

A meeting of the Council of the General Dental Council

10:45am on Thursday 21 October 2021 at the General Dental Council,

Via MS Teams

Members:

Lord Harris (Chair)

Terry Babbs

Donald Burden

Anne Heal

Angie Heilmann

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Crispin Passmore

Laura Simons

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

If you require further information or if you are unable to attend, please contact Tyrrell Wright (Interim Head of Governance) as soon as possible:

Tyrrell Wright, Interim Head of Governance and Board Secretary, General Dental Council

Email: TWright@gdc-uk.org

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

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

Public Council Meeting

Questions from members of the public relating to matters on this agenda should be submitted using the form on the Council meeting page of the GDC website. When received at least three working days prior to the date of the meeting, they will usually be answered orally at the meeting. When received within three days of the date of the meeting, or in exceptional circumstances, answers will be provided in writing within seven to 15 working days. In any event, the question and answer will be appended to the relevant meeting minute and published on the GDC website.

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session.

PART ONE – PRELIMINARY ITEMS

1.	Welcome and Apologies for Absence	Toby Harris, Chair of the Council	10:45 – 10:50am (5 mins)	Oral
2.	Declarations of Interest	Toby Harris, Chair of the Council		
3.	Questions Submitted by Members of the Public	Toby Harris, Chair of the Council		
4.	Approval of Minutes of Previous Meetings To note approval of the full minutes of the public meeting and to approve the abbreviated minutes of the closed meeting held on 23 September 2021 for publication.	Toby Harris, Chair of the Council		Attached
5.	Matters Arising and Rolling Actions List To note any matters arising from the public meeting held on 23 September 2021 and review the rolling actions list	Toby Harris, Chair of the Council		Attached
6.	Decisions Log To note decisions taken between meetings under delegation (if any)	Toby Harris, Chair of the Council		Attached

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Costed Corporate Plan 2022-2024 (CCP) and Budget 2022 A. Accounting Officer Advice B. Costed Corporate Plan 2022-2024 C. CCP 2022 – 2024 Funding Paper D. Final Budget 2022 Gurvinder Soomal, Chief Operating Officer Samantha Bache, Head of Finance and Procurement	<i>For decision</i>	10:50- 11:20am (30 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
	David Criddle, Head of Business Intelligence, Delivery & PMO			
8.	Reserves Policy 2022 Samantha Bache, Head of Finance and Procurement	<i>For decision</i>	11:20 – 11:35pm (15 mins)	Paper
COMFORT BREAK – 15 mins – 11:35 – 11:50am				
9.	Annual Retention Fees Regulations (if required) Melissa Sharp, Senior Counsel and Head of In-House Legal Advisory Service	<i>For making regulations</i>	11:50 – 11:55am (5 mins)	Paper
10.	Promoting Professionalism Stefan Czerniawski, Executive Director, Strategy Kristen Bottrell, Policy Manager	<i>For discussion</i>	11:55 – 12:10pm (15 mins)	Paper
11.	Scope of Practice Stefan Czerniawski, Executive Director, Strategy Katherine McGirr, Policy Manager	<i>For decision</i>	12:10 – 12:25pm (15 mins)	Paper
12.	Developing a Comprehensive Complaints Resolution Model Stefan Czerniawski, Executive Director, Strategy Toby Ganley, Head of Right Touch Regulation Kristen Bottrell, Policy Manager	<i>For discussion</i>	12:25 – 12:40pm (15 mins)	Paper

PART THREE – CONCLUSION OF BUSINESS

13.	Any Other Business	Toby Harris, Chair of the Council	12:40 – 12:45pm (5 mins)	Oral
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14.	Review of the Meeting As part of the review, can the Council be satisfied that the organisation is well-governed and specifically that: <ul style="list-style-type: none"> ➤ 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 	Toby Harris, Chair of the Council	12:45–12:50pm (5 mins)	Oral
15.	Date of Next Meeting	Thursday 2 December 2021 (via MS Teams TBC)		

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	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	Colin Mackenzie/Lisa Bainbridge	Noting	Public	19 October 2021
2	Joint Whistleblowing Report	Colin Mackenzie	Noting	Public	19 October 2021

**Minutes of the Meeting of the
General Dental Council
held at 09:30am on Thursday 23 September 2021
in Open Session held on MS Teams**

Council Members present:

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

Executive Directors in attendance:

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

Staff and Others in attendance:

Joanne Rewcastle	Head of Communications and Engagement
Samantha Bache	Head of Finance and Procurement (item 12 only)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (item 12 only)
Katie Spears	Head of Governance
Lee Bird	Interim Deputy Head of Governance (Secretariat)

Others in Attendance:

Lord Harris	Incoming Chair of Council (observer – throughout the meeting)
Angie Heilmann MBE	Incoming Council Member (observer – throughout the meeting)
Sir Ross Cranston	Chair of the SPC (items 1 to 8 only)
Tyrell Wright	Incoming Interim Head of Governance

Members of the public and staff attended as observers.

Apologies:

None.

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including the incoming Chair, Council Member and the Chair of the SPC. He also noted that there were no apologies.

2. Declaration of interests

- 2.1 In relation to the substantive agenda, those present declared an interest in the following items:
- a. Council Committee Appointments (Item 9) – all Council Members.
 - b. Council Appointments Process (Items 10 and C1) – all Council Members
 - c. Council Reappointments Process (Item 11) – all Council Members. As this was a consideration of the proposed process only, it was appropriate for Simon Morrow to remain for discussion.
- 2.2 In relation to items considered via correspondence all Council Members declared an interest in the Governance Manual 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 public meeting held on 24 June 2021 had been approved by correspondence, and published shortly thereafter, alongside abbreviated minutes of the closed meetings held on the same date.

5. Matters Arising and Rolling Actions List

- 5.1 The Council **noted** the actions list and was content with the progress of the other live actions.

6. Decision Log

- 6.1 The Council **noted** that it had considered four matters via correspondence:
- a. Board Recruitment – Review of Process – was noted.
 - b. Review of the Governance Manual – the manual, proposed amendments to the relevant policies and approval pathways were approved.
 - c. Public Affairs, Policy and Media Update and Stakeholder Engagement Report – the reports were noted.
 - d. Senior Independent Council Member Appointment – On 10 August 2021, Terry Babbs was appointed as SICM for a two-year term, expiring on 31 September 2023.

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 reviewed the organisation's strategic risk position, conducted a deep dive in relation to information governance and data security and was able to provide the Council with strong assurance

- as to the work that the organisation had undertaken in respect of moving out of the pandemic period. The Committee had recommended a re-basing of the strategic risk position to review the changing and uncertain landscape and had considered reports from the external auditors, Mazars, in respect of Equality, Diversity and Inclusion, Education Quality Assurance and on the in-house Internal Audit team. The Committee had noted that there was work that remained to be done surrounding the Associates workforce and had taken assurance that this was underway with the Effective Associates project.
- 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 three times and, at its last meeting, had met in person. The Committee had fully scrutinised the development of the Costed Corporate Plan (CCP) and Budget and was able to give assurance as to the iteration that was to be presented to the Council in the closed session of this meeting. The Council also heard that the Committee had scrutinised the performance reporting data and considered interdependencies between existing programmes of work and the regulatory reform agenda.
- 7.3 The Committee had reviewed and commented on the Fitness to Practise and Strategy Key Performance Indicator proposals that the Council had considered at the previous day's workshop. The Committee had also considered proposals around facilitating an insurance buy-out of pension liabilities and the attendant consequences of the Council taking that course on the CCP proposals and reserves position of the organisation. In relation to Fitness to Practise, the Committee had conducted an in-depth review of case work performance and could only give limited assurance to the Council at this time. There continued to be concerns about staffing levels and volatility which were adversely affecting performance. The Executive were addressing these issues at a corporate level and the Committee had urged that business cases for additional resource were progressed expeditiously.
- 7.4 The Chair of the Remuneration and Nomination Committee (RemNom) updated the Council on the work of the RemNom since the last meeting. The Committee had met once and had considered and recommended to the Council the reappointments and appointments processes which were on the Council's agenda at this meeting and discussed a 'lessons learned' paper on the most recent recruitment exercise. The Committee had reiterated the importance of efforts to attract as wide and diverse pool of candidates to the Council as possible.
- 7.5 The Chair of Council updated the Council on the work of the Chair's Strategy Group (CSG) since the last meeting. The Group had met once and discussed the legislative reform agenda and the progress on the separation of the Adjudications function from the presentation function of the organisation.
- 7.6 The new Chair of the Statutory Panellists Assurance Committee (SPC) updated the Council on the work of the SPC since the last meeting. The Committee had met once and had noted that there had been good progress from the Legal teams around case presentation and that there was ongoing work with the Hearings function around improvements to case management. The Committee had seen and noted a paper in respect of its Terms of Reference and was supportive of the approach. The Council heard that Committee members had attended panellist training days and were working with the Hearings team to progress suggestions around improvements to chairing, case progression and considerations around equality, diversity and inclusion. The Committee had also heard from the independent Chair of the Decision Scrutiny Group as part of its quality assurance remit.

7.7 The Council **noted** the updates.

8. Statutory Panellists Assurance Committee (SPC) Terms of Reference

8.1 The Head of Governance presented the paper outlining the proposed Terms of Reference (TORs) for the SPC. The TORs had been considered and noted by the SPC at its September meeting and had been considered and recommended to the Council by the Audit and Risk Committee at its September meeting. The Council heard that this work concluded the recommendation that the Council review and refresh the TORs of all of its assurance Committees and that the recommended approach was derived from both the legislative framework and the strategic direction given at the Council workshop in June 2021.

8.2 The Council heard that, whilst the statutory framework expressly provided a role for the SPC in respect of the appointment, discipline and oversight of the performance of statutory Committee Members, it did not do so in respect of legal, medical and professional advisers. It was proposed that the Council continue the delegation of this role to the SPC.

8.3 The Council discussed and **approved** the proposed TORs for the SPC and **agreed to continue the delegation** in respect of the appointment, discipline and oversight of the performance of legal, medical and professional advisers to the Committee.

The Chair of the SPC left the meeting.

9. Council Committee Appointments

9.1 The Chair of Council proposed the appointments to the Committees of the Council in line with the paper. The Council had had early consideration of the proposals via correspondence. The Council formally **approved** the appointments of Council Members to the following Committees, **for the period of one year (until 22 September 2023)**, as follows:

- a. Audit and Risk Committee – Sheila Kumar (Chair), Angie Heilmann MBE and Simon Morrow. Elizabeth Butler is the independent Committee Member.
- b. Finance and Performance Committee – Terry Babbs (Chair), Donald Burden and Anne Heal. The incoming lay Council Member would join this Committee.
- c. Remuneration and Nomination Committee – Anne Heal (Chair), Jeyanthi John, Caroline Logan and Laura Simons. Ann Brown is the independent Committee Member.

10. Council Appointments – Recruitment Process 2021-2022

10.1 The Head of Governance presented the paper outlining the proposed approach to the recruitment of a lay Council Member to replace Crispin Passmore once he stepped down from the Council in December 2021. The Remuneration and Nomination Committee had reviewed and recommended the proposed approach at its September meeting.

10.2 The Council was supportive of the approach to run a compressed, but fully compliant process, and **approved** the approach to the proposed process.

10.3 The Council noted that if it was required to run with a vacancy for a short period it would still be quorate and able to take decisions. The Governance team would continue to liaise with the external recruitment partner, the Professional Standards Authority and Privy Council to ensure that the timelines were run as leanly as possible.

11. Council Reappointments – Process 2021-2022

- 11.1 The Head of Governance presented the paper outlining the proposed approach to the reappointment of Simon Morrow in 2022. The Remuneration and Nomination Committee had reviewed and recommended the proposed approach at its September meeting. The process would involve an appraisal with the Chair and a confidential report (with the relevant due diligence and governance information) being presented to the Council in December 2021 for its recommendation to the Privy Council. The process mirrored that which had been used for the last round of reappointments – which had been assured by the PSA – and resulted in successful reappointments.
- 11.2 The Council **approved** the proposed process.

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

12. Organisational Performance – Q2 of 2021

Part A: CCP Quarterly Performance Report – Q2 of 2021

- 12.1 The Chief Operating Officer, the Head of Business Intelligence, Delivery and PMO and the Head of Finance and Procurement presented the paper outlining the organisational performance reporting information for Q2 of 2021. The FPC had considered and recommended this reporting for presentation to the Council at its September meeting.
- 12.2 The Council **discussed** that the remote hearings implementation and improvements project had been completed and closed as expected and noted that the work to support patient-centred care had not been halted but had moved into the Strategy Team Work Package, as it was being delivered as ‘business as usual’ work, rather than via a project structure. The team agreed to review the presentation of the strategic aims data to ascertain if comparator data was straightforward to obtain.
- 12.3 The Council **noted** the update.

Part B: Finance Forecast

- 12.4 The Head of Finance and Procurement outlined the key financial performance information for the Council for Q2 of 2021 as contained within the paper and the Council noted that the budgeted operating surplus could £2.4m higher than forecasted by the end of 2021, but that this variance was due to timing differences in expenditures which might be resolved by Q4 in 2021. The Chair of FPC also noted that £1m of this surplus related to unrealised gains on investments in a volatile market. It was important to take account of this volatility when considering both the organisation’s reserves policy and the pensions liabilities.
- 12.5 The Council noted that the establishment of a managerial coaching network had been delayed due to resourcing issues, but it would be commenced once capacity allowed.
- 12.6 The Council **noted** the reports.

The Head of Finance and Procurement left the meeting.

13. EDI Strategy

- 13.1 The Executive Director, Organisational Development presented the paper which provided an update on the implementation of the organisation’s Strategy on Equality, Diversity and Inclusion (EDI). The implementation had been subject to an external audit by Mazars and the Executive had assurance that most actions were being delivered at an appropriate pace. The dissemination of the action plan to the wider organisation had been impacted

by staff absence but it was understood that this was an organisation-wide piece of work and actions were owned across all Directorates.

13.2 The Council **discussed** the following:

- a. It was vital that action owners across the business were aware of their responsibilities for delivery and that a prioritisation exercise should be undertaken to ensure that the measures which would make the most impact in the delivery of the strategy should be delivered first.
- b. As the Council had expressed its appetite for oversight of this area, as opposed to delegating it to a Committee within the assurance framework, it was important to ensure that it was clear about its own priorities and about how it wished to frame this oversight. This was a challenge for the Council to consider at a future meeting.
- c. There was an established reporting model used by the Audit teams to track audit recommendations. This included whether the recommendation was high, medium or low priority and whether the recommendations had been completed or delayed (with a rationale and explanation provided). This would be a useful model to adopt to give the Council appropriate assurance as the delivery of the strategy, without providing excessive operational detail. It should also allow for wider organisational work that was being undertaken to understand and address key EDI could be incorporated.
- d. Whilst it was clear that this was an area of work that required joint and collective responsibility across the EMT for delivery, a breakdown of delivery by Directorate would also be useful as it might highlight any business areas that required additional scrutiny. The wording of the risk that EDI responsibilities were not known or understood was passively worded and could benefit from review.

13.3 The Council noted that it was important for consideration to be given as to whether the work was being driven forward appropriately and, for it to take appropriate assurance that it was, it would need a clear understanding of which actions were highly sensitive and critical, whether they were being progressed appropriately and be assured that the Executive was working collaboratively to prioritise this work.

ACTION: The Executive Management Team to jointly review the reporting approach to this work before the next six-monthly implementation report.

14. Any Other Business

14.1 There was no other business.

15. Review of the Meeting

15.1 The Council noted that the meeting had been concluded more quickly than the planned agenda timings, but that well-presented papers and clear assurance given by the Committees had facilitated this and had allowed further time for the Council to discuss the EDI strategy implementation, which had been welcome. The Council thanked the outgoing Chair and Council Member for their service to the organisation.

The meeting was closed at 10:57am

**Unconfirmed Minutes of the Meeting of the
General Dental Council**

held at 11:50am on Thursday 23 September 2021

in Closed Session via MS Teams

Council Members present:

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

Executive Directors in attendance:

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

Staff and Observers in attendance:

Joanne Rewcastle	Head of Communications and Engagement
Osama Ammar	Head of Public Policy (item 8 only)
Samantha Bache	Head of Finance and Procurement (items 10 and 11)
David Criddle	Head of Business Intelligence, Delivery & PMO (item 10 only)
Sam Clements	Head of Risk Management & Internal Audit (item 13 only)
Katie Spears	Head of Governance
Lee Bird	Interim Deputy Head of Governance (Secretariat)
Lord Harris	Incoming GDC Chair (Observer – throughout the meeting)
Angie Heilmann MBE	Incoming GDC Council Member (Observer – throughout the meeting)
Sir Ross Cranston	Chair of the Statutory Panellists Assurance Committee (Observer – Item 9 only)
Tyrell Wright	Incoming Interim Head of Governance (Observer – throughout the meeting)
Elizabeth Gonzales Malaga	GDC's Clinical Fellow (Observer - throughout the meeting)

Apologies:

None

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including the incoming Chair, the incoming Council Member, and the Chair of the SPC. He also noted that there were no apologies.

2. Declaration of interests

- 2.1 In relation to the items on the substantive agenda, the following interests were declared:
- a. New Ways of Working (item 7) – all Council Members and staff
 - b. Regulatory Reform (item 8) – all Members present.
 - c. CCP & Budget – (item 10) – all staff and Council Members (salary, fees, pension provisions in budget).
 - d. Education QA Update (item 14) – Catherine Brady noted that she no longer had a conflict of interest in respect of this item as her relative, who had been a final year dental student, had successfully graduated.

3. Approval of Minutes of Previous Meeting

- 3.1 The Council **noted** that the full and abbreviated minutes of the closed meetings held on 24 June 2021 had been approved via correspondence and that the abbreviated minutes had been approved for publication.

4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** the actions list and requested that dates included in any narrative commentary include the year for increased specificity.

5. Decision Log

- 5.1 The Council **noted** that there were no decisions to report for this session.

6. Chief Executive's Report

- 6.1 The Chief Executive provided the Council with an update on Legislative Reform and Fitness to Practise Performance.
- 6.2 The Council noted the update.

7. New Ways of Working

- 7.1 The Chief Executive provided the Council with an update on the ongoing work to shape New Ways of Working for the organisation following the Covid-19 pandemic and outlined an early view of the pilot scheme. The pilot had commenced on 6 September 2021 and software called 'Team Tracker' had been rolled out to facilitate desk booking and to give greater visibility as to staff working locations. The EMT had decided to terminate social distancing requirements – in line with Government guidance – and this had greatly eased the office capacity issues. Enhanced cleaning, high levels of air circulation and the provision of hand sanitiser were all measures that were still in place and the organisation continued to exceed Government guidelines on safety measures in this respect.
- 7.2 The Council **noted** the update.
- The Head of Public Policy joined the meeting.*

8. Regulatory Reform

- 8.1 The Executive Director, Strategy, supported by the Head of Public Policy, presented an update paper on the regulatory reform landscape. The Council heard that the recent re-shuffle had resulted in new junior Ministerial appointments – with Maggie Throup taking on a portfolio with responsibility for Vaccines and Public Health, and Maria Caulfield taking on a portfolio with responsibility for Patient Safety and Primary Care.

8.2 The Council **discussed** the following:

- a. The FPC had approved the initiation of the Regulatory Reform programme of work and the team were initiating a Programme Board to oversee delivery. The team were investing reasonable resource into monitoring risks and, whilst some scenario planning was sensible, the team should not deploy resources to overly plan for unknowable scenarios.

The Council **noted** the update.

The Head of Public Policy left the meeting.

9. Adjudication Separation

9.1 The Executive Director, Fitness to Practise presented an update paper on the proposed approach to the Adjudication Separation programme of work and asked the Council to approve the planned approach.

9.2 The Council was asked to approve a revised scope to the Separation of Adjudications function project by removing the 'operational improvements to the Adjudications function' and 'case management improvements' workstreams from the scope of the programme of work. This de-scoped work would be delivered as 'business as usual', for the former, and as a separate corporate project, for the latter.

9.3 The Council was also invited to consider the appropriate timelines for this work and whether it should continue or pause, given the changed landscape and imminent regulatory reform.

9.4 The Council **discussed** the following:

There was strong agreement that the Separation of Adjudications work should continue now, at pace. It was clear that it was good practice for a regulator to produce as separate an Adjudications function as possible and that, whilst legislative reform was necessary to produce legal change, administrative changes should be made expeditiously.

9.5 The Council **approved** the revised project scope for the Separation of Adjudications project and the proposals to de-scope and separate the areas outlined in the paper as 'operational improvements to the Adjudications function' and 'case management improvements' workstreams from the scope of the programme of work.

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

10. Costed Corporate Plan 2022-2024 (CCP) and Budget 2022

10.1 The Chief Operating Officer, the Head of Finance and Procurement and Head of Business Intelligence, Delivery and PMO presented the latest iteration of the CCP, Budget, CCP Funding Paper and Contingency Management Framework for the Council for discussion.

The Chief Executive, as Accounting Officer, provided his advice on this iteration of the CCP and Budget.

10.2 The Chair of the FPC noted that the AO advice provided a fair summary of the risks that the organisation needed to manage in the process. He also noted that the Council should satisfy itself that the overall programmes of work were appropriate.

- 10.3 The Council **discussed** the following topics: inflation, income caution, ARF levels, Executive Director assurance statements, the project portfolio and the budget for 2022.
- 10.4 The Council heard that the FPC would review the final iteration of the CCP and Budget before the October Council meeting and would provide its assurance, as appropriate, following that additional review point.
- 10.5 Subject to the discussions above, the Council **noted** and **approved** the direction of travel for this work.

Anne Heal and the Head of Business Intelligence, Delivery and PMO left the meeting.

11. Reserves Policy 2022

- 11.1 The Head of Finance and Procurement presented the paper proposing the reserves policy for 2022 for the organisation. The FPC had reviewed this approach and recommended to the Council. The Council noted the Accounting Officer assurance on the proposed target level of free reserves.
- 11.2 The Council discussed that the level of free reserves was designed to ensure that the organisation could remain a going concern to deliver its statutory functions.
- 11.3 The Council noted the proposed approach prior to its presentation for approval in October.

Anne Heal re-joined the meeting and the Head of Finance and Procurement left the meeting.

12. Communications Principles – CCP, Budget, Annual Retention Fee Levels

- 12.1 The Executive Director, Strategy and Head of Communications and Engagement presented the paper outlining the proposed approach to communications around the key decisions the Council would make in October on the CCP, Budget, Annual Retention Fee levels and the Reserves Policy.
- 12.2 The Council **discussed** the proposed approach and noted that the proposals would return to the October Council meeting for final approval and welcomed an additional review at that point.

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

13. Strategic Risk Register (SRR)

- 13.1 The Head of Risk Management and Internal Audit presented the paper which outlined the strategic risk position for the organisation. The Council heard that there were nine active risks on the SRR, one new risk had been identified and that none had been recommended for dormancy. Two risks had increased in residual risk exposure, one had decreased. Two risks were outside of the Council's risk appetite and all others were within appetite.
- 13.2 The ARC had reviewed the SRR at its September meeting and its recommendations had been incorporated into this iteration of the register.
- 13.3 The Council **approved** the strategic risk register.

The Head of Risk Management and Internal Audit left the meeting, and the Head of Education Policy and Quality Assurance joined the meeting.

14. Education Quality Assurance – Update

- 14.1 The Executive Director, Strategy presented the paper providing an update on the work of the Education Quality Assurance team and asked the Council to consider whether a move to a less frequent reporting cycle was appropriate now that this area of the organisation's delivery was more stable, having addressed the huge changes in the education sector throughout the pandemic period.
- 14.2 The Council **noted** the report and praised the work of the team over the period of difficulties brought about by the Covid-19 pandemic. The Council noted that it did continue to want to hear updates on this function, given the continuing uncertainties for the next graduating cohort, but **agreed** that the next update on this work should be at the March 2022 Council meeting.

The Head of Education Policy and Quality Assurance left the meeting.

15. Any Other Business

- 15.1 The Chair of ARC noted that the Committee had highlighted the importance of the Executive focusing on two areas of key organisational importance over the next few months; firstly, ensuring that EDI issues were being considered and monitored thoroughly (particularly in respect of those involved in FtP proceedings) and in relation to the risk created by the *Somerville v NMC* judgment.
- 15.2 The Council noted that the October Council meeting was planned to take place remotely and that the IT and Governance teams were working closely to find a hybrid meetings technology solution that would allow for effective hybrid meetings.

16. Review of the Meeting

- 16.1 The Chair noted that this was the final meeting for both himself and Catherine Brady. The Senior Independent Council Member thanked both the Chair and Catherine Brady for their exceptional service to the organisation and wished them well for the future.

The meeting was closed at 15:50pm

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
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	20/10/2021	Suggest complete	21/10/2021	SCz	This workstream has been re-prioritised following COVID-19 and the update has been placed on the workplan for the Council in October 2021.		Suggest complete
26	23/09/2021	Public	13.3	EDI Strategy	The Executive Management Team to jointly review the reporting approach to this work before the next six-monthly implementation report.	EMT - SK	01/03/2022	LIVE					

Costed Corporate Plan 2022-24 – Final Draft Plan

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	David Criddle, Head of BI, PMO & Delivery Samantha Bache, Head of Finance & Procurement Louise Piper, Business Planning and PMO Manager Jasvinder Kaur, Senior Financial Planning & Analysis Manager
Type of business	For decision
Purpose	This paper represents the development of the three-year Costed Corporate Plan for 2022-24, detailing the governance review process and the content of the main papers.
Issue	To seek approval for the Costed Corporate Plan 2022-24 for consideration, which includes the portfolio, workforce and budget plans adhering to the CCP planning principles.
Recommendation	The Council is asked to: <ul style="list-style-type: none"> • Discuss and to approve the CCP 2022-24 plan and budget.

1. Executive summary

- 1.1 The purpose of this paper is to present the Costed Corporate Plan (CCP) 2022-24, including the budget, portfolio and workforce plans, to Council for approval.
- 1.2 The CCP 2022-24 plan has been developed through a series of planning and review stages with the Corporate Planning Board (CPB), Executive Management Team (EMT) and Finance and Performance Committee (FPC).
- 1.3 As reported to Council in September, an initial view of the budget was presented to the FPC on 27 May 2021, followed by a series of three draft plans, the last of which was reviewed by FPC on 8 September and endorsed for Council's initial review, which took place on 23 September 2021.
- 1.4 Throughout the planning process we have been actively monitoring and considering the current economic environment, which has recently highlighted several inflationary risks for 2022 and potentially beyond. We have assessed the potential impact for the GDC across our expenditure base and updated our assessment of financial risk in the final draft plan.
- 1.5 The CCP 2022-24 final draft plan requesting Council's approval today is the resulting product from the iterative rounds of development. The plan details the most up to date position available to our knowledge for all assumptions stated within the budget, portfolio and workforce plans.

- 1.6 Each Executive Director has provided assurance that their budgets and workforce plans are realistic to deliver the projects within the portfolio plan. This is included in Appendix A.
- 1.7 Council reviewed the draft final CCP 2022-24 plan on 23 September 2021, and comments provided have been reflected into the final version presented for approval.
- 1.8 The key financial updates are:
 - a. Added a financial risk of £1.5m to provide for the higher likelihood of there being a sustained increase in inflation due to current economic environment. This provides for an additional 2% per annum over that budgeted, for areas not under fixed cost contracts.
 - b. The financial contribution related to the insurance buyout of DB pension scheme has been reduced to £1.85m following receipt of the draft triennial valuation.
 - c. Reduced the risk related to the ORE part 2 contract tender and increased capacity required due to long waiting lists by £3m, limiting a maximum exposure to 12-18 months.
 - d. Potential duplication of risk was reviewed, and as a result, a number of risks were revised or removed where the Executive felt these were adequately covered elsewhere.
 - e. Where risks have materialised around resourcing requirements, and business cases approved, these are now reflected in the final staff costs and headcount summaries.
 - f. Finalised the risk levels where exposure was still to be determined.
- 1.9 Following Council review on 23 September 2021 on the scope of work for the 'Strengthen the separation of the adjudication function' two additional projects have been included in the portfolio plan, which are:
 - a. 'Adjudication Operational Improvements'
 - b. 'Case Management Improvement'.
- 1.10 Within the final version there are two appendices:
 - a. **Appendix A** provides the CCP 2022-24 plan summary of the budget, portfolio and workforce plans alongside the assumptions, key consideration, risks and opportunities for each. The Executive Director delivery assurances are included in this appendix.
 - b. **Appendix B** provides the detailed portfolio plan, with a breakdown of plans for all programmes and teamwork packages.
- 1.11 Within the final version, FPC also reviewed detailed versions of the CCP 2022-24 Planning Principles, Detailed Budget & Headcount Plan and the Contingency Management Framework.

