-2018	85%
Q1-2019	94%
Q2-2019	92%
Q3-2019	89%
Q4-2019	87%
Q1-2020	88%
Q2-2020	83%
Q3-2020	76%

G 95  
R 69

T	G	A	R	Aim
95% within SLA	95% +	70% to 94%	69% or less	5

# Fitness to Practise Directorate





## Performance Indicators

Page	Section
25 - 26	2.1 FTP Process Performance Indicators Dashboard
27	2.2 FTP Process Performance Indicators Dashboard Reference Information
28 -30	2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking
31	2.4 Interim Orders Committee Timeliness Performance Indicators
32	2.5 Interim Orders Committee Compliance Performance Indicators
33	2.6 Dental Complaints Service Performance Indicators

Reference Dates for PIs:

Current Month	SEP 2020	Current 3 Months	SEP, AUG, JUL 20
Previous month	AUG 2020	Previous 3 months	JUN, MAY, APR 20
Current Month Prior Year	SEP 2019	Current 3 Months Prior Year	SEP, AUG, JUL 19

Trend Image Key:

Current Year	
Previous Year	
Green (within target)	
Red (outside target)	

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

Please see the narrative on FTP timeliness in the executive summary (1.1) and specific narrative regarding KPI/FTP 005 & 008 is also in the organisational key performance indicators page (Section 1.2).

A summary relating to supportive indicators is noted below:

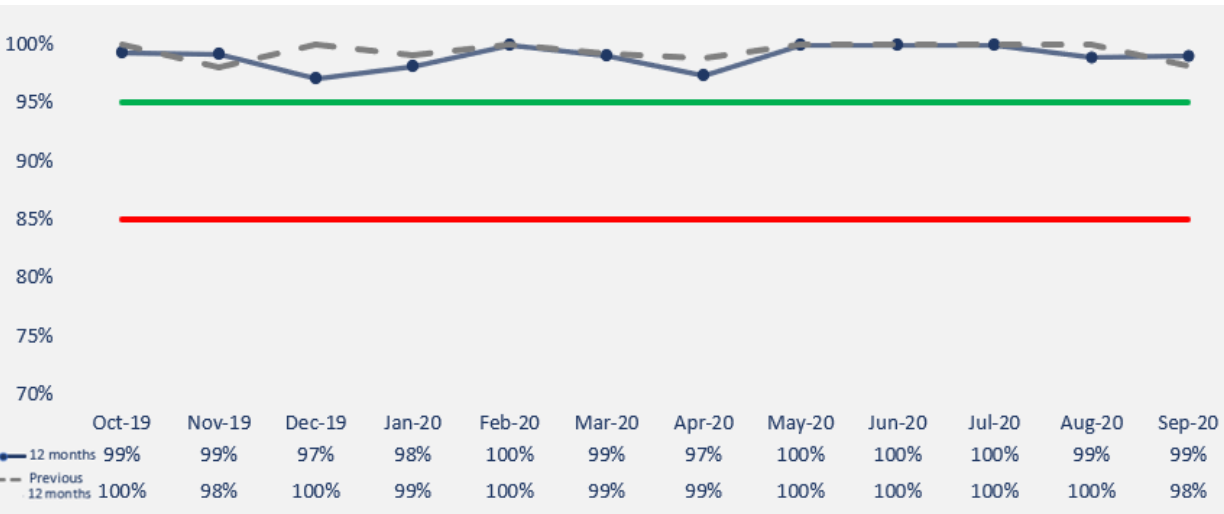
- PI/FTP/001 - The Initial Assessment Team (IAT) average timeliness remains consistent at 99% for Q3. There were 294 cases; of those, 95 were in relation to cases received in September, 97 in August, 93 in July, 6 in June. 1 in March was initially missed and was late being sent to IADG. The final 2 were both received in 2019 and were subject to a Rule 9 review. The oldest case was 258 days old.
- PI/FTP/002 - Receipt to Assessment Decision performance is at 34% for Q3, a decrease of 4% from Q2. There were 211 cases in Q3, of those, 141 were in relation to cases received in 2020, 62 in 2019, 6 in 2018, 1 in 2017, 1 in 2013. The oldest case was 352 weeks old. Whilst the team are continuing to work through and get older cases to assessment this will have an adverse impact on this KPI.
- PI/FTP/003 - Assessment Referral to Case Examiner Completion performance is at 20% for Q3, a decrease of 1% from Q2. There were 92 cases. Of those, 10 were in relation to cases received in July, 15 in June, 30 in May, 17 in April, 7 in March, 6 in February, 2 in January, 1 in December 2019, 1 in November 2019, 1 in September 2019, 1 in May 2019 and 1 in January 2019. 12 of the cases were part of the Rule 4 Pilot. The oldest case was 76 weeks old. As with Assessment, older cases are still being closed and this will continue to have an impact on performance in relation to timeliness. The Assessment Team were also unable to refer as much to the Case Examiners in August due to their Annual Leave and lack of availability.
- PI/FTP/004 - Allocation to Initial Case Examiner Decision remains consistent at 100% for Q3. There were 108 cases in Q3 compared to 111 in Q2. The team is not allocated work unless they have capacity to do it hence the low number this quarter caused by their Annual Leave and availability.
- PI/FTP/005 - Receipt to Case Examiner Decision performance is at 20% for Q3, a decrease of 3% from Q2. There were 131 cases in Q3, of those 38 were in relation to cases received in 2020, 73 in 2019, 12 in 2018, 4 in 2017, 2 in 2016 and 2 in 2013. The oldest case was 353 weeks old. Whilst the team are continuing to work through and get older cases to the Case Examiners, this will have an adverse impact on the performance.
- PI/FTP/008 - Full Case Timeliness performance is at 14% for Q3, an increase of 14% from Q2. Of the 24 cases in Q3, 8 were received in 2019, 12 in 2018, 3 in 2017, 1 in 2016. The oldest case was 189 weeks old. Many of the cases exceed target by so much that it makes the possibility of completion within 18-month target extremely difficult.
- PI/FTP/009 - Prosecution Timeliness: Case Examiner Referral to Hearings performance is at 19% for Q3, a decrease of 12% from Q2 (31%). Of the 26 cases in Q3, 6 met the 9-month target. While there were operational reasons for missing the target, including postponements, it will remain harder to meet this target given the reduction in hearings capacity. This will also have a knock-on impact on KPI PI/FTP/008. Of the 20 that missed the 9-month target 12 cases were postponed due to Covid-19. 1 ran out of time (a remote hearing). 1 was the first available 10-day listing based on availability. 1 Case was postponed and further allegations added. Relisted for April 2020 - Postponed again due to Covid-19. 1 was the first available listing based on availability. 1 was a large multi case hearing - first available 20-day listing. 1 was the first available date (7-day listing). 1 was due to waiting for registrant availability as they represented themselves at the hearing. 1 due to a change of GDC lawyer, the estimate was reduced from 10 days to 5 days due to non-engagement.
- PI/FTP/010 - ILPS disclosure timeliness performance is at 95% for Q3, a decrease of 2% from Q2. 35 out of the 37 cases were disclosed. Of the 2 that missed the target - one was due to a delay with the witness availability to finalise the statement. The view was taken that it was appropriate to seek a short extension so that the evidence could be finalised as the expert needed to see the witness's final statement and one was due to being unable to complete within the time allotted.
- PI/FTP/011 - Hearings Completed Without Adjournment performance is at 80% for Q3, a decrease of 2% from Q2. 24 of the 30 hearings were completed without adjournment. Of the six that were missed, all were adjourned part heard due to being unable to complete within the time allotted.
- PI/FTP/012 - Hearings Completed with Facts Proved performance is at 94% for Q3, a decrease of 6% from Q2. 28 out of 30 in July hearings were completed with facts proved.
- PI/FTP/028 - ELPS disclosure timeliness performance is at 80% for Q3, a decrease of 20% from Q2. 4 of the 5 cases were disclosed in Q3 compared to 8 disclosed in Q2. The case that missed the target due to delays finalising expert evidence.
- PI/FTP/029 - Cumulative Hearing Performance is at 87% for Q3, a decrease of 10% from Q2. There were 230 productive days, 32 wasted and 9 lost days in Q3 compared to 106 productive days with 3 wasted and 0 lost days in Q2.

\*Note - Work In Progress is a closing period count and not intended to reflect previous period work in progress plus those incoming and minus processed.

DEPARTMENTAL INDICATORS	KPI/FTP/Ref IAT	KPI/FTP/Ref Assessment	KPI/FTP/Ref Case Examiners	KPI/FTP/Ref ILPS	KPI/FTP/Ref ELPS	KPI/FTP/Ref Hearings
A. Headline	PI/FTP/008 The proportion of cases that reach an initial hearing within 15 months of receipt TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO6]*					
Timeliness Performance Indicators	PI/FTP/005 The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*			PI/FTP/009 The proportion of prosecution cases heard within 9 months of referral for prosecution TARGET: 80% + on time Green: 80%+ Amber: 70 - 79% Red: <70% (PO 1 & PO 5)* [DO6]*		
B. Supportive Measures	PI/FTP/001 The proportion of cases to clear IAT within 20 working days of receipt  TARGET: 95% + on time Green: 95%+ Amber: 85 - 94% Red: <85% (PO 1 & PO 5)* [DO1]*	PI/FTP/002 The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt  TARGET: 70% + on time Green: 70%+ Amber: 60 - 69% Red: <60% (PO 1 & PO 5)* [DO2]*	PI/FTP/003 The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral  TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*  PI/FTP/004 The proportion of cases that reach the Case Examiner stage to have an initial Case Examiner decision within 7 working days of allocation from Case Examiner Support  TARGET: 95% + on time Green: 95%+ Amber: 85 - 94% Red: <85% (PO 1 & PO 5)* [DO3]*	PI/FTP/010 The proportion of ILPS cases to be disclosed within 98 working days of referral  TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/028 The proportion of ELPS cases to be disclosed within 98 working days of referral  TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/011 The proportion of initial hearings to be completed without adjournment TARGET: 85% Green: 85%+ Amber: 80 - 84% Red: <80% (PO 2)* [DO8]*  PI/FTP/012 The proportion of cases heard at initial hearings to have facts proved TARGET: 80% Green: 80%+ Amber: 70 - 79% Red: <70% (PO 5)* [DO9]*  PI/FTP/029 The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted TARGET: 90% hearing days delivered Green: 90% or above Amber: 80 – 90% Red: <80% (PO 2)* [DO10]*
Strategic Aims:	2 and 3					
[DO]* Desired Outcome	DO1: Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.					

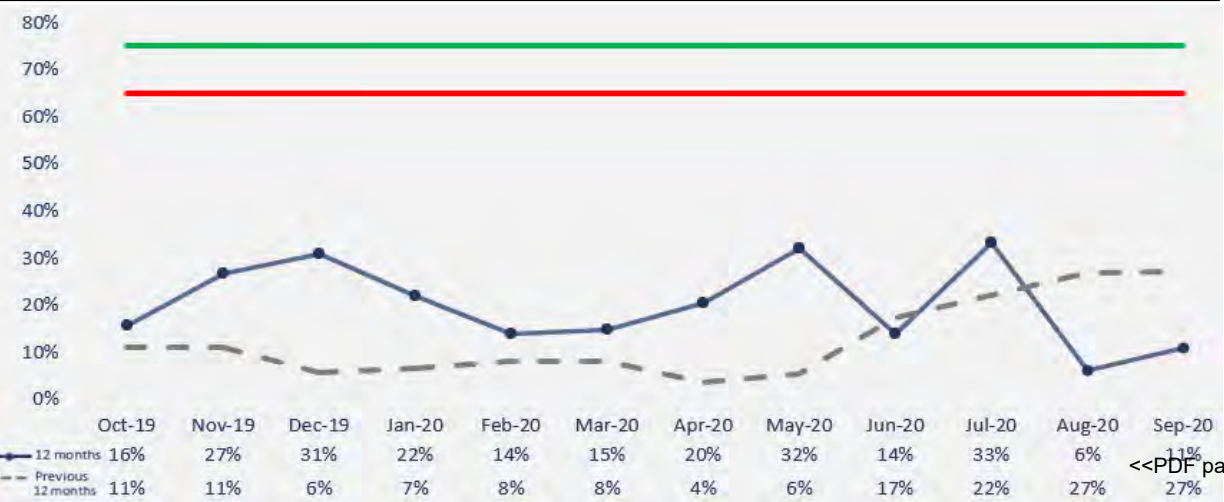
Current 12 months : —●— Previous 12 months: - - - Green (within target): — Red (outside target): —

PI/FTP/001 - Case Investigation Timeliness: Receipt to IAT Decision



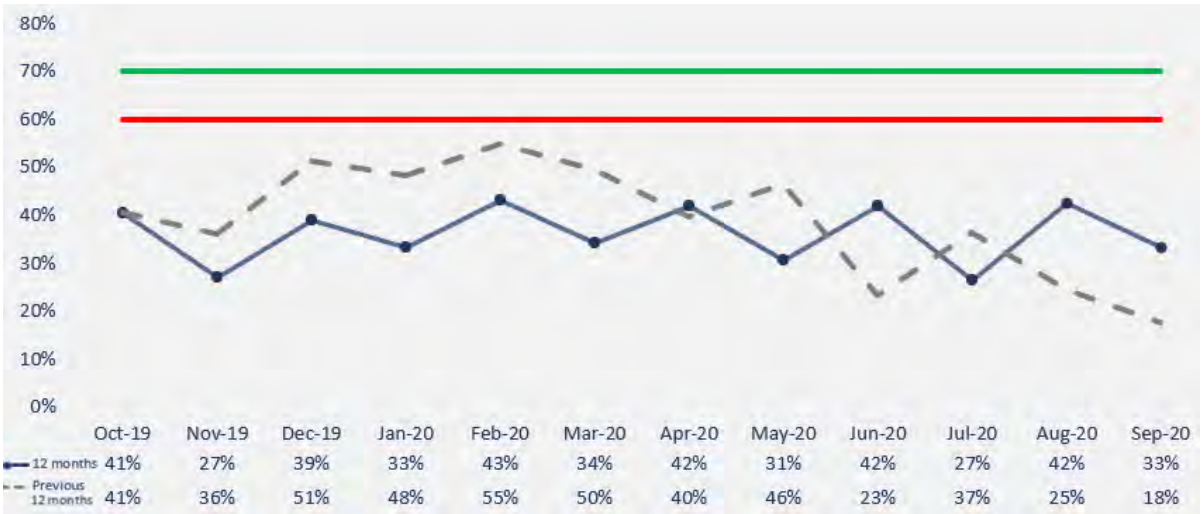
Target = 95% within 20 days

PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion



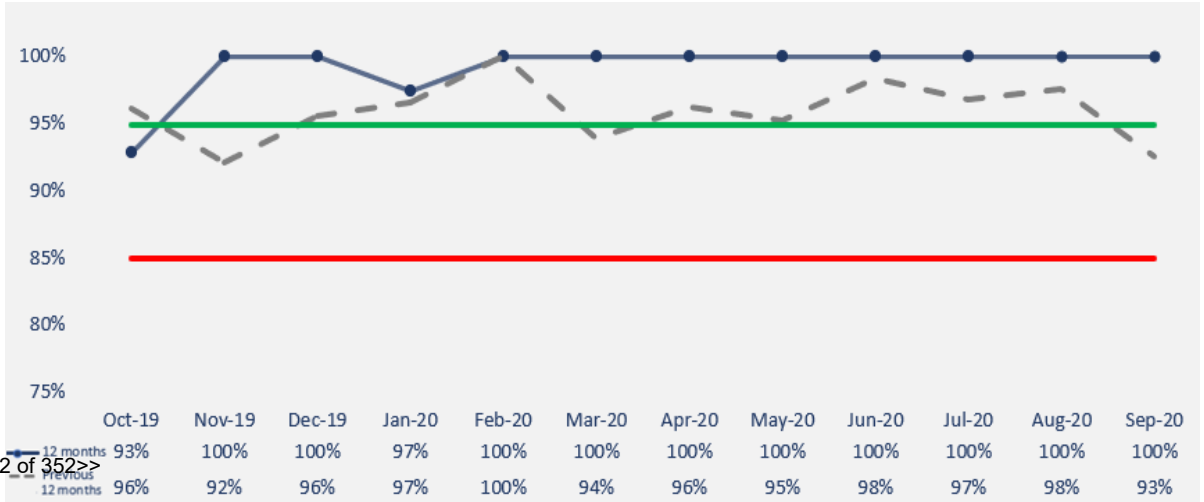
Target = 75% within 9 weeks

PI/FTP/002 - Case Investigation Timeliness:Receipt to Assessment Decision



Target = 70% within 17 weeks

PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision



Target = 95% within 7 days



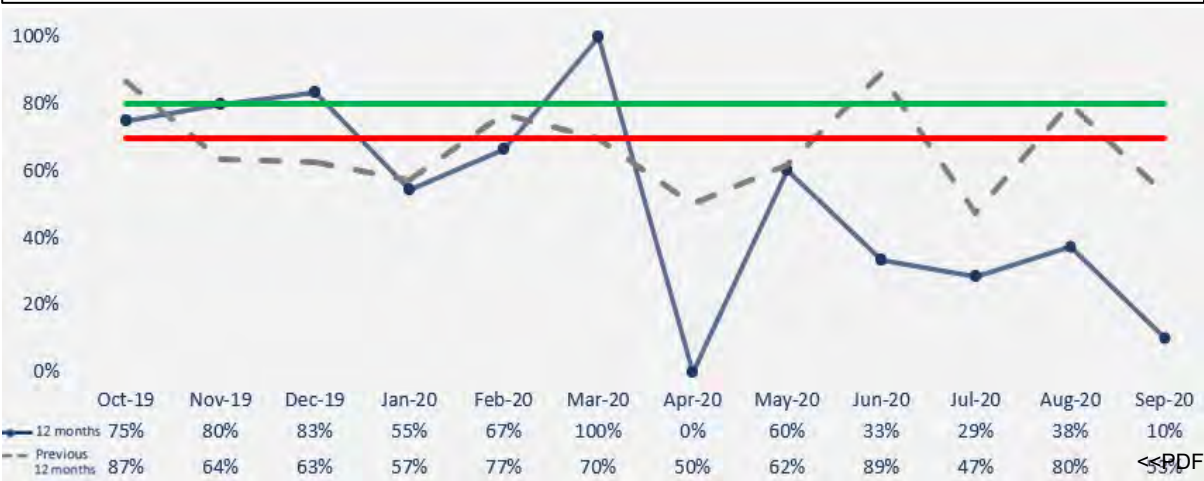
Current 12 months : Previous 12 months: Green (within target): Red (outside target):

KPI/FTP/005 - Case Investigation Timeliness: Investigation Timeliness: Receipt to CE Decision



Target = 75% within 6 months

PI/FTP/009 - Prosecution and Hearings Timeliness: Prosecution Timeliness: Case Examiner Referral to Hearing Decision



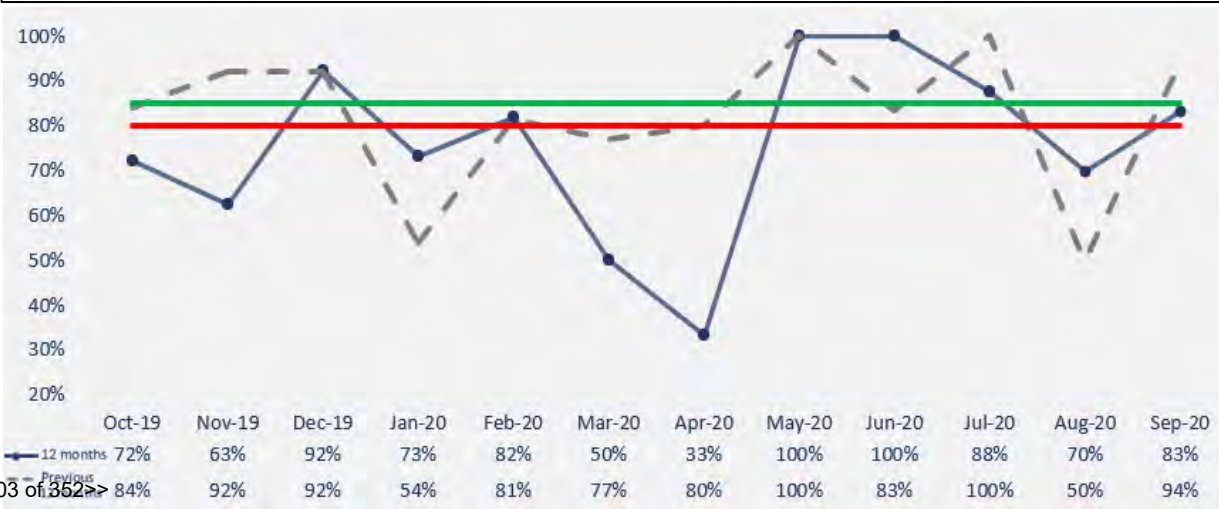
Target = 80% within 9 months

KPI/FTP/008 - Prosecution and Hearings Timeliness: Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome) Decision



Target = 75% within 15 months

PI/FTP/011 - Hearings Completed Without Adjournment



Target = 85%

Current 12 months : —●— Previous 12 months: - - - Green (within target): — Red (outside target): —

PI/FTP/012 - Hearings Completed With Facts Proved



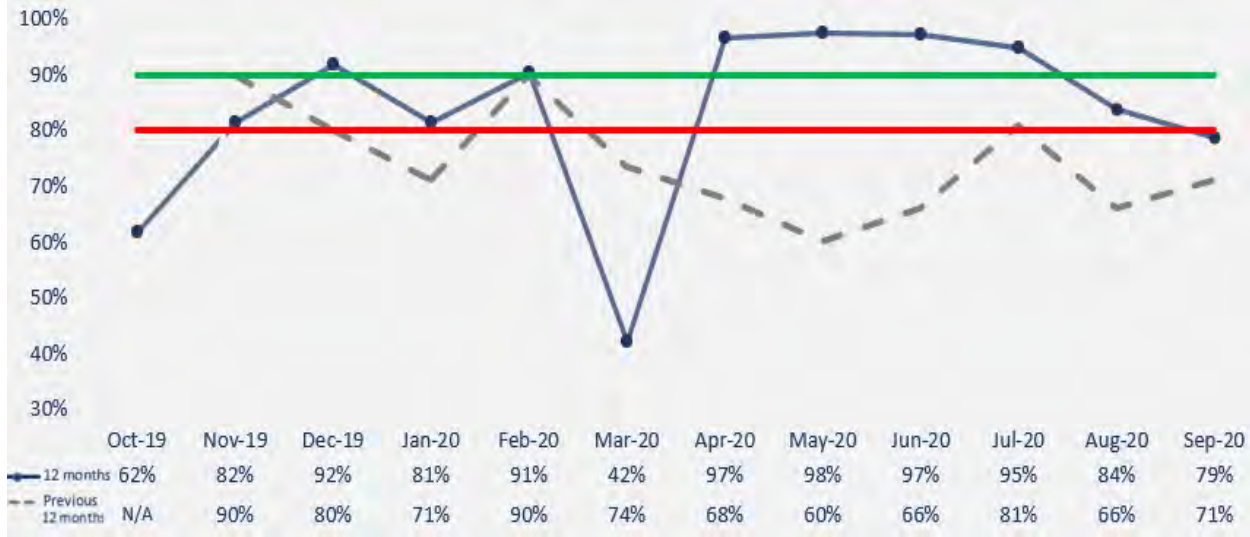
Target = 80%

PI/FTP/010 - Prosecution and Hearings: Disclosure (ILPS)



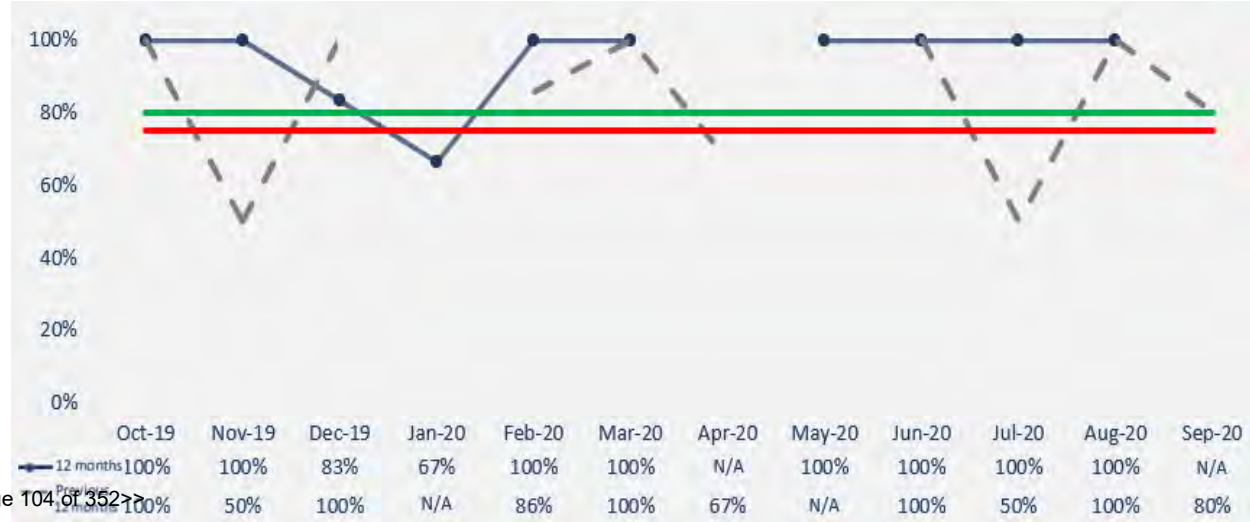
Target = 80% of cases disclosed within 98 days

PI/FTP/029 - Cumulative Hearing Performance Against Budget Forecast



Target = 90% hearing days delivered (YTD)

PI/FTP/028 - Prosecution and Hearings: Disclosure (ELPS)



Target = 80% of cases disclosed within 98 days



PI/FTP/014 – IOC Timeliness: Registrar and Case Examiner Referrals

The proportion of initial IOC cases to be heard within 21 working days of referral by Registrar or Case Examiner

Current Month

100%

7%

Previous Month

93%

Current Month Prior Year

67%

Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
94%	93%	88%

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

- Of the 34 cases, 32 were heard within 21 working days in Q3. This is compared to 26 out of 28 in Q2.
- Of the 2 cases that were missed:
- 1 was adjourned part heard as the panel ran out of time on the original date
- 1 was postponed for the Registrant to seek representation and obtain further medical evidence

T	G	A	R	Aim
95% on time	95%+	85%-94%	< 85%	3

PI/FTP/015 – IOC Timeliness: IAT Referrals

The proportion of initial IAT IOC cases to be heard within 28 working days from receipt.

Current Month

75%

25%

Previous Month

100%

Current Month Prior Year

N/A

Current 3 months	Previous 3 Months	Current 3 Months Prior Year
91%	86%	N/A

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

- Of the 22 cases, 20 were referred to IOC within 28 working days in Q3. This is compared to 12 out of 14 in Q2.
- Of the 2 cases that were missed:
- 1 was the hearing was postponed for a week while the GDC sought clarification about some aspects of the CE decision – agreed with defence.
- 1 was the IO being delayed while clarification was sought about the basis for referral

T	G	A	R	Aim
95% on time	95%+	85%-94%	< 85%	3

PI/FTP/016 – IOC Timeliness: IAT Referrals (following consent chase)

The proportion of initial IAT IO cases requiring consent chase to be heard within 33 working days from receipt.

Current Month

100%

Previous Month

N/A

Current Month Prior Year

N/A

Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

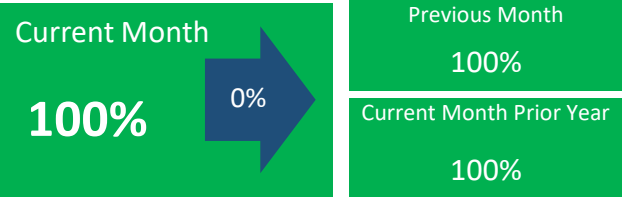
- There was 1 IAT referral following consent chase made to the IOC in Q3. This met KPI.

\* Please note there is no trend graph as consent chase has only been reported twice in the last 12 months.

T	G	A	R	Aim
95% on time	95%+	85%-94%	< 85%	3

PI/FTP/017 – Resumed Order Statutory Compliance: Jurisdiction

The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.



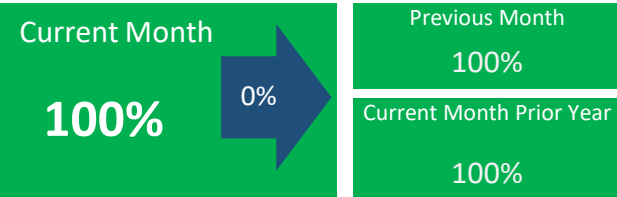
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	98%



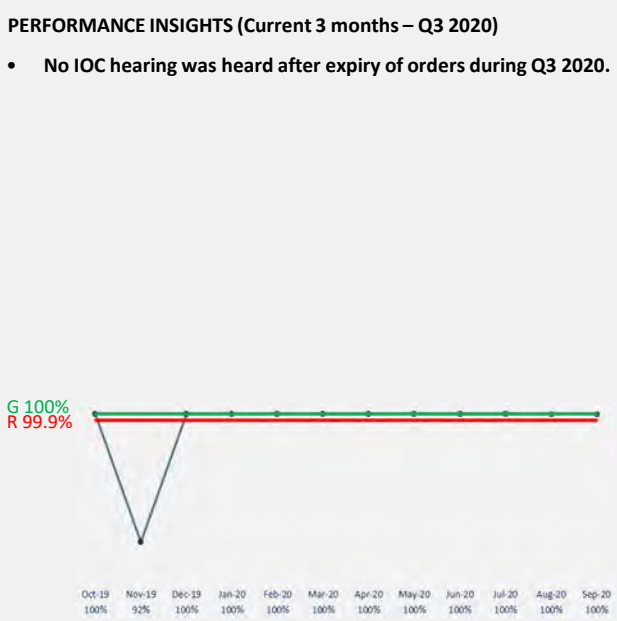
T	G	A	R	Aim
100% compliant	100%	N/A	< 100%	3

PI/FTP/018 – Interim Orders Statutory Compliance: Statutory Reviews

The proportion of review interim order hearings to be heard within the stated statutory deadlines.



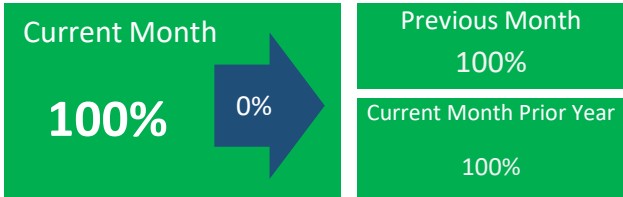
Current 3 months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%



T	G	A	R	Aim
100% compliant	100%	N/A	< 100%	3

PI/FTP/019 – Interim Orders Statutory Compliance: High Court Extensions

The proportion of High Court extension orders to be made before expiry of interim order.



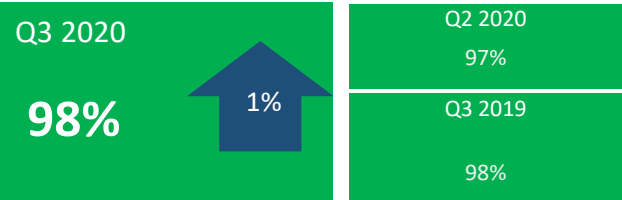
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%



T	G	A	R	Aim
100% compliant	100%	N/A	< 100%	3

PI/STR/001 – Timeliness of DCS Enquiry Handling

The proportion of DCS enquiries that are completed within 48 hours.



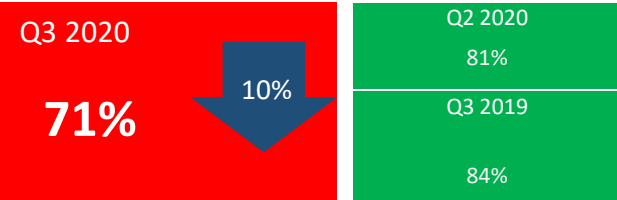
- PERFORMANCE INSIGHTS
- In total 840 out of 858 enquiries were dealt with within 48 hours in Q3 compared to 484 out of 500 enquiries in Q2.
  - DCS increased to 98% in Q3 and increase of 1% from Q2.



T	G	A	R	Aim
80% or above	80% +	75% to 79%	< 75%	2

PI/STR/002 – Timeliness of DCS Case Resolutions

The proportion of DCS cases that are completed within 3 months.



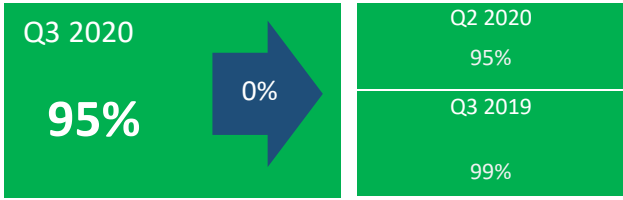
- PERFORMANCE INSIGHTS
- 34 of the 57 DCS cases were completed within 3 months in Q3 compared to 143 of the 185 DCS cases in Q2.
  - DCS has seen an impact on case timeliness as a result of 3 influences:-
  - Covid-19 dental professionals were taking longer to respond to complaints as they were not open and unable to access patient records to respond to complaints raised.
  - Patients were also unable to obtain second opinions as a result of practice closure and availability for getting examinations with new dentists. Cases for one large practice could not be processed due to no access to records after their closure, following legal advice these have in most cases been closed with the exception of failed treatment - obtaining records has resulted in these cases not progressing.
  - Additionally another large practices collapse and identifying ownership has also had a significant impact on case resolution time.



T	G	A	R	Aim
80% or above	80% +	75% to 79%	< 75%	2

PI/STR/003 – DCS Customer Service Feedback

The proportion of feedback received which falls into the categories of 'good' or 'excellent'.



- PERFORMANCE INSIGHTS
- This indicator measures the average percentage across several key categories within the DCS customer service feedback forms.



T	G	A	R	Aim
90% or above	90% +	85% to 89%	< 85%	2

# Legal & Governance Directorate





## Performance Indicators

Page	Section
35 - 37	3.1 Governance Performance Indicators
38 - 39	3.2 Information Performance Indicators
40	3.3 External Prosecution Performance Indicator
41	3.4 Illegal Practice Performance Indicators
42	3.5 IACE Performance Indicators

Reference Dates for PIs:

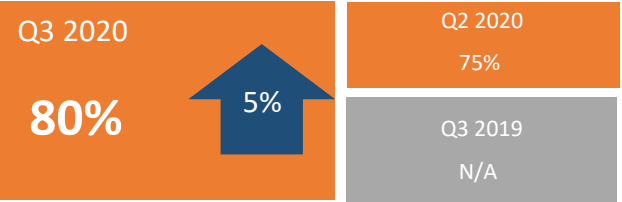
Current Month	SEP 2020	Current 3 Months	SEP, AUG, JUL 20
Previous month	AUG 2020	Previous 3 months	JUN, MAY, APR 20
Current Month Prior Year	SEP 2019	Current 3 Months Prior Year	SEP, AUG, JUL 19

Trend Image Key:

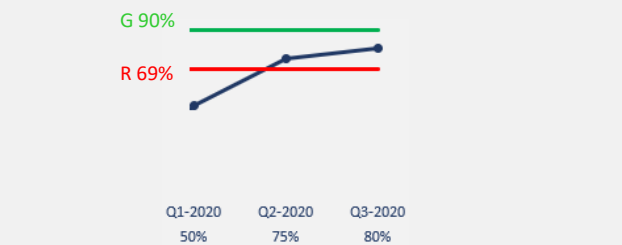
Current Year	
Previous Year	
Green (within target)	
Red (outside target)	

PI/LEG/007 – Draft Agenda Delivery  
Timeliness (Council/Cttees)

The percentage of Board meeting (Council and Committees) draft agendas that are sent to the Board Chair at least six weeks in advance of the Board meeting.



- PERFORMANCE INSIGHTS
- During this period, the team have delivered 16 more Board meetings (including EMT Board) than had been planned for the quarter (13 planned, 29 delivered – 123% increase). Despite the large increase in meetings, the team have managed to improve on performance since Q2 in relation to agenda delivery.
  - The team delivered 5 additional meetings of the Council or Committees during this period and all agendas were delivered on time, bar a slight delay in one for RemNom and one for CSG.
  - Operational Heads have considered this delay and are comfortable that this performance is at a good level, given the volume of secretariat support delivered during this period.

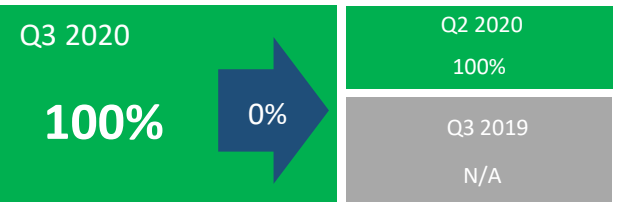


Please note this indicators was introduced in Q1 2020 so data before this period is not available.

T	G	A	R	Aim
90%	90-100%	70%-89%	0%-69%	5

PI/LEG/008 – Draft Agenda Delivery  
Timeliness (SLT)

The percentage of Board meeting (SLT) draft agendas that are sent to the Board Chair at least three weeks in advance of the Board meeting.



- PERFORMANCE INSIGHTS
- There were 3 SLT meetings in this quarter and all agendas were delivered on time.
  - This is consistent with performance in Q1 and Q2 of 2020.

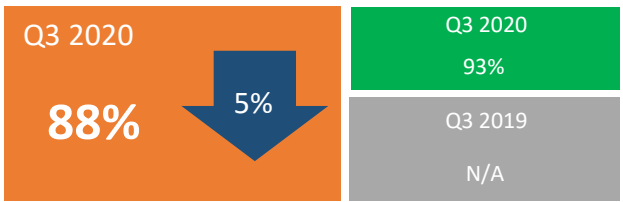


Please note this indicators was introduced in Q1 2020 so data before this period is not available.

T	G	A	R	Aim
90%	90-100%	70%-89%	0%-69%	5

PI/LEG/009 – Organisation Board Paper  
Delivery Timeliness

The percentage of Board papers delivered to Board members at least five working days in advance of the Board meeting.



- PERFORMANCE INSIGHTS
- For the 14 Board meetings (excluding the additional EMT meetings) that took place in this quarter and 117 papers were submitted for them. Of these, 59 papers were late in their submission to the Governance team. The slight drop in performance of papers reaching the Board - at least 5 working days before the meetings - was due to the late submission of papers and the emergency nature of the additional meetings of the FPC.
  - 88% of papers were uploaded at least 5 working days before the Board meeting and of those 14 papers that were delayed, all were uploaded within a week of the deadline.
  - Operational Heads have reviewed this and are confident that this dip does not represent a performance issue in the team.

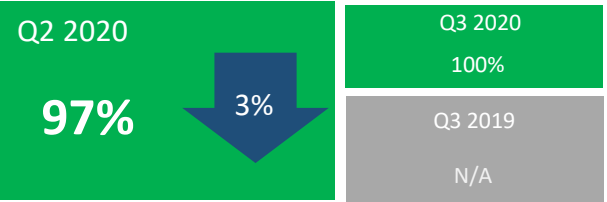


Please note this indicators was introduced in Q1 2020 so data before this period is not available.

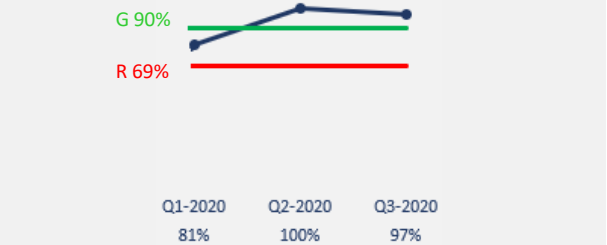
T	G	A	R	Aim
90%	90-100%	70%-89%	0%-69%	5

PI/LEG/010 – Governance Board Paper  
Delivery Timeliness

The percentage of Board papers, received in line with Governance deadlines, delivered to Board members at least five working days in advance of the Board meeting.



- PERFORMANCE INSIGHTS
- For the 14 Board meetings (excluding the additional EMT meetings) that took place in this quarter and 117 papers were submitted for them. Of these, 59 papers were late in their submission to the Governance team.
  - Of the 58 papers submitted on time, only 2 were not sent before the deadline. This slight drop in performance from the 100% rate in Q2 was due to the emergency nature of the additional meetings.



Please note this indicators was introduced in Q1 2020 so data before this period is not available.

T	G	A	R	Aim
90%	90-100%	70%-89%	0%-69%	5

PI/LEG/011 – Draft Actions Assignment  
Timeliness

The percentage of draft actions from Board meetings that are agreed with the Board Chair and communicated to owners within three working days of the Board meeting.



PERFORMANCE INSIGHTS

- Of the 14 Board meetings (excluding EMT) held during this quarter, and the significant increase in secretariat the support provided for the additional meetings, the team has delivered 100% performance against the measure that all draft actions were communicated to owners within three working days, marking a 30% increase from Q2.

G 90%

R 69%

Q1-2020

93%

Q2-2020

70%

Q3-2020

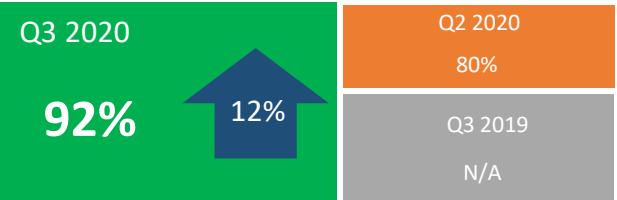
100%

Please note this indicators was introduced in Q1 2020 so data before this period is not available.

T	G	A	R	Aim
90%	90-100%	70%-89%	0%-69%	5

PI/LEG/012 – Board Minutes and Actions  
Drafting Timeliness

The percentage of minutes of Board meetings delivered to the Chief Executive for review within five working days of the Board meeting.



PERFORMANCE INSIGHTS

- Of the 14 meetings held during this quarter the minutes were sent to the Chief Executive on time on all bar one instance which related to one FPC meeting (in a quarter where there were an additional 4 FPC meetings than planned).
- This is an overall improvement on performance in Q2 (12%) and represents a good level of service, particularly given the additional level of secretariat support provided in this period

G 90%

R 69%

Q1-2020

91%

Q2-2020

80%

Q3-2020

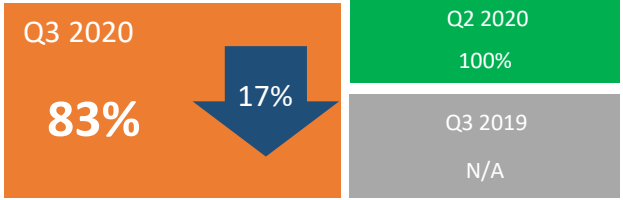
92%

Please note this indicators was introduced in Q1 2020 so data before this period is not available.

T	G	A	R	Aim
90%	90-100%	70%-89%	0%-69%	5

PI/LEG/013 – Board Minutes and Actions  
Final Delivery Timeliness

The percentage of minutes of Board meetings sent to the Board members for review within three days of receipt from the Chief Executive.



PERFORMANCE INSIGHTS

- As there were 2 Board meetings (ARC and FPC) on the 29 September, of the 12 meetings held this quarter, minutes reached the Board members for review later than within 3 days of the Chief Executive’s review on two occasions.
- This performance have been affected by the additional FPC meetings this quarter and due to the QA process.

G 90%

R 69%

Q1-2020

100%

Q2-2020

100%

Q3-2020

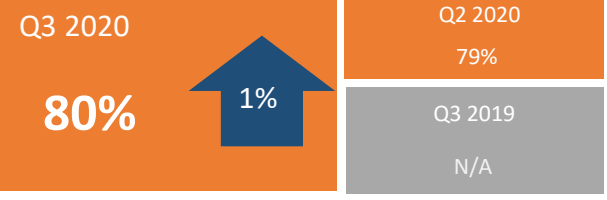
83%

Please note this indicators was introduced in Q1 2020 so data before this period is not available.

T	G	A	R	Aim
90%	90-100%	70%-89%	0%-69%	5

PI/LEG/014 – Corportate Complaints  
Completion Timeliness

The percentage of corporate complaints that are responded to within twenty working days of receipt.



PERFORMANCE INSIGHTS

- In this period, there were 5 corporate complaints received, of which all have now been resolved.
- There was only 1 complaint response sent late which was due to a delay in receiving a draft version and was sent 1 working day late.

G 85%

R 74%

Q1-2020

81%

Q2-2020

79%

Q3-2020

80%

Please note this indicators was introduced in Q1 2020 so data before this period is not available.

T	G	A	R	Aim
100%	85%-100%	75%-84%	0%-74%	5

PI/LEG/015 – Corporate Complaints  
Assignment Timeliness

The percentage of corporate complaints that are sent to business owners for a response, with a deadline provided, within three working days of receipt.



PERFORMANCE INSIGHTS

- In this period, 5 corporate complaints were received, and all were sent to business owners for a response within 3 working days of receipt. This represents consistently good performance from the team in relation to this area since Q2 of 2020.

G 90%

R 74%

Q1-2020

Q2-2020

Q3-2020

100%

100%

100%

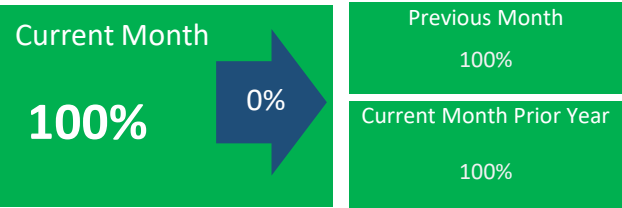
Please note no complaints have been reported over the last 8 quarterly periods before Q1 2020 – where the trend above starts.

T	G	A	R	Aim
100%	85-100%	75%-84%	0%-74%	5



PI/LEG/020 – Freedom of Information  
Statutory Compliance

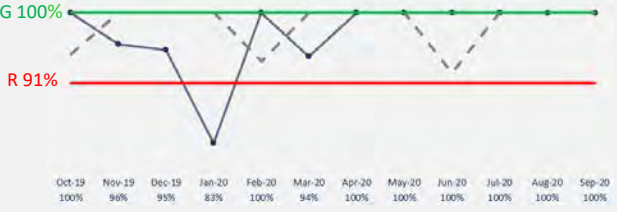
The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

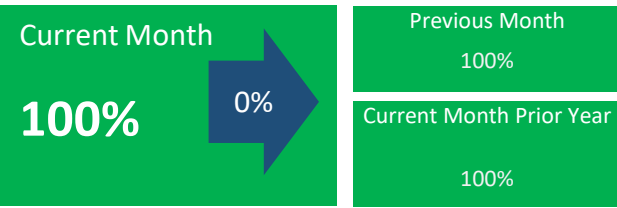
- Of the 80 FOI’s completed in Q3, all met the statutory deadline compared to all 33 meeting KPI in Q2.



T	G	A	R	Aim
100% compliant	100%	91% - 99%	< 91%	3

PI/LEG/021 – Data Protection Act Statutory  
Compliance

The proportion of Subject Access Requests to be responded to within 30 calendar days (incl. extension timeframes)



Current 3 months	Previous 3 Months	Current 3 Months Prior Year
100%	95%	100%

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

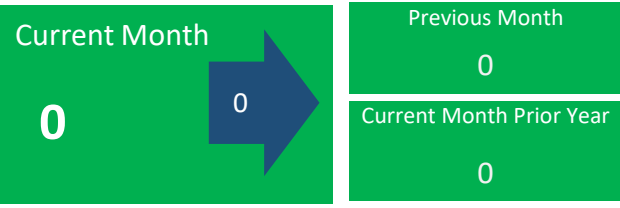
- Of the 11 SAR requests completed in Q3, all met the statutory deadline compared to all 35 out of 37 meeting KPI in Q2.



T	G	A	R	Aim
100% compliant	100%	91% - 99%	< 91%	5

PI/LEG/001 – Major ICO Impacts

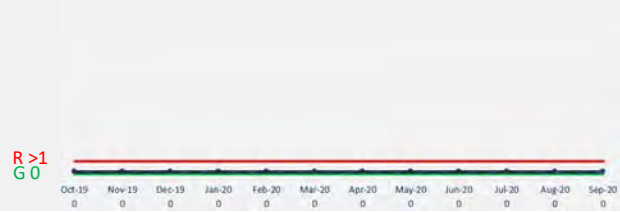
The number of incidents where there is a likely risk to the data subject’s rights and freedoms which require formal review and/or referral to Information Commissioner’s Office (ICO).



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
0	0	0

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

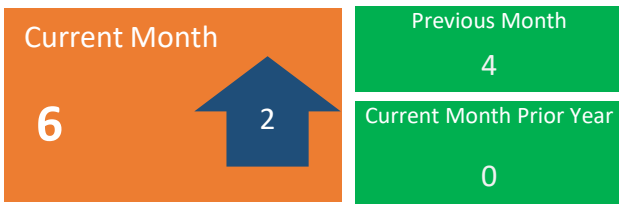
- Of the total number of 30 DSIs in Q3, none were categorised as major ICO impact.



T	G	A	R	Aim
1 MTH - 0 3 MTH - 0	1 MTH - N/A 3 MTH - N/A	1 MTH - > 0 3 MTH - > 0		5

PI/LEG/002 – Significant ICO Impacts

The number of incidents where there is no likely risk to the data subject’s rights and freedoms. Personal or special category data has been disclosed to one or more people and may or may not have been recovered



Current 3 months	Previous 3 Months	Current 3 Months Prior Year
14	6	8

PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)

- Of the total number of 30 DSIs in Q3, 14 were categorised as significant ICO impact.
  - 1 was an administrative error
  - 1 was Damage / loss of information
  - 1 was incorrect contact details
  - 6 were incorrect information emailed
  - 3 were incorrect recipient of information
  - 1 was redaction issues
  - 1 was a template error



T	G	A	R	Aim
1 MTH - 0 3 MTH - 0	1 MTH - 0-5 3 MTH - 0-6	1 MTH - 6-9 3 MTH - 7-13	1 MTH - > 9 3 MTH - > 13	5



PI/LEG/003 – Minor ICO Impacts				
The number of incidents where there is no risk to the data subject’s rights and freedoms. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered.				
Current Month		Previous Month		
9		2		
7		Current Month Prior Year		
5				
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year		
16	28	14		
PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)				
<ul style="list-style-type: none"><li>Of the total number of 30 DSIs in Q3, 16 were categorised as minor.<ul style="list-style-type: none"><li>1 was an administrative error</li><li>5 were incorrect information emailed</li><li>6 were incorrect recipient of information</li><li>3 were redaction issues</li><li>1 was a template error</li></ul></li></ul>				
T	G	A	R	Aim
1 MTH - 0	1 MTH - 0-9	1 MTH - 10-15	1 MTH - > 16	5
3 MTH - 0	3 MTH - 0-16	3 MTH - 17-29	3 MTH - > 29	

PI/LEG/004 – Major GDC Impacts				
Number of incidents that will have a GDC impact. Personal or special category data disclosed to 1 or more people and has not been recovered. For example a whistle blower name sent to registrant.				
Current Month		Previous Month		
0		0		
0		Current Month Prior Year		
0				
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year		
0	0	2		
PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)				
<ul style="list-style-type: none"><li>There were a total of 30 DSIs in Q3, none were categorised as major GDC impact.</li></ul>				
T	G	A	R	Aim
1 MTH - 0	1 MTH - 0	1 MTH - N/A	1 MTH - > 0	5
3 MTH - 0	3 MTH - 0	3 MTH - N/A	3 MTH - > 0	

PI/LEG/005 – Significant GDC Impacts				
Number of incidents where there is a likely GDC impact. Personal or special category data may have been disclosed to 1 or more people and may or may not have been recovered.				
Current Month		Previous Month		
5		0		
5		Current Month Prior Year		
1				
Current 3 months	Previous 3 Months	Current 3 Months Prior Year		
5	3	4		
PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)				
<ul style="list-style-type: none"><li>There were a total of 30 DSIs in Q3, 5 were categorised as significant.<ul style="list-style-type: none"><li>1 was an administrative error</li><li>1 was damage / loss of information</li><li>2 were incorrect information emailed</li><li>1 was redaction issues</li></ul></li></ul>				
T	G	A	R	Aim
1 MTH - 0	1 MTH - 0-5	1 MTH - 6-9	1 MTH - > 9	5
3 MTH - 0	3 MTH - 0-6	3 MTH - 7-13	3 MTH - > 13	

PI/LEG/006 – Minor GDC Impacts				
Number of incidents where there is no likely GDC impact. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered.				
Current Month		Previous Month		
10		6		
4		Current Month Prior Year		
4				
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year		
25	31	16		
PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)				
<ul style="list-style-type: none"><li>There were a total of 30 DSIs in Q3, 25 were categorised as minor.<ul style="list-style-type: none"><li>1 was an administrative error</li><li>1 was incorrect contact details</li><li>9 were incorrect information emailed</li><li>9 were incorrect recipient of information</li><li>3 were redaction issues</li><li>2 were template errors</li></ul></li></ul>				
T	G	A	R	Aim
1 MTH - 0	1 MTH - 0-9	1 MTH - 10-15	1 MTH - > 16	5
3 MTH - 0	3 MTH - 0-16	3 MTH - 17-29	3 MTH - > 29	

PI/FTP/006 – Proportional Split of Internal/External Prosecution Referrals

The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions

Current Month

93%

5%

Previous Month

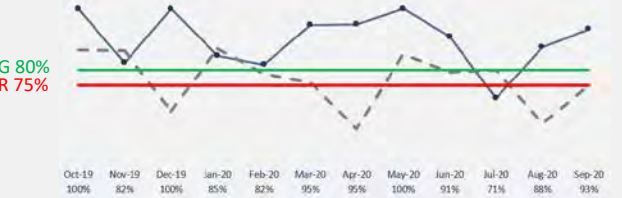
88%

Current Month Prior Year

75%

Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
84%	95%	77%

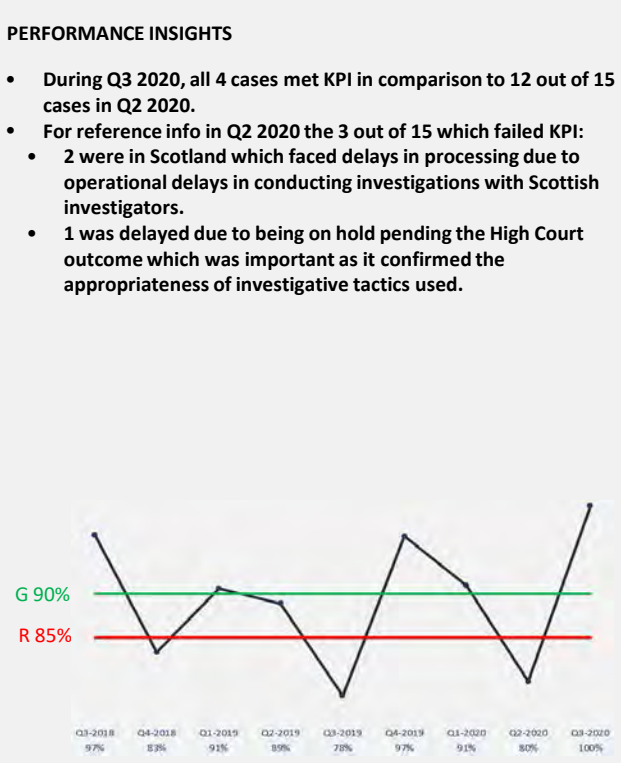
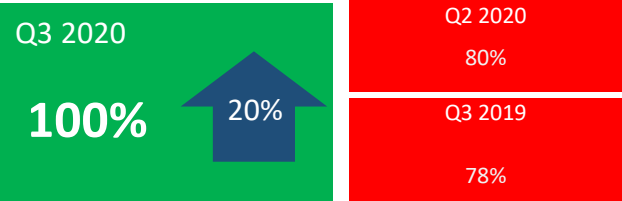
- PERFORMANCE INSIGHTS (Current 3 months – Q3 2020)
- 9 out of the 47 cases in Q3 were External Prosecution Referrals compared to 2 out of 41 in Q2.
  - 5 of the referrals were linked to an existing case (registrant) already being held by external prosecution.
  - 4 were complex multi patient cases.