2. Developing the CCP 2022-24

- 2.1 Lessons learnt in the 2021-23 CCP planning period and the revisions of the CCP due to the impact of the COVID-19 pandemic informed the planning process for the 2022-24 period. This started in February this year with an EMT workshop to review and set the CCP planning principles for the 2022-24 period. The planning principles, which were reviewed by FPC, set the boundaries and direction for all CCP planning.

- 2.2 PMO, Finance and People Services are the core teams who work together to produce the CCP draft plans. The Strategy Team is fully involved and consulted throughout to ensure feasibility and flexibility of the CCP plan, aligning to Corporate Strategy developments.
- 2.3 All activities within the CCP portfolio are planned to deliver the strategic aims and objectives as set out in the Corporate Strategy 2020-2022 and as planning progresses for the 2023-2025 Corporate Strategy, future CCP planning will align. As finalisation of the 2023-25 Corporate Strategy falls outside the CCP 2022-24 planning cycle, adjustments to the CCP plan required for the new strategy are not provisioned within the plan and will be incorporated into the CCP 2023-25 planning process next year.
- 2.4 Progress of DHSC-led Regulatory Reform agenda has been continuously monitored alongside the planning of the CCP 2022-24. Details of how risks related to the reform scenarios are managed within the plan have been incorporated and quantified, along with analysis to enable readiness to act once information becomes available. As the timetable for reforms falls outside the CCP 2022-24 planning cycle, necessary adjustments to the CCP plan will be determined and made through ongoing monitoring, review and governance.
- 2.5 The plan details all assumptions and considerations made within the Budget, Portfolio and Workforce plan components, including reaffirming those agreed in CCP 2021-23 plan.

3. CCP 2022-2024 Planning Timetable

- 3.1 The table below details the governance review and approval stages for the development of the CCP 2022-24 plan:

Planning Stage	Governance Path
CCP 2022-24 Plan – First Draft Plan	<ul style="list-style-type: none"> • Corporate Planning Board – 30 June • EMT – 13 July • FPC – 20 July
CCP 2022-24 Plan – Second Draft Plan	<ul style="list-style-type: none"> • Corporate Planning Board – 5 August • EMT – 10 August • FPC – 17 August
CCP 2022-24 Plan – Final Draft Plan	<ul style="list-style-type: none"> • Corporate Planning Board – 27 August • EMT – 31 August • FPC – 8 September • Council - 23 September – Initial view • EMT – 12 October • FPC – 12 October by correspondence • Council - 21 October – Final approval

4. Legal, policy and national considerations

- 4.1 This proposal does not impact GDC policy decision making. The CCP review and planning process includes feasibility analysis of all GDC work including policy work. The process is

to be considered as a conduit to support decision making and not where the decisions are made. There are no additional legal or national considerations at this time.

5. Equality, diversity and privacy considerations

- 5.1 The programmes of work that are undertaken as a result of the creation of the business plan will each undertake individual equality impact assessments as routine.

6. Risk considerations

- 6.1 Risks are captured on the Strategic Risks Register and regularly monitored. The programmes of work that are undertaken as a result of the creation of the CCP plan will undertake risk management planning as routine.

7. Resource considerations and CCP

- 7.1 The development of the CCP Plan for 2022-2024 involves multiple reviews and is co-produced with PMO, Finance and People Services. Consideration to financial and head count resource modelling is integral to the process.

8. Monitoring and review

- 8.1 The development and review of the CCP 2022-2024 plan is iterative through several stages of CPB, EMT, FPC & Council review, before final approval is sought from the Council in October 2021.
- 8.2 In addition to reporting at CPB, EMT, FPC and Council, the governance of the supporting CCP framework will mean that the component parts of the CCP have reporting and monitoring systems to support effective management of delivery once the plan goes into delivery in 2022.

9. Development, consultation and decision trail

- 9.1 The CCP 2022-24 final draft plan incorporates feedback from EMT review on 12 October 2021 and FPC by correspondence review on the 13 October 2021.
- 9.2 The Accounting Officer advice provides the key considerations regarding the assumptions and decisions made within the plan.

10. Next steps and communications

- 10.1 The 2022 CCP delivery plan will be developed and presented to EMT 16 December, outlining the operational delivery and monitoring for 2022.

Appendices

Appendix A - CCP 2022-24 Final draft summary

Appendix B - CCP 2022-24 CCP Portfolio Plan details

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14 October 2021

ACCOUNTING OFFICER ADVICE

PROPOSED 2022 BUDGET AND 2022-2024 COSTED CORPORATE PLAN

Executive Director	Ian Brack, Chief Executive, Registrar and Accounting Officer
Author(s)	Ian Brack
Type of business	Accounting Officer Memorandum
Purpose	The memorandum provides AO advice in relation to the three-year rolling Costed Corporate Plan for 2022-24, and the 2022 annual budget.
Issue	Council will deliberate the proposed Costed Corporate Plan 2022-24 and the 2022 Budget.
Recommendation	To approve the Costed Corporate Plan 2022-24 and the 2022 Budget

1. Introduction

- 1.1 This year's corporate planning and budgeting process has, once again, been undertaken in the context of considerable uncertainty in relation to both income and expenditure.
- 1.2 The risk assumptions which have informed our planning - and the provisions made against those risks – are, as ever, of paramount importance to Council in assuring itself that the budget and plan are robust. This note provides advice on those assumptions and, in section 6, provides advice on the key areas that Council members should take into account in determining whether to approve the 2022 budget.
- 1.3 Whilst *income* uncertainty has reduced this year, it has not vanished. In the summer of 2020, there was a pessimistic consensus across the professions we regulate regarding the likelihood of material reductions in the registers of dentists and DCPs. That did not happen and the narrative within the professions is now less negative in this regard. Nevertheless, I conclude that the coincidence of several factors could result in a material drop in income.
- 1.4 Very considerable uncertainty persists in relation to significant areas of our expenditure. In particular, the timing, scope and scale of legislative reform (and hence the associated workload of the GDC) remain very difficult to predict. The possibility of major calls on our resource to undertake urgent mandatory activity necessitates considerable contingent provision and the maintenance of robust reserves.
- 1.5 Additionally, we are already facing cost increases (for example in energy bills) and there is growing concern that inflation may become a significant – and persistent - issue, bringing with it further cost increases and wage pressures.

2. Income risk assumptions

- 2.1 The income risk assumption adopted for the budget planning process was that the budget should assume a 3% income caution – i.e., that the budget would be deliverable in the light of a 3% reduction in income. This is in accord with my view as Accounting Officer. The following paragraphs set out my thinking.
- 2.2 In determining forecast income, we have followed our normal practise and extrapolated existing trends in relation to the growth of the overall register and to the income received from scrutiny fees. However, whilst the country is moving tentatively towards a sort of normality in the wake of the COVID -19 pandemic, the mutability of the virus and uncertainty regarding the immunity afforded by vaccination mean that we cannot state with certainty that the pandemic is over. It remains possible that this autumn and winter could see the reintroduction of social distancing and other controls - up to and including lockdowns – on a national or local basis.
- 2.3 The first two waves of the pandemic had a significant effect on dentistry. Whilst there is now much better understanding of (and much better preparation for) what is required to sustain dentistry, the sector is nonetheless particularly vulnerable to any wider controls on movement - and to any significant diminution of public confidence.
- 2.4 I noted last year that the resilience of the sector was diminished by the pandemic. As is the case in numerous parts of the economy, financial degradation from the first two waves and the associated erosion of income and reserves have lessened the ability of the dental sector (as a whole) to cope with further disruption and financial shock. Such shocks or disruption may arise from COVID but equally, factors affecting the wider economy, such as supply chain disruption, fuel cost increases, or inflationary pressures, are likely to disrupt or disturb the dental sector.
- 2.5 Obviously, the dental sector was far less impacted last year than was feared. We did not see a significant reduction of the register (and therefore on the income generated by the ARF) in the 2020 dental or 2021 DCP ARF payment periods. However, we *did* see impacts on the supply of new dental professionals – either because of disruption to the UK education process (for example, non-graduation of final year cohorts in Scotland) or because of the inability of the GDC to run the ORE during the pandemic and indeed up to the time of writing. These possible reductions in the incoming numbers of registrants are not large – we consider that they are unlikely to total more than 500 in the coming year. At the same time, the number of people leaving the register has remained broadly consistent for some years.
- 2.6 I conclude that impact of reduced new additions to the Register alone will not be significant in the context of the overall income of the GDC. However, if this existing issue were to be combined with further disruption, a material impact on the GDC income might be felt. Continued disruption to graduation and ORE and the associated reduction in new registrant numbers, coupled with another period of disruption to the dental sector and the consequent risk of professionals choosing to leave the register (either temporarily or permanently) produces a cumulative impact which I consider it prudent to make for provision for.
- 2.7 As was the case last year, I cannot provide certainty on these risks, nor (beyond the advice I have set out above) can I construct for you a detailed, evidenced rationale for the premise that a third wave is likely, or that it would have a negative impact on individual registrants comparable to that seen in the first two waves. However, whilst the evidence from last year is that the sector is more resilient than we feared, I conclude that the GDC should seek to mitigate these income risks and my advice is that the modest income caution rating of 3% is prudent. This would equate to c.£1m, as some of DCP income is already collected.

3. Expenditure risk assumptions

- 3.1 The calls upon GDC resource are particularly difficult to predict for the plan period as there are very large pieces of mandatory activity which lie outwith our control and which effectively remain at large in terms of timescale.
- 3.2 Legislative reform remains the most significant of these and has impacts both on the 2022 budget and the overall plan. There are three separate strands to this:
- (i) the s.60 proposed to address shortcomings in our International Registration powers
 - (ii) the s.60 due to implement significant reform of our legislative framework
 - (iii) the changes (which may include merger or abolition) deriving from the Health and Care Bill.
- 3.3 Council members should note that activities relating to legislative changes fall broadly into two parts – the (largely reactive) mandatory work to facilitate the delivery of legislative change, and the very significant work required to turn legislative revisions into policy and process changes.
- 3.4 Whilst it could be argued that the latter is discretionary and could be deferred by the Council until the next plan period, in practice this is not the case, as doing so would constitute a positive decision by Council to permit the flaws and inefficiencies derived from prescriptive and obsolete legislation to remain. The GDC would therefore be subject to challenge on these without the defence that they were not at our discretion. Thus, if we did not move swiftly to make the changes afforded by improved legislation, it is probable that they would be forced on us in an unstructured and unplanned manner.
- 3.5 We do not know in detail what form international registration will take going forward and it remains possible that the GDC International registration s.60 will be delayed - or possibly not implemented before the end of the standstill period. Either of those outcomes could lead to the GDC engaging in significant expenditure in 2022, as we either found ways to make our existing powers work as effectively as possible or moved at significant pace to establish policies and processes to implement powers received at the eleventh hour.
- 3.6 I should also remind Council that the Professional Qualifications Bill has provisions affecting the sectors we regulate which would impose mandatory obligations on us in certain circumstances. Whilst BEIS have assured the regulators that their intention is not to make such impositions, there can be no certainty that in practice this will be the case.
- 3.7 Turning to the second strand of reform, we know that the legislative reform section 60 changes will proceed by regulator, but we do not yet know when our turn will come. The Department have said that the s.60 order for the GMC will be the model for the subsequent s.60s but what we have seen so far has indicated that it will be necessary to have sight of the entire s.60 before meaningful planning can be undertaken. The Health and Care Bill has taken precedence in the Department and resource to take forward the s.60 drafting is at a premium. We are seeing drafts later, and in a less finished condition, than we were given to expect. We therefore have a high degree of uncertainty regarding the detail changes the GDC s.60 will make to our enabling legislation and the timetable against which this will occur.
- 3.8 It is quite possible that the GDC may find itself holding a significant risk provision against reserves in relation to this work which does not crystallise within the plan period. However, it would be highly imprudent not to make such provision.
- 3.9 The organisation also faces very high levels of uncertainty about the scope and scale of some elements of work which are within plan at present – it remains difficult for us to predict demand-led costs (for example, relating to legal advice) as the workload is still quantitatively and qualitatively volatile.

- 3.10 Two significant business cases, for additional staff resource in OD and FTP, could not be finalised in time to be incorporated within the budget and so must be expressed as costed risk provisions. We know that they will crystallise but may not assume (in advance of securing the appropriate approval) that they will crystallise at the level sought.
- 3.11 Finally, the risks related to inflation have been re-appraised following revised forecasts from the bank of England and a growing consensus amongst economists that the rise of inflation to 4% may not be a temporary phenomenon. Two distinct impacts from this concern me – the first is that sustained inflation will see a steady increase in costs over the CCP period which will need to be offset either by savings, increased income, or a mixture of both. This makes robust planning over three years challenging. The second impact is shorter term and relates to the annual budget. As the GDC receives the majority of its income from the Dentist ARF, its income is effectively fixed in any given year, leaving it vulnerable to in-year inflation. In both cases the prudent response is to identify a costed risk provision for inflation as part of the reserves.

4. Mitigating these risks in the budget and plan

- 4.1 The GDC cannot remove the risks identified above – in large part they lie outwith our control. In relation to expenditure, some relate to non-discretionary activity.
- 4.2 To mitigate these risks, the Budget and plan repeat the approach taken last year and make significant use of contingent provisions, both in the form of centrally held provisions against specific areas of cost and more general central provisions. Where the probability of crystallisation is felt to be lower, or less predictable, or crystallisation is more likely to occur in the longer-term, the costs of specific risks are identified and are set against the reserves.
- 4.3 It is important that the Council are clear that in the case of central provisions and contingencies, these lie *within* budget and their release will be controlled by me as Chief Executive. FPC - and subsequently Council - will be made aware when calls against these occur but will not control them. This approach is appropriate as, by definition, they will be identified areas of activity where the uncertainty lies only in precise quantum likelihood or timing.
- 4.4 The executive needs certainty that *if* needed, these funds are available and can be accessed swiftly. The Council needs transparency as to the drawdown of the funds, and assurance as to the mechanism through which this will occur.
- 4.5 In relation to risks which are being set against the free reserves, we have far less certainty regarding the scope, scale, and timing of the activities and therefore they cannot be properly included within the budget or the plan at this stage. Therefore, the Council (or its committees) will exercise direct control over access to the associated resources, either through the reserves access policy or through the longer-term process of turning them into budgeted contingent provisions or departmental budgets in future years.

5. Calls against the Reserves and the Reserves Policy

- 5.1 The probability that risk provisions set against the reserves will crystallise over the life of the plan, resulting in calls being made against the reserves, increased significantly last year and remains *markedly* higher than was the case before the pandemic.
- 5.2 For this reason, the health of the reserves takes on a new and even greater significance and it is for this reason that it is proposed that the reserves should be maintained at 4.5 months of operating expenditure net of identified risks before “could do” or “should do” projects which have been put on hold in the current plan are reactivated.
- 5.3 This is also why great emphasis is placed on clearly identifying the risks set against the reserves - and where possible, providing clarity on the timing and likely maximum amount of associated costs.

6. Areas of Consideration and points to take into account

- 6.1 Council members will need to satisfy themselves that they understand and agree with the budget assumptions relating to both income and expenditure risk.
- 6.2 Council should also be comfortable that the purposes identified for budgeted contingent and central provisions are understood and are robust, and that the provisions made are adequate without being excessive.
- 6.3 They should assure themselves that they understand and are comfortable with the process for accessing contingency.
- 6.4 Finally, Council members should be satisfied that the risks set against the reserves and the estimated costs thereof are robust, and that the budget makes provision for adequate reserves in the context of the volatile and uncertain environment in which we must operate for the foreseeable future.
- 6.5 In undertaking this consideration, the Council can and should place considerable reliance on the detailed scrutiny and challenge undertaken by FPC.

7. Accounting Officer Recommendation

- 7.1 **I am satisfied that the proposed budget and plan are robust and provide appropriate capacity and resilience to deliver the Council's Strategic Objectives.**
- 7.2 **I therefore recommend that Council approves the 2022-24 Costed Corporate Plan and the 2022 Budget.**

CCP 2022-2024

Final Plan Summary

Council 21 October 2021



Appendix A Contents

- Executive Director Delivery Assurance
- Corporate Strategy Alignment
- Preparation for Regulatory Reform Risks
- Income Risk Assessment – Planning Assumptions
- Income Budget and Sensitivity Analysis
- Portfolio Plan
- Budget Plan
- Budget Plan – Planning Assumptions
- Workforce Plan
- Financial Risk
- Reserves and Liquidity Scenarios
- Strategic Aim Costings

Additional Appendices

- Appendix B – Portfolio Plan Details

Following the detailed planning and review by the senior management teams across the GDC, assurance is provided by the Executive Management Team that their directorates are adequately resourced with appropriate budget and headcount to undertake the projects detailed in the 2022-24 CCP portfolio plan in addition to regular BAU activity.

Endorsed by:

<p>John Cullinane Executive Director – Fitness to Practise</p> <p>Endorsed Date 12/10/21</p>	<p>Stefan Czerniawski Executive Director – Strategy</p> <p>Endorsed Date 12/10/21</p>	<p>Sarah Keyes Executive Director – Organisational Development</p> <p>Endorsed Date 12/10/21</p>	<p>Gurvinder Soomal Chief Operating Officer – Registration & Corporate Resources</p> <p>Endorsed Date 12/10/21</p>	<p>Lisa-Marie Williams Executive Director – Legal & Governance</p> <p>Endorsed Date 12/10/21</p>
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In addition to the overall directorate assurance provided above for Registration & Corporate Resources, Gurvinder Soomal, Chief Operating Officer is providing assurance that the income risk and income forecast levels set within the CCP 2022-24 plan, are the most appropriate levels based upon our current understanding of the economic climate and forecast assumptions and projections.

Corporate Strategy Alignment

The strategic aims of the GDC were reviewed and clarified last year to ensure that we were working proportionately and responsively during the pandemic, the operational plan was reviewed to ensure the same. Some [shifts in emphasis](#) were identified to respond to the pandemic.

It was determined that, our role remained the same: **we protect, promote and maintain the health, safety and wellbeing of the public, and uphold professional standards and confidence in the dental team.**

Our clarified strategic aims

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

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

Preparation for Regulatory Reform Risks

- The Regulatory Reform Programme will provide governance for planning the scope of work, managing risks and interdependencies for both; ensuring readiness to respond to the new legal framework once available, and for governance throughout the delivery of changes.
- The Programme Board will include all EMT as Board members, with the Executive Director of Strategy as the programme sponsor and the CEO/Registrar and Accounting Officer observing and intervening as he deems necessary.
- The Programme Board will NOT have decision making authority on amendments to the CCP plan or resources outside of the programme scope. A standing item on the Regulatory Reform Programme Board meetings will be to discuss any implications on the CCP. For decisions on CCP implications or any other decisions that are required to be made by the EMT Board, the CEO/Registrar and Accounting Officer may intervene at their discretion.
- The Programme Board's initial focus of work is:
 - Agree the programme management governance, controls, reporting and documentation including Terms of Reference for the programme board and frequency of meetings.
 - Propose the scope of work and programme resources required for the initial analysis of the draft GMC legislation and impact on the GDC's current operating model, which will then require approval by EMT.
 - Identify and define the potential programme workstreams and projects (Stage 2) and the programme resources that are required, which will then require approval by EMT.
- The key trigger points where further reforms detail are currently expected are:
 - Autumn 2021 (tbc) - Draft GMC legislation published for consultation
 - Spring 2022 (tbc) - Health and Care Act implementation begins and clarity on structural reform may be available
 - Winter 2022 (tbc) - The earliest estimate we have for draft amendments to the Dentists Act becoming available

- The CCP 2022-24 portfolio has been analysed to provide an advanced view of which projects would be impacted by regulatory and structural reforms and how they would be impacted.
- This advanced readiness analysis enables the GDC to react quickly once specific details on regulatory and structural reform become available.
- As soon as further information is available, the initial analysis will be re-evaluated against the specific reform requirements and the GDC will, where appropriate, reprioritise the CCP 2022-24 Portfolio, Budget and Workforce plans.
- Any CCP plan reprioritisation will adhere to the CCP 2022-24 planning principles and will require the GDC to reprioritise activity to maintain the budget within the envelope set for the approved CCP 2022-24 plan.

Regulatory Reform – Risks Areas

Regulatory Reform risks are based on the best of our current knowledge for including prudent costs of potential impacts. These are liable to change as further information on reforms becomes available from the DHSC and will have ongoing monitoring.

Risks Area	Likelihood	Potential impacts	Mitigations	Assumptions and Risk Cost (£k 2022-24)
Structural change requiring redesign of target operating model	High	<ul style="list-style-type: none"> Severe operational disruption to the organisation throughout change period Different professions subject to regulation Delegated functions performed by other regulators GDC performing functions on behalf of other regulators Abolition / Merger Income risks associated with structural reform 	<ul style="list-style-type: none"> EMT oversight and Regulatory Reform Programme Board monitoring to prepare for readiness in staged manner. CCP Portfolio analysis has assessed potential impacts to projects across the portfolio in readiness. CCP planning principles enable iterative reprioritisation of the plan as soon as information on reform scope established GDC influencing strategy – actively engage to steer the reforms to meet GDC needs. 	<ul style="list-style-type: none"> No requirement to backfill operational staff and work will fit within capacity of establishment (the CCP plan to be prioritised to enable this). In house IT utilised for the majority of systems work. Additional provision for additional IT resource - £100k Allow for external consultancy on target operating model redesign - £100k As yet unidentified Research - £80k Consultation & engagement costs - £50k <p>Total Risk estimate £330k</p>
Uncertain timing and scope of wider legislative change	Very High	<ul style="list-style-type: none"> Constraint on timescales to deliver and preparedness, at the time when legislation is confirmed Uncertainty in ability to scope and budget for work required 	<ul style="list-style-type: none"> EMT oversight and Regulatory Reform Programme Board monitoring to prepare for readiness in staged manner. GDC influencing strategy – actively engage to steer the reforms to meet GDC needs. 	<ul style="list-style-type: none"> The risks for uncertain timing only impact the phasing of the above costs associated with the 'Structural change requiring redesign of target operating model' risk, and do not provide additional risk costs.
International Registration – whether or not there is a S60 there is considerable work required either to replace existing routes to registration or to respond to raised expectations about existing routes.	Very High	<ul style="list-style-type: none"> S60 changes significantly the scope of work required and will need to consult Without S60 there are increased challenges in delivery of work to solve longstanding issues 	<ul style="list-style-type: none"> International Registration Project governance and monitoring ongoing and this will transfer into the Regulatory Reform Programme governance. Engagement with DHSC over the timetable and content of consultation. 	<ul style="list-style-type: none"> No requirement to backfill operational staff as above. In house IT development. Development and pilot for dentist assessment - £200k Development and pilot for DCP assessment - £200k Consultation and engagement costs - £10k Resources to develop the capability and manage the operations for Mutual Recognition Agreements / international QA establishment - £100k <p>Total Risk estimate £510k</p>

Income Risk Assessment – Planning Assumptions

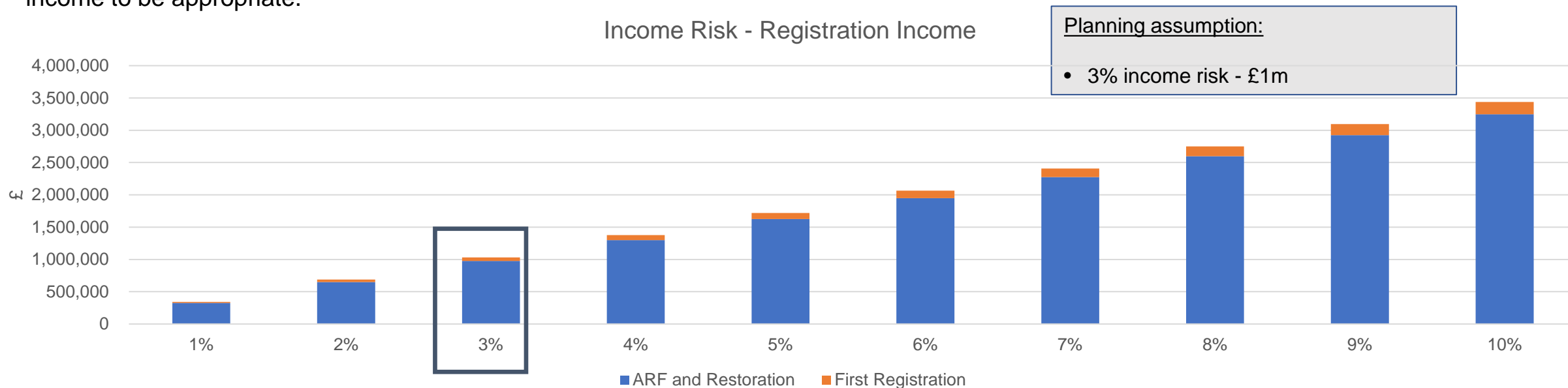
Assumptions underpinning 3% income caution

- There is significant uncertainty around the level of income risk that may materialise through the life of the plan, in particular as we begin to see the impact of COVID-19 and Brexit across the register. Estimating the impact remains difficult during a period of economic uncertainty.
- Whilst the impact of income risk is understood, the volatility on income streams and the timing of impact remains extremely difficult to predict. Whilst the government have eased restrictions and a booster vaccination programmes underway for our most vulnerable, it remains likely that we will see continued levels of new cases and new variants being reported through the winter, and continued versions of restrictions being necessary.
- In particular, the following causes of concern around income have led us to determine that a 3% income risk remains a prudent assumption:
 - **2021 Student Dentist Graduate Cohorts** – It has been confirmed that Scotland's 2021 graduates will now not graduate until 2022. It remains our expectation that graduations will also be later in the year than we would usually expect to see.
 - **New EEA Qualified professionals** – In 2020 we predicted a downward trend for 2021, and this forecast is coming to fruition. Those that would pass the ORE would come onto the register via this route, and the impact of not being able to run exams for the last 12 month impacts on new registrant numbers.
 - **Retention** – There remain concerns over the retention of registrants for 2022 onwards:
 - The Financial impact of changes in the Coronavirus Job Retention Scheme, from 1 July 2021 employers contributed 10% of furloughed workers' usual pay, which increased to 20% in August and September, with the scheme ending on 30 September 2021. This may lead to redundancies or redeployment in practices that are struggling with additional COVID-19 measures, which may mean an impact on the number of registered professionals and some realisation of the 3% risk to income.
 - The financial impact on dental practices and professionals has been severe through the initial lockdowns, any continuing need for infection control measures – as infections rise through the winter period, will continue to constrain capacity and limit the pace of recovery.
 - If the economy remains disrupted there is a higher likelihood that registrants nearing the end of their career may conclude that it is more financially viable to retire earlier than they would have otherwise planned.

Income Risk Assessment – Planning Assumptions

- Significant income risk did not materialise in 2021 from either the DCP or Dentist ARF collections. DCPs saw a favourable variance against budget of 0.86% and Dentists a small adverse variance of 0.3%.
- However, given ongoing uncertainty around the medium-term impact of Covid and Regulatory Reform on dentistry(i), the economy and routes to international registration, we feel it prudent to remain cautious in our planning for potential income risk across the next planning period.
- Following consideration of the result of the recent DCP 2021/22 ARF collection, we have concluded a reduction in our caution rating from a flat 5% to 3% for planning across all registration income to be appropriate.

- The below chart demonstrates the financial risk exposure of an income risk of between 0% and 10% materialising across our ARF income, restoration and first registration income. (No income risk has been applied to other income streams.)
- Detailed Income modelling work has been completed and used to underpin the income budget proposed in this paper. Given COVID-19 will have a continued impact on all the routes to registration, management steer was used to supplement statistical analysis in recognition of the current external environment.
- The Accounting Officer assurance statement provides further information as to prudence in retaining this this level of caution.



ⁱ 6% of dental professionals stated they have moved from 'working' to 'not working' in our research on the impact of COVID-19 on dental professionals, published December 2020

Income Budget and Sensitivity Analysis

Income Summary	Expected		2022 budget target (£)
	People	Income	Income
2021 Dentist ARF Collection	42,160	28,668,800	28,668,800
2021 Specialist List ARF Collection	4,227	304,022	304,022
2021/22 DCP ARF Collection*	69,644	7,930,461	4,599,667
2021/22 DCP ARF Collection*	70,525	8,039,850	3,376,737
2022 New Dentist Registrations	1,425	458,855	458,855
2021/22 New DCP Registrations	4,532	248,783	89,525
2022/23 New DCP Registrations	1,733	181,042	165,167
2022 Dentist Restorations	161	77,466	77,466
2021/2022 New DCP Restorations	870	59,474	15,859
2022/2022 New DCP Restorations	478	45,306	45,306
2022 Specialist List and TR	186	74,220	74,220
2022 Dentist Application Fees	1,648	84,213	84,213
2022 DCP Application Fees	6,842	1,030,524	1,030,524
2022 ORE Part 1	400	322,400	322,400
2022 ORE Part 2	432	1,265,328	1,265,328
Total GDC Budget for 2022 target			40,578,089

Notes:

- The expected 'People' column sets out the number of registrants/applicants forecast for each income stream, with the 'Income' being the income this would raise.
- We are obliged under current accounting standards to allocate income to the period to which it relates. The 2022 budget target column takes into account the allocation of income where it falls across 2 financial years.
- In particular, this allocation adjustment applies to DCP income, where the registration year commences on the 1 August.

Key points:

- Registration income updates were completed in August 2021, using a mix of techniques between historical trend analysis and management consideration of the external operating environment.
- The register is predicted to have around a 1.25% general growth for DCPs and 0.9% general growth for Dentists, being the average growth of the register over the last 6 years.
- It is assumed that the Specialist register remains at current level.
- No adjustments for income risk have been applied to the forecasting analysis, to prevent any duplication of provisioning for income risk.
- ORE income is also included in full, as the budget provision is also included for full in 2021. No income risk has been attributed to ORE income as expenditure will not be incurred if the exams cannot be run.
- The total increase in income expectation for 2022, versus the income analysis for 2021 (which was used for preparing earlier versions of the CCP 2022-24 budget plan) is £214k. The main drivers are:
 - Decrease in processing, assessment and new registration fee income – (£74k)
 - Decrease in new Dentist fees – (£34k)
 - Increase in Dentist fees - £264k
 - Increase in DCP fees - £97k
- The impact of the increased projection in our income has been modelled through to the impact on liquidity and reserves.

Dentist register growth	1.5%	1.5%	1.5%	1.5%	1.5%	1.0%	1.0%	1.0%	1.0%	1.0%	0.5%	0.5%	0.5%	0.5%	0.5%
DCP register growth	1.5%	1.0%	0.5%	0.0%	-0.5%	1.5%	1.0%	0.5%	0.0%	-0.5%	1.5%	1.0%	0.5%	0.0%	-0.5%
Dentist Registrant number	43,964	43,964	43,964	43,964	43,964	43,747	43,747	43,747	43,747	43,747	43,531	43,531	43,531	43,531	43,531
DCP Registrant numbers	76,224	75,849	75,473	75,098	74,723	76,224	75,849	75,473	75,098	74,723	76,224	75,849	75,473	75,098	74,723
Dentist ARF	£29,895	£29,895	£29,895	£29,895	£29,895	£29,748	£29,748	£29,748	£29,748	£29,748	£29,601	£29,601	£29,601	£29,601	£29,601
DCP ARF	£8,690	£8,647	£8,604	£8,561	£8,518	£8,690	£8,647	£8,604	£8,561	£8,518	£8,690	£8,647	£8,604	£8,561	£8,518
Total fees	£38,585	£38,542	£38,499	£38,456	£38,414	£38,438	£38,395	£38,352	£38,309	£38,266	£38,290	£38,248	£38,205	£38,162	£38,119
Surplus/(Deficit) - £k	(525)	(568)	(611)	(654)	(696)	(672)	(715)	(758)	(801)	(844)	(820)	(862)	(905)	(948)	(991)

Dentist register growth	0.0%	0.0%	0.0%	0.0%	0.0%	-0.5%	-0.5%	-0.5%	-0.5%	-0.5%
DCP register growth	1.5%	1.0%	0.5%	0.0%	-0.5%	1.5%	1.0%	0.5%	0.0%	-0.5%
Dentist Registrant number	43,314	43,314	43,314	43,314	43,314	43,097	43,097	43,097	43,097	43,097
DCP Registrant numbers	76,224	75,849	75,473	75,098	74,723	76,224	75,849	75,473	75,098	74,723
Dentist ARF	£29,454	£29,454	£29,454	£29,454	£29,454	£29,306	£29,306	£29,306	£29,306	£29,306
DCP ARF	£8,690	£8,647	£8,604	£8,561	£8,518	£8,690	£8,647	£8,604	£8,561	£8,518
Total fees	£38,143	£38,100	£38,057	£38,015	£37,972	£37,996	£37,953	£37,910	£37,867	£37,825
Surplus/(Deficit) - £k	(967)	(1,010)	(1,053)	(1,095)	(1,138)	(1,114)	(1,157)	(1,200)	(1,243)	(1,285)

Key points:

- ARF income has been forecast on the assumption of historical % growth in both the Dentist and DCP register size across the last 6 years. Using the anticipated register size at the end of the current registration period.
- Based on continued growth of the registrant base at level equal to current trend, the current level of ARF would generate an average annual deficit of £1.1m over the plan period.
- Sensitivity analysis has been completed on the assumptions applied to register growth across the next 3-year period of the plan. The above tables set out various scenarios of movement in register growth from the current trend, and the impact on ARF income against plan budget. For example:
 - Should growth reduce by 0.5% to the current trend in both the DCP and Dentist register, this would provide an average annual deficit in ARF income of £1.3m.
 - Should growth increase by 0.5% to the current trend in both the DCP and Dentist register, this would provide an average annual deficit in ARF income of £0.9m.

Portfolio Plan

See Appendix B for portfolio plan details

- All activity is planned and prioritised considering the entire portfolio to ensure there is cross functional alignment of the work to deliver the corporate strategy, with the Corporate Planning Board reviewing and EMT scrutinising and approving priorities, budget and workforce plans throughout the drafts. This is facilitated through the planning process adhering to the CCP Planning Principles.
- Complete portfolio plan details are shown in ‘Appendix B – Portfolio Plan Details.’ This includes directorate breakdowns of MoSCoW prioritised projects across 2022-24 and key details summaries for each Teamwork Package and Programme.
- Two programmes are being proposed for inclusion within the CCP 2022-24 plan:
 - **Regulatory Reform** – We are implementing a programme governance structure to plan readiness for regulatory reforms. The programme board and key stakeholders will monitor scenarios and information as it becomes available from the DHSC, to then scope the implications on resulting work and submit proposals for EMT approval. The scope of work cannot be determined within the timeline for the CCP 2022-24 planning and approval, and as such the programme sits as a risk against reserves in the CCP budget. Once information is available to determine the scope of work, a review and reprioritisation, where necessary, of the CCP portfolio will be performed.
 - **Paperless Office in Registration** – Upon scoping the ‘Introduce a paperless office in Registration’ project, distinct phases of work became apparent, for which managing these as a suite of interdependent projects within a programme governance structure is proposed. The programme brief to include the programme within the CCP 2022-24 plan was reviewed by FPC on 8 September. Following FPC review on 8 September estimated costs were calculated for all projects to set the total risk against reserves level for the overall programme within the CCP plan.
- **Hearings Separation** – Following Council review on 23 September 2021 on the scope of work for the ‘Strengthen the separation of the adjudication function’, 2 additional projects have been included in the Hearings TWP - ‘Adjudication Operational Improvements’ and ‘Case Management Improvement’. The ‘Strengthen the separation of the adjudication function’ project is already in progress is preparing to be ready to implement a separated function by end of March 2022, with the launch and project close out completed in April 2022.

- MoSCoW is used to ensure all work is prioritised using a common set of criteria.
- The CCP core budget and workforce plans focus on the MUST and SHOULD do work only. If budget or capacity then allows, the COULD do work priorities can be reconsidered and addressed through review and approval with FPC. WON'T do activity is only considered in the eventuality that all higher priorities are delivered, and budget & capacity remains.
- In all cases project scope should focus only on the MUST do deliverables and timescales for when it is essential to deliver the work. Some projects may be contingent MUST do based on external factors, i.e., regulatory reforms.

MUST

- Critical for success in meeting performance targets set for statutory objectives
- MANDATORY – for regulatory or statutory compliance
- Critical for success of fulfilling strategic aims
- Non-negotiable activity – must be completed
- Will deliver critical transformation agreed by EMT
- Will deliver significant savings and return on investment

SHOULD

- Enhancements to mandatory/necessary enablers which deliver significant savings and return on investment
- Work deriving from audit recommendations
- Work derived from known best practice
- Will cause significant impact if not undertaken
- Will deliver significant benefits, efficiencies or savings if delivered

COULD

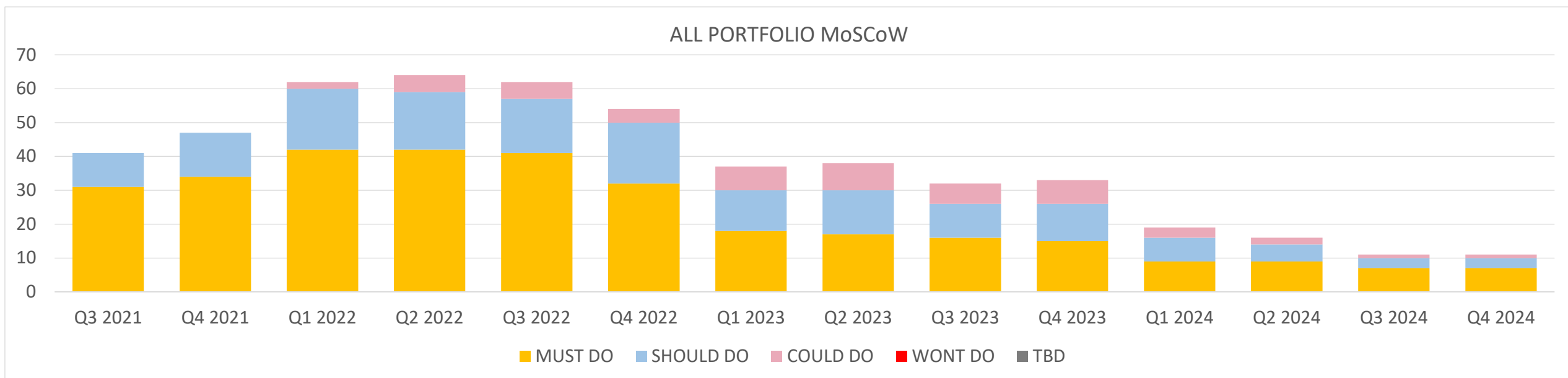
- Desirable to enhance current operating models but not necessary as current models achieve outcome
- Improve processes which lead to minor efficiency gains
- To be included if time and resources permit
- Offer a return on investment which delivers greater returns than resource used

WON'T

- Not critical
- Offers lowest return on investment
- Can wait for the time being, in the eventuality all Must, Should and Could activities be completed, these can be revisited.
- Pet projects (nice to have)

	Projects & Operational Initiatives	Programmes	Team Work Packages		Projects & Operational Initiatives	Programmes	Team Work Packages
TOTAL MUST & SHOULD DO IN 3 YEAR PLAN*	84	2	7	MUST DO total	55	1	6
In flight 2022*	73	2	7	SHOULD DO total	29	1	1
In flight 2023*	29	2	7	COULD DO total	12	-	-
In flight 2024 & TBC*	14	-	7	WON'T DO total	1	-	-
				TBD total	0	-	-

*Includes MUST and SHOULD DO priorities only as this the activity accounted for in CCP budget and resource plans.



No projects for Regulatory Reform Programme included currently. The 1 WON'T DO project does not have dates assigned and does not appear in chart above.

- There are 12 projects that are currently rated ‘Could Do’ priority within the CCP portfolio in Appendix B and as such are not within the scope of planned budget and resources within the CCP 2022-24 plan.
- At the current time of project scoping, no external budgets have been identified for these projects and they mainly require GDC people resources in order to deliver them.
- Council have delegated the authority to FPC to reinstate ‘Could Do’ projects to ‘Should Do’ throughout the delivery of the CCP plan, through the following process:
 - EMT will perform monthly monitoring of budget, income and capacity and notify FPC at a minimum quarterly when there is availability to deliver additional Could Do projects. Where there is additional budget/income available to deliver more projects but a lack of existing resource capacity in the GDC, EMT will consider options for adding resources to increase capacity.
 - FPC will revisit ‘Could Do’ priorities and agree the projects appropriate to reinstate at the time of review, based on their priority, viability to deliver at that time and ability to deliver within the additional budget and capacity envelope now available.
 - Council will be notified of ‘Could Do’ projects reinstated and will receive progress updates through the CCP Quarterly Performance reporting.
- For the 12 projects currently rated ‘Could Do’, the viability assessment by EMT will be next performed following the completion of the Dentist ARF collection in December 2021, once the income is known.
- FPC will next assess options for ‘Could Do’ projects to reinstate as ‘Should Do’ at their meeting on 24 February 2022.

Risks	Likelihood*	Potential impacts	Impact severity due to mitigations
Ongoing restrictions of COVID-19 impacting productivity.	Medium	Potential slippage of projects and impact on operational performance	Medium - Performance management will monitor operational performance alongside regular CCP, Balanced Scorecard and MI reporting. However, further restrictions and new strains of COVID-19 could reduce staff resource capacity and therefore could also impact operational performance and some project delivery timescales.
Reduced capacity due to annual leave carry over.	Medium	Carry over option of 10 days annual leave into 2022 may have impact on overall GDC capacity, with potential for slippage of projects and impact on operational performance.	Low – Line management and project planning to account for staff annual leave to ensure there is appropriate cover.
Unknown timescales for contingent Must Do - Regulatory Reform activity.	High	Prevents planning with certainty the CCP portfolio scope and timescales. Regulatory reforms will invoke reprioritisation of the CCP portfolio as and when details defined.	High - Ongoing CCP monitoring, and reprioritisation planning will be instigated to adapt portfolio when clarity on reforms become known. Introduction of the regulatory reform programme board and EMT oversight will provide the ongoing monitoring and assessment of reform details.
Income Risks levels greater than planned for materialising.	Medium	Budget is reduced and subsequent choices made on reducing performance, removing projects or a combination of the both.	Low - Advance modelling and planning of budget for income risk level and the MoSCoW prioritisation plan provides a plan with known areas where budget can be reduced.
Corporate Strategy aim 2023-25 amendments change focus of portfolio.	Low	Potentially invalidates some projects in portfolio and requires portfolio plan revisiting.	Low - Strategy and CCP team collaboration during planning has confirmed no initial impacts. Planning is undertaken in conjunction with Strategy Team colleagues in order to foresee potential impacts and adapt plans accordingly.

*These risks have dependencies on unpredictable external factors of COVID-19 continuing impacts and DHSC reforms timescales, and as such this likelihood assessment is to best of our current knowledge and essential ongoing monitoring will assess if the risks are likely to materialise into issues.

Budget Plan

BUDGET (£'000) 2022-23

	BUDGET CCP 2021-23 (REVISED FEB 21)	BUDGET CCP 2022-24	VARIANCE 2022-24 TO 2021-23 REVISED
2021	38,154	-	-
2022	39,396	39,701	305
2023	39,562	38,902	(660)
2024	-	39,345	-
Total	117,112	117,948	-

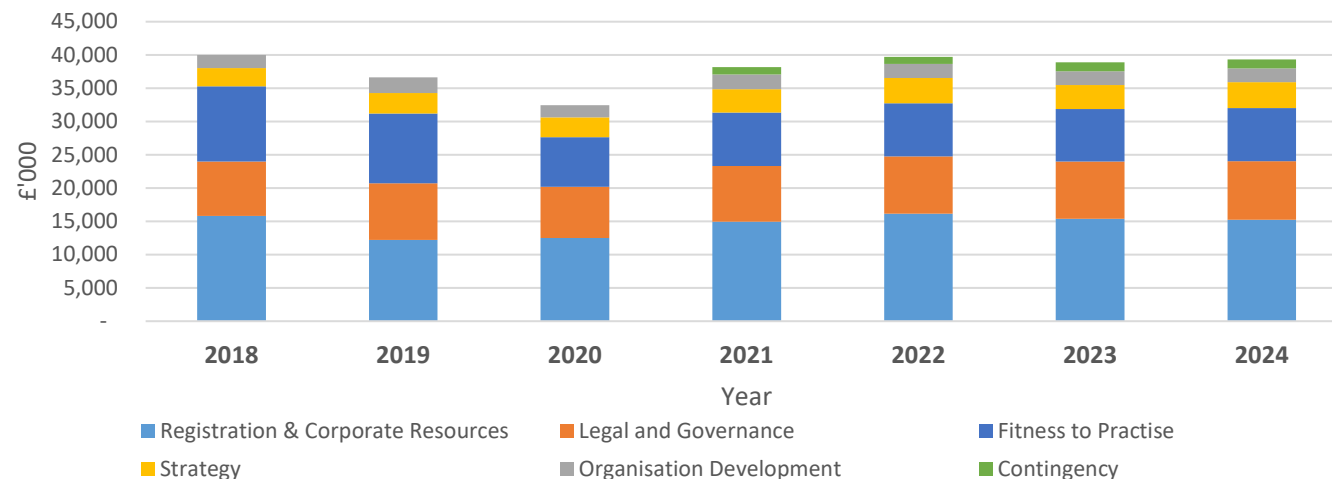
2022 BUDGET (£'000)

	*0% Income Risk	3% Income Risk	5% Income Risk	7.5% Income Risk	10% Income Risk
Income Budget 2022	40,578	39,408	38,628	37,654	35,901
Use of prior year underspend	-	293	1,073	2,047	3,800
Budget (of which: £1.04m is held as contingency)	(39,701)	(39,701)	(39,701)	(39,701)	(39,701)
Budget Surplus/(Deficit)	877	-	-	-	-

Key points:

- The revised budget CCP 2021-23 figures shown provides the impact of FPCs decision (February 2021) to reinstate 7 projects as 'should do' activity.
- Executive Directors and Heads of Service submitted initial budget templates which support current ongoing activities and estimated demand. External costs were analysed against portfolio project activity to provide greater financial transparency against any portfolio prioritisation. There remains some ongoing work to validate staff costs to ensure any plans in transit during 2021 are reflected in the final CCP 2022-24.
- Executive Directors and Heads of Service considered current and future financial risk and opportunities which have been used to forecast anticipating free reserves the end of the period. This is being updated and refreshed regularly through ongoing planning conversations.
- Financial risks and opportunities remain subject to further scrutiny and monitoring throughout the planning period. Longer term financial risks, including those driven by the update to the Corporate Strategy, will be managed by reserves.
- The budget position indicates a requirement of £117.9m over the CCP 2022-24, which is an increase of £0.84m (0.7%) on the current budget envelope for 2021-23.
- Detailed planning on the income 2022 budget completed in August 2021, using the previous years process. We have provided an indicative budget surplus/deficit against various income risk scenarios, base lined on the new 2022 income projections.

Revenue Expenditure by Directorate



A prudent approach to contingency has been proposed again for the CCP 2022-24, with the level of contingency held being modular to provide flexibility, agility and risk mitigation for the plan.

Financial risks and uncertainty have been assessed to decide what is provided for in contingency, and which risks will continue to be mitigated by reserves if they materialise. This enables us to set the reserves target at an appropriate level. All financial risks and provisions included are assured by the relevant Executive Director and EMT through the planning cycle.

The contingency budget proposed for the CCP 2022-24 plan is set out below:

Contingency	2022	2023	2024	Trigger point for assessment
	£'000	£'000	£'000	
CEO General Contingency	100	100	100	Quarterly Review
Enabling provision for dormant posts held to manage operational demand	100	100	100	Quarterly Review
Other Pay Provision (1%), offset by payroll attrition factor (3%)	65	65	65	Quarterly Review
Enabling provision for annual pay award or implementation of new pay structure (held at prior levels, but subject to further detailed assessment and decision)	389	391	398	February
FTC Flexibility /Recruitment Slippage	50	50	50	Quarterly Review
Provision to provide flexibility for unforeseen external impacts which require amendment to the portfolio priorities to deliver our strategic aims.	-	500	500	CCP planning process (provided for year 2 & 3 of the plan only)
Provision for the progression of cases and financial impact to ILPS and ELPS team in 2022	180	-	-	Quarterly Review
Provision for Loggers costs at Hearings, currently averaging at a run rate of £13k per month.	156	156	156	Quarterly Review
Total	1,040	1,362	1,369	

Budget Plan – Planning Assumptions

Staff costs assumptions

- In general, for planning purposes the GDC headcount will not increase over the planning period from 2020 establishment levels. Any requirement for new resources must first be met by utilising any flexibility in the existing headcount. Any known headcount business cases in flight are not included but have been provisioned for against financial risk. This planning assumption may need to be revisited should Associates become employees as headcount would increase, instead we would look to retain the current level of supporting FTE to the organisation (no net gain).
- 1% other pay provision is included in central contingency for salary reviews, temporary promotions, maternity/sickness cover etc. However, this has been offset by a 3% attrition factor applied to central contingency in recognition of turnover and development range salary savings that are expected to be delivered in year. We have not been able to revisit this attrition factor rate for 2021 due to the impact of the pandemic on resourcing throughout 2020 but will monitor throughout 2021. The net provision is £50k per annum in the plan.
- Vacant posts are costed at market rate.
- Provision is included for 2 FTE dormant posts, to enable flexibility to meet increased operational demand with funding held in Central Contingency.
- The 15% salary differential continues for Birmingham salaries, which is underpinned by decisions taken in the Estates Strategy business case in 2017. Further work is planned by Organisation Development which will explore pay structure alongside reward, recognition and retention. Until this work has been completed it is appropriate that the decision made in 2018 in regard to the Estate Strategy remains our current planning assumption.
- Pay award provision is included in central contingency for the annual cost of living pay award for 2022-24 at 2%. Further analysis to support this level as being prudent has been included in this pack. Any decision on pay award is subject to an annual EMT review and can only be awarded up to this level. This provision will not necessarily be utilised in full if market conditions suggest it to be inappropriate to do so, as it was in 2020 where a pay increase was suspended. The risk that a sustained increase in inflation may impact on any cost-of-living award has been included as a financial risk.
- Member's remuneration held at current levels (£55k/£18k/£15k), however this will remain subject to the bi-annual review (next review January 2022).
- National insurance contribution increase of 1.25% for the new health and social care levy has been factored in the budget 2022-24.

Non-staff costs assumptions

- Non-payroll costs have no more than 2% applied for inflationary increases in 2023 and 2024. Further analysis to support this level as being prudent has been included in this pack.
- The increased risk of inflation rises not being transient, as originally predicted, have been considered as a financial risk, and not built into budgets.
- Where budget holders have raised that they are not yet able to fully understand the impact of COVID-19 on business-as-usual operations, they have estimated potential risks and opportunities to provide a contextual view of possible volatility.
- Similarly, some budget holders have raised the continued uncertainty around Brexit and what that means to changes to our operations and cost base.
- There is a provision for £500k in year 2 and 3 of the plan, to provide flexibility for unforeseen external impacts which require changes to the portfolio priorities to deliver our strategic aims.
- Details emerging from the DHSC consultation on healthcare regulatory reforms will be factored into planning if known during the CCP 2022-24 planning process as these will require full review of portfolio priorities and budgets. A financial risk has been recorded to monitor developments in line with that set out in the "Preparation for Regulatory Reform Risks" section of this pack.
- Capital expenditure has been held at £885k for 2022, £730k for 2023 then reduced to £300k in 2024 for planning purposes whilst we complete our work on a detailed asset and renewals plan. The reduction is reflective of moving towards cloud-based software solutions, which are usually charged to revenue.
- 'Hearings Separation' provision of £100k in capital for software options for empanelment process.
- No provision has been included in relation to the development of the Corporate Strategy 2023-25.

Forecast levels for CPI (Consumer Price Index) have been assessed by utilising the Bank of England August 2021 Monetary Policy Report. This provides both their own analysis and benchmarks against circa 100 other forecasters expectations. This provides a wider source of data on indicative CPI trends, as well as the forecaster average.

	2022 (Q3 projection)	2023 (Q3 projection)	2024 (Q3 projection)
BoE projection	3.3%	2.1%	1.9%
CPI Inflation (average of other forecaster's central projections)	2.2%	2.1%	2.2%
CPI Inflation Range	<0% (2) 0 – 1% (5) 1-1.5% (11) 1.5-2% (18) 2-2.5% (33) 2.5-3% (17) >3 % (13)	<0% (4) 0 – 1% (7) 1-1.5% (17) 1.5-2% (25) 2-2.5% (23) 2.5-3% (14) >3 % (11)	<0% (5) 0 – 1% (7) 1-1.5% (14) 1.5-2% (19) 2-2.5% (25) 2.5-3% (18) >3 % (13)
<i>(X) signifies number of forecasters in % range</i>			

Inflation impact on budget planning:

Year	Maximum inflation applied in budgeting
2022	Budgeted on demand based, and bottom up for known contractual spend, rather than application of inflation factor.
2023	2%
2024	2%

Whilst the BoE are predicting a temporary rise to 4% in Q4 2021 and Q1 2022, the economist view is that this increase may no longer be transient. To ensure we have been prudent, whilst we have not inflated our budget at this early stage, we have assessed the impact if inflation is greater than 2% and sustained, within our financial risks.

Pay Award Provision CCP 2022-24:

- A 1-year pay freeze was applied to our staff 2020, in light of the growing financial uncertainty caused by COVID-19. This freeze meets the commitment made by the Chancellor to temporary pause pay rises for most public sector workforces. (Applies for 2021/22 pay remit)
- The pay award provision will also be an enabler to provide the funding for any new pay and reward structure, including changes resulting from New Ways of Working. Our previous commitment is any change in pay structure will be cost neutral and should also be designed to deliver cost efficiencies in the medium term.
- A pay provision of 2.0% is included in the budget for 2022, however, the final decision on the use, total value, timing and apportionment of any pay award remains subject to detailed discussion and agreement by EMT.
- A 2% pay award provision has been included in years 2 and 3 of the plan in line with average CPI forecast.
- The potential for sustained inflation to impact pay expectations in 2022-24 has been included at this stage as a financial risk and remains subject to Council's approval to draw down from free reserves if required.