T	G	A	R	Aim
80% +	80% +	75% - 79%	<75%	3

PI/FTP/020 – Illegal Practice Timeliness: Receipt to Charging

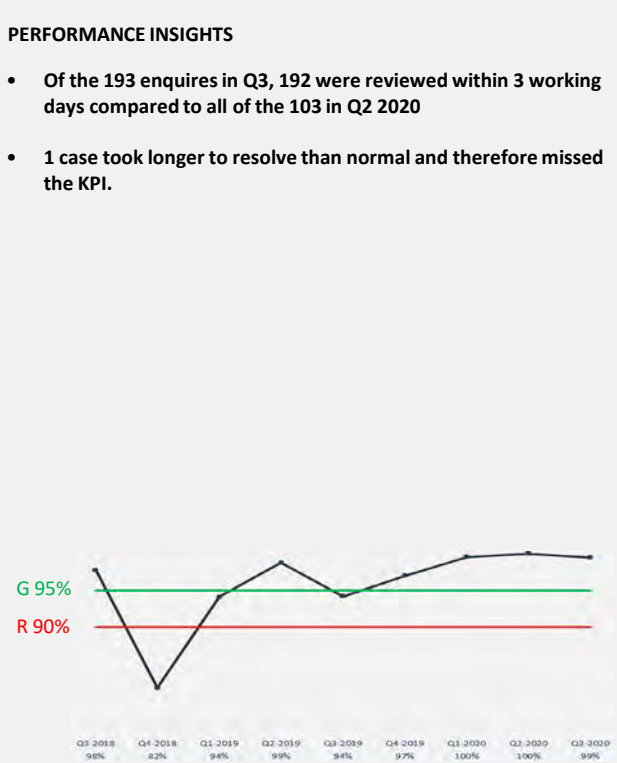
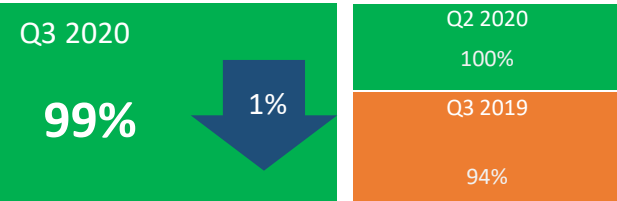
The proportion of IP cases to have a charging decision made within 9 months of receipt.



T	G	A	R	Aim
90% + on time	90% +	85 - 89%	<85%	3

PI/FTP/021 – Illegal Practice Timeliness: Administrative Review

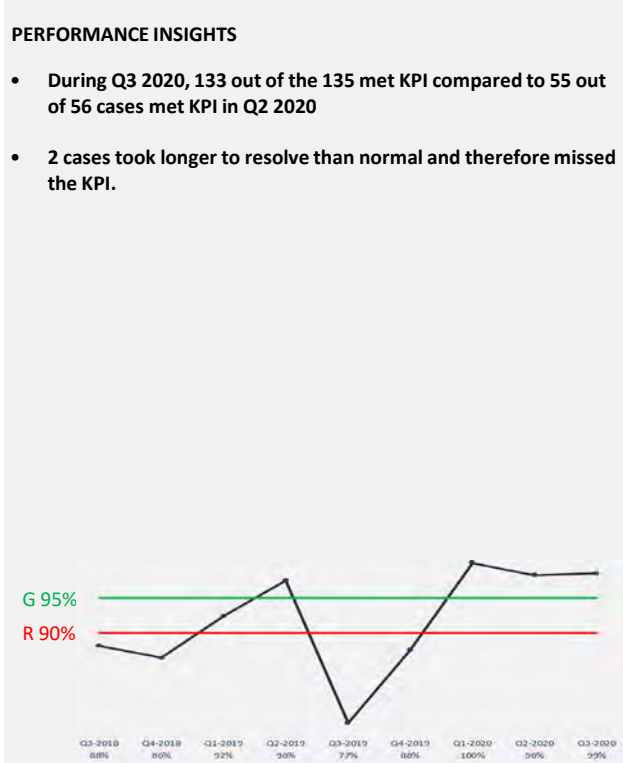
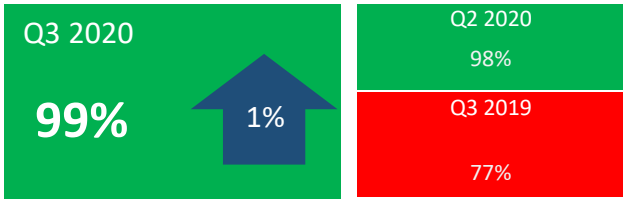
The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.



T	G	A	R	Aim
95% + on time	95% +	90 – 94%	<90%	3

PI/FTP/022 – Illegal Practice Timeliness: Initial Paralegal Review

The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.



T	G	A	R	Aim
95% + on time	95% +	90 - 94%	<90%	3

PI/LEG/022 – Rule 9 Initial Review																								
The proportion of Rule 9 reviews upheld at Stage 1 of Rule 9 process.																								
<div>Q3 2020</div> <div>78%</div> <div>14%</div>		<div>Q2 2020</div> <div>92%</div> <div>Q3 2019</div> <div>56%</div>																						
<div>PERFORMANCE INSIGHTS</div> <div><ul style="list-style-type: none"><li>During Q3, there were 18 stage 1 reviews of which 14 were upheld compared to 24 out of 26 in Q2.</li></ul></div>																								
<div><table><tr><th>Quarter</th><th>Value</th></tr><tr><td>Q3-2018</td><td>88%</td></tr><tr><td>Q4-2018</td><td>77%</td></tr><tr><td>Q1-2019</td><td>78%</td></tr><tr><td>Q2-2019</td><td>60%</td></tr><tr><td>Q3-2019</td><td>56%</td></tr><tr><td>Q4-2019</td><td>61%</td></tr><tr><td>Q1-2020</td><td>62%</td></tr><tr><td>Q2-2020</td><td>92%</td></tr><tr><td>Q3-2020</td><td>78%</td></tr></table></div>					Quarter	Value	Q3-2018	88%	Q4-2018	77%	Q1-2019	78%	Q2-2019	60%	Q3-2019	56%	Q4-2019	61%	Q1-2020	62%	Q2-2020	92%	Q3-2020	78%
Quarter	Value																							
Q3-2018	88%																							
Q4-2018	77%																							
Q1-2019	78%																							
Q2-2019	60%																							
Q3-2019	56%																							
Q4-2019	61%																							
Q1-2020	62%																							
Q2-2020	92%																							
Q3-2020	78%																							
T	G	A	R	Aim																				
70%+ decisions upheld	70% +	60 – 69%	< 60%	3																				

PI/LEG/023 – Rule 9 Final Review																								
The proportion of Rule 9 upheld at Stage 2 of the Rule 9 process																								
<div>Q3 2020</div> <div>20%</div> <div>56%</div>		<div>Q2 2020</div> <div>76%</div> <div>Q3 2019</div> <div>N/A</div>																						
<div>PERFORMANCE INSIGHTS</div> <div><ul style="list-style-type: none"><li>During Q3, there were 5 stage 2 reviews of which 1 was upheld compared to 13 out of 17 in Q2.</li><li>For each Rule 9 Review in Q3, the case has been reviewed by the Operational Head. Some learning points have been gathered and fed back to the Fitness To Practice Teams but this is not indicative of a wider issue at this stage.</li></ul></div>																								
<div><table><tr><th>Quarter</th><th>Value</th></tr><tr><td>Q3-2018</td><td>40%</td></tr><tr><td>Q4-2018</td><td>50%</td></tr><tr><td>Q1-2019</td><td>20%</td></tr><tr><td>Q2-2019</td><td>0%</td></tr><tr><td>Q3-2019</td><td>0%</td></tr><tr><td>Q4-2019</td><td>17%</td></tr><tr><td>Q1-2020</td><td>13%</td></tr><tr><td>Q2-2020</td><td>76%</td></tr><tr><td>Q3-2020</td><td>20%</td></tr></table></div>					Quarter	Value	Q3-2018	40%	Q4-2018	50%	Q1-2019	20%	Q2-2019	0%	Q3-2019	0%	Q4-2019	17%	Q1-2020	13%	Q2-2020	76%	Q3-2020	20%
Quarter	Value																							
Q3-2018	40%																							
Q4-2018	50%																							
Q1-2019	20%																							
Q2-2019	0%																							
Q3-2019	0%																							
Q4-2019	17%																							
Q1-2020	13%																							
Q2-2020	76%																							
Q3-2020	20%																							
T	G	A	R	Aim																				
75%+ decisions upheld	75% +	65 – 75%	< 65%	3																				





 | PI/LEG/024 – Registration Appeals  |       |   |       |     | |--|-------|---|-------|-----| | The proportion of Registration Appeals dismissed   |       |   |       |     | | <div>Q3 2020</div> <div>0%</div>   |       | <div>Q2 2020</div> <div>N/A</div> <div>Q3 2019</div> <div>N/A</div> |       |     | | <div>PERFORMANCE INSIGHTS</div> <div><ul style="list-style-type: none"><li>During Q3, there was 1 registration appeal which was allowed. The outcome of this appeal was not unexpected and was within a reasonable range of decisions therefore this does not indicate a wider issue.</li><li>Compared to Q2 which had no registration appeals. The reactive nature of registration appeals means they ebb and flow throughout the year, as such there will be quarters with no data to report on.</li></ul></div> |       |   |       |     | | <div>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020</div>  |       |   |       |     | | T  | G     | A   | R     | Aim | | 75%+ dismissed   | 75% + | 65 – 75%  | < 65% | 3   | |

# Organisational Development Directorate

## Performance Indicators

Page	Section
44 - 45	4.1 – PS Performance Indicators – Recruitment (Current KPI’s)
46	4.2 – PS Performance Indicators – Recruitment (Current KPI’s)
47	4.3 – People Performance Indicators – Recruitment and Attractions (Proposed KPI’s)
49	4.4 – People Performance Indicators – Planning, Engagement and Development (Proposed KPI’s)

**Trend Image Key:**

- Current Year 
- Previous Year 
- Green (within target) 
- Red (outside target) 

PI/HRG/001 – Recruitment Campaign Timeliness

PI/HRG/002 – Recruitment Campaign Cost

KPI/HRG/003 – Recruitment Right First Time

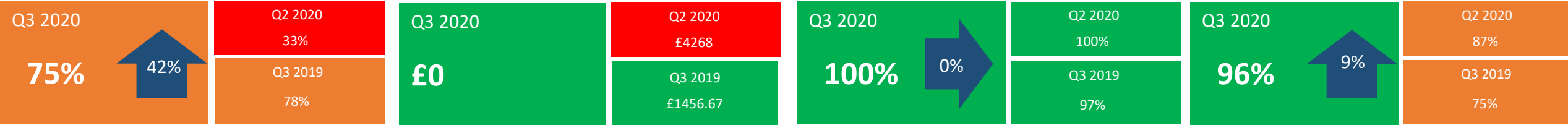
KPI/HRG/018 – Recruitment Probation Success

The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks

The average cost per employee recruitment

The proportion of roles recruited to first time.

Percentage of employees who passed probation in this quarter



- PERFORMANCE INSIGHTS

  - Recruitment activity has remained low in Q3, following a dip in Q2 when due to Covid-19 the majority of recruitment was put on hold.
  - In Q3 4 appointments were made across both sites.
  - 3 out of 4 (75%) campaigns were completed within 6 weeks.
  - The campaign which failed to meet the SLA was paused for four months due to the covid-19 pandemic.
- PERFORMANCE INSIGHTS

  - Agencies were not used in any appointments this quarter.
  - Previous 2020 figures included a pro rata amount for LinkedIn annual fees. It has been decided that the annual cost of £39,365 will no longer be divided equally and applied to each quarter as this spend has been approved as part of the ongoing recruitment strategy.
  - Performance has increased since Q3, the % difference and arrow is not present as the % calculated on the spend is zero and therefore not appropriate. The reason the spend was zero is as OD have made the decision to not to include LinkedIn spend in the KPI going forward.
- PERFORMANCE INSIGHTS

  - All campaigns completed this quarter were recruited for during the first attempt.
- PERFORMANCE INSIGHTS

  - 25 employees were due to complete their probation in Q3 2020.
  - 24 employees successfully passed their probation
  - 1 employee resigned before their probation was completed

\* Please note there currently no trend graph due to data gathering time needed.

\* Please note there currently no trend graph due to data gathering time needed.

\* Please note there currently no trend graph due to data gathering time needed.

\* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
90% within deadline	90% to 100%	70% to 89%	69% or lower	5

T	G	A	R	Aim
Average cost below £2500	100% or lower than target	101% to 120%	120% +	5

T	G	A	R	Aim
90% of employees	90% +	70% to 89%	69% or less	5

T	G	A	R	Aim
90% of employees	90% +	70% to 89%	69% or less	5

PI/HRG/004 – Staff Sickness					PI/HRG/005 – Staff Turnover : Natural					PI/HRG/006 – Staff Turnover : Overall					PI/HRG/014 – Staff Engagement				
The average number of employee sickness days for all GDC staff					The natural rate of organisational GDC turnover					The overall level of organisational turnover					Average engagement scores from staff taken from a six monthly staff survey				
<div><div>Q3 2020</div><div>1.1 days</div><div>0</div></div>					<div><div>Q3 2020</div><div>1.4% turn over</div><div>0.3%</div></div>					<div><div>Q3 2020</div><div>3.1% turn over</div><div>0.5%</div></div>					<div><div>Q3 2020</div><div>67%</div><div>1%</div></div>				
<div>Q2 2020</div> <div>1.1 days</div>					<div>Q2 2020</div> <div>1.1%</div>					<div>Q2 2020</div> <div>3.6%</div>					<div>Q2 2020</div> <div>68%</div>				
<div>Q3 2019</div> <div>1.5 days</div>					<div>Q3 2019</div> <div>6.7%</div>					<div>Q3 2019</div> <div>17.1%</div>					<div>Q3 2019</div> <div>61%</div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none"><li>The average sickness figures are based on both long-term (LTS), and short-term sickness (STS).</li><li>For reference, long-term sickness is based on absences of 20 days or more.</li><li>Of those staff sick in Q3, 7.5% were LTS and the remaining 92.5% were STS.</li><li>There were 396 days lost in total.</li><li>LTS accounted for 196 days (49.5% of the total).</li><li>STS accounted for 200 days (50.5%).</li><li>When compared against Q2, there has been an increase in LTS and a reduction in STS, overall sickness has decreased by 7.5 days (2%).</li><li>While sickness levels tend to reduce in Q3, when compared against Q3 2019 there has been a 31% (140 day) decrease in total days lost.</li><li>Sickness levels during the Pandemic continue to be closely monitored. The overall reduction in sickness may be attributed to several factors, including:<ul style="list-style-type: none"><li>Season trend of lower sickness levels</li><li>Working from home may have reduced the number of people ‘calling in sick’</li><li>Working from home has reduced exposure to other commonly contagious illnesses (coughs/colds/flu etc.)</li></ul></li><li>Staff have been regularly reminded of the sickness reporting procedures to ensure sickness is consistently reported.</li></ul>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none"><li>Q3 2020 saw 5 voluntary leavers – FTP x3, Legal &amp; Governance x2.</li><li>1 of the 5 leavers had less than 12 months’ service.</li><li>3 of the 5 leavers were on fixed term contracts but resigned prior to their end date.</li><li>For comparison Q3 2019 saw 24 voluntary leavers – Legal &amp; Governance 8, Registration &amp; Corporate Resources x7, FTP x6, OD x1, EMT x1.</li></ul> <p>* Please note there currently no trend graph due to data gathering time needed.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none"><li>Q3 2020 saw 11 leavers in total, of which 6 were not identified under natural turnover:<ul style="list-style-type: none"><li>5 x end of fixed term contracts</li><li>1 x dismissal in probation</li></ul></li><li>For comparison Q3 2019 saw 61 leavers in total, of which 37 were not identified under natural turnover.</li></ul> <p>* Please note there currently no trend graph due to data gathering time needed.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none"><li>The Q3 pulse survey took place between 1-13 October.</li><li>58% of staff (206 staff) responded to the pulse survey. The results will be published to staff week commencing 19 October.</li><li>The overall engagement score is based on the percentage of staff indicating they want to continue their career at the GDC for the foreseeable future.</li><li>The overall engagement score has remained broadly consistent during 2020, yet still represents a slight improvement of 6% since mid-2019. In this destabilising period, we are seeing across the job market that fewer people are opting to leave the roles they are in.</li><li>Work on the themes arising from the 2019 survey and the 2020 pulse surveys is continuing. Following the Q3 pulse survey, dedicated focus groups will be conducted with staff on key topics that are known to impact morale and engagement e.g. wellbeing, communication and development.</li><li>Progress updates on the quarterly pulse surveys are being shared with Council throughout 2020.</li></ul> <p>* Please note there currently no trend graph due to data gathering time needed.</p>				
T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim
Within 2 Days average	Average 0-2 days	Average 2.1 to 3 days	Average 3.1 days	5	Within 2.6% turnover	0% to 2.6%	2.7% to 5%	5.1% +	5	Within 3.7%	0% to 3.7%	3.8% to 5.9%	6.0% +	5	70% or above	70% +	50% to 69%	49% or less	5



PI/HRG/015 – Internal Opportunities

Quarterly percentage of roles filled by internal staff compared against external recruitment

Q3 2020

50%

50%

Q2 2020

0%

Q3 2019

50%

PERFORMANCE INSIGHTS

- 2 out of 4 vacancies (50%) were recruited to by internal candidates in Q3 2020.
- 0 out of 3 vacancies (0%) were recruited to by internal candidates in Q2 2020.

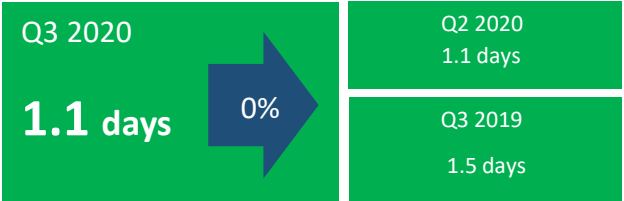
\* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
50% or above	50% +	30% to 49%	29% or less	5

PI/HRG/002 – Recruitment Campaign Cost					PI/POD/001 – Direct Attraction					PI/POD/002 – Recruitment Campaign Timeliness					PI/POD/003 – Internal Opportunities				
The average cost per employee recruitment					The proportion of direct traffic to the GDC Jobs page.					Percentage of positions offered within target time  10 weeks for Senior Management; 6 weeks for Specialists; and 4 weeks for Support Roles.					Quarterly percentage of roles filled by internal staff compared against external recruitment				
Q3 2020		Q2 2020			Q3 2020		Q2 2020			Q3 2020		Q2 2020			Q3 2020		Q2 2020		
£0		£4268			80%		12%			75%		9%			50%		50%		
		Q3 2019					Q3 2019					Q3 2019					Q3 2019		
		£1456.67					N/A					78%					50%		
PERFORMANCE INSIGHTS					PERFORMANCE INSIGHTS					PERFORMANCE INSIGHTS					PERFORMANCE INSIGHTS				
<ul style="list-style-type: none"><li>Agencies were not used in any appointments this quarter.</li><li>Previous 2020 figures included a pro rata amount for LinkedIn annual fees. It has been decided that the annual cost of £39,365 will no longer be divided equally and applied to each quarter as this spend has been approved as part of the ongoing recruitment strategy.</li><li>Performance has increased since Q3, the % difference and arrow is not present as the % calculated on the spend is zero and therefore not appropriate. The reason the spend was zero is as we have decided not to include LinkedIn spend in the KPI going forwards.</li></ul>					<ul style="list-style-type: none"><li>There was a 12% decrease in direct traffic to the GDC Recruitment page as recruitment activity resumed in Q3.</li><li>This was due to significant increase in the number of ‘referrals’ 41% of which have come from LinkedIn – our primary advertising method.</li><li>Overall there has been a 34% increase in traffic to the GDC careers page in Q3 2020 when compared with Q2, with the website receiving on average 55 visits per role advertised.</li></ul>					<ul style="list-style-type: none"><li>Recruitment activity has remained low in Q3, following a dip in Q2 when due to Covid-19 most of the recruitment was put on hold.</li><li>In Q3, 4 appointments were made across both sites.</li><li>3 out of 4 (75%) campaigns were completed within target time.</li><li>The campaign which failed to meet the SLA was paused for four months due to the covid-19 pandemic.</li></ul>					<ul style="list-style-type: none"><li>2 out of 4 vacancies (50%) were recruited to by internal candidates.</li><li>0 out of 3 vacancies (0%) were recruited to by internal candidates in Q2 2020.</li></ul>				
* Please note there currently no trend graph due to data gathering time needed.					* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).					* Please note there currently no trend graph due to data gathering time needed.					* Please note there currently no trend graph due to data gathering time needed.				
T	G	A	R	Aim 5	T	G	A	R	Aim 5	T	G	A	R	Aim 5	T	G	A	R	Aim 5
Average cost below £2500	100% or lower than target	101% to 120%	120% +		80% + Direct Source Traffic	80% to 100%	70% to 79%	69% or lower		SLA	95% to 100%	85% to 94%	84% or lower		50% or above	50% and above	30% to 49%	29% or less	

PI/HRG/004 – Staff Sickiness

The average number of employee sickness days for all GDC staff



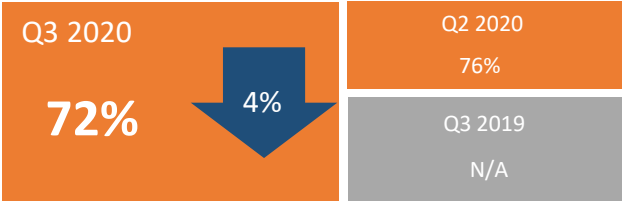
**PERFORMANCE INSIGHTS**

- The average sickness figures are based on both long-term (LTS), and short-term sickness (STS).
- For reference, long-term sickness is based on absences of 20 days or more.
- Of those staff sick in Q3, 7.5% were LTS and the remaining 92.5% were STS.
- There were 396 days lost in total.
- LTS accounted for 196 days (49.5% of the total).
- STS accounted for 200 days (50.5%).
- When compared against Q2, there has been an increase in LTS and a reduction in STS, overall sickness has decreased by 7.5 days (2%).
- While sickness levels tend to reduce in Q3, when compared against Q3 2019 there has been a 31% (140 day) decrease in total days lost.
- Sickness levels during the Pandemic continue to be closely monitored. The overall reduction in sickness may be attributed to several factors, including:
  - Season trend of lower sickness levels
  - Working from home may have reduced the number of people ‘calling in sick’
  - Working from home has reduced exposure to other commonly contagious illnesses (coughs/colds/flu etc.)
- Staff have been regularly reminded of the sickness reporting procedures to ensure sickness is consistently reported.

T	G	A	R	Aim
Within 2 Days average	Average 0-2 days	Average 2.1 to 3 days	Average 3.1 days	5

PI/POD/004 – Staff Development

Percentage of employees who are having conversations about their development with their line manager



**PERFORMANCE INSIGHTS**

- This measure is taken from the quarterly pulse survey. This is the percentage of staff responding positively to the statement ‘My manager and I have conversations about my development’.
- Development conversations have traditionally been aligned with appraisals, and ‘development’ has traditionally been interpreted as ‘classroom training’. Whilst staff across the business have been attending online webinars, workshops, and events during this period, there is still a tendency to not see these as ‘development’ in the traditional sense.
- Dedicated focus groups will be taking place following the publishing of the Q3 data to find out how effective staff feel their development conversations are. Additionally, we will look at barriers to accessing and undertaking development. This will provide an opportunity to reinforce the broader definition of what counts as development.
- In the Q3 pulse survey, 78% of staff responded positively to the statement ‘I feel I have made progress in my role over the past 6 months’. The focus groups will help us better understand the relationship between progression and development as it relates to these scores.

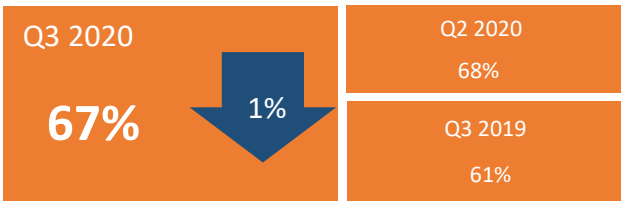
\* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).

Starting next Quarter, we will look to incorporate trends for this indicator.

T	G	A	R	Aim
80% + of employees	80% + of employees	70% to 79%	69% or lower	5

PI/POD/005 – Staff Engagement

Average engagement scores from staff taken from a six monthly staff survey



**PERFORMANCE INSIGHTS**

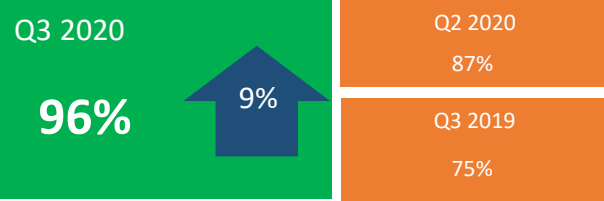
- The Q3 pulse survey took place between 1-13 October.
- 58% of staff (206 staff) responded to the pulse survey. The results will be published to staff in week commencing 19 October.
- The overall engagement score is based on the percentage of staff indicating they want to continue their career at the GDC for the foreseeable future.
- The overall engagement score has remained broadly consistent during 2020, yet still represents a slight improvement of 6% since mid-2019. In this destabilising period, we are seeing across the job market that fewer people are opting to leave the roles they are in.
- Work on the themes arising from the 2019 survey and the 2020 pulse surveys is continuing. Following the Q3 pulse survey, dedicated focus groups will be conducted with staff on key topics that are known to impact morale and engagement e.g. wellbeing, communication and development.
- Progress updates on the quarterly pulse surveys are being shared with Council throughout 2020.

\* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
70% or above	70% +	50% to 69%	49% or less	5

KPI/HRG/018 – Recruitment Probation Success

Percentage of employees who passed probation in this quarter



**PERFORMANCE INSIGHTS**

- 25 employees were due to complete their probation in Q3 2020.
- 24 employees successfully passed their probation
- 1 employee resigned before their probation was completed





\* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
90% of employees	90% +	70% to 89%	69% or less	5

# Strategy Performance Indicators

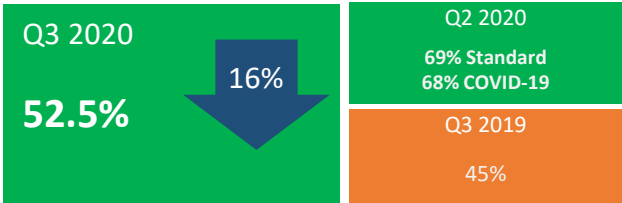
Page	Section
51	5.1 Communications Performance Indicators
52	5.2 QA Performance Indicators

**Trend Image Key:**

- Current Year 
- Previous Year 
- Green (within target) 
- Red (outside target) 

PI/STR/013 – GDC Newsletter Engagement

The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.



- PERFORMANCE INSIGHTS
- Average open rates for the 3 newsletter updates among registrants in Q3 2020 was 52.5%.
  - The highest open rate in Q3 was a 54.5% open rate for the July Newsletter which covered a range of subjects, including; Returning to work, wellbeing support, Annual Report and Accounts.
  - Average click-through rate among registrants for the 3 newsletters in Q3 was 6.2%.
  - Most popular topic for each newsletter with click-through rates:
    - July- Guidance for practitioners on our website on returning to work - 23.35%
    - August- Details on new studies being launched to assess the impact of COVID-19 - 30.40%
    - September- Links to new Council appointee profiles - 17.03%, 12.52% and 12.26% respectively.

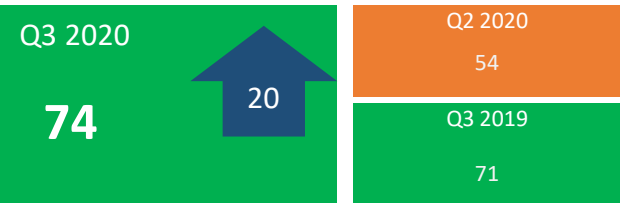
Stakeholders received the same newsletter over the quarterly period. The average open rate for stakeholders was 33.4% and click-through rate was 40.5%



T	G	A	R	Aim
> 50%	> 50%	40% - 49%	< 40%	1

PI/STR/005 – Stakeholder engagement

The number of engagement events with GDC’s key stakeholders



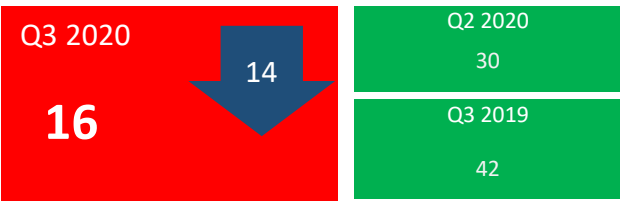
- PERFORMANCE INSIGHTS
- Despite COVID-19, stakeholder engagement remains at the same level as 2019, and shows a significant increase on Quarter 2. We are also starting to see an increase in engagement through remote platforms in relation to business as usual matters in this Quarter. A high proportion of meetings in Q3 involved Regulators, Education providers and Professional Bodies, and there remains a focus on adapting to the crisis and disseminating learnings to other organisations tackling similar challenges. There were 6 virtual presentation to 458 foundation dentists and 3 virtual presentations to 340 BDS students.
- Engagement by partner type is broken down as follows:
- |                   |    |                     |   |
|-------------------|----|---------------------|---|
| Defence Union     | 1  | Other               | 0 |
| Education         | 16 | Government          | 0 |
| NHS               | 2  | Patient group       | 0 |
| Professional body | 12 | Profession wide     | 9 |
| Registrant DCP    | 2  | Registrant Dentist  | 7 |
| Regulator         | 22 | Student Dentist/DCP | 3 |
- The breakdown of engagement by country:
- |                  |    |
|------------------|----|
| UK               | 26 |
| England          | 12 |
| Scotland         | 24 |
| Wales            | 11 |
| Northern Ireland | 1  |



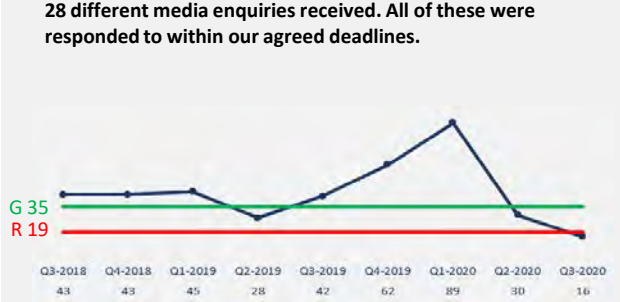
T	G	A	R	Aim
> 60 Engagements	> 60 Engagement	50-59 Engagements	< 49 Engagements	1

PI/STR/004 – Media Engagement

The number of items of media coverage generated by proactive efforts from the GDC



- PERFORMANCE INSIGHTS
- The reduced proactive coverage in Quarter 3 is due to the fact that fewer projects or activities were at the stage where they were ready to provide updates to an external audience. This was driven in part by COVID-19 related work prioritisation which resulted in the end dates of a number of projects moving out.
  - Reduced proactive coverage, for the second quarter in a row, reflects reduction in project-based communications work.
  - Coverage included stories on principles of professionalism research and the publication of our first QA thematic review.
  - The number of media enquires received, and reactively responded to was broadly in line with Quarter 2 volumes, with 28 different media enquiries received. All of these were responded to within our agreed deadlines.



T	G	A	R	Aim
> 35	> 35	20-34	< 19	1

PI/STR/014 - Digital Engagement

The level of engagement we have through our website in total visitors



- PERFORMANCE INSIGHTS
- \*Due to a Google Analytics tracking error Q3 data was missing significant visitors. This is has been investigated with GDC IT and our website agency and resolved but as it significantly skewed Q3 performance it was elected to not report the figure this quarter.
- From the data which was tracked, the percentage of returning visitors vs new visitors was 80% new (+6%) vs 20% returning. This was due to increased signposting to the COVID-19 webpages to all registrants.
- Most visited website pages were:
- COVID-19 info for England
  - COVID-19 latest info
  - COVID-19 returning to work
  - COVID-19 info for Wales
  - COVID-19 info for Scotland

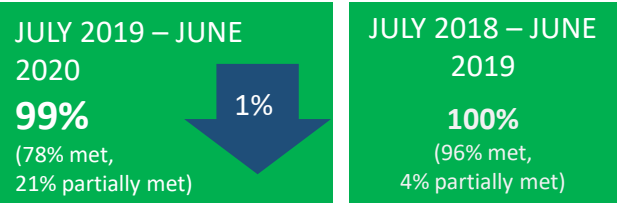
Most used website search terms were: hearings, register, search register, scope of practice, CPD. There were 167,000 GDC impressions (opportunities to view) on Twitter, down by 34,700 on Q2



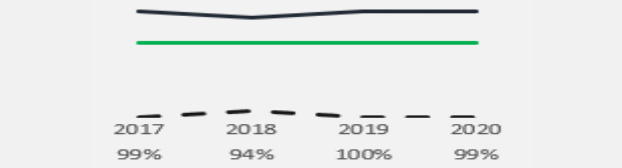
T	G	A	R	Aim
> 330k	> 330k	280k – 330k	< 280k	1

PI/STR/009 – Education providers – Proportion meeting ‘Protecting Patients’ Standards for Education

Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards



- Total of requirements in this category were:
  - 78% met KPI
  - 21% were partly met
  - 1% were not met.
- Compared to previous year:
  - 96% met KPI
  - 4% were partly met
  - 0% were not met.

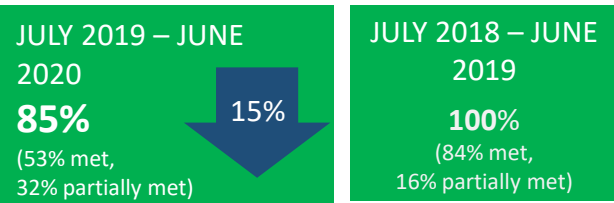


Please be advised there is no red line for the above graph due to the way this KPI is constructed

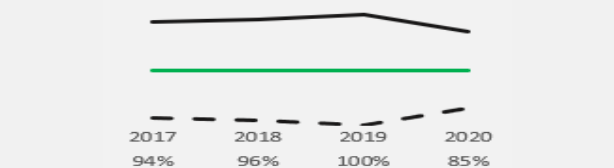
T	G	A	R	Aim 1
70% met and less than 10% not met	70% met and less than 10% not met	One of the criteria not met	Both of the criteria not met	Aim 1

PI/STR/010 – Education providers – Proportion meeting ‘Governance’ Standards for Education

Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards



- Total of requirements in this category were:
  - 53% met KPI
  - 32% were partly met
  - 15% were not met.
- Compared to previous year:
  - 84% met KPI
  - 16% were partly met
  - 0% were not met.

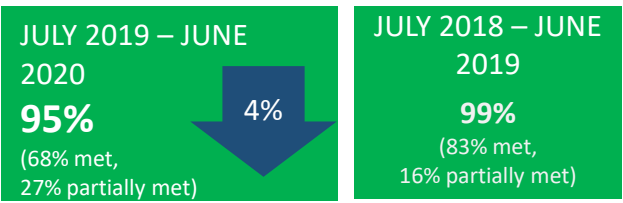


Please be advised there is no red line for the above graph due to the way this KPI is constructed

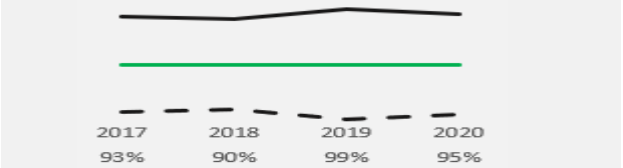
T	G	A	R	Aim 1
50% met and less than 10% not met	50% met and less than 20% not met	One of the criteria not met	Both of the criteria not met	Aim 1

PI/STR/011 – Education providers – Proportion meeting ‘Student Assessment’ Standards for Education

Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards



- Total of requirements in this category were:
  - 68% met KPI
  - 27% were partly met
  - 5% were not met.
- Compared to previous year:
  - 83% met KPI
  - 16% were partly met
  - 1% were not met.



Please be advised there is no red line for the above graph due to the way this KPI is constructed

T	G	A	R	Aim 1
50% met and less than 10% not met	50% met and less than 10% not met	One of the criteria not met	Both of the criteria not met	Aim 1

- For noting across all 3 QA performance indicators:
- For some inspections in 2020 an assessment against specific requirements for some programmes could not be made as activities were postponed from mid-March, due to COVID-19 restrictions.
  - The activity in 2018/19, compared to that in 2019/20, included higher numbers of BDS and hygiene and therapy programmes, which have tended to meet more requirements than other professions.

## Appraisal Process for Chair of Council and Chief Executive and Registrar

<b>Executive Director</b>	Sarah Keyes, Executive Director, Organisational Development
<b>Author(s)</b>	Lucy Chatwin, Head of People Services
<b>Type of business</b>	For decision
<b>Purpose</b>	This paper sets out the proposed appraisal process for the Chair of Council and the Chief Executive and Registrar.
<b>Issue</b>	To provide the Council with a revised appraisal process.
<b>Recommendation</b>	The Council is asked to approve the appraisal process for the Chair of Council and Chief Executive and Registrar.

### 1. Introduction and Background

- 1.1 Following the Deloitte Council and Committee effectiveness review 2019, the People Services team undertook to review the appraisal process for Council Members, Chair of Council and the Chief Executive and Registrar.
- 1.2 The Council Member appraisal process was approved by Council on 24 September 2020. This paper sets out a proposed, streamlined appraisal process for the Chair of Council and the Chief Executive and Registrar, which includes targeted feedback to identify areas which can be developed and strengthened over the coming year to ensure that Council continues to operate effectively.
- 1.3 The process was discussed at the Remuneration and Nomination Committee on 23 September and was recommended for approval by the Council, subject to the Senior Independent Council Member being given the opportunity to provide feedback and views on the proposed process.
- 1.4 A point of clarification was raised by the Senior Independent Council Member following their review of the process which was in relation to ensuring completed documents were brought to Council.
- 1.5 The Council is asked to approve the new appraisal process for the Chair of Council and Chief Executive and Registrar.

### 2. Chair of Council appraisal

- 2.1 The Chair's appraisal process is currently undertaken by the Senior Independent Council Member (SICM).
- 2.2 The current process is based on individual performance in the role, rather than focussing on the performance of the Council as a whole as recommended by the Deloitte review. The process consists of three parts:
  - **Self-reflection** – a form is completed by the Chair
  - **Feedback from others** – this currently includes:
    - Council members
    - The Chief Executive
    - EMT, who as a collective provide feedback



- External stakeholders
  - **A conversation** - with the appraiser.
- 2.3 It is still proposed that the process will follow the above principles but will be in four parts:
  - **Self-reflection**
  - **Feedback from others**
  - **A conversation**
  - **Objectives** – review of 2020 and setting for 2021.
- 2.4 The main changes to the Chair's process are a revised appraisal form, feedback received has been streamlined and a focus on future objectives.
- 2.5 The self-reflection process will be completed by the Chair in advance of the appraisal conversation and documented on the appraisal form. The form has been simplified to support a focussed conversation to cover four key areas:
  - **Contribution and Performance** – this gives the Chair the opportunity to undertake self-reflection on achievements, successes and how their relationships with others positively impact on the effective performance of the Council.
  - **Leadership, Values, Equality and Diversity** – this gives the Chair the opportunity to demonstrate leadership behaviours, GDC values, commitment to EDI, how they have recognised the principles of public life and how they empower the Executive and other stakeholders to be more effective.
  - **Development** – this allows the conversation to focus on whether there is any further development for the Chair or the Council as a whole.
  - **Feedback from the Appraiser** – this provides the appraiser the opportunity to summarise the conversation.
- 2.6 In order to streamline feedback from others, it is proposed the Governance team will request feedback on the Chair from:
  - Committee Chairs
  - The Chief Executive
  - EMT, which as a collective provides feedback.
- 2.7 Whilst this removes the formal step of feedback from all Council Members, those that are not Committee Chairs have the option of providing feedback to the SICM via the Governance team. An email will be sent to Council Members by the Governance team before the appraisal takes place and any feedback will be included in the appraisal documentation provided to the SICM.
- 2.8 This also removes obtaining feedback from external stakeholders. Whilst this is considered best practice, we have been unable to secure feedback from the PSA or the Department for the 2019 appraisals, so it is proposed to remove this step in the process.
- 2.9 As with the current process, the appraisal conversation will take place with the SICM.
- 2.10 The Governance team will organise a suitable date and time for the appraisal conversation to take place and will send the Chair the appraisal form to return at least two weeks prior to the appraisal conversation for review by the appraiser.
- 2.11 The Governance team will request feedback as detailed in section 2.6/2.7 and this will be given to the SICM in advance of the conversation.
- 2.12 Draft objectives will be discussed, and these will be captured on objectives form.
- 2.13 Once the objectives are finalised, they will be presented to the Remuneration and Nomination Committee in February 2021 and to the Council in March 2021 as per the workplan.

- 2.14 The appraisal form should be returned to the Governance team for retention on the electronic personal file.

### 3. Chief Executive and Registrar's appraisal

- 3.1 The Chief Executive's appraisal is currently undertaken by the Chair of Council.
- 3.2 The current process consists of three parts:
- **Self-reflection** – against achievement of objectives
  - **Feedback from others** – this currently includes:
    - Council members
    - EMT
  - **A conversation** – with the appraiser.
- 3.3 It is still proposed that the appraisal process will follow the above principles but will be in four parts:
- **Self-reflection**
  - **Feedback from others**
  - **A conversation**
  - **Objectives** – review of 2020 and setting for 2021.
- 3.4 The main changes to the Chief Executive's process are a revised appraisal form, feedback received has been streamlined and a focus on future objectives.
- 3.5 The self-reflection process will be completed by the Chief Executive in advance of the appraisal conversation and documented on the appraisal form. The form supports a focussed conversation to cover four key areas:
- **Contribution and Performance** – this gives the Chief Executive the opportunity to undertake self-reflection on achievements, successes and how their relationships with others positively impact on the effective performance of the Council.
  - **Leadership, Values, Equality and Diversity** – this gives the Chief Executive the opportunity to demonstrate leadership behaviours, GDC values, commitment to EDI, and how they empower the Executive and other stakeholders to be more effective.
  - **Development** – this allows the conversation to focus on whether there is any further development for the Chief Executive or the Council as a whole.
  - **Feedback from the Appraiser** – this provides the appraiser the opportunity to summarise the conversation.
- 3.6 In order to streamline feedback from others, it is proposed the Governance team will request feedback on the Chief Executive from:
- Committee Chairs
  - EMT
- 3.7 Whilst this removes the formal step of feedback from all Council Members, those that are not Committee Chairs have the option of sending feedback directly to the Chair of Council via the Governance team should they wish to. An email will be sent to Council Members by the Governance team before the appraisal takes place.
- 3.8 As with the current process, the appraisal conversation will take place with the Chair of Council.
- 3.9 The Governance team will organise a suitable date and time for the appraisal conversation to take place and will send the Chief Executive the appraisal form at least two weeks prior to the appraisal conversation for review by the appraiser.

- 3.10 The Governance team will request feedback as detailed in section 3.6/3.7 and this will be given to the appraiser in advance of the conversation.
- 3.11 Draft objectives will be discussed, and these will be captured on objectives form.
- 3.12 Once the objectives are finalised, they will be presented to the Remuneration and Nomination Committee in February 2021 and to the Council in March 2021 as per the workplan.
- 3.13 The Chief Executive's appraisal and objective setting must expressly exclude Accounting Officer (AO) activities as, for those, the AO is accountable to the Privy Council.
- 3.14 The appraisal form should be returned to the Head of People Services for retention on the electronic personal file.

#### **4. Legal, policy and national considerations**

- 4.1 Taking an active role in appraisals is a requirement of the Standing Orders.

#### **5. Equality, diversity and privacy considerations**

- 5.1 The appraisal process has not significantly changed and does not negatively impact on people with particular protected characteristics. It can be made available in a larger or different format should this be required.

#### **6. Risk considerations**

- 6.1 Not applicable.

#### **7. Resource considerations and CCP**

- 7.1 The Governance team will co-ordinate the process as it has done in the past. No further resource will be necessary. Support will also be provided by the Executive Assistant to the Chair.

#### **8. Monitoring and review**

- 8.1 The appraisal process will be reviewed annually by the Remuneration and Nomination Committee and feedback will be sought from Council members as part of this review.
- 8.2 The Chair and Chief Executive's objectives will be reviewed by the Remuneration and Nomination Committee in February 2021.

#### **9. Development, consultation and decision trail**

- 9.1 The Executive Director, Organisational Development consulted with the Chair of Council regarding the appraisal process. There is agreement that that the process should be simplified and streamlined. The process being presented within this paper does this by
  - a. having more emphasis on a quality conversation,
  - b. shortening the appraisal form for the Chair
  - c. and simplifying the feedback mechanism for both Chair and Chief Executive.
- 9.2 The Senior Independent Council Member has been consulted with regarding the process.
- 9.3 The Governance Manager has been consulted with regarding the process.

#### **10. Next steps and communications**

- 10.1 If Council approves the process, appraisals will take place as planned.

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25 November 2020

## Recruitment of the Independent Member of Audit & Risk Committee

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance Lee Bird, Governance Manager
<b>Type of business</b>	For decision
<b>Purpose</b>	<p>At its meeting on 25 November 2020, the Audit and Risk Committee approved the request to recruit a new Independent Member of the Committee</p> <p>At its meeting on 3 December 2020, the Remuneration and Nomination Committee scrutinised the proposed process and recommended it to the Council. The Committee also scrutinised and recommended the Policy on Appointments of non-Statutory Committee Members in May 2020.</p> <p>The Council is asked to:</p> <ul style="list-style-type: none"> <li>• review and <b>approve</b> the proposed process for the recruitment of an Independent Member of the Audit and Risk Committee; and</li> <li>• <b>approve</b> the Policy on Appointments of non-Statutory Committee Members.</li> </ul>
<b>Issue</b>	To outline to proposals of the recruitment of the Independent Member of the Audit & Risk Committee
<b>Recommendation</b>	The Council is asked <b>to approve</b> the proposed approach and <b>to approve</b> the updated policy.

### 1. Key considerations

- 1.1 In line with the Standing Orders of the Non-Statutory Committees of Council<sup>1</sup> (“the Standing Orders”), the Audit and Risk Committee (ARC) shall, if it wishes, seek to appoint an External (“Independent”) Member to its number.
- 1.2 The current Independent Member of the ARC is due to demit office, after three years in post, in May 2021. At its meeting held on 25 November 2020, the Committee expressed its wish to recruit for a new Independent member to join from May 2021. This proposal is supported by the Chair of Council and the Chief Executive.

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<sup>1</sup> Resolution Regarding the Non-Statutory Committees of the Council: Constitution, Terms of Reference and Quorum, section 7.

- 1.3 The appointment of Independent Members of Committees is a matter reserved for the Council, and the Remuneration and Nomination Committee (RemNom) is responsible for scrutinising the process for recruitment and recommending it to the Council for approval. The recruitment process set out in this paper has been designed in line with the *Policy for the Appointment of Independent Members to the SPC and the non-Statutory Committees of the GDC* ("the policy") which can be found at **Appendix 2** and was reviewed by the Committee in May 2020. The Council is asked **to approve** this updated policy.
- 1.4 At its December 2020 meeting, the RemNom reviewed the process and **recommended** it to the Council for approval.

## 2. Timescale for recruitment

- 2.1 The current Independent Member of ARC is due to demit office on 17 May 2021. The policy sets out that the Council should be notified approximately six months in advance of any vacancy.
- 2.2 The high-level timeline at **Appendix 1** sets out the proposed process and deadlines for the key parts of the recruitment. In order to have an Independent Member in place at the point that the current member demits office, and for the member to have taken part in an induction prior to that, it is anticipated that the vacancy will be live throughout February 2021, with longlisting and shortlisting to take place throughout March 2021, with the final interviews held in April 2021.
- 2.3 The Council will be asked to make the appointment by correspondence following the interviews and an induction will be planned prior the new member's first ARC meeting.

## 3. Process of appointment

- 3.1 The policy sets out the normal approach to appointing Independent Members of Committees. This process is different to the appointment of Council Members. It is a Council, rather than Privy Council, appointment and it does not require assurance to be given by the Professional Standards Authority (PSA). It does, however, replicate the best practice guidance set out in the PSA's *Making good appointments* guidance.
- 3.2 The policy recommends the process be split into three stages:
  - a. Planning
  - b. Preparation
  - c. Selection.
- 3.3 The process is currently in the planning phase. The Council is asked to approve the proposed Selection Panel to conduct the recruitment exercise and the Panel will make the recommendation for appointment to the Council. The policy provides that the Selection Panel will usually consist of the Chair of Council, the chair of the Committee with a vacancy and an independent panel member. It is, therefore, proposed that the Selection Panel consists of the Chair of Council, the Chair of the Audit & Risk Committee and an independent person (to be determined).
- 3.4 The Selection Panel will be responsible for reviewing the role profile, approving the recruitment documentation, participating in the longlisting and shortlisting, conducting the final interviews and, ultimately, making a recommendation to the Council.
- 3.5 The Selection Panel will be supported in their role by an external recruitment partner, with whom the GDC have a current contractual arrangement, who have already successfully supported the organisation with recent Council Member and Independent Member recruitment (for the Statutory Panellists Assurance Committee).

- 3.6 This recruitment partner's role will be to:
- Research the market, make contact with, and handle queries from, applicants.
  - Support the Panel with longlisting, using a full research report and recommendations.
  - Conduct initial interviews with applicants, present a written recommendation for a short list and support the panel in the shortlisting exercise.
  - Provide analysis of EDI data from applicants to the GDC.
  - Provide feedback to unsuccessful candidates.
- 3.7 As outlined in the Standing Orders, the Independent Member must be *"a qualified accountant, with recent and relevant experience in the financial and accounting field."* The recruitment partner will be responsible for identifying and approaching suitable candidates. Initial conversations with this partner have impressed the need to secure as diverse a long list as possible for this recruitment exercise.
- 3.8 Following the final interviews, the Selection Panel will make a recommendation to the Council in April 2021. Following the confirmation of the appointment and the successful completion of appropriate reference and due diligence checks, an induction programme will be planned and delivered by the Governance team which will include one-to-ones with key stakeholders, observing an ARC and Council meeting, and induction sessions with the Governance and Internal Audit teams.
- 4. Legal, policy and national considerations**
- 4.1 The process has been planned adhering to the recruitment policy, which can be found at **Appendix 2**.
- 5. Equality, diversity and privacy considerations**
- 5.1 The process will be run in conjunction with the People Services team to ensure all EDI and privacy considerations are met.
- 5.2 The initial conversations with the recruitment partner have stressed the need to ensure that a diverse range of candidates are approached in the research stage and that all appointment material drafted demonstrates the organisation's commitment to inclusivity. This appointment, with a shorter time commitment and less legislative constraints than the wider Council appointments, provides an opportunity for the organisation to increase diversity.
- 5.3 The recruitment partner will be responsible for collecting EDI data from the candidates.
- 5.4 The PSA recently consulted with healthcare regulators about the usefulness and efficacy of their guidance that anonymisation is used in sifting applications. The outcome of this is that the guidance to anonymise applicant data up until shortlisting has been retained. This will therefore be built into the process. The Governance team will also be attending a seminar with the PSA in December, alongside other regulators, on their guidance as to how to effectively improve diversity in Board appointments.
- 6. Risk considerations**
- 6.1 It is within the remit of the Selection Panel to make a recommendation to the Council on the appointment, however the recruitment is owned and initiated by the Council. Therefore, there is a risk that the Council will not approve the recommendation of the panel, result in a vacancy in the position as the outgoing Independent Member demits office. This can be mitigated by ensuring the Council is kept apprised of the work throughout the process by



the Chair of Council and the Chair of the Audit and Risk Committee and through the assurance that this Committee provides around its scrutiny of the process to be followed.

- 6.2 There is a risk that the COVID-19 pandemic might cause delays to the recruitment process. This can be mitigated by taking the learnings from the Council Member and SPC recruitment, which has been run remotely, and planning the process accordingly. The established working relationship with the recruitment partner will also contribute to mitigating this risk.

## **7. Resource considerations and CCP**

- 7.1 The recruitment costs and the daily rate of the Independent Member has been planned as part of business as usual activity and recruitment support is built into the existing budget.

## **8. Monitoring and review**

- 8.1 A period of induction will follow the successful appointment of the Independent Member.
- 8.2 As set out in the policy, the member will be subject to yearly appraisals conducted by the Chair of the Audit and Risk Committee.