Year	Actual / Forecast CPI	Pay Increase provisioned	Pay Increase actually awarded
2019	2.1%	3.0%	2.2% (>=PC49) 2.5% (<=PC48) Total Award = 2.4%
2020	0.8%	3.0%	0.0%
2021	1.5%	2.0%	1.75% (>=PC49) 2.25% (<=PC48) Total Award = 2%
2022	2.0%	2.0%	-
2023	1.9%	2.0%	-
2024	2.0%	2.0%	-

General pay increase facts - Source: XpertHR:

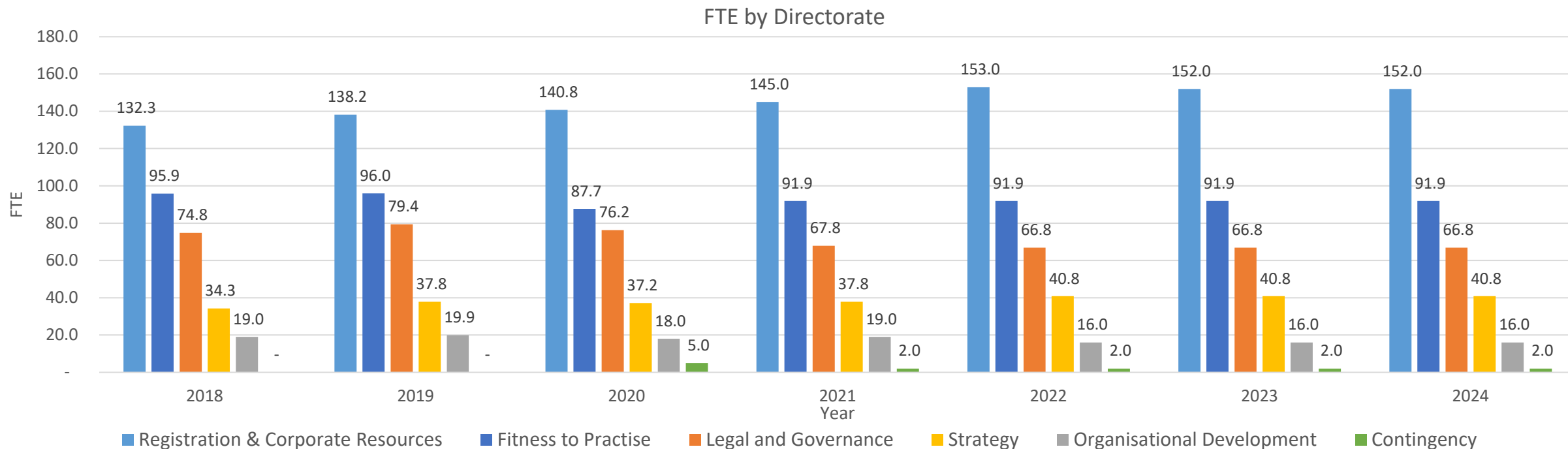
- XpertHR predicted a median pay increase of 2% for 2021 – the same level seen over the 12 months to the end of December 2020, and down from 2.5% in 2019. Some 40.2% of forecasts predict pay awards at this level
- The middle-half of pay awards is expected to fall between 1.5% and 2.3%.

Public Sector key facts:

- General public sector pay increases for 2021/22 – 0%, implementing a 1-year pay freeze set out in the announcement by the Chancellor. The GDC is not obligated by Public Sector policy, but has consideration of it through its decision making process.

Workforce Plan

- **EMT agreed the planning principles which state any additional resourcing requests will only be agreed if within existing headcount. Therefore, any new resource requests are being considered outside of the CCP planning process through the usual mechanisms and delegations. Any known headcount business cases in flight are not included below, but have been provisioned for against financial risk.**
- Any changes to directorate structures made up until the end of September 2021 are reflected in the proposed 2022 workforce and salary budget.
- 2 generic posts are maintained in central contingency for operational agility in central contingency.
- Registration resourcing requirements to enable New Ways of Working in 2022 have been agreed and reflected in the establishment and salary budget.



Financial Risk

The issue:

- The current caseload is approximately 600 cases above the level usually expected, with most of these cases being stream 1 (Single Patient Clinical) cases. The current volume is due to resourcing issues within FtP (including both recruitment and retention issues).
- To reduce the current time to process a case it has been assessed that Caseworker resourcing needs to be increased to a sustainable level which also accounts for the current staff turnover rates. The following analysis details the projected financial impact and sensitivity analysis of increasing the casework team by up to a total of 23.9 FTE. No decision has been reached over potential timescales, but for the purpose of accessing and understanding financial risk, this has been modelled over a minimum period of 18 – 24 months.

Impact to Case Examiners:

It was felt by the team that sufficient capacity exists within Case Examiners to deal with the increase in cases being progressed.

Impact to Prosecution:

- ILPS project up to an additional 50 cases will materialise based on revised Caseworker capacity and case streaming. This would require up to 6 additional FTE for ILPS (£489k over the life of the plan) to ensure adequate representation available to progress prosecution.
- On the working assumption of ILPS/ELPS split of 85/15 – this would incur additional external spend of up to £1.8m.

Impact to Hearings:

- Hearings require 2 additional posts for addressing current capacity to deliver remote hearings and the potential increase in hearings as caseload is reduced to manage the additional cases.

Sensitivity Analysis:

- Sensitivity analysis was carried out to assess a range of resourcing levels and financial risk to determine what should be held against reserves. The highest financial risk is £5.3m based on worst case resourcing requirement and 50 additional referrals from case examiners to prosecution.
- **Financial risk against reserves** – The business case proposes options for different resourcing levels to the FTP casework team, increasing resourcing will impact the prosecution team as we anticipate referral rates will increase. Based on the results of our sensitivity analysis, and discussion with EMT, we have included a financial risk of £4.3m to meet any additional costs.

Risks	Likelihood	£k over life of plan
Financial contribution to escalate the time to insurance buyout of DB pension scheme.	Medium	1,850
Sustained increase in inflation due to current economic environment	Medium	1,500
Increase in Interim orders and review meetings, if the numbers were to increase to levels similar to this year then the risk is 5 additional hearings days per month.	Medium	120
DCS Members Training for virtual panels and Growth - DCS has seen a significant growth in incoming enquiries which will likely result in additional cases and more panel meetings.	Medium	240
Additional resource requirement, subject to agreement of pending business case for resourcing related to Organisational Development Directorate.	Medium	519
Risk of Regulatory & Structural Reform dependent on DHSC's plans for legislation and the further policy development. This would be transferred into the Regulatory Reform Programme. See 'Regulatory Reform – Risks Areas' slide	High	330
Risk of costs associated with the delivery of the 'International registration project'. This would be transferred into the Regulatory Reform Programme. See 'Regulatory Reform – Risks Areas' slide	High	510
Risk for the Paperless Office in Registration Programme. The programme is subject to full business cases and options of in-house development to external solutions will be assessed. It is highly likely the recommended solution will be in-house development leveraging existing system capabilities of CRM and SharePoint document management.	High	220
Risk for the Hearings separation wider project work to create a separate judicial entity and the external costs for rebranding and creating a website.	High	335
Additional DCP panels required if reduction in dentist panels does not offset this increase. There is a risk of three additional panels.	High	270
SUBTOTAL RISKS TO BE MET BY RESERVES		5,894

Risks	Likelihood	£k over life of plan
SUBTOTAL RISK TO BE MET BY RESERVES C/FWD		5,894
Risks around ORE part 2 contract tender and increased capacity required due to long waiting lists. Estimated cost based on £443,422 x 3 exams sittings over 3 years. Probable increase in cost, is entirely dependent on procurement of new contract any change in exam sittings will also have a financial impact. The risk has been updated to reflect the costs related to COVID measures for exam sittings in 2022 only.	High	2,191
Additional resource requirement in FTP Casework, Hearings and Legal to address current workload and alleviate back log in casework. This includes the financial risk to ILPS, ELPS and Hearings in relation to the bell curve of additional cases flow through the FtP process. (See separate slide on risk and sensitivity analysis)	Medium	4,280
Potential risk of £52k over three years if the BI function is restructured to enable much more detailed self-service and interactive reporting rather than the standard snapshot reports published currently.	Medium	52
Salary differential for Executive recruitment over 2 years 2023 & 2024.	Medium	54
2% Pay award for the increase in resource requirements in OD and FTP	Medium	77
TOTAL RISK TO BE MET BY RESERVES		12,548

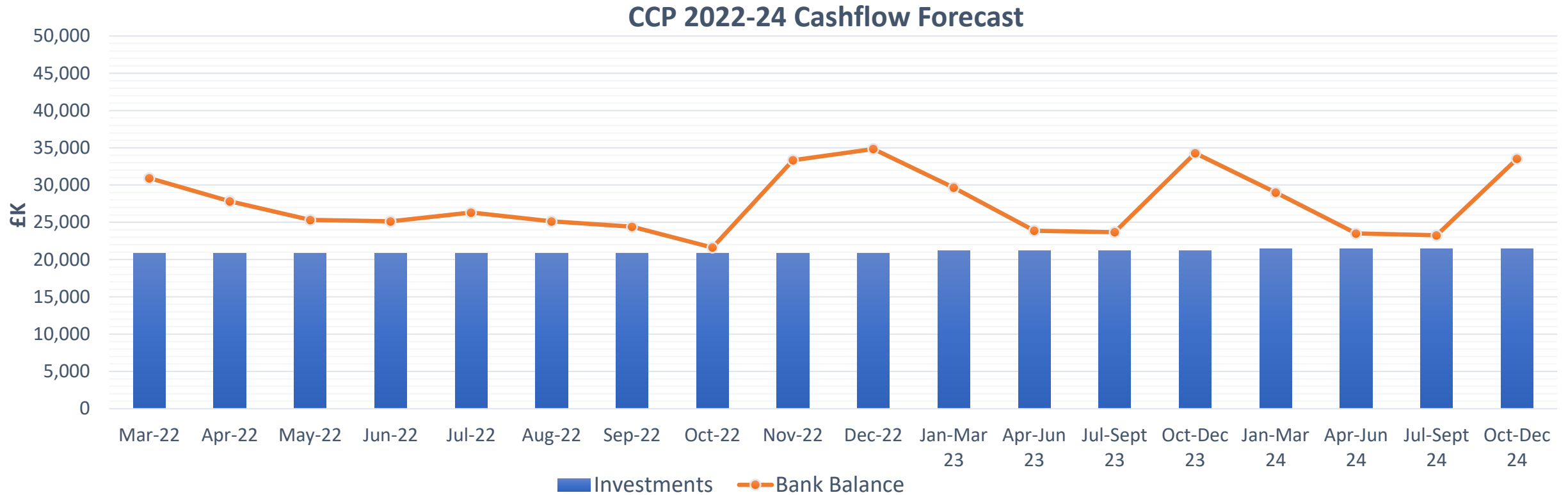
Opportunities	Likelihood	£k over life of plan
For Hearings, if the forecasted substantive cases do not materialise then there will be an opportunity for savings calculated the same way. Remote hearings also produces savings - each day = £400 but it is unclear yet how many of these we will have from 2022 onwards. There is a calculated opportunity at 20% of productive hearing days.	Low	214
Pension advice and trustee expenses/fees will be reduced following Trustee's retendering of advisors to a single provider. This has been facilitated following the closure of the scheme to future accrual.	Low	100
Trustee expenses/fees can be eliminated following insurance buy out of the scheme, however this is unlikely to be savings achieved during the current planning period.	Medium	-
Impact of New Ways of Working changes, to meet current organisational need and expectations post pandemic may present financial opportunities but unlikely to be in this planning period.	Low/Medium	-
The differential for 1 FTE for recruiting a Senior Project Manager in London, instead of the PPM budgeted role following EMT approval of the proposals.	Medium	60
Business travel expenditure may not transpire to predicted levels, depending on new ways of working, remote meetings and potential ongoing restrictions due to the COVID-19 pandemic	Low	15
TOTAL		389

Reserves and Liquidity Scenarios

	£k
General Reserves at 31 December 2020	35,849
Reserves committed to fixed assets	(16,358)
Free reserves at 31 December 2020	19,491
2021 - Forecast operating surplus	5,464
Capital investment 2021-24	(2,295)
Release of reserves committed to fixed assets (depreciation 2021-24)	4,230
Budgeted operating surplus 2022-24	3,786
Forecast free reserves at 31 December 2024	30,676
<u>In consideration of financial risks:</u>	£k
Current assessment of financial risks	(12,548)
3% sustained total income risk in year 2022, 2023 and 2024	(3,510)
Total financial risk 2022-24	(16,058)
Free reserves as adjusted for current assessment of financial risk	14,618
Adjusted free reserves expressed as number of months of annual operating expenditure	4.5 months
Target level of free reserves, expressed as number of months of annual operating expenditure	4.5 months

Reserves review key points:

- Forecast free reserves, as adjusted for financial risk, are forecast to be **£14.6m** at the end of the planning period. This is the equivalent of **4.5 months** of annual operating expenditure at the end of 2024. This is in line with our reserves policy (3-6 months) and at our target of **4.5 months**.
- To ensure prudence, and in light of our best current view of 2023/24 we have maintained a 3% caution on income across the planning period. This will be reassessed following the end of the EU exit and post pandemic world.
- The forecast free reserves have been completed assuming that ARF remains at the same level until December 2024. Any reduction in ARF will decrease free reserves.
- Financial risks are regularly monitored and updated through our quarterly assessment of forecast free reserves (reported in the Quarterly Portfolio Report). Where we assess our total financial risk exposure to reduce to a level that delivers a higher than target level of forecast free reserves, we will prioritise the allocation of those available funds in line with our published fees policy:
 - Ensuring the financial viability of the organisation: this means that we will ensure that we have appropriate cash flow and reserves, in line with the relevant policies and procedures, to operate the GDC as a going concern and to reduce the need for exceptional changes to the fees.
 - Complying with our legal and other obligations, including meeting the Professional Standards Authority standards of good regulation.
 - Investing in measures designed to improve public protection, including preventative measures, with a view to reducing, where we can, the costs and burden of enforcement action.
- After meeting these priorities, if we are confident that we can reduce fees while delivering our statutory objectives, we will do so.

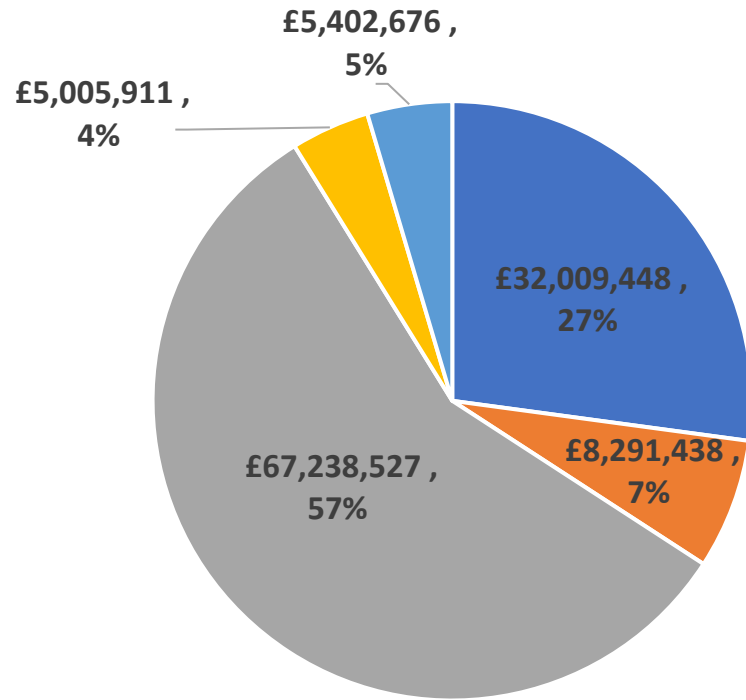


Key points:

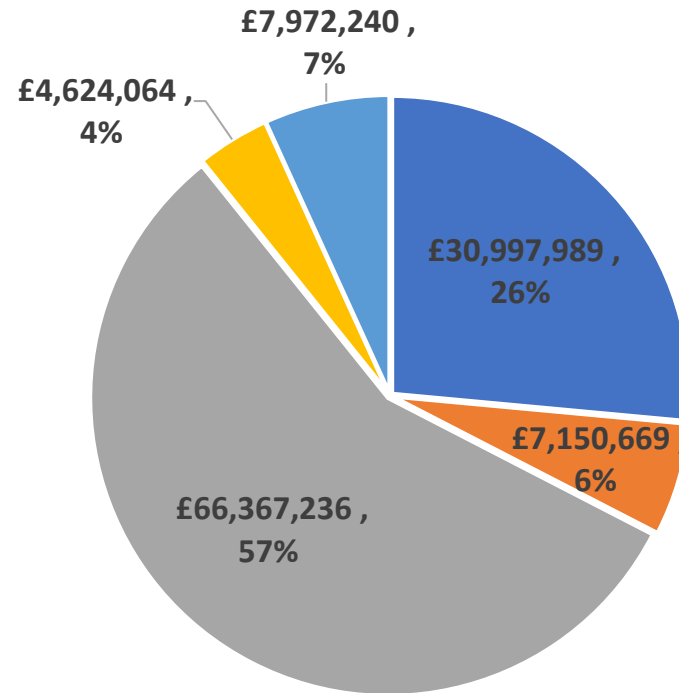
- The forecast cash flow remains subject to approval of the budget.
- We have modelled future cash flow over the planning period using the proposed budget.
- Forecast CPI has been applied to investment asset valuations.
- Working on an assumption of income risk falling of 3%, and that reduced register size being sustained, we would have lowest cash balances in October 2022 of £21.6m.

Strategic Aim Costings

CCP 2022-24 - STRATEGIC AIM COSTS MAPPING



CCP 2021-23 - STRATEGIC AIM COSTS MAPPING



*CCP 2021-23 Strategic aim costings are in line with published CCP figures

Strategic aim 1: Career-long upstream regulation that upholds standards for safe dental professional practice and conduct.

Strategic aim 2: Resolution of patient concerns at the right time, in the right place.

Strategic aim 3: Right-touch regulatory decision-making for our enforcement action.

Strategic aim 4: Maintaining and developing our model of regulation in preparation for reform of our legislation.

Strategic aim 5: An outcome-focused, high performing and sustainable organisation.

Broadly the % spread of costs in the CCP 2022-24 are in line with the CCP 2021-2023 plan

CCP 2022-2024 Strategic Aim Costing

Strategic Aim	2021	2022	2023	2024	3 Year Total	3 Year %
1	£10,188,822	£10,768,946	£10,599,399	£10,641,102	£32,009,448	27%
2	£2,305,829	£2,732,749	£2,780,845	£2,777,844	£8,291,438	7%
3	£21,414,775	£22,381,211	£22,360,168	£22,497,148	£67,238,527	57%
4	£1,520,073	£1,718,603	£1,508,012	£1,779,295	£5,005,911	4%
5	£2,728,449	£2,099,492	£1,653,575	£1,649,609	£5,402,676	5%

CCP 2021-2023

3 Year Total	3 Year %
£30,997,989	26%
£7,150,669	6%
£66,367,236	57%
£4,624,064	4%
£7,972,240	7%

Variance

3 Year £	3 Year %
£989,459	+ 1%
£1,131,269	+1%
£827,291	0%
£375,717	0%
(£2,579,064)	-2%

- Aim 1 - 1% higher in budget apportionment and 1 more FTE allocated
- Aim 2 - 1% higher in budget apportionment and 6.4 more FTE allocated, structural changes in the Strategy Directorate
- Aim 3 - Budget apportionment remains consistent, and 5 more FTE allocated , increase in resource for FTP Directorate to manage backlog of caseload.
- Aim 4 - Budget apportionment remains consistent, and 1.1 more FTE allocated
- Aim 5 - 2% lower in budget apportionment and 7.6 less FTE allocated , mainly due to the structural changes in the Legal and Governance Directorate

Appendix B

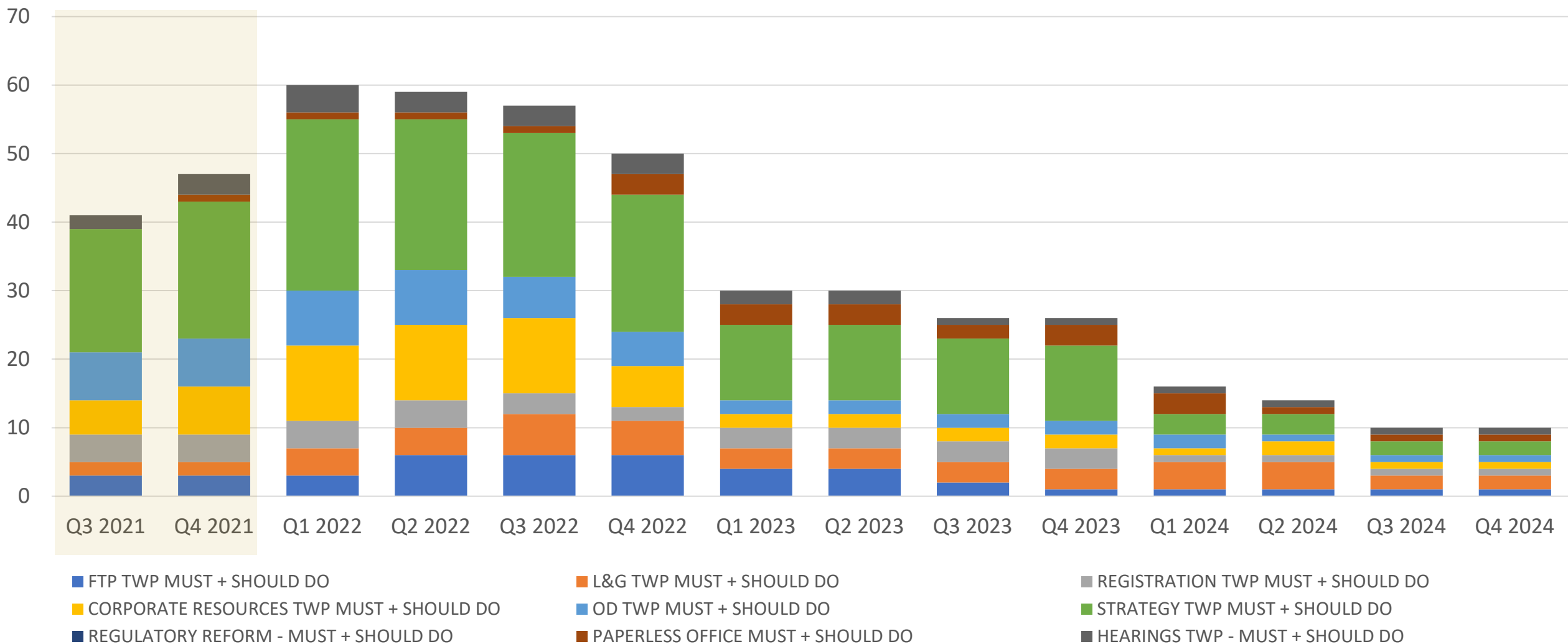
Portfolio Plan –

Programmes, Team Work Packages and Projects

Programme / Team Work Package Name	SRO – Executive Director
Corporate Resources Team Work Package	Gurvinder Soomal
Registration Team Work Package	Gurvinder Soomal
Paperless Office in Registration Programme	Gurvinder Soomal
Legal & Governance Team Work Package	Lisa Marie Williams
Organisational Development Team Work Package	Sarah Keyes
Fitness to Practise Team Work Package	John Cullinane
Hearings Team Work Package	John Cullinane
Strategy Team Work Package	Stefan Czerniawski
Regulatory Reform Programme	Stefan Czerniawski

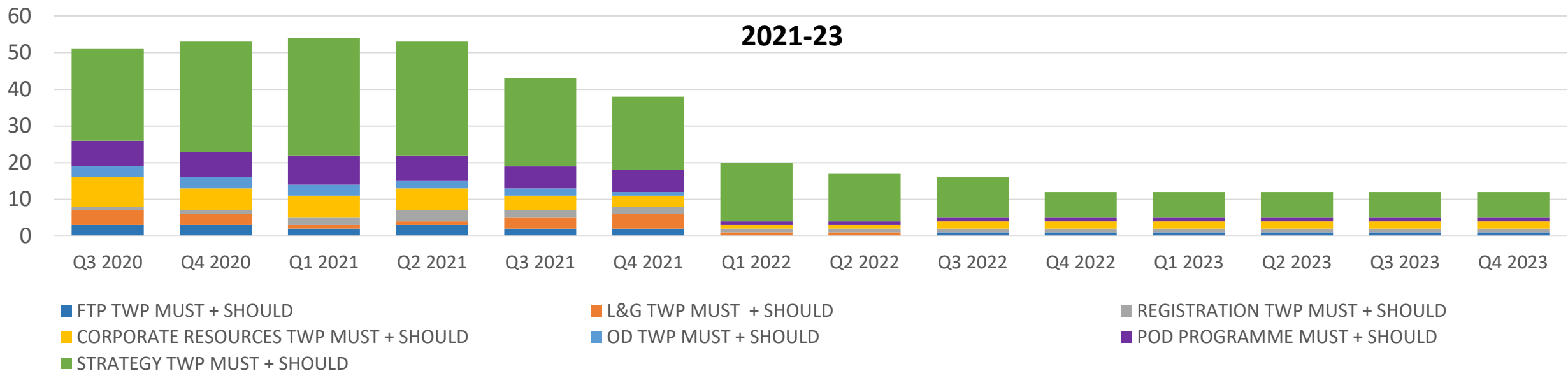
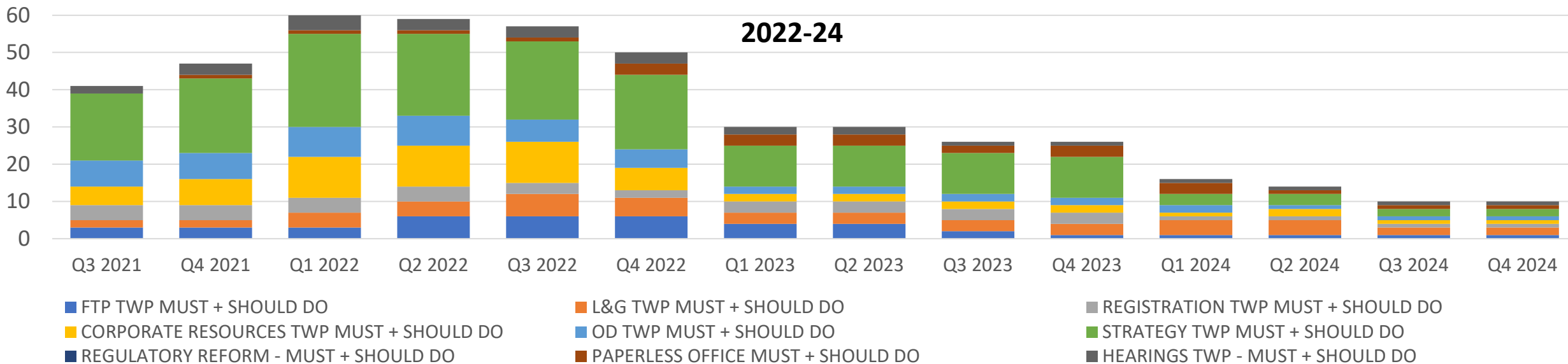
- During the portfolio development, analysis was performed on the capacity and resources available to deliver the projects proposed across the CCP 2022-24 portfolio, in addition to BAU activity:
 - Directorate teams were asked to map which teams would be required to support delivery of the projects within their Team Work Packages. This mapping was completed across the portfolio.
 - The product of this analysis were Gantt charts showing the list of projects and their timescales for each team involved.
 - This high-level mapping analysis enabled detailed discussions with directorate teams to review the list of projects and timescales to assess:
 - at a high-level, the level of involvement required by them in the delivery of the projects,
 - for projects running concurrently, based on these levels of involvement, to identify potential risks in bottlenecks of their resources,
 - for these risks to be discussed with cross functional stakeholders to either mitigate the risk with resourcing, or timescale adjustments, or to flag and carry the risk.
- Final reviews of the portfolio Gantt views were undertaken with directorate teams to confirm and sign off the portfolio, budget and workforce plan submissions for this final draft CCP 2022-24 plan.
- The Corporate Planning Board and EMT reviewed the detailed team by team Gantt charts within the both second and final draft review rounds. FPC and Council receive the product of these reviews within the portfolio plan.
- Each Executive Director has provided assurance that their budgets and workforce plans are realistic to deliver the portfolio plan.

The chart below shows the volume of MUST DO and SHOULD DO* projects and operational initiatives for each programme and team work package. This represents the key activity planned and budgeted for in the CCP.



* Regulatory Reform programme does not have projects defined as yet. Could do, Won't do and TBD volumes are shown in the details for each programme and directorate TWP in the following slides.

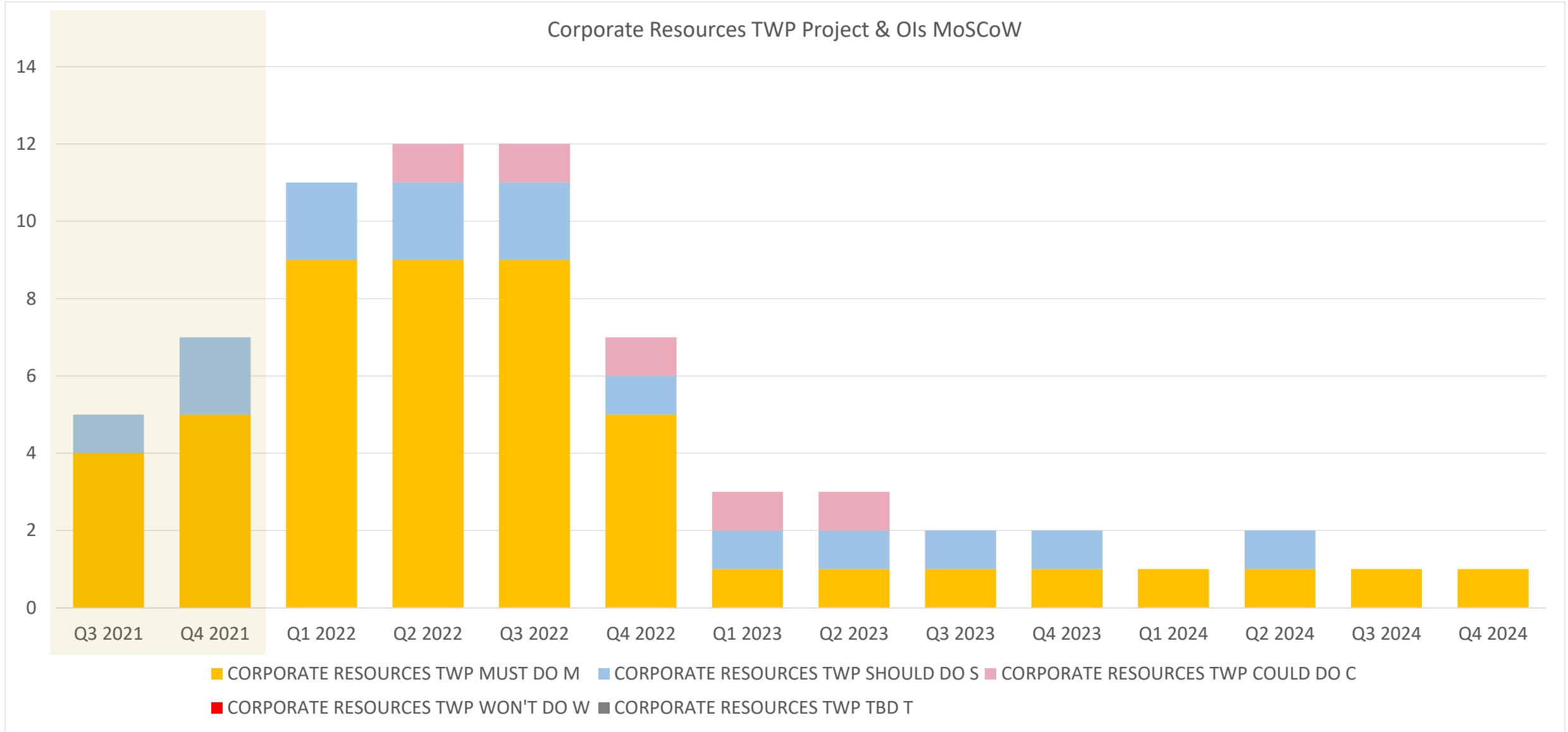
The chart below shows the profile of MUST DO and SHOULD DO in the 2022-24 portfolio plan compared to that of the final 2021-23 plan



- 17 projects are proposed for the CCP 2022-24 plan:
 - 6 are in flight from 2021
 - 7 are initiating in 2022
 - 1 is initiating in 2023
 - 1 is initiating in 2024
 - 2 where dates are yet to be determined
- 14 projects are categorised Must or Should do priority projects, 2 Could do and 1 Won't do.
- All projects are aligned to strategic aim 5.
- 'Optimisation of GDC Estate' project is being held for consideration. Once the post pandemic working landscape is better understood, use of the GDC estate options can be modelled and timescales set.

Project Type	Project Name	*Type	Start Date	End Date	Strategic Mapping	MoSCoW
Operational initiative	CCP planning process - CCP 2023-2025	NEWCCP22-24	Jan-22	Oct-22	5	M
Business Led Project	Development of data warehouse and self serve reporting – Phase 1	FLOWCCP21-23	Jul-21	Dec-22	5	S
Corporate Project	Optimisation of GDC estate stage 1	NEWCCP22-24	TBC	TBC	5	C
Corporate Project	Paperless Expenses	FLOWCCP21-23	Apr-22	Aug-23	5	C
Corporate Project	People Systems Phase 2 - LMS Implementation	FLOWCCP21-23	Feb-22	Aug-22	5	M
Operational initiative	Risk and Audit – independent internal auditors renewal	FLOWCCP21-23	Aug-22	Dec-22	5	M
Corporate Project	Update financial processing and management systems	FLOWCCP21-23	Oct-21	Jan-23	5	M
Business Led Project	SharePoint Upgrade	NEWCCP22-24	Sep-21	Sep-22	5	M
Business Led Project	GDC Data Warehouse & Self Serve Reporting Phase 2	NEWCCP22-24	Feb-23	Feb-24	5	S
Corporate Project	ARF and Application Fees review for next strategy cycle	NEWCCP22-24	Mar-22	Dec-22	5	M
Corporate Project	Planning for insurance buy out DB pension	NEWCCP22-24	Feb-22	Dec-22	5	M
Corporate Project	Operational review of finance system following system implementation	NEWCCP22-24	Apr-24	Jul-24	5	S
Corporate Project	Introduce New Telephone systems phase 2	NEWCCP22-24	Oct-21	Sep-22	5	S
Corporate Project	Travel Management System phase 2 - rollout for associates	NEWCCP22-24	TBC	TBC	5	W
Business Led Project	SCRIBE Replacement	NEWCCP22-24	Jul-21	Nov-22	5	M
Business Led Project	Replace credit card processing systems	NEWCCP22-24	Sept-21	Sep-22	5	M
Business Led Project	IT Systems Analysis	NEWCCP22-24	Aug-22	Sep-22	5	S

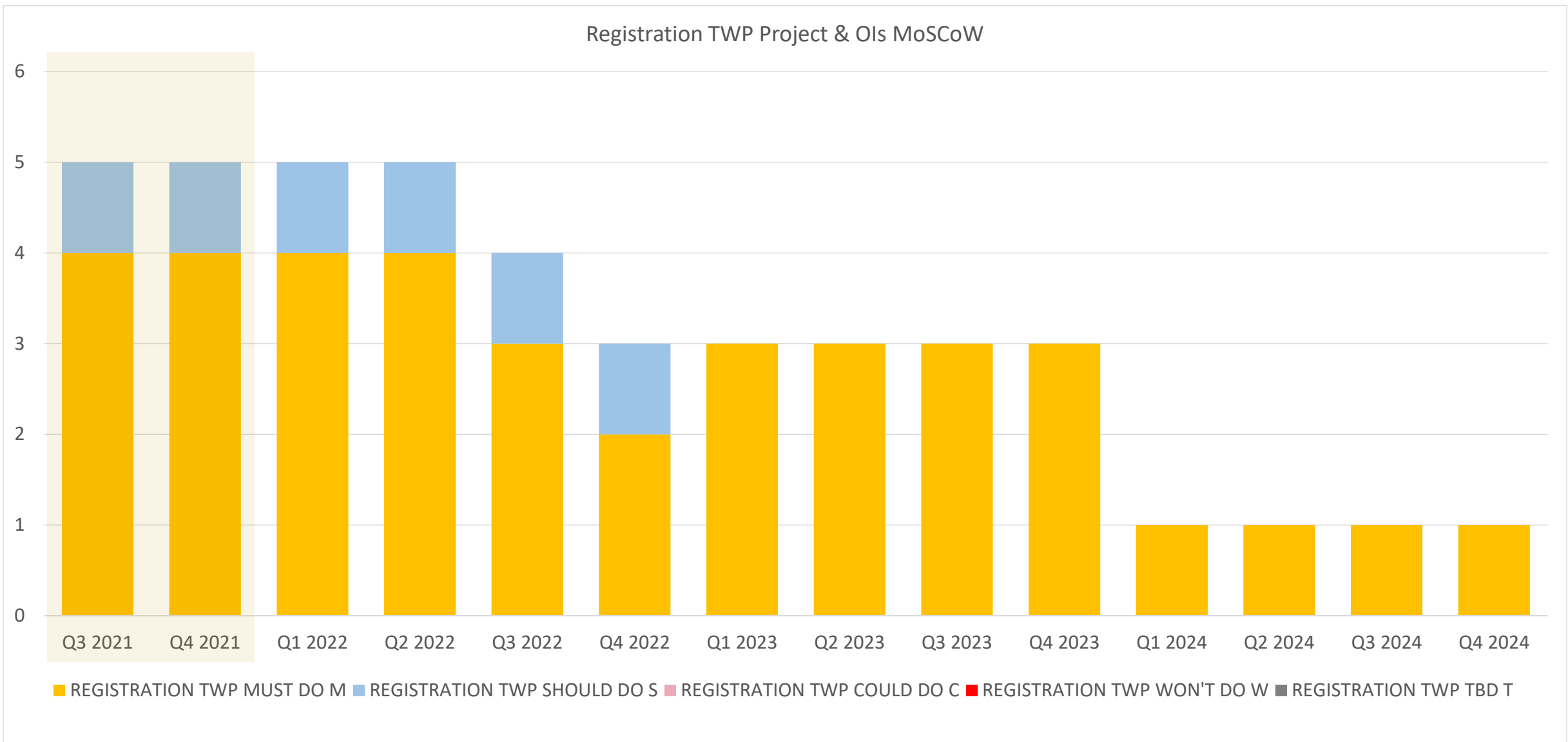
* FLOWCCP22-23 = Was in CCP 2021-23 plan and remains. NEWCCP22-24 = Added during planning process for CCP 2022-24 plan.



N.B - Any projects without dates defined will not appear in this chart. Columns count projects live on the last month of each quarter.

- 6 projects are being considered for the Reg TWP in 2022-24:
 - 3 are in flight from 2021
 - 1 is initiating in 2022
 - 2 are initiating in 2023
- All 6 projects are categorised Must do priority projects.
- All projects are aligned to strategic aim 5.
- The project to introduce a Paperless Office in Registration has been transferred to a separate programme.
- The expansion of PBI which focuses on practices paying on behalf of employees will run as part of the scope of the 'Annual Renewal - DCP and Dentist Annual renewal project.'
- The ORE Part 2 tender has a planned budget associated of circa £6m over 5 years.

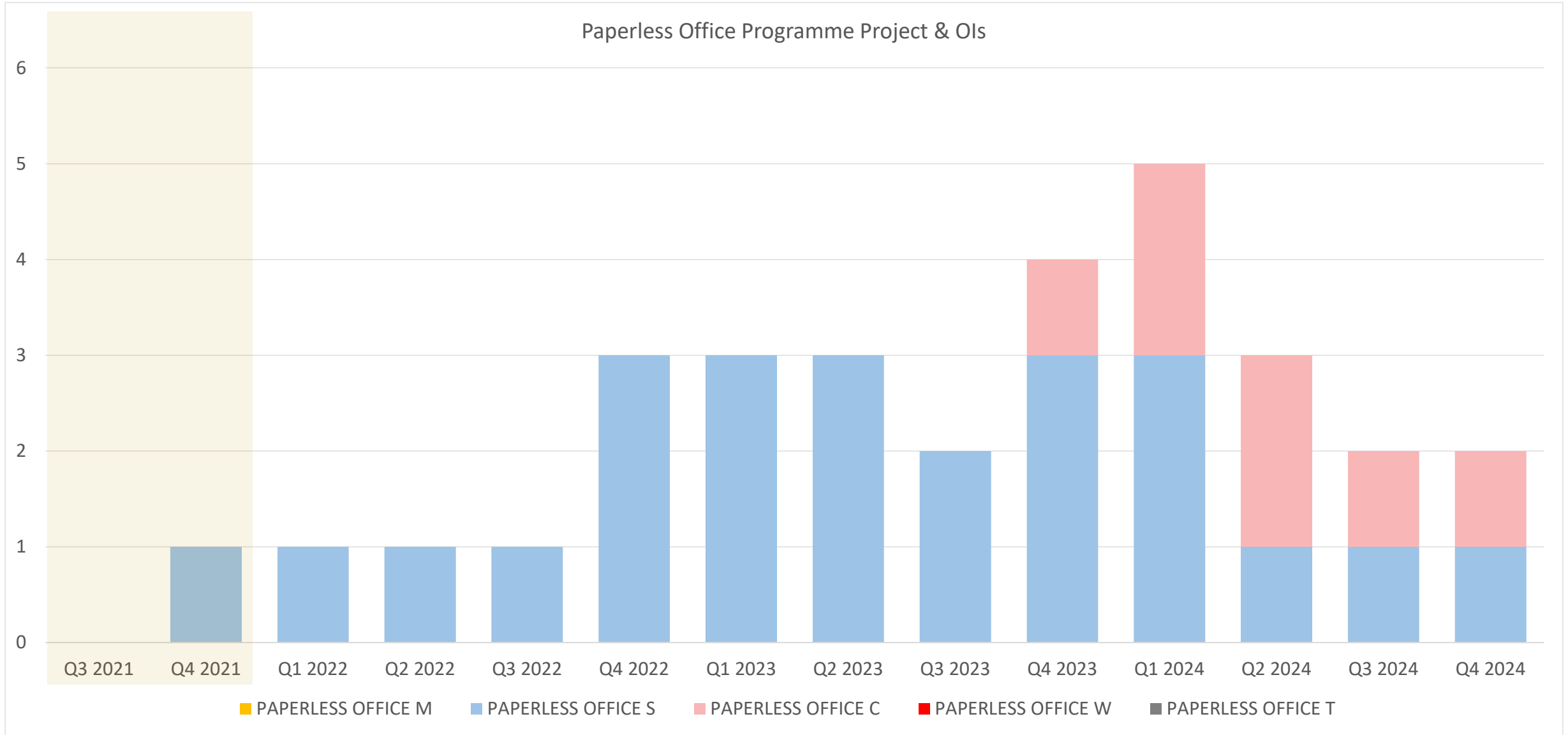
Project Type	Project Name	*Type	Start Date	End Date	Strategic Mapping	MoSCoW
Operational initiative	Annual Renewal - DCP and Dentist Annual renewal projects	FLOWCCP21-23	Sep-21	Jun-22	5	M
Operational initiative	CPD Audit	FLOWCCP21-23	May-22	Dec-22	5	M
Corporate Project	Payment By Instalments - Phase 2	FLOWCCP21-23	Jan-23	Dec-23	5	M
Business Led Project	AllPay contract/renewal	NEWCCP22-24	Sept-21	Sept-22	5	M
Corporate Project	Operationalise CPD reforms	FLOWCCP21-23	Jan-23	Dec-23	5	M
Business Led Project	ORE Part 2 Tender	NEWCCP22-24	Feb-21	Apr-22	5	M



N.B - Any projects without dates defined will not appear in this chart. Columns count projects live on the last month of each quarter.

- Upon scoping the ‘Introduce a paperless office in Registration’ project distinct phases of work became apparent, for which managing these as a suite of interdependent projects within a programme governance structure has been defined. The programme brief to include the programme within the CCP 2022-24 plan was reviewed by FPC on 8 September.
- Following FPC review on 8 September estimated costs were calculated for all projects in the programme, to set the total risk against reserves level.
- There are 6 projects proposed within the programme with a total estimated risk against reserves of £220k included in the budget.
- The programme will be run in a modular approach to sequence the projects accordingly. Business cases will be developed for the individual projects to finalise scope, costs and resources required.

Project Name	Description	Start Date	End Date	MoSCoW	Strategic Mapping
UK Registration Paperless	Paperless office for UK registrants; DCPs and Dentists	Oct 2021	Jun 2023	S	5
Non-UK Registration Paperless	Paperless office for non-UK registrants; DCPs and Dentists	Oct 2022	Mar 2024	S	5
Enabling continuous Registration processes by paperless means	Registration Operations paperless process change and development	Oct 2022	Mar 2024	S	5
Workforce Impacts Review	Looking at workforce impacts in Registration and implementing adaptations required	Oct 2023	Dec 2024	S	5
Enable Digital Archiving	Process change and development for digital document storage moving forward	Oct 2023	Sep 2024	C	5
Reducing stored paper	The digitising of existing paper archives for historical Registration paperwork	Jan 2024	Dec 2024	C	5

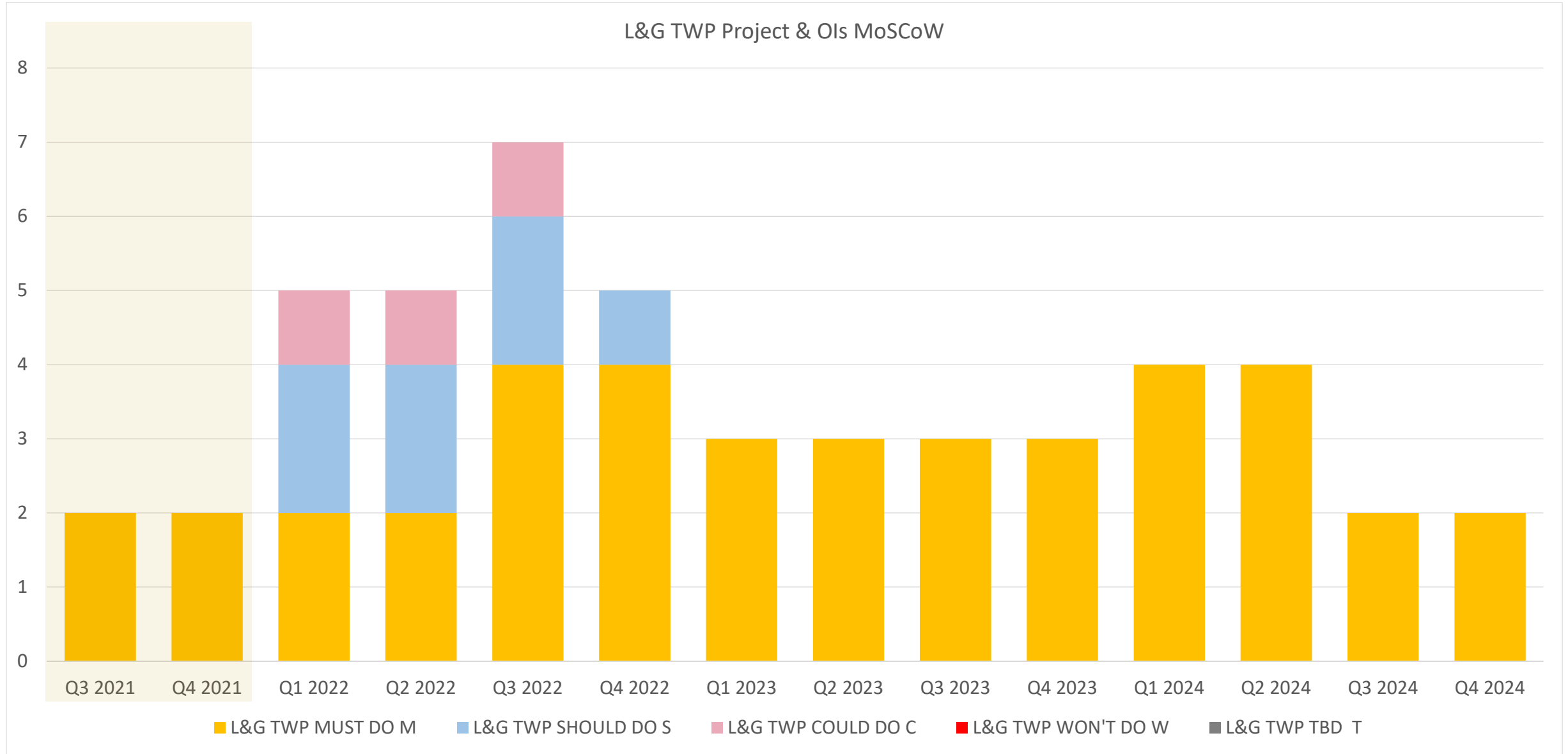


N.B - Any projects without dates defined will not appear in this chart. Columns count projects live on the last month of each quarter.

- 9 projects are being considered for the L&G TWP in 2022-24:
 - 1 is in flight from 2021
 - 7 are initiating in 2022
 - 1 is initiating in 2024
- 8 projects are categorised Must or Should do priority and 1 as Could do.
- 8 projects are aligned to strategic aim 5, 1 to strategic aim 3.
- The ‘Advice on and implementation of Unitary Boards’ project could potentially move to the Regulatory Reform Programme, subject to requirements of the reforms.
- The ‘Records Management - Information Audit’ is a new project following successful pilot in order to remove duplications from the GDC file server and standardise records management.

Project Type	Project Name	*Type	Start Date	End Date	Strategic Mapping	MoSCoW
Operational initiative	Re-tender for external legal advisors	FLOWCCP21-23	Sep-21	Feb-22	5	M
Business Led Project	Review of criminal enforcement strategy	FLOWCCP21-23	Jan-22	Sep-22	3	C
Corporate Project	Records Management - Information Audit	NEWCCP22-24	Jan-22	Dec-22	5	M
Corporate Project	Council & Committee Effectiveness Review 2022 implementation of recommendations	NEWCCP22-24	Jan-22	Dec-23	5	M
Corporate Project	Legal Apprenticeships	NEWCCP22-24	Jan-22	Sep-22	5	S
Corporate Project	Unitary Boards – Advice on Implementation	NEWCCP22-24	Jul-22	Jul-24	5	M
Corporate Project	Associate Council Member Project	NEWCCP22-24	Mar-22	Dec-22	5	S
Operational initiative	Procurement of external support for board recruitment	NEWCCP22-24	Jan-24	Mar-24	5	M
Corporate Project	Advice on and implementation of Unitary Boards	NEWCCP22-24	Jul-22	Jul-24	5	M

* FLOWCCP22-23=Was in CCP 2021-23 plan and remains. NEWCCP22-24 = Added during planning process for CCP 2022-24 plan.

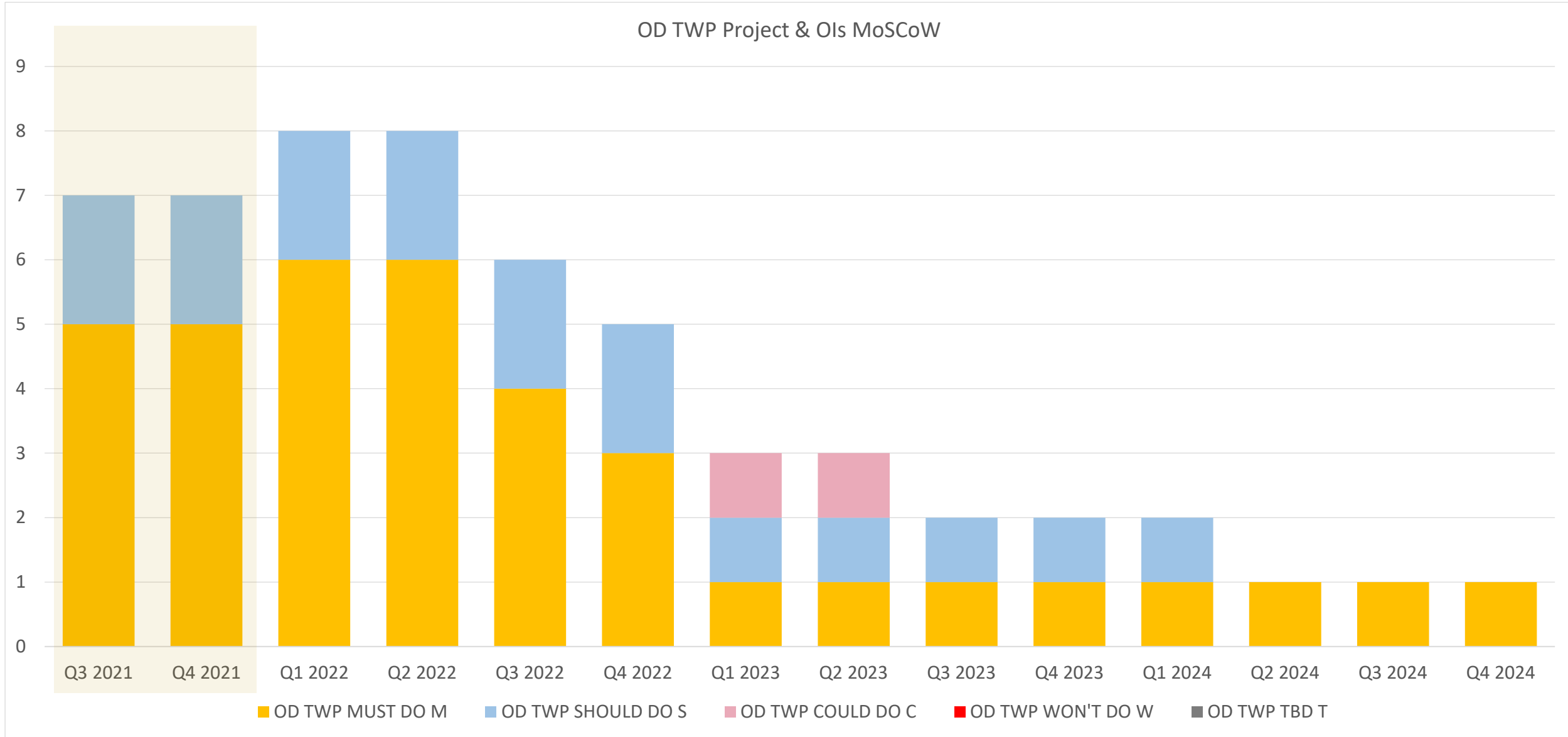


N.B - Any projects without dates defined will not appear in this chart. Columns count projects live on the last month of each quarter.

- 10 projects are being considered for the OD TWP in 2022-24:
 - 6 are in flight from 2021
 - 2 are initiating in 2022
 - 1 is initiating in 2023
 - 1 has dates yet to be confirmed
- 6 projects are categorised Must do priority, 3 are Should do and 1 Could do, all projects are aligned to strategic aim 5.

Project Type	Project Name	*Type	Start Date	End Date	Strategic Mapping	MoSCoW
Corporate Project	Rewarding Contribution	FLOWCCP21-23	Jun-21	Oct-22	5	M
Business Led Project	Resourcing Strategy	FLOWCCP21-23	Sep-21	Aug-22	5	S
Business Led Project	Workforce Planning	FLOWCCP21-23	Jan-22	Dec-22	5	M
Business Led Project	Management Capability	FLOWCCP21-23	Jul-21	Jul-22	5	M
Corporate Project	Organisational Operating Model Design	FLOWCCP21-23	TBC	TBC	5	M
Corporate Project	Talent Management programmes	FLOWCCP21-23	Jul-22	Mar-24	5	S
Corporate Project	Effective Associates	FLOWCCP21-23	Jan-21	Jul-22	5	M
Corporate Project	Management Capability phase 2	NEWCCP22-24	Feb-23	Jul-23	5	C
Corporate Project	Culture of operating effectively in a digital age	FLOWCCP21-23	Apr-21	Dec-22	5	S
Corporate Project	Policies & working practice changes due to COVID	FLOWCCP21-23	Jun-20	Dec-22	5	M

* FLOWCCP22-23 = Was in CCP 2021-23 plan and remains. NEWCCP22-24 = Added during planning process for CCP 2022-24 plan.