## **9. Development, consultation and decision trail**

- 9.1 The RemNom scrutinised and recommended the updated policy in May 2020 and the proposed process for this recruitment exercise at its December 2020 meeting. The ARC approved the request for the recruitment of an independent Member at its November 2020 meeting.

## **10. Next steps and communications**

- 10.1 Following the Council's approval, the Governance team will work the recruitment partner and the Selection Panel to develop a detailed recruitment timeline.

## **Appendices**

1. High-level recruitment timeline
2. Policy for the Appointment of Independent Members to the SPC and the non-Statutory Committees of the GDC

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20 November 2020



## Appendix 1

## High-level recruitment timeline

Process	Owner	Task	Due Date
Planning	Remuneration and Nomination Committee	Recommend recruitment process	03 December
Planning	Council	Approval recruitment process	17 December
Planning	GDC Staff	Establish Selection Panel	January 2021
Planning	Selection Panel	Confirm role profile	January 2021
Preparation	Recruitment Partner	Confirmation of documentation and advertising strategy	January 2021
Preparation	Recruitment Partner	Advert published	Beginning February 2021
Preparation	Recruitment Partner	Application deadline	End February 2021
Selection	Recruitment Partner	Application sift	Beginning March 2021
Selection	Selection Panel/Recruitment Partner	Longlisting	Early March 2021
Selection	Recruitment Partner	Preliminary interviews	Mid-March 2021
Selection	Selection Panel	Shortlisting	End March 2021
Selection	Selection Panel	Interviews	Early April 2021
Selection	People Services	Due diligence and reference checks	Early April 2021
Selection	Selection Panel	Recommendation to Council on appointment	Mid-April 2021
Selection	Council	To approve and make appointments and Governance team to inform candidates	End April 2021
Induction	Governance Team	Induction begins	End April 2021
Induction	Governance Team	Observe Audit and Risk Committee meeting	21 April 2021
Induction	Member	Take office	18 May 2021

Exact dates of the selection process will be confirmed in consultation with the Selection Panel and the recruitment partner.

**Policy for the Appointment of Independent Members to the  
Statutory Panellists Assurance Committee (SPC)  
and the non-statutory Committees of the General Dental Council**

Owner	Legal & Governance
Author	Head of Governance
Review by Committee	Remuneration Committee – 23 March 2020
Approved by Council	17 December 2020
Effective from	17 December 2020
Review Date	December 2023

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## **1. Policy Statement**

- 1.1. The GDC is committed to ensuring that the recruitment and selection of independent members to its Committees is conducted in a way that is in line with the values of the organisation.
- 1.2. Appointments must be made in a way which upholds the Nolan Principles and the Professional Standards Authority principles of a following a good appointments process (merit, fairness, transparency and openness and inspiring confidence).<sup>1</sup>
- 1.3 In this policy, 'independent member' is defined as a Committee member who is not a member of the Council.

## **2. Purpose**

- 2.1. This document sets out the policy and procedure for appointing or reappointing independent members to the Statutory Panellists Appointment Committee (SPC) and to the non-statutory Committees, such as the Audit and Risk Committee, the Finance and Performance Committee and the Remuneration and Nomination Committee. This document has been designed to ensure that there is a consistent approach when making these types of appointments.

## **3. Scope**

- 3.1. The responsibility for making or recommending appointments and reappointments ultimately rests with the Council.
- 3.2. This procedure covers the appointment of independent members to:
  - the SPC,
  - the Audit and Risk Committee,
  - the Remuneration and Nomination Committee,
  - the Finance and Performance Committee
  - and any other non-statutory Committee where Standing Orders permit the appointment of a independent member.
- 3.3. This process does not cover the appointment of members to the Statutory Committees<sup>2</sup>. Appointments to the Statutory Committees are overseen by the SPC<sup>3</sup>.
- 3.4 The Council may delegate the oversight of adherence to this policy to the appropriate Committee.

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<sup>1</sup> Professional Standards Authority guidance on Good Practice in Making Council Appointments can be found here: [https://www.professionalstandards.org.uk/docs/default-source/appointments/good-practice-in-making-council-appointments.pdf?sfvrsn=90b57020\\_12](https://www.professionalstandards.org.uk/docs/default-source/appointments/good-practice-in-making-council-appointments.pdf?sfvrsn=90b57020_12)

<sup>2</sup> The Statutory Committees are as follows: Investigating Committee, Interim Orders Committee, Professional Conduct Committee, Health Committee, Professional Performance Committee and Registration Appeals Committee.

<sup>3</sup> The SPC was established under the GDC (Committees of Council) Rules Order of Council 2009 (SI 2009 No 1813)

## **THE APPOINTMENTS PROCESS – PLANNING**

### **4. Who initiates the process?**

- The appointments process is commissioned by the Council. GDC staff should monitor membership of the SPC and the non-statutory Committees and plan for when vacancies will arise. As an appointment process normally takes from four to six months to complete, GDC staff should ensure Council is notified well in advance of forthcoming vacancies. Ideally at least six months' notice should be given.

### **5. Re-appointments**

- 5.1. GDC staff should establish how many of the independent members whose terms of office are due to end are eligible and wish to be considered for a further term of appointment. Terms of office for the independent members on the non-statutory Committees will be determined by the Council but will normally be for no more than four years, with a further renewal permitted for no more than two years.
- 5.2. Terms of the office for members of the SPC are normally for up to four years with the possibility of reappointment for a further four-year term, provided that the member has not served a previous term on the SPC prior to 1 January 2015.
- 5.3. The decision as to whether independent members should be offered an uncontested reappointment will be informed by the outcome of their appraisal and the future needs and requirements of the Committee. The GDC will put in place regular and transparent performance assessment processes that will provide the necessary, robust evidence for considering re-appointments. No one can be re-appointed unless they have performed satisfactorily during their current term and it is essential for audit purposes and the investigation of complaints that all performance assessments are fully recorded and documented.
- 5.4. Independent members who will not be invited, for whatever reason, to serve for a further term must be notified once the formal decision has been taken and before any action is taken publicly to replace them.
- 5.5. The decision to re-appoint must be taken in a timely manner, and in all cases before the current term expires. Where independent members are seeking reappointment, GDC staff should take the opportunity to ask them to update the information on them that is held by the GDC and, as a minimum, the GDC should obtain updated monitoring information and a current declaration of interests to check for any new potential conflicts of interest that may have arisen.
- 5.6. For independent members, where a full term (two year) re-appointment is not appropriate, the Council may consider an extension of the current term. Such extensions will be exceptional, for example, to provide continuity at a time of significant change in the Committee's membership, and must not be seen as a means of circumventing the maximum period of membership.
- 5.7. Extensions must be agreed with the Council in advance, must not normally exceed a year, and should not normally be followed by a re-appointment without open competition, although the Council may consider this in exceptional circumstances.

### **6. The Selection Panel**

- 6.1. The Selection Panel will normally consist of:
  - the Chair of Council, or another member of Council nominated by the Chair of the Council for this purpose;

- the Chair of the Committee with the vacancy or another Council member nominated by the Chair of the Council, as appropriate;
  - an independent person who is neither a Council member, Associate nor a GDC staff member, and has experience in recruitment and selection.
- 6.2. The members of the Selection Panel will decide which of them should chair the panel. This will usually be the Chair of the Council or, in their absence, the Chair of the Committee with a vacancy.
- 6.3. The Selection Panel will be assisted and advised by the Governance team.

## **7. Role description and person specification**

- 7.1. A role description and person specification will be produced for every new appointment, which will be produced in discussion with the Selection Panel.
- 7.2. The selection criteria must not discriminate unlawfully against any group or groups in society.
- 7.3. The person specification should set out the experience, personal qualities, professional qualifications, if appropriate, and competencies against which the applicants' applications will be assessed. The interview will ordinarily be designed to test the candidate's skills against the relevant competencies.

## **THE APPOINTMENTS PROCESS – PREPARATION**

### **8. Publicising Vacancies**

- 8.1. All appointments must be marketed and/or advertised in relevant media i.e. newspapers, journals or websites, in an appropriate and proportionate way, and usually on the GDC website. The Selection Panel will decide whether advertising is necessary or whether it is adequate to market the vacancy through relevant channels. In making this decision the Selection Panel will need to consider what is proportionate in terms of candidate quality and expense, given the nature of the role.
- 8.2. Marketing and any advertising used, if any, must seek to encourage as diverse a range of applicants as possible.
- 8.3. All recruitment must be in line with the GDC's Equality and Diversity Policy.

### **9. Information Packs**

- 9.1. Information packs must be sent to applicants or be accessible on the GDC website.
- 9.2. Efforts will be made to provide candidate information in alternative formats, e.g. braille or large print if required.

### **10. Applications**

- 10.1. Applicants will be required to provide information on any potential conflicts of interest.
- 10.2. Applicants will be asked to demonstrate how they meet the selection criteria as outlined in the person specification for the role.
- 10.3. Only applications which reach the GDC (or any recruitment agency which the GDC may commission to carry out work on its behalf) by the closing date will be

accepted, unless the Selection Panel consider that there are exceptional circumstances to allow otherwise.

## **11. Sifting**

11.1. During the appointments process, applicants may need to be sifted. This sifting may be undertaken in a variety of ways, for example, by preparing long and then short lists of candidates.

11.2. All sifting processes must:

- be approved by the Selection Panel;
- be based on the person specification which the candidates have been asked to match their skills and experience against; and
- ensure selection is based on merit and other best practice principles set out in the PSA guidance.

## **THE APPOINTMENTS PROCESS – SELECTION**

### **12. Short-listing**

12.1. Short-listing of applicants will be carried out by the Selection Panel.

12.2. If one or more of the Selection Panel members knows one or more of the candidates, then this fact must be declared (together with the nature and extent of any relationship with a candidate) to the rest of the Selection Panel and recorded. The decision of the Selection Panel Chair will be final on the question of what further action, if any, is required to be taken in order to manage prior knowledge and conflicts of interest appropriately.

### **13. Interview stage**

13.1. All shortlisted candidates will be invited to take part in an interview, to be conducted by the selection panel.

13.2. The interview panel will adopt a clear policy on interviewing in order to ensure a consistent approach and this will be line with best practice.

13.3. When arranging the interview schedule, efforts will be made to meet the needs of candidates who may require reasonable adjustments and/or who have accessibility requirements.

13.4. Interview questions will be based on the competencies outlined in the person specification to ensure consistency throughout the process

13.5. GDC staff should provide a pro forma interview evaluation form on which the Selection Panel will identify the key interview performance points that influenced the Selection Panel's decision. Notes will be made by all the interviewers at each interview, and the panel chair will keep a clear and objective record of the panel's agreed decision and rating of each candidate. Each member of the Selection Panel should sign the agreed panel summary for each candidate. Candidates may, under Data Protection legislation, request feedback or an account of the process undertaken.

### **14. Selection**

14.1. Selection of appointable candidates should only be made on merit, on the basis of information provided as part of the selection process.



## **15. References**

- 15.1. Appointments will be subject to the provision of satisfactory references, if the selection panel considers references to be necessary.

## **16. Recommendation to Council**

- 16.1. The Selection Panel will make a recommendation for appointment to the Council. The appointment will not be confirmed before Council approval has been granted.

## **17. Informing Candidates and Providing Feedback**

- 17.1. Following the selection process the aim should be to notify all candidates, successful and unsuccessful, with the minimum of delay.
- 17.2. Successful and unsuccessful candidates will be informed of the outcome in writing by letter.
- 17.3. Requests for feedback on interview performance will be dealt with by a member of GDC staff, solely using the Selection Panel's agreed records of sift and interview outcomes.

## **18. Review**

- 18.1 This document will be reviewed every three years. The Head of Governance will be responsible for the review.
- 18.2 The Remuneration and Nomination Committee will consider any amendments to the policy prior to making a recommendation to the Council for approval.

## Extension of the Chair's Strategy Group

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For decision
<b>Issue</b>	To seek approval from the Council of the continuation of the Chair's Strategy Working Group (CSG) for a six-month period from 28 February 2021 to 28 July 2021.
<b>Recommendation</b>	The Council is asked to approve the continuation of the Chair's Strategy Working Group and its terms of reference until 28 July 2021.

### 1. Introduction

- 1.1 The Chair's Strategy Working Group (CSG) was established as a working group of the Council in accordance with Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2018.
- 1.2 The terms of reference were last approved by the Council on 3 June 2020 and are appended to this paper (**Appendix 1**). The CSG has no decision-making powers or delegated authority. The continuation of the Group was extended by the Council in July 2020. The CSG considered whether the Group should continue at its meeting on 7 December 2020 and recommended that the Council be asked to extend the Group for another six months in December 2020.
- 1.3 The CSG's key purpose is to act as a hub of early strategic development of initiatives to further the organisation's aims by:
  - Identifying strategic initiatives to reduce the GDC's cost base.
  - Carrying out horizon scanning and stakeholder engagement
  - Acting as a catalyst for early policy initiatives.
- 1.4 The Group will assist the Executive to identify strategic initiatives to improve the efficiency and effectiveness of the GDC, through an examination of strategic opportunities. Once these strategic opportunities have been identified and their feasibility and relevance has been subject to initial scrutiny, they will be referred to the Executive team for development and/or to an appropriate Committee for oversight in advance of proposals being placed before the Council.
- 1.5 Previous work undertaken by the CSG include proposals relation to the plans to separate investigation and adjudication, most recently they have scrutinised the plans to review the GDC Corporate Strategy, the impact of Covid-19 on education quality assurance and on the economics of the dental industry. The Group is also currently considering the perception by the public of the GDC as a regulator.

- 1.6 If approved, it is anticipated that the group will consider the following key areas over the next six months:
- Continuing work in relation to the Corporate Strategy and accompanying strategic questions
  - Addressing the public perception of the GDC, its presentational approach and engagement with stakeholders
  - Board Development implementation plans and
  - Acting as a ginger group for early policy development.
- 1.7 It is planned that the CSG will meet four times in 2021 and the continuing need for the CSG is reviewed by the Council on a six-monthly basis.

## 2. Recommendation

- 2.1 The Council is asked to **approve** the continuation of the CSG for a further six months, until 28 July 2021.

## Appendices

- a. CSG – Terms of Reference

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26 November 2020

## Appendix 1

**Terms of Reference Chair's Strategy Working Group**

1. Chair's Strategy Working Group (CSG)
  - 1.1 The CSG is established as a Working Group of the Council under Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2015.
2. Membership
  - 2.1 The CSG shall be chaired by the Chair of Council and the minimum membership will include two registrant and two lay members of the Council.
  - 2.2 The Chief Executive will attend meetings of the CSG but will not be a member of the working group.
  - 2.3 Directors and senior staff will be invited to attend meetings as and when required.
3. Quorum
  - 3.1 The quorum of the CSG shall be two Council members.<sup>1</sup>
4. Changes to the Terms of Reference
  - 4.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council.
5. Co-opted members
  - 5.1 The working group may include co-opted members as required at the invitation of the Chair. Co-opted members will not count towards the quorum.
6. Key purpose
  - 6.1 To act as a hub of early strategic development of initiatives to further the organisation's aims by:
    - Identifying strategic initiatives to reduce the GDC's cost base.
    - Carrying out horizon scanning and stakeholder engagement
    - Acting as a catalyst for early policy initiatives.
7. Delegated Powers
  - 7.1 In accordance with the GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015, this working group does not have delegated authority to make decisions.
8. Functions and Duties
  - 8.1 To examine strategic opportunities that arise as a result of horizon scanning and stakeholder engagement and to generate and scrutinise policy initiatives to further the statutory purposes of the organisation.
  - 8.2 To identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for the Council's decision.

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<sup>1</sup> In line with the GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, part 14 and r5.1 of the Resolution.

9. Reporting
  - 9.1 The working group shall report formally to each meeting of the Council with informal updates to Council members following each meeting.
  - 9.2 The working group will report formally to Council on annual basis if required.
10. Frequency of Meetings
  - 10.1 As required.
  - 10.2 The working group is expected to be time limited. The continuing need for this working group will be reviewed by the Council on a 6-monthly basis.
11. The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2018 apply to this working group as if it were a Committee of the Council.

## Managing Interests Policy – Council Members and Independent Governance Associates

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For decision
<b>Issue</b>	To outline proposals for the updating the policy on managing conflicts of interest of Council Members and Independent Governance Associates.
<b>Recommendation</b>	The Council is asked to <b>approve</b> the amended policy on Managing Interests for Council Members and Independent Governance Associates.

### 1. Key considerations

- 1.1 Conflicts of interest are a normal and unavoidable part of decision-making and seeking to eliminate them is unlikely to be feasible or desirable. At the same time, for all public bodies, it is essential to maintain public trust and confidence in the organisation and individuals associated with it. Where a conflict of interest does arise, the principles of transparency and integrity apply, and the GDC requires disclosure of such conflicts to allow the organisation to manage the conflict accordingly.
- 1.2 Section 2E of the Dentists Act 1984 places an obligation on the Council to establish and maintain a system for the declaration and registration of the private interests of its members and to publish entries recorded in relation to Council Members.
- 1.3 The General Dental Council (GDC) has established systems and processes to manage the relevant and material interests of its Council Members, all Associates and staff. In requiring regular and considered declarations of any conflicts, or perceived conflicts of interest, the GDC seeks to promote public confidence in the regulatory process. In November 2020, the EMT Board approved revised policies for GDC staff and the wider Associates group.
- 1.4 In November 2020, the Audit and Risk Committee (ARC) recommended to the Council the approval of the revised policy in respect of Council Members and Independent Governance Associates.
- 1.5 The Council is asked to **approve** the proposed revisions to the attached policy in respect of Council Members and Independent Governance Associates.

### Definitions

- 1.6 A 'conflict of interest' is defined by the International Standards for the Professional Practice of Internal Auditing as '*any relationship that is or appears to be not in the best interests of the organisation. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively*'. A conflict of interest could relate to any professional, personal or business activity.

- 1.7 In this paper, 'Independent Governance Associates' are defined as Members of the Statutory Panellists Assurance Committee ('SPC') and Independent Members of the non-statutory Committees of the Council, such as the Audit and Risk Committee, Remuneration and Nomination Committee or Finance and Performance Committee. The management of these relationships is undertaken by the Governance team.

## 2. Policies Review

- 2.1 The GDC has developed policies around managing interests for GDC staff, Council Members and Independent Governance Associates and the wider Associates group. The EMT is responsible for the review and approval of the policies in relation to staff and the wider Associates groups.
- 2.2 In relation to Council Members and Independent Governance Associates, the Council is asked to approve the proposed approach to revising the current Managing Interests policy (**Appendix 1**). The revised policy is attached at **Appendix 2** and mirrors the approach taken for the other groups.

## 3. Proposed Revisions

- 3.1 As part of this review work, the Governance team identified the need for greater clarity around how conflicts are defined and managed, and the need for a clearer route of escalation for any disputes around the management of interests.
- 3.2 It is proposed that the following amendments are made to the policies to ensure that they are clear, easy to follow, tackle identified issues and align with business need:
- a. Clearer definitions around key terms to do with conflicts of interest, a clearer policy statement and clarity around how non-compliance with the policies will be handled.
  - b. Policies separated to align with the relevant group of people and are administered by the appropriate business area. For Council Members and Independent Governance Associates, the policy will be administered by the Governance team.
  - c. Clarity around the process for the making of declarations, the review of declarations made by each group and how information in relation to them will be captured, monitored and reported. It is proposed that the declarations made by the Chair of Council are notified to the Accounting Officer and reviewed by the Senior Independent Council Member.
  - d. It is proposed that annual reporting on the declarations in relation to Council Members, all Associates and EMT members, goes to the Audit and Risk Committee. The Audit and Risk Committee will report to the Council on the assurance it can take and provide in this area. The annual reporting in relation to staff will go to the EMT Board, who will escalate any key risks appropriately to the ARC.
- 3.3 The drafting of these policies has been carried out in line with a review of the Gifts and Hospitality policies and a consistent approach has been adopted.
- 3.4 The Governance team have also drafted Standard Operating Procedures (SOPs) in support of establishing a clear process for the handling of declarations of interest.

### Publication of Declarations of Interest

- 3.5 The Declarations of Interests of the following groups are currently published and will continue to be published on the GDC website:
- a. The Chief Executive and EMT Members
  - b. The Chair of Council and Council Members



- c. Independent Governance Associates – the independent members of the ARC, RemNom and SPC.
- d. Case Examiners – as they exercise a statutory decision-making function formerly conducted by a statutory Committee.

3.6 The declarations in respect of the following Associate groups will also be published: FtP Panellists, Registration Appeal Panellists, Education Associates, DCS Panellists, Registration Assessment Panellists, ORE Advisory Group Members and ORE External Examiners.

#### **4. Legal, policy, national and privacy considerations**

- 4.1 The Dentists Act 1984 requires the publication of Council Members' declarations of interest and these are available on the GDC website.
- 4.2 The managing interests process for the organisation seeks to ensure that decision making by the GDC is pursuant to our legal obligations, statutory aims and in line with best practice across the public sector.
- 4.3 The Information Governance team have been consulted in the drafting of this paper around any privacy implications of the publication of declarations of interest and are comfortable with the approach proposed. A link to the corporate privacy notice has been incorporated into the template forms and an additional step has been added into the SOPs to ensure that only appropriate personal data is published by the organisation.

#### **5. Monitoring and review**

- 5.1 It is proposed that the ARC and Council review and approve any revisions to this policy every two years.
- 5.2 The annual report on declarations from the staff group will be presented to the EMT Board annually. In relation to Council Members, Independent Governance Associates, EMT Members and the wider Associates group, it is proposed that the report is presented to the Audit and Risk Committee (who can scrutinise the processes followed and, in turn, provide assurance to the Council via the Committee Assurance reports).

#### **6. Resource considerations and CCP**

- 6.1 This work falls under BAU for the Governance team.

#### **7. Development, consultation and decision trail**

- 7.1 This paper has been prepared collaboratively by the Governance and People Services team and the Legal and Information Governance teams have been consulted, alongside staff owners in Education QA, Fitness to Practise, Registration and Legal.
- 7.2 The EMT considered and approved the proposals in November 2020. The ARC considered and recommended the proposed approach and policy revisions in November 2020.

#### **8. Next steps and communications**

- 8.1 The Council is asked to **approve** the revised policy.

#### **Appendices**

- a. Appendix 1 – Current Managing Interests Policy for Council Members and Associates
- b. Appendix 2 - Revised Managing Interests Policy for Council Members and Independent Governance Associates

Katie Spears, Head of Governance  
kspears@gdc-uk.org

26 November 2020

## **Managing Interests Policy for Council Members and Associates**

Owner	Governance and HR Directorate
Author	Head of Governance
Approved by Council	27 July 2016
Effective from	27 July 2016
Review Date	July 2018

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## **1. Policy Statement**

- 1.1. The aim of the Managing Interests Policy and the Register of Interests is to support transparency, probity and compliance with the Nolan Principles (Appendix 2), to maintain confidence in the regulatory process and to protect the GDC, Council members and Associates from any appearance of impropriety.
- 1.2. This policy is in line with the GDC's organisational values:
  - Fairness – we will treat everyone we deal with fairly.
  - Respect – we treat dental professionals, our registrants and our employees with respect.
  - Responsiveness – we can adapt to changing circumstances.
  - Transparency – we are open about how we work and how we reach decision.
- 1.3. This policy is consistent with our value of transparency – we are open about how we work and how we reach decisions

## **2. Definitions**

- 2.1. An interest can relate to any professional, personal or business activity.
- 2.2. A connected person is a person with whom you have a personal or business relationship which could be perceived as influencing your decision.

## **3. Purpose**

- 3.1. The policy aims to ensure that interests are managed consistently, resulting in Council members and Associates being comfortable that:
  - 3.1.1. Their actions will not bring the GDC into disrepute;
  - 3.1.2. They have acted impartially and in accordance with the principles set out in this policy;
  - 3.1.3. They have not compromised their responsibility to act in the public interest.
- 3.2. Council members and Associates are expected to act and be seen to act impartially and objectively in carrying out the GDC's business, and to take steps to avoid any conflict of interest or perception of a conflict of interest arising as a result of their membership of, or relationship with, other organisations or individuals. If conflicts are not managed there is a risk that this could inhibit free discussion, result in decisions or actions that are not, or are perceived not to be, in the interests of the GDC, and give the impression that the GDC has not acted properly. This could make decisions challengeable.

## **4. Scope**

- 4.1. This policy applies to Council members and Associates. The term Associates applies, but is not limited to, Statutory Committee members, Appointments Committee members, Non-Council members of the Non-Statutory Committees or working groups, Quality Assurance Inspectors, Dental Complaints Service Panellists, Dental Care Professionals Assessment Panellists, members of the Overseas Registration Examination (ORE) Advisory Group and ORE External Examiners.
- 4.2. The policy provides guidance on:
  - 4.2.1. What a conflict of interest is;
  - 4.2.2. How to declare and manage a conflict of interest; and
  - 4.2.3. How conflicts of interest will be monitored.

## 5. What is an interest?

- 5.1. Council members and Associates should not be involved in decisions which directly affect them or those connected to them, or which benefit or may appear to benefit them or those connected to them. This is because any effect or benefit could be felt to have an influence (positive or negative) on the decision.
- 5.2. Indirect Interests: Council members and Associates may participate in discussions and decisions from which he/she may indirectly benefit, such as where the benefits are universal to all relevant groups, or where their benefit is minimal.
- 5.3. Prejudicial interests: Council members and Associates have a prejudicial interest (perceived or apparent) in a matter if a member of the public, with knowledge of the relevant facts, would reasonably regard the interest or connection as being sufficiently significant that it would be likely to prejudice the member or associate's judgement.
- 5.4. Irreconcilable interests: these are interests which cannot be managed and may, for example, relate to positions in other organisations. For example it would be incompatible for a GDC Council member to be a Council member of a representative body such as the British Dental Association. Another example of an irreconcilable interest would be membership of the Council of another healthcare professional regulator<sup>1</sup>, or the Professional Standards Authority. If you have an irreconcilable interest you would be expected to resign from one of the posts that you hold.
- 5.5. Perception of a conflict: this should be viewed from the perspective of a member of the public and whether, given the available information, they might interpret the actions of the GDC or action of the Council member or the Associate as serving their own purposes or those of a person or organisation connected to them and not serving the interest of the GDC, the public and patients. Appendices 3 and 4 set out practical examples of what constitutes a conflict of interest.

## 6. Declaring interests

- 6.1. All Council members and Associates must:
  - 6.1.1. declare all interests by completing the Register of Interest form attached as Appendix 1 on appointment;
    - 6.1.1.1. Council members must update their declaration every three months or as soon as they are aware of a change;
    - 6.1.1.2. Associates must update their declaration every twelve months or as soon as they are aware of a change;
  - 6.1.2. Declarations of interests should be submitted to the Governance Team for Council members, Appointments Committee members and Non-Council members of Non-Statutory Committees and to the relevant staff owner for Associates. A list of Staff owners for the different associate groups can be found at Appendix 5.
  - 6.1.3. The Governance team and the relevant Staff owners will maintain a register of interests

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<sup>1</sup> By this we mean the UK's nine **health and care professional regulatory bodies** which are overseen by the Professional Standards Authority.

## **7. Managing interests**

- 7.1. Council members, Appointments Committee members and Non-Council members of the Non-Statutory Committees should declare interests arising at meetings as set out in the relevant paragraph of the Standing Orders as follows
  - in respect of Council meetings Standing Order 7 of the General Dental Council Standing Orders for the Conduct of Business 2015.
  - in respect of the Appointments Committee Standing Order 7 of the General Dental Council Standing Orders for the Appointments Committee 2015.
  - in respect of Non-Statutory Committees Standing Order 6 of the General Dental Council Standing Orders for the Non-Statutory Committees of the Council 2015.
- 7.2. Conflicts of interest should be declared at the beginning of the meeting. If it becomes clear during the meeting that there is or may be a conflict, this must be declared as soon as possible;
- 7.3. Conflicts of interest should be declared prior to the relevant item on the agenda, even if they have been declared at the beginning of the meeting
- 7.4. Statutory Committee Members with a prejudicial interest in a case must not be present for the discussions of the particular case.
- 7.5. All Associates must bring any interest relevant to their particular role at the GDC to the attention of the relevant staff owner as soon as they become aware of it, for example, a Quality Assurance Inspector who is asked to inspect an educational establishments with which they have personal connections.

## **8. Determination of Conflicts of Interest**

- 8.1. The Chair of Council (for Council members, Non Council members of the Non Statutory Committees and Appointments Committee members), the Chair of the Appointments Committee (for Statutory Committee members), the Chief Executive or the Executive Director, Legal and Governance (for all other groups of Associates) will advise on and determine irreconcilable interests.
- 8.2. Where a Council member or Associate is unsure of the effect of an interest or has a prejudicial interest which he or she believes to be significant, the Council member or Associate should consult with the Chair of the Council (for Council members), Chair of the Appointments Committee (for Statutory Committee members), the Chief Executive or the Executive Director, Legal and Governance (for all other groups of Associates) to ensure that appropriate action is taken.
- 8.3. The Chair of Council, Chair of the Appointments Committee or the Chief Executive's decision shall be final on all matters relating to managing interests.

## **9. Monitoring of Conflicts of Interest**

- 9.1. The Chair of the Council shall review the interests of Council members quarterly to ensure that all interests are managed appropriately. The results of this exercise will be reported to the Council.
- 9.2. The Chair of the Appointments Committee shall review the interests of Statutory Committee members annually to ensure that all interests are managed appropriately. The results of this exercise will be reported to the Appointments Committee.
- 9.3. The appropriate Executive Director shall review the interests of all other groups of Associates annually to ensure that all interests are managed appropriately.
- 9.4. A sample of Council members and Associates, will be tested on an annual basis, to ensure that each Register of Interests is updated in line with policy and that reviews are being undertaken as indicated in paragraph 7.



## **10. Register of Interests**

- 10.1. On appointment Council members and Associates must declare all interests by completing the form at Appendix 1.
- 10.2. Council members must review and update their entry in the Register of Interests every three months. Any new interests arising before the annual review is due must be updated on the register as soon as possible.
- 10.3. Associates must review and update their entry in the Register of Interests annually.
- 10.4. There is a specific legislative requirement for Council members and Statutory Committee members to declare their interest and for their entries in the Register of Interests to be published.

## **11. Non Compliance**

- 11.1. Non-compliance with this policy will be dealt with under the Code of Conduct for Council members and Associates.

## **12. Review**

- 12.1. This document will be reviewed every two years. The Head of Governance will be responsible for the review.
- 12.2. Any amendments will be approved by the Council.

## **13. Related Legislation, Standing Orders and Policies**

- 13.1. The following codes and legislation apply to this policy:
  - 13.1.1. Dentists Act 1984 (as amended);
  - 13.1.2. General Dental Council Standing Orders for the Conduct of Business 2015;
  - 13.1.3. General Dental Council Standing Orders for the Appointments Committee 2015;
  - 13.1.4. General Dental Council Standing Orders and Resolution for the Non Statutory Committees of Council 2015;
  - 13.1.5. Code of Conduct for Council members and Associates;
  - 13.1.6. Policy on Gifts and Hospitality for Council members and Associates.

## **14. Appendices**

- 14.1. Appendix 1 – Register of Interests
- 14.2. Appendix 2 – Nolan Principles
- 14.3. Appendix 3 – Practical guidance for managing interests – Council members and Associates
- 14.4. Appendix 4 – Additional guidance for managing interests – Statutory Committee members
- 14.5. Appendix 5 – Staff owners for Council Members and Associates

## Appendix 1– Register of Interests

Name: \_\_\_\_\_

Role within the GDC \_\_\_\_\_

I understand and take responsibility for acting in accordance with the Nolan principles. I understand that I must not receive any financial or non-financial benefit that is not explicitly authorised in my appointment letter and should not exert any influence to acquire any preferential treatment for myself or other connected persons.

Areas of interest	Details relating to you (Also include any relevant details relating to a connected person)
<p><b>Give details of all paid employment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-Executive positions</li> <li><input type="checkbox"/> Full/Part time employment</li> <li><input type="checkbox"/> Consultancies</li> <li><input type="checkbox"/> Self – employed/contract work</li> <li><input type="checkbox"/> Directorships</li> </ul> <p><b>Why?</b> Decisions need to be taken in an open and transparent fashion, therefore Council members and Associates are required to declare positions so that any perceived interest can be easily managed</p>	
<p><b>Give details of all unpaid work e.g.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roles in organisations associated with healthcare</li> <li><input type="checkbox"/> Public service offices</li> <li><input type="checkbox"/> Roles of posts held in local or national organisations</li> <li><input type="checkbox"/> Trusteeships</li> </ul> <p><b>Why?</b> Decisions need to be taken in an open and transparent fashion, therefore, Council members and Associates are required to declare positions so that any perceived interest can be easily managed</p>	

Areas of interest	Details relating to you (Also include any relevant details relating to a connected person)
<p><b>All businesses you are involved in which have a direct contract with the GDC or are potential contractor with the GDC</b></p> <p><b>Why?</b> Council decisions need to be taken in an open and transparent fashion, therefore Council members and Associates are required to declare their interest so that any perceived interests can be easily managed.</p>	
<p><b>All membership bodies and associations including political parties, pressure groups and professional bodies of which you are a member or are associated</b></p> <p><b>Why?</b> Council members and Associates are free to engage in political activities or to maintain associations with professional organisations. Council members and Associates are required to declare such positions to give assurance that these do not conflict with the Council's statutory functions.</p>	
<p><b>Do you have close personal ties with the GDC's advisers, directors or employees?</b></p> <p><b>Why?</b> Council members or Associates who have close ties with advisers, directors or employees may be perceived as having an undue influence on decisions. This must be declared so that it can be managed in an open and transparent manner.</p>	

Areas of interest	Details relating to you (Also include any relevant details relating to a connected person)
Any other conflicts not covered by the above?	

I will update my register every three months (Council Members) and every twelve months (Associates) and more frequently if any significant changes occur. I will, as soon as practicable but not more than seven working days after, alert the Head of Governance/Director of Governance and HR or relevant Director if I meet the criteria for disqualification as set out in the GDC (Constitution) Order 2009 OR the GDC (Constitution of Committees) Order 2009 .

All actual, perceived, apparent and potential conflicts are disclosed above.

Signed..... Date.....

Reviewed by (name)..... Date.....

Signature.....

**This form should be returned to the relevant staff owner – see Appendix 5 for contact details**

### Data Protection

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. The information provided will be available publically; the register will be available on the GDC website. If you are not sure what to declare or whether/when your declaration needs to be updated, please err on the side of caution. If you would like to discuss this issue please contact the Head of Governance (0207 167 3468) or the Chair of Council for confidential guidance.

## Appendix 2 - Nolan Principles

### 1. Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

- Members of the public and members of the dental profession are entitled to expect that you make decisions based on your conscientious assessment of what is in the public interest, without regard to your own interests or those of other organisations or individuals you are connected to.
- Do not exploit your association with the GDC for your own gain or that of others, and avoid any situation in which you might – even accidentally – give the impression that you are in a position to trade influence or access.
- If you have any involvement with a dental business or organisation whose value, prospects or well-being might be affected by GDC decisions or policies, take responsibility for ensuring that your motivation and actions could not be challenged by managing interests openly.

### 2. Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

- Do not accept payments, gifts, hospitality or favours where the nature of the person or organisation concerned, or the circumstances of the exchange, could give rise to a concern about your integrity.
- Do not put yourself – or allow others to put you – in a position in which your advancement or personal interests, or those of anyone close to you, could be seen as being linked to any decisions or actions you might take in the course of your GDC work.
- Assess your own behaviour by reference to the Nolan Principles and make sure that you are seen to be following them.

### 3. Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- In all that you do on behalf of the Council, demonstrate the same high standards of professionalism and personal probity which the Council expects of registered dental professionals.
- Answer any questions asked of you about your interests truthfully and in a spirit of openness.
- If you are asked about an interest, or the way in which you have managed it, avoid taking a defensive or narrowly legalistic approach.

### 4. Objectivity

In carrying out public business holders of public office should make choices on merit such as making appointments, awarding contracts, or recommending individuals for rewards and benefits,

- When making recommendations and decisions, declare and manage any non-GDC interests which would conflict with the decisions in question.
- Consider available options on their merits. Do not allow yourself to confuse the interests of the dental profession, or any other particular sector of society, with the public interest.

- Take full account of all available evidence which is relevant to the decision you have to make in the course of your GDC work. Make sure that you can distinguish clearly between the weight which is properly given to such evidence, and any undue, inappropriate or undeclared influence.

## 5. Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- You have a responsibility to explain your actions when asked. Engage constructively and positively with appropriate opportunities to explain the ways in which you have managed your interests.

## 6. Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

- Make a full and open declaration of interests when asked to do so. If in doubt about whether or not you need to declare an interest, err on the side of openness and let others make an assessment of relevance. Perceptions vary, and you may not be best placed to make an objective assessment in your own case.
- Complying with the formalities is important but, on its own, is not enough. Take active steps to assure yourself that those who need to know about your interests on any particular occasion are aware of the situation.
- Demonstrate that you are open not only to disclosing any interests you may have but also that you are open to discussing their significance. Reflect on any feedback and advice you receive and act on any learning points that emerge from your experience and the views of others.

## 7. Leadership

Holders of public office should promote and support these principles by leadership and example.

- Let your approach to managing your interests provide an example of good practice within the Council, enhancing the Council's standing as a model of good practice for the dental professionals we regulate.
- Provide leadership by ensuring that your actions match the words which we have agreed to live up to. Speak and act in ways which promote and encourage a culture of open discussion about issues concerning interests. Help promote a culture of accountability, in keeping with the spirit of this guidance.
- Support others with leadership roles within the Council, so that they are empowered and supported to fulfil their responsibilities on behalf of the whole organisation, in the public interest.

### Appendix 3 - Practical guidance for managing interests - Council members and Associates

Issues	Perceived Conflict	How Managed?
The Council member or Associate holds an Executive position or Non-Executive position of a Registrant association or institution/group	It may be perceived that the GDC is acting in the interest of registrants and not the interests of the public and/or patients; this depends on the nature of office.	<p><b>Indirect conflict:</b></p> <p>Membership of a registrant organisation will not ordinarily raise a perceived conflict</p> <p><b>Prejudicial interest:</b></p> <p>Membership would cause a perceived conflict if an item of business specifically relates to the association or institution or group</p> <p><b>Irreconcilable conflict:</b></p> <p>If a senior office or non-executive position is held this may pose an irreconcilable conflict. Council members and Associates will be asked to address this conflict with the Chair of the Council, Chair of the Appointments Committee, Chief Executive or Director of Governance and HR, and where appropriate may have to step down from one of the positions.</p>
The Council member or Associate holds a senior office or non-executive position in another organisation which conflicts with the aims and interests of the GDC or which may from time to time conflict	It may be perceived that the GDC is acting in the interest of the other organisation and not in the interests of the public and/or patients.	<p><b>Irreconcilable conflict:</b></p> <p>If a senior office or non-executive position is held this may pose an irreconcilable conflict due to perception. Council members and Associates will be asked to address this conflict with the Chair of the Council, Chair of the Appointments Committee, Chief Executive or Director of Governance and HR, and where appropriate may have to step down from one of the positions.</p>



Issues	Perceived Conflict	How Managed?
Member of two healthcare profession regulators <sup>2</sup>	<p>If a matter arises which is relevant to more than one regulator, then someone who is a member of more than one regulatory Council will be conflicted and will not be able to take part in the decision-making of either body.</p> <p>Council members by virtue of their position become aware of confidential information which may have a bearing on another healthcare professions regulator and issues that have arisen. By the time they become aware of the information, it is too late to remedy it.</p>	<p><b>Current position</b></p> <p><b>Prejudicial interest:</b></p> <p>Membership would cause a perceived conflict if an item of business specifically relates to an issue where the other healthcare regulators have opposing opinions.</p> <p><i>Position from 1<sup>st</sup> October 2013:</i></p> <p><b>Irreconcilable conflict</b></p> <p>Members must resign from one position or the other</p>
The Council member or Associate holds a position in another organisation where the GDC performs a quality assurance function.	It may be perceived that there is a conflict in that the Council member's or Associate's position would influence the assurance verdict of the organisation.	<p><b>Indirect conflict:</b></p> <p>Inspectors of institutions are independent of Council members and therefore should not be influenced by the connections of the Council members.</p> <p><b>Prejudicial interest:</b></p> <p>This may cause a perceived conflict where a Council member or Associate reviews information relating to their organisation; in such circumstances the Council member or Associate should not participate in the discussions.</p>

<sup>2</sup> By this we mean the UK's nine **health and care professional regulatory bodies** which are overseen by the Professional Standards Authority  
<http://www.psa.org.uk/>

Issues	Perceived Conflict	How Managed?
The Council member or Associate is drawn into a discussion regarding a Fitness to Practise matter.	It may be perceived that the Council member or Associate is seeking to influence the outcome of the matter.	<p><b>Prejudicial interest:</b></p> <p>The Council member or Associate must decline to be involved in the discussion. If the approach is by another Council member or Associate, or member of staff, the Council member/Associate should report the matter to the Chair of Council, the Chair of the Appointments Committee, the Chief Executive or Director of Governance and HR as appropriate.</p>
<p>The Council member or Associate acts as an adviser to, manages, is responsible for, or is otherwise engaged in local performance management or fitness to practise procedures involving dental registrants, for example:</p> <ul style="list-style-type: none"> <li>• NHS Commissioners</li> <li>• Care Quality Commission (CQC)</li> <li>• National Clinical Assessment Service</li> <li>• Denplan or another private company that carries out an external quality assurance function</li> <li>• Members of the NHS Commissioning Board in England or the equivalents in Wales, Scotland and Northern Ireland</li> <li>• Dental Leads or Dental Clinical Governance Leads</li> <li>• CQC Inspectors</li> </ul>	<p>It may be perceived that</p> <ul style="list-style-type: none"> <li>• the organisation concerned has a representative on the Council of the regulator.</li> <li>• The separation of fitness to practise and regulation policy will be blurred.</li> </ul>	<p><b>Irreconcilable conflict:</b></p> <p>This is an irreconcilable conflict so far as being a Council member is concerned. Council members will be asked to address this conflict with the Chair of Council and where appropriate may have to step down from one of the positions.</p> <p>However, it may be a manageable conflict so far as membership of a Statutory Committee is concerned. For example, the Council member must declare an interest and not sit where a case involves the commissioning authority area in which he advises.</p>

## Appendix 4 - Additional guidance for managing interests - Statutory Committee members

### Current practice for managing Statutory Committee members' interests:

- ☐ Members who have prior knowledge of the case or a connection to any person involved in a case should not serve on that case as it will jeopardise the independence of the decision.
- ☐ The Investigating Committee (IC)/Fitness to Practise Panel (FtPP) agenda is sent out in advance to members and they must declare in advance to the IC secretary if they have an interest or know an involved party or are aware of the case.
- ☐ The names of the IC or FtPP are sent to the respondent and complainant and they have the opportunity to request alternative IC panel members if they are aware of a conflict.  
The names of any registrants listed at IOCs or Practice Committees, their current practising address and year/place of qualification are sent out in advance to all parties, and to panellists listed to sit on a case. Any declarations of interests will prompt either an automatic panel member substitution or a request to all parties to consider whether a declaration is deemed a conflict. If the latter, an alternative panellist would be listed.
- ☐ The Appointments Committee will review potential members' conflicts of interest during the appointment process. Appointment letters will contain advice on how conflicts should be managed prior to appointment.

Issues	Perceived Conflict	How Managed?
A person cannot be a member two Statutory Committees OR of Statutory Committee and the Council of the GDC <b>at the same time</b>	There should be a separation of investigating and adjudication functions; and this should be separate from the Council.	<p><b>Irreconcilable conflict:</b></p> <p>Members cannot serve concurrently on Statutory Committees and the Investigating Committee (Constitution Order 2009).</p> <p>Members of the Council should not sit as members of the IC or Practice Committees.</p> <p>Members may apply for other positions but will not be appointed unless they agreed to step down from the conflicting post.</p>

Issues	Perceived Conflict	How Managed?
Dental Complaints Service Panellist	Members may see complaints/FtP issues in more than one place and therefore an independent view of the case will be compromised.	<p><b>Irreconcilable conflict:</b></p> <p>In line with the principles set out in the Constitution Order, members cannot serve concurrently on a Dental Complaints Service (DCS) Panel and the IC/FtPP.</p> <p>Members may apply for other positions but would not be appointed unless they agreed to step down from the conflicting post.</p>
GDC Working Group Member or Quality Assurance (QA)	None	<b>No conflict:</b>
Assessor or Inspector (including CQC)	Potential	Membership of a working group or inspection or assessment panels should not raise a perceived conflict except for assessments in which that assessor has taken part.
Anyone acting as expert witnesses for the GDC	The member's independence would be viewed as impaired.	<p><b>Irreconcilable conflict:</b></p> <p>The member would not be able to hold both positions at the same time.</p>
Legal Practice	No issue unless they relate to dental practice.	<p><b>Prejudicial interest:</b></p> <p>Members should not sit on Panels or cases which deal directly with cases that they have previously been involved with.</p>

Issues	Perceived Conflict	How Managed?
Dental Defence Organisations e.g. Dental Protection Ltd, Medical Defence Union, Medical and Dental Union of Scotland	<p>Members may see Complaints or FtP issues in more than one place and therefore an independent view of the case will be compromised.</p> <p>Members may be perceived as not being impartial (i.e. being prejudiced in favour of the registrant.</p>	<p><b>Prejudicial interest:</b></p> <p>Members should not sit on panels which deal directly with cases they have already seen.</p> <p><b>Irreconcilable conflict:</b></p> <p>If a senior office or a post dealing directly with ftp cases is held this may pose an irreconcilable conflict.</p> <p>Members will be asked to address this conflict with the Chair of Appointments Committee and where appropriate may have to step down from one of the positions.</p>
National Clinical Assessment Service (NCAS) OR the Dental Reference Service OR the Business Services Authority	<p>Members may see Complaints or FtP issues in more than one place and therefore an independent view of the case will be compromised.</p>	<p><b>Irreconcilable conflict:</b></p> <p>If an assessment role, this would pose an irreconcilable conflict as they would have been likely to have been involved in a case before it reaches the IC. Members will be asked to address this conflict with the Chair of the Appointments Committee and where appropriate may have to step down from one of the positions.</p>
NHS Governance and Management	<p>Members may know the complainant therefore an independent view of the case will be compromised.</p>	<p><b>Prejudicial interest:</b></p> <p>Member of Boards, Trusts, or Senior Management team. No conflict as such, but members should not deal with dental practitioner/complainants employed by their Trust/Hospital/PCT.</p>

Issues	Perceived Conflict	How Managed?
Professional Associations	Members may know the complainant therefore an independent view of the case will be compromised	<p><b>Indirect conflict:</b></p> <p>Membership of a registrant organisation will not ordinarily raise a perceived conflict</p> <p><b>Irreconcilable conflict:</b></p> <p>If a senior office or Non-Executive position is held this may pose an irreconcilable conflict. Members will be asked to address this conflict with the Chair of the Appointments Committee and where appropriate may have to step down from one of the positions.</p>

## Appendix 5- Staff owners for Council members and Associates

<b>Governance and HR Directorate</b>	<b>Council members</b>	<b>Head of Governance</b>
	<b>Appointments Committee members</b>	
	<b>Non-Council members of the Non-Statutory Committee</b>	
<b>Fitness to Practice Directorate</b>	<b>Investigating Committee members</b>	<b>Head of Investigating Committee</b>
	<b>Practice Committee Panellists</b>	<b>Senior Hearings Manager</b>
	<b>Specialist List Appeals Panellists</b>	<b>Senior Hearings Manager</b>
<b>Strategy Directorate</b>	<b>QA Inspectors</b>	<b>Operations Manager, Quality Assurance</b>
	<b>Dental Complaints Panellists</b>	<b>Head of Dental Complaints Service</b>
<b>Registration Directorate</b>	<b>Dentist Assessment Panellists</b>	<b>Registration Casework Manager</b>
	<b>DCP Assessment Panellists</b>	<b>Registration Casework Manager</b>
	<b>ORE Advisory Group</b>	<b>Registration Casework Manager</b>
	<b>ORE External Examiners</b>	

**Managing Interests Policy -  
Council Members and Independent Governance Associates**

Owner	Governance Team
Author	Head of Governance
Reviewed by Council	17 December 2020
Effective from	17 December 2020
Review Date	December 2022



## 1. Policy Statement

- 1.1. This policy applies to:
  - Members of the Council
  - Independent Governance Associates of the GDC which, in this case, include:
    - Members of the Statutory Panellists Assurance Committee ('SPC') and
    - Independent Members of the non-statutory Committees of the Council, such as the Audit and Risk Committee, Remuneration and Nomination Committee or Finance and Performance Committee.
- 1.2. References to 'Members' in this policy includes Council Members and Independent Governance Associates.
- 1.3. The policy is designed to provide guidance as to:
  - How to identify a potential or perceived conflict of interest.
  - How the organisation will manage a conflict of interest; and
  - How declared conflicts of interest will be recorded, reviewed and monitored.
- 1.4. The purpose of the GDC's Managing Interests Policies is to encourage transparency, accountability and probity, in line with the principles of right-touch regulation. In requiring regular and considered declarations of any conflicts, or perceived conflicts of interest, the GDC seeks to promote public confidence in the regulatory process.
- 1.5. The GDC subscribes to the Nolan Committee's report on 'Standards in Public Life' ('the Nolan Principles') which sets out the seven principles of public life. These are set out at **Appendix 2**.
- 1.6. Conflicts of interest are a normal and unavoidable part of decision-making and seeking to eliminate them is unlikely to be feasible or desirable. At the same time, for all public bodies, it is essential to maintain public trust and confidence in the organisation and individuals associated with it. Where a conflict of interest does arise, the principles of transparency and integrity apply, and the GDC requires disclosure of such conflicts to allow the organisation to manage the conflict accordingly.
- 1.7. The policy aims to ensure that conflicts of interests are managed consistently to: protect the integrity of decision making in the organisation, limit the risk of successful challenge to GDC decision and ensure that Council Members and Independent Governance Associates are able to act consistently with their responsibility to act in the public interest.
- 1.8. There are separate policies in place in the relation to managing the interests of GDC staff and the wider Associates group.
- 1.9. Making appropriate declarations, in relation to actual or potential conflicts of interest, is vital given the roles that GDC staff members, Council Members, Independent Governance Associates and the wider Associates group play in administering the GDC's statutory functions.
- 1.10. The table below illustrates the functions that are delivered by the organisation and the types of groups or individuals who deliver them. For each group, it is imperative that they adhere to the principles set out in their respective policies to ensure that the decisions they take or advise on are robust, transparent and accountable.

Function or role	Examples of Individuals or groups that fulfil this role
Strategic decision making for the organisation as a regulator	<ul style="list-style-type: none"> <li>• Council Members</li> <li>• Independent Governance Associates</li> <li>• Chief Executive and EMT Members</li> </ul>
Operational Management of the organisation	<ul style="list-style-type: none"> <li>• Chief Executive and EMT Members</li> <li>• Senior Leadership</li> <li>• GDC Managers</li> </ul>
Exercising a statutory discretion or taking statutory decisions for the organisation	<ul style="list-style-type: none"> <li>• The Registrar (and his delegates)</li> <li>• Fitness to Practise Panellists</li> <li>• Case Examiners</li> </ul>
Providing expert advice to the statutory decision makers for the organisation	<ul style="list-style-type: none"> <li>• Education Associates</li> <li>• Registration Assessment Panellists</li> </ul>
Operational delivery of the GDC as a public sector regulator	<ul style="list-style-type: none"> <li>• Staff</li> <li>• Associates</li> </ul>

## 2. Definitions

- 2.1. A '**conflict of interest**' is defined by the International Standards for the Professional Practice of Internal Auditing as '*any relationship that is or appears to be not in the best interests of the organisation. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively*'. A conflict of interest could relate to any professional, personal or business activity.
- 2.2. A '**connected person**' is a person with whom you have a personal or business relationship which could be perceived as influencing your decision making for or on behalf of the organisation.
- 2.3. An '**irreconcilable conflict of interest**' will be interests which are significant, ongoing and would impede the ability of the individual to carry out the duties of their role in the organisation in line with their obligations. These interests will not be able to be managed by the organisation without action to remove the conflict. One example of an irreconcilable conflict of interest would be for a Council Member to hold a Board position at a representative body, such as the British Dental Association. In these circumstances, the Council Member would be expected to resign from one of the posts held in order to manage the conflict.
- 2.4. A '**prejudicial interest**' will be those interests which may affect a Member's ability to fairly and objectively consider the subject at hand. This might be a perceived or apparent. Members should not be involved in decisions which directly affect them or those connected to them or which benefit or may appear to benefit them or those connected to them. This is because these external factors could be seen to impact the integrity of the decision-making process.
- 2.5. A '**perceived conflict of interest**' will be present if a member of the public, with knowledge of the relevant facts, would reasonably regard the interest or connection as sufficiently significant that it would be likely to prejudice the Member's judgement. This member of the public might interpret the actions of the Member as serving their own purposes, those of a person or organisation connected to them and not serving the interests of the GDC.

- 2.6. An '**indirect conflict of interest**' will be present where the decision-making in question might confer an indirect benefit on the Member but this benefit will be universal to all relevant groups, or only a minimal benefit will arise. Members should declare a potential conflict of interest in these circumstances but may participate in these discussions and decisions. An example of this might be where the Council discuss reductions in the Annual Retention Fee charged to its registrants and registrant Council Members are present for this discussion.
- 2.7. **Appendix 3** sets out practical examples of situations which might present conflicts of interest for Council Members or Independent Governance Associates of the GDC.

### 3. Declaring interests - Periodically

- 3.1. All Members must:
- On appointment, declare all conflicts of interest or potential conflicts of interest by completing the Declaration of Interest form found at **Appendix 1**.
  - For Council Members: They must update their declaration as soon as they are aware of any change in circumstances, or at least every **three months**.
  - For Independent Governance Associates: They must update their declaration as soon as they are aware of any change in circumstances, or at least every **12 months**.
- 3.2. For all Members, declarations of interest should be submitted by email to the Governance Team, to [governance@gdc-uk.org](mailto:governance@gdc-uk.org) to ensure that they are centrally captured and logged.
- 3.3. These declarations of interest will be reviewed in line with the *Standard Operating Procedure for Managing Interests for Council Members and Associates*.
- 3.4. The Governance team will maintain the registers of interests for Council Members and Independent Governance Associates, ensure that declarations are published appropriately and report on them annually (or by exception if appropriate) to the Audit and Risk Committee.