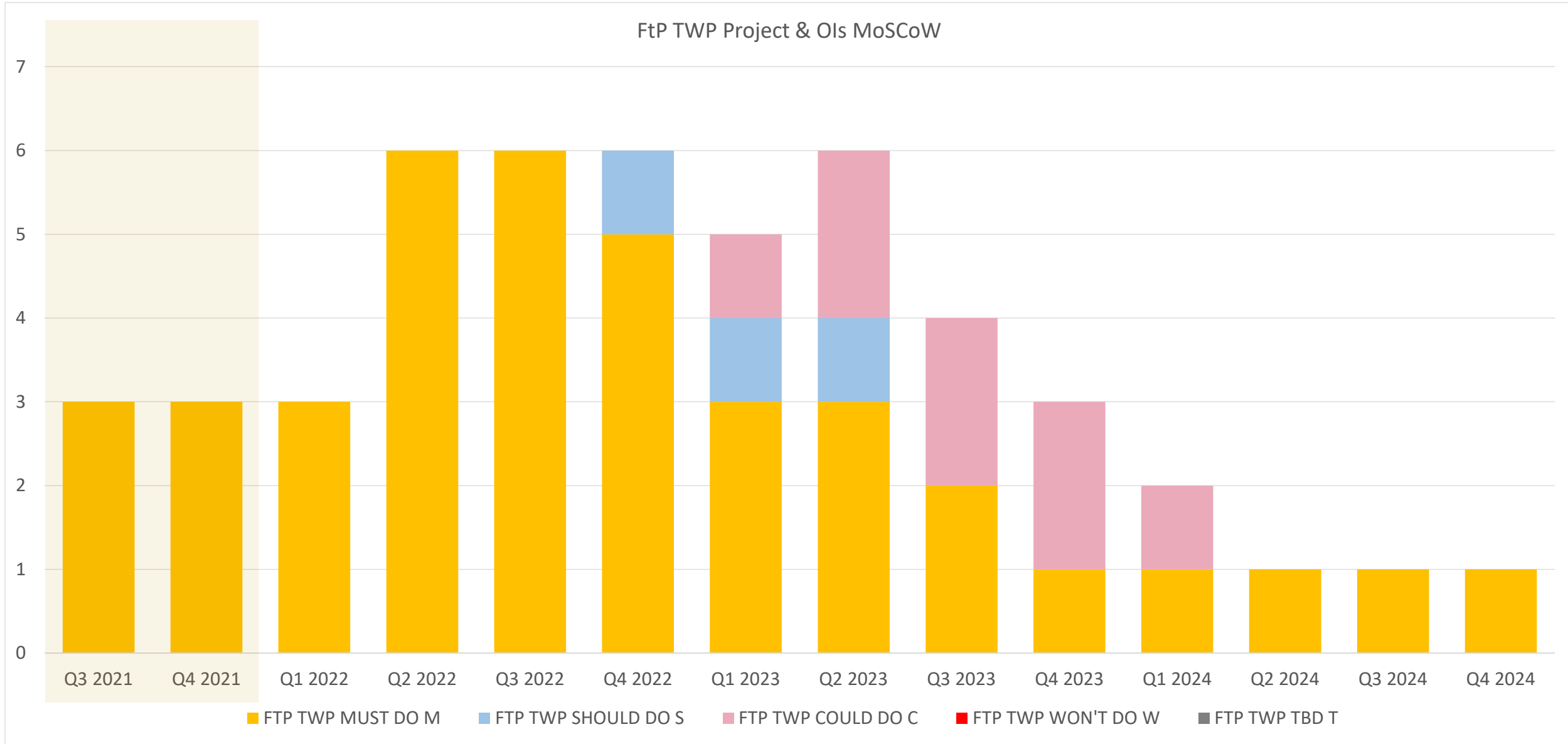


N.B - Any projects without dates defined will not appear in this chart. Columns count projects live on the last month of each quarter.

- 10 projects are being considered for the FTP TWP in 2022-24:
 - 2 are in flight from 2021
 - 6 are initiating in 2022
 - 2 are initiating in 2023
- 8 projects are categorised Must or Should do priority, 2 are categorised as Could do.
- 6 projects are aligned to strategic aim 3 and 4 to strategic aim 5

Project Type	Project Name	*Type	Start Date	End Date	Strategic Mapping	MoSCoW
Corporate Project	FTP CRM Usability & System Management Review	FLOWCCP21-23	Mar-23	Mar-24	5	C
Corporate Project	FTP KPIs Redesign	FLOWCCP21-23	Oct-20	Dec-22	3	M
Corporate Project	Allegations	FLOWCCP21-23	May-21	Feb-22	3	M
Corporate Project	Using Data to Embed Improvements	NEWCCP22-24	Apr-22	Oct-22	3	M
Corporate Project	Developing potential in FTP casework Teams	NEWCCP22-24	Jul-22	Jun-23	3	M
Business Led Project	Redeveloping Case Plans	NEWCCP22-24	Apr-22	Sep-23	3	M
Corporate Project	FTP management of and process improvement related to FTP Policies	NEWCCP22-24	Apr-22	Dec-22	5	M
Corporate Project	Improving Communications and Support	NEWCCP22-24	Oct-22	Jun-23	5	S
Operational initiative	Case Direction and Management	NEWCCP22-24	Jan-22	Jul-22	3	M
Operational initiative	Efficiency of Case Work Handling	NEWCCP22-24	Apr-23	Dec-23	3	C

* FLOWCCP22-23 = Was in CCP 2021-23 plan and remains. NEWCCP22-24 = Added during planning process for CCP 2022-24 plan.



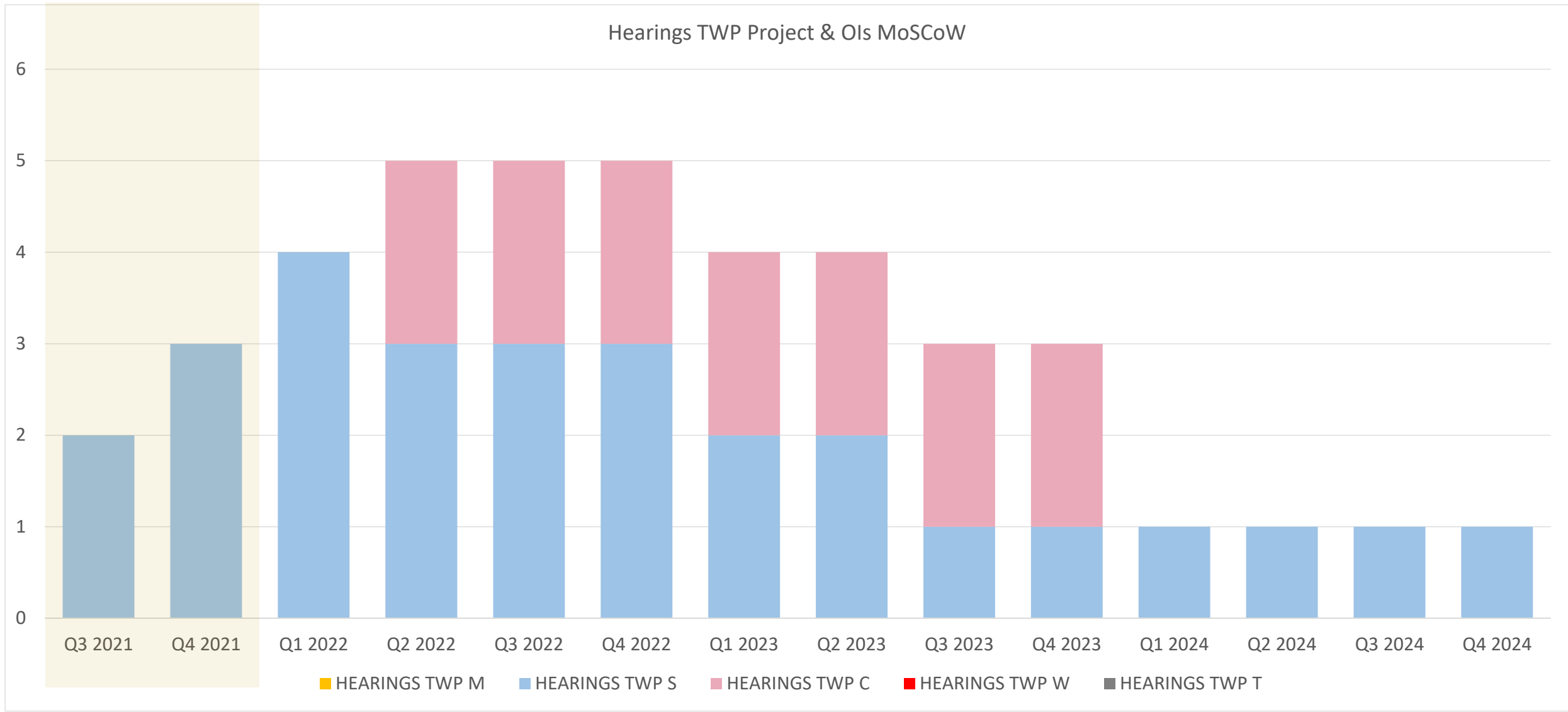
N.B - Any projects without dates defined will not appear in this chart. Columns count projects live on the last month of each quarter.

Hearings TWP – Key Detail Summary

- 5 projects are within the Hearings TWP in 2022-24. 3 projects are categorised as Should do priority, 2 categorised as Could do of which both are system related projects. All projects are aligned to strategic aim 3.
- The ‘Strengthen the separation of the adjudication function’ project is in progress and is performing the core separation work. Following Council review on 23 September 2021 the project is preparing to be ready to implement a separated function by end of March 2022, with the launch and project close out completed in April 2022.
- Following Council review on 23 September 2021 on the scope of work for the ‘Strengthen the separation of the adjudication function’, 2 additional projects have been included into the Hearings TWP:
 1. ‘Adjudication Operational Improvements’ – (Oct 2021-Dec 2022) - The project will address operational improvements identified within the GDC’s adjudication function, e.g. admissions, specimen charges and legal advisors not retiring with committees. This project has several workstreams which will be delivered in sequential phases. This work can be delivered within existing headcount capacity and budget.
 2. ‘Case Management Improvement’ (Jan 2021-Jul 2023) – A business case for additional resources is in progress of approval. Following the recruitment of the resources the project will address enhancements to case management to improve the robustness of cases reaching hearings. The project will include periods for implementing and then evaluating the impacts of improvements made.

Project Type	Project Name	*Type	Start Date	End Date	Strategic Mapping	MoSCoW
Corporate Project	Consider software improvements for hearings	FLOWCCP21-23	Jun-22	Feb-24	3	C
Corporate Project	Identify software options of empanelment process	FLOWCCP21-23	Jun-22	Feb-24	3	C
Corporate Project	Strengthen the separation of the adjudication function	FLOWCCP21-23	Feb-21	Apr-22	3	S
Business Led Project	Operational Improvements to the adjudications function	NEWCCP22-24	Oct-21	Dec-22	3	S
Corporate Project	Case Management Improvements Project	NEWCCP22-24	Jan-22	Jul-23	3	S

* FLOWCCP22-23 = Was in CCP 2021-23 plan and remains. NEWCCP22-24 = Added during planning process for CCP 2022-24 plan.



- Strategy TWP is the largest area within the portfolio and has been split into 6 workstreams for ease of management.
- There are 34 projects in total.
- The 6 workstreams are:
 - Communications
 - Education and Specialities
 - Research
 - Policy
 - Right Touch
 - Upstream
- Extensive planning work has been undertaken to rationalise the Strategy TWP, breaking down deliverables and creating a phased approach to projects where appropriate.
- The analysis for readiness in regulatory reforms and horizon scanning for the impacts on the GDC, registrants and the public have been evaluated in parallel to planning the Strategy work.

Project Breakdown of workstreams

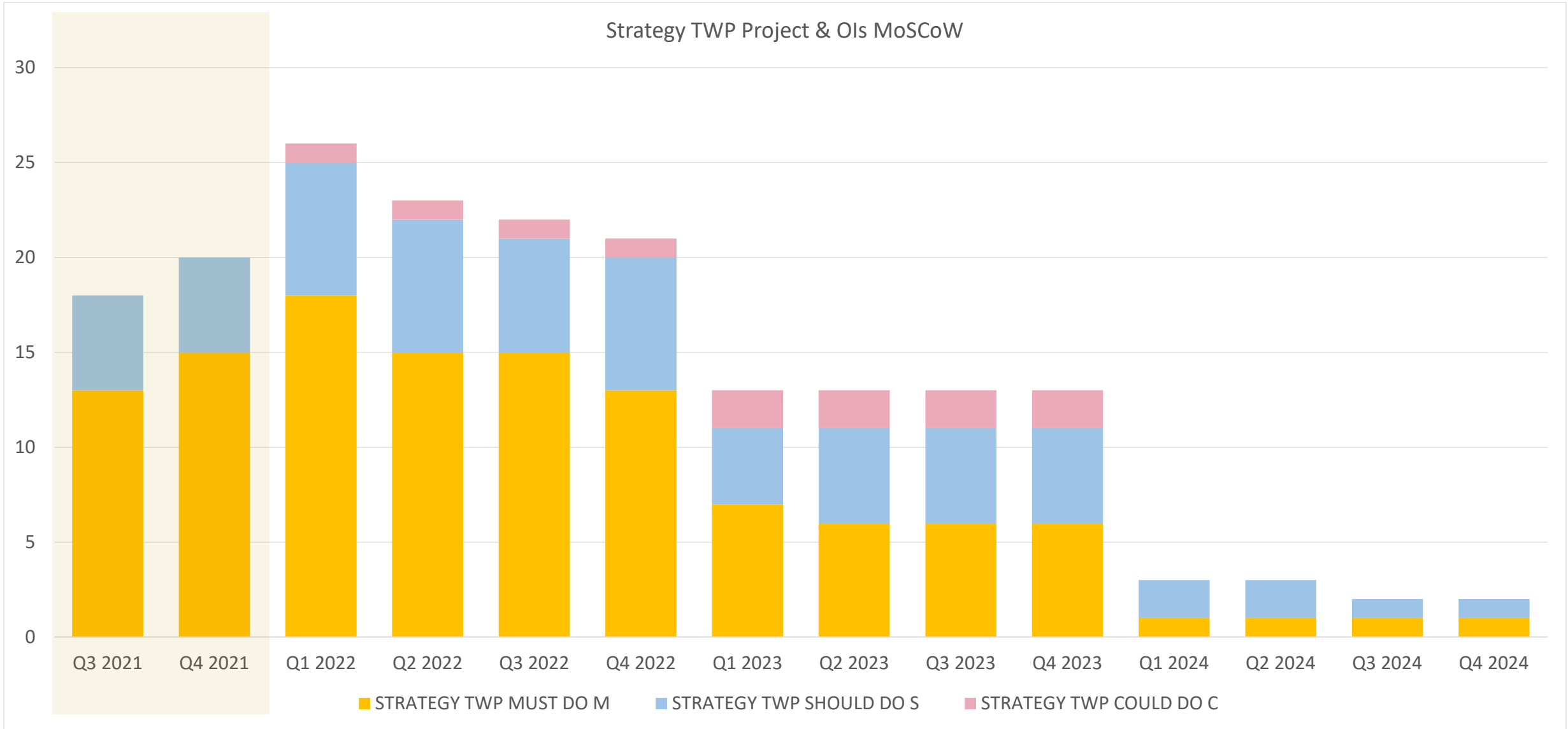
- Communications workstream has 9 projects for consideration, all Must or Should do. 6 are aligned to strategic aim 1, 3 are aligned to strategic aim 5.
- Education and Specialities workstream has 7 projects for consideration, with 5 Must do priority, 1 Should do and 1 Could do. All are aligned to strategic aim 1.
- Research workstream has 4 projects, all 4 are Must do priority rated. 2 are aligned to strategic aim 3, 1 to aim 4 and 1 to aim 5.
- Policy workstream has 7 projects, 6 are Must do priority and 1 is Could do. 2 are aligned to strategic aim 5, 4 projects to aim 4 and 1 project is aligned to aim 1
- Right Touch workstream has 4 projects, with 3 Must do priority and 1 Should do. 2 are aligned to strategic aim 3 and 2 to aim 2
- Upstream workstream has 3 projects, 1 Must do priority and 2 Should do. All are aligned to strategic aim 1.

Project Type	Project Name	Type	Start Date	End Date	Strategic Mapping	MoSCoW
COMMUNICATIONS WORKSTREAM						
Operational initiative	Annual GDC Engagement	FLOWCCP21-23	Feb-21	Dec-22	5	S
Business Led Project	Step change our approach to stakeholder engagement	FLOWCCP21-23	Jan-20	Jan-22	1	S
Corporate Project	Improve the tone of voice of our communications, phase 3	FLOWCCP21-23	Jul-21	Dec-22	1	S
Operational initiative	To produce the whistleblowing reports - prescribed person and internal	FLOWCCP21-23	Jan-22	Sep-22	5	M
Operational initiative	Annual Report and Accounts (ARA)	FLOWCCP21-23	Nov-21	Jul-22	5	M
Corporate Project	State of the Nation - Advancing public safety and confidence in UK dentistry (Phase 2)	NEWCCP22-24	Jan-22	Dec-22	1	S
Corporate Project	Implement further digital improvements (Phase 1)	NEWCCP22-24	Jan-22	Dec-23	1	S
Corporate Project	Implement further digital improvements (Phase 2)	NEWCCP22-24	Jan-23	Dec-24	1	S
Corporate Project	State of the Nation (Phase 3)	NEWCCP22-24	Jan-23	Dec-23	1	S
EDUCATION AND SPECIALITIES WORKSTREAM						
Business Led Project	Review learning outcomes and expectations for safe beginners (Phase 1)	FLOWCCP21-23	Jan-21	Apr-22	1	M
Business Led Project	Implement a revised process for entry and exit to specialty lists	FLOWCCP21-23	Dec-22	Jun-24	1	S
Business Led Project	Revise the standards for education	FLOWCCP21-23	Nov-22	Dec-23	1	M
Business Led Project	Revise and approve specialty curricula	FLOWCCP21-23	Apr-21	Nov -22	1	M
Business Led Project	Develop and implement a QA Strategy	FLOWCCP21-23	Jan-22	Dec-23	1	C
Business Led Project	Consult on learning outcomes and expectations for safe beginners (Phase 2)	NEWCCP22-24	Jul-22	May-23	1	M
Business Led Project	Review the process for QA of specialty training	FLOWCCP21-23	Dec-22	Jan-24	1	M
RESEARCH WORKSTREAM						
Business Led Project	Further develop and maintain our understanding of change in the dental sector, including its workforce	FLOWCCP21-23	Jul-21	Dec-22	4	M
Business Led Project	Develop and implement GDC wide Data Strategy	FLOWCCP21-23	Jul-20	Dec-22	5	M
Business Led Project	Develop monitoring and evaluation of upstream activity	FLOWCCP21-23	Oct-19	Oct-22	3	M
Business Led Project	Develop monitoring and evaluation of fitness to practise	FLOWCCP21-23	Oct-19	Oct-22	3	M

* FLOWCCP22-23 = Was in CCP 2021-23 plan and remains. NEWCCP22-24 = Added during planning process for CCP 2022-24 plan.

Project Type	Project Name	Type	Start Date	End Date	Strategic Mapping	MoSCoW
POLICY WORKSTREAM						
Corporate Project	Reforming International registration	FLOWCCP21-23	Jan-20	Dec-23	4	M
Corporate Project	Review boundaries of regulation	FLOWCCP21-23	Jan-20	Dec-23	4	M
Business Led Project	Develop 2023 - 2025 corporate strategy	FLOWCCP21-23	Nov-20	Oct-22	5	M
Operational initiative	PSA performance review	FLOWCCP21-23	Dec-21	May-22	5	M
Business Led Project	Analysis of fee setting policy in relation to specialist lists	NEWCCP22-24	Jan-23	Feb-24	4	C
Business Led Project	Implement a framework to promote professionalism (phase 2)	NEWCCP22-24	Oct-22	Dec-23	1	M
Business Led Project	Scope of Practice Review (Phase 2)	NEWCCP22-24	Feb-22	Dec-22	4	M
RIGHT TOUCH WORKSTREAM						
Corporate Project	Develop a comprehensive complaints resolution model	FLOWCCP21-23	Jul-21	Jul-22	2	S
Business Led Project	Review approach to regulatory intervention	FLOWCCP21-23	Mar-17	Feb-23	3	M
Corporate Project	Establishing the GDC's Role in Promoting Human Factors	NEWCCP22-24	Aug-20	Apr-22	3	M
Business Led Project	Develop our understanding of the impact of differing indemnity models on regulation	NEWCCP22-24	Jan-22	Jan-23	2	M
UPSTREAM WORKSTREAM						
Corporate Project	Implement a framework to promote professionalism (Phase 1)	FLOWCCP21-23	Jul-19	Dec-22	1	M
Business Led Project	Develop an outcome-focused model for lifelong learning (Phase 2)	NEWCCP22-24	Sep-21	Jan-23	1	S
Business Led Project	Develop an outcome-focused model for lifelong learning (Phase 3)	NEWCCP22-24	May-23	Dec-23	1	S

* FLOWCCP22-23 = Was in CCP 2021-23 plan and remains. NEWCCP22-24 = Added during planning process for CCP 2022-24 plan.



- The current CCP 2022-24 portfolio plan has been analysed to provide an advance view of which projects would be impacted by regulatory and structural reforms and how they would be impacted. This analysis has determined:
 - 44 Projects with no direct impact identified*
 - 46 Projects with a direct impact identified
- Identifying the impacted projects in advance enables the Regulatory Reform Programme Board and the CCP Corporate Planning Board to have a prepared view of impacts to evaluate against once reforms detail available.
- Of the 46 current projects with direct impacts identified, these have been broken down into two categories:
 - **Informs the target operating model** – These projects produce a deliverable that will feed into the implementation of the target operating model for GDC – **19** projects identified.
 - **Potentially superseded by reform** – The project's products may not align with the potential scope of reform. For example, it is intended to solve a problem that could be removed by the new flexibility, or the ambition of the project is too small (e.g. separation of hearings vs separate shared adjudication body) – **27** projects identified.
- From the existing portfolio 4 projects would transfer into the Regulatory Reform Programme.
- Details of the projects impacted in both above categories are on the next 2 slides.

*Resource capacity and prioritisation to deliver the projects with no direct impacts will be required once scope and timescales of Regulatory Reform Programme are established because it may change priorities or divert resources.

Category 1 - Informs Target Operating Model

Parent Programme / Team Work Package	Project Type	Project Name	Start Date	End Date	Strategic Mapping	MoSCoW
FTP TWP	Corporate Project	FTP KPIs Redesign	Oct-20	Dec-22	3	M
L&G TWP	Corporate Project	Advice on and implementation of Unitary Boards	Jul-22	Jul-24	5	M
OD TWP	Corporate Project	Organisational Operating Model Design	TBC	TBC	5	M
PAPERLESS OFFICE	Corporate Project	UK Registration Paperless	Oct-21	Jun-23	5	S
REG TWP	Business Led Project	ORE Part 2 Tender	Feb-21	Apr-22	5	M
STR TWP	Business Led Project	Review approach to regulatory intervention	Mar-17	Feb-23	3	M
STR TWP	Corporate Project	Implement a framework to promote professionalism - Phase 1	Jul-19	Dec-22	1	M
STR TWP	Business Led Project	Develop monitoring and evaluation of fitness to practise	Oct-19	Oct-22	3	M
STR TWP	Corporate Project	Reforming International registration	Jan-20	Dec-23	4	M
STR TWP	Corporate Project	Review boundaries of regulation	Jan-20	Dec-23	4	M
STR TWP	Business Led Project	Develop and implement GDC wide Data Strategy	Jul-20	Dec-22	5	M
STR TWP	Corporate Project	Establishing the GDC's Role in Promoting Human Factors	Aug-20	Apr-22	3	M
STR TWP	Business Led Project	Develop 2023 - 2025 corporate strategy	Nov-20	Oct-22	5	M
STR TWP	Business Led Project	Review learning outcomes and expectations for safe beginners (Phase 1)	Jan-21	Apr-22	1	M
STR TWP	Business Led Project	Further develop and maintain our understanding of change in the dental sector, including its workforce	Jul-21	Dec-22	4	M
STR TWP	Business Led Project	Develop a QA Strategy	Jan-22	Aug-22	1	C
STR TWP	Business Led Project	Develop our understanding of the impact of differing indemnity models on regulation	Jan-22	Jan-23	2	M
STR TWP	Business Led Project	Scope of Practice Review - Phase 2	Feb-22	Dec-22	1	M
STR TWP	Business Led Project	Consult on learning outcomes and expectations for safe beginners - Phase 2	Jul-22	May-23	1	M

Category 2 – Potentially Superseded by Reform

Parent Programme / Team Work Package	Project Type	Project Name	Start Date	End Date	Strategic Mapping	MoSCoW
CR TWP	Business Led Project	Development of data warehouse and self serve reporting – Phase 1	Jul-21	Dec-22	5	S
CR TWP	Corporate Project	ARF and Application Fees review for next strategy cycle	Mar-22	Dec-22	5	M
CR TWP	Business Led Project	GDC Data Warehouse & Self Serve Report - Phase 2	Feb-23	Feb-24	5	S
CR TWP	Corporate Project	Optimisation of GDC estate stage 1	TBC	TBC	5	S
FTP TWP	Corporate Project	Allegations	May-21	Feb-22	3	M
FTP TWP	Business Led Project	Redeveloping Case Plans	Apr-22	Sep-23	3	M
FTP TWP	Operational initiative	Case Direction and Management	Jan-22	Jul-22	3	M
FTP TWP	Corporate Project	FTP CRM Usability & System Management Review	Mar-23	Mar-24	5	C
FTP TWP	Operational initiative	FTP management of and process improvement related to FTP Policies	Apr-22	Dec-22	5	M
FTP TWP	Operational initiative	Efficiency of Case Work Handling	Apr-23	Dec-23	5	C
HEARINGS TWP	Corporate Project	Identify software options of empanelment process	Jun-22	Feb-24	3	C
HEARINGS TWP	Corporate Project	Consider software improvements for hearings	Jun-22	Feb-24	3	C
HEARINGS TWP	Corporate Project	Strengthen the separation of the adjudication function	Feb-21	Mar-22	3	S
OD TWP	Corporate Project	Management Capability phase 2	Feb-23	Jul-23	5	C
OD TWP	Business Led Project	Workforce Planning	Jan-22	Dec-22	5	M
REG TWP	Corporate Project	Operationalise CPD reforms	Jan-23	Dec-23	5	M
REG TWP	Operational initiative	CPD Audit	May-22	Dec-22	5	M
STR TWP	Business Led Project	Revise and approve specialty curricula	Apr-21	Nov-22	1	M
STR TWP	Business Led Project	Develop an outcome-focused model for lifelong learning - phase 2	Sep-21	Jan-23	1	S
STR TWP	Corporate Project	Implement further digital improvements – phase 1	Jan-22	Dec-23	1	S
STR TWP	Business Led Project	Implement a framework to promote professionalism - phase 2	Oct-22	Dec-23	1	M
STR TWP	Business Led Project	Revise the standards for education	Nov-22	Dec-23	1	M
STR TWP	Business Led Project	Implement a revised process for entry and exit to specialty lists	Dec-22	Jun-24	1	S
STR TWP	Business Led Project	Review the process for QA of specialty training	Dec-22	Jan-24	1	M
STR TWP	Corporate Project	Implement further digital improvements - Phase 2	Jan-23	Dec-24	1	S
STR TWP	Business Led Project	Analysis of fee setting policy in relation to specialist lists	Jan-23	Feb-24	4	C
STR TWP	Business Led Project	Develop an outcome-focused model for lifelong learning - phase 3	May-23	Dec-23	1	S

CCP 2022-24 – Funding Paper

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	This paper is presented to the Council in respect of its role in approving changes to the Annual Retention Fees (ARF), any other relevant fees of the GDC. This paper supplements the content of the CCP 2022-24 plan.
Issue	To present the CCP funding assumptions and the ARF for 2022 for approval.
Recommendation	The Council is asked to approve the fee levels for the 2022 ARF collection.

1. Background on our approach to fee setting

- 1.1 Fee levels were approved in October 2019, for the entirety of the period covering the current strategic cycle (2020-22). Fees were set in line with the principles set out in our 2018 Fees Policy:
 - a. Fee levels are determined by the cost of regulating each registrant group.
 - b. The method of calculating fee levels should be clear.
 - c. Supporting certainty for registrants and the workability of the regulatory framework.
- 1.2 In setting the fee levels in 2019, the Council agreed to a reduction for both Dentists' and Dental Care Professionals' (DCPs) ARF. The reduced income from the ARF would not be sufficient to cover spending across the planning period and the plan utilised £1.3m of previous Council underspend to meet this shortfall; thus, the ARF set for the period 2020-22 is not designed to be cost-neutral against the budget envelope.
- 1.3 The 2022 budget proposes no intermediary change to the level of fees to be charged to registrants in 2022 given our current assessment of the level of financial risk, in particular relating to:
 - a. continued uncertainty around the medium-term impact of Covid-19 on dentistry.
 - b. uncertainty over the medium-term outlook for financial markets and the potential that inflation increases are not transitory.
 - c. uncertainty of the outcome of Regulatory Reform, including routes to international registration.
 - d. volatility of the Defined Benefit Pension Scheme liability, we are rapidly progressing development of a pension strategy which will seek to reach insurance buy out and fully de-risk the scheme.

2. CCP budget envelope 2022-24

- 2.1 The estimated 2022-24 budget envelope is set out in **Table 1**.

Table 1 CCP 2022-24 budget envelope

Expenditure Type	2022 £k	2023 £k	2024 £k	Total £k
Meeting fees & expenses	4,415	4,467	4,641	13,523
Legal & professional fees	7,133	7,142	7,297	21,572
Staffing costs	19,715	19,423	19,423	58,561
Other staff costs	1,013	933	951	2,897
Publications	666	559	841	2,066
IT costs	2,119	1,698	1,684	5,501
Premises	1,863	1,712	1,753	5,328
Finance costs	574	584	588	1,746
Depreciation	1,163	1,022	798	2,983
Contingency	1,040	1,362	1,369	3,771
Total	39,701	38,902	39,345	117,948

2.2 The result of our planning is a total budget requirement of £117.9m over the 3-year planning period, which is £0.84m (0.7%) more than the equivalent level we planned as required for the period 2021-23.

3. 2022 Funding and income risk

3.1 The cost of delivery of the plan will be met from income sources that are available to the GDC. These are:

- a. First registration fees.
- b. Annual retention fees (ARF).
- c. Examination fees for overseas registrants (ORE).
- d. Income from investments.

3.2 Significant income risk did not materialise in 2021 from either the DCP or Dentist ARF collections. DCPs saw a favourable variance against budget of 0.86% and Dentists a small adverse variance of 0.3%.

3.3 We recognise a number of areas of continued financial uncertainty, which could reasonably result in future income risk, which include:

- a. Impact from the end of Furlough schemes to both employment and dental practices that may have been financial struggling through the pandemic.
- b. Medium to long-term impact of Covid on dentistry and the wider implications of the unsettled financial economy, including a sustained increase in inflation.
- c. Implications to numbers joining via international registration routes as a result of Regulatory Reform, and the potential for demand levels to drop.

3.4 As a result, we feel it prudent to remain cautious in planning for potential income risk across the next planning period and following consideration of the forecasting information and the result of the recent DCP 2021/22 ARF collection, we have concluded an income risk of a flat 3% across all registration income revenue streams to be reasonable. This represents a 7% reduction in our caution rating from a flat 10% across all registration income revenue streams in 2020.

4. High level funding assumptions

Table 2 Funding Assumptions

Income type	Description
Registration Fees	<ul style="list-style-type: none"> • Costs to be covered relate to forecasted new registrant numbers over the three years of the CCP. • Registrant volumes are based on figures as at the end of July 2021, and we have identified no potential distorting factors. • Should there be an increase in registration applications, it remains likely that additional resources will be required to deal with the workload in line with our service standards. The cost of any additional resources would broadly offset the additional income generated. • A reserved approach has been taken to profiling our forecasting due to our uncertainty over timing of graduation cohorts. This prevents a flatter forecast across the year, and some immaterial delay in the timing of incoming cash. • Forecasts have been included for EEA applications, based on the ORE delivering to normal capacity. • The total quantum of graduates remains similar to levels seen in 2020, and we have not applied further income risk to prevent any duplication with our general provision of 3%.
Annual Retention Fee (ARF)	<ul style="list-style-type: none"> • Fee levels were set in October 2019 for the entirety of the period covering our current strategic cycle (2020-22). • The register is assumed to have an underlying general growth of 1.25% for DCPs and 0.9% for Dentists, with the Specialist register remaining at current level. This is based on average growth over the last 6 years. • The number of registrants may also be affected by other factors in the current uncertain external environment, but no adjustment to the forecast registrant numbers have been applied to the register forecasting analysis, to prevent any duplication with our general provision of 3% income risk. • The detailed underpinning forecasting work and assumptions on expected registration numbers were scrutinised by the Finance and Performance Committee in September 2021.
Examination Fees for overseas registrants (ORE)	<ul style="list-style-type: none"> • The GDC oversees these examinations, which are in two parts: <ul style="list-style-type: none"> ○ Part one exams are computer-based assessments held at Kings College. There are normally two sittings a year of 200 candidates per diet with a fixed cost of £806. ○ Part two consists of four elements over three days: OSCE assessment, Dental Treatment Plan, Medical Emergencies and Dental Mannequin. We typically run three sessions a year for 144 candidates per diet, with a fixed cost of £2,929 per candidate. • The ORE is not cost neutral. It sits outside the scope of the registration fees policy; therefore, the additional costs are to be absorbed within the ARF as the only available mechanism for recouping them. • What we charge is limited by secondary legislation, so we do not have the power to vary them to effect full cost recovery. • Our assumption is that we will run a full ORE programme in 2022, however if we are unable to run a diet due, both income and our

Income type	Description
	expenditure will reduce proportionately. Therefore, no income risk has been applied to ORE income in our assessment.
Income from investments	<ul style="list-style-type: none"> In general, the income we receive from investments dividends is a modest contribution to total income around £350k per annum. Given the continued uncertainty around financial markets, there remains an increased likelihood of incurring unrealised losses across our portfolio. As in 2021, we are therefore not forecasting any benefit from investment income for 2022. Income from investments will provide a true surplus over expenditure for any benefit received and therefore a small benefit to reserves.

5. Forecast free reserves

- 5.1 Free reserves, as adjusted for financial risk, are forecast to be £14.6m at the end of the planning period. This is the equivalent to 4.5 months of annual operating expenditure at the end of 2024. This is within the parameters of our reserves policy and in line with the current reserves target level of 4.5 months.
- 5.2 The forecast free reserves have been completed based on the forecast 2021 register size, and now reflects the result of the latest registration income forecast and our current assessment of financial risk.

Table 3 Forecast Free Reserves

	£k
General Reserves at 31 December 2020	35,849
Reserves committed to fixed assets	(16,358)
Free reserves at 31 December 2020	19,491
2021 Forecast operating surplus	5,464
Capital Investment 2021-24	(2,295)
Release of reserves committed to fixed assets (depreciation 2021 - 2024)	4,230
Budgeted operation surplus 2022-24	3,786
Forecast free reserves at 31 December 2024	30,676
<u>In consideration of financial risks:</u>	
<i>Financial risks identified in the 2022-24 CCP</i>	<i>(12,548)</i>
<i>3% income caution rating</i>	<i>(3,510)</i>
Total financial risk 2021-24	(16,058)
Free reserves as adjusted for current assessment of financial risk	14,618
Adjusted free reserves expressed as number of months of annual operating expenditure	4.5 months
Target level of free reserves, expressed as number of months of annual operating expenditure	4.5 months

- 5.3 The current fee levels were approved in October 2019, for the entirety of the period covering the current Corporate Strategy (2020-22). Fees were set in line with the principles set out in our

2018 Fees Policy. Forecast free reserves have been calculated assuming that ARF remains at the same level for the next 3 years.

- 5.4 Financial risks are regularly monitored and updated through our quarterly assessment of forecast free reserves (reported in the Quarterly Portfolio Report). Where we assess our total financial risk exposure to reduce to a level that delivers a higher than target level of forecast free reserves, we will prioritise the allocation of those available funds in line with our published fees policy:
- a. Ensuring the financial viability of the organisation; this means that we will ensure that we have appropriate cash flow and reserves, in line with the relevant policies and procedures, to operate the GDC as a going concern and to reduce the need for exceptional changes to the fees.
 - b. Complying with our legal and other obligations, including meeting the Professional Standards Authority standards of good regulation.
 - c. Investing in measures designed to improve public protection, including preventative measures, with a view to reducing, where we can, the costs and burden of enforcement action.
- 5.5 After meeting these priorities, if we are confident that we can reduce fees while delivering our statutory objectives, we will do so.

6. Annual Retention Fee 2022

- 6.1 The 2022 budget proposes no intermediary change to the level of fees to be charged to registrants in 2022 given our current assessment of the level of financial risk
- 6.2 It is recommended that we retain our current fee levels for the 2022 ARF.

Table 4 Annual Retention Fee 2022

Fee	£
Dentist	680
Specialist	72
DCP	114

7. Legal, policy and national considerations

- 7.1 The GDC must set a budget that enables it to fulfil its statutory functions.
- 7.2 This budget proposed does not impact on GDC policy decision making. The CCP review and planning process has included feasibility analysis of all GDC work including policy work. The identified budget required is considered as a conduit to support decision making and not to present a barrier to decisions being made.
- 7.3 The power to prescribe a fee for retention on the register is given to the GDC in the Dentists Act 1984, which requires that 28 days' notice be given to make changes to the fee regulations. The levels are set by the Rules made under the Act by the GDC. The ARF Level for 2020 – 2022 was set in accordance with the Council approved Fees Policy.
- 7.4 There are no additional legal or national considerations.

8. Risk considerations

- 8.1 The funding target set is the product of the development of the CCP, which aligns our plan of activity with the work required to deliver the Corporate Strategy. In doing so, sustainable financial stability is considered and assumed financial risk factored into planning.
- 8.2 The budget setting process is subject to scrutiny in its development by the Executive Management Team (EMT), Finance and Performance Committee (FPC) and the Council to ensure that it is financially efficient in delivering the Corporate Strategy, and that cost efficiency measures outlined in the CCP are deliverable. This scrutiny considered the funding available, as derived from our forecast of income at the fee levels agreed for the 3-year Corporate Strategy Period, and the impact of any under or over recovery on forecast reserve levels.
- 8.3 Financial risks are captured as part of the process, including our assessment of risk to income. These risks are subject to scrutiny by EMT, FPC and Council to ensure they are prudent and appropriate assumptions.

9. Resource considerations and CCP

- 9.1 The development of the CCP 2022-24 has involved multiple reviews and was co-produced with PMO, Finance and People Services. Consideration to financial and head count resource modelling are integral to the process.
- 9.2 The principle for the calculation of the ARF is that Council approves the activity required in the CCP, and corresponding budget envelope, to ensure that the GDC meets its statutory duties and commitments set out in the Corporate Strategy. The ARF is the resulting product of how much income we need to generate to fund that approved plan of activity; having considered any other income we may receive and the current forecast level of free reserves.

10. Monitoring and review

- 10.1 Our governance and supporting framework mean that there is regular reporting and monitoring arrangements in place. The monitoring of the 2022 income will be through the regular budget reporting mechanisms.
- 10.2 Alongside monitoring of income received, we will also monitor our planning assumptions on income risk and track any income risk that crystallises. This position will be reported to FPC on a quarterly basis, or sooner if required by exception. This monitoring and review process will enable us to react quickly to any emerging issues and, where appropriate, reprioritise activity within the CCP 2022-24 portfolio.
- 10.3 Registration income predictions are updated for the following year once the DCP ARF collection and initial request for restoration are complete. This timing provides us the most accurate data set to project our registration income predictions forward. The next annual refresh will be completed during August 2022 for 2023's forecast income.

11. Development, consultation, and decision trail

- 11.1 The budget presented represents the final budget proposal derived through the development and review of the CCP 2022-24.
- 11.2 The development of the CCP has been iterative, having been discussed, challenged, and amended following meetings of EMT and FPC at the review points detailed within the CCP 2022-24 production timetable.
- 11.3 A detailed change log has been retained showing the development of the plan and budget through each stage.

- 11.4 FPC have considered the update for forecasted registration income, including the detailed underpinning analysis, and endorse the recommendation to retain ARF fees at their current level.

12. Next steps and communications

- 12.1 Council is asked to approve the fee levels for the 2022 ARF collection.
- 12.2 The GDC's proposed ARF for 2022 will be in the public domain for the first time when this information is presented to the Council. The key messaging for communicating the 2021 ARF has been prepared as part of our development of the CCP 2022-24 communications plan.

Appendices

- a) None.

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14 October 2021

Budget 2022

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	This paper is presented to Council in respect of its role to approve the annual budget of the GDC. This paper supplements the content of the CCP 2022-24 plan.
Issue	To provide the 2022 budget, in line with our wider work on the CCP 2022-24, for approval
Recommendation	The Council is asked to approve the 2022 budget.

1. Background on our approach to budget setting

- 1.1 Since 2020, the GDC has set its budget in line with the activities planned over the next three-year corporate plan period. The corporate plan is a rolling three-year programme designed to deliver the triennial Corporate Strategy. The Programme Management Office (PMO), Finance and People Services have collaborated in the development of the Costed Corporate Plan 2022-24 (CCP 2022-24). This comprises the budget and long-term financial forecast, workforce plan and overall delivery plan of operational activity and key programmes and projects.
- 1.2 As change projects have been identified in the planning of the CCP, they have been prioritised and their costs have been analysed (including the impact on cross-cutting enabling functions) and factored into the proposed 2022 budget.
- 1.3 Both the 2020 and 2021 plans were disrupted by the impact of the COVID-19 pandemic, necessitating some rephasing of work. This impact of this has been factored into the CCP 2022-24 and the underpinning budget requirement.
- 1.4 Building on lessons learned from the CCP 2021-23 planning round, we developed an early draft budget. This budget was built following the completion of budget templates by each Budget Holder and subsequent validation meetings. It provided the business with early visibility of the financial envelope available for additional projects and resources.
- 1.5 We actively monitor and consider the current economic environment, which has recently highlighted several inflationary risks for 2022 and beyond. Initial indications from the Bank of England and other economic forecasters were suggestive that this was likely to be a transient increase as the economy reopened, however we are now seeing signs of greater evidence that this may be sustained in the medium-term.
- 1.6 With businesses unable to absorb medium-term cost of goods increases, which narrow profit margins, price increases are much more likely and indeed there is evidence that these are starting to materialise. In particular, we see evidence of a risk around wage/worth expectation as labour shortages are felt and price increases to service costs such as energy and in information technology markets.
- 1.7 In ensuring our prudence, we have assessed the potential impact of sustained inflation for the GDC across our expenditure base and included a relevant financial risk within the CCP 2020-22.

2. Budget planning principles

- 2.1 The budget planning principles that apply to the setting of the 2022 budget are:
- a. The total budget and headcount must not exceed the level set in the CCP 2020-22 unless new resources have been agreed by the Council as part of our in-year governance process. (e.g., PBI resourcing). Any known headcount business cases in flight are not included but have been provisioned for against financial risk.
 - b. The budget should balance anticipated income, including the current assessment of income risk, and consider the appropriate level of utilisation of 2020 underspends to mitigate any income risk.
 - c. Prior year underspend may need to support slippage of any work from 2020 and 2021, where slippage is outside of the organisation's control. This remains subject to scrutiny as part of the planning cycle.
 - d. Budget planning to commence by setting the budget for fixed operational costs and committed expenditure to provide visibility in planning for the remaining future planning requests.
 - e. ARF remains a product of the cost of regulation, and any reduction should be sustainable.
 - f. A prudent approach to contingency must be taken to provide flexibility, agility, and risk mitigation.
 - g. The budget should be set to ensure long-term financial sustainability and ensure the GDC retains its going concern status when modelling reserves, income, and liquidity.

3. High-level budget assumptions

- 3.1 Costs for 2022 have been built bottom-up by budget holders, aligned to the activities they have planned for the period.
- 3.2 Where planning unknowns may materially impact operational activity, estimated financial risk and opportunities were identified to provide a contextual view of possible volatility in the budget. Similarly, budget holders have identified potential financial risks and opportunities, specifically around the impact of COVID-19 and Brexit.
- 3.3 The key financial risk for 2022 relates to income. In 2019, we ceased the practice of applying caution ratings to our income budgets. However, given the increased financial risk and volatility as a result of COVID-19, we feel it remains prudent in continuing to apply a caution rating on our income of a flat 3% across registration income. In line with the budget planning principles, the budget has been set to meet this challenge to income in 2022.
- 3.4 A financial risk has been included to recognise the risk across some of our expenditure lines as a result of changes in the economic environment (para 1.5 -1.7). This financial assessment is under constant review and is estimated to be up to 2% impact on facilities and IT budgets at the present time.
- 3.5 For the Council's initiative to deliver Hearings Separation, a financial risk has been provisioned against reserves in the draft 2022 budget. This work is currently being proposed to be managed through a Hearings Teamwork Package. However, once the direction of regulatory reforms is better understood, it will be reviewed whether a programme is the more suitable governance framework under which to manage this work.
- 3.6 2022 staffing costs have been based on the current 2021 establishment, including any changes agreed in 2021 to date through the normal internal governance process. The recently announced change for National Insurance Rates has been reflected.

- 3.7 A pay award provision of 2% has been included, in line with CPI projections. This will ensure that we retain the ability to enable a pay award in 2022 if appropriate, and/or deliver any changes to the pay structure that may improve long-term financial efficiency. Whilst a provision is included, a final decision on the use, total value, timing, and apportionment of any pay award remains subject to detailed discussions and agreement by EMT in April 2022. A further financial risk, estimated to be around 2% has been included in relation to our assessment of financial risk around the current economic environment (para 1.5 -1.7)
- 3.8 Council Members' remuneration has been held at current levels (£55k/£18k/£15k) for planning purposes. The next planned review of remuneration levels for Council is in early 2022. Whilst no provision for an increase has been included in planning, a final decision on any increase remains subject to the outcome of this review. If an increase is agreed, this will be met by drawing on free reserves.
- 3.9 Pay differentials for Birmingham-based posts have remained set at 15% below London salaries, in line with the Estates Strategy business case. 1% other pay provision is included for salary reviews, temporary promotions, maternity/sickness cover etc. However, this has been offset by a 3% attrition factor in recognition of turnover savings that will be delivered during the year. The net provision is £65k per annum in the plan.
- 3.10 The FtP budget model has generated a set of forecast FtP assumptions which the business will continue to review, scrutinise, and challenge. Work carried out by budget holders in the FtP function to forecast future resources is underpinned by output from the model.

4. 2022 GDC draft expenditure budget

- 4.1 The proposed 2022 budget projects an increase in total operating expenditure from £38.2m in 2021 to £39.7m in 2022 (4.1%) and requires a utilisation of circa £0.3m from previous period underspend (based on us cautioning a 3% income risk).
- 4.2 We are aware of the near completion of business cases for additional resourcing requests for Organisational Development and Fitness to Practise, which aren't reflected in the numbers included in table 1 or 2 of this paper.
- 4.3 In recognition of the late stage of the development of these business cases, the potential additional expenditure has been included as financial risk for 2022. If approved, these will then be funded by drawing on free reserves and removing the associated financial risk.

Table 1 Proposed 2022 Budget

	Actual 2019 £k	Actual 2020 £k	Budget 2021 £k	Budget 2022 £k	Variance 2022 v 2021 £k
Meeting fees & expenses	5,669	3,469	4,144	4,415	6.6%
Legal & professional fees	6,761	4,786	6,878	7,133	3.7%
Staffing costs	17,667	18,496	18,935	19,715	4.1%
Other staff costs	1,005	547	1,067	1,013	-5.1%
Publications	494	457	652	666	2.1%
IT costs	1,305	1,131	1,943	2,119	9.1%
Premises	1,543	1,516	1,604	1,863	16.1%
Finance costs	600	574	598	574	-4.0%
Depreciation	1,593	1,508	1,247	1,163	-6.7%
Contingency	-	-50	1,086	1,040	-4.2%
Total	36,637	32,434	38,154	39,701	4.1%

5. 2022 headcount summary

- 5.1 In line with the agreed budget planning principles, the CCP 2022-24 does not include headcount resource requests, as any changes identified should first be met from elsewhere in the existing headcount. Any increase in the year to the headcount will have been by exception, using the normal internal governance process and approved by Council.
- 5.2 The proposed organisational headcount is an increase in total Full-Time Equivalent (FTE) to 367.3 in 2022, from 363.5 FTE in 2021 (1%). (This is subject to potential change for business cases in flight, see para 4.2)

Table 2 Proposed 2022 Headcount

	Budget Dec 2019 FTE	Actual Dec 2020 FTE	Budget Dec 2020 FTE	Budget Dec 2021 FTE	Budget Dec 2022 FTE	Variance 2022 v 2021 £k
Fitness to Practise	96.0	91.2	87.7	91.9	91.9	0.0%
Legal and Governance	79.4	74.8	76.2	67.8	66.8	-1.5%
Organisation Development	19.9	19.0	18.0	19.0	16.0	-15.8%
Strategy	37.8	34.3	37.2	37.8	40.8	7.9%
Registration and Corporate Resources	138.2	135.7	140.8	145.0	153.0	5.5%
Contingency	-	-	5.0	2.0	2.0	0.0%
Total	371.3	355.0	364.9	363.5	370.5	1.9%

- 5.3 A total of 2.0 FTE contingency has been maintained for the life of the CCP to enable the GDC to manage resourcing reactivity to increased volume and consequence of incoming casework and cross-skilling development.

6. Key FtP budget assumptions

- 6.1 Finance work closely with both FtP and Legal Services to deliver a budget that is prepared with reference to the FtP budget model assumptions, as modified in line with management insight. This approach was agreed upon and developed at the end of Q1 2018, and the budget model is

reviewed quarterly, and the review signed off by both the Executive Director, Fitness to Practise and the Head of Finance and Procurement.

- 6.2 During 2020 we began to fundamentally review the budget model by carrying out statistical analysis of case stream data to modify the key assumptions of the current model. Analysing case streams data enables us to improve predictions around case complexity for budget planning.
- 6.3 The effectiveness of the new model is limited by the currently available stream data analysis, which was inconsistently allocated in cases on CRM pre-2018. We have also excluded data from 2020 as this is skewed by the impact of COVID-19 due to the reduction in dental treatment which result in the lower than can be expected stream 1 cases. Due to the limitations of the data sets, we have agreed the modified FTP budget model should be run alongside the existing model for 6 to 9 months to trial the effectiveness of the new model as more relevant case stream data is collated. For budget setting, both the new and old model predictions have been considered alongside management insight.
- 6.4 The 2021 Q2 FtP budget model review was completed in August 2021 and the result supplemented with known management information. Table 3 shows performance against budget since October 2020. (Any performance varying more than +/- 10 from the budget is shown in 'red' if the projection is not met, and in 'green' if it is exceeded.)

Table 3 FtP Budget Model Performance

	Oct-20		Nov-20		Dec-20		Jan-21		Feb-21		Mar-21		Apr-21		May-21		Jun-21	
	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud
Incoming cases	103	100	96	126	91	101	83	121	129	131	138	126	93	121	116	124	125	121
IAT Referrals to Assessment	82	88	66	99	78	89	75	100	101	100	116	100	93	99	96	100	93	99
Assessment Decisions	73	110	63	110	22	110	62	110	60	110	99	110	57	110	72	110	78	110
Case Examiner Decisions	50	58	44	58	19	58	82	58	21	58	29	58	28	58	20	58	40	58
Case Examiner Referrals	11	23	16	23	8	23	10	23	7	23	17	23	8	23	10	23	12	23

Table 4 Key FtP Assumptions

	2017	2018	2019	2020	2021	2022
	Actual	Actual	Actual	Actual	Budget	Budget
Incoming complaints	1,910	1,643	1,413	1,183	1,413	1,414
IC/CE referrals for prosecution	219	242	254	161	201	218
ILPs new referrals	165	202	203	142	171	185
ELPs new referrals	54	50	59	27	30	33
Scheduled hearing days	1,658	1,282	1,351	1,223	1,071	1,180

- 6.5 The actual rate of incoming concerns was a mean average of 95 per month in 2020 compared with 114 cases on average a month in Q2 2021. Whilst we are seeing an increase in the number of incoming cases as dental activities recommence it is felt to be premature to change the budget assumptions for 2022 with limited reliable data being available.
- 6.6 The impact of incoming concerns to throughput is heavily dependent on the streaming of the case. The main increase is being seen in Case 1, "Single Patient Clinical Cases" which have a

lower likelihood in referral to prosecution. Any increase to FtP operational activity is unlikely to generate financial impact until late in 2022. We have included a contingency budget of £180k to meet this challenge.

- 6.7 Any wider potential financial impact is managed through our assessment of financial risk, and we have completed detailed modelling work of the potential magnitude of these costs. Should the risk seem materialise it would be met by a call on reserves.
- 6.8 We have maintained our 2021 current forecast assumption of an average of 117.8 incoming concerns per month for budget setting. This forecast is subject to a detailed quarterly review, which enables us to take early mitigative action if required.
- 6.9 Cases progressed to Case Examiners in the second half of 2020 was a mean of 56 cases a month, against a forecast of 58 cases a month. The average number of assessment cases progressed year to date is 77 per month. The budget assumption had previously been reduced from 110 to 90 cases per month last year and it has been agreed that it is reasonable to maintain at this level.
- 6.10 An average rate of referral for Case Examiners is 45% which has been reflected in the budgeted rate for 2022, with a caveat that an increase in the volume of incoming cases and available resources may reduce the average referral rate in the future. This remains under quarterly review.
- 6.11 The continued impact of COVID-19 has resulted in the need for greater management discretion around predictive assumptions as we see activity normalise. Where management concern arose, that costs would become inflated a central provision has been provided. Otherwise, all financial risk will be met from reserves.

7. Central provisions and contingencies

- 7.1 We continue to take a prudent approach to contingency for 2022, given the high level of uncertainty as a result of COVID-19 and Brexit impact.
- 7.2 The level of contingency provides flexibility, agility and risk mitigation for the CCP 2022-24 plan. The contingency is modular and the various 'pots' will be assessed at agreed trigger points to ascertain if they should be retained, released to reserves or used to progress 'Could Do' or 'Won't Do' activities.
- 7.3 Financial risks and uncertainty were assessed to decide what is provided for in contingency budgets, and which risks will be mitigated by reserves if they materialise. This is reflected in our assessment of the appropriateness of our reserves target.
- 7.4 Contingency has been proposed for early materialisation of the deferred caseload in ILPS, ELPS for 2022 as we would need the ability to act quickly. Any impact on Hearings is assessed to remain impacting in 2023 onwards.
- 7.5 Any potential additional FTE for Organisational Development and Fitness to Practise are being managed as a potential call against reserves and have been recognised as a financial risk at this stage of financial planning.
- 7.6 The contingency budget proposed for the budget 2022 is set out in tables 5 and 6 below.