### 4. Declaring Interests – As they arise

- 4.1. The Standing Orders make provision for the way in which Council Members and Independent Governance Associates should declare any conflicts of interest or potential conflicts of interest that arise during Board meetings.
- 4.2. Council Members and Independent Members of non-statutory Committees should declare interests arising at meetings as set out in the relevant paragraph of the Standing Orders:
- For Council meetings, Standing Order 7 of the General Dental Council Standing Orders for the Conduct of Business 2017.
  - For non-statutory Committee meetings, Standing Order 6 of the General Dental Council Standing Orders for the Non-Statutory Committees of the Council 2018.
  - For the Statutory Panellists Assurance Committee (SPC), Standing Order 7 of the General Dental Council Standing Orders for the Appointments Committee 2016.
- 4.3. All conflicts of interest or potential conflicts of interest should be declared at the beginning of the relevant meeting.
- 4.4. If it becomes clear during the meeting that there is or may be a conflict, this must also be declared as soon as the Member becomes aware of it.

- 4.5. If a Member has a prejudicial interest in the agenda item under discussion, they should declare it and withdraw from the discussion and/or the meeting (for that item), in line with the Standing Orders and the decision of the Chair.
- 4.6. All declared conflicts of interest or potential conflicts of interest will be recorded in the minutes for the meeting. Members who have a prejudicial interest in relation to a particular item of business shall not count towards the quorum for that item.

## 5. Determination of Conflicts of Interest

- 5.1. When a conflict of interest or perceived conflict of interest is declared, the relevant parties below will advise on and determine whether the interest is irreconcilable:
  - For Council Members, Independent Members of non-statutory Committees and the Chair of the SPC – the Chair of Council.
  - For the Chair of Council – that they are notified to the Accounting Officer and reviewed by the Senior Independent Council Member.
  - For SPC members – the Chair of the SPC.
- 5.2. Where a Member is unsure of the effect of an interest or has a prejudicial interest which he or she believes to be significant, to ensure that appropriate action is taken, the member should consult with the relevant party below:
  - For Council Members, Independent Members of non-statutory Committees and the Chair of the SPC– the Chair of Council.
  - For the Chair of Council – the Senior Independent Council Member.
  - For SPC members – the Chair of the SPC.
- 5.3. The decisions of the respective Chairs/SICM on these matters will be final.

## 6. Monitoring of Conflicts of Interest

- 6.1. The Governance Team will record, maintain and publish (as appropriate) the declarations of interest received in connection from Council Members and Independent Governance Associates. Reviews will take place in line with the table below:

Individual	Reviewer	Frequency	Publish?
Chair of Council	Notified to the Accounting Officer and reviewed by the Senior Independent Council Member	Quarterly, or if position changes.	Yes
Council Member	Chair of Council	Quarterly, or is position changes.	Yes
Independent Member ARC, Remco or FPC	Chair of Council	Annually, or if position changes.	Yes
Chair of the SPC	Chair of Council	Annually, or if position changes.	Yes
SPC Member	Chair of the SPC	Annually, or if position changes.	Yes

- 6.2. When periodic declarations are made by Council Members, the Chair of the SPC and the independent members of the non-statutory Committees, they will be reviewed by the **Chair of the Council** who will review the interests declared to ensure that they are being

managed appropriately. The results of this exercise will be reported to the Audit and Risk Committee annually, or by exception if required.

- 6.3. When a quarterly declaration is made by the Chair of the Council, it will be reviewed the **Senior Independent Council Member** and the results of this exercise will be reported to the Audit and Risk Committee annually, or by exception if required.
- 6.4. When annual declarations are made by SPC members, the **Chair of the SPC** will review the interests declared to ensure that all interests are managed appropriately. The results of this exercise will be reported to the Audit and Risk Committee annually, or by exception if required.

## 7. Register of Interests

- 7.1. The Governance team will manage declarations of interest in line with this policy and the *Standard Operating Procedure for Managing Interests for Council Members and Associates*.
- 7.2. The Governance team will maintain the registers of interests for Council Members and Independent Governance Associates, ensure that declarations are published appropriately and report on them annually to the Audit and Risk Committee.

## 8. Non-Compliance

- 8.1. Non-compliance with this policy will be dealt with under the Code of Conduct for Council Members and Associates.

## 9. Review

- 9.1. This document will be reviewed every two years by the Governance team and any proposed amendments must be approved by the Council.

## 10. Related Legislation, Standing Orders and Policies

- 10.1. This policy is drafted with the following items in mind:
  - Dentists Act 1984 (as amended).
  - General Dental Council Standing Orders for the Conduct of Business 2017.
  - General Dental Council Standing Orders for the Appointments Committee 2016;
  - General Dental Council Standing Orders and Resolution for the Non-Statutory Committees of Council 2018.
  - Code of Conduct for Council Members and Associates.
  - Policies on Gifts and Hospitality for Council Members and Associates.

## 11. Appendices

- 11.1. Appendix 1 – Register of Interests
- 11.2. Appendix 2 – Nolan Principles
- 11.3. Appendix 3 – Practical guidance for managing interests – Council members and Independent Governance Associates

### **Declaration of Interests Form**

Title: (Dr, Mr. Mrs. Ms. Prof)	
Full name:	
Assigned role with the GDC:	

<b>Declaration:</b>
I understand and take responsibility for acting in accordance with the Nolan Principles. I understand that I must not receive any financial or non-financial benefit that is not explicitly authorised in my appointment letter and should not exert any influence to acquire any preferential treatment for myself or other connected persons.

Areas of interest	Details relating to you (Also include any relevant details relating to a connected person)
<p><b>Please provide details of all paid employment:</b></p> <p> <input type="checkbox"/> Non-Executive positions  <input type="checkbox"/> Full/Part-time employment  <input type="checkbox"/> Consultancies  <input type="checkbox"/> Self-employed/contract work  <input type="checkbox"/> Directorships         </p> <p><b>Why?</b> Decisions need to be taken in an open and transparent fashion, therefore Council members and Associates are required to declare positions so that any perceived interest can be easily manage.</p>	

<p><b>Please give details of all unpaid work, for example:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roles in organisations associated with healthcare</li> <li><input type="checkbox"/> Public service offices</li> <li><input type="checkbox"/> Roles of posts held in local or national organisations</li> <li><input type="checkbox"/> Trusteeships</li> </ul> <p><b>Why?</b> Decisions need to be taken in an open and transparent fashion, therefore, Council members and Associates are required to declare positions so that any perceived interest can be easily managed.</p>	
<p><b>Please list all businesses you are involved in which have a direct contract with the GDC or are a potential contractor with the GDC.</b></p> <p><b>Why?</b> Council decisions need to be taken in an open and transparent fashion, therefore Council members and Associates are required to declare their interest so that any perceived interests can be easily managed.</p>	
<p><b>All membership bodies and associations including political parties, pressure groups and professional bodies of which you are a member or are associated.</b></p> <p><b>Why?</b> Council members and Associates are free to engage in political activities or to maintain associations with professional organisations. Council members and Associates are required to declare such positions to give assurance that these do not conflict with the Council's statutory functions.</p>	

<p><b>Do you have close personal ties with the GDC's advisers, directors or employees?</b></p> <p><b>Why?</b> Council members or Associates who have close ties with advisors, directors or employees may be perceived as having an undue influence on decisions. This must be declared so that it can be managed in an open and transparent manner.</p>	
<p><b>Any other conflicts not covered by the above?</b></p>	

**Council Members:**

- ☐ I will update my register every three months and more frequently if any significant changes occur.
- ☐ I will, as soon as practicable but not more than seven working days after, alert the Head of Governance/Executive Director, Legal and Governance or relevant Director if I meet the criteria for disqualification as set out in the GDC (Constitution) Order 2009 or the GDC (Constitution of Committees) Order 2009.

**Independent Governance Associates (including independent Members of non-statutory Committees (ARC, FPC, RemNom) and Members of the Appointments Committee - SPC):**

- I will update my register every twelve months and more frequently if any significant changes occur.
- I will, as soon as practicable but not more than seven working days after, alert the Head of Governance/Executive Director, Legal and Governance or relevant Director if I meet the criteria for disqualification as set out in the GDC (Constitution) Order 2009 or the GDC (Constitution of Committees) Order 2009.



**Other Associates (including Fitness to Practise panellists, Registration panellists, Education Associates etc.):**

- ☐ I will update my register every twelve months and more frequently if any significant changes occur.
- ☐ I will, as soon as practicable but not more than seven working days after, alert the Head of People Services/Director of Organisational Development or relevant Director if I meet the criteria for disqualification as set out in the GDC (Constitution) Order 2009 or the GDC (Constitution of Committees) Order 2009.
- ☐ All actual, perceived, apparent and potential conflicts are disclosed above.

Signed- electronically:	Date:
Reviewed by (name):	Date:

**Data Protection:**

- ☐ The information provided will be processed in accordance with the data protection principles as set out in the General Data Protection Regulation 2016 (GDPR) and Data Protection Act 2018. The basis on which the GDC processes the personal information provided is that the processing is necessary for the exercise of the GDC's statutory functions.
- ☐ Information about how the GDC will use and share the information you give us, the various rights you have in connection with any personal data about you that is held by the GDC, and how long we will keep that information for can be found in the privacy notice on our website at [www.gdc-uk.org/privacy](http://www.gdc-uk.org/privacy).

## Appendix 2 - Nolan Principles

### 1. Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

- Members of the public and members of the dental profession are entitled to expect that you make decisions based on your conscientious assessment of what is in the public interest, without regard to your own interests or those of other organisations or individuals you are connected to.
- Do not exploit your association with the GDC for your own gain or that of others, and avoid any situation in which you might – even accidentally – give the impression that you are in a position to trade influence or access.
- If you have any involvement with a dental business or organisation whose value, prospects or well-being might be affected by GDC decisions or policies, take responsibility for ensuring that your motivation and actions could not be challenged by managing interests openly.

### 2. Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

- Do not accept payments, gifts, hospitality or favours where the nature of the person or organisation concerned, or the circumstances of the exchange, could give rise to a concern about your integrity.
- Do not put yourself – or allow others to put you – in a position in which your advancement or personal interests, or those of anyone close to you, could be seen as being linked to any decisions or actions you might take in the course of your GDC work.
- Assess your own behaviour by reference to the Nolan Principles and make sure that you are seen to be following them.

### 3. Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- In all that you do on behalf of the Council, demonstrate the same high standards of professionalism and personal probity which the Council expects of registered dental professionals.
- Answer any questions asked of you about your interests truthfully and in a spirit of openness.
- If you are asked about an interest, or the way in which you have managed it, avoid taking a defensive or narrowly legalistic approach.

### 4. Objectivity

In carrying out public business holders of public office should make choices on merit such as making appointments, awarding contracts, or recommending individuals for rewards and benefits,

- When making recommendations and decisions, declare and manage any non-GDC interests which would conflict with the decisions in question.
- Consider available options on their merits. Do not allow yourself to confuse the interests of the dental profession, or any other particular sector of society, with the public interest.

- Take full account of all available evidence which is relevant to the decision you have to make in the course of your GDC work. Make sure that you can distinguish clearly between the weight which is properly given to such evidence, and any undue, inappropriate or undeclared influence.

## 5. Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- You have a responsibility to explain your actions when asked. Engage constructively and positively with appropriate opportunities to explain the ways in which you have managed your interests.

## 6. Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

- Make a full and open declaration of interests when asked to do so. If in doubt about whether or not you need to declare an interest, err on the side of openness and let others make an assessment of relevance. Perceptions vary, and you may not be best placed to make an objective assessment in your own case.
- Complying with the formalities is important but, on its own, is not enough. Take active steps to assure yourself that those who need to know about your interests on any particular occasion are aware of the situation.
- Demonstrate that you are open not only to disclosing any interests you may have but also that you are open to discussing their significance. Reflect on any feedback and advice you receive and act on any learning points that emerge from your experience and the views of others.

## 7. Leadership

Holders of public office should promote and support these principles by leadership and example.

- Let your approach to managing your interests provide an example of good practice within the Council, enhancing the Council's standing as a model of good practice for the dental professionals we regulate.
- Provide leadership by ensuring that your actions match the words which we have agreed to live up to. Speak and act in ways which promote and encourage a culture of open discussion about issues concerning interests. Help promote a culture of accountability, in keeping with the spirit of this guidance.
- Support others with leadership roles within the Council, so that they are empowered and supported to fulfil their responsibilities on behalf of the whole organisation, in the public interest.

### Appendix 3 - Practical guidance for managing interests - Council Members and Independent Governance Associates

Issues	Perceived Conflict	How Managed?
The Member holds an Executive position or non- Executive position of a Registrant association or institution/group	It may be perceived that the GDC is acting in the interest of registrants and not the interests of the public and/or patients; this depends on the nature of office.	<p><b>Indirect conflict:</b></p> <p>Membership of a registrant organisation will not ordinarily raise a perceived conflict.</p> <p><b>Prejudicial interest:</b></p> <p>Membership would cause a perceived conflict if an item of business specifically relates to the association or institution or group.</p> <p><b>Irreconcilable conflict:</b></p> <p>If a senior office or non-executive position is held this may pose an irreconcilable conflict. Members will be asked to address this conflict with the Chair of the Council or the Chair of the SPC (as appropriate) and, where appropriate, may have to step down from one of the positions.</p>
The Member holds a senior office or non-executive position in another organisation which conflicts with the aims and interests of the GDC or which may from time to time conflict	It may be perceived that the GDC is acting in the interest of the other organisation and not in the interests of the public and/or patients.	<p><b>Irreconcilable conflict:</b></p> <p>If a senior office or non-executive position is held this may pose an irreconcilable conflict due to perception. Members will be asked to address this conflict with the Chair of the Council or Chair of the SPC (as appropriate) and, where appropriate, may have to step down from one of the positions.</p>

Issues	Perceived Conflict	How Managed?
Member of two healthcare professional regulators <sup>1</sup>	<p>If a matter arises which is relevant to more than one regulator, then someone who is a member of more than one regulatory Council will be conflicted and will not be able to take part in the decision-making of either body.</p> <p>Members, by virtue of their position, become aware of confidential information which may have a bearing on another healthcare professional regulator and issues that have arisen. By the time they become aware of the information, it is too late to remedy it.</p>	<p><b>Current position</b></p> <p><b>Prejudicial interest:</b></p> <p>Membership would cause a perceived conflict if an item of business specifically relates to an issue where the other healthcare regulators have opposing opinions.</p>
The Member holds a position in another organisation where the GDC performs a quality assurance function.	It may be perceived that there is a conflict in that the Member's position would influence the assurance verdict of the organisation.	<p><b>Indirect conflict:</b></p> <p>Inspectors of institutions are independent of Members and therefore should not be influenced by the connections of the Members.</p> <p><b>Prejudicial interest:</b></p> <p>This may cause a perceived conflict where a Member reviews information relating to their organisation; in such circumstances the Member should not participate in the discussions.</p>

<sup>1</sup> By this we mean the UK's nine **health and care professional regulatory bodies** which are overseen by the Professional Standards Authority  
<http://www.psa.org.uk/>

Issues	Perceived Conflict	How Managed?
The Member is drawn into a discussion regarding a Fitness to Practise matter.	It may be perceived that the Member is seeking to influence the outcome of the matter.	<b>Prejudicial interest:</b>  The Member must decline to be involved in the discussion. If the approach is by another Council Member or Associate, or member of staff, the Council Member should report the matter to the Chair of Council or the Chair of the SPC, as appropriate.
The Member acts as an adviser to, manages, is responsible for, or is otherwise engaged in local performance management or fitness to practise procedures involving dental registrants, for example: <ul style="list-style-type: none"> <li>• NHS Commissioners</li> <li>• Care Quality Commission (CQC)</li> <li>• National Clinical Assessment Service</li> <li>• Denplan or another private company that carries out an external quality assurance function</li> <li>• Members of the NHS Commissioning Board in England or the equivalents in Wales, Scotland and Northern Ireland</li> <li>• Dental Leads or Dental Clinical Governance Leads</li> <li>• CQC Inspectors</li> </ul>	It may be perceived that <ul style="list-style-type: none"> <li>• the organisation concerned has a representative on the Council of the regulator.</li> <li>• The separation of fitness to practise and regulatory policy will be blurred.</li> </ul>	<b>Irreconcilable conflict:</b>  This is an irreconcilable conflict for a Council Member or Independent Governance Associate. Members will be asked to address this conflict with the Chair of Council or Chair of the SPC (as appropriate) and, where appropriate, may have to step down from one of the positions.

## Gifts and Hospitality – Annual Report & Review of Policy for Council Members and Independent Governance Associates

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For decision
<b>Issue</b>	<p>To outline proposals for updating the policy on managing declarations of gifts and hospitality by Council Members and Independent Governance Associates.</p> <p>To provide the Council with a summary of all declarations of gifts and hospitality by staff, Council Members, Independent Governance Associates and the wider Associate groups for the periods:</p> <ul style="list-style-type: none"> <li>• 1 January 2018 – 31 December 2018</li> <li>• 1 January 2019 – 31 December 2019</li> <li>• 1 January 2020 – 31 August 2020</li> </ul>
<b>Recommendation</b>	<p>The Council is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the proposed revisions to the existing policies in relation to Council Members and Independent Governance Associates</li> <li>• <b>Note</b> the Gifts and Hospitality declarations by the above groups from 1 January 2018 to 31 August 2020.</li> <li>• <b>Approve</b> that the annual reporting on these groups is presented to the Audit and Risk Committee (ARC) for future years, and the ARC will scrutinise and provide appropriate assurance to the Council.</li> </ul>

### 1. Key considerations

- 1.1 Section 2E of the Dentists Act 1984 places an obligation on the Council to establish and maintain a system for the declaration and registration of the private interests of its members and to publish entries recorded in relation to Council Members.
- 1.2 The purpose of the GDC's Gifts and Hospitality Policies is to encourage transparency, accountability and probity, in line with the principles of right-touch regulation. In requiring regular and considered declarations of any gifts or hospitality offered to, or accepted by, our Council Members and Independent Governance Associates, the GDC seeks to promote public confidence in the regulatory process. The UK Bribery Act 2010 sets out that organisations can be prosecuted if bribery is disguised through frequent or 'lavish' gift giving, so this policy is designed to make clear the expectations that the GDC has about how gifts and hospitality will be treated.

- 1.3 The Council is asked to **approve** the proposed revisions to the attached policy in respect of Council Members and Independent Governance Associates. In November 2020, the EMT Board approved the proposed approach and approved revised policies for GDC staff and the wider Associates group. In November 2020, the ARC reviewed and recommended the revised policy to the Council.
- 1.4 This paper contains details of the declarations made by all staff, Council Members, Independent Governance Associates and wider Associates groups by from 1 January 2018 to 31 August 2020. It is proposed that the declarations in relation to EMT Members, Council Members, Independent Governance Associates and the wider Associates group are reported to the ARC annually, and the ARC will report its assurance levels to the Council. The EMT Board will receive the declarations in relation GDC staff and appropriately escalate any key risks to the ARC.
- 1.5 In this paper, 'Independent Governance Associates' are defined as Members of the Statutory Panellists Assurance Committee ('SPC') and Independent Members of the non-statutory Committees of the Council, such as the Audit and Risk Committee, Remuneration and Nomination Committee or Finance and Performance Committee. The management of these relationships is undertaken by the Governance team.

## 2. Policies Review

- 2.1 The GDC has developed policies around the management of declarations of gifts and hospitality for GDC staff, Council Members and Independent Governance Associates and the wider Associates group. The EMT is responsible for the review and approval of the policies in relation to staff and the wider Associates groups.
- 2.2 In relation to Council Members and Independent Governance Associates, the Council is asked to approve the proposed approach to revising the current Gifts and Hospitality policy (**Appendix 1**). The revised policy is attached at **Appendix 2** and mirrors the approach taken for the other groups.

## 3. Proposed Revisions

- 3.1 In the review of this business area, the Governance team have identified issues around consistency and timing of policy reviews, historical issues around reminders being sent and a lack of clarity around reporting routes and monitoring. The Governance team have sent quarterly reminders to EMT Members, Council Members and Independent Governance Associates. Up-to-date declarations are on the GDC website. The People Services team will remind staff and the wider Associates group to make annual declarations at the same time as their declarations of interest.
- 3.2 To address these issues, the following steps have been taken:
  - a. The policies for all groups have been reviewed and presented to the EMT Board. The ongoing reviews will take place every two years and have been placed on the workplan for the Governance team and relevant Boards.
  - b. Annual reminders are diarised for staff and the wider Associates group by People Services. Annual reminders will be sent by the Governance team to the Independent Governance Associates and quarterly to the Council and EMT Members.
  - c. It is proposed that annual reports on all groups come to the EMT Board and an annual report on all groups (excluding staff but including EMT) come to the ARC. This report will be produced by the Governance team with data provided by the People Services team.



- d. It is proposed that the information in this area is available to external auditors, should they wish to review it. The In-house Internal Audit team have placed this topic on its workplan for summer of 2021, to allow improvement work identified here to embed.
- e. A SOP has been drafted and circulated to relevant colleagues to ensure that the teams are following the appropriate processes in relation to the collation and publication of declarations in this area.

#### 4. Declarations

##### In relation to Staff:

4.1 As summarised in the table below:

- a. In **2018**, there were **28 declarations** of gifts and hospitality.
- b. In **2019**, there were **24 declarations** of gifts and hospitality.
- c. In **2020**, from 1 January to 31 August 2020, there have been **9 declarations** of gifts and hospitality.

4.2 The team have reviewed the historic levels of declarations and, in 2017, there were **39 declarations**. For 2020, the decline in figures is likely related to the Covid-19 pandemic.

4.3 There has been a good adherence to the alcohol policy and, in each of the cases, the alcohol was declined, and where it was unable to be returned, was donated to the Social Committee (which is currently dormant in London but active in Birmingham).

##### **Staff Declarations: From 1 January 2018 to 31 August 2020**

Type	Accepted / Declined?	2018	2019	2020 to date
Gift – Food (e.g. chocolate, hamper)	Accepted	5	2	1
	Declined		2	3
Gift – Flowers	Accepted	2	2	1
	Declined			
Gift – Alcohol	Accepted			
	Declined	6		
Gift – Stationary	Accepted		2	
	Declined			
Gift – Other, Cash/equivalent (i.e. book token)	Accepted		1	
	Declined	2		
Hospitality – Networking drinks and/or meal	Accepted			
	Declined		1	2
Hospitality – Meeting that inc. hotel/ meals	Accepted	1		
	Declined			
Hospitality – Awards ceremony/dinner	Accepted	7	12	
	Declined	3	1	1
Hospitality – Business meeting (e.g. working lunch)	Accepted	2	1	
	Declined			

- 4.4 In relation the accepting of flowers in 2019 and 2020, these were from registrants for help with their applications and received after the applications had been processed. On each occasion, the UK Registration Manager and Head of Registration informed the Governance team of the offer, and advised that the gift had post-dated the completion of work and, accordingly, could not have influenced decision-making. Given this fact and, as the flowers were a perishable item and were not able to be returned, it was deemed appropriate for the gift to be kept and declared.
- 4.5 In relation to the numbers of hospitality awards/dinners declared in 2018 and 2019, this related to Legal staff attending the ARDL (Association of Regulatory Lawyers Dinner) and advance approval was received in all cases.

**Breakdown by directorate – 1 January 2018 to 31 August 2020:**

Directorate	Accepted	Declined
Fitness to Practise	10	3
Organisational Development	2	0
Registration and Corporate Resources	4	6
Strategy	2	3
Legal and Governance	17	7
Chief Executive and Chair's Offices	2	4

- 4.6 In relation to Council Members and Independent Governance Associates, there is no reliable historic data. This is due to a lack of access to the current Sharepoint system for non-staff groups and mistakes with processes followed in early 2019. Since Q1 of 2020, correct declarations have been sought and made, and the website now shows up to date declarations for Council and EMT. The reminder for Independent Governance Associates was sent in November 2020.
- 4.7 In relation to the wider Associates group, there is no historic data available. This issue has been raised with the People Services team and will be included as part of the scope of the audit for the in-house Internal Audit team.
- 4.8 The Council is asked to **note** the data reported and to **approve** the proposed amendments to the policy document and proposed reporting approach.

## **5. Legal, policy and national considerations**

- 5.1 This paper has been prepared in consultation with the People Services, Internal Audit and IT Teams. It has also been provided to the In-House Legal Advisory and Information Governance teams for comment.
- 5.2 In relation to Council Members and Associates, the Information Governance team notes that, as the forms are submitted at the 'point of collection' of the personal data contained within them, they should include a reminder 'processing your personal data is necessary for the exercise of the GDC's statutory functions'. In addition, to provide a link to the GDC's privacy notice where more detail about the GDPR requirements can be found.

**6. Equality, diversity and privacy considerations**

- 6.1 The EDI team has been consulted on the development of this policy and no adverse EDI implications have been identified.

**7. Risk considerations**

- 7.1 The risks of not implementing the proposals is that the organisation continues with an outdated policy in respect of the diverse groups of individuals who interact with it. There are reputational risks that attach to having an outdated policy approach and, if the contents of the policies are not embedded fully within the organisation (and within its Associate groups) there is a risk that decisions that are taken may be perceived to be unfair and may be subject to challenge.

**8. Resource considerations and CCP**

- 8.1 This work will be resourced as part of business as usual. The Governance team is now properly structured and resourced and can incorporate the management of declarations from EMT, Council Members and Independent Governance Associates into its forward workplan. The People Services team have confirmed that they are able to deliver the management of declarations of the staff and wider Associates group within existing approved resource.

**9. Monitoring and review**

- 9.1 The policies will be reviewed every two years. The reporting to EMT on staff declarations will be annual. The reporting to the ARC on declarations from Council Members, independent Governance Associates and the wider Associates groups will be annual.

**10. Development, consultation and decision trail**

- 10.1 The staff policy was last reviewed by the EMT in March 2017. The policy for Council Members and Associates was last reviewed by the Council in July 2016.
- 10.2 The proposed revised policy approach was reviewed and approved by the EMT in November 2020 and recommended by the ARC in November 2020.

**11. Next steps and communications**

- 11.1 It is proposed that the following next steps are taken:
- a. If this policy is approved, it will be provided to Members by the Governance team (and uploaded to Diligent Boards as a central reference point). It will be provided to new appointees as part of their induction.
  - b. The review of the policies will be placed on the Committee's workplan for review every two years.

**Appendices**

1. Current Gifts and Hospitality Policy for Council Members and Associates
2. Revised Gifts and Hospitality Policy for Council Members and Independent Governance Associates

Katie Spears, Head of Governance  
kspears@gdc-uk.org

26 November 2020

## **Gifts and Hospitality Policy for Council Members and Associates**

Owner	Governance and HR Directorate
Author	Head of Governance
Approved by Council	27 July 2016
Effective from	27 July 2016
Review Date	July 2018

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## **1. Policy Statement**

- 1.1. Gifts and hospitality accepted by Council members and Associates must be justifiable as being in the direct interest of the GDC and be proportionate to that interest.
- 1.2. This policy is in line with the GDC's organisational values:
  - Fairness – we will treat everyone we deal with fairly.
  - Respect – we treat dental professionals, our registrants and our employees with respect.
  - Responsiveness – we can adapt to changing circumstances
  - Transparency – we are open about how we work and how we reach decision

## **2. Definitions**

- 2.1. "Low value" means estimated as a total of £10 or less in value, and "inexpensive" means estimated at £25 or less in value.
- 2.2. "Material hospitality" is all cases of hospitality beyond an inexpensive working meal.

## **3. Purpose**

- 3.1. The purpose of this policy is to set out the principles in relation to accepting gifts and hospitality as set out below and to outline the procedure for declaring gifts and hospitality:
  - Council members and Associates must not accept gifts, hospitality or benefits of any kind from a third party which might be perceived as compromising their personal judgement or integrity;
  - All gifts and hospitality offered must be declared;
  - All purchasing decisions and negotiation of contracts must be based solely on achieving value for money;
  - Council members and Associates must seek appropriate advice when faced with a situation which is not covered in this guidance.

## **4. Scope**

- 4.1. This policy applies to all Council members and Associates. The term Associates applies, but is not limited to, Statutory Committee members, Appointments Committee members, Non-Council members of the Non-Statutory Committees or working groups, Quality Assurance Inspectors, Dental Complaints Service Panellists, Dental Care Professionals Assessment Panellists, members of the Overseas Registration Examination (ORE) Advisory Group and ORE External Examiners.

## 5. Procedure

- 5.1. The acceptance of gifts is rarely, if ever, appropriate. Under no circumstances should gifts be solicited, as this is in breach of the Anti-Fraud and Anti-Bribery Policy.
- 5.2. If unsolicited gifts are received, reasonable efforts must be made to return them to the donor. The exceptions to this are:
  - gifts to the GDC itself for display purposes (but not from any individual or body which has or could have a contractual relationship with the GDC);
  - low value office goods (e.g. diaries and pens).
- 5.3. Hospitality which arises in the normal course of business such as lunches provided at meetings with or seminars organised by suppliers, may be accepted if the hospitality is incidental to the legitimate business event and is the best use of time.
- 5.4. Invitations from suppliers or potential suppliers to sporting, cultural or social events where the hospitality is central should not be accepted, except with the consent of the Chair of the Council.
- 5.5. Any Council member or Associate in doubt about whether or not it would be appropriate to receive a gift, or whether to accept an offer of hospitality, should seek advice from the relevant Director or, in the case of Council members, the Chair of the Council.
- 5.6. The Chair of the Council should seek advice about whether or not it would be appropriate to receive a gift, or whether to accept an offer of hospitality, from the Chief Executive and, if advised, the Chair of the Audit Committee.
- 5.7. When deciding whether to accept an invitation, due regard will be had to the value of the entertainment and the numbers of Council members, Associates and/or GDC staff attending the event. Too close an association with businesses, educational establishments or bodies representing registrants could damage the GDC's reputation.
- 5.8. Where an offer of hospitality is declined this should be communicated in writing, either by email or letter, to the person or organisation making the offer. All such communications should be retained to allow all declines to be audited.
- 5.9. Any gift and any material hospitality offered, **whether accepted or not**, must be notified to and recorded in the Gifts and Hospitality Register (see Appendix 1) as soon as possible after the event. Completed declarations should be sent to the relevant Executive Director in the case of Associates for review and recording. Declarations from Council members, Appointments Committee members and Non-Council members of Non-Statutory Committees, the Chair of the Council for review and recording.
- 5.10. Executive Directors should keep a Gifts and Hospitality Register for Associates within their Directorate. The Governance team will keep the Gifts and Hospitality Register for Council members, Appointments Committee members and Non-Council members of the Non-Statutory Committees.

- 5.11. 5.10 Council members will be sent a reminder to declare any gifts and hospitality on a monthly basis and in any case should decline them as soon as possible. The Gifts and Hospitality Register for Council members will be published on the GDC website.
- 5.12. Associates should declare any gifts and hospitality as soon as possible. A reminder will be sent out annually from the relevant Directorate.

## **6. Review**

- 6.1. This policy will be reviewed every two years. The Head of Governance will be responsible for the review.
- 6.2. Amendments will be approved by the Council.

## **7. Related Policies**

- 7.1. Code of Conduct for Council members and Associates
- 7.2. Whistleblowing Policy for Council members and Associates (and associated guidance)
- 7.3. Anti-Fraud and Anti-Bribery Policy for Council members and Associates



**Appendix 1: Declaration of gifts and hospitality****Name:****Position held:****Date:**

<b>Nature and description of gift or hospitality (including venue if applicable)</b>	<b>Value If goods worth more than £10 or a meal worth more than £25</b>	<b>Reason for gift/hospitality and whether it was accepted or not</b>	<b>Director/CEO/Chair's signature*</b>

\*The Director/Chief Executive/Chairman of the Council is signing to confirm that they have reviewed the declaration. Any concerns should be raised with the Chairman of the Audit and Risk Committee



**Gifts and Hospitality Policy for  
Council Members and Independent Governance Associates**

Owner	Legal & Governance Directorate
Author	Head of Governance
Approved by Council	9 November 2020
Effective from	10 November 2020
Review Date	November 2022 (reviewed every 2 years)

## 1. Policy Statement

1.1 This policy applies to:

- **Members of the Council**
- **Independent Governance Associates** of the organisation – defined in this policy to mean the independent members of the Statutory Panellists Assurance Committee (SPC) and the independent members of the non-statutory Committees of the Council, such as the Audit and Risk Committee, the Finance and Performance Committee and the Remuneration and Nomination Committee.
- References to '**Members**' within this policy means Council Members and Independent Governance Associates, as defined here.

1.2 The policy is designed to provide guidance as to:

- What is and is not acceptable in relation to the acceptance of gifts or hospitality.
- How and when you should make a declaration in relation to gifts or hospitality.
- How to raise a concern in relation to an offer of gifts or hospitality, and
- How declared declarations of gifts and hospitality will be recorded, reviewed and monitored.

1.3 The purpose of the GDC's Gifts and Hospitality Policies is to encourage transparency, accountability and probity, in line with the principles of right-touch regulation. In requiring regular and considered declarations of any gifts or hospitality offered to, or accepted by, our Council Members and Independent Governance Associates, the GDC seeks to promote public confidence in the regulatory process. The UK Bribery Act 2010 sets out that organisations can be prosecuted if bribery is disguised through frequent or 'lavish' gift giving, so this policy is designed to make clear the expectations that the GDC has about how gifts and hospitality will be treated.

1.4 The GDC subscribes to the Nolan Committee's report on 'Standards in Public Life' ('the Nolan Principles') which sets out the seven principles of public life. These are set out at **Appendix 1**.

1.5 Council Members and Independent Governance Associates must not accept gifts and hospitality or receive other benefits from anyone which might reasonably be seen to compromise their personal judgement or integrity.

1.6 It is recognised that Council Members and Independent Governance Associates are expected to build and maintain effective networks with external stakeholders, to support the work of the organisation, and gain an understanding of views of those stakeholders about our key purpose of protecting the public and promoting public confidence in the profession. These networking opportunities may come with offers of hospitality which could, on occasion, further the key purposes of the organisation. This must be balanced against upholding high standards of propriety and guarding against the appearance of a real or perceived conflict of interest or the creation of an undue obligation.

1.7 For all public bodies, it is essential to maintain public trust and confidence in the organisation and individuals associated with it. Where a conflict of interest does arise, through the offer or acceptance of gifts or hospitality, the principles of transparency and integrity apply, and the GDC requires disclosure of such gifts or hospitality to allow the organisation to manage the conflict accordingly.

1.8 The policy aims to ensure that approach to gifts and hospitality is managed consistently to: protect the integrity of decision making in the organisation, limit the risk of successful challenge

to GDC decisions and ensure that Council Members and Independent Governance Associates are able to act consistently with their responsibility to act in the public interest.

- 1.9 There are separate policies in place in the relation to gifts and hospitality offered to staff and the wider Associates group.

## 2. Definitions

- 2.1 A **'conflict of interest'** is defined by the International Standards for the Professional Practice of Internal Auditing as *'any relationship that is or appears to be not in the best interests of the organisation. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively'*. A conflict of interest could relate to any professional, personal or business activity.
- 2.2 A **'gift'** is defined as any benefit, item or service that is given to a Member free or charge, or at less than its commercial price, by an external party.
- 2.3 **'Hospitality'** is defined as food, drink or other privileges provided by an external party to a Council Member or Independent Governance Associate. This may include simple meals or refreshments, offered as part of attendance at a meeting, reception or other event, or offers of free travel to attend such events.
- 2.4 A **'connected person'** is a person with whom you have a personal or business relationship which could be perceived as influencing your decision making for or on behalf of the organisation.
- 2.5 In this policy, **'low value'** means an estimated value of £20 or less. **'Inexpensive'** means an estimated value of less than £35. **'Material hospitality'** means all cases of hospitality beyond an inexpensive working meal.

## 3. Principles

- 3.1 Making appropriate declarations, in relation to actual or potential conflicts of interest, is vital given the roles that GDC staff members, Council Members, Independent Governance Associates and the wider Associates group play in administering the GDC's statutory functions.
- 3.2 The table below illustrates the functions that are delivered by the organisation and the types of groups or individuals who deliver them. For each group, it is imperative that they adhere to the principles set out in their respective policies to ensure that the decisions they take or advise on are robust, transparent and accountable.

Function or role	Examples of Individuals or groups that fulfil this role
Strategic decision making for the organisation as a regulator	<ul style="list-style-type: none"> <li>• Council Members</li> <li>• Independent Governance Associates</li> <li>• Chief Executive and EMT Members</li> </ul>
Operational Management of the organisation	<ul style="list-style-type: none"> <li>• Chief Executive and EMT Members</li> <li>• Senior Leadership</li> <li>• GDC Managers</li> </ul>
Exercising a statutory discretion or taking statutory decisions for the organisation	<ul style="list-style-type: none"> <li>• The Registrar (and his delegates)</li> <li>• Fitness to Practise Panellists</li> <li>• Case Examiners</li> </ul>

Providing expert advice to the statutory decision makers for the organisation	<ul style="list-style-type: none"> <li>• Education Associates</li> <li>• Registration Assessment Panellists</li> </ul>
Operational delivery of the GDC as a public sector body	<ul style="list-style-type: none"> <li>• Staff</li> <li>• Associates</li> </ul>

### 3.3 The following principles apply when considering whether or not to accept a gift or hospitality:

- All offers of gifts or hospitality must be declared.
- This policy applies whether or not the offer of gifts or hospitality is made during the course of a Member's work for the organisation or as a result of their position.
- Any gift of hospitality accepted by Members must be justifiable. This means that it is in the direct interest of furthering the key purposes of the organisation and it must be proportionate to that interest.
- The frequency and generosity of an offer of a gift of hospitality must be considered when assessing whether or not to accept it. Accepting hospitality frequently from the same individuals or organisations might give rise to the perception that the work of the organisation is being influenced by the objectives of the external party.
- Those who are involved or responsible for procurement or management of contracts must adhere to strict rules in relation to their dealings with external suppliers. Purchasing decisions or contract negotiations should be based solely on achieving value for money and in adherence to relevant procurement legislation and best practice. Members are unlikely to be involved in these processes but, for the avoidance of doubt, should not accept gifts or hospitality if this could, or could be seen to, influence those interactions. If you are unsure in relation to this issue, please seek guidance from the Head of Governance in the first instance, who will consult with the In-House Legal Advisory Service and the Procurement team.
- When considering whether or not to accept an offer of gift or hospitality, consider also whether the acceptance would stand up to public scrutiny.
- Gifts or hospitality offered to those connected with Members, as a result of the member's position in the organisation, should also be declared.
- Responsibility for making the declaration of any offer of gift of hospitality lies with the Member. If you are in doubt as to whether or not to declare any offer or whether or not to accept it, please seek the guidance from the Head of Governance on [governance@gdc-uk.org](mailto:governance@gdc-uk.org) or from the Chair of Council.

## 4. Specific Guidance on Gifts

- 4.1 All gifts must be declared, regardless of whether or not they are accepted or declined.
- 4.2 Any gift of an estimated value of £20 or over must be declined, declared and, if already received, returned.
- 4.3 Any gift of an estimated value of under £20 may be accepted, if appropriate in line with this policy, but must be declared.

*Examples of gifts under £20 which may be accepted:*

Example Gifts	May be accepted?
Merchandise freely available at a conference, seminar or training event.	✓
Low value office goods e.g. diaries/pens	✓
Chocolates/confectionery.	✓
Bottled waters/soft drinks.	✓

- 4.4 Certain categories of gifts must always be declined, regardless of their estimated value, and must also be declared.

*Examples of gifts which must be declined:*

Example Gifts	May not be accepted
Cash or cash equivalent, such as tickets, gift cards or tokens.	✗
Alcohol or gifts which contain alcohol.	✗
Gifts which a third party may reasonably perceive to be excessive or extravagant.	✗
Where acceptance would break laws, regulations or GDC policies.	✗
Discounts on private purchases from suppliers with whom they have official dealings.	✗
Gifts when there is a pending or open procurement exercise.	✗

- 4.5 Under no circumstances should gifts be solicited. If Members receive unsolicited gifts which ought to be returned under this policy but, because they have been sent anonymously cannot be, the Member should proceed as follows:
- Declare the gift
  - Decline the gift
  - If the gift is estimated to be valued at less than £20 but contains alcohol, donate it to the Social Committee for a staff raffle. Please consult the Governance team if you need to obtain practical advice as to how to do this.
  - If the gift is estimated to be valued at more than £20, donate it to an appropriate charity. Please consult the Governance team if you need to obtain practical advice as to how to do this.

## 5. Hospitality

- 5.1 Offers of hospitality can take many forms – lunches, post-conference buffets, invitations to stakeholder events, gala dinners and overnight accommodation.
- 5.2 All offers of hospitality must be declared, whether or not they are accepted or declined, and regardless of value.
- 5.3 Some forms of hospitality may be accepted by Members, if appropriate, under this policy.

*Examples of hospitality which may be accepted:*

Examples of hospitality	May be accepted?
Food arising in the normal course of business, such as lunches provided at meetings or seminars organised by suppliers. This must be incidental to the legitimate business event and the best use of time.	✓
Tea/coffee/soft drinks during working meetings.	✓
Bottled waters/soft drinks.	✓

- 5.4 Certain types of hospitality must always be declined, regardless of their estimated value, and must also be declared.

*Examples of gifts which must be declined:*

Examples of hospitality	May not be accepted
Alcohol, during normal business hours, at meetings, seminars or training events.	✗
Invitations from suppliers or potential suppliers to sporting, cultural or music events.	✗
Invitations to events where alcohol is the central theme.	✗
Where hospitality is lavish and/or extravagant or could be perceived to be so.	✗
From organisations where there is a direct (or perceived) involvement or connections with a GDC related bid, tender, contract renewal, ongoing negotiation or decision.	✗
Where a reasonable member of the public would consider the hospitality to not be reasonable, appropriate and/or proportionate	✗
Where acceptance would break laws, regulations or GDC policies.	✗

## 6. Making a Declaration

### 6.1 If you receive an offer of Members should:

- Review this policy to ascertain whether or not you should accept or decline it.
- Seek advice if you are in any doubt:
  - Any Council Member who is in doubt about whether or not it would be appropriate to receive a gift, or whether to accept an offer of hospitality, should seek advice from the Chair of the Council.
  - Any Independent Governance Associate who is similarly in doubt, should seek advice from the Head of Governance.
  - If the Chair of Council is in doubt as to whether it would be appropriate to receive a gift or accept an offer of hospitality, they should seek advice from the Chief Executive and, if advised, the Chair of the Audit and Risk Committee.



- Regardless of whether or not you intend to accept or decline the gift or hospitality, declare it via the appended form within 10 working days of the offer being made.
- Safely retain a copy of any message sent declining the gift or hospitality and any proof of postage for the return of the gift or hospitality. This information may be required for audit purposes.

- 6.2 When deciding whether to accept an offer of hospitality, due regard should be had to the value of the entertainment and the numbers of Council members, other Associates and/or GDC staff attending the event. Too close an association with businesses, educational establishments or bodies representing registrants could damage the GDC's reputation.
- 6.3 Where a dispute remains, following discussion and liaison on whether an offer of gift of hospitality can be accepted, the decisions of the Chair of Council (or Chair of the Audit and Risk Committee in respect of the Chair of Council) on these matters will be final.
- 6.4 Where an offer of hospitality is declined this should be communicated in writing, either by email or letter, to the person or organisation making the offer. All such communications should be copied to the Governance team to allow all declined invitations and offers to be recorded and subject to audit.

## 7. Declaring Gifts and Hospitality

- 7.1 All Members are expected to act and be seen to act impartially and objectively in carrying out their roles.
- 7.2 Council Members are responsible for disclosing any offers of gifts and hospitality, as and when they arise, and **quarterly**.
- 7.3 Independent Governance Associates are responsible for disclosing any offers of gifts and hospitality, as and when they arise, and **annually**.
- 7.4 All Members will be asked to update their declaration:
- 7.4.1 When they are offered a gift or hospitality; and
  - 7.4.2 Periodically.
    - For Council members: They must update their declaration as soon as they are offered any gift or hospitality<sup>1</sup>, and at least every **three months**.
    - For Independent Governance Associates: They must update their declaration as soon as they are offered any gift or hospitality<sup>2</sup>, and at least every **12 months**.
- 7.5 New Members will be sent a copy of this policy in their appointment packs.
- 7.6 Declarations should be made using the attached form – at **Appendix 2** – and returned to the Governance team at [governance@gdc-uk.org](mailto:governance@gdc-uk.org).
- 7.7 The Governance team will send a quarterly reminder to Council members and an annual reminder to Independent Governance Associates to make their declarations. The Governance team will keep a central register of declarations and send the declarations to the relevant parties for review.

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<sup>1</sup> Within 10 working days

<sup>2</sup> Within 10 working days

- 7.8 The Chair of Council will review the declarations for:
- a. Council Members
  - b. The Chair of SPC
  - c. Independent Members of the Audit and Risk Committee, Finance and Performance Committee and Remuneration and Nomination Committee.
- 7.9 The Chair of the SPC will review the declarations for members of the SPC.
- 7.10 The Senior Independent Council Member will review the declarations for the Chair of Council. Declarations will be retained internally for 10 years in accordance with the GDC's retention policy.

## **8. Monitoring of Declarations**

- 8.1 The Governance Team will record, maintain and publish (as appropriate) the declarations of gifts and hospitality received from Council Members and Independent Governance Associates. This will be via a central register.
- 8.2 The Audit and Risk Committee will receive an annual report (or exception reporting if required) of all declarations of gifts and hospitality in respect of Council Members and Independent Governance Associates.
- 8.3 Declarations by Council Members will be published on the GDC website. Declarations by Independent Governance Associates will be collated and stored centrally, but not published.
- 8.4 When Member declarations are made, they will be reviewed by the appropriate person (outlined above) and if any declarations of gifts or hospitality present concerns for those reviewing them, action will be taken in line with the Code of Conduct and the obligations and duties set out within the Member's agreement. Non-compliance with this policy will be dealt with similarly.
- 8.5 The Governance team will maintain a record of all requests for advice and guidance on this policy to establish trends and to assist when this policy is due for review.

## **9. Audit**

- 9.1 The Gifts and Hospitality Register will be available to internal and external auditors for review, as part of their annual audit process.

## **10. Raising any Concerns**

- 10.1 If you have concerns that a Member may have breached this policy, you should discuss this concern with the Head of Governance, Executive Director, Legal and Governance, Chief Executive, Chair of Council or Chair of the Audit and Risk Committee (as appropriate). You can also refer to the Whistleblowing policy for further guidance in relation to raising concerns in this area.

## **11. Review**

- 11.1 This document will be reviewed every two years by the Governance team and any proposed amendments must be approved by the Council.

## **12. Related Codes, Policies and Legislation**

- a. Managing Interests Policy for Council Members and Independent Governance Associates
- b. Code of Conduct for Council Members and Independent Governance Associates
- c. Whistleblowing Policy for Council Members and Associates
- d. Anti-Fraud and Anti-Bribery Policy for Council Members and Associates

### **13. Appendices**

1. Nolan Principles
2. Declaration form

## **Appendix 1 – Nolan Principles**

### **1. Selflessness**

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

- Members of the public and members of the dental professions are entitled to expect that you make decisions based on your conscientious assessment of what is in the public interest, without regard to your own interests or those of other organisations or individuals you are connected to.
- Do not exploit your association with the GDC for your own gain or that of others, and avoid any situation in which you might – even accidentally – give the impression that you are in a position to trade influence or access.
- If you have any involvement with a dental business or organisation whose value, prospects or well-being might be affected by GDC decisions or policies, take responsibility for ensuring that your motivation and actions could not be challenged by managing interests openly.

### **2. Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

- Do not accept payments, gifts, hospitality or favours where the nature of the person or organisation concerned, or the circumstances of the exchange, could give rise to a concern about your integrity.
- Do not put yourself – or allow others to put you – in a position in which your advancement or personal interests, or those of anyone close to you, could be seen as being linked to any decisions or actions you might take in the course of your GDC work.
- Assess your own behaviour by reference to the Nolan Principles and make sure that you are seen to be following them.

### **3. Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- In all that you do on behalf of the Council, demonstrate the same high standards of professionalism and personal probity which the Council expects of registered dental professionals.
- Answer any questions asked of you about your interests truthfully and in a spirit of openness.
- If you are asked about an interest, or the way in which you have managed it, avoid taking a defensive or narrowly legalistic approach.

### **4. Objectivity**

In carrying out public business holders of public office should make choices on merit such as making appointments, awarding contracts, or recommending individuals for rewards and benefits,

- When making recommendations and decisions, declare and manage any non- GDC interests which would conflict with the decisions in question.
- Consider available options on their merits. Do not allow yourself to confuse the interests of the dental profession, or any other particular sector of society, with the public interest.

- Take full account of all available evidence which is relevant to the decision you have to make in the course of your GDC work. Make sure that you can distinguish clearly between the weight which is properly given to such evidence, and any undue, inappropriate or undeclared influence.

## **5. Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- You have a responsibility to explain your actions when asked. Engage constructively and positively with appropriate opportunities to explain the ways in which you have managed your interests.

## **6. Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

- Make a full and open declaration of interests when asked to do so. If in doubt about whether or not you need to declare an interest, err on the side of openness and let others make an assessment of relevance. Perceptions vary, and you may not be best placed to make an objective assessment in your own case.
- Complying with the formalities is important but, on its own, is not enough. Take active steps to assure yourself that those who need to know about your interests on any particular occasion are aware of the situation.
- Demonstrate that you are open not only to disclosing any interests you may have but also that you are open to discussing their significance. Reflect on any feedback and advice you receive and act on any learning points that emerge from your experience and the views of others.

## **7. Leadership**

Holders of public office should promote and support these principles by leadership and example.

- Let your approach to managing your interests provide an example of good practice within the Council, enhancing the Council's standing as a model of good practice for the dental professionals we regulate.
- Provide leadership by ensuring that your actions match the words which we have agreed to live up to. Speak and act in ways which promote and encourage a culture of open discussion about issues concerning interests. Help promote a culture of accountability, in keeping with the spirit of this guidance.
- Support others with leadership roles within the Council, so that they are empowered and supported to fulfil their responsibilities on behalf of the whole organisation, in the public interest.

## DECLARATION OF GIFTS & HOSPITALITY

## Appendix 2

**Name:**

**Position:**

**Period:**

Nature and description of gift or hospitality (including venue if applicable)	Value  If goods worth more than £20 or a meal worth more than £35	Reason for gift/hospitality and whether it was accepted or not	Approved by Director/CEO/Chair
N/A	N/A	N/A	N/A

\*This signature is to confirm that they have reviewed the declaration. Any concerns should generally be raised with the Chair of the Audit and Risk Committee.

Processing your personal data is necessary for the exercise of the GDC's statutory functions. More information about your data protection rights and how long we will keep your information for can be found in the privacy notice on our website at [www.gdc-uk.org/privacy](http://www.gdc-uk.org/privacy).



## Financial Policies and Procedures 2021

<b>Executive Director</b>	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
<b>Author(s)</b>	Samantha Bache, Head of Finance and Procurement
<b>Type of business</b>	For decision
<b>Purpose</b>	<p>This paper is presented to the Council following the Finance and Performance Committee's review and endorsement of the Financial Policies and Procedures which will govern the GDC in 2021.</p> <p>Public: This paper is being presented as part of the public session at the 17 December 2020 Council Meeting.</p> <p><i>(Paper to be considered by correspondence)</i></p>
<b>Issue</b>	To present to the Financial Policies and Procedures for 2021 for approval
<b>Recommendation</b>	The Council is asked <b>to approve</b> the Financial Policies and Procedures which will govern the GDC in 2021.

### 1. Background

- 1.1 The financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC's latest requirements, arrangements, and controls, including correct terminology. They were last formally considered by the Council in December 2019.
- 1.2 The financial policies are linked with the scheme of delegation.
- 1.3 Most financial policies and procedures have now been reviewed to ensure they remain fit for purpose and are consistent with organisational structure and process. Where policies are independently substantive, the full updated policy has been provided as an appendix to this paper.
- 1.4 The following policies are yet to be reviewed, and will be presented to Council in March 2021 for approval:
  - a. **Procurement Policy 2021** – We are currently working on the development of a new Procurement Target Operating Model (PTOM) and are finalising the 'to be' process maps. We will be presenting to SLT an update on our work on the PTOM, including any recommendations for change in February 2021. Ahead of the completion of our work, we have not substantively updated the Procurement Policy for 2021. Therefore, the current Procurement Policy will be rolled forward for quarter 1 2021. There is nothing of operational concern in the existing policy which requires an earlier update.
  - b. **Refunds Policy 2021** – This policy was last reviewed and agreed by Council in March 2020 and is not due for annual review until March 2021. We intend to realign the review date of this policy to December 2021, to bring it in line with the wider review cycle.



- 1.5 The outline of the full suite of Financial Policies and Procedures is provided at **Appendix 1** to this paper.

## **2. Legal, policy and national considerations**

- 2.1 Any relevant legal provisions and considerations have been cited in the relevant individual policy. Where legal provisions change, these are reviewed to ensure any required amendments to our policy or procedures are appropriately reflected.

## **3. Equality, diversity, and privacy considerations**

- 3.1 All policies have been reviewed to ensure consider equality and issues.

## **4. Risk considerations**

- 4.1 The financial policies and procedures provide the financial framework and internal financial controls that apply to the GDC, to ensuring that decisions are robust, and controls mitigate the opportunity for financial error or fraud.
- 4.2 The key internal financial controls are subject to independent internal audit assurance each year, and the result of the audit forms part of the audit opinion for the Annual Report and Accounts.

## **5. Monitoring and review**

- 5.1 Compliance with the financial policies are monitored by the Finance Team, and these are reported to the Executive Director, Registration and Corporate Resources and Chief Executive & Accounting Officer as appropriate.
- 5.2 Any agreed exceptions to the policies are recorded in a log, which is available for audit review as required.
- 5.3 Each Executive Director is required to provide a letter of assurance to the Chief Executive and Accounting Officer annually, which sets out their directorates' compliance with this accounting policies. This enables the signing of the Annual Governance Statement to the Annual Report and Accounts.

## **6. Development, consultation, and decision trail**

- 6.1 Relevant internal stakeholders have been consulted in any amendments proposed to the financial policies and procedures.
- 6.2 The Financial Policies and Procedures for 2021 were considered by EMT at its meeting on 9 November 2020.
- 6.3 The Financial Policies and Procedures for 2021 were considered and endorsed by the Finance and Performance Committee at its meeting on 9 November 2020.
- 6.4 The Anti-fraud, Bribery and Corruption Policy for 2021 was considered and endorsed by the Audit and Risk Committee at its meeting on the 25 November 2020.
- 6.5 The Council Members and Associate Expenses Policy for 2021 was considered and endorsed by the Remuneration and Nomination Committee at its meeting on 3 December 2020.

## **7. Next steps and communications**

- 7.1 The Council is asked **to approve** the Financial Policies and Procedures which will govern the GDC in 2021.
- 7.2 Following a review of where the approval and scrutiny of these policies should lie in future, it is proposed that the policies marked in bold below continue to be presented to the Council

for approval annually and the other policies are approved by the EMT (as they relate to the operational management of the organisation) and can be escalated to the FPC if additional oversight is considered necessary through escalation by the EMT.

7.3 The policies presented will become live on 1 January 2021.

### **Appendices**

- a. Appendix 1 – **Financial Policies and Procedures 2021**
- b. Appendix 2 – **Financial Delegated Authority 2021**
- c. Appendix 3 – Procurement Exception Policy 2021
- d. Appendix 4 – **Council Member and Associates Expenses Policy 2021**
- e. Appendix 5 – Staff Expenses Policy 2021
- f. Appendix 6 – Anti-fraud, Bribery and Corruption Policy 2021
- g. Appendix 7 – Corporate Credit Card Policy 2021

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01 December 2020

# **Financial Policies and Procedures 2021**

<b>Version number:</b> 1.0	<b>Approved by:</b>
<b>Effective from:</b> 1 January 2021	<b>Date of review:</b> 1 January 2022
<b>Owner:</b> Samantha Bache, Head of Finance and Procurement	

## Summary of policy

This document sets out the financial policies and procedures of the General Dental Council's (GDC). It provides a summary of our significant policies (which are available as separate policy documents) and detail other minor policies.

Our financial policies and procedures have the following objectives:

- to ensure compliance with and maintenance of our financial internal control framework
- to provide reference resourcing for our employees, management, auditors and other stakeholders
- to increase the accuracy and completeness of financial records
- to enable management to exercise effective financial control over the organisational activity
- to detail the administrative and operational procedures for the processing of financial transactions
- to support the Accounting Officer in his ability to assure the organisation's governance and accuracy of the annual financial statements.

## Scope

This policy applies to all staff incurring expenditure, or making financial decisions, on behalf of the GDC.

It is the responsibility of those employees to read and be familiar with the contents of this policy and any related procedures.

## Further information

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

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## Stewardship

Responsibility for the day-to-day stewardship and management of the General Dental Council's (GDC) finances is delegated to the Chief Executive & Accounting Officer, as set out in 'Matters reserved to the Council' and 'Matters Delegated to the Chief Executive'. Following these procedures, the Chief Executive & Accounting Officer may delegate financial management functions to another member of staff. The Executive Director, Registration and Corporate Resources has been delegated responsibility by the Chief Executive & Accounting Officer for all accounting procedures and records.

The Executive Director, Registration and Corporate Resources shall compile written policies and procedures for approval by Council, following the framework established by these procedures.

Any of the Chief Executive's direct reports may exercise the financial management function on behalf of the Chief Executive or Executive Director, Registration and Corporate Resources, but only on receipt of a specific written delegation from the Chief Executive. This authority may not be further delegated by the holder. In this case, the Executive Directors must consult with, and consider the advice of, the Head of Finance and Procurement before committing to any financial decisions.

The Chief Executive may, in exceptional circumstances, waive the procedural requirements specified in these procedures. If the Chief Executive makes use of this power they must report the exercise of the power and the exceptional circumstances, in writing to the Chairs of the Finance & Performance Committee and Audit & Risk Committee (ARC). Effective budgetary control prevents the GDC spending above the revenue we generate and ensures our financial viability as a going concern.

All members of staff are responsible for the stewardship of Council assets both cash and assets whether owned, leased or otherwise temporarily in the care of the Council.

### Financial delegated authority

This policy sets out the key features of the GDC's financial delegation framework. It defines the structures within which financial decisions are made and the accountability framework that exists to ensure that those decisions taken align with our principles on achieving value for money, meeting financial efficiency challenges, and in delivery of activities approved through our current Costed Corporate Plan (CCP).

The detailed policy can be found [here](#).

### Financial planning

The Executive prepare and present a three-year CCP to the Finance & Performance Committee (FPC) each year. FPC review and scrutinise the development of the CCP and associated annual budget to ensure that they are robust and align with the delivery of the Corporate Strategy.

FPC will recommend to Council the approval of the CCP and the budget annually to Council.

The Chief Executive & Accounting Officer shall review and update the CCP periodically in the light of decisions taken by the Council. When an amendment to the CCP is required, the Chief Executive & Accounting Officer shall ensure that the financial budget or full-year financial forecast is also amended, as necessary. Any changes requiring a budget increase or a change of deemed significant by the Finance & Performance Committee will require further Council approval.

## **Financial reporting**

### **Management reporting**

The Chief Executive & Accounting Officer and the Executive Director, Registration and Corporate Resources will receive and monitor monthly financial management information.

The key purpose of FPC, as set out in its **terms of reference**, is to scrutinise and report on the levels of assurance around the financial performance. To facilitate this, the Committee will receive a copy of the monthly management accounts, quarter financial performance information, quarterly full-year forecasts and a year-end review following the end of the financial year.

While the FPC's duties do not empower or require it to directly exercise financial control, in reviewing the management accounts and other performance reports, it is in a position to hold the Executive to account for its financial and operational performance, and subsequently, advise the Council. Similarly, FPC can bring issues to the attention of the other Council Sub-Committees that relate to the performance of operational areas within their respective remits.

The Council will receive financial performance information against budget every quarter, in line with their responsibility to oversee management.

### **Statutory reporting & accounting**

The Executive Director, Registration and Corporate Resources is responsible for ensuring all necessary accounts and accounting records are compiled within the time required by law.

The Executive Director, Registration and Corporate Resources shall ensure that a robust framework of financial internal controls is in existence, which incorporates the segregation of duties between the functions as appropriate. In particular, ensuring that those responsible for collecting income and those responsible for recording sums due to the Council remain separate. The framework of key financial internal controls will be subject to independent internal audit review each year.

The ARA of the Council shall be compiled under accounting policies approved by ARC. In reviewing the accounting policies, ARC shall have regard to recommended best accounting practice as defined by legislation, applicable accounting standards and external auditors, and ensure that such practice is applied so that the accounts provide a true and fair view of the Council's financial position.

The Chief Executive & Accounting Officer and the Executive Director, Registration and Corporate Resources will receive and consider the Annual Report and Accounts (ARA) within the time limits agreed with ARC.

ARC will receive and consider the ARA, the timescale for which will have been agreed by the Chief Executive & Accounting Officer and the Chair of ARC. Following agreement by the ARC, the ARA will be presented to Council for approval and signature by the Chair of the Council and Chief Executive & Accounting Officer.

### **Financial delegation breaches**

The Finance Team are responsible for reporting any breaches in delegation limits to the Chief Executive & Accounting Officer. The Dynamics NAV purchase management system prevents most breaches and will report any exceptions to delegations identified.

### **Procurement**

Our over-riding procurement policy principle is that all procurement decisions should be based on achieving value for money (the best mix of quality and effectiveness for the least outlay). This will usually be achieved through competition of our requirements unless there are compelling reasons not to. Our Procurement and Procurement Exception Policy sets out the process and procedures of how we achieve this.

This policy applies to all staff with a role to procure goods or services on behalf of the GDC, and those with delegations to take procurement route decisions.

The detailed policy can be found [here](#) and the procurement exception policy [here](#).

### **Council Members & Associates expenses**

The General Dental Council will reimburse any reasonable costs that have been incurred wholly, exclusively and necessarily on General Dental Council business. The rates for expenses reimbursement are recommended by the Remuneration and Nominations Committee (RemNom) and approved by the Council.

The detailed policy can be found [here](#).

### **Staff expenses**

The Council will reimburse reasonable costs that have been incurred wholly, exclusively and necessarily on Council business. The rates for expenses reimbursement are recommended by FPC and approved by the Council.

The detailed policy can be found [here](#).

### **Corporate credit cards**

The GDC recognises that some employees are required to procure low-value goods and services in delivering their role. We hold a contract with the NatWest Bank for the provision of corporate credit cards to named individual members of staff, where we have determined there is a demonstrable business need.



This policy is designed to provide a framework for the appropriate and compliant use of corporate credit cards.

The detailed policy can be found [here](#).

## **Income collection**

The Executive Director, Registration and Corporate Resources is responsible for ensuring that appropriate procedures are in operation to facilitate the prompt collection and banking of all monies due to the Council.

## **Investments**

Funds invested shall be controlled and the performance of investments monitored by the Executive Director, Registration and Corporate Resources. Funds may only be invested in the name of the Council or the name(s) of any nominee(s) approved by FPC.

An investment policy was last reviewed and confirmed by the Council in December 2020.

## **Borrowing and lending**

The Council will set the treasury policy of the GDC following the recommendation by FPC.

If the Council has a requirement to borrow funds, FPC must receive details of the name and credit rating of the proposed lender, the sums involved, the security provided, interest charges and all borrowing costs and repayment terms. All borrowing, including finance leases, must be approved by FPC ahead of entering a financing arrangement.

The Council may not lend funds, save for the staff season ticket loan scheme or salary advances in the case of a staff emergency.

The Council may only deposit funds with the bank or a bank/building society approved by the FPC.

## **Assets and property**

### **Purchase of assets**

The purchase of assets is subject to a separate procedure and the authorities and approvals as set out in the Financial Delegated Authority Policy.

### **Recording of assets**

The Head of Finance and Procurement shall ensure that a record of all fixed assets of the GDC are kept and shall ensure safe custody of title deeds. Assets above the capitalisation limit (£1,000) must be held on the GDC's Fixed Asset register.

The Head of IT and the Facilities Contracts and Operations Manager must keep inventories of all assets for which they are responsible and report these inventories to Finance on a periodical basis.

All assets will be tagged by the Head of IT and the Facilities Contracts and Operations Manager when acquitting new equipment purchased for their areas of responsibility.

Annually the registers will be issued to budget holders who will confirm that the assets shown for their departments remain in use.

### **Disposal of assets**

On disposal, a form (a copy of which can be found on the intranet) needs to be completed and copies sent to Finance and the appropriate department to remove the asset from the register.

### **External audit**

The statutory auditors of the GDC's ARA shall be appointed by Council following a recommendation by ARC.

Each year the ARA will be prepared under the Accounts Direction from the Privy Council and will be presented to Council. The external auditors shall audit the ARA and report their opinion to the Council. As part of the Government's requirement for ARA's that are laid before Parliament, the report must be reviewed and certified by the National Audit Office.

On acceptance, the ARA will be signed by the Chair of the Council and the Chief Executive & Accounting Officer. Under current legislation, the ARA is to be laid before the House of Commons and in the Scottish Parliament, together with copies for the other devolved assemblies. The ARA will not be published until after they have been laid.

### **Internal audit**

The Council will employ an Internal Audit function to review that controls are in place in the organisation and the efficiency and effectiveness of its processes. The Internal Auditors will be appointed following approval by the Audit & Risk Committee.

The Internal Audit function will be independent of the operational functions of the Council and will agree its work programme with, and report to, the Audit & Risk Committee on its reviews of the effectiveness and efficiency of the Council's processes.

### **Anti-Fraud, bribery, and corruption policy**

The GDC expects all members of staff, including directors, employees, fixed-term contractors and temporary employees, to have and be seen to have the highest standards of honesty, propriety, and integrity in the exercise of their duties. The GDC will not tolerate fraud, impropriety or dishonesty and will investigate all instances of suspected fraud, impropriety, or dishonest conduct by employees and temporary workers.

The detailed policy for staff can be found [here](#).

### **Insurance**

The Executive Director, Registration and Corporate Resources shall ensure adequate insurance cover is carried by the Council, in consultation with the Chief Executive & Accounting Officer. FPC will have oversight of all insurance arrangements.

The Executive Director, Registration and Corporate Resources should be notified of any circumstances that may give rise to an insurance claim.

## **Salaries and staff benefits**

All members of staff of the Council shall be paid per approved salary scales. Approvals for salary changes, staff benefits, and recruitment are as set out in the Financial Delegated Authority Policy.

## **Taxation**

Each financial year the Head of Finance and Procurement shall ensure that appropriate tax returns are prepared and submitted to HMRC.

The GDC is not registered for VAT.

## **Companies and commercial activities**

No organisation or commercial enterprise of any kind intended to exploit any activity carried on by the GDC, or on the GDC's premises, or to exploit any rights belonging to the GDC, may be established by any member of staff without the prior written approval of Council.

## **Disclosure of interests**

The aim of the Managing Interests Policy and the Register of Interests is to support transparency and probity, to maintain confidence in the regulatory process and to protect both the GDC and individual staff from any appearance of impropriety.

The detailed policy for staff is available [here](#).

## **Gifts and hospitality**

This policy applies to all GDC staff who in the course of their work or as a result of their employment, receive offers of gifts or hospitality. Gifts and hospitality accepted by staff must be justifiable as being in the direct interest of the GDC and be proportionate to that interest.

A Register of all gifts and hospitality is maintained by the Governance Team and all gifts must be declared regardless of whether they are accepted or declined.

The detailed policy for staff is available [here](#).

## **Extent and review of procedures**

If these procedures do not cover a particular situation, or there is uncertainty as to their application, the advice of the Executive Director, Registration and Corporate Resources, or the Chief Executive & Accounting officer should be sought.

These procedures shall be reviewed annually and any recommendations for change shall be reported to FPC and sent to Council for Approval.

# **Financial Delegated Authority 2021**

<b>Version number:</b> 1.0	<b>Approved by:</b>
<b>Effective from:</b> 1 January 2021	<b>Date of review:</b> 1 January 2022
<b>Owner:</b> Samantha Bache, Head of Finance and Procurement	

## Summary of policy

This document sets out the key features of the General Dental Council's (GDC) financial delegation framework. It defines the structures within which financial decisions are made and the accountability framework to ensure that those decisions taken align with our principles on achieving value for money, meeting financial efficiency challenges, and in delivery of activities approved through our current Costed Corporate Plan (CCP).

Ultimately it is dental registrants who provide for GDC's resources, through the registration income we collect. The CCP acts also as our medium-term financial plan, which allocates financial resource requirements against each of our directorates to:

- forecast expenditure and maintain control of our expenditure against overall financial budget
- provide flexibility to respond to changing circumstances through the appropriate access to contingency or free reserves
- ensure we deliver value for money.

## Scope

This policy applies to all delegated budget holders and all staff incurring expenditure, or making financial decisions, on behalf of the GDC.

It is the responsibility of those employees to read and be familiar with the contents of this policy and any related procedures.

## Further information

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

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## Budget Management

Effective budgetary control prevents the GDC spending above the revenue we generate and ensures our financial viability as a going concern.

Effective budget management relies on:

- effective forecasting and profiling at the outset
- early planning of any external procurement needs so we develop the most efficient procurement strategy and procure a service offering value for money
- prioritisation
- careful consideration of value for money.

All Executive Directors are required to contribute to the annual planning process by providing expenditure and headcount requirements for their directorate for the next 12 months, as well as longer-term forecasts for years 2 and 3 of the CCP.

## Budget management delegations

The CCP and annual budget are approved by Council annually. Once approved, the Chief Executive delegates financial accountability for each of the directorates to the relevant Executive Director, via a formal letter of delegation (appendix A). They, in turn, may delegate responsibility for the management of all or part of their budget to Heads of Service.

Once the letter of delegation has been signed, the Executive Director is authorised to incur expenditure in line with their approved budget. They are accountable for spending within the limit of our financial delegations, and for ensuring compliance with internal guidance and process.

Finance will keep a record of all delegations in force. Where possible financial delegations will be included in the finance system to automate compliance, for instance regarding requisitioning of goods/services.

*Table 1 budget management delegations*

Activity	Delegated Authority	Recommended by	Reportable to
Approval of Annual Retention Fee	Reserved to Council	Finance and Performance Committee	Not applicable
Approval of strategic activity to be delivered and forecast budget envelope (rolling 3-year CCP)	Reserved to Council	Finance and Performance Committee	Not applicable
Approval to initiate deprioritised "Could Do" portfolio activity project within the year.	Finance and Performance Committee	Executive Management Team	Council though committee update
Approval of the annual budget	Reserved to Council	Finance and Performance Committee	Not applicable

Activity	Delegated Authority	Recommended by	Reportable to
Approval of access to contingency budgets	Chief Executive	Directorate Director	Finance and Performance Committee
Approval of access to free reserves	Reserved to Council	Finance and Performance Committee	Not applicable
Approval of virements between directorates	Chief Executive	Directorate Director	Not applicable
Approval of virements between costs centres in a directorate	Directorate Director	Not applicable	Not applicable
Ensuring effective forecasting, monitoring and financial management arrangements are in place for each directorate	Directorate Director	Not applicable	Not applicable
Implementing effective forecasting, monitoring and financial arrangement for delegated budgets	Directorate Director	Not applicable	Not applicable

## The expectation of GDC budget holders

People with responsibility for budgets must:

- follow internal guidance and process
- undergo relevant training
- provide appropriate assurances for the budgets they manage to inform the Governance Statement, which forms part of the GDC's annual report and accounts.

It is not enough to simply work within a budget. Those who are responsible for managing budgets are also responsible for ensuring effective control of individual items of expenditure. In particular, taking appropriate advice to ensure spend is for activities agreed in the CCP and that spend delivers value for money.

Support and advice is provided to budget holders by the directorate's Finance Business Partner, the Financial Controller and the Procurement Manager. Early engagement, particularly on more complex issues and procurements, will help ensure maximum support can be provided to budget holders.

## Monitoring budgets

The GDC's budget is managed through directorate budgets, except for capital expenditure which is managed separately. Ongoing, proactive budget monitoring and forecasting are critical and central to the monthly production of management accounts.

We have a proactive approach to managing the budget to ensure the alignment of financial resources with activities prioritised in the CCP. This includes reviewing and reporting on financial performance and the current full-year forecast, each quarter, to the:

- Senior Leadership Team (SLT)/Executive Management Team (EMT)
- Finance and Performance Committee (FPC)
- Council.

## Business cases

Where planned expenditure forms part of activity that has been provisioned for by Council in the rolling CCP, a Business Case is required. This business case will be discussed by the Senior Leadership Team (as appropriate) and approved by the Executive Management Team.

Where planned expenditure forms part of activity that has not been provisioned for by Council in the rolling CCP, a Business Case is required. This business case will be discussed by the Finance and Performance Committee, who will make a recommendation to the Council as to whether the business case and strategic activity should be approved.

All requests to access free reserves are subject to a business case being prepared and approved by Council, regardless of whether the activity was recognised in the rolling CCP.

*Table 2 delegations for business cases*

Activity	Delegated Authority	Recommended by
Approval of business cases	Executive Management Team	Directorate Director
Approval of release of free reserves	Council	Chief Executive & Finance and Performance Committee

## Purchasing goods or services

Before undertaking procurement of goods or services the purchaser must obtain financial approval from the budget holder, as delegated by the Chief Executive or Executive Director.

Whilst the availability of budget does not constitute approval to purchase, approval to purchase is dependent on sufficient budget being available to cover the full costs of the purchase. This includes any supplementary cost to bringing the item into use and to maintain it. Where costs will be incurred in future years the purchaser must make this clear in their request for financial approval from the budget holder. The budget holder should consider whether the costs are containable within the three-year CCP or if it will be subject to a Council decision on funding availability.

Where the matter is one reserved by Council, the budget holder must ensure that the proposed course of action has been agreed and recorded in Council minutes.

All purchases of goods or services, unless paid for on a corporate credit card, must have a purchase order raised within the NAV system ahead of committing to any verbal contract with a supplier. The approvals for purchase orders are set out in table 3.



Table 3 financial system delegations for the raising of purchase orders

Activity	Limit (ex VAT)	Delegated Authority (all required)
Raising a requisition	£1,200 - £10,000	Cost Centre Budget Holder
	£10,001 – £24,999	Cost Centre Budget Holder Procurement and Contract Administrator
	£25,000 - £149,999	Cost Centre Budget Holder Directorate Director Procurement Manager
	>£150,000	Cost Centre Budget Holder Directorate Director Procurement Manager Chief Executive (in the absence of the CEO, the Executive Director, Registration and Corporate Resources will approve)
	Capital Expenditure no limit	Cost Centre Budget Holder Executive Director, Registration and Corporate Resources.
	Consultancy Expenditure	Cost Centre Budget Holder Chief Executive (in the absence of the CEO, the Executive Director, Registration and Corporate Resources will approve)

## Specialist activity

Certain activities are designated specialist activity within the GDC; either due to the nature of the expenditure or because our operating model has centralised this type of activity.

Staff should not incur expenditure across these categories without the express permission of the delegated authority that it is appropriate for them to do so.

Table 4 delegations for specialist expenditure

Specialist activity	Delegated Authority	Recommended by
Purchase or lease of property > 3 years	Reserved to Council	Finance and Performance Committee
Major building works	Reserved to Council	Finance and Performance Committee
Entertainment expenses (does not include refreshments at business meetings)	Chief Executive	Directorate Director
Capital purchases	Executive Director, Registration and Corporate Resources	Head of IT/ Facilities Contracts and Operations Manager
Other IT hardware and software	Head of IT	Not applicable
Other telecoms equipment	Head of IT	Not applicable
Office equipment and furniture	Facilities Contracts and Operations Manager	Not applicable
Rents, rates, and office services	Facilities Contracts and Operations Manager	Not applicable

Specialist activity	Delegated Authority	Recommended by
Utilities	Facilities Contracts and Operations Manager	Not applicable
Legal expenditure	Legal and Governance Directorate Budget Holders	Not applicable
Recruitment	Head of People Services	Not applicable

## Procurement

Except for the procurement of specialist activity, procurement activity will be led by the relevant directorate with advice and support from the Procurement Team for any requirement over £25k.

Procurement for activities relating to expenditure on a corporate project should only start once the project business case and PID has been approved by the sponsor. A business case is not required for a procurement which seeks to replace a current service being delivered under a contract that is near expiry.

The procurement activity should be led by the project/contract manager who will be responsible for managing the overall procurement process in line with our Procurement Policy and processes. This policy and process must be followed to ensure we obtain value for money and are compliant with current Public Procurement Regulations.

The GDC should be able to demonstrate that contracts have been awarded fairly and openly and offer value for money to the registrant. Competitive and effective procurement of goods and services is critical, and as such single tender actions should only be used in exceptional circumstances as set out in the Procurement Exception Policy. Where they are used, the Project/Contract Manager must complete the single tender action form, which will need approval according to the authorisations in delegations set out in table 5.

Single tender actions of £50,000 and over (net of VAT) are reported to the Finance and Performance. As part of its obligation to oversee and scrutinise and report on the levels of assurance or concerns around procurement activities.

We must also ensure that no actual or perceived conflicts of interest, either on the part of GDC staff or those tendering for work, arise during the tender action. The Project/Contract Manager is accountable for monitoring potential conflicts of interest and taking prompt action to address any issues identified.

All staff are responsible for making sure that they understand what constitutes a conflict of interest and alerting the Project/Contract Manager to any issue.

There are delegations in place outlining who has authority to approve the award of a contract on behalf of the GDC at the contract award stage. These are set out in table 5.

Table 5 Procurement delegations

Activity	Limit (ex VAT)	Delegated Authority (all required)
Approval to award contracts on behalf of the GDC	< £25,000	Cost Centre Budget Holder
	£25,000 - £149,999	Directorate Director
	>£150,000	Chief Executive (in the absence of the CEO, the Executive Director, Registration and Corporate Resources can approve)
Approval to award a single tender action	10,000 - £149,999*	Executive Director, Registration and Corporate Resources
	>£150,000	Chief Executive

*\*unless there is a legal risk due to non-compliance Public Contracting Regulations which will require the Chief Executive approval*

## People and pay costs

The GDC payroll budget is approved as part of the development of the CCP, and annual budget setting process. The accountability for managing the pay budget is delegated by the to the Directorate Director.

## Permanent or fixed term contract approvals to recruit

Our overall establishment is managed by budgeted FTE and total payroll budget, which is approved by the Council each year. To ensure we maintain flexibility and agility in our resourcing model, which will enable us to direct resources to where operational demand requires them, the Chief Executive can take decisions on prioritising new posts over the replacement of existing posts; on the condition that the total budgeted FTE and payroll budget is not exceeded.

Should there be a need to increase overall organisational FTE, or the total staff cost budget to facilitate a new post is not sufficient, the approval to recruit must be sought from the Chair of the Council and Chairs of any relevant Council Committee.

## Arrangements for short-term cover or additional support

Short-term temporary cover or short-term additional support (up to 3 months) can be approved by the Directorate Director, as long as the budget is available. The Chief Executive can approve, by exception, an extension of short-term arrangements up to a maximum of 6 months if the budget cover is available. Any short-term cover which is unbudgeted, must be approved by the Chief Executive.

Temporary cover for periods longer than 6 months would be subject to the same rules as recruiting new posts, except for cover for maternity leave. In case of maternity cover, temporary resources can be approved for a period of up to 14 months.

## Changes to market rate positions or addition of market rate supplements

The Head of People Services will review all proposed changes to market rate positions or market rate supplements to monitor overall fairness, ensure compliance and consistency with our People Services policies. The Head of People Services will then make an appropriate recommendation to the Chief Executive for approval.

## Recognition awards

Each directorate will be allocated a proportion of the overall GDC recognition award budget. There are two types of recognition available, recognition awards (generally distributed in the form of vouchers for high street shopping) and recognition payments of taxable cash amounts of £250, £500 or £1,000. Line managers, as long as they have discussed and sought approval from the budget holder that funding is available, can agree to recognition awards. The Head of Service (as long as they are a budget holder) holds the discretion to award recognition payments of £250. The Directorate Director is accountable for the award of any larger taxable cash awards of £500 or £1,000.

Awards made are announced in regular communication to all colleagues and are reviewed by the Executive Management Team on a regular review basis. This helps to promote fairness and consistency in approach across the directorates.

## Executive pay awards and bonuses

Decisions regarding the executive pay policy are made by the Council, following a recommendation from the Remuneration and Nomination Committee. The Chief Executive is responsible for making any decisions on award, in line with the policy approved by Council.

## Team/Directorate restructuring

All proposals for a team or directorate restructuring must be presented in a business case to the Executive Team for approval to proceed. This business case should set out the rationale for change, including options considered and relevant financial costs. Costs to be included should be both the costs of the restructuring activity itself, and the annual budgetary impact. The business case should be presented to the Executive Management Team following endorsement by both the Head of People Services and the Head of Finance and Procurement.

*Table 6 People and pay cost delegations for the raising of purchase orders*

Activity	Delegated Authority	Recommended by
Approval to recruit a replacement for an existing post or a new post agreed by Council as part of the annual budget setting process.  (permanent or fixed-term)	Directorate Director	Head of Service

Activity	Delegated Authority	Recommended by
Approval to recruit a new post in the year, where the Council approved organisation total FTE and payroll budget is sufficient.  (permanent or fixed-term)	Chief Executive	Directorate Director  Directorate People Partner  Head of Finance
Approval to recruit a new post, where organisation FTE and payroll budget is not sufficient.  (permanent or fixed-term)	Chair of Council and Chairs of any relevant Council Committee	Chief Executive
Approval of budgeted temporary resources (up to 3 months)	Directorate Director	Head of Service
Approval of unbudgeted temporary resources (up to 3 months)	Chief Executive	Directorate Director
Approval of temporary resources (up to 6 months)	Chief Executive	Directorate Director
Approval of budgeted temporary resources for maternity cover (up to 14 months)	Directorate Director	Head of Service
Approval of unbudgeted temporary resources for maternity cover (up to 14 months)	Chief Executive	Directorate Director
Changes to Market Rate Position or application of a Market Rate Supplement	Chief Executive	Head of People Services
Recognition awards (up to £50)	Head of Service (if they are a budget holder)	Line Manager
Recognition payments of £250	Head of Service (if they are a budget holder)	Not applicable
Recognition payments of £500 or £1,000	Directorate Director	Head of Service

## Staff expenses

Detailed guidance on travel and subsistence is set out in the Staff Expenses Policy. The budget holder is ultimately responsible for ensuring value for money from their staff expenses budgets, and for ensuring compliance with relevant policies.

Table 7 staff expenses delegations

Activity	Limit (ex VAT)	Delegated Authority
Approval of expense claims	Not applicable	Budget Holder
Approval of use of taxis	Not applicable	Executive Director, Registration and Corporate Resources
Approval of first-class travel	Not applicable	Executive Director, Registration and Corporate Resources
Approval of the Chief Executive Expenses	Not applicable	Chair of Council

## Council Member and Associate expenses

Detailed guidance on travel and subsistence is set out in the Council Member and Associates Expenses Policy. The budget holder is ultimately responsible for ensuring value for money from their travel budgets, and for ensuring compliance with relevant policies.

Table 8 Council Members and Associates expenses delegations

Activity	Limit (ex VAT)	Delegated Authority
Approval of Chair of Council's Expenses	Not applicable	Chair of Audit and Risk Committee
Approval of Council Member's Expenses	Not applicable	Governance Team (attendance form constitutes approval)  Finance Team assurance checks compliance with the policy.  Out of policy expenses required approval by the Executive Director, Registration and Corporate Resources.
Approval of Associates expense claims	Not applicable	Committee Secretary (attendance form constitutes approval)  Finance Team assurance checks compliance with the policy.
Approval of first-class travel	Not applicable	Executive Director, Registration and Corporate Resources

## Banking authorities

The Executive Director, Registration and Corporate Resources ensures that banking procedures are carried out in accordance with arrangements approved by the Finance & Performance Committee each year. The current list of banking signatories is held by the Finance Team.

Balances held in the Council investment accounts may only be transferred to the main Council account. This requires authorisation by the Head of Finance and Procurement and one of the following signatories to the account:

- Chief Executive
- Executive Director, Registration and Corporate Resources

*Table 9 signatory mandate*

Type of Payment	Transaction Limits	Signatories required
Cheques/BACs & CHAPs Payments	Up to £50,000	One 'A' Signatory or one 'B' signatory as stated on our banking mandate.
Cheques/BACs & CHAPs Payments	Over £50,000 and up to £150,000	One 'A' Signatory and any one 'A or B' signatory as stated on our banking mandate.
Cheques/BACs & CHAPs Payments	Over £150,000	Two 'A' Signatories as stated on our banking mandate.
Maximum Payment Amount (online banking)	£750,000	Per our online banking permissions

## Financial losses

A financial loss is incurred where the GDC has made or is contracted to make a payment for goods and services that will not be received, or we write off an asset held on our balance sheet which still has a value.

The Budget Holder is responsible for informing Finance as soon as they become aware that a loss has been sustained. All losses will be reviewed by Finance and approved for write off at the following delegation limits.

*Table 10 financial losses*

Activity	Limit (ex VAT)	Delegated Authority	Recommend by
Financial losses	<£2,500	Head of Finance & Procurement	Budget Holder
	£2,500 - £50,000	Executive Director, Registration and Corporate Resources	Budget Holder

Activity	Limit (ex VAT)	Delegated Authority	Recommend by
	>£50,000	Chief Executive	Executive Director, Registration and Corporate Resources

## Special payments

A special payment is a payment which is outside of the normal activity of the Council. All special payments should only be made after careful appraisal of the facts and when satisfied that the best course of action has been identified. It is good practice to consider routinely whether a particular case reveals any concerns about the soundness of our operating practice.

Special payments could include, but are not limited to:

- Extra-contractual payments (payments which, though not legally due under contract, appear to place an obligation on the Council which the courts might uphold.)
- Compensation payments (made to provide redress for our actions which have later been considered in appropriate.)
- Special severance payments (payments to employees outside of normal requirements on their leaving the Council.)
- Ex-gratia payments (payments that go beyond statutory cover and legal liability which may include out of court settlements.)

Each case for a special payment is likely to be unique, and the Chief Executive will consider each case for a special payment. As part of his consideration he will assess whether he holds the delegation to approve the payment, or whether the matter must be referred to the Council.

The Head of Finance can provide further advice as to whether a payment is likely to constitute a special payment.



## Appendix A – Example annual Letter of Delegation

To:

From: Ian Brack

Date:

### **Delegated Authority for the {xxx} directorate budget**

This letter formally sets out the authorities that I am delegating to you for the financial year 202{x} in respect of your budget, including staffing.

### **Financial Authority**

I am delegating financial authority for year 202{x} to you to use your budget allocation for the purposes and projects set out in Costed Corporate Plan 202{x} – 202{x} (CCP). Note that activities which are not set out within the CCP are not covered by your delegation and therefore must have my authorisation.

This delegation is subject to the constraints detailed below:

- You have delegated financial authority to commit expenditure on goods and services for the purposes set out in the CCP, and as agreed by Council in October 202{x}.
- You may only use this authority in accordance with GDC financial policies and procedures.
- In exercising your financial authority, you are responsible for ensuring that value for money, propriety and regularity in the expenditure you incur is considered in all cases.

### **Budgetary Authority**

All expenditure must be covered within your allocated budget and you may NOT exceed your total budget allocation without my written approval.

You are required to review your month by month spend against your total budget allocation. Should this review, at any time during the year, forecast a significant under spend against overall budget allocation to you, I shall decide how best to deploy available resources to achieve the overall objectives of the GDC as set out in the CCP. It should not automatically be assumed that any underspend can be retained and used elsewhere within your area.

If you propose to move funds between budgets outside your area of responsibility, the matter should be referred by you to me. Any such change will require you to submit a business case to me as soon as possible.

You may, however, move budgets between cost centres and types of expenditure that are within your responsibility in consultation and agreement with the Head of Finance and Procurement, to manage your overall budget allocation.

### **Staffing**

The maximum full-time number of staff and related staffing costs you may employ are set by the 202(x) establishment listing approved by Council. You must remain within that maximum number of FTE for your directorate and your budget for pay costs must not be exceeded.

The approval process set by People Services must be completed prior to commencement of the recruitment process for any posts. Specifically, new posts, which have been agreed but not approved for recruitment, form part of a budget enabling provision and require a completed 'resources request form'. This must be sponsored by yourself for my approval.

You may not create new posts or change posts without my written authority. Any such change will require you to follow the process set out in the scheme of Financial Delegated Authority 202(x).

### **Staff and Associate Expenses**

You and your staff should follow the procedure set out in the Staff Expenses Policy 202(x) and the Council Member and Associates Policy 202(x) in relation to any reimbursement of travel and subsistence expenditure.

### **Procurement Authority**

Placing orders for goods and services should follow best practice as laid down in Procurement Policy 202(x), available on the GDC intranet. You should consult the Procurement Team on all large procurement contracts (>£25,000 excluding VAT) as set out within that procurement policy.

All contracts at expiry should be recompeted and Single Tender Actions, resulting in a direct award to a supplier for goods and services, must not be made unless there is express prior approval in line with the delegation limits set out in the Financial Delegated Authority 202(x).

### **Authorisation of Invoices**

Invoices for services and those where the goods received do not match the quantity and price on the purchase order must be authorised prior to payment.

You may authorise individual invoices within your budget allocation. Any invoices in excess of your authority, providing procurement has been properly conducted, should be passed to me for signing. I will from time to time request documentation on the procurement process, which you should make available to me.

All invoices must have a valid purchase order and if applicable a supporting contract. You should consult the Head of Finance and Procurement if you are unsure of the process.

Where invoices are presented for my approval, they must be checked and endorsed by you first. Your authorisation confirms that you are satisfied that the invoice is valid, for the correct amount, and that payment is due. Payment may not be made in advance of the need. Where this is necessary, you will consult the Head of Finance and Procurement.

## **Income Generation**

In relation to commercial sponsorships and/or other partnership arrangements, you are required to seek guidance from the Director of Registration and Corporate Resources.

## **Internal Controls and in-year Financial Management arrangements**

As the Accounting Officer to the Council, I am required to give personal assurance to the Council in the GDC's Governance Statement that an effective system of internal control exists within the GDC. You will need to be able to assure me that adequate internal controls exist within your area of responsibility and are followed in the areas you are responsible for. You should do this by:

- reviewing the profiling of your planned expenditure on a monthly basis over the year, and regularly monitoring actual expenditure against profile.
- You are required to ensure that the Heads of Service in your teams and other staff meet your assigned Finance Business Partner on a monthly basis, as set out in the timetable by Finance, to discuss any significant variations between actual expenditure and your profiled budget and to forecast your expenditure for the financial year. Should you become aware at any time that a significant under- or overspend against your overall budget may occur, Finance will report to the Director of Registration and Corporate Resources who may decide to have a further discussion with you in relation to the significant variance and provide an update to me.
- use established systems to enable you to monitor and report progress against your key performance indicators, including projects in the CCP 202{x}. As part of your monitoring arrangements you should regularly consider the risk management framework, and particularly the risks to the achievement of your objectives, taking appropriate steps to mitigate and manage such risks.
- Follow the procedures set out by Finance for financial losses, special payments and the reporting of fraud (or suspicion of).

## **Sub-delegation**

You may choose to sub-delegate your authority to your Heads of Service. If you do so, this must be in writing and I should be informed. Anyone you sub-delegate should be provided with a copy of this letter supplemented by a further note setting out limits of their authority. A copy of the signed letter should be retained by you. (A template of this letter can be obtained from the Head of Finance and Procurement if you wish to use it for sub-delegation.)

I would appreciate if you would acknowledge receipt of this letter by returning a signed copy to the Head of Finance and Procurement by close of business on {xx} January 202{x}. Any matters of principle should be discussed directly with the Executive Director of Registration and Corporate Resources in the first instance.

.....  
Ian Brack  
Chief Executive

Date .....

.....  
Executive Director, {directorate}

Date.....

# **Procurement Exception Policy 2021**

<b>Version number:</b> 1.0	<b>Approved by:</b>
<b>Effective from:</b> 1 January 2021	<b>Date of review:</b> 1 January 2022
<b>Owner:</b> Samantha Bache, Head of Finance and Procurement	

## Summary of policy

Our over-riding procurement policy principle is that all procurement decisions should be based on achieving value for money (the best mix of quality and effectiveness for the least outlay). This will usually be achieved through competition of our requirements unless there are compelling reasons not to.

This document sets out the key features of the General Dental Council's (GDC) Procurement Exception policy. It defines the circumstances when a normal procurement procedure, as set out in our Procurement Policy, may not be suitable and when a procurement exception may be granted.

## Scope

This policy applies to all staff with a role to procure goods or services on behalf of the GDC, and those with delegations to take procurement route decisions.

It is the responsibility of those employees to read and be familiar with the contents of this policy and any other related procedures.

It is important to recognise that this policy cannot cover every eventuality. The Chief Executive and Accounting Officer can exercise reasonable discretion on an exceptional case basis to agree a contract can be directly awarded to a supplier without competition.

## Further information

If you have any questions relating to this policy, please contact:

- Erica Williams. Procurement Manager
- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

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## Procurement overview

The over-riding procurement policy principle is that all procurement decisions should be based on achieving value for money (the best mix of quality and effectiveness for the least outlay). This will usually be achieved through competition of our requirements unless there are compelling reasons not to.

Our procurements are subject to a legal framework, under the Public Contracting Regulations 2015 (PCR), which encourage free and open competition and value for money, in line with internationally and nationally agreed obligations and regulations. We align our Procurement Policy with this legal framework.

Our Procurement Policy also gives due consideration to the principles of non-discrimination, equal treatment, transparency, mutual recognition and proportionality for those procurements which are not subject to the PCR.

You should follow the normal procurement procedures, as set out in the Procurement Policy when procuring goods and services on behalf of the GDC. However, we recognise that there will be occasions where you will find you are unable to follow the normal procurement procedures and have created this Procurement Exception Policy to set out the framework in which an exception may be granted.

## Single Tender Actions (STA)

We recognise that we are not always able to follow our normal procurement procedure as set out in the Procurement Policy. Where we are looking to operate outside of the normal procedure and we have the flexibility under the PCR and Procurement Policy Notes (PPN), we may consider there is a case for a Single Tender Action (STA).

The STA process enables a case (justification and evidence) to be put forward for an award of a contract to a supplier without the normal level of required competition. It is important that where we are not following normal procedure, that this is signed off by the relevant delegated authority within GDC.

## When to use a Single Tender Action

An STA must only be used in exceptional circumstances, and is only required where;

- the total value of the goods or services is between £10,000 and £189,000 excluding VAT (the current EU threshold for Goods and Services).
- Services are classified as a Light-Touch Regime as set out in [Schedule 3](#) of the PCR, where the value of the Services is below £663,540 excluding VAT.

In either case above, you will need to be able to provide evidence to support any STA request after it has been considered whether it fits into at least one of the following circumstances:

Table 1 Circumstances in which to use a Single Tender Action

Circumstance	May be considered where
Absence of tenders	<ul style="list-style-type: none"> <li>• No tenders have been received following the running of a genuine and effective competition</li> <li>• Only one tender has been received which is not compliant or suitable to be accepted</li> <li>• The required minimum number of quotations have not been received</li> <li>• where there is insufficient time to rerun the competition (competition tender or quotation) or if there is evidence that the procurement may fail a second time</li> </ul>
Exceptional urgency	<ul style="list-style-type: none"> <li>• For reasons caused by unforeseeable circumstances which are outside of GDC's control and where competitive tendering would cause an unacceptable delay (e.g. after critical equipment breakdown, storm, fire, etc.).</li> </ul> <p><i>Any contract awarded through the STA process must only cover the urgent (immediate) need.</i></p>
Additional goods or services	<ul style="list-style-type: none"> <li>• the additional goods/services were unforeseen at the time of the original compliant competitive procurement was run</li> <li>• the contract must be a live contract. (i.e. not passed the contract completion/expiry date.)</li> <li>• the cost of the additional goods or services does not exceed more than 50% of the total contract value</li> <li>• the additional goods and/or services does not take the total value of the contract to within 10% of the EU Threshold (i.e. if the current threshold is £189k, the value must not be over £170k)</li> <li>• the STA does not modify the overall nature of the original contract</li> </ul> <p><i>If the value of the additional goods and services is the lower of £5k or 2% of the original contract value, the Procurement Manager can authorise this additional expenditure outside of the STA process as 'within a tolerance of the original award.'</i></p>
Only one source	<ul style="list-style-type: none"> <li>• there is only one supplier in the market. <ul style="list-style-type: none"> <li>○ Evidence must be provided that demonstrates that only 1 supplier can carry out this service and details of the research that has taken place</li> <li>○ That there are no satisfactory alternatives.</li> </ul> </li> </ul>
Follow on work	<ul style="list-style-type: none"> <li>• the work constitutes follow up work that was not foreseen at the time the previous contract was procured, and the added value gained from the services being awarded to the same supplier outweighs any potential reduction in price that may be derived through a competitive tender. Example are</li> </ul>



Circumstance	May be considered where
	<p>continuity of knowledge and synergy with the previous contract,</p> <ul style="list-style-type: none"> <li>there is sufficient evidence that competition will not result in a better price or where additional goods and/or services are needed and a change in supplier would result in technical incompatibility or disproportionate technical difficulties in operation and maintenance.</li> </ul>

## When a Procurement Exception will not be granted

Many situations that occur where an STA will not be considered a justifiable reason to award a contract without running a competition.

In this policy, we have set out the most common situations that can arise where an STA will not be agreed.

*Table 2 Circumstances not justifiable to award a contract without competition*

Circumstance	
Existing relationship	<p>We should maintain professional working relationships with our suppliers and should be mindful not to let a relationship cloud our judgement or give preferential treatment to one supplier over another. We should also avoid being over-reliant on any supplier.</p> <p>It is your responsibility to ensure any award of a contract is made objectively and is defensible, not to do so could leave you and the GDC open to criticism, negatively affect the GDC's reputation with the supplier base and incur fines and litigation costs should we need to legally defend.</p>
Quality of past work	<p>The quality of a supplier's past work does not automatically guarantee that they are the best supplier for an award of a new contract. GDC must specify its requirements clearly, based on our business need and with the use of market intelligence on services available, rather than what a particular supplier can do.</p> <p>Where possible, we would encourage incumbent suppliers and past suppliers to tender for new contracts. This provides them with an opportunity to demonstrate their suitability for the contract. Awarding a contract by competition generally improves the service being offered and GDC can achieve greater value for money and value-adding services.</p>
Limited market for what is being procured	<p>How do you know?</p> <p>The purpose of the procurement process is to ensure we are effectively testing the market to ensure we are achieving the right goods or services, and to achieve value for money.</p>

Circumstance	
	New suppliers are constantly entering the market, particularly small and medium-size enterprises. We should continually test the market to ensure that we are procuring the best supplier for the work we want to be delivered.
Not enough time for a competition / Internal resource constraints	<p>To enable GDC to deliver our strategic priorities, we require directorates to plan how and when it will deliver its activities agreed in the through the Costed Corporate Plan. This planning process must include consideration of any directorate spend with third parties i.e. procurements.</p> <p>Poor planning is not an acceptable justification for an STA, please remember to engage with procurement early to avoid this issue.</p> <p>If you cannot deliver the work required to run a compliant procurement and/or manage a contract, you should first speak to your Line Manager. They will be able to decide about the re-prioritisation of work.</p>

## Applying for a Single Tender Action

The following steps should be followed when applying for STA approval.

*Table 3 Steps to follow when applying for a Single Tender Action*

Steps	Activity
Step 1	Explore whether there are any other procurement options available to deliver the requirement by speaking with the Procurement Team.
Step 2	If no other suitable options are found, discuss the nature of the spend and agree on the STA strategy with your Executive Director. Your Executive Director should agree they are assured that there is justification for an STA in line with the Procurement Exception Policy.
Step 3	Discuss the requirement in principle with the Executive Director, Registration and Corporate Resources. He will advise you whether he recommends you proceed to submit an STA request form.
Step 4	<p>Complete the <a href="#">STA request form</a> and send it in the first instance to the Procurement Team for them to complete their section. Procurement will liaise with legal where an assessment of legal risk is required. The Chief Executive and Accounting Officer should not be asked to approve an STA for a contract over the current EU threshold without legal opinion on the risk inherent in the award.</p> <p>Procurement will return the form with their comments, and if you still wish to proceed, you should obtain formal endorsement from your Budget Holder and the Executive Director for the case.</p>
Step 5	Send the form to Executive Director, Registration and Corporate Resources, for his approval.

Steps	Activity
	The Executive Director, Registration and Corporate Resources will contact relevant stakeholders for further clarity where needed.
Step 6	<p>For requirements under £150k with no perceived legal risk, the Executive Director, Registration and Corporate Resources will either approve or reject the request.</p> <p>If the spend is over £150k or has legal risk, the Executive Director, Registration and Corporate Resources will provide a recommendation to the Chief Executive and Accounting Officer as to whether the case should be approved.</p>
Step 7	<p>If the request is approved, you should speak with the Procurement Team to arrange the formalisation of a contract.</p> <p>If the request is rejected, the Procurement Team can assist you with alternative options and next steps.</p>

## Applying for a Single Tender Action after you have awarded a contract

An STA request must be approved before a contract is awarded. If a contract has already been agreed with a supplier, before an STA is approved, it will be considered as a breach of our Procurement Policy. This will be reported in the quarterly procurement exception report which is then considered by the Finance and Performance Committee.

## Approval times

By the virtue of its requirement, we will always attempt to decide on an application for an STA quickly. It is anticipated that the approval process should not take longer than 5 working days. However, the approval time is heavily dependent on any additional information that needs to be sought and if external legal advice is required to be taken.

To prevent any delays in deciding on an STA you are encouraged to engage with the Procurement Team and Executive Director, Registration and Corporate Resources ahead of formally submitting a case.

## Non-approval of Single Tender Actions

If your STA is not approved, then it will be necessary to procure the goods or services through a competitive process. The level of competition will depend on the value, nature and complexity of the contract. Where your STA is not approved you should talk to the Procurement Team as soon as possible.

## Contract award notices for Single Tender Actions

All contracts over £25k, whether awarded through competition or require a contract award notice to be published on Contracts Finders.

## **Calculation of anticipated contract value for submitting a Single Tender Action**

When considering the estimated value of a contract, the total cost (from start to end) of all elements of the purchase, lease, rental or hire of goods and services needs to be taken into account; which also includes any potential extensions of contract or additional goods or services.

The contract services and value **must not** be subdivided to reduce the total value of the contract.

## **Single Tender Actions with a value above the EU Threshold**

The PCR requires goods and services to be procured by open competition and in accordance with the procurement principles of Proportionality, Transparency, Non-discrimination, Equal treatment, and Mutual recognition. Not complying with the PCR is a breach of legislation.

There are very limited circumstances in which a contract can be directly awarded under the PCR. You should contact the Procurement Team at the earliest opportunity to consider the procurement route options.

## **Contract disaggregation to avoid procurement thresholds**

You should not disaggregate the contract services or value to be seen to comply with our Procurement Policy, this action is not in keeping with the GDC's Values and is a breach of our Procurement Policy.

Disaggregating the contract/value can also reduce the GDC's leverage within the marketplace; this could mean we are put in a position where we have to accept terms and conditions which are less favourable to GDC. This behaviour can also lead to an increased number of suppliers required to deliver a contract, increasing the amount of procurement activity, cost of overheads and time required to manage the contracts.

## **Risks of awarding a contract without competition**

Approval to award a contract using the STA process does not guarantee that this will be free of challenge. A challenge can take many forms, for example, a complaint from another supplier who was excluded from the opportunity to tender. Where the complaint is received by the Cabinet Office Public Procurement Review Service, they have a role to investigate allegations of poor procurement practices by those subject to the PCR.

It can also be more difficult to demonstrate and achieve value for money by not using a competitive process. STA's can harm GDCs reputation and how our stakeholders perceive us as a regulator.

STA's are audited as part of regular procurement audits. Abnormally high levels of contracts awarded by STA can result in concerns being raised that the organisation is struggling to effectively plan their activity or is being mismanaged.

## Appendix A – List of Services covered by the new Light-Touch Regime

SCHEDULE 3 of the Public Contracts Regulations 2015 Regulations 5(1)(d) and 74

Description	<b>SOCIAL AND OTHER SPECIFIC SERVICES</b> <b>CPV Code</b>
Health, social and related services	75200000-8; 75231200-6; 75231240-8; 79611000-0; 79622000-0 (Supply services of domestic help personnel); 79624000-4 (Supply services of nursing personnel) and 79625000-1 (Supply services of medical personnel) from 85000000-9 to 85323000-9; 98133100-5, 98133000-4; 98200000-5; 98500000-8 (Private households with employed persons) and 98513000-2 to 98514000-9 (Manpower services for households, Agency staff services for households, Clerical staff services for households, Temporary staff for households, Home-help services and Domestic services)
Administrative social, educational, healthcare and cultural services	85321000-5 and 85322000-2, 75000000-6 (Administration, defence and social security services), 75121000-0, 75122000-7, 75124000-1; from 79995000-5 to 79995200-7; from 80000000-4 Education and training services to 80660000-8; from 92000000-1 to 92700000-8; 79950000-8 (Exhibition, fair and congress organisation services), 79951000-5 (Seminar organisation services), 79952000-2 (Event services), 79952100-3 (Cultural event organisation services), 79953000-9 (Festival organisation services), 79954000-6 (Party organisation services), 79955000-3 (Fashion shows organisation services), 79956000-0 (Fair and exhibition organisation services)
Compulsory social security services	75300000-9
Benefit services	75310000-2, 75311000-9, 75312000-6, 75313000-3, 75313100-4, 75314000-0, 75320000-5, 75330000-8, 75340000-1
Other community, social and personal services including services furnished by trade unions, political organisations, youth associations and other membership organisation services	98000000-3; 98120000-0; 98132000-7; 98133110-8 and 98130000-3
Religious services	98131000-0

## Appendix B – Single Tender Action Request Form

Sequential numbering to be provided by the Procurement Team	<b>2021/</b>
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<b>Directorate:</b>		<b>Cost Centre Name</b>	
<b>Requested by:</b>		<b>Cost Centre code</b>	
<b>Budget holder (Name &amp; Position)</b>		<b>Date request made:</b>	

### Details of Request

<b>Name of Supplier:</b>			
<b>Description of goods, works or services which you are planning to buy and why they are needed:</b>			
<b>Value of contract</b>	<b>Excluding VAT</b>	£	
	<b>VAT (if payable)</b>	£	
<b>Where is the contract to be funded from?</b>			
<b>Estimated start date:</b>		<b>Estimated completion date:</b>	
<b>Nature of contract provision</b>	<b>One-off</b>	<input type="checkbox"/>	
	<b>On-going requirement</b>	<input type="checkbox"/>	
<b>Reason for single tender approval. Please select one of the following options:</b> (Please see the Procurement Exceptions Policy for definitions)			
<b>Absence of Tenders</b>		<input type="checkbox"/>	
<b>Exceptional urgency</b>		<input type="checkbox"/>	
<b>Additional Goods and/or Services</b>		<input type="checkbox"/>	
<b>Only one Source</b>		<input type="checkbox"/>	
<b>Follow on work</b>		<input type="checkbox"/>	

Please provide details as to why the approach is justified and how value for money will be achieved. You may attach supporting documents to this STA where applicable.	
How has the Supplier been identified for this requirement?	
Does any conflict of interest exist (actual or perceived) between GDC's staff and the supplier? (If yes, please provide further details below.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Contract Spend History to date

Have there been any previous STA for this contract, previously?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Totals spend to date (excl. VAT):	Purchase Order	Value (Excluding Vat)
	Total £ _____	

### Procurement and Legal Advice

Procurement advice
Legal Advice (must be obtained where there is a breach of law)

## This Single Tender Action request is endorsed by:

I confirm I have reviewed the contents of the STA, including Procurement and Legal advice and endorse this request.

<b>Budget Holder</b> (if different to Executive Director)			
<b>Signed:</b>		<b>Date:</b>	

I confirm I have reviewed the contents of the STA, including Procurement and Legal advice and endorse this request.

<b>Executive Director</b>			
<b>Signed:</b>		<b>Date:</b>	

## This Single Tender Action Request is Approved by:

I confirm I have reviewed the contents of the STA, including Procurement and Legal advice and approve this request.

<b>Reviewed by Executive Director, Registration and Corporate Resources</b>			
<b>Signed:</b>		<b>Date:</b>	
<b>Justification approved?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>Comments:</b>			

I confirm I have reviewed the contents of the STA, including Procurement and Legal advice and approve this request.

(The Chief Executive & Accounting Officer is required to approve all STA's with a total contract value of £150k or greater and/or where the award presents legal risk to the GDC.)

<b>Reviewed by the Chief Executive &amp; Accounting Officer</b>			
<b>Signed:</b>		<b>Date:</b>	
<b>Justification approved?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>Comments:</b>			



# **Council Members and Associates Expenses Policy 2021**

<b>Version number:</b> 1.0	<b>Approved by:</b>
<b>Effective from:</b> 1 January 2021	<b>Date of review:</b> December 2021
<b>Owner:</b> Samantha Bache, Head of Finance and Procurement	

## Summary of policy

The General Dental Council (GDC) will reimburse any reasonable costs that have been incurred wholly, exclusively and necessarily on GDC business with the aim of providing a reasonable standard of travel, accommodation and subsistence.

In running the GDC we spend registrant money and as such we have a responsibility to do so wisely. This principle drives how we use our resources, including the way we use travel as outlined in this policy.

## Aim

This policy is designed to provide a framework within which to exercise appropriate judgement on the use of travel and hospitality arrangements, ensuring:

- all travel-related expenditure represents value for money and is valid and auditable.
- that Council Members and Associates are correctly reimbursed for their travel expenses.
- that we meet the requirements of HMRC.

## Scope

This policy applies to all Council Members and Associates. A separate policy is maintained for GDC employees.

It is expected that Council Members and Associates will make their travel and accommodation arrangements via the most economical means possible. However, Council members and Associates may, if they wish, exceed the expenditure limits set out in this policy so long as they account personally for any excess cost over and above the approved expenditure limits.

The submission of fraudulent claims is a serious breach of the Code of Conduct and will lead to a complaint against you being considered under the relevant policy.

## Further information

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

## **Business travel**

You are expected to make arrangements for travel that are in the best interests of the GDC. In most circumstances, this should be the most economic mode of transport, except where this would involve unreasonable journey times.

You must be prepared to justify your choice of travel arrangements if challenged.

### **Rail**

You should travel standard class between the nearest station to your home and the station nearest to the location of the meeting or event. You should always book the ticket which represents the best value ticket, taking advantage of any discounts available. Where possible, tickets should be pre-booked for specific journey times. Fully flexible tickets are more expensive and should only be purchased where there is a demonstrable need.

#### **First class travel**

First class rail travel will only be reimbursed if you can demonstrate that a first-class ticket is cheaper than standard class. This evidence will need to be submitted with your claim. The ticket comparison must show the exact same journey type and the two class type prices (i.e. screenshot of standard class ticket price at the time of booking the first-class ticket).

#### **Underground travel**

For underground travel, Oyster cards and contactless payment cards should be registered online at [tfl.gov.uk](https://tfl.gov.uk). A journey statement must be printed with annotations added that specify GDC expenses. Alternatively, if an individual ticket has been purchased, the ticket can be provided in place of a receipt.

#### **Missed rail journey**

All effort must be made to ensure that you arrive on time to catch any pre-booked rail journey on a time restricted ticket.

In the event a train is missed, you should first consider whether you are likely to be travelling the identical route within 28 days. If so, you may be able to request a rail exchange from your booking provider.

Alternatively, an explanation must be submitted alongside your expenses claim, which includes information regarding the circumstances leading to the financial loss e.g. overrunning of panel meeting.

### **Air**

For air travel within the UK, we will reimburse economy class or the equivalent fare, where appropriate. First class air travel can only be booked if it can be demonstrated that a first-class ticket is cheaper than standard class. The ticket comparison must show the exact same journey type and the two class type prices (i.e. screenshot of economy class ticket price at the time of booking the first-class ticket).

International air travel should be booked at economy class. With the prior agreement of the Executive Director, Registration and Corporate Resources, business class travel may be booked if there are exceptional circumstances that justify it.

## **Taxis**

Taxis should only be used in exceptional circumstances and an explanation should be provided with the claim, such as reduced mobility or when travelling with heavy luggage. Where possible, taxis should be shared with others.

A receipt is required, and you should provide an explanation for your use of taxi, start and finish points of the journey, and your reason for travelling on your claim form. Costs may not be reimbursed should the explanation not be in-line with this policy. If in doubt, please obtain prior approval from committee secretary for the use of taxis to avoid non reimbursement.

## **Buses**

Bus travel will be reimbursed where evidence is available to support the cost of your journey. This could be your bus ticket or journey statement clearly annotated as GDC expenses. Please provide start and finish points of your journey and reason for travel on your expenses claim form.

## **Road**

Mileage allowance will be paid for individuals using a private car on GDC business at a rate specified below:

	<b>Description</b>	<b>Rate</b>
Mileage allowance – Car	Standard rate – up to 10,000 miles	45p per mile
	Reduced standard rate – over 10,000 miles	25p per mile
Mileage allowance – Motorcycle	All motorcycles	24p per mile
Mileage allowance – Cycle	Pedal cycle	20p per mile

Please provide start and finish points of your journey, total number of miles travelled and reason for travel on your expenses claim form.

The rates above are linked to the approved amount for mileage allowance payments published by HM Revenue and Customs.

Any parking or road traffic fines or penalties incurred are your personal responsibility and will not be reimbursed by the GDC.

## **Insurance**

The GDC will not accept liability for loss or damage to belongings on GDC business. Anyone claiming the mileage allowance should ensure that the car used is insured for business use prior to making the journey. Any additional premium paid to the insurance company is not a claimable expense.

## **Car parking and congestion charges**

Car parking costs and congestion charges incurred while on GDC business will be reimbursed.

## **Hire cars**

Hire cars may only be used in exceptional circumstances. The payment for hire of a car and associated costs for petrol and insurance will be made only when public transport is either not available, impractical or the total cost of hiring a car is less than the cost of using public transport or a taxi.

# Accommodation, subsistence and miscellaneous expenses

## Hotel accommodation

The GDC will reimburse the cost of overnight accommodation when the stay is necessary from a business perspective in line with the rates below:

	Description	Rate (Inc. VAT)
Accommodation*	London	£180, per night
	Other UK	£125, per night
	Staying with friends and family	£25, per night

Overnight stays for London-based meetings are not deemed necessary for anyone whose journey time from home to a London main line station is less than 2 hours, except where the timing of GDC meetings make it necessary.

Council Members in the Home Counties can claim expenses for staying overnight where there is a specific Council function within the policy limit.

## Staying with friends and family

Should you need to stay away from home on business travel and are able to stay with friends or relatives you may claim a fixed rate allowance as outlined in Appendix 2. This covers all costs including accommodation, evening meal and breakfast. No claim can be made by anyone staying in their own property.

## Exceeding the rates set out in this policy

If you are unable to secure appropriate accommodation at a cost within the guide prices provided, you should seek agreement from the Executive Director, Registration and Corporate Resources **prior** to making any booking, and note the reasons on the expenses claim form.

## Subsistence

Meal allowances as outlined below cover the cost of purchasing meals and non-alcoholic beverages whilst away from home on business travel. These rates include VAT, service charge and gratuities.

Meals	Description	Rate (Inc. VAT)
Breakfast	Can only claim when no overnight stay involved, and you must leave your home before 07:30.	£10
Lunch	The cost of lunch should not be claimed where lunch is provided by the GDC.	£10
Dinner	Alcoholic beverages cannot be claimed as an expense and should be deducted from your receipt total before submitting any claim.	£30

Meals	Description	Rate (Inc. VAT)
	Any dinner-related purchases should only be for that evening's consumption, and you must be staying overnight or not expected to return to your home before 21:00.	

All claims will be paid on the basis of actual expenditure on production of fully itemised receipts.

## Alcohol

Alcoholic beverages can not be claimed as an expense and should be deducted from your receipt total before submitting your claim.

## Spouses and Civil Partners

The GDC will only reimburse the costs incurred by a spouse or civil partner either if the GDC specifically requested that the spouse/civil partner attend an event, or the spouse/civil partner is performing a clear business function for the GDC.

## Telephones

The GDC will reimburse the cost of any business calls made on a home or other private phone, provided that the calls were necessary for the GDC's business. Claims must be supported by itemised bills annotated with the nature of the call.

This reimbursement is for the cost of calls only, and not for any element of line rental, as this would result in an additional 'benefit in kind' tax liability.

## Additional Allowances

Additional allowances and expenses necessarily and reasonably incurred, may be claimed as follows:

### Childcare or baby-sitting expenses

When, as a direct result of GDC business, it is necessary for you to employ a childcare provider, when you would not normally need to, claims will be limited to reimbursing the actual cost of a registered childcare provider or a baby-sitter.

Please note that the reimbursement of such expenses will need agreement by the committee secretary **in advance** of the meeting, and an invoice showing the dates worked and amount paid will be needed as evidence of this expense.

## **Care arrangements for an elderly or dependent relative**

These costs may be refunded in similar circumstances to childcare costs. Claims will be limited to reimbursing the actual amount paid out to arrange the care that you would have provided during your period of absence.

## **Reasonable Adjustments**

To enable a Council member or Associate to communicate more effectively, for example, or to otherwise take part in the work of the GDC, we will make appropriate reasonable adjustments to accommodate any special needs. Please contact the Executive Director, Registration and Corporate Resources for assistance with this matter.

Should a Council member or Associate wish to use their own equipment, then claims will be limited to reimbursing the actual cost of, for example, provision of a signer, audiotapes, Braille documentation, or travelling and subsistence for a person providing support.



# Entertaining

## Entertaining external parties

Proposed entertaining of external parties on behalf of the GDC should be authorised in writing in advance (email is acceptable) by the Chair of the Council.

Claims will be reimbursed, subject to the following information being provided on the claim form:

- Name(s) of person
- Organisation they represent
- Purpose of entertainment
- A copy of the written consent of the Chair should also be provided.

## Council dinners

Where the Council meet for a 'working dinner' in promotion of Board cohesiveness a small amount of alcohol may be served with the meal (equivalent of 1-2 small glasses of wine per person).

# Appendix 1 – Expense Claims

## Claim forms

All claims for reimbursement of travel, accommodation and subsistence must be submitted on the relevant expenses claim form, copies of which are available on the extranet, intranet, from Committee Secretaries and from the Finance Team.

Claims should be submitted within one month of the meeting taking place to ensure the GDC's accounts accurately reflect all expenses incurred in the year to date. Unless agreement has been made with the Executive Director, Registration and Corporate Resources before the claim is submitted, the GDC will not pay expense claims that are more than 3 months old.

There is an email inbox ([expenses@gdc-uk.org](mailto:expenses@gdc-uk.org)) dedicated to the receipt of expenses claim forms. If you submit your claim forms electronically, an automated receipt lets you know that your form has been received.

Claims made should clearly set out details of the meeting attended or visit undertaken and the reason why the expenditure was incurred.

## Receipts

Itemised original receipts must support all claims [credit or debit card receipts are not acceptable].

Receipts should be securely attached to the relevant claim form. Claims without appropriate supporting documents will be invalid and unreceipted expenditure maybe deducted from the claim payable.

## Claimants responsibilities

If you are claiming expenses, you are responsible for ensuring that all expenditure incurred was within the scope of this guidance and:

- Receipts have been collated and submitted with your claim for reimbursement.
- All relevant sections of the claim form have been correctly completed.
- All the amounts claimed relate to duties performed on behalf of the GDC.

## Finance Team responsibilities

The Finance Team will:

- Check claim has been submitted with supporting receipts and that we have been informed of your attendance by the relevant committee secretary

- Check all relevant sections of the expenses claim form have been correctly completed
- Complete a detailed review of 100% of all claims to be paid on the weekly BACS payment run for compliancy with this policy.

## **Payment of claims**

Claims will be reimbursed within 14 days of the claim being received by the Finance Team. Payments will be made direct to the claimant's nominated bank account.

## Appendix 2 – Expenses rates

All rates include the cost of VAT, service charge and gratuities.

	Description	Rate (Inc. VAT)
Accommodation*	London	£180, per night
	Other UK	£125, per night
	Staying with friends and family	£25, per night
Meals	Breakfast	£10
	Lunch	£10
	Dinner	£30
Mileage allowance – Car	Standard rate – up to 10,000 miles	45p per mile
	Reduced standard rate – over 10,000 miles	25p per mile
Mileage allowance – Motor Cycle	All motorcycles	24p per mile
Mileage allowance – Cycle	Pedal cycle	20p per mile

\*The above rates are not to be seen as expected rates, where possible you should seek accommodation at lower rates to minimise the costs to the GDC.

# **Staff Expenses Policy 2021**

<b>Version number:</b> 1.0	<b>Approved by:</b>
<b>Effective from:</b> 1 January 2021	<b>Date of next review:</b> December 2021
<b>Owner:</b> Samantha Bache, Head of Finance and Procurement	

## Summary of policy

The General Dental Council (GDC) will reimburse any reasonable costs that have been incurred wholly, exclusively, and necessarily on GDC business with the aim of providing a reasonable standard of travel, accommodation, and subsistence.

In running the GDC we spend registrant money and as such we have a responsibility to do so wisely. This principle drives how we use our resources, including the way we use travel as outlined in this policy.

## Aim

This policy is designed to provide a framework within which to exercise appropriate judgement on the use of travel and hospitality arrangements, ensuring:

- all travel-related expenditure represents value for money and is valid and auditable
- that staff are correctly reimbursed for their travel expenses
- that we meet the requirements of HMRC.

## Scope

This policy applies to all staff of the General Dental Council (GDC). It is expected that staff will make their travel and accommodation arrangements using the Crown Travel Management (CTM) booking portal and within the prescribed limits set out by this policy, unless otherwise approved by the Executive Director, Registration and Corporate Resources.

The submission of fraudulent claims or fraudulent use of the travel booking system is a serious breach of the Code of Conduct and may lead to disciplinary action.

It is important to recognise that this policy cannot cover every eventuality. The Executive Director, Registration and Corporate Resources can exercise reasonable discretion on exceptional items, within the spirit of the approved policy, and subject to HM Revenue and Customs requirements.

## Further information

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

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## Booking and cancellation

You are expected to make arrangements for travel that are in the best interests of the GDC. In most circumstances, this should be the most economic mode of transport, except where this would involve unreasonable journey times.

### Booking

You should make bookings in respect of air and rail travel and accommodation through the CTM travel booking portal (link available on the intranet page).

Travel tickets can either be printed or you may collect rail tickets from the Ticket on Departure machines at national rail stations. To collect from Ticket on Departure machines simply key in the booking reference provided in the CTM booking e-mail confirmation and use a personal credit/debit card in your name for identification purposes only. No charge will be made to your card.

In exceptional circumstances, and with the approval of the Executive Director, Registration and Corporate Resources (accepting that in some circumstances this may be unavoidable retrospective), you may have no alternative but to make your own travel arrangements.

Any out of pocket expenses incurred will be reimbursed on submission of an approved expenses claim form and itemised receipts as set out in appendix 1.

For hotel bookings, you will receive e-mail confirmation of the booking and you are advised to present the email confirmation to the hotel upon your arrival.

In the event you need to contact CTM directly, please use the following:

- CTM Crown Operational Team on 01274 726424.
- For daytime booking system errors screen shots should be shared with our Business Support Team (north.bsu@travelctm.com) who can also assist with system amendments.
- Feedback hub on the portal.

For emergency traveller assistance and support outside of office hours please contact CTM on 01274 726424.

Full details on the limits and policy that applies to any bookings are outlined in the following sections.

### Cancellation delays

Tickets for travel can generally be cancelled on the same day as purchase without any fee being incurred. Beyond that, it is likely that an administration fee will be incurred.

'Open' or 'Anytime' rail tickets not collected from fast track collection points within 28 days of the original travel date will be automatically credited to the GDC's account. If you have

booked an 'Advance' ticket which is no longer required you are able to request a rail exchange for a like for like journey within 28 days of the original travel date.

Should you need to cancel your travel or accommodation booking, or wish to request a rail exchange, please contact the Finance Team who will support.

## **Delays**

If a journey is severely disrupted or delayed, instructions will be given by the operator on how to make a claim. In these circumstances, CTM are unable to process the claim as the issue lies between the traveller and the operator.



## **Business travel**

### **Rail**

You should travel standard class between the nearest station to your home and the station nearest to the location of the meeting or event. You should always book the ticket which represents the best value ticket, taking advantage of any discounts available. Where possible, tickets should be pre-booked for specific journey times. Fully flexible tickets are more expensive and should only be purchased where there is a demonstrable need.

#### **First class travel**

First class rail travel will only be available for booking through the CTM travel booking portal where the cost of the first-class journey is cheaper than the equivalent standard class fare. Should you wish to upgrade your journey to first class, you are able to do so on your journey but are personally accountable for the excess fare.

#### **Underground travel**

London underground fares can only be booked if you do not hold an Oyster Travelcard or season ticket, covering the zones for the journey made. You may book underground travel as your destination or starting point within the CTM travel booking portal, as part of a longer journey to or from London.

Oyster Travelcards and contactless payment cards should be registered online at [tfl.gov.uk](https://tfl.gov.uk). A journey statement must be printed with annotations added that specify GDC expenses. Alternatively, if an individual ticket has been purchased, the ticket can be provided in place of a receipt

#### **Missed rail journey**

All effort must be made to ensure that you arrive on time to catch any pre-booked rail journey on a time restricted ticket.

In the event a train is missed, you should first consider whether you are likely to be travelling the identical route within 28 days. If so, you are able to request a rail exchange.

Alternatively, an email must be submitted to the Finance Team including any information regarding the circumstances leading to the financial loss e.g. overrunning of external stakeholder meeting or request of GDC management.

### **Air**

For air travel within the UK, you should travel economy class. Business class air travel will only be available to book through the CTM travel booking portal where the cost of the business class journey is cheaper than standard class.

International air travel should be booked at economy class, unless the flight time is more than five hours, where business class is permissible. If you require a business class journey you should contact the Finance Team who can arrange access to the relevant rates in the portal.

## Taxis

Taxis should only be used in exceptional circumstances and an explanation should be provided with the claim, such as reduced mobility or when travelling with heavy luggage. Where possible, taxis should be shared with others.

A receipt is required, and you should provide an explanation for your use of taxi, start and finish points of the journey, and your reason for travelling on your claim form. Costs may not be reimbursed should the explanation not be in-line with this policy.

You are also able to pre-book a taxi using the CTM travel booking portal. To use this facility, you must have received prior approval from the Executive Director, Registration and Corporate Resources.

## Buses

Bus travel will be reimbursed where evidence is available to support the cost of your journey. This could be your bus ticket or journey statement. Please provide start and finish points of your journey and reason for travel on your expenses claim form.

## Road

Mileage allowance will be paid for individuals using a private car on GDC business at a rate specified below:

	Description	Rate
Mileage allowance – Car	Standard rate – up to 10,000 miles	45p per mile
	Reduced standard rate – over 10,000 miles	25p per mile
Mileage allowance – Motorcycle	All motorcycles	24p per mile
Mileage allowance – Cycle	Pedal cycle	20p per mile

Please provide start and finish points of your journey, total number of miles travelled and reason for travel on your expenses claim form.

The rates above are linked to the approved amount for mileage allowance payments published by HM Revenue and Customs.

Any parking or road traffic fines or penalties incurred are your personal responsibility and will not be reimbursed by the GDC.

## Insurance

The GDC will not accept liability for loss or damage to belongings on GDC business. Anyone claiming the mileage allowance should ensure that the car used is insured for business use prior to making the journey. Any additional premium paid to the insurance company is not a claimable expense.

## Car parking and congestion charges

Car parking costs and congestion charges incurred while on GDC business will be reimbursed.

## **Hire cars**

Hire cars may only be used in exceptional circumstances. The payment for hire of a car and associated costs for petrol and insurance will be made only when public transport is either not available, impractical or the total cost of hiring a car is less than the cost of using public transport or a taxi.

# Accommodation, subsistence and miscellaneous expenses

## Hotel accommodation

Overnight accommodation can be booked through the CTM travel booking portal when the stay is necessary from a business perspective, up to the maximum rates below:

	Description	Target Rate (Inc. VAT)	Max Rate (Inc. VAT)
Accommodation (including breakfast)	London	£163, per night	£180, per night
	Other UK	£112, per night	£125, per night

The CTM travel booking portal provides a traffic light system which operates with geographical expense caps for accommodation within London and accommodation outside of London, set at our current policy rates.

Hotels at a cost below our target rate will flag as green, and those between the target rate and maximum rate will flag as amber. You may book any green and amber hotels with availability. Booking of those hotels flagged as red, i.e. outside of our maximum rate, can only be booked on your behalf by the Finance Team on confirmation of pre-approval by the Executive Director, Registration and Corporate Resources.

You are encouraged to select accommodation, if it is of an appropriate standard, that is below our target rate to minimise cost to the GDC.

Overnight stays for London-based meetings are generally not deemed necessary for London based staff. Staying in hotel accommodation in these circumstances is only allowed if there has been prior approval by the Executive Director, Registration and Corporate Resources that there is a business benefit in doing so.

Staff unable to secure appropriate accommodation at a cost at or below the maximum rate should seek agreement from the Executive Director, Registration and Corporate Resources prior to booking alternative accommodation. On receipt of this approval, the Finance Team will be able to book the accommodation on your behalf.

## Staying with friends and family

Should you need to stay away from home on business travel and are able to stay with friends or relatives you may claim a fixed rate allowance of £25. This covers all costs including accommodation, evening meal and breakfast. No claim can be made by anyone staying in their own property.

Please note under HMRC rules this is considered a 'taxable allowance' and therefore liable to Tax and National Insurance, which will be met on your behalf by the GDC.

## Exceeding the rates set out in this policy

If you are unable to secure appropriate accommodation at a cost within the guide prices provided, you should seek agreement from the Executive Director, Registration and

Corporate Resources **prior** to making any alternative booking. On receipt of this approval, the Finance Team will be able to book the accommodation on your behalf.

## Subsistence

Meal allowances, as outlined below, cover the cost of purchasing meals and non-alcoholic beverages whilst away from home on business travel. These rates include VAT, service charge and gratuities.

Meals	Notes	Rate (Inc. VAT)
Breakfast	Can only claim when no overnight stay involved, and you must leave your home before 07:30.	£10
Lunch	Can only claim when attending external business meetings where no lunch is provided.  The cost of lunch should not be claimed when you are working out of either GDC office, regardless of your contracted base office.	£10
Dinner	Alcoholic beverages cannot be claimed as an expense and should be deducted from your receipt total before submitting any claim.  Any dinner-related purchases should only be for that evening's consumption, and you must be staying overnight or not expected to return to your home before 21:00.	£30

All claims will be paid on the basis of actual expenditure on production of fully itemised receipts.

## Alcohol

Alcoholic beverages can not be claimed as an expense and should be deducted from your receipt total before submitting your claim.

## Dining with others

If you are dining with Council Members or certain categories of Associates, you are not permitted to pay for their meal as they need to claim this individually as their expenses may be liable to Tax and National Insurance which is payable by the GDC. If in doubt, please check in advance with the Finance Team.

## Dual office working

The GDC has invested in video and telephone conference facilities to enable cross office working between our Birmingham and London offices. You should utilise these facilities as much as reasonably possible when asked to attend a short meeting (hour or less) in your non-contracted base location.

Where meetings need to be attended in person, you should ensure that they look to optimise the efficiency of your travelling arrangements. This can be done by attempting to schedule any other meetings where attendance is required for the same day.

When travelling to the non-contracted office, “advance” of “off-peak” rail tickets should be booked wherever possible to reduce the cost of travel. (Optimum savings can usually be made by booking 5 or more days in advance of travel.) You are also asked to consider the timing of any meetings you need to attend to enable travel outside of peak fares.

The GDC will not reimburse the cost of lunch for anybody working in either of the GDC offices.

### **Accounting for benefits in kind**

Where an employee regularly works in their non-contracted base location, they will be considered as having two permanent workplaces under HMRC rules. Where an employee has two permanent workplaces these expenses are taxable.

The GDC has agreed to meet the cost of Tax and National Insurance attracted by travel expenses for those employees regularly working from both offices. These expenses will be ‘grossed up’ for the cost of the liability and processed through the PAYE system (payroll) to ensure that the Tax and National Insurance liability is settled in the correct tax period.

Any reimbursement of taxable expenses and the respective Tax and National Insurance liability paid by the GDC are considered by HMRC as ‘taxable pay’ as a benefit is being received.

There will be no effect on an employee’s net pay for the processing of taxable expenses by the GDC unless a percentage-based deduction for attachment of earnings is made from their monthly salary (e.g. student loan).

There is no action the GDC can take to negate the possible effect on net pay due to percentage-based deductions for attachment of earnings. HMRC advise that the person concerned negotiates with the 3rd party to explain the benefit being received is non-monetary and put in place an individual working arrangement. The GDC is unable to negotiate on an employee’s behalf.

### **Spouses and Civil Partners**

We will only reimburse the costs of a spouse or civil partner if it can be shown that we specifically requested that the spouse/civil partner attends or the spouse/civil partner is performing a definite business function for the GDC.

### **Telephones**

The GDC will reimburse the cost of any business calls made on home or other private phones, provided that the calls were necessary for the GDC’s business. Claims must be supported by itemised bills annotated with the nature of the call.

This reimbursement is for the cost of calls only, and not for any element of line rental, as this would result in an additional tax liability as a benefit in kind.

If you need to make regular calls whilst not in the GDC's offices, the Executive Director, Registration and Corporate Resources will consider a case for making available a GDC mobile telephone.

## **Additional Allowances**

Additional allowances and expenses necessarily and reasonably incurred, may be claimed as follows:

### **Childcare or baby-sitting expenses**

If you are requested to work outside of your usual working hours you may submit a claim to recover the actual cost paid to a registered child minder or the cost of a baby-sitter. You may not claim if you already receive a care allowance or have a spouse, civil partner or other responsible adult to care for a child whilst undertaking this work.

### **Care arrangements for an elderly or dependent relative**

These costs may be refunded in similar circumstances to childcare costs. Claims will be limited to reimbursing the actual amount paid out to arrange the care that you would have provided during your period of absence.

## **Reasonable adjustments**

An employees' line manager or People Services may advise the Finance Team of any agreement to reasonable adjustments to be applied under this policy, this will ensure that travel and accommodation arrangements are appropriate for individual employee needs.

This could include, but is not limited to:

- The use of taxis for an employee with either a temporary or permanent mobility issue which otherwise would not be reimbursed.
- The cost of travel and accommodation for a support worker if one is required.
- Where public transport is not practical, and the use of a personal car is the most appropriate transport method.

## **Advances for expenses**

In exceptional circumstances an advance against expenses will be provided to fund a lengthy or expensive business trip. The advance must be authorised by the Chief Executive or the Executive Director, Registration and Corporate Resources.

An expense claim, relating to the trip in question, should be submitted as soon as possible after the trip is over. This will avoid any tax liability for the employee on an interest free loan.

# Entertaining

## Entertaining external parties

Proposed entertaining of external parties on behalf of the GDC should be authorised in writing in advance (email is acceptable) by the Chief Executive or the Executive Director, Registration and Corporate Resources.

Claims will be reimbursed, subject to the following information being provided on the claim form:

- Name(s) of person
- Organisation they represent
- Purpose of entertainment
- A copy of the written approval should also be provided.



# Appendix 1 – Expense Claims

## Claim forms

All claims for reimbursement of travel, accommodation and subsistence must be submitted on the relevant expenses claim form, copies of which are available on the Finance page of the intranet or from the Finance Team.

Claims made should clearly set out the nature of the business trip and the reason the expenditure was incurred.

To assist the year end accounting process, all claims for November and December expenses must be submitted by the end of January. All other claims must be submitted within 3 months of being incurred.

The GDC does not intend to pay expense claims that are older than 3 months. Where there are valid reasons why a claim cannot be made within this period, the claimant should approach the Executive Director, Registration and Corporate Resources in advance, and seek their agreement to the late claim.

Claims should be submitted electronically to the finance team ([finance@gdc-uk.org](mailto:finance@gdc-uk.org)), with clear evidence of approval and fully legible itemised receipts. Claims submitted without the appropriate approval or where receipts are missing or unreadable may not be reimbursed.

## Receipts

Itemised receipts must support all claims, credit or debit card summary receipts are not acceptable. Itemised receipts should show company/service provider name, date and listed items with prices and amounts paid.

Receipts should be scanned and submitted with the relevant claim form. Claims without appropriate supporting documents will be invalid and unreceipted expenditure may be deducted from the amount paid.

If you have lost or mislaid your receipt, you should clearly annotate this on the claim form and your approver should note their acceptance to pay the cost by exception.

## Claimant responsibilities

If you are claiming expenses, you are responsible for ensuring that all expenditure incurred was within the scope of this guidance and:

- Receipts have been collated and submitted with your claim for reimbursement.
- All relevant sections of the claim form have been correctly completed.
- All the amounts claimed relate to duties performed on behalf of the GDC.

## **Approver responsibilities**

If you are approving expenses, you are responsible for ensuring that all expenditure incurred was within the scope of this guidance and:

- Receipts have been provided and checked by you as being sufficient to support the claim
- All relevant sections of the claim form have been correctly completed
- All the amounts claimed relate to duties performed on behalf of the GDC and are not expenses for normal daily commuting
- You are the claimants line manager or are the department budget holder and therefore have delegated authority to approve the claim
- You have considered whether any costs can be reclaimed from third party organisations.

## **Finance Team responsibilities**

The Finance Team will:

- Check claim has been appropriately authorised and submitted with supporting receipts
- Check all relevant sections of the expenses claim form have been correctly completed
- Complete a detailed review of 25% of all claims to be paid on the weekly BACS payment run for compliancy with this policy.

For expenses booked on the CTM travel booking portal, the Finance Team will:

- Check all invoices have been received for occasions where the chargeback facility has been used and ensure that the amount claimed is not in excess of the £30 limit. 10% invoices submitted will also be reviewed in detail for compliancy with this policy
- Any costs charged related to taxi travel are supported by a pre-approval e-mail from the Executive Director, Registration and Corporate Resources.
- Check the management information reports we receive for any unusual travel of pattern, such as travel, and accommodation charges incurred over a weekend
- Generate and circulate monthly management information to budget holders for their review and confirmation that expenditure incurred relates to duties performed on behalf of the GDC.

## **Payment of claims**

Claims will be reimbursed within 21 days of the claim being received by the Finance Team. Payments will be made direct to the claimant's nominated bank account.

## Appendix 2 – Expenses rates

All rates include the cost of VAT, service charge and gratuities.

	Description	Target Rate (Inc. VAT) *	Rate (Inc. VAT)
Accommodation	London	£163, per night	£180, per night
	Other UK	£112, per night	£125, per night
	Staying with friends and family		£25, per night
Meals	Breakfast		£10
	Lunch		£10
	Dinner		£30
Mileage allowance – Car	Standard rate (up to 10,000 miles)		45p per mile
	Reduced standard rate (over 10,000 miles)		25p per mile
Mileage allowance – Motor Cycle	All motorcycles		24p per mile
Mileage allowance – Cycle	Pedal cycle		20p per mile

# **Anti-fraud, bribery, and corruption policy (Employee and temporary workers)**

<b>Version number:</b> 1.0	<b>Approved by:</b>
<b>Effective from:</b> 1 January 2021	<b>Date of review:</b> 1 January 2022
<b>Owner:</b> Samantha Bache, Head of Finance and Procurement	

## Summary of policy

The General Dental Council (GDC) requires our employees to at all times to act honestly and with integrity and to safeguard the resources for which they are responsible.

The GDC will not accept any level of fraud or corruption and will treat any such matter with the utmost seriousness. Each case will be thoroughly investigated and dealt with following the appropriate procedure detailed in the fraud response plan. The GDC is committed to preventing fraud from occurring and to developing an anti-fraud culture. To achieve this, the GDC will:

- Maintain and develop effective controls to prevent fraud.
- Ensure that if fraud occurs a vigorous and prompt investigation takes place.
- Take appropriate disciplinary and legal action if fraud is discovered.
- Review systems and procedures to prevent similar frauds.
- Investigate whether there has been a failure in supervision and take appropriate disciplinary action where supervisory failures occurred.
- Record and report all discovered cases of fraud.

The following principles apply in the GDC:

- Employees must have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties.
- The GDC will not tolerate fraud, impropriety or dishonesty and will investigate all instances of suspected fraud, impropriety, or dishonest conduct by employees.
- The GDC will take proportionate action – including disciplinary action, dismissal and/or criminal prosecution against any employee who, in the course of their work defrauds or attempts to defraud the GDC or uses GDC information to carry out fraud.
- The GDC will co-operate fully with an external investigating body.
- The GDC will always seek to recover funds lost through fraud, although recovery action may be delayed to avoid prejudicing any criminal investigation.
- All frauds will be reported to the Audit & Risk Committee.

The purpose of this policy is to provide definitions of fraud, bribery and corruption, and define authority levels, responsibilities for action and reporting lines in the event of suspected, attempted or actual fraud, bribery or irregularity.

## Scope

This policy applies to all GDC employees, including all directors, employees, fixed term contractors and temporary workers and is concerned with fraud and bribery committed by employees in the course of their work. A separate policy is maintained as part of the Governance Manual which applies to Council Member and Associates of the GDC.

Under anti-bribery legislation the GDC is required to have in place policies which are designed to prevent persons associated with the GDC from offering or accepting bribes. This policy, together with a policy which applies to Council members and Associates, and the hospitality policy, is designed to comply with this obligation.

It is the responsibility of our employees to read and be familiar with the contents of this policy and any related procedures, and to identify and notify any suspected cases of fraud or fraud risk.

## **Further information**

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

# Introduction

## What is fraud?

The Fraud Act 2006 details the legal definitions of fraud and is used for the criminal prosecution of fraud offences.

The Fraud Act 2006 c.35 - A person is guilty of fraud if he or she is in breach of any of the following:

- Fraud by false representation.
- Fraud by failing to disclose information.
- Fraud by abuse of position.

For the purpose of this policy, fraud is defined as a dishonest action designed to facilitate gain (personally or for another) at the expense of the GDC. This definition includes various criminal behaviours including deception, forgery, theft, misappropriation, collusion and misrepresentation. No definitive legal definition of fraud exists.

## What is bribery?

Bribery is the offering or acceptance of inducements designed to influence official action or decision-making. These inducements can take many forms including cash, holidays, event tickets, meals, etc. The Bribery Act 2010 laid out more formally what could be considered an offence, it includes:

- Offering a bribe.
- Being bribed.
- A corporate offence of failure to prevent bribery. It is, however, a defence if an organisation has 'adequate procedures' in place to prevent bribery.

Facilitation payments, which are payments to induce officials to perform routine functions they are otherwise obligated to perform, are also classed as bribes under the Bribery Act. Organisations can continue to pay for legally required administrative fees or fast-track services as these are not considered facilitation payments.

Employee fraud falls into four main categories and are referred to as "fraud" in this policy:

- Theft, the misappropriation or misuse of GDC assets for personal benefit.
- Bribery and corruption.
- Financial malpractice/irregularity.
- Fraud against another organisation.

## What is corruption?

Corruption is the offering, giving, soliciting or acceptance of an inducement or reward (including any gift, loan, fee, or advantage) which may influence the action of any person. An example of corruptions is a payment, favour or gift given to an employee of the GDC as a reward, or an incentive, to that person for any actions (or inactions) contrary to the proper conduct of their duties.

## **What is theft?**

The Theft Act 1968 details the legal definition of theft. For this policy, theft is defined as the taking without consent and with the intention of not returning any property belonging to the GDC, including cash, equipment, data, etc. Theft does not necessarily require fraud to be committed.

## **What is financial malpractice/irregularity?**

This term is used to describe any actions that represent a deliberate, serious breach of accounting principles, financial regulations or any of the GDC's financial governance arrangements. For example, falsely claiming overtime, travel and subsistence, sick leave or special leave (with or without pay). They do not have to result in personal gain.

## **What is money laundering?**

Money laundering is the process of channelling 'bad' money into 'good' money in order to hide the fact the money originated from criminal activity. Money laundering often occurs in three steps: first, cash is introduced into the financial system by some means ("placement"), the second involves a financial transaction in order to hide the illegal source ("layering"), and the final step entails acquiring wealth generated from the transactions of the illicit funds ("integration").

The legislation in respect of Money Laundering is set out in the following:

- Proceeds of Crime Act 2002 as amended by the Crime and Courts Act.
- 2013 and the Serious Crime Act 2015.
- The Money Laundering, Terrorist Financing and Transfer of Funds Regulations 2018 (MLRs) as amended by The Money Laundering and Terrorist Financing Regulations 2019.

## **What could indicate that an employee could be guilty of fraud?**

There are a number of 'red flags' that would indicate that an employee could be guilty of fraud. Examples include:

- Employee reluctance to take leave.
- Always working late.
- Refusal to take promotion.
- Suppliers / contractors only wanting to deal with one employee.
- Well-rounded payment figures (£100,000).
- Pattern of small payments to the same recipient.
- Missing documents – lack of audit trail.
- Unexplained wealth.
- Large amounts of money paid to small suppliers and consultants.
- Vendors without physical addresses.



## Fraud response plan

The GDC has established arrangements through its Whistleblowing Policies for staff, Council members and Associates (including statutory committee members and, for this purpose, temporary workers and contractors) to report any concerns they may have without fear of prejudice or harassment. This applies to concerns relating to fraud and to any other concerns within the context of the Public Interest Disclosure Act 1998.

### What should be reported?

Concerns which should be reported include, but are not limited to staff/Council members/Associates or others committing or attempting to commit:

- Any dishonest or fraudulent act.
- Forgery or alteration of documents or accounts.
- Misappropriation of funds, supplies or other assets.
- Impropriety in the handling or reporting of money or financial transactions.
- Profiting from an official position.
- Disclosure of official activities or information for advantage.
- Accepting or seeking value from third parties by virtue of official position or duties.
- Theft or misuse of property, facilities or services.
- Offering or receiving bribes.

External organisations' actions which should be reported include:

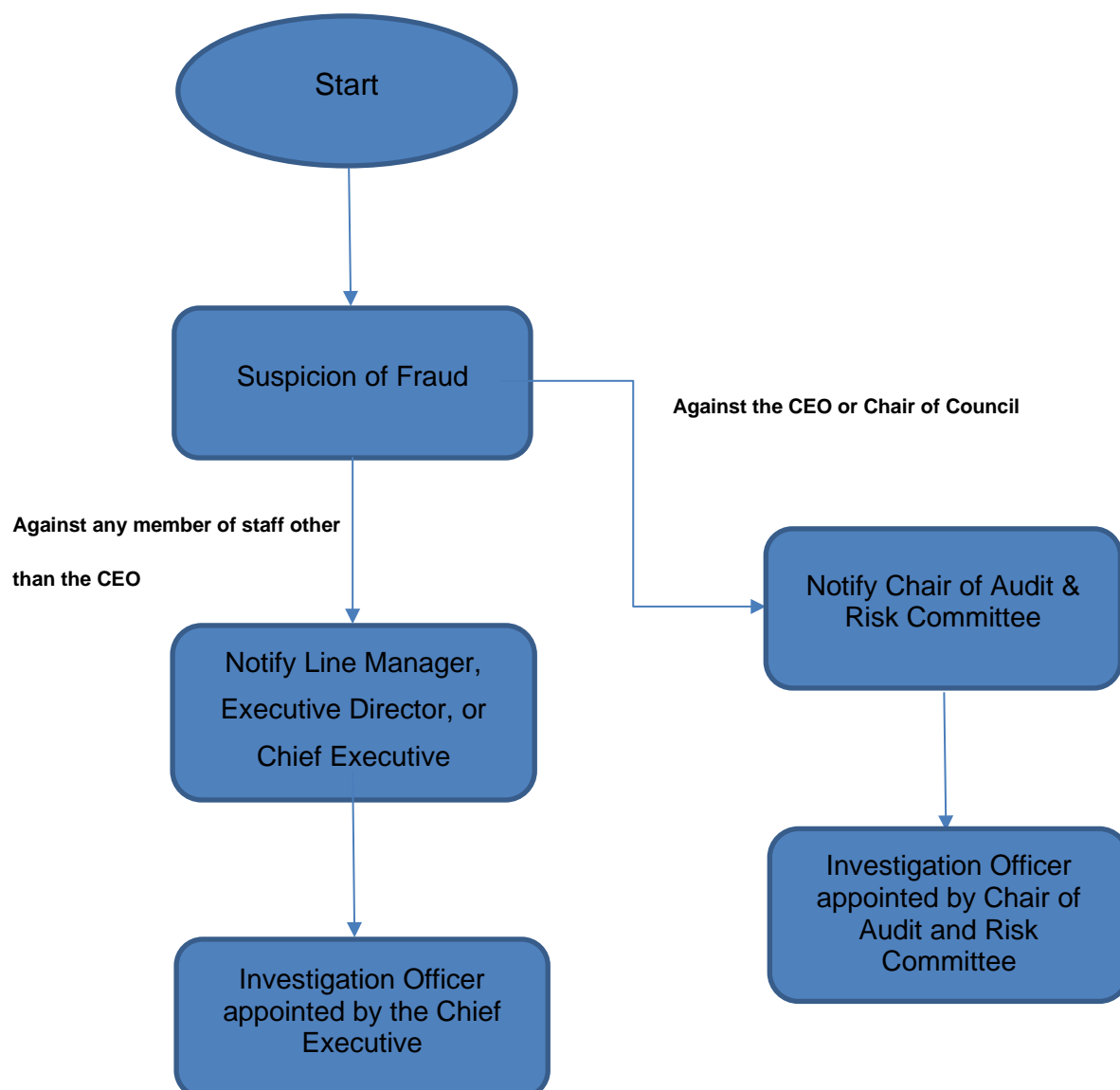
- Being offered a bribe or inducement by a supplier.
- Receiving fraudulent (rather than erroneous) invoices from a supplier.
- Reported allegations of corruption or deception by a supplier.

### Where should suspected fraud be reported to?

In the event of any employee becoming aware of fraud being alleged, discovered or suspected (other than against the Chief Executive) this **must** be reported immediately to their line manager, an Executive Director or directly to the Chief Executive.

Where the suspicion of fraud is against the Chief Executive, this **must** be reported immediately to the Chair of the Audit and Risk Committee.

**Diagram 1: fraud response plan – reporting procedure**



### **Who will conduct the investigation?**

Allegations of fraud or corruption will be investigated by a suitably qualified senior member of staff independent of the area under suspicion or by a suitably qualified external person (**"the investigating officer"**) appointed by the Chief Executive, or if they are the subject of the allegation, the Chair of the Audit & Risk Committee.

Before making such an appointment, the Chief Executive/Chair of Council may consult any member of the Executive Management Team, the Chair of Council, the Chair of the Audit & Risk Committee and any other person whom they consider appropriate.

### **What happens during the investigation?**

If the initial enquiry reveals that further investigation needs to take place, it may be necessary to preserve the available evidence. Evidence may take various forms and the way it should be handled is as follows:

- **Original documents** – these should be handled as little as possible and placed in a protective folder with only one person responsible for maintaining them.
- **Computer held data** – the computer should be secured, and the IT department consulted on how to best retrieve the data.
- **Cash** – where cash needs to be counted, this should be done so by the person responsible for it and their manager. A statement should then be signed to confirm a correct record of the amount.
- **Video evidence** – any video recording that could provide information of value should be secured so that it can be treated in accordance with the rules of evidence. Under no circumstances should it be viewed by anyone.

Progress on any fraud investigations will be reported to the Chief Executive/Chair of Council who will report to the Chair of Council and/or the Chair of the Audit & Risk Committee and any other person or organisation they consider appropriate under all the circumstances.

### **What happens if we are contacted by the press in relation to suspected or actual fraud, bribery or corruption?**

All press releases and publications relating to potential or actual cases of fraud, bribery or corruption are to come directly from the Head of Communications and Engagement. If any member of staff speaks to the press without the express authority of the Chief Executive or the Chair of Council, it may be regarded as a breach of this policy.

# **Roles and responsibilities**

## **Chief Executive (Accounting Officer)**

The Chief Executive, as the Accounting Officer is responsible for establishing the internal control system designed to counter the risks faced by the GDC, as set out in the Statement of the GDC's Chief Executives responsibilities in the Annual Report & Accounts and per the Finance Policies & procedures that are approved annually by the Council.

The system of internal control is designed to respond to and manage the whole range of risks that the organisation faces. The system of internal control is based on an on-going process designed to identify the principal risks, to evaluate the nature and extent of those risks and to manage them effectively. Managing fraud risk will be seen in the context of the management of this wider range of risks.

The Chief Executive/Chair of the Audit & Risk Committee will be responsible for receiving the report of the investigating officer and considering an appropriate response. The Chief Executive/Chair of the Council is also responsible for reporting the outcome and response to any fraud investigations, to the Chair of the Audit & Risk Committee.

## **Executive Director, Registration and Corporate Resources**

The Executive Director, Registration and Corporate Resources is responsible for the identification of risk and will monitor the control systems in place and support the Chief Executive. Where delegated by the Chief Executive this includes:

- establishing an effective anti-fraud policy and fraud response plan, commensurate to the level of fraud risk identified in the fraud risk profile.
- developing appropriate measures to manage fraud.
- designing an effective control environment to prevent fraud.
- Reporting to, liaising and assisting the local police on individual cases and for issuing guidance to members and management about fraud and corruption related legislation and procedures.
- making sure that all staff are aware of the organisation's anti-fraud policy and know what their responsibilities are with combating fraud.
- taking appropriate action to recover assets.
- ensuring that appropriate action is taken to minimise the risk of similar frauds occurring in future.

## **Investigating Officer**

The investigating officer will be responsible for investigating allegations of fraud including:

- Carrying out a thorough investigation if fraud is suspected, with the support of the Audit & Risk Committee, where necessary.
- Gathering evidence, taking statements and writing reports on suspected frauds.
- Liaising with the Executive Director, Registration and Corporate Resources and the Chief Executive (or, where the allegation is made against the Chief Executive, with the Chair of the Audit & Risk Committee) where investigations conclude that a fraud has taken place.

- Identifying any weaknesses which contributed to the fraud.
- If necessary, making recommendations for remedial action.

To carry out these duties the investigating officer will have unrestricted access to the Chief Executive, the Executive Director, Registration and Corporate Resources, the Audit and Risk Committee, the GDC's Internal and External Auditors, and the GDC's Corporate Legal advisers.

## **Managers & Directors**

Managers are the first line of defence against fraud. Managers must have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties. They should be alert to the possibility that unusual events may be symptoms of fraud or attempted fraud and that fraud may be highlighted as a result of management checks or be brought to attention by a third party.

Whilst the Executive Director, Registration and Corporate Resources has overall responsibility for the identification of risk and will monitor the Finance Policies and Procedure control systems in place, other Directors and Managers are responsible for:

- Being aware of the potential for fraud and recording any relevant risks in the operational risk register.
- Ensuring that a system of internal control appropriate to the risk involved exists within their area of responsibility and that those controls are properly operated and complied with. In addition, that these key departmental operational controls are managed through Standard Operating Procedures maintained by each directorate.
- Reviewing and testing internal control systems to satisfy themselves the systems continue to operate effectively.
- Managers should inform their Director if there are indications that an external organisation (such as a contractor or registrant) may be trying to defraud (or has defrauded) the GDC or its members of staff carrying out their duties. Time is of the essence in reporting suspicions.
- Managers should also inform their Director if they suspect an employee may be involved in fraudulent activity, impropriety or dishonest conduct.
- Managers and Directors should take care to avoid doing anything which might prejudice the case against the suspected fraudster, especially in relation to the reporting suspected instances of money laundering.

## **Employees**

Employees must have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties. Employees are responsible for:

- Acting with propriety whether they are involved with cash, payment systems, receipts or dealing with contractors or suppliers.
- Reporting details of any suspected fraud, impropriety or other dishonest activity immediately to their line manager or the responsible manager. More guidance on how to report concerns can be found in the GDC whistleblowing policy.
- Assisting in the investigation of any suspected fraud.

Employees reporting or investigating suspected fraud should take care to avoid doing anything which might prejudice the case against the suspected fraudster.

Appropriate fraud vetting is undertaken by the GDC in respect of employees which hold senior positions, those who have access to our bank and investment account or have administration rights to our core IT systems.

# **Corporate Credit Card Policy 2021**

<b>Version number:</b> 1.0	<b>Approved by:</b>
<b>Effective from:</b> 1 January 2021	<b>Date of next review:</b> December 2021
<b>Owner:</b> Samantha Bache, Head of Finance and Procurement	

## Summary of policy

The General Dental Council (GDC) recognises that some employees are required to procure low value goods and services in delivering their role. We hold a contract with the NatWest Bank for the provision of corporate credit cards to named individual members of staff, where we have determined there is a demonstrable business need.

## Aim

This policy is designed to provide a framework for the appropriate and compliant use of corporate credit cards. This includes the principles that:

- all expenditure incurred represents value for money
- returns from staff and receipts are fully auditable
- cards are used and secured in a way to mitigate the risk of fraudulent use.

## Scope

This policy applies to all staff involved in the administration of the corporate credit cards or those who hold a corporate credit card.

A corporate credit card must only be used for official GDC business, and misuse of a corporate credit card is considered under the Anti-fraud, Bribery and Corruption Policy and may result in investigation and disciplinary action being taken in accordance with the GDC's Disciplinary Policy.

It is important to recognise that this policy cannot cover every eventuality. The Executive Director, Registration and Corporate Resources can exercise reasonable discretion on exceptional use of corporate credit cards, within the spirit of the approved policy.

## Further information

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

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## Corporate credit card overview

The corporate credit card is a purchasing card operated within the GDC via a provision with the NatWest bank, and is used for the purchase and payment of low value goods and services.

The provision of a corporate credit card is not intended to replace the wider purchasing and payment system provided by the Finance system, but is designed to complement the Procurement Policy in offering a service with low transactional cost for low value goods and services.

A corporate credit card must only be used for official GDC business, and misuse of a corporate credit card may result in disciplinary action being taken in accordance with the GDC's disciplinary policy.

## Credit card applications

If you require a corporate credit card your case should be presented to the Executive Director, Registration and Corporate Resources. This case should set out a supporting statement as to why a card is required and have been pre-approved by your directorate Executive Director or Head of Service.

You may only apply for a corporate credit card if you are paid through the staff payroll. Credit cards are not available to temporary members of staff.

If approved, the Executive Director, Registration and Corporate Resources will request one of the GDC nominated Card Administrators issue you with an appropriate NatWest Card Application form for completion.

This form will require the completion of sensitive personal information to facilitate NatWest completing a money laundering check. A credit check is not performed or registered on your credit file because of an application for a GDC corporate credit card.

A copy of the completed application form will be retained by Finance as evidence of acceptance and our internal approval but will redacted of sensitive personal information once the credit card has been successfully received by the applicant.

## Credit Limits

Each card carries two limits for control purposes, these are:

- 'Single transaction limit', this is the maximum value that can be purchased for each individual transaction.
- 'Monthly credit limit', this is the total amount that can be purchased within each monthly cycle.

All new cards are set as standard with a £250 (inclusive of VAT) single transaction limit and a £1,000 (inclusive of VAT) monthly limit.

Any requests for a permanent change to these limits will be considered on a case by case basis by the Executive Director, Registration and Corporate Resources.

By exception, the Head of Finance and Procurement may approve an emergency temporary limit increase for a period of no longer than 30 days.

## Credit card purchasing rules

The following rules apply to GDC Cardholders:

- For each purchase, you must be satisfied that your purchase represents value for money. This may include having approaching more than one supplier to identify the cheapest provider.
- You should not share your card details with anybody else and you are responsible for personally making any purchase. In exceptional circumstances, the Finance Team can issue a one-off virtual card number to enable somebody to make a purchase on your behalf.
- You should not arrange with suppliers to split the payment for a single purchase over one or more payments to avoid exceeding your single transaction limit.
- You should not personally benefit from gaining loyalty points when making payment using a GDC corporate credit card.
- You should always ask for a sales receipt to support all purchases made.
- If an incorrect amount is applied to your credit card statement, you should approach the supplier within 48 hours of receiving your monthly statement for redress.
- All goods ordered and paid for on a corporate credit card should be delivered to either the London or Birmingham Office. The delivery address should be stated at the time of placing the order.
- Any refunds you request must be directed to the credit card from which the original purchase was made.
- Any reward vouchers purchased on a credit card should also be notified to People Services and include the name of who is receiving the award and the voucher value.

## Restriction on use

The corporate credit card should not be used for:

- obtaining cash, this has been restricted centrally by Finance on all GDC credit cards
- paying invoices where a purchase order has been raised
- setting up regular recurring debits or subscriptions, without the express permission of the Budget Holder
- booking and paying for travel and accommodation arrangements which should be made through the Travel Booking Portal. Purchases covering subsistence, such as an evening meal when working away from the office, is allowable within the parameters set out in the Staff Expenses Policy
- paying for Council Member or Associate expenses unless agreed in advance by the Head of Finance and Procurement. This is due to the potential of impact on individual tax arrangements

- any purchase which is contrary to the GDC's Procurement Policy or an other relevant Corporate Policy.

## **Card security and fraud awareness**

The potential for frauds or Cardholder misuse is a key risk for corporate credit cards. Key controls have been built into the system to prevent, detect and deal with this and include:

- the transaction and monthly spend limit
- pin numbers are issued directly to cardholders, with Credit Cards being issued to the Finance Team
- Chip & Pin, providing added protection for point of sale transactions and the ease with which transactions can be traced is also a deterrent
- online access for cardholders to review credit card records.

All cardholders have a responsibility to make themselves aware of the areas of risk, and of what to do if fraud is suspected. You must:

- immediately report any suspicious activity or unrecognised transactions showing on your card statement to both the NatWest 24-hour Customer Service team and the Finance Team. You should ensure you have all the details of the suspicious transaction when making the call. The existing card should be cut through the magnetic strip and the chip and be disposed of by returning to the Head of Finance and Procurement. The bank will arrange to cancel your card and issue a replacement
- retain your card on your person when it is in use and not leave the card unattended. When not in use, the card must be locked in a secure place
- never let a cashier take the credit card away or out of sight when making a purchase in person. If this happens, this should be reported as suspected fraud
- never scan your card and email the details to a supplier
- take reasonable care to avoid disclosure of your card number, and be aware of your surroundings and those present when using the card
- never disclose your PIN or three-digit security code to any other staff member. If this happens accidentally (or is suspected to have happened), a new PIN number should be requested
- never write your PIN or security code down.
- ensure you are using a secure site ('https') when making any online purchase.

## **Emergency arrangements**

In special circumstances, where there are operational difficulties which cannot be avoided, card limits may be increased and individual transaction limits removed, to enable emergency payments to be made in line with the current GDC Incident Management Plan.

## **Receipts and records management**

All receipts must be scanned/photographed and uploaded into the online NatWest portal. You should ensure that the copy of the electronic receipt is legible and complete.

The portal should be then be updated to record the appropriate expenditure type, cost centre and description of the purchase made before you submit for online approval.

The Finance Team will download a copy of the approved return each month for processing, including the electronic copy of receipts. These will be retained in support of the annual financial statements.

If you fail to provide receipts or complete the required online return for a period covering 3 months your card will be suspended until your record keeping is up to date. If you continually fail to provide returns on time, then your card may be revoked.

## **Leaving the GDC**

If you leave the GDC's employment your card must be surrendered immediately and returned (cut in half for security reasons) to the Head of Finance and Procurement.

You should ensure you have completed your online analysis form, with receipts attached before your departure.

## **GDC Card Administrators**

The following roles have been designated as the nominated GDC's card administrators. They should be contacted in the first instance for any query in relation to card applications, card limits, and card administration.

- Head of Finance and Procurement
- Financial Controller.

# **Appendix 1 – Roles and responsibilities**

## **Cardholder responsibilities**

If you are a cardholder, you are responsible for ensuring that all expenditure incurred was within the scope of this policy and:

- receipts have been collated and uploaded with your monthly return in the online NatWest portal.
- all returns are made to Finance within 30 days of receipt of your statement.
- all the purchases relate to delivery of your role.

## **Approver responsibilities**

If you are approving credit card returns, you are responsible for ensuring that all expenditure incurred was within the scope of this policy and:

- receipts have been provided and checked by you as being sufficient to support the claim
- all relevant sections of the online form have been correctly completed
- all the amounts claimed relate to official GDC business expenditure and are not personal purchases
- you are the department budget holder and therefore have delegated authority to approve the claim
- you have considered whether any costs can be reclaimed from third party organisations.

## **Finance Team responsibilities**

The Finance Team will:

- process all monthly returns
- maintain the online approvers list to ensure all returns are routed to the appropriate approver
- check all relevant sections of the online form have been correctly completed and receipts have been attached
- check the monthly management information reports we receive for any unusual activity, and document this check on a central log for audit purposes.

## Quality Assurance Decisions

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Jackie Spencer, Operations and Development Quality Assurance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	This paper outlines the Registrar's decisions under delegated authority of Council since the previous report to Council in December 2019 and the corresponding reports published in relation to Education Quality Assurance, for <b>noting</b> .
<b>Issue</b>	To ensure Council are aware of all approval decisions regarding education and training programmes.
<b>Recommendation</b>	The Council is asked to <b>note</b> the decisions made in relation to Education Quality Assurance in 2020

### 1. Introduction

The work undertaken by the Education Quality Assurance Team falls within the GDC Strategic aim 1:

“Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.”

- 1.1 A review of planned activity in March and April 2020 resulted in some inspection activity being cancelled. We have therefore provided details of inspections that have been cancelled or postponed as well as information relating to inspections which have only been partially completed as a consequence of COVID-19.
- 1.2 This paper is split into four distinct areas of interest:
  - a. All decisions taken by the Registrar since December 2019 under delegated powers relating to the quality assurance of education and training.
  - b. Planned activity that was cancelled or postponed until the next academic year due to the COVID-19 pandemic.
  - c. Part-completed activity that could not be completed and where a decision could not be made until further elements of a programme could be inspected.
  - d. New programmes that have received approval to commence.

### 2. Part 1: GDC Education Quality Assurance decisions

- 2.1 Since December 2019, the Registrar has taken five decisions to confirm sufficiency or continuing sufficiency for a BDS programme and 11 decisions to approve or confirm

continuing approval of Dental Care Professional (DCP) programmes. All decisions have been made with reference to the *Standards for Education*.

- 2.2 The GDC Education Quality Assurance inspection reports have been published and can be found here: <https://www.gdc-uk.org/education-cpd/quality-assurance/recent-inspections>. A list of published reports are listed below:

Provider/Awarding body	Programme
CACHE	Diploma in Dental Nursing
City and Guilds	Diploma in Dental Nursing
Scottish Qualifications Authority (SQA)	SQV Level 3 in Dental Nursing with PDA
King's College Hospital NHS Foundation Trust	Diploma in Dental Hygiene and Dental Therapy
King's Health Partners	Diploma in Orthodontic Therapy
Pearson (Awarding Body) Programmes delivered by: <ul style="list-style-type: none"> <li>• Belfast School of Dental Technology</li> <li>• Birmingham Metropolitan College</li> <li>• Lambeth College</li> <li>• Leeds Dental Institute</li> <li>• Nottingham College</li> <li>• The Sheffield College</li> </ul>	BTEC Level 3 Extended Diploma in Dental Technology
Queen Mary University of London	BDS
Queen's University Belfast	BDS
University of Bristol	BDS (new curriculum)
University of Bristol	BSc (Hons) Dental Hygiene Therapy (Interim New Programme Inspection)
University of Central Lancashire	BDS
University of Dundee	BDS (new curriculum)
University of Edinburgh	BSc (Hons) Oral Health Sciences
Teesside University	BSc (Hons) Dental Hygiene and Therapy*
University of Warwick	Diploma in Orthodontic Therapy
Glasgow Caledonian University	BSc Dental Hygiene and Therapy

\*Registrar approval received subject to further inspection action in 2021.

### 3. Part 2: GDC Update of Inspection Activity Cancelled during 2019/20

- 3.1 Due to the COVID-19 pandemic, seven inspections were cancelled during 2020. This difficult decision was taken following a COVID-19 risk assessment. These inspections have been provisionally deferred until 2021:

Provider/Awarding Body	Programme
University of Aberdeen	Diploma of Higher Education in Dental Technology
University of Bristol	Diploma in Orthodontic Therapy
University of Liverpool	BDS (new curriculum)
University of Liverpool	BSc (Hons) Dental Therapy
University of Manchester	BSc (Hons) Oral Health Sciences (Hygiene and Therapy)
University of Highlands and Islands	BSc (Hons) Oral Health Science (Hygiene Therapy)

Yorkshire Orthodontic Therapy Course (YOTC)	Diploma in Orthodontic Therapy
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#### 4. Part 3. GDC Update of Inspections Delayed Due to Covid-19 During 2019/20

- 4.1 As a consequence of COVID-19, five education providers who were subject to a GDC inspection have had to delay final assessments or postpone an exam board. The Education Quality Assurance team have undertaken some inspection activity but have not been able to complete the inspection and produce the final report. These delays have affected the following programmes:

Provider/Awarding Body	Programme
Barnet and Southgate College	BSc (Hons) Dental Technology
The City of Liverpool Community College	BSc (Hons) Dental Technology
University of Leeds	BSc (Hons) Dental Hygiene & Therapy
Sheffield College Open University	BSc (Hons) Dental Technology
Edinburgh Dental Institute	Diploma in Orthodontic Therapy

#### 5. Part 4: New submissions

- 5.1 Since December 2019, the Registrar has given provisional approval to five new programme submissions pending full inspection:

Provider	Programme
Bangor University	Certificate of Higher Education in Advanced Dental Nursing
Queen Mary University of London	BSc Oral Health
University of Bristol	BSc (Hons) Dental Hygiene and Dental Therapy
Eastman Dental Institute	BSc (Hons) Dental Hygiene and Dental Therapy
Orthodontic Team Training	Diploma in Orthodontic Therapy

Jackie Spencer, Operations and Development Quality Assurance Manager  
 jspencer@gdc-uk.org  
 03 December 2020



## **Public affairs, policy and media update – December 2020**

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Lisa Bainbridge, Interim Head of Nations and Engagement Guy Rubin, Research Manager Tom Chappell, Media Manager Gordon Matheson, Head of Scottish Affairs Daniel Knight, Stakeholder Engagement Manager Jessica Millward, Communications Officer
<b>Type of business</b>	To note.
<b>For Council only</b>	-
<b>Issue</b>	<p>This paper provides Council with an analysis of public affairs, public policy and media developments, providing an external context to support discussions and decision-making by Council.</p> <p>This is a shorter report than normal, as it is a shorter reference period and substantive policy issues are covered in other papers.</p>
<b>Recommendation</b>	To note.

### **Contents**

This report included the following sections:

1. [Policy and Research developments in dentistry](#)
2. [Developments in health and care professional regulation](#)
3. [Summary of media issues and coverage achieved](#)
4. [Public affairs updates and developments](#)

## 1. Policy and research developments in dentistry

### North Wales Dental Training Unit to be established

- 1.1. A North Wales Dental Training Unit will be established as part of wide-ranging plans to improve access to dentistry services across the region. The plans are being developed in response to difficulties recruiting and retaining dentists in North Wales – which has resulted in the closure of a number of practices across Conwy, Anglesey and Gwynedd.
- 1.2. Betsi Cadwaladr University Health Board (BCUHB) is progressing plans to introduce a training unit while more immediate action is being taken to improve dentistry provision across parts of Conwy, Gwynedd and Anglesey.
- 1.3. The Health Board is working in partnership with Health Education Improvement Wales (HEIW), Bangor University and Welsh Government on its plans, which would boost the number and skillset of dentists and dental care professionals working across the region.
- 1.4. The Dental Training Unit (DTU) will provide training for dentists from foundation year, through core training and on into speciality, whilst providing existing North Wales dentists with opportunities to upskill without having to leave the area.
- 1.5. Training links will be established with independent providers who could work from the facility as part of a bespoke new service model that would help to address the shortfall in access to dentistry services in the area.
- 1.6. BCUHB is taking immediate action to improve access to dentistry services across the region, in addition to working on longer term plans for a Dental Training Unit. This includes increasing the availability of access to urgent and priority dental care for patients who find themselves without a regular dentist, as well as identifying local practices with the capacity to temporarily increase provision of routine dental services. The health board are also working to recommission replacement dental services as early as possible.

### Human Medicines Regulations 2012

- 1.7. NHS England has opened a [consultation](#) on the proposal for the Human Medicines Regulations 2012 to enable dental hygienists and dental therapists to supply and administer particular medicines directly to their patients under exemptions within the legislation. It closes on the 10 December.

### Social media influencers and oral health

- 1.8. The Oral Health Foundation has expressed alarm at the potential effect TikTok 'influencers' are having on their viewers' dental health. It has published [an article](#) looking at four specific videos covering different pieces of 'advice' around teeth whitening, filing teeth, and weight loss tips.

### BDA on tackling racism in dentistry

- 1.9. Russ Ladwa, newly elected President of the BDA, has authored a blog on [tackling racism in dentistry](#). In this post he expresses concern that 'ethnic minority and overseas qualified dentists are over-represented in cases that come before the GDC, relative to their proportion within the profession. Our regulator cannot ignore potentially

uncomfortable truths about biases in its processes and must examine what lies behind these worrying statistics.’ The BDA is also launching a [survey](#) to capture views and experiences on tackling racism. The GDC’s current research looking at our Fitness to Practise (FtP) data and our evaluation of the FtP process are key parts of our EDI-related research action plan reported to Council in January, which describes how we will work to identify correlations associated with a range of EDI factors, including ethnicity.

### **State of Mouth Cancer UK Report 2020/21**

- 1.10. On 1 November the Oral Health Foundation published its [State of Mouth Cancer UK Report 2020/21](#), to coincide with Mouth Cancer Action Month. The report includes the finding that 8,722 people in the UK were diagnosed with mouth cancer last year, an increase of 97% since 2000.

### **Chief Dental Officers - COVID-19 guidance reminders to dental professionals**

- 1.11. The four UK Chief Dental Officers sent a letter to dental professionals in early November, detailing reminders of the guidance available to them during a second COVID-19 wave, as cases started to rise again.
- 1.12. These included a reminder to ‘follow GDC guidance using their judgement in applying the principles of best practice to the situations they face’, the joint statement issued by the healthcare regulators from March, and an assurance that ‘we are also determined to ensure the long-term prospects of dental professionals in training are not compromised by this prolonged health crisis. The GDC, together with the education bodies in the four nations, and Dental Schools Council are working on this.’

### **Consultation on administering medicines**

- 1.13. The Chief Professions Officers’ [medicines mechanisms programme](#) has opened a consultation on proposals to change the medicines responsibilities for eight health professions, including a proposal to enable dental hygienists and dental therapists to supply and administer specific medicines under exemptions within medicines legislation. Consultation and engagement will continue until 10 December.

### **British Endodontic Society on antibiotics**

- 1.14. The British Endodontic Society sponsored a [video](#) to raise awareness of when antibiotics are not required to treat dental pain. The video is aimed at mitigating patients’ expectations, offering viable alternatives, and outlining the appropriate courses of action in different situations.

### **College of General Dentistry**

- 1.15. In late November the College of General Dentistry [announced](#) its membership scheme was now open for all members of the dental team.

### **The BDA on dental charge increases for England**

- 1.16. The [BDA has criticised](#) the announced 5% increase in NHS dental charges in England, accusing government of erecting further barriers to care during the COVID-19 pandemic, when services remain so limited and focused on dealing with an unprecedented backlog.

## Dental Protection Survey of Dentists

- 1.17. On 28 October, [Dental Protection published the results from a survey of dentists](#) carried out between 28 September and 19 October 2020. It received 497 responses from dental members in the UK. No details about the research methodology have been supplied, so it is not clear whether the results are representative of the dental population. As a result, some caution should be exercised in interpreting the results.
- 1.18. Key findings from the survey were as follows:
- 5% of UK dentists feel their mental wellbeing is worse compared to the start of the pandemic, and nearly half (48%) say they feel pessimistic about the future, according to a survey.
  - 60% said that concern for the health of their family and friends was the main factor affecting their mental wellbeing. 58% cited loss of income/financial worries, and half of the respondents (50%) said adapting to new policies and guidance – including restrictions on appointments - was having the most impact on their mental wellbeing.
  - A third (33%) of dentists also said they had experienced verbal or physical abuse from patients or patients' relatives – largely due to not being able to offer an appointment soon enough. A further 5% said they had experienced verbal abuse outside of the surgery.

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## 2. Developments in health and care professional regulation

### CQC State of Care 2019/20

- 2.1. The Care Quality Commission (CQC) published their [State of Care 2019/20 report](#). It looks at the quality of care in England over the past year, including the period before the full impact of COVID-19 began to be felt.
- 2.2. Findings from the report show 'Pre-COVID, care was generally good, but with little overall improvement and some specific areas of concern. Since COVID, many of these findings remain true – but much has changed. In particular, COVID has magnified inequalities in the health and care systems at a number of levels. The fact that the impact of COVID has been felt more severely by those who were already more likely to have poorer health outcomes – including people from Black and minority ethnic backgrounds, people with disabilities and people living in more deprived areas – makes the need for health and care services to be designed around people's needs all the more critical.'

### CQC fees

- 2.3. At the end of October, the CQC [announced](#) there will be no change to their fees scheme for 2021/22.

**PSA on Black History Month and regulator responsibilities**

- 2.4. The Professional Standards Authority's (PSA's) Chief Executive, [Alan Clamp, reflects on Black History Month](#) and the responsibilities of the Authority and the regulators it oversees, in his October blog post.

**PSA Accredited Registers programme**

- 2.5. The PSA has [announced](#) the completion of the initial phase of analysis on its strategic review of the [Accredited Registers programme](#).
- 2.6. Initial, high-level findings show that improvements in standards can be charted in the registers that have been accredited since the programme's introduction in 2012. However, The PSA is also clear that for the programme to reach its potential, there needs to be greater awareness and it needs to be better embedded within the wider healthcare system. They will be launching a public consultation on our proposals for the future of the programme later in the winter.

**PSA promotes Care Opinion**

- 2.7. The PSA has [published](#) a guest blog from Fraser Gilmore, Head of Scotland at Care Opinion, an independent not for profit social enterprise that runs a website of the same name, where people can share their experiences of health and care services. He explores how storytelling can influence change, and how sharing one's experience can make more abstract ideas like professional regulation more personal.

**PSA learning from COVID-19**

- 2.8. The PSA [announced](#) in November that it is conducting a review, 'Learning from Covid', to look at how the regulators responded to the pandemic in the first phase of the coronavirus pandemic up to July 2020. The focus of the review is on learning and regulatory policy in order to learn lessons and inform how regulation reacts to any future crises. The review is inviting input until Monday 21 December. The PSA is hoping to publish a report in early 2021.

**PSA Regulation Reset symposium**

- 2.9. On 24 November the PSA [published](#) a blog from their Chief Executive, Alan Clamp, providing a summary of their recent 2020 symposium entitled 'Regulation Reset', which was held across three days. The event was focused on ways to reshape the way health and care is delivered 'while learning from the experience in dealing with the COVID-19 pandemic.'

**General Osteopathic Council fees**

- 2.10. The General Osteopathic Council has [announced](#) it is freezing registration fees for the seventh year in succession, in recognition of the impact of COVID-19 on osteopaths.

**General Pharmaceutical Council**

- 2.11. On 29 October, the General Pharmaceutical Council [launched](#) a consultation on its fitness to practise strategy. 'This newly developed strategy aims to give patients and the public better protection while being fair to pharmacy professionals.'

**DHSC: Busting Bureaucracy**

- 2.12. Following the Department of Health and Social Care's [announcement](#) about its drive to bust bureaucracy, several organisations have published responses, including the [Nursing and Midwifery Council](#), the [Health and Social Care Council](#) and [PSA](#).

**GMC temporary test centre**

- 2.13. On 5 November, the General Medical Council (GMC) [announced](#) that it is creating an additional COVID-19 secure temporary centre to test the skills of thousands of overseas doctors wanting to work in the UK.

**GMC survey of doctors**

- 2.14. On 27 November, the [GMC published the results from their 'barometer' survey](#) sent to doctors. It provides evidence for their publication 'The state of medical education and practice in the UK'. The survey was carried out by IFF research on behalf of the GMC in July 2020. 3,693 doctors responded. The results have been weighted, so as to be representative of the GMC register. This year's survey was adapted to reflect COVID-19 and included new questions about the impact of the pandemic on doctor's working lives.
- 2.15. Key findings from the survey are as follows:
- The COVID-19 pandemic has inevitably had a huge impact on the day to day working lives of doctors. 81% of doctors reported that the changes to their working lives have been significant, and 42% were redeployed.
  - Doctors reported a wide variety of changes they experienced, but most commonly these involve remote working and reduced face to face patient contact, fewer 'routine' procedures being carried out, the need to wear PPE, and changes to working patterns.
  - Some of these changes have had positive impacts. Doctors are most likely to have felt positive impacts on teamwork between doctors (62%), sharing of knowledge across the medical profession (54%) and speed of implementing change (49%). However, the data indicates that fewer BME doctors experienced these positive impacts compared to white doctors.
  - Doctors felt that most of these positive changes could be sustained in future, but there is less optimism for speed of implementing change.
  - However, the pandemic has, and will continue to have, concerning negative impacts on doctors. 32% report that they have experienced a negative impact on their mental health and wellbeing, while 41% said that access to development or learning opportunities had been negatively affected.
  - 43% of doctors have witnessed a situation where either their own or a colleague's safety had been compromised in 2020, which 80% attributed to lack of PPE.
  - Although patient safety compromises do not appear to be more frequent than in 2019, where these did occur, 50% were attributed to lack of access to equipment or services.

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### 3. Summary of media issues and coverage achieved

#### 2021 budget and ARF announcement

- 3.1. The [GDC's announcement](#) of a reduced operating budget and unchanged ARF for 2021 was widely reported by trade titles including [Dental Review](#), [The Probe](#), [Dental Nursing](#), [Dentistry Online](#) and [Scottish Dental Magazine](#).

#### 2019 fitness to practise statistical and insight reports

- 3.2. The GDC's publication of 2019 fitness to practise statistical and insight reports was widely covered by trade publications including [BDJ](#), [The Probe](#), [Dental Review](#) and [Scottish Dental Magazine](#), the latter of which led with the strapline 'We're not here to resolve employment disputes or grievances, warns regulator.'

#### BBC Rip Off Britain features patients left out of pocket

- 3.3. On 13 October, BBC's Rip Off Britain led with a report on dental practices going into liquidation and leaving patients part way through treatment and out of pocket. The report focused on Finest Dental and dentist Mr Clozza, of Your Dentist. The report, which includes only passing reference to the GDC, can be viewed on [BBC iPlayer](#).

#### DHSC's bureaucracy busting announcement

- 3.4. Indemnifier Dental Protection responded to the recent DHSC announcement about busting bureaucracy, calling for legislative action to enable the GDC to be more flexible in its approach to fitness to practise. Story in [The Probe](#).

#### The advantages of selecting a lay Chair

- 3.5. [The BDJ](#) recently ran a piece exploring the pros and cons for the GDC in selecting a lay Chair to replace Bill Moyes.

#### Joint statement on life support training

- 3.6. The recent joint statement from the GDC and CQC on life support training was covered by several trade publications including [The Dentist](#).

#### Challenging fearmongering

- 3.7. Following a survey of its members in October, indemnifier [Dental Protection](#) called for the GDC to do more to reassure dentists and reduce stress as fear of investigations arising from COVID-19 and disruption to care, is becoming a growing concern for dentists' mental wellbeing. This, alongside the GDC's response, received widespread trade coverage including in [Dental Review](#), [The Dentist](#), [The Probe](#), and [Dentistry Online](#).

#### Fitness to practise and illegal practice

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



- Significant national coverage of [GDC PCC hearing Patel](#), the hearing for which commenced on 25 November and will now recommend next year. Coverage in [The Sun](#) and [MailOnline](#) amongst others.
- The [Leicester Mercury](#) reported on the [Sundip Singh Nagra PCC](#), which resulted in erasure.
- The [Liverpool Echo](#) reported on a recent illegal practice court hearing for Wayne Roberts, who is accused of illegal tooth whitening. Due to delays caused by the defendant, the hearing has been adjourned to 14 January 2021.

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## 4. Public affairs updates and developments

### Political appointments

- 4.1. Dan Rosenfield has been appointed Prime Minister Boris Johnson's new Chief of Staff. A former Treasury official, Mr Rosenfield succeeded Mr Johnson's long-time aide Lord Undy-Lister, who had been filling the Chief of Staff role on an interim basis.

### House of Commons: COVID-19 vaccination and dental professionals

- 4.2. In parliamentary questions the Secretary of State for Health and Social Care was asked if dental professionals would be eligible to receive a COVID-19 vaccination.
- 4.3. In response, it was stated 'The Joint Committee on Vaccination and Immunisation (JCVI) published interim advice on 25 September 2020 stating the vaccine should first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk. The JCVI has prioritised healthcare workers and care workers, which would include *dentists*, (emphasis added) in the initial recommendations.'
- 4.4. When the question was posed again in October, the response was 'The Joint Committee on Vaccination and Immunisation (JCVI) has published [interim advice](#) on prioritisation for COVID-19 vaccination. This advice includes vaccination of all health and social care workers, which would include all *dental practitioners* (emphasis added).'

### House of Commons: flu vaccinations and dental professionals

- 4.5. In October, the Government was asked about what access dental professionals would have to free NHS flu vaccines for winter 2020/21. The Government responded: 'Responsibility for offering a free flu vaccination to frontline health care workers rests with their employers, as part of their occupational health responsibility. It is recommended that NHS independent contractors, which include dentists, offer vaccination to their employed staff, and responsibility for this lies with employers. Dentists, and dental staff who are in a 'at-risk' group will be eligible for a free flu vaccine under the flu programme.'



**House of Commons: Overseas Registration Exam (ORE)**

- 4.6. On 5 November, in a parliamentary question, the Government was asked what steps had been taken by the GDC to restart the ORE.
- 4.7. In response, the Parliamentary Under-Secretary of State stated ‘Following engagement with exam providers, the GDC has decided it will not be practicable to run any sittings of the exams in 2020. The GDC aim to resume the ORE as soon as it is safe and viable to do so. In the meantime, regular discussions with exam providers continue and further information will be provided to candidates as soon as it is available. Candidates who booked a place on the cancelled exams have been advised they may request a refund.’

**House of Commons: Public Services Committee COVID-19 report**

- 4.8. On 13 November, the Public Services Committee published its first report, [A critical juncture for public services: lessons from COVID-19](#). The report provides the first comprehensive analysis of how public services responded to COVID-19. In it the Committee covers lessons to be learned from the pandemic and recommends a number of principles to transform public service delivery.

**House of Commons: Westminster Hall debate on oral health inequalities**

- 4.9. Opposition MP, Judith Cummins, sponsored a Westminster Hall debate on [NHS Dentistry and Oral Health Inequalities](#). Issues relating to access to an NHS dentist, the dental contract and pressures linked to COVID-19 were raised during the short debate.

**House of Lords**

- 4.10. The Government was asked in what plans it had to [remove the annual cap on dentistry places](#) at UK universities in late November.
- 4.11. In response, the Government stated ‘The provision of dentistry training places in the UK is a devolved issue. In England, the Government temporarily lifted the cap on dental school places for students who completed A-Levels in 2020 and who had an offer from a university in England to study dentistry subject to their grades. This ensured a place this year or next for every eligible student. The Government has no plans outside this change to remove the cap. However, it is committed to ensuring that the number of dental school places are in line with England’s requirements for dentists and continues to monitor the effectiveness of current arrangements.’

**Scotland**

- 4.12. The Health Secretary, Jeane Freeman MSP, delivered a statement to the Scottish Parliament on 19 November concerning the [COVID-19 vaccination programme](#). Dentists are among those mentioned in the parliamentary statement who will be involved in administering the vaccine.
- 4.13. Guidance has been issued for [students returning home for Christmas](#). This includes plans to offer mass testing for asymptomatic students.
- 4.14. The Scottish Parliament is currently consulting on the [Scottish General Election Coronavirus Bill](#). Among the proposals is the expansion of postal voting in preparation for the May 2021 Scottish Parliament elections.

- 4.15. The [Scottish Government's budget](#) will be published on 28 January 2021 which is later than normal.

### **Northern Ireland**

- 4.16. On 16 October the Department of Health [emailed all GPs in NI](#) to confirm that a further £5m in funding for general dental services. This covers the rest of the financial year and aims to offset the reduction in income from patient charges.
- 4.17. On 21 October, the Acting Chief Dental Officer issued a [letter](#) announcing updates to the Northern Ireland Operational Guidance, been made in light of the release of a dental appendix to the main UK Infection Prevention and Control (IPC) guidance.

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3 December 2020

## **Stakeholder engagement report – 17 December 2020**

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Daniel Knight, Stakeholder Engagement Manager Serena Monaco, Stakeholder Engagement Officer Lisa Bainbridge, Interim Head of Nations and Engagement
<b>Type of business</b>	To note.
<b>Issue</b>	This paper provides Council with a summary of stakeholder engagement activities and new appointments during the reference period. The aim is to be transparent as well as providing additional context to inform strategic discussions and decision making.
<b>Recommendation</b>	To note.

### **Contents**

This report includes the following sections:

1. [Stakeholder appointments](#)
2. [Stakeholder engagement report](#)
3. [External webinars](#)
4. [Student and new registrant engagement programme](#)
5. [Promoting professionalism live event](#)

NB: the calendar has not been included, as all face to face engagements have been cancelled or postponed.

## 1. Stakeholder appointments

- 1.1. Eddie Crouch has been appointed as Chair of the BDA Principle Executive Committee (Board) having served as Deputy Chair from 2014 to 2020. He replaces Mick Armstrong.
- 1.2. Diane Rochford has become the next President of the British Society of Dental Hygiene and Therapy. She replaces Julie Deverick who has served as President for the last two years.

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## 2. Stakeholder engagement report

### External engagement restrictions

- 2.1. We continue to undertake significant stakeholder engagement, despite not being able to meet face to face. The deployment of MS Teams across the GDC has provided new opportunities to engage in new ways with more of our stakeholders.

### UK-wide engagement

- 2.2. The Executive Director, Strategy met with Martin Woodrow, Chief Executive of the British Dental Association (BDA) on 8 October. Discussions included an update on leadership changes at the BDA, the forthcoming recruitment of a new GDC Chair and the feasibility of payment by instalments.
- 2.3. Meetings with education providers continue on the impacts of COVID-19 on dental education and training. Discussions with representatives from Health Education England have included foundation training and support arrangements for dentists with conditions. The Executive Director, Strategy attended the Post Graduate Dental Dean Meeting on 12 October and the Head of Education Policy and Quality Assurance attended the Dental Schools Council on 12 October, the Senate of Dental Specialties on 14 October, the UK Healthcare Education Advisory Committee on 4 November, and a the Four Nation and Regulator Roundtable meeting on 30 November.
- 2.4. Several members of the Strategy Directorate, including the Executive Director, Strategy attended a cross-nation education stakeholder meeting on 16 October.
- 2.5. The Chief Executive and Registrar met with Alan Clamp, Chief Executive of the Professional Standards Authority (PSA) on 15 October to discuss the PSA's business plan. Further, the GDC Chair and Chief Executive and Registrar met with Antony Townsend, acting PSA Chair, and Alan Clamp on 5 November on regulatory reform.
- 2.6. The Head of Upstream Regulation had separate meetings with Amy Soar, Head of Policy at Social Work England on 21 October, Natalie Michaeux, Standards Manager, at the General Optical Council on 9 November and Annette Ashley, Head of Policy and Standards at the General Pharmaceutical Council (GPhC) on 10 November, to discuss their professional standards to inform the promoting professionalism work.
- 2.7. Members of the stakeholder engagement team arranged a regulatory event network meeting on 22 November with representative from the General Medical Council (GMC), Nursing and Midwifery Council (NMC), Care Quality Commission (CQC), Health and Care Professions Council, General Optical Council and General Osteopathic Council.

Discussions included the impact of the COVID-19 pandemic on events and the online options that are being utilised to ensure engagement with stakeholders continue.

- 2.8. The Head of Education Policy and Quality Assurance had an introductory meeting with Professor Phil Taylor, the new Dean of the Royal College of Surgeons Edinburgh on 22 October.
- 2.9. The Head of Public Policy, Head of Right Touch Regulation and the Head of Communications and Engagement met with representatives from Bupa on 28 October. Discussions included the ongoing challenges of COVID-19, fatigue amongst clinicians, and the support and networks in place for those with wellbeing and mental health issues.
- 2.10. The Head of Public Policy and Head of Communications and Engagement met with the Head of Dental Laboratories at Bupa on 11 November. Discussions included an overview of the dental labs landscape and its recovery in comparison to the rest of the sector. The slow recovery of NHS work compared to private care was also discussed.
- 2.11. The Head of Nations and Engagement attended a meeting with the Head of Legal from the MDDUS on the development of their 'vulnerable member protocol', to understand the approach taken by the GDC on signposting vulnerable professionals subject to fitness to practise investigations. Discussions included how the GDC might facilitate consent for the sharing of concerns with indemnifiers.
- 2.12. The Chief Executive and Registrar and the Executive Director, Strategy, had an introductory meeting on 11 November with the newly appointed Chair of the BDA, Eddie Crouch, and Shareena Ilyas, who has been elected to the London seat of the BDA's Principal Executive Committee.
- 2.13. The GDC met with Julie Deverick, President, and Diane Rochford, President Elect, of the BSDHT on 12 November. The meeting was called to discuss standards relating to chair-side support for hygienists and therapists. The meeting included the Head of GDC Policy and Research Programme.
- 2.14. The Executive Director, Strategy, Head of Education Policy and Quality Assurance and Head of Upstream Regulation attended a meeting of The National Advisory Board for Human Factors in Dentistry on 12 November. Discussions included GDC representation, the recently issued position paper, and future collaboration.
- 2.15. Representatives from the GDC, including the Head of Public Policy, met with representatives from the CQC on 18 November to update on progress on remote orthodontics, including the scoping of remote relevant literature, consideration of the existing evidence and research, and international examples.
- 2.16. The Head of Right Touch Regulation attended the Lancashire and South Cumbria Local Dental Committee (LDC) meeting on 18 November. Discussions included concerns with practices not paying associates correctly, whistleblowing and the development of an information sharing group to promote professionalism, and support for improving the management and leadership of struggling practices.
- 2.17. The GDC attended the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) Meeting on 19 November. The meeting was to agree the proposed terms of reference for the IACSD and the Sedation Training Accreditation Committee (STAC).

- 2.18. The Head of Communications and Engagement met with the Head of Membership and Engagement at National Voices on 26 November on opportunities to work collaboratively.
- 2.19. The Executive Director, Strategy, attended the LDC Officials meeting on 27 November.
- 2.20. The Head of Public Policy attended the Oral Health Improvement in Special Education Settings first stakeholder day on 30 November. Participants examined the NHS long term plan, which commits to the delivery of dental checks to children and young people in residential special education settings. Update on each of the work packages from the relevant leads were provided for each strand of the programme.

## England

- 2.21. The Executive Director, Strategy had an introductory meeting with Jason Wong, the newly appointed Deputy Chief Dental Officer for England on 19 November.

## Scotland

- 2.22. The Head of Scottish Affairs had a meeting with Phil Grigor, Scotland National Director at the BDA on 14 October. The repatriation of low-level concerns to NHS Scotland, the new BDA committee sub-group considering the future funding model for NHS dentistry, and the Scottish Government's plan to consult on a new funding model early in 2021 were all discussed at the meeting.
- 2.23. The Head of Scottish Affairs attended a meeting of the Board of Academic Dentistry on 15 October. The group discussed extension of the academic year and ventilation systems for COVID-19 security and expansion of AGP work.
- 2.24. The Head of Scottish Affairs had meetings with Paul Cushley, Director of Dentistry at NHS National Services Scotland on 21 October and 4 November. Discussions were held on the launch of the low-level concerns' agreement, the Health Boards role in PPE fit testing, and the development of shared inspection standards and regimes across NHS/mixed and private practices.
- 2.25. The Head of Scottish Affairs had monthly update meetings with Tom Ferris, Chief Dental Officer Scotland, on 21 October and 18 November. Among the issues discussed were the long-standing gap in governance between private and NHS dentistry, exposed during the pandemic, and the early signs of moves from NHS to private practice.
- 2.26. The Head of Scottish Affairs had meetings with the Scottish Head of the GMC, NMC and the GPhC on 22 October and 19 November. The group has agreed that the focus on workplan of issues to consider, which include the emerging concerns protocol and any issues arising from the winter wave of COVID-19. The group will also be expanding its invitation list to Scottish Government departments, regulators and stakeholders.
- 2.27. The Head of Scottish Affairs met with Kevin Freeman-Ferguson, Head of Service Review at Healthcare Improvement Scotland on 26 October. They discussed regulation of independent dental clinics, agree reforms that will establish the same standards of inspection across all dental practices and BDS graduation in 2021.
- 2.28. The Head of Scottish Affairs attended a meeting of the Sharing Intelligence for Health and Care Group on 12 November to aid in the development of an information sharing

protocol for key organisations with role in the quality and safety of care in Scotland. At the meeting, the Group considered the existing Emerging Concerns Protocol in England as the basis from which a Scottish protocol will be developed.

- 2.29. The Head of Scottish Affairs attended a Scottish Regulatory Conference 2021 planning Meeting on 19 November. Discussed was the suggestion for the 2021 conference to be cancelled until 2022, due COVID-19. However, the view of the regulators was that the date of 1 November 2021 should be kept and that a shorter online event held.

## Wales

- 2.30. The Head of Welsh Affairs met with Caroline Seddon, Wales National Director at the BDA on 11 November. Fallow time and the BDA's request for to Chief Dental Officers for financial support to pay for air handling systems were discussed, as were concerns about the oral health of the population, in particular, undetected mouth cancer.
- 2.31. The Head of Welsh Affairs met with Vicki Jones, Chair of the Welsh Dental Committee, on 25 November. Discussions included the dental recovery plan for Wales, reforms to the Welsh Dental Contract, special care dentistry and concerns about substandard PPE being supplied to practices in Wales.

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## 3. External webinars

- 3.1. The Executive Director, Strategy, provided a presentation on Priorities for professional regulation in dental service, at the Westminster Health Forum Policy Conference on 21 October.
- 3.2. Clinical Fellow and Head of Upstream Regulation provided an online presentation to biomedical students interested in pursuing a career in dentistry at the University of Buckingham on 21 October.
- 3.3. Clinical Fellow and Head of Upstream Regulation attended the Patient Safety Virtual Congress on 10 November. Discussions included an evaluation of the health system's ongoing response to the pandemic and patient safety during the crisis, the safety gaps and challenges that still remain, the innovation opportunities that can be harnessed, and the approaches other countries have taken to maintain safety and non-COVID-19 related clinical care.
- 3.4. The Executive Director, Fitness to Practise Transition, attended the CQC Smarter Regulation Cross-sector engagement event on 16 November. The CQC outlined the early thinking on developing its approach to regulating health and social care services, with the aim of regulating in a simpler, more flexible way, to reflect the anticipated changes in care.
- 3.5. Clinical Fellow and Head of Upstream Regulation provided a presentation on the results of the professionalism research and the thematic review of dentists' preparedness for practice at the Federation of European Dental Competent Authorities and Regulators online event on 27 November.
- 3.6. The Head of Regulatory Intelligence attended the GMC's virtual conference, Delivering Change together, which ran from the 30 November to the 2 December.



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## 4. Student and new registrant engagement programme

4.1. Our student and new registrant engagement programme commenced in September and will run until January 2021. Since the last report, we engaged with 620 BDS students, 136 hygiene and therapist students, and 47 Foundation/Vocational Training dentists from the following education providers.

- University of Bristol
- HEE Northeast and North Cumbria
- Queens University Belfast
- Newcastle University
- University of Central Lancashire
- Cardiff University
- University of Sheffield
- University of Liverpool.

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## 5. Promoting professionalism live event

- 5.1. GDC staff members, alongside lead researchers from the Association of Dental Education in Europe held a live online event on 19 November to share with dental professionals the findings from our research on professionalism in dentistry.
- 5.2. The session enabled us to highlight key findings, explain next steps, as well as providing attendees with the opportunity to ask questions on the research findings.
- 5.3. There were 410 people in attendance. The [recording is available online](#).

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## Research and intelligence update

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	David Teeman, Head of Regulatory Intelligence
<b>Type of business</b>	To note
<b>Issue</b>	To provide Council with an update on the work of Research and Intelligence team
<b>Recommendation</b>	The Council is asked to note this update.

### 1. 2020 and beyond, important times for evidence

- 1.1 This paper provides paper an update on our 2020 research programme, our response to COVID-19 and a look forward into 2021.

### 2. Pre-COVID-19 research programme

- 2.1 The majority of our pre-COVID-19 commissioning, research delivery and publication programme has been (and continues to be) delivered.
- 2.2 Research commissioned in 2020: Working with colleagues in procurement, information governance, finance and legal, we have commissioned six research projects to a total value of £370,000 (not all of this spend accrues in 2020)<sup>1</sup>:
- Two FtP-situated projects*, both with 18 months' duration, one exploring how we can unlock, improve and better realise the potential of FtP data and another evaluating our FtP process, which examines the journeys of those involved in FtP and explores the effectiveness of ongoing work to improve our FtP approach and processes.
  - Public and patient panel*. The panel is 30,000 strong and is deployed flexibly by call down on both research and other types of projects under a two-year contract from April 2020.
  - Two rapid assessments* of evidence, one looking at mental health in dentistry and another looking at remote orthodontics; both reporting early in 2021.
  - Stakeholder survey*, which explores what our stakeholders, dental students, professionals know and think about us and how they 'consume' information; reporting in January 2021.

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<sup>1</sup> We have also commissioned two independent surveys as part of our COVID-19 programme of research, total value £48,000; the public survey though being part of our public and patient panel call down. See section 4.

- 2.3 Ongoing research. We currently have a programme of ongoing pre-COVID-19 research, including<sup>2</sup>:
- a. A cross-regulatory review looking at how regulation defines seriousness which has already provided useful interim findings.
  - b. The above-mentioned FtP research projects.
  - c. The above-mentioned Stakeholder research.
  - d. Two rapid evidence assessments looking at mental health of dental professionals and another looking at remote orthodontics.
  - e. Providing a range of bespoke and responsive research support and expert insight.
  - f. Developing research capability via coaching/training while supporting colleagues with their BAU/operational activity.
- 2.4 Research publications. In 2020, we have completed and published or are about to publish 10 research reports:
- a. QA's thematic review.
  - b. Scope of Practice review.
  - c. Social Return on Investment feasibility study.
  - d. Dental Professionals annual survey.
  - e. Patient and Public annual survey.
  - f. Three evidence reviews: Preparedness for Practice (PfP), Professionalism and a review of Basic Dental Training across the EU.
  - g. Two COVID-19 research reports, covering surveys of the public and of registrants.
- 2.5 Additional reporting, dissemination, engagement and dialogue. We are continuing to develop our blended approach to both designing our work and sharing what we find out using:
- a. *Internal dialogue and engagement*. We have contributed to and led numerous workshops, learning events, covering specific research (e.g our COVID-19 research) and thematic areas (e.g. SoP and professionalism). We also run general sessions with teams and directorates to update colleagues on our work and to understand their research/intelligence needs.
  - b. *External events*. We have led and contributed to online/live events, for instance one most recently on professionalism. We have attended several conferences and workshops, such as the PSA's annual research conference and the Westminster Forum and provided material and support to colleagues presenting at events.
  - c. *Bespoke analyses/thematic outputs*. As part of our work to support colleagues' analyses of BAU and our analyses related to EDI and FtP and our register, we have developed and published summaries of these analyses, mostly recently on EDI and FtP.
  - d. *Cross-regulatory fora*. With GMC and NMC, GDC co-chair the cross-regulatory research forum. We also attend the PSA' cross-regulatory policy forum.

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<sup>2</sup> All research designed and/or pre-COVID has been realigned to capture learning relevant to COVID-19.

### 3. How COVID-19 changed our research programme

- 3.1 Planning. In March 2020 research and intelligence began to develop our COVID-19 research action plan, which described how we would realign our work, with safety, respect, relevance, agility and reducing burdens as core determining principles. This was accompanied by a reduction in the commissioning budget of approximately 30%. In response to both these things we therefore amended plans and timetables.
- 3.2 Suspended research. In the light of the restrictions in place on dental treatment, and the competing pressures on the profession, we took the decision to suspend our research on values-based care. The next phase of work involves face to face research in dental settings involving professionals and patients, so we will revisit this work once safety and stress on the point of delivery resolves.
- 3.3 Delayed research and commissioning. Our FtP projects, evidence reviews, and seriousness work have all experienced some delays, but are now underway.
- 3.4 Commissioning pipeline. Changes were made to our research commissioning:
- Plans for a review of tooth whitening have been delayed a result of COVID-19. We are considering how we can obtain the best value from this work by aligning it with wider regulatory reform work in 2021.
  - In light of COVID-19, we are also reframing our plans for an evaluation of the GDC's eCPD in 2021, led by policy colleagues.
  - Our plans for a population study – recruiting cohorts of dental students as they come into education and following cohorts over a number of years into practice - have been delayed, because we considered it inappropriate to pursue in light of COVID-19. The initial phase is now profiled to begin in Q3 2021.

### 4. The GDC's COVID-19-specific research programme

- 4.1 The GDC's research team began to plan our COVID-19- research in March this year. By May, working with Strategy colleagues, we had developed logic models that we used to identify the foci and the key questions for research to focus on. Using our logic models as a foundation, from June onwards we have put in place a programme of research that provides a mixed-method and mixed-perspective insight into the impact of COVID-19, involving:
- Analyses of GDC data:
    - BAU data (such as FtP case throughput and financial modelling).
    - ARF receipts and register.
  - Analyses of external dental sector (NHS) and employment data (ONS).
  - Reviews of expert external economic research reports (e.g. Mintel).
  - Multi-perspective primary (new) commissioned independent research totalling £47,000 undertaken with:
    - The public*. Survey conducted in September 2020. N= 2,176. Weighted analysis, representative of national and nation picture.
    - Registrants*. Conducted in October 2020. N= 9,388. Weighted analysis, representative of national and nation registrant populations.
    - Schools, staff, trainers and students (in planning), which we anticipate undertaking in Q2 2021.

- e. *External landscape scanning* (ongoing and extensive). We are searching for COVID-19-related research, policy and opinion pieces; these are thematically coded and made available to search for bespoke use.
- f. *Research partnership*. The GDC are engaged with and supporting the REACH programme of research, funded by NIHR. This programme looks at the impact of COVID-19 on all health professionals, both prevalence and in relation to mental health and wellbeing. The research focuses on exploring correlations in relation to health professionals from minority ethnic backgrounds.
- g. *Dialogue and engagement*. Led by Policy and Communications. Round tables with stakeholders and targeted dissemination.

#### 4.2 Next steps for our COVID-19 research:

- a. *Publication of primary research*. We are publishing our independent registrant and public surveys reports imminently.
- b. *Landscape scanning*. As more research becomes available, we will identify and incorporate it into our developing knowledge base.
- c. *Secondary data analysis*. Analyses of internal and external data continues. We are supporting directorates and finance to bring inferential statistical analysis to bear to look at the impact of COVID19 on our finances and BAU.
- d. *New primary research*. We anticipate repeated sweeps of research beginning in the New Year.
- e. *Synthesis of analysis*. We are working to bring together thematic analyses of evidence from across our COVID-19 programme of work; for instance, papers on the economic impact of COVID-19 on the dental sector, dashboards to summarise key headlines and slide decks, which we will update as the evidence landscape develops.
- f. *General and targeted dissemination*. Working with communications and other colleagues, our aim is to develop and disseminate accessible and targeted learning shared with the sector and the public. Communications have created a research landing page as part of our COVID-19 online GDC resource.
- g. *Dialogue and engagement*. We are already using what we learn from robust systematic research to inform appreciative and deliberative engagement and dialogue with stakeholders.
- h. *Engagement of an expert economic assessment partner*. Once we capture and are clear about our core data, and the emphasis and focus that we put on our understanding of the economics of the dental sector, we may need to engage and work with specialist health sector economists.

## 5. Legal, policy and national considerations

- 5.1 Corporate strategy. Our work has been designed to align with our current strategy and to support the development of our future strategy.
- 5.2 Uncertainty. The post-COVID-19 policy environment means we need to manage and evidence our way through and out of 'uncertainty', which requires an agile and responsive research programme. A blended approach to our situational awareness is key; dialogue and being outwardly looking with consistent engagement are important. Our scanning, engagement, regular briefing sessions and catch ups with senior colleagues enable us to respond to internal and external developments.

- 5.3 Dental sector economy and workforce. In terms of the GDC's interest in areas of the dental sector that we are not responsible for, COVID-19 has resulted in a refreshed look at how evidence about areas such as the economics of the sector, workforce deployment and planning and access to services is of interest to GDC.
- 5.4 Research contract and terms and conditions. Research have bespoke terms and conditions. After a year in place, we have agreed with ILAS to review and refine them in light of some common contractor-requested amendments that have applied across a number of projects.
- 6. Equality, diversity and privacy considerations**
- 6.1 Ethnicity, Diversity and Inclusion (EDI). Research and intelligence drew up our EDI research action plan in December last year, which was welcomed by Council in January 2020. We are using big data correlations to inform new research and/or raise correlations for consideration by others who maybe best placed to explore them further, to identify and address causes of inequality.
- 6.2 Using EDI data. To be able for the GDC to explore EDI correlations we have to capture complete and consistent data and then be able to access it, while having appropriate regard to GDPR & privacy considerations. Working with OD, PMO and Information Governance, we continue to support the GDC's development of a new EDI strategy and associated processes. In terms of BAU, we follow our processes and submit data requests as needed for stratified sampling of our registrant population.
- 6.3 Focus on EDI. In accordance with our EDI action plan, we ensure EDI is considered for every research project we design/lead, and every time we advise colleagues, or review work or quality assure outputs.
- 7. Risk considerations**
- 7.1 Resources. The research team are currently undertaking a consultation on a re-structure to better align our capabilities and capacity with our revised and developing programme of work. This will result in impacts on our ability over the next few months to operate at full capacity and will mean some realignment of current research planning. However, we do not currently envisage removing any work from our intended programme.
- 7.2 Research priorities. In a time of uncertainty, we face the challenge of keeping our research programme aligned to strategic priorities, and the need to evidence and manage uncertainty, while at the same time keeping research aligned with strategic goals in relation to our remit, corporate strategy and CCP. In response, we will continue to approach our work putting dialogue and engagement at the heart of all our planning.
- 8. Monitoring and review**
- 8.1 CCP, corporate reporting and governance updates. We continue to report progress against our CCP lines. We have proposed that a version of this update be submitted for noting at each Council meeting, and therefore for each EMT meeting preceding Council meetings.
- 8.2 Publication protocol. As the nature and scope of our research programme develops, we will keep our research publication protocol under review.
- 9. Looking forward**
- 9.1 Commissioning for Q12021. As planned, we will commission our eCPD and regulatory reform research projects in Q1 2021. However, both require further planning to realign to post-COVID-19 context. Later in 2021, subject to COVID-19 developments, we will commission the initial phase of our proposed population study.

9.2 Cross-cutting research themes for 2021. Our research programme will be aligned to provide evidence in relation to the following cross-cutting themes:

- a. *Mental health and wellbeing.* Informed by an ongoing review of current evidence, we will continue to build our understanding of mental health as it relates to risk of things going wrong and in relation to involvement in FtP.
- b. *COVID-19.* The impact of COVID-19, recovery and implications going forward for regulation.
- c. *EDI.* In line with our EDI research action plan, we will continue to work to identify, understand and, thereby, enable the GDC to respond to inequality and racism where we find it.
- d. *Human factors.* Through our FtP, mental health and COVID-19 research, we will evidence and better understand the contextual human and systems factors that link to the risk of things going wrong, complaints and FtP.
- e. *Social and Fiscal Return on Investment (SROI & FROI).* Through our FtP and upstream evaluations and our work to support BAU financial modelling, we will progress our capability to undertake and report SROI and FROI.

9.3 Priorities for research programme delivery.

- a. *Agility.* In responding to COVID-19 and implications for regulatory reform, we are developing our approach to the dissemination of research reports and findings, which will take a more timely and blended narrative-based approach.
- b. *Partnership.* COVID-19 has given impetus partnership working. We will be working with partners to deliver our own research – such as our cross-regulatory review of seriousness with NMC. We are also contributing to others' research, for instance via the REACH project.
- c. *Evidencing the development of a new corporate strategy.* To inform our next three-year strategy, research will work with Policy colleagues to align our research programme accordingly, the ambition being to move where we can from being an evidence-informed business to evidence-led one.

David Teeman, Head of Regulatory Intelligence  
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01 December 2020



## Annual Reports on Committee Effectiveness

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For noting
<b>Purpose</b>	<p>In accordance with the:</p> <ul style="list-style-type: none"> <li>• General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4; and the</li> <li>• General Dental Council Standing Orders for the Appointments Committee 2020, clause 9.4</li> </ul> <p>Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.</p> <p>In respect of CSG, Clause 14 of the Standing Order for Non-Statutory Committees makes clear that the Standing Orders apply to Working Groups as if they were Committees in this respect.</p>
<b>Issue</b>	To provide the Council with an overview of the work of its Committees and Working Group for 2020 to provide assurance on their effectiveness.
<b>Recommendation</b>	The Council is asked to <b>note</b> the contents of the reports.

### 1. Key considerations

- 1.1 The annual reports of the following groups are appended to this cover paper:
  - a. Audit and Risk Committee – **Appendix 1**
  - b. Finance and Performance Committee – **Appendix 2**
  - c. Remuneration and Nomination Committee – **Appendix 3**; and
  - d. Chair's Strategy Group – **Appendix 4**.
- 1.2 The reports were prepared by the secretariat support for each group and have each been discussed and recommended to the Council by the respective Committees or Group at their final meeting for 2020. The report of the Statutory Panellists Assurance Group will be presented separately by the outgoing Chair.
- 1.3 The Council is invited to **note** the contents of the reports.

Katie Spears, Head of Governance  
kspears@gdc-uk.org

20 November 2020

## Annual Report on Committee Effectiveness – Audit and Risk Committee (ARC)

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance Gurvinder Soomal, Executive Director, Registration and Corporate Resources
<b>Author(s)</b>	Polly Button, Governance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.
<b>Recommendation</b>	The Council is asked to note the 2020 Annual Report of the ARC on its effectiveness and adherence to its workplan this year.

### 1. Key considerations

- 1.1 The key purpose of the Audit and Risk Committee (ARC) is to scrutinise the General Dental Council's Annual Report and Accounts, risk management systems and internal control framework. The ARC will also scrutinise the assurances provided by the internal and external audit functions and the arrangements in place for raising concerns in relation to fraud, whistleblowing and special investigations.
- 1.2 On 3 June 2020, the Council approved revised Terms of Reference for the ARC. These are appended to this paper at **Appendix 1** and include the ARC's delegated powers.
- 1.3 The membership of the Committee throughout 2020 was Crispin Passmore (Chair and lay Council member), Catherine Brady (registrant Council member), Sheila Kumar (lay Council member), Simon Morrow (registrant Council member) and Rajeev Arya (Independent Committee member). This year, the Committee held five meetings.
- 1.4 From February onwards, the Governance team introduced new board portal software, Diligent Boards, for all the Committees and the Council.

### 2. Expenditure

- 2.1 The only costs associated with the Committee in 2020 were those relating to travel and subsistence of Members for the meeting held in February. As a result of the Covid-19 pandemic, all other meetings in 2020 were held remotely. Holding the Committees meetings remotely has saved approximately £1,983 for the year.



### 3. Scrutiny of Financial Reporting

#### Annual Report and Accounts 2019

- 3.1 In February 2020, the Committee scrutinised the key content proposals for the **Annual Report and Accounts 2019** (ARA). The Committee also reviewed the proposed financial assumptions and the draft governance statement. The Committee welcomed the approach taken to focus and streamline its content.
- 3.2 In April, the Committee scrutinised the full draft ARA 2019, the external Audit Report and management letter, and the National Audit Office's (NAO) Audit Report. The audit findings report, the draft audit certificate, the draft letter of representation and draft ARA were **recommended** to the Council. Following Council approval and signature, the 2019 ARA was laid (using remote laying processes) in the UK and Scottish Parliaments on 20 July 2020.
- 3.3 In November, the Committee reviewed and approved the planning approach for the ARA 2020.

### 4. Review and Oversight of Governance Systems, Risk Management and Internal Controls

#### Governance and Internal Controls

- 4.1 In relation to the oversight of the internal controls and governance of the organisation, the Committee received verbal reports from the Chief Executive at each meeting on key areas of the ongoing work programme, including the implications of the **EU Exit**, the legislative change agenda and plans for the development of cultural change across the organisation.
- 4.2 In February 2020, **Covid-19** was noted as an emerging issue. Following the pandemic containment measures in March 2020, the Committee heard regular updates on organisational risks in this respect. In November 2020, the Committee discussed the longer-term planning for organisational working during the pandemic.
- 4.3 Throughout the year, the Committee received and scrutinised a number of annual reports, including **Case Examiner feedback**, and the **Annual Health and Safety Report** from 2019, and the **FtP Decision Making Audit** for 2020. It also noted the results of a **Business Continuity plan and Disaster Recovery exercise**.
- 4.4 The Committee received quarterly updates in relation to the work of the **Information Governance** team, including in relation to information requests, data security incidents, and compliance work in relation to records management. The GDC's Senior Counsel also presented an overview of **significant litigation** at each meeting.
- 4.5 In June and September 2020, the Committee reviewed and recommended a proposed update to the overall **scheme of Council delegations**.  
In relation to Strategic Risk
- 4.6 The ARC scrutinised the **Strategic Risk Register** (SRR) and newly developed **Board Assurance Framework** (BAF) at each meeting in 2020 and, in particular, gave particular attention to strategic risks around Fitness to Practise which aligned to the scrutiny work of the Finance and Performance Committee.
- 4.7 In September 2020, the Committee heard an updated position on the impact of Covid-19 on strategic and operational risks within the organisation. The Committee also **recommended** a simplified BAF prototype at this meeting, following initial discussions in June 2020.
- 4.8 In April 2020, the Committee considered the risk position for the organisation implementing an emergency scheme of payment of the **Annual Retention Fee by instalments**.

Risk Assurance deep dives

- 4.9 The Committee conducted in-depth reviews, to explore any gaps in assurance, in relation to the following topics in 2020: Timeliness in Fitness to Practise, Resilience and Flexibility during a pandemic (in two parts), and the effectiveness of Governance. Each review focused on the current risk landscape and background in relation to strategic, operational, programme and projects risks.

**5. Review and Oversight of Internal and External Audit**

- 5.1 The Committee reviewed and scrutinised the work of the GDC's internal audit function and the ongoing work programme, alongside considering management responses to internal audit recommendations.

Internal Audit

- 5.2 The Committee received quarterly updates from the **In-House Internal Audit team** and regular updates on the internal audit recommendation tracker. The updates included a table of the completed audits and their respective assurance levels.
- 5.3 In February 2020, the ARC reviewed the **Mazars' Annual Internal Audit Report and Operational Plan 2019** and, throughout 2020, the Committee reviewed internal audit reports from Mazars LLP (the GDC's internal auditors) and noted the assurance levels found. The auditors took substantial assurance in respect of four areas, adequate assurance in respect of five areas and limited assurance in relation to one area.
- 5.4 In November 2020, the Committee reviewed the preliminary paper for the production of the 'Global Audit Plan' for 2021 from Mazars LLP.

External Audit

- 5.5 In September 2020, the Committee **recommended** to the Council the proposal to reappoint Haysmacintyre as external auditors for up to two years and, in November, the Committee reviewed the **Audit Planning Reports** from Haysmacintyre and the NAO.

**6. Review and oversight of whistleblowing, fraud and investigations**

Whistleblowing and Anti-fraud, Anti-bribery and Anti-corruption policies

- 6.1 In February 2020, the Committee received updates on whistleblowing and reviewed the revised Whistleblowing policy. In September 2020, it noted the Joint Regulators Whistleblowing Report.
- 6.2 In November 2020, the Committee reviewed the Anti-fraud, Anti-Bribery and Anti-Corruption Policy 2021 for GDC employees.

**7. Committee's Adherence to its Terms of Reference**

- 7.1 Throughout 2020, the Committee focused on the key business contained within its Terms of Reference. Following the Board Effectiveness Review, the Committee ensured that agendas were streamlined and clearly focused on the business needs, the risks to the organisation and identifying any gaps in assurance.
- 7.2 Throughout 2020, the Committee identified and monitored significant risks to the organisation and held related risk assurance deep dives. There was regular contact with the Committee Chairs, professional advisors and the Council, to ensure all relevant issues were appropriately escalated.
- 7.3 The 2021 workplan will also align with the revised Terms of Reference for the Committee.

**8. Governance and next steps**

- 8.1 The Committee reviewed the workplan at each meeting and noted the draft 2021 workplan at the meeting in November 2020.
- 8.2 The Council is asked to **note** the 2020 annual report on effectiveness.
  - a. Appendix 1 – ARC Terms of Reference (as approved 5 June 2020)

Polly Button, Governance Manager  
pbutton@gdc-uk.org

26 November 2020

Terms of Reference: **Audit and Risk Committee**

### **Key purpose**

A1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Scrutinising the organisation's Annual Report and Accounts.
2. Scrutinising the risk management systems and internal control framework of the organisation.
3. Scrutinising the assurances provided by the internal and external audit functions.
4. Scrutinising the arrangements in place in the organisation for raising concerns in relation to fraud, whistleblowing and special investigations.

### **Composition and Quorum**

A2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). Additionally, the Committee will have an external member, who must be appointed in line with the requirements of the GDC Standing Orders.<sup>1</sup> The Chair of the Council shall not be a member of the Committee and may only attend at the invitation of the Committee Chair.

A3. The quorum of the Committee shall be two Council members.<sup>2</sup>

### **Delegated Powers**

- A4. Investigate any activity within its terms of reference. Any investigation will normally be initiated in consultation with the Chief Executive and Registrar.
- A5. Seek any information it may require from any member, employee or office-holder. All members, employees or office-holders are directed to co-operate with the Committee.
- A6. Obtain external legal or other professional advice and to secure the attendance at committee meetings of anyone it considers has relevant experience, expertise or knowledge.
- A7. Review the statements in the annual report and accounts relating to internal control and risk management (the Governance Statement).
- A8. Appoint and remove the internal auditors and approve their fee and terms of engagement and the internal audit strategy and plan.
- A9. Approve the fee and terms of engagement of the external auditor and the external audit strategy and plan.

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<sup>1</sup> GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r3.2.

<sup>2</sup> GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

## Functions and Duties

### *Financial reporting*

- A10. Scrutinise the Annual Report and Accounts for the organisation and advise the Council in relation to its decision making. The Committee will pay particular attention to the following areas:
- a. The Governance Statement
  - b. changes in, and compliance with, accounting policies and practices
  - c. unadjusted misstatements in the financial statements
  - d. major judgemental areas
  - e. significant adjustments resulting from the audit
  - f. the letter of representation from the external auditor and
  - g. the letters of representation to the external auditors from the EMT.
- A11. Scrutinise and provide assurance to the Council that the internal systems for financial reporting to the Council, including those of budgetary control, meet the requirements of the of the National Audit Office and appropriately adhere to the Government Financial Reporting Manual (IFREM).

### *Governance, Risk Management and Internal Control*

- A12. Review the delegated authorities and governance structure periodically, or at least every two years, and report to the Council on whether they are adequate and make any recommendations to the Council.
- A13. Scrutinise the integrity of the organisation's internal controls, with reference to internal audit reports, and oversee the compliance of the organisation with relevant legislation, reporting to the Council where appropriate.
- A14. Assess the scope and effectiveness of the systems established by management to identify, assess, manage and monitor significant risks.
- A15. Review the comprehensiveness, reliability and integrity of the assurances provided in relation to internal control and risk management.
- A16. Scrutinise and report on the level of assurance to the Council on the adequacy and effectiveness of the risk management processes. This involves reviewing the Strategic Risk Register, obtaining assurance on risk management arrangements from internal auditors, and reviewing the status and trends of all risk in the strategic risk register.

### *Internal Audit*

- A17. Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation [see above delegated authority A6].
- A18. Consider and monitor management's responses to any major internal audit recommendations.
- A19. Meet with the internal auditors at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried

out.<sup>3</sup> The internal auditors should be given the right of direct access to the Chair of the Council and the Committee.

- A20. Monitor and review the effectiveness and quality of the internal audit function to ensure it provides appropriate independent assurance to the Council and value for money.

*External Audit*

- A21. Scrutinise the process and proposals in relation to the appointment, reappointment and removal of the external auditors and make appropriate recommendations to the Council in relation to its decision making in this area.
- A22. Review the findings of the audit with the external auditor considering any material issues which arose during the audit, any accounting and audit judgements and levels of errors identified during the audit.
- A23. Meet with the external auditors at least once year, without the management being present, to discuss their remit and any issues arising from the audit.<sup>4</sup>
- A24. Monitor and review the effectiveness and quality of the audit, assessing annually their independence and the relationship with the auditor as a whole, including the provision of any non-audit services, and value for money.

*Whistleblowing, fraud and investigations:*

- A25. Scrutinise and report on the level of assurance to the Council in relation to arrangements in place for raising concerns with or about the organisation on topics such as fraud and whistleblowing.
- A26. Scrutinise and provide assurance to the Council in relation to arrangements in place for external parties to raise concerns with or about the organisation on topics such as whistleblowing, including in relation to the GDC's role as a prescribed person.
- A27. Review the anti-fraud and bribery policies and arrangements for special investigations.

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<sup>3</sup> The Chair shall decide whether the Secretariat members should withdraw also; if so, the Chair should ensure that an adequate note of proceedings is kept to support the Committee's conclusion, rationale and actions. In order for completeness of records the note should be deposited with the Secretariat.

<sup>4</sup> Same process to be followed as in the footnote above.

## **Annual Report on Committee Effectiveness – Finance and Performance Committee (FPC)**

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance Gurvinder Soomal, Executive Director, Registration and Corporate Resources
<b>Author(s)</b>	Polly Button, Governance Manager
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.  This report was circulated to the Committee for comment in November 2020.
<b>Recommendation</b>	The Council is asked to note the 2020 Annual Report of the FPC on its effectiveness and adherence to its workplan this year.

### **1. Key considerations**

#### **1.1 The key purposes of the FPC are to:**

- a. Challenge and monitor the Executive on financial and other performance, to work with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions, and to provide guidance to the Executive on major operational matters, such as property strategy, investment and technology development.
- b. Work with the Executive in developing the GDC's financial strategy, including assisting the Executive in developing the Business Plan (which includes the annual budget) and the rolling three-year Business Plan, and to assist the Council in reaching its decision on the Business Plan and the Corporate Plan.
- c. The operational delivery against the Costed Corporate Plan (CCP) and the reliability and appropriateness of a suite of performance indicators around organisational performance.

#### **1.2 The FPC also has delegated powers to:**

- a. Approve the assumptions and objectives to be used in the planning cycle.
- b. Approve the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.
- c. Approve the GDC's banking procedures and arrangements.



- 1.6. On 3 June 2020, the Council approved new Terms of Reference for the Committee. In October 2020, the Council **agreed** to update the delegated powers of the Committee to include the delegated authority to reinstate 'Could do' projects within the Costed Corporate Plan should resource become available. The updated Terms of Reference are appended to this paper (**Appendix 1**).
- 1.7. For the majority of 2020, the membership of the FPC was Terry Babbs (lay Chair and Senior Independent Council Member), Anne Heal (lay Council Member), Kirstie Moons (registrant Council Member) and Margaret Kellett (registrant Council Member). The Committee's membership changed on 30 September 2020, when Kirstie Moons and Margaret Kellett demitted office. Newly appointed registrant Council Members, Mike Lewis and Donald Burden, joined the Committee on 1 October 2020.
- 1.8. In 2020, the Committee held six substantive meetings. As a response to business need during the Covid-19 pandemic, seven additional meetings were held to discuss essential business.

## **2. Expenditure**

- 2.1 The only costs associated with the Committee in 2020 were those relating to travel and subsistence of Council members for the meeting held in February. As a result of the Covid-19 pandemic containment measures, from April 2020 onwards, all meetings were held virtually using MS Teams. No costs were incurred for meetings held virtually. Holding the Committee's meetings remotely has resulted in financial savings for the organisation. This has amounted to approximately £3,988 for the year.

## **3. Additional meetings**

- 3.1 The following additional meetings were held to address single issue items:
- a. Payment by Instalments (April).
  - b. Furlough, Budget and Payments by Instalments (May).
  - c. Revised CCP approach and discussion of budgetary impact (June).
  - d. Fitness to Practice (FtP) - Key Performance Indicators (June).
  - e. Organisational Development KPIs (July).
  - f. Budget scrutiny (August).
  - g. Budget scrutiny (September).

## **4. Financial Performance**

- 4.1 Quarterly reports on income, expenditure and headcount were presented to the Committee for scrutiny of the GDC's financial performance. In particular, the Committee monitored trends and issues, considered the reasons for any variance from budget, and the implications for quality, reserves, expenditure, headcount and productivity.
- 4.1 The Covid-19 pandemic created unusual difficulties in accurately forecasting income and expenditure for the organisation. The Committee discussed how trend data and analysis required different treatment in the current climate and maintained close scrutiny over the level of income risk that the organisation faced for 2021.
- 4.2 In the additional meeting held in April, the Committee discussed the option of the Council implementing an emergency scheme for **payment of the Annual Retention Fee by instalments**. The Committee did not recommend the emergency scheme to the Council



and, in May 2020, the Council rejected the option of implementing the emergency scheme but agreed that work on the longer-term scheme should continue.

- 4.3 In the additional meeting held in May, the Committee recommended to the Council the proposal to allocate an appropriate proportion of the staff payroll budget to support the costs of **furlough**.
- 4.4 In relation to **Quality Assurance of Education**, the Committee scrutinised the ongoing work to tackle the emerging challenges that had arisen in this area as a result of Covid-19, EU Exit and the need for regulatory reform.

## 5. Wider Organisational Performance

### Balanced Scorecard and Bridging Report

- 5.1 The Committee received quarterly reports on performance across the directorates via the **balanced scorecard**, which developed throughout the year to match organisational reporting needs. The Committee held two additional meetings in the summer of 2020 to focus specifically on the development of a **new suite of Key Performance Indicators** for the Organisational Development and Fitness to Practise directorates. This work will continue into 2021.
- 5.2 The Committee also received quarterly updates by way of a resourcing **bridging paper**. The report provided a complete overview of performance for each budget area in respect of finances, performance against KPIs and risk management in these areas. The Committee also took **assurance from the Accounting Officer** that all relevant issues had been identified and appropriately escalated.
- 5.3 In February 2020, the Committee received an in-depth review on **Dental Education** which focused on the activity and performance of the quality assurance of education function. As new issues emerged in this area, due to the pandemic and EU Exit, the Committee requested and received further updates.
- 5.4 In response to the external review of Board Effectiveness, the Committee scrutinised and then recommended, a new format **integrated performance report** which streamlined the level of detail required for effective assurance reporting to the Council.
- 5.5 In relation to **FTP timeliness**, the Committee regularly scrutinised the ongoing issues and approach to this area and received updates on the Fitness to Practise action plan at regular intervals in order to provide assurance to the Council in this area.
- 5.6 In Q3 of 2020, the Committee reviewed organisational productivity and performance, as impacted by Covid-19, and noted that work was underway to develop the **People and Organisational Development Strategy** to meet the changing organisational needs.

## 6. Operational Guidance

### Pensions

- 6.1 In February 2020, the Committee received analysis from the external Pensions Partner from Lane Clark & Peacock LLP (LCP) in relation to the GDC's pensions schemes. In May and September 2020, the Committee heard reports on the impact of Covid-19 on the financial market and the scheme's assets and, in November, recommended proposals in relation to the pensions approach to the Council for consideration.

## 7. Business Planning and Budgeting

- 7.1 A substantive part of the workplan of the Committee in 2020 was the scrutiny and oversight of the **Costed Corporate Plan (CCP) 2021-23 and Budget for 2021**. The Committee

regularly received updates on its progress and rigorously scrutinised the planning assumptions and projected outcomes in light of the Covid-19 pandemic.

- 7.2 As a result of the pandemic, it was necessary for the organisation to re-prioritise resource and planned activity. The external climate was likely to remain uncertain for an extended period of time and the budget approach needed to be robust enough to meet this uncertainty. The Committee held three additional meetings to discuss and provide additional challenge on emerging budget principles and planning assumptions.
- 7.3 Following this additional scrutiny, the Committee **recommended the CCP 2021-2023 and a reduced budget for 2021** to the Council for approval.

## 8. GDC's Banking Procedures and Other Arrangements

### Fees, Policies and initiatives

- 8.1 In February 2020, the Committee recommended the new **refunds policy** for 2020. The policy included the detailed operational area refund policies for Overseas Registrants Exam (ORE) candidates and first registration applications.
- 8.2 In September 2020, the Committee recommended the approval of the **2021 Reserves policy** to the Council. In November, the Committee reviewed and recommended to the Council the updated **financial policies and procedures**. The Committee also discussed and approved the proposed **procurement policy, banking arrangements and credit card policy**.

### Other reporting

- 8.3 Throughout 2020, the Committee received the following close out reports and benefits analysis on large organisation-wide projects, including the Estates Strategy, Associates project, the Strategic Planning Framework and Shifting the Balance.
- 8.4 In 2020, the Committee received quarterly reviews on **Contract Management** and, in May, noted the **GDC Insurance Renewal** summary.
- 8.5 In February 2020, the Committee received the annual **Procurement Report** for 2019 and, in November, the Committee received the **Shared Learning Report**, which was designed to collate feedback on the delivery of the Project, Programme and Portfolio Management team.

## 9. Committee's Adherence to its Terms of Reference

- 9.1 Throughout 2020, the Committee focused on the key business contained within its Terms of Reference. Following the Board Effectiveness Review, the Committee ensured that agendas were streamlined and successfully implemented single issue meetings to meet business need within the Covid-19 pandemic. The 2021 workplan will also align with the revised Terms of Reference for the Committee.
- 9.2 The Committee also effectively used the improved reporting tools to provide clear assurance to the Council and escalated risk appropriately.

## 10. Governance

- 10.1 Following the Board Effectiveness Review, the Committee's Terms of Reference were reviewed and minor amendments were approved by the Council in June and, subsequently, in October 2020.
- 10.2 The Committee reviewed the workplan at each meeting and noted the draft 2021 workplan at its meeting in November 2020.

## Appendices

- a. Appendix 1 – FPC Terms of Reference (updated October)

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26 November 2020

## Appendix 1

Terms of Reference: **Finance and Performance Committee**

### Key purpose

F1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Challenging and monitoring the Executive on financial and other performance.
2. Working with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions.
3. Providing scrutiny and challenge to the Executive on major operational matters with a material financial impact for the organisation.
4. Working with the Executive in developing the GDC's financial strategy. This will include scrutinising the development and delivery of the three-year rolling Costed Corporate Plan, scrutiny of the annual budget setting process and of the organisation's delivery against budget, and providing to the Council the assurance it needs to approve the budget and Costed Corporate Plan.

### Composition and Quorum

F2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). If the Committee so decides, and with the approval of Council, an external member may be appointed in line with the requirements of the GDC Standing Orders.<sup>1</sup>

F3. The quorum of the Committee shall be two Council members.<sup>2</sup>

### Delegated Powers

F4. Approval of assumptions and objectives to be used in the planning cycle.

F5. Approval of the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.

F6. Approval of the GDC's banking procedures and arrangements.

F7. Approval of the reinstatement of corporate projects prioritized as 'Could do' within the Costed Corporate Plan, at the request of the Executive Management Team, in the event that funding is available.

### Functions and Duties

#### *Financial Strategy*

To scrutinise and report on the levels of assurance or concerns in the following key areas:

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F8. The development of the three-year Costed Corporate Plan and annual budget to ensure that they are robust and aligned to delivery of the Corporate Strategy.

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<sup>1</sup> GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r1.2.

<sup>2</sup> GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

- F9. The impact of the three-year Costed Corporate Plan and annual budget on the setting of the Annual Retention Fees, registration application fees, fees for the Overseas Registration Exam and the reserves policy.
- F10. The financial reporting data used to ensure that the organisation is delivering against budget. This scrutiny should include:
- the challenge of the Executive in relation to the organisation's financial performance.
  - any amendments to the current year budget
  - any virements (transfers of budget allocation) between directorates that exceed agreed limits
  - any calls on reserves
  - any necessary borrowing or
  - other material financial matters about which the Council ought to be made aware.
- F11. The coherence and rigour of the financial modelling underlying the fees strategy of the organisation, with a view to enabling the Council to approve any changes to the Annual Retention Fees, any other relevant fees and the reserves policy of the organisation.
- F12. The adherence to and robustness of the treasury, investment and financial procedures policies of the organisation.
- F13. The adequacy of the insurance arrangements of the Council.
- F14. The actuarial assumptions, financial viability, performance, and other relevant implications of the GDC Pension Schemes. The Committee will communicate:
- Advice received, to facilitate decision making in this area, to the Council and
  - Any material risk that arises in this area to the Audit and Risk Committee.

### *Organisational Performance*

To scrutinise and report on the levels of assurance or concerns in the following key areas:

- F15. The operational delivery against the Costed Corporate Plan and the reliability and appropriateness of a suite of performance indicators around organisational performance.
- F16. The annual and exception reports on procurement activities.

## **Annual Report on Committee Effectiveness - Remuneration and Nomination Committee**

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal and Governance Sarah Keyes, Executive Director, Organisational Development (Lead ED for the Committee)
<b>Author(s)</b>	Lee Bird, Governance Manager
<b>Type of business</b>	For discussion
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.
<b>Issue</b>	To provide the Council with the Annual Report of the work of the Remuneration and Nomination Committee in 2020.
<b>Recommendation</b>	The Council is asked to note the Annual Report of the Remuneration and Nomination Committee on its effectiveness and adherence to its workplan this year.

### **1. Key considerations**

- 1.1 As part of the implementation of the recommendations contained within the 2019 Deloitte review on Council and Committee effectiveness, the Council reviewed the Terms of Reference (TORs) of all of its non-statutory Committees in June and July 2020.
- 1.2 As part of this work, in recognition of the work conducted by the then Remuneration Committee in respect of oversight of the appointments processes for Council Members, Independent Governance Associates and the Chief Executive and Registrar, the Council refreshed the Committee's TORs and re-named it the Remuneration and Nomination Committee (RemNom).
- 1.3 The role of the RemNom is also to provide scrutiny on the reward and appraisal approaches for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates, as well as scrutinising a reward policy for the Executive Management Team. The Committee is responsible for scrutinising the succession planning arrangements that are in place for the Chief Executive and Registrar and for providing assurance to the Council in relation to the Chief Executive's succession plan for the Executive Management Team.
- 1.4 From January 2020 to 30 September 2020, the Committee was comprised of Geraldine Campbell (lay Council Member and Chair), Anne Heal (lay Council Member), Caroline Logan (registrant Council Member), Jeyanthi John (registrant Council Member) and Ann Brown (independent Committee Member). When Geraldine Campbell demitted office on 30

September 2020, Anne Heal took over the role of Committee Chair and Laura Simons (new lay Council Member) joined the Committee upon taking office on 1 October 2020.

- 1.5 In 2020, the Committee held five substantive meetings on 30 January, 7 May, 21 July, 23 September and 3 December. Additionally, the Committee held one planned meeting via correspondence in March (as a result of the COVID-19 pandemic containment measures) and one additional private session held on 17 July. The meetings held prior to September 2020 were as the Remuneration Committee. From September 2020 onwards, they were held as the new RemNom, operating under the revised Terms of Reference.

- 1.6 Due to the outbreak of COVID-19, all meetings from March 2020 were held remotely using Skype or MS Teams.

## **2. Expenditure**

- 2.1 The only costs associated with the Committee in 2020 were those for the Independent Member and those relating to travel and subsistence of members for the January meeting. Holding the Committee meetings remotely has resulted in financial savings for the organisation. This amounted to approximately £6,642 saved by the Committee.

## **3. Chief Executive and Executive Management Team**

- 3.1 In January and July 2020, during private sessions, the Committee discussed the remuneration arrangements in place for members of the Executive Management Team (EMT) and the Chief Executive respectively. In line with its revised Terms of Reference, in September, the Committee discussed and recommended to the Council revised reward policies for the EMT and Chief Executive.
- 3.2 In July 2020, the Committee reviewed the Chief Executive's objectives and, in September, discussed and recommended to the Council an appraisal approach for the Chief Executive.
- 3.3 In May 2020, the Committee discussed the succession planning arrangements for the Chief Executive and the Executive Management Team, particularly in relation to the outbreak of COVID-19, and provided its assurance to the Council that this was being monitored carefully.

## **4. The Council, Chair of Council and other non-executives**

- 4.1 Throughout 2020, the Committee received regular updates relating to the ongoing programme of work to reappoint three existing Council Members and recruit three new Council Members. In July 2020, the Committee discussed and approved the approach to the induction of the incoming Council Members. Following the appointments being made by the Privy Council in July 2020, the Committee reviewed and made recommendations to further improve the process for future recruitment rounds. The Committee reviewed, with a view to recommending, the 2021 recruitment and reappointment processes in December 2020.
- 4.2 In March 2020, the Committee discussed the policy for the recruitment of the Independent Governance Associates and in May 2020, adhering to this policy, recommended to the Council a process to recruit the Chair and two Members of the Statutory Panellists Assurance Committee (SPC). The Committee received regular updates on this recruitment process throughout the year. In December 2020, the Committee discussed, with a view to recommending, a process to recruit the Independent Member of the Audit and Risk Committee.
- 4.3 The Committee discussed the remuneration level of the Council Members. The Committee noted the current financial climate caused by Covid-19, and the Executive team's decision



not to award the annual salary increase for staff in 2020. The Committee had also noted that the current level of remuneration was not cited as a barrier to applying for Council posts. Taking these matters into consideration, the Committee decided that it was appropriate to recommend no increases in the remuneration for Council Members in 2020. It was agreed that the level of Council Member remuneration would be reviewed in 2022, following the appointment of a new Chair of Council.

- 4.4 As part of its regular scrutiny of the Associates Project, in January 2020 the Committee discussed the remuneration level for the Associates and concluded that the daily rates were still fit for purpose and, in some areas generous, that there would be no increase. In line with the proposed policy, this would be reviewed again in two years' time. The Committee discussed the potential impact to the GDC of the Employment Tribunal ruling regarding an Associate of the NMC and noted that this was being monitored by Audit and Risk Committee.
- 4.5 In January 2020, the Committee discussed and recommended to the Council an expenses policy for Council Members and Associates. As part of this policy, the Committee agreed to implement a trial of the Corporate Membership of the Royal Society of Medicine (RSM) to be used for Council Member accommodation when meetings were hosted in London. In September 2020, the Committee agreed that the impact of COVID-19 meant that the trial period had not allowed for sufficient data to be collected to demonstrate value for money and, due to the uncertainty of future meetings being held in person and the closure of certain RSM properties, recommended that the organisation did not renew the RSM Corporate Membership. This recommendation would be incorporated into the Council review of the Council Members' and Associates Expenses policy in December 2020.
- 4.6 In July and September 2020, the Committee discussed the arrangements for appraising the Chair and Council Members. The Committee noted that the approach had been revised following a recommendation as part of the Board Effectiveness Review to streamline the process, particularly around the collecting of feedback, and it recommended the revised approach to the Council for approval.

## **5. Oversight of the People and Organisational Development (POD) and Equality, Diversity and Inclusion (EDI) Strategies**

- 5.1 The then Remuneration Committee monitored the development of the POD Strategy throughout 2020. It received regular updates on the four priorities of the strategy and discussed the practical steps that were being taken to ensure its delivery. Following the COVID-19 outbreak, the Committee received regular updates on how the organisation had adapted its working environment. The Committee heard that the response to the outbreak had prompted a reprioritisation of the objectives within the POD Strategy to ensure business continuity, a focus on staff wellbeing, and to enable a review of the organisation's employment policies.
- 5.2 In January 2020, the Committee discussed the steps taken following the results of the 2019 staff survey. The Committee received regular updates on agreed actions, particularly through the monitoring of the quarterly pulse surveys and the "You said, we did" communication to staff. The Committee heard that progress against certain actions had been delayed due to the COVID-19 outbreak, but was assured that staff were being informed of developments via regular staff communications emails and that, where appropriate, alternative approaches were being explored.
- 5.3 The Committee oversaw the development of the organisation's EDI strategy throughout 2020. In July 2020, the Committee discussed the structure of the strategy and



recommended that it be aligned to the three areas of responsibility of the organisation, in relation to the register, the public, and to staff and Associates. Following a series of discussions throughout the year, the Committee recommended the draft strategy for discussion by the Council.

- 5.4 As part of the review of Committee TORs carried out by the Council in June and July 2020, the Council noted that it wished to be involved further in the development of a strategic approach in respect of People and Equality, Diversity and Inclusion. The Council also consolidated the responsibility of the Finance and Performance Committee to monitor performance against strategic approach in respect of all areas of the organisation, including the Strategy and Organisational Development directorates. As a result, the Committee was asked by the Council to provide scrutiny and assurance in respect of the focus areas in the new TORs and the oversight of the POD programme moved to the Finance and Performance Committee and the EDI strategy was vested in the Council for ongoing development.
- 5.5 The Committee's workplan for the remainder of 2020 was updated to reflect the change in its focus.

## **6. Committee's Adherence to its Terms of Reference**

- 6.1 The Committee fulfilled its functions as set out in its Terms of Reference, which can be found at **Appendix 1**.
- 6.2 Prior to the introduction of its new TORs in September 2020, the Committee had the additional responsibility of reviewing and providing oversight of the People Strategy and EDI workstreams. It was through this role that the Committee exercised its duty to monitor the development of POD and EDI strategies throughout the year, as well as providing scrutiny of progress against the actions from the staff survey.
- 6.3 The Council allowed the Committee to continue its oversight of the EDI Strategy work to a natural conclusion at its meeting in September.
- 6.4 The Committee welcomed the revision of its TORs in the summer of 2020 to reflect the broader role of the Committee around its nomination function and the workplans for the remainder of 2020 and 2021 have been devised with the Chair to reflect the refined focus of the Committee.

## **7. Governance**

- 7.1 The Committee reviewed and noted its workplan at each meeting. The workplan was revised following the adoption of the new TORs and the Committee agreed the plan for 2021 at its December meeting.

### **Appendices**

- a. Remuneration and Nomination Committee Terms of Reference

Lee Bird, Governance Manager  
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26 November 2020

## Remuneration and Nomination Committee Terms of Reference

### Key purpose

**R1.** To provide assurance to the Council by carrying out the following functions on its behalf:

1. Scrutinising the proposed **reward** approach for the Chief Executive and Registrar, Executive Directors, Council Members (including the Chair), Independent Members of non-statutory Committees of Council ('Independent Governance Associates'), and specified Associate postholders.<sup>1</sup>
2. Scrutinising the process for the **appointment** for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
3. Scrutinising the proposed **appraisal** approach for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
4. Scrutinising the arrangements for **succession planning** for the Chief Executive and Registrar providing assurance in relation to the Chief Executive's succession plan for the Executive team.

### Composition and Quorum

**R2.** The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). Additionally, the Committee will have an external member, who must be appointed in line with the requirements of the GDC Standing Orders.<sup>2</sup> The Chair of the Council shall not be a member of the Committee and may only attend at the invitation of the Committee Chair.

**R3.** The quorum of the Committee shall be two Council members.<sup>3</sup>

### Delegated Powers

*The Council formally delegates its decision-making powers in relation to the following areas:*

**R4.** Approving the appointment process for the Chief Executive.

**R5.** Approving the reward terms of the Chief Executive and Registrar, including in relation to any severance agreement. All decisions taken as part of this delegation must be within the Executive pay policy as approved by Council.

**R6.** Approving the policy for authorising claims for expenses from the Chief Executive and Registrar and the Chair of the Council.

**R7.** Where necessary, the Committee is authorised by the Council to obtain external legal or other professional advice, but only within budgetary limits.

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<sup>1</sup> Registration and Fitness to Practise panellists, ORE associates, clinical and legal advisers at hearings, and education associates.

<sup>2</sup> GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r2.2.

<sup>3</sup> GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

## **Functions and Duties**

### **Nominations and evaluation**

**R8.** Scrutinise and provide assurance to the Council on the processes for recruiting the Chief Executive and Registrar, and on the process around their annual appraisal.

**R9.** Scrutinise and provide assurance to Council on the arrangements for succession planning for the Chief Executive and Registrar and provide assurance to the Council that plans are in place in respect of the rest of the Executive Management Team.

**R10.** Scrutinise and provide assurance, in order to recommend to the Council, the process of appointment and reappointment in relation to both Council Members and Independent Governance Associates.

**R11.** Scrutinise and provide assurance, in order to recommend to the Council, the approach to appraisal for Council Members (including the Chair of Council) and Independent Governance Associates.

**R12.** Scrutinise and provide assurance to Council on the process for setting the objectives of the Chair of Council and Chief Executive and Registrar.

### **Remuneration and Reward**

#### *Chief Executive and Registrar and the Executive Management Team*

**R13.** Scrutinise and recommend to the Council an appropriate reward policy for the Chief Executive and Registrar, and the Executive Management team. This will be:

- consistent with organisational objectives,
- within the overall budget agreed by the Council and
- any approval of the overall reward, benefits package and terms of service for the Chief Executive and Registrar by the Committee, under its delegated power above, must be within the terms of the agreed policy.

**R14.** On behalf of Council, propose amendments to the reward of the Chief Executive, within the agreed policy, including in relation to the terms of any special severance arrangements applying in the event of any required and unplanned early termination of employment of the Chief Executive, having regard to relevant guidance, best practice and contracts of employment. Any proposed changes that would fall outside of the agreed policy should be escalated to the Council.

**R15.** Scrutinise and provide assurance to Council that changes made by the Chief Executive to Executive reward, including in relation to any special severance arrangements, are within the agreed policy. Any proposed changes to Executive reward that would fall outside of the agreed policy should be escalated to the Council.

*Council Members, specified Associates and Others*

**R16.** Scrutinise and recommend to the Council an appropriate reward and expenses policy for:

- Council Members (including the Chair of Council)
- Independent Governance Associates
- Decision making panellists (in relation to Fitness to Practise and Registration)
- ORE Associates
- Clinical and legal advisors at Hearings and
- Education Associates.

**R17.** Scrutinise and provide assurance to Council that there is a reward framework in place for GDC staff, that policies are reviewed at regular intervals and benchmarked against the market, if and when, appropriate.

## Annual Report of the Chair's Strategy Group (CSG) 2020

<b>Executive Director</b>	Lisa Marie Williams, Executive Director, Legal & Governance
<b>Author(s)</b>	Katie Spears, Head of Governance
<b>Type of business</b>	For noting
<b>Purpose</b>	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. Clause 14 makes clear that the Standing Orders apply to Working Groups as if they were Committees in this respect.
<b>Issue</b>	To provide the Council with a summary of the CSG's activity during 2020.
<b>Recommendation</b>	The Council is asked to note the Annual Report of the CSG on its effectiveness for 2020.

### 1. Introduction and background

- 1.1 The Chair's Strategy Group (CSG) was established as a Working Group of the Council in accordance with Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2020.
- 1.2 The CSG's key purpose is to assist the Executive to identify strategic initiatives to improve the efficiency and effectiveness of the GDC, through an examination of strategic opportunities. Once these strategic opportunities have been identified and their feasibility and relevance has been subject to initial scrutiny, they are referred to the Executive team for development and/or to an appropriate Committee for oversight. This work will take place in advance of proposals being presented to the Council. The CSG has no decision-making powers or delegated authority.
- 1.3 On 30 July 2020, the Council approved the continuation of the CSG to 28 February 2021 and approved its Terms of Reference (TORs). These are appended to this paper (**Appendix 1**).
- 1.4 From January 2020 to 30 September 2020, the Group was comprised of William Moyes (Chair of Council, Chair of the CSG and lay member), Anne Heal (lay Council Member), Catherine Brady (registrant Council Member), Margaret Kellett (registrant Council Member) and Sheila Kumar (lay Council Member).
- 1.5 The group's membership changed from 1 October 2020 when Margaret Kellett demitted office and newly appointed Council Member, Donald Burden (registrant Council member) joined the group.
- 1.6 The Group held four meetings on 20 February, 8 July, 16 September and 7 December 2020. Meetings planned for 22 April and 20 May were cancelled as a result of the COVID-19 pandemic, and the need to focus organisational resources on other matters.

## 2. Expenditure

- 2.1 The only costs associated with the Group in 2020 were those relating to travel and subsistence of Council members for the meeting in February which was held in person. All other meetings in 2020 were held remotely. No costs were incurred for meetings held remotely via Teams or Skype.
- 2.2 Holding the Group's meetings remotely has resulted in financial savings for the organisation. This amounted to approximately £2,355 for the year.

## 3. Key Strategic Opportunities Identified

- 3.1 At the start of 2020, the CSG identified a number of strategic opportunities which were included in its workplan for the year. However, the workplan was revised during the year to allow the group to consider issues which arose as result of the COVID-19 pandemic.

### Adjudications Function

- 3.2 In February 2020, the Group discussed the approach to the separation of the Adjudications function, and the plan to separate the work into two tranches (first, the operational changes which are within the GDC's gift and then, the legal separation of the function which would require legislative reform). The work on this programme was delayed by the onset of the COVID-19 pandemic and has been paused on the Costed Corporate Plan 2021-2023 given the income caution applied to the budget for 2021.

### Annual Retention Fee: Payment by Instalments

- 3.3 The CSG continued to consider the possibility of registrants paying their annual retention fees (ARF) by instalments, building on work carried out in 2019. In February 2020, the group heard an update on the planned procurement for a feasibility analysis, with the aim of presenting a report to Council in July 2020.
- 3.4 Following the implementation of the COVID-19 pandemic measures, the team commenced an analysis of implementing an emergency scheme of payment by instalments. This was presented to the Council in a special Council meeting in May 2020. The Council decided against the implementation of an emergency scheme at this meeting and the team have since recommenced work on the procurement of external support for the feasibility analysis.

### Informing the review of Corporate Strategy.

- 3.5 To inform a Council discussion, in July 2020, the CSG considered how the organisation might best approach a review of its corporate strategy to take into account the effects of the COVID-19 pandemic on the GDC, registrants and the public. The CSG noted that the instability and uncertainty resulting from the ongoing pandemic had radically changed the landscape in which the GDC operated, and that the consequences would be felt for a number of years. The Group also noted that careful consideration should be given to the balance between work that the organisation needed to do to meet its obligations as a regulator; and broader activity on issues surrounding patient safety, inequality and barriers to access, and technological advances.
- 3.6 In September 2020, the CSG considered the matter further, noting that the most valuable strategic approach would be one that allowed the organisation to identify a range of potential scenarios and, while change continued to be persistent and highly variable, still be able to assure itself that the organisation could respond appropriately to them. The CSG identified a number of areas that should be prioritised, such as registration, quality assurance of education and challenges within FtP functions.
- 3.7 The CSG's deliberations were used to inform the development of proposals on the Corporate Strategy presented to Council for consideration in Q4 of 2020.

GDC Presentational Approach

- 3.8 In February 2020, the CSG considered whether modifying the way the GDC presents itself to the outside world would achieve the same or a better result than the current engagement approach. The perception of the public as to the function, purpose and remit of the organisation was not clear and the Group encouraged work to be commissioned in research and engagement to better understand this issue. The CSG considered the potential risks of any major changes, and whether other activity, such as improving accessibility to the GDC's services, would be better alternatives. The Group agreed that work to better understand how others perceive the GDC should be carried out to inform further discussions.
- 3.9 By the time that the CSG discussed the matter again in September 2020, the landscape had been changed considerably by the impact of the pandemic. The Group considered that the need to better understand public perception continued, but the way in which this was resourced would need to be carefully considered. The Group asked for further work to be carried out to understand what actions were required of the organisation to make clarity around its role, purpose and remit a permanent feature, noting that much of this would be influenced by both the content and method of its communications. Many of the points considered also informed the CSG's deliberations on the development of the corporate strategy.

Education Quality Assurance

- 3.10 In July 2020, the CSG considered the impact of the pandemic on the dental graduates of 2020 and 2021, particularly around whether they could be assessed as ready and safe for registration. The Group considered factors, such as, the uncertainty around the length and impact of the pandemic, the different approaches taken by the four nations, and the methods available to the GDC to quality assure the efficacy of the foundation training year. The Group noted that the Finance and Performance Committee were also sighted on this area of the organisation's function and were receiving regular updates. The Council also received updates on this area in Q4 of 2020.

Economics of the Dental Industry

- 3.11 In September 2020, the Group discussed how the economic impact of COVID-19 on the dental professions could be better understood, and how that information could be best used to inform the organisation's work. The CSG noted that surveys and other activity with patient and professional stakeholder groups were being used to better understand the behaviours and attitudes in response to the pandemic, while noting the caveats and limitations of such work in these difficult times. This topic remained on the workplan for the Group in Q4 of 2020.

Equality Diversity and Inclusion Strategy – Approach to Regulation

- 3.12 In September 2020, the CSG discussed the organisation's EDI strategy as it related to the regulatory approach. The CSG considered that the strategy should not be a standalone document but should be embedded throughout the work of the organisation, and recommended that the strategy should be informed by data such as the proportion of BAME registrants in the FtP process. The Group recommended that the work be presented to the Council in a workshop and the focus should be on capturing the ambition of the wider Council around how to tackle EDI issues touching on the various stakeholder groups. This workshop took place in October 2020.

#### 4. Governance and Next steps

##### Terms of Reference

- 4.1 In February, to inform the review of the Committees' Terms of References at the March Council workshop, the CSG discussed its role and remit. The CSG felt that its role to explore projects at an early stage, focusing on strategic objectives, continued to be appropriate and effective. However, the group also noted that there was overlap with the Policy and Research Board (PRB), and that there may be opportunities in future to engage with external groups such as the Faculty of General Dental Practice (FGDP) to help the organisation better understand the landscape in which it operates.
- 4.2 Following the Council's review of the TORs of all of its non-statutory Committees in June 2020, the PRB was stood down and the role, composition and remit of the CSG was confirmed in refreshed TORs.
- 4.3 The Group considered various strategic opportunities in their early stages and appropriately referred the work that arose out of them to the Executive to take forward or, where oversight was required, referred work to the appropriate Committee of the Council. Accordingly, the Group operated well within its Terms of Reference in 2020.
- 4.4 The Council will consider the extension of the CSG in December 2020.

##### Work Programme 2021

- 4.5 The CSG will consider its 2021 workplan in early 2021, if the term of the Group is extended by the Council in December 2020.

#### 5. Recommendation

- 5.1 The Council is asked to note the CSG's 2020 annual report.

#### 6. Appendices

- a. Appendix 1 – CSG Terms of Reference

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26 November 2020



## Appendix 1

**Terms of Reference: Chair's Strategy Working Group**

*Approved by Council July 2020*

**1. Chair's Strategy Working Group (CSG)**

- 1.1 The CSG is established as a Working Group of the Council under Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2015.

**2. Membership**

- 2.1 The CSG shall be chaired by the Chair of Council and the minimum membership will include two registrant and two lay members of the Council.
- 2.2 The Chief Executive will attend meetings of the CSG but will not be a member of the working group.
- 2.3 Directors and senior staff will be invited to attend meetings as and when required.

**3. Quorum**

- 3.1 The quorum of the CSG shall be two Council members.<sup>1</sup>

**4. Changes to the Terms of Reference**

- 4.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council.

**5. Co-opted members**

- 5.1 The working group may include co-opted members as required at the invitation of the Chair. Co-opted members will not count towards the quorum.

**6. Key purpose**

- 6.1 To act as a hub of early strategic development of initiatives to further the organisation's aims by:
- Identifying strategic initiatives to reduce the GDC's cost base.
  - Carrying out horizon scanning and stakeholder engagement
  - Acting as a catalyst for early policy initiatives.

**7. Delegated Powers**

- 7.1 In accordance with the GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015, this working group does not have delegated authority to make decisions.

**8. Functions and Duties**

- 8.1 To examine strategic opportunities that arise as a result of horizon scanning and stakeholder engagement and to generate and scrutinise policy initiatives to further the statutory purposes of the organisation.
- 8.2 To identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for the Council's decision.

**9. Reporting**

- 9.1 The working group shall report formally to each meeting of the Council with informal updates to Council members following each meeting.
- 9.2 The working group will report formally to Council on annual basis if required.

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<sup>1</sup> In line with the GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, part 14 and r5.1 of the Resolution.

**10. Frequency of Meetings**

- 10.1 As required.
  - 10.2 The working group is expected to be time limited. The continuing need for this working group will be reviewed by the Council on a 6-monthly basis.
11. The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2018 apply to this working group as if it were a Committee of the Council.

## Promoting Professionalism: Update paper

<b>Executive Director</b>	Stefan Czerniawski, Executive Director, Strategy
<b>Author(s)</b>	Hannah Pugh, Interim Head of Upstream Regulation
<b>Type of business</b>	To note
<b>Issue</b>	To provide an update on 'Promoting Professionalism'
<b>Recommendation</b>	Council is asked to note this update.

### 1. Key considerations

- 1.1 This paper provides an update on the 'Promoting professionalism' programme of work.
- 1.2 Promoting professionalism sits within the GDC's 'upstream proposal' to move to a more supportive model of regulation, based on providing dental professionals with clear information and the tools they need to maintain and develop high professional standards. It relies on the GDC working with patients, its partners, and the professions to ensure that high standards are encouraged from pre-registration training onwards.
- 1.3 It is also a key part of the work we are doing to move towards a more principles-based model of regulation, aimed at enabling more effective use of professional judgment, and away from a narrowly defined set of Standards or 'rules' to avoid breaching.
- 1.4 We are therefore examining the benefits of developing principles-based professional expectations. Using the evidence we have gathered from our research, and our discussions with stakeholders, the public and with GDC colleagues, we are in the process of producing a draft set of 'Principles of Professionalism.' These 'Principles of Professionalism' would be the key tenets describing what it is to be a professional within the field of dentistry. These Principles would be supported by accompanying information to form a new set of professional standards for the professions. These would replace the current 'Standards for the Dental Team'.
- 1.5 The 'Principles of Professionalism' are separate to the 'Principles of Regulatory Decision Making' but both support a more principles-based model of regulation.
- 1.6 There are other areas of work that will align with the 'Principles of Professionalism' including the future of CPD, our review of the education learning outcomes and the review of the Scope of Practice. These all contribute to meeting the aims and objectives of 'Promoting Professionalism'.
- 1.7 The aim is that a change in approach to articulating what we expect from professionals and the accompanying change in emphasis from following rules to using professional judgment will, over time, encourage positive behaviours and outcomes.

- 1.8 We are building in evaluation and monitoring mechanisms for all our upstream work with the help of the Research and Intelligence Team and based on logic modelling in order to know whether we achieve our desired outcomes.
- 1.9 This work is intended to meet our commitment in Moving Upstream for our policies be evidence-led and to work in partnership with others.
- 1.10 Our progress to date includes:
- a. Scoping of principles-based regulation.
    - o Initial scoping was undertaken to understand more about the concept of principles-based regulation.
    - o Our initial thinking is whilst producing 'Principles of Professionalism' it would be a large change both internally and externally to have a purely principles-based set of professional standards. Our preference would be that the principles are supported by one or a combination of standards/outcomes/expectations/case studies.
  - b. Scoping of professional standards of other regulators
    - o A scoping exercise has been undertaken of other regulators professional standards – both healthcare and non-healthcare – with specific focus on the standards and guidance framework, content, and wording of professional standards.
    - o Meetings have been held with GPhC, GOC and Social Work England to discuss their professional standards.
  - c. Published research undertaken by ADEE on professionalism in dentistry
    - o Professionalism: A mixed methods research study can be found on our website. It includes a Rapid Evidence Assessment, Focus Groups, and a Delphi Study.
    - o The Delphi Study seeks consensus from the public, DCPs and dentist about what are professional and unprofessional behaviours.
    - o We will further use this research in our workshops with Registrants and Patients/Public and to create the 'Principles of Professionalism'.
  - d. Engagement:
    - o A panel session on professionalism at the Moving Upstream Conference 2020 with ADEE – this session was led by ADEE and leaders from the dental sector to start the discussion around professionalism in dentistry.
    - o A promoting professionalism page on the GDC website including a video on professionalism.
    - o A webinar on the professionalism research with the GDC and ADEE.
  - e. Engagement with internal colleagues on the current use of the Standards:
    - o Internal workshop with FtP and Legal colleagues on the use of the Standards in FtP and the possible impacts of moving towards principles.
    - o Initial discussion on the use of the Standards by Registration.
- 1.11 We aim to have a draft version of 'Principles of Professionalism' ready for external consultation in Q3 2021, for which we will seek Council approval. The next steps towards that goal include:

- a. Further development of the principles with public/patients and registrants focused on attainment of a shared understanding about what good looks like. This will begin with workshops in Q1-Q2 2021.
- b. Continued internal engagement on the principles and the associated framework.
  - o We will create new themes from our current professional standards – we will do this using a systematic approach with methodological support from the research team. We will use these new themes as a basis to create a draft set of principles.
  - o We will use the scoping, the research and the engagement with public/patients and registrants to shape and amend this initial set or sets of principles.
  - o We will work with internal colleagues to discuss, and shape the principles.
- c. A workshop with Council on the draft principles and framework for our professional standards in Q1-Q2 2021.

1.12 Future actions beyond that include:

- a. Revision of the principles to take account of consultation responses.
- b. Agreement on associated framework to support the 'Principles of Professionalism' including plans for reviewing our additional guidance documents.
- c. Plans for implementation (internally and externally) and for monitoring and evaluation.
- d. Effective communications and engagement with registrants and others. We need to ensure we:
  - o Embed the Principles into registrants' thinking, by bringing them to life.
  - o Develop communications to remind or 'nudge' registrants about behaviours and expectations.
  - o Use the patient voice to reinforce messages.
  - o Develop materials for use in student and registrant engagement, as well as website materials in a comprehensive review of the standards microsite.

## 2. Legal, policy and national considerations

- 2.1 The Dentists Act requires the Council to issue "guidance as to the standards of conduct, performance and practice expected" of dentists and of DCPs. We are not required to use that language and in particular we are not obliged to use the word 'standards' as opposed to 'principles'. What matters more is that we are able clearly to position the principles as being issued under that statutory provision.
- 2.2 Colleagues will be kept informed during the process of development of the principles and review of the current Standards for the Dental Team and have opportunities to input and shape the 'Principles'.
- 2.3 In the first stage of creating the high-level 'Principles of Professionalism' there are few policy/procedural implications, however, as we implement the 'Principle of Professionalism' this will lead to significant changes required in most directorates. There will be protocol and procedural changes required for implementation stage of this work.
- 2.4 We consider that the impact of this work will be consistent across the four nations of the UK.

## 3. Equality, diversity and privacy considerations

- 3.1 No privacy issues have been identified.

- 3.2 We will ensure that when we engage externally, we will ensure we do so with diverse groups of registrants and patients/public.
- 3.3 There are EDI considerations in this work – namely how the principles can promote equality, diversity, and inclusion in dentistry. This work has the opportunity to promote key values of professionalism including not discriminating against patients or colleagues and awareness of others values and beliefs.
- 3.4 An Equality Impact Assessment will be carried out based on the draft principles, pre-consultation.

#### **4. Risk considerations**

- 4.1 There are no risks arising from this update paper.
- 4.2 Risks from the programme of work include:
  - a. Project output not effective – mitigated by project board oversight and quality checks.
  - b. Enforcement could become more expensive per case in a principles-based system – mitigated by not having a principles-only system.
  - c. Stakeholders disengaged if their expectation re timeliness is not met – mitigated by keeping stakeholders engaged and aware of progress.
  - d. Risk of not meeting stakeholders' expectations – mitigated by ensuring that the correct people are involved throughout the programme and we by consultation on this work.
  - e. External workshops with patients/public and registrants were originally planned for Q4 2020 however these have been delayed till Q1-Q2 2021 due to the impact of coronavirus.
  - f. There is a risk that the timeline may be further delayed due to shortage of resources on this project in Q1 2021.

#### **5. Resource considerations and CCP**

- 5.1 This programme is a continuation of ongoing work and provision has been made in the CCP.
- 5.2 There will be a change to Project lead/SRO in December 2020.

#### **6. Monitoring and review**

- 6.1 A plan for monitoring and review is being formulated as the principles are being developed, led by the colleagues from the Research and Intelligence Team.

#### **7. Development, consultation, and decision trail**

- 7.1 The previous development and consultation trail includes:
  - a. Project board meetings held on 13/10/2020 and 06/08/2020.
  - b. PRB (April 2019) – workshop outlining plans for developing 'Principles of Professionalism'.
  - c. Project Initiation Document Finalised (January 2019).
  - d. SLT (January 2019) – workshop outlining plans for developing 'Principles of Professionalism'.
  - e. EMT (October 2018) – workshop on Promoting Professionalism Programme of work.

- f. PRB (June 2018) – workshop scoping programme of work.

## **8. Next steps and communications**

- 8.1 We will be continue promoting our Professionalism research and engaging with registrants and stakeholders.
- 8.2 We will be creating a draft set of Principles of Professionalism with input from patients/public and registrants in Q1-Q2 2021.
- 8.3 We will continue engaging internally on development of the Principles and review of the Standards.
- 8.4 We will be holding a workshop with Council to discuss the proposed principles and underlying guidance framework options.
- 8.5 We will be seeking approval from SLT and Council in 2021 before consultation on the 'Principles of Professionalism'.

## **Appendices**

- a. None

Hannah Pugh, Interim Head of Upstream Regulation  
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