Table 5 2022 Budget Central Provisions

2022 budget - central provisions	£k	Review point
Other Pay Provision (1%), offset by payroll attrition factor (3%)	65	Quarterly

2022 budget - central provisions	£k	Review point
Enabling provision for annual pay award or implementation of new pay structure	389	February 21
	454	

Table 6 2022 Budget Contingencies

2022 budget – contingencies	£k	Review point
CEO general contingency	100	Quarterly
Enabling provision for dormant posts	100	Quarterly
FTC Flexibility for recruitment slippage between years	50	Quarterly
Loggers cost for Hearings currently averaging at £13k per month, there is no budget allocated as the requirement is linked to the future mix of remote and physical hearings and therefore remains uncertain.	156	Quarterly
Provision for the progression of cases and financial impact to ILPS and ELPS team in 2022	180	Quarterly
	586	

8. Capital programme

8.1 Proposed capital expenditure included in the proposed budget for 2022 are set out in table 7.

Table 7 2022 Capital Programme Budget

2022 Capital Programme	£k
Facilities:	
Provision for Major Plant Failure, 37 Wimpole Street	100
Miscellaneous Furniture replacements	20
Internal decorations and refresh	10
IT:	
Rolling IT Infrastructure Upgrades	200
Desktop hardware refresh programme	400
Printer upgrades	40
Telephony upgrades	15
Contingency	
Hearings Separation Programme (Software options for empanelment process)	100
	885

9. Financial risk to the 2022 budget

9.1 The current financial risk exposure as identified for 2022 are set out in table 8. These correspond to the risks set out in the CCP 2022-24, 3-year plan, and are apportioned for where the materialisation of risk is expected in 2022.

Table 8 2022 Financial Risk Exposure

Risk	Exposure (2022) £k
Income risk – 3% income risk across Annual Retention Fee and First Registration income	1,000
Sustained increase in inflation due to current economic environment.	540
Risks around ORE part 2 contract retender and increase capacity required due to long waiting lists. Estimated costs of £443k per 3 exams sitting each year.	1,329
Risk for the Hearings separation wider programme to create a separate judicial entity and the external costs for rebranding and creating a website.	235
One off financial contribution required to escalate the time to insurance buyout of DB pension scheme.	1,850
An increase in Interim Orders and review meetings may result in a decrease in substantive hearings referred from case examiners, but if the numbers were to increase to levels similar to 2021 then there is a risk of 5 additional hearing days per month.	120
DCS Members training for virtual panels and growth, following a significant increase in incoming enquires which will likely result in additional cases and more panel hearings.	240
Risk for the Paperless Office Programme. The programme is subject to full business case and options of in-house development to external solutions will be assess. It is highly likely the recommended solution will be in-house development leveraging existing system capabilities of CRM and SharePoint document management and as such the risk provisioned is for addition Cloud data storage required.	60
Additional DCP panels required if reduction in dentist panels does not offset this increase. There is a risk of three additional panels.	90
Regulatory Reform Programme - Scope contingent on legislation and further policy development, carrying uncertainty risk more on sight of changes to legislation relating to the GMC.	330
Regulatory Reform Programme – Structural change requiring redesign of target operating model	
Regulatory Reform Programme - International Registration – whether or not there is a S60 there is considerable work required to improve the processes within routes to registration.	510
Additional resource requirement in FTP Casework, Hearing and Legal to address current caseload in casework. This includes the financial risk to ILPS, ELPS and Hearings in relation to the bell curve of additional cases flow through the FtP process.	761
Additional resource requirement, subject to agreement of pending business case for resourcing related to Organisational Development Directorate.	173
Potential risk of £52k over three years if the BI function is restructured to enable much more detailed self-service and interactive reporting rather than the standard snapshot reports published currently.	17

Risk	Exposure (2022) £k
2% pay award should the resource requirements in OD/Strategy and FTP be approved.	18
Potential financial risk exposure 2022	7,273

10. Legal, policy and national considerations

- 10.1 The GDC must set a budget that enables it to fulfil its statutory functions.
- 10.2 This budget proposed does not impact GDC policy decision making. The CCP review and planning process has included a feasibility analysis of all GDC work including policy work. The identified budget required is considered as a conduit to support decision making and not to present a barrier to decisions being made.
- 10.3 There are no additional legal or national considerations.

11. Equality, diversity and privacy considerations

- 11.1 New policies, procedures and projects include equality impact assessments and therefore planned work in 2022 will systematically consider equality and diversity implications.

12. Risk considerations

- 12.1 The budget set is the product of the development of the CCP, which aligns our plan of activity with the work required to deliver the Corporate Strategy. This process acts as mitigation of Strategic risk 'Failure to undertake full and organisational wide evaluation of performance implications, risks or emerging issues.'
- 12.2 The budget setting process is subject to scrutiny in its development by EMT, FPC and Council to ensure that it is financially efficient in delivering the Corporate Strategy, and that cost efficiency measures outlined in the CCP are deliverable.
- 12.3 Risks are captured on the Strategic Risks Register and regularly monitored. The programmes of work that are undertaken as a result of the creation of the CCP plan will undertake risk management planning as routine.

13. Resource considerations and CCP

- 13.1 The development of the CCP Plan for 2022-2024 has involved multiple reviews and was co-produced with PMO, Finance and People Services. Consideration of financial and headcount resource modelling is integral to the process.
- 13.2 The budget set for 2022, needs to be set appropriately to enable the GDC to fulfil its statutory duties and meet our commitments set out in the Corporate Strategy.

14. Monitoring and review

- 14.1 Our governance and supporting framework mean that there is regular reporting and monitoring arrangements in place. The monitoring of the 2022 budget will be through the reporting mechanisms set out in table 9.

Table 9 Types of EMT and committee business

Report	Frequency	Audience
Management Accounts	Monthly Quarterly	Budget Holders EMT

Report	Frequency	Audience
Financial Performance Report	Monthly	EMT
Portfolio Report	Quarterly	EMT FPC Council
Financial Forecasting	Quarterly	EMT FPC Council (Public Paper)
Annual Report and Accounts	Annually	EMT ARC Council

15. Development, consultation and decision trail

- 15.1 The budget presented represents the final budget proposal derived through the development and review of the CCP 2022-24.
- 15.2 The development of the CCP has been iterative, having been discussed, challenged, and amended following meetings of CPB, EMT and FPC at the review points detailed within the CCP 2022-24 production timetable.
- 15.3 A detailed change log has been retained showing the development of the plan and budget through each stage.
- 15.4 FPC have considered and endorse the proposed 2022 Budget.

16. Next steps and communications

- 16.1 Council is asked to approve the 2022 Budget.
- 16.2 The GDC's budget for 2022 will be in the public domain for the first time when this information is presented to the Council. The key messaging has been prepared as part of our development of the CCP 2022-24 communications plan.

Appendices

- a. None

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14 October 2021

2022 Reserves Policy

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	This paper is presented to Council in respect of their role to approve the reserves policy of the GDC. This paper supplements the content of the CCP 2022-24 plan & Budget 2022 papers.
Issue	To present the 2022 Reserves Policy, in line with our wider work on the CCP 2022-24, for approval.
Recommendation	The Council is asked to approve the 2022 Reserves Policy.

1. Background

- 1.1 The Reserves Policy is designed to ensure that the GDC has the financial capacity to maintain delivery of its functions and processes which protect the public and regulate the dental profession; whilst recognising the risks that the GDC faces and ensuring that the GDC has adequate levels of working capital throughout the year.
- 1.2 Our Reserves Policy is aligned with our budget, fees, and reserves target for the three-year plan of strategic activity (CCP).
- 1.3 The current target level of free reserves, as adjusted for known financial risk, is equivalent to 4.5 months of operating expenditure. This target seeks to provide the optimum level of financial resilience to ensure the GDC remains a viable organisation and can meet the Going Concern test performed each year by our external auditors.
- 1.4 This is reflected in our 2021 Reserves Policy, which states:
 - a. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.
 - b. Reserves are classified as free reserves, reserves committed to fixed assets, and pension reserves, as stated in the Annual Report & Accounts of the Council.
 - c. However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to:
 - The objectives of Council in pursuit of our statutory and regulatory responsibilities.
 - funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks.
 - risks to the income and expenditure of the Council.
 - planned major capital spending programmes.
 - d. The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy is to maintain free reserves at a minimum of three

months of operating expenditure, as adjusted for our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of the current strategic planning period.

- e. The Council will review this Reserves Policy not less than annually.

2. Forecast free reserves over the CCP 2022-24

- 2.1 Forecast free reserves, as adjusted for our current assessment of financial risk, are forecast to be £14.6m at the end of the new planning period (CCP 2022-24). This is the equivalent to 4.5 months of annual operating expenditure at December 2024. This is within the parameter of our current reserves policy (3-6 months of operating expenditure), and in line with our current reserves target level of 4.5 months.

Table 1 Forecast Free Reserves

	£k
General Reserves at 31 December 2020	35,849
Reserves committed to fixed assets	(16,358)
Free reserves at 31 December 2020	19,491
2021 - Forecast operating surplus	5,464
Capital Investment 2021-24	(2,295)
Release of reserves committed to fixed assets (depreciation 2021 - 2024)	4,230
Budgeted operating surplus 2022-24	3,786
Forecast free reserves at 31 December 2024	30,676
<i>In consideration of financial risks:</i>	
<i>Financial risks identified in the 2022-24 CCP</i>	<i>(12,548)</i>
<i>3% income caution rating</i>	<i>(3,510)</i>
<i>Total financial risk 2021-24</i>	<i>(16,058)</i>
<i>Free reserves as adjusted for current assessment of financial risk</i>	<i>14,618</i>
<i>Adjusted free reserves expressed as number of months of annual operating expenditure</i>	<i>4.5 months</i>
<i>Target level of free reserves, expressed as number of months of annual operating expenditure</i>	<i>4.5 months</i>

3. 2022 Reserves Policy

- 3.1 Following our review of the current financial risk we face and our forecasted level of free reserves at the end of the next strategic planning period (December 2024), we are not recommending any changes are required to the Reserves Policy for 2022.
- 3.2 The proposed 2022 Reserves Policy is included at appendix 1.

4. Legal, policy and national considerations

- 4.1 The GDC must hold a level of reserves that supports financial viability and ensured our statutory duties can be completed, including providing financial agility to address any financial risks that may materialise.
- 4.2 The Reserves Policy does not have differing impacts for any of the four nations.

5. Risk considerations

- 5.1 In considering the level of financial risk exposure mitigated by free reserves, risks identified in the Strategic Risk Register and through the CCP 2022-24 process have been considered.
- 5.2 The post pandemic and post Brexit landscape bring continued uncertainty and potential financial risk exposure to the organisation. We are yet to fully understand the longer-term impact on dentistry, employment markets and the economy.
- 5.3 Whilst we have not seen significant income risk materialise to date, our assessment remains that it is prudent to remain cautious as we enter the new planning period around forecast income levels. We are continuing to apply a caution rating of a flat 3% across registration income, which represents a 7% reduction in our caution rating from a flat 10% applied across all registration income in 2020.
- 5.4 Regulatory Reform poses several key risks which impact the CCP 2022-24. These include:
- a. a high likelihood of structural change, which will require the redesign of our target operating model.
 - b. uncertainty over the timing and scope of wider legislative change with the potential impact being constraints on timescales to deliver and preparedness, and continued uncertainty in scope affecting our ability to plan the budget for the work required.
 - c. Uncertainty on International Registration routes. Regardless of whether or not there is Section 60 change, we recognise that there is considerable work required to either replace existing routes to registration or to respond to raised expectation around the existing routes which have been longstanding challenges.
- 5.5 The progressing of an upturn in incoming concerns and clearing the current caseload will result in prosecution costs delayed from 2020 and 2021, due to COVID-19, materialising through the life of the next planning period. Modelling work to look at the potential timing and magnitude of these costs has been completed and financial risk has been provided for at the mid-point of our sensitivity analysis.
- 5.6 Whilst the early economic assumption was that inflation increases would be transient, we are now seeing evidence that economists predict this increase will likely be sustained in the medium-term. As the economic assumption remains uncertain and is constantly evolving, we have taken a prudent approach to analyse where increased inflation would have the greatest financial impact to our budgets and have provided for this as a financial risk.
- 5.7 Another area of financial volatility remains the valuation of our closed Defined Benefit Pension Scheme, which is subject to significant financial market influence. Whilst we are rapidly developing a pension strategy and plan to fully mitigate our exposure in this area in enabling the setting of a sustainable ARF for Registrants, continued financial risk exposure will continue to exist over the lifetime of the planning period.
- 5.8 A detailed schedule of assessed financial risk is set out in Appendix A - CCP 2022-24 Final Draft Summary.

6. Monitoring and review

- 6.1 We regularly monitor and review our assessment of financial risk, and the impact on the forecast free reserves position. This is regularly reported through the CCP Quarterly Performance Report, which is reviewed by EMT, FPC and Council.
- 6.2 The Reserves Policy will continue to be reviewed annually by the Council.

7. Development, consultation and decision trail

- 7.1 The impact on free reserves from the budgetary planning for the delivery of the CCP 2022-24 has been considered regularly by the Corporate Planning Board, EMT and FPC at the review points set out within the CCP 2022-24 production timetable.
- 7.2 FPC have considered and endorse the proposed 2022 Reserves Policy.

8. Next steps and communications

- 8.1 Council is asked to approve the 2022 Reserves Policy.
- 8.2 The key messages for communicating the 2022 Reserves Policy has been prepared as part of our development of the CCP 2022-24 communications plan.

Appendices

- a. Appendix 1 - Draft Reserves Policy 2022

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14 October 2021

Draft Reserves Policy 2022

1. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.
2. Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council.
3. However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to:
 - a. the objectives of Council in pursuit of our statutory and regulatory responsibilities.
 - b. funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks.
 - c. risks to the income and expenditure of the Council.
 - d. planned major capital spending programmes.
4. The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy it to maintain free reserves at a minimum of three months of operating expenditure, as adjusted for our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of the current strategic planning period.
5. The Council will review this Reserves Policy not less than annually.

Promoting Professionalism

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Kristen Bottrell, Policy Manager Lisa Bainbridge, Stakeholder Engagement Manager Ross Scales, Head of Upstream Regulation
Type of business	For approval
Purpose	To update on the development of the Principles of Professionalism, including options for the framework the principles will sit within, plans for the review of guidance, and how the GDC will communicate and engage with stakeholders.
Issue	The GDC outlined its intention to place increased focus on upstream regulation through the Promoting Professionalism programme. The Principles of Professionalism, which are part of this programme, would be guidance as to the standards of conduct, performance and practice of dental professionals.
Recommendation	Council is asked to agree the further development of the principles of professionalism and supporting guidance as set out in Option 3.

1. Introduction and context

- 1.1 One of the statutory objectives of the GDC is to promote and maintain proper professional standards and conduct for the professions we register. Currently, this is achieved through the Standards for the dental team, which sets the standards of conduct, performance and ethics that govern dental professionals. The standards also specify principles and provide guidance, which apply to all members of the dental team. The level of prescription contained within this document encourages dental professionals to practise using a compliance or 'rules' based approach to avoid breaching standards, rather than using their professional judgement in deciding how best to meet their obligation to patients.
- 1.2 In *Shifting the balance*, we set out our intention to offer a more supportive model of regulation. A central strand of this was to set principles that are designed to help dental professionals understand the standard expected, and to support them in using their professional judgement to interpret situations in practice and to make the best decision according to the circumstances.
- 1.3 As a foundation for this work, we commissioned two pieces of research to develop a better understanding of what professionalism means to the public and to dental professionals and establish a shared understanding of what it means to be a professional. We used this to review our current standards and translate these into principles of professionalism. The Council fed back on the draft principles and the principles based approach at a workshop in March 2021.
- 1.4 This paper sets out how we propose to use these principles as the basis for reviewing and developing the guidance we set for dental professionals, and the important role of communications to support professionals in applying these to their practice. It outlines the next

phase of this work and, in section 5, invites Council's feedback on three options for the structure and presentation of the framework that the principles will sit above.

- 1.5 The Council is asked to note our plans to use Council's direction as to their preferred approach to the structure of the framework as the basis for wider internal and external engagement, and to commence of a review of the guidance we provide to dental professionals, prior to seeking Council's approval for a formal consultation in June 2022.
- 1.6 Throughout the development process we will be paying particular attention to the implications of the changed approach for fitness to practise processes and decision making. On the current plan, the implementation of the new principles-based approach will begin in the first quarter of 2023, but we will be able to manage the timing to align with operational needs, including by delaying implementation if need be. The final decision on whether to start the implementation of the new approach – and, if necessary, when – will be made by Council in December 2022.

2. Background

- 2.1 The Principles of Professionalism are a core component of the Promoting Professionalism programme, the aim of which is to encourage a preventative approach by giving dental professionals clarity about the expectations and obligations placed on them. To do this, the GDC will provide information and tools that encourage dental professionals to reflect on their professionalism to maintain and develop the professional standards and behaviours needed for public confidence and good oral healthcare.
- 2.2 In the GDC's corporate strategy 2020-22, we outlined plans to develop a better understanding of what professionalism means to the public, enabling principles, supporting guidance and narrative to be clear, concise, and meaningful, and to reflect what matters to patients and the public. The proposal is to move away from prescriptive standards and rules that tell professionals what they must and should do and with which they must comply, and encouraging them to ask themselves "is what I am doing the professional thing to do?" This approach will promote a greater focus on the use of professional judgement and recognition of context in decision making. It will also provide a better foundation for the GDC to engage with dental professionals through a dedicated online space that evolves and updates as issues arise.
- 2.3 Principles-based regulation has become increasingly adopted in other industries, such as legal and financial services, and aspects of it also feature within UK and overseas healthcare regulators.
- 2.4 We are now planning to take our first significant steps towards a principle-based system of regulation. Following the forthcoming consultation on reforms to our Scope of Practice Guidance, this paper describes how the 'Standards for the Dental Team' document and associated guidance could be replaced with a new framework.
- 2.5 Council's input is sought on the framework that the Principles of Professionalism and narrative and guidance sit within. Three possible approaches are outlined at Section 5.

3. Development of the Principles of Professionalism

- 3.1 With reference to the current standards and the research undertaken, a draft set of 'Principles of Professionalism' has been created to describe what it means to be a professional in dentistry.
- 3.2 The first draft of these principles was reviewed against the first stage research. This draft was then tested with members of the public and dental professionals. It was discussed at a Council workshop and later presented to the Dental Professional Forum, with comments invited from participants. At all stages, feedback was received that the principles were broadly

comprehensive, though there were some common areas where stakeholders felt they could be strengthened.

- 3.3 The four principles proposed to be taken to the next stage (workshops with internal and external stakeholders) are below:

Draft Principles of Professionalism

Principle 1 - Treat Patients with Respect

Treat your patients with dignity and support them to make informed decisions about their care.

Principle 2 - Practise safely and effectively

Use your knowledge and skills to provide the right care and outcomes for your patients, keep up to date, and be candid.

Principle 3 - Maintain trust in the profession

Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public.

Principle 4 - Work in Partnership with others

Work with your colleagues to ensure an effective and supportive environment in which the safety and wellbeing of the patient and dental team is protected.

- 3.4 The next stage of engagement will be workshops with internal colleagues to ensure that the principles-based approach works well for the GDC's processes and decision making, most notably in fitness to practise.
- 3.5 The Principles of Professionalism provide the overall framework but will never stand in isolation. They will be supported by guidance which helps dental professionals interpret and apply them – but the principles allow that guidance to be more flexible and accessible and to be better targeted at the issues and concerns professionals and the public have.

4. The guidance framework

- 4.1 The guidance currently published by the GDC has evolved over time, with some produced according to need or request, rather than it all being developed in a systematic way. This has left us with a blend of web content and documentation as well as a mix of guidance, position statements and signposting all under the umbrella of 'guidance'.
- 4.2 Following feedback from EMT Board and Council, a review of the guidance documents that sit underneath the current Standards will commence, to:
- ensure all guidance to dental professionals about conduct and performance is up-to-date, reflects recent research findings and refers to the Principles of Professionalism.
 - bring consistency in the format and style of this guidance under the Principles of Professionalism 'brand' and develop the guidance to be better designed for web presentation rather than static pdf documents.
 - introduce clear categorisation of what is guidance, and what is something else such as a rule or direction, a position statement or signposting document.

- 4.3 The review will also consider and develop guidance in new areas to support the Principles of Professionalism. One reason for this is that the guidance that the GDC provides may take on additional significance for many dental professionals with a move to principles based regulation.
- 4.4 Over time the guidance will increasingly be supported by worked examples, scenarios and case studies that are designed to illustrate the guidance and help dental professionals better understand the principles and how to act in accordance with them.
- 4.5 The first guidance document to be reviewed with an upstream focus is the scope of practice guidance. The review of this guidance followed the approach described in this paper by seeking to empower registrants to use their professional judgment and through reflecting on what they are trained, competent and indemnified to do.
- 4.6 All the new guidance will be produced as web-based content. This is a change from the current standards and guidance which are designed as hard copy printed documents. This change will provide accessibility benefits and allow for regular content updates.

5. Options for the framework and presentation of the principles

Option 1: the current approach

- 5.1 The Standards for the Dental Team document sets out the standards of conduct, performance and practice. The current document is produced in hard copy and online (download copy available). It includes the following sections, and in its printed A5 version, is 84 pages in length:
 - 9 Principles: the core ethical principles of practice.
 - 29 patient expectations: what patients can expect from the dental team.
 - 42 standards: what registrants must do to ensure patient expectations are met.
 - 176 guidance statements: how registrants meet the standards.
 - The online version also included case studies, links to additional guidance and FAQs.
- 5.2 This approach:
 - Sets out in some detail the requirements of dental professionals, which provides some reassurance for some dental professionals, indemnifiers, and caseworkers. In most situations, it is easy for all parties to identify which standard(s) may have been, or would be, breached.
 - Provides a hierarchy of principles, standards and guidance, but all are given equal weight (although there is guidance on terms 'must' and 'should' in the introduction) and the guidance statements are written as rules.
 - Assumes that professionals will be able to recall a lot of detailed information or read, review, and reflect on the document regularly, which isn't realistic.
 - Prescription indicates a lack of trust in professionals to use their judgement and does not allow for nuance or differing contexts, raising the issue of conflicting requirements.
 - Provides a reference of expectations for many, but not all, situations that dental professionals face.
 - The level of detail provided leaves little room for professional judgement to be exercised.
 - Doesn't allow GDC guidance to draw out or be edited for emerging issues or those that flare-up intermittently e.g. coronavirus, vaccinations, direct to consumer services etc.
 - Requires repetition because of the medium it was produced in, which would not be necessary in an online only version e.g. "Standard 1.7 - You must put patients' interest

before your own or those of any colleague, business, or organisation” and “Principle 6 – Work with colleagues in a way that is in patients’ best interest.”

Option 2: streamlined guidance

- 5.3 The second option is to simplify and reduce some of the prescription present in the approach used for the Standards for the Dental Team. This would include reducing the principles from nine to four and removing some of the additional description provided by the sections ‘standards’ (which simply break down each principle in further detail), ‘guidance’ (which breaks down standards), and ‘patient expectations’ (which could be better served by being more dynamic).
- 5.4 The material would be developed as an online only version, which would include the following sections:
- Principles: the four Principles of Professionalism currently in development.
 - Narrative: giving some more detail to each principle using everyday language, and which can be updated regularly to highlight an important issue of professionalism, address an emerging issue, give clarity to an issue of concern to professionals or patients.
 - Guidance: thematic guidance that includes case studies to draw out important issues of patient safety and public confidence.
- 5.5 The approach at option 2:
- Sets out Principles of Professionalism, providing clarity to stakeholders, but a reduced level of prescription which may cause some initial concern amongst those in compliance roles or among indemnifiers (used as a reference for advice to professionals). Concern may also be present for some professionals who feel more comfortable working with rules than they do with principles.
 - Provides a similar approach to the current hierarchical Standards for the Dental Team and therefore it may be reassuring to those who prefer prescription. It would be a step towards a more flexible principle-based system.
 - Reduces volume and is easier to comprehend by both professionals and lay people who may have need to refer to GDC guidance on standards of ethical conduct.
 - Gives some detail for early career professionals or those who are less confident in their practice.
 - Continues to be a large and cumbersome communications product that would need ongoing review and updating to ensure it is current, and emerging issues are addressed when needed.
 - Allows for thematic guidance to be developed.
 - Uses a medium that allows diversity in products that can be developed that are suitable to the function e.g. video content, signposting to relevant links, posters for practices etc.

Option 3: supporting professional judgment

- 5.6 The final option is for an approach to the principles and guidance, which allows room for professionals to draw on their training, skills, knowledge and expertise, and exercise their professional judgement.
- 5.7 This option is for a very simple presentation of the Principles of Professionalism in an online only version. The approach for option 3 provides:
- Principles: the four Principles of Professionalism currently in development.

- Additional dynamic guidance: drawing out issues through a range of content and mediums that is updated on a regular schedule, or ad hoc, as required.

5.8 The approach at option 3:

- Sets out the Principles of Professionalism with clarity, helping them to be remembered and recalled with ease by dental professionals.
- Allows us to draw out soft skills in guidance too, for example, the research found that good communication is paramount, and patients' views are rooted in interactions with professionals, while professionals feel these skills are innate (Community Research, 2021, ADEE, 2020).
- Supports the development of a communications schedule that is current, relevant and specific to the needs of professionals and patients.
- Will require a significant period of adjustment for professionals to practise with less prescription and for caseworkers to apply principles of right touch regulation and proportionality, without leaning on a breach of a particular standard.
- Will refresh content and give professionals a reason to visit the online guidance regularly, as they access new content that is relevant to their day to day practice. Drawing on this guidance, professionals are more easily able to exercise their professional judgement.
- Supports the finding that professionalism is context dependent, and therefore, not easily defined. The presentation allows us to highlight human, environmental and cultural factors for professionals to consider, without being prescriptive. It will also allow us to acknowledge and address real and perceived barriers to being a professional such as fear, business and financial pressures, and working in isolation.
- Recognises that professionalism is largely learned through observation of others. This option allows us to show professionals demonstrating professionalism to colleagues through video and other case study content.
- Signals the importance of professionals using their professional judgement.

5.9 Appendix 1 provides an indication of the amount and type of content that would be provided under options 2 and 3. This material would go through a full design process at a later stage, so the appendix is for illustrative purposes only.

Assessing the options

- 5.10 Option 3 most fully reflects the strategic intent set out in Shifting the balance and provides the optimal balance between the simplicity and stability of the principles and the clarity and flexibility of the supporting guidance. Although it is a more ambitious approach than the other options, it the option which delivers the clearest benefits with the strongest strategic fit.
- 5.11 Option 2 delivers some of the same benefits, because it does move to the principles based approach, but won't give us the same ability to maintain the guidance flexibly and to communicate it in targeted and effective ways. On balance, the benefit of the slightly simpler approach is outweighed by the loss of some of the benefits which we can expect from Option 3.
- 5.12 Option 1 continues the current approach, but it is not a do nothing option. We would still need to invest in updating the existing material within the structures which make that a relatively cumbersome activity, so although the initial resource cost would be lower, this is almost certainly a less efficient and effective model for the medium term and beyond. Most importantly though, it fails completely to deliver ambition of a shift to a principles based approach which Council set as part of the current corporate strategy.

6. Communications and engagement

- 6.1 Of particular importance to a successful introduction would be the communication and engagement aspect, much of which is explored above in the options.
- 6.2 Communications and development plans would be developed for each stage of the programme. Broadly, the communications and engagement phases are identified as follows:
- Internal engagement (November 2021 to December 2021): workshops with internal fitness to practise and legal teams will be conducted in November and December to test the use of the draft principles of professionalism in assessment and investigations.
 - Phase 1 (October 2021 to June 2022): campaign promoting positive examples of professionalism – the campaign being developed aims to facilitate improved levels of professionalism, demonstrate the highly contextual nature of professionalism, and signal our trust in professionals to use their judgement. The campaign will first focus on positive examples of professionalism. The principles will be introduced in the build-up to the consultation after internal workshops and Phase 2 stakeholder engagement.
 - Phase 2 (December 2021 to April 2022): stakeholder engagement to further develop and refine the proposals for a new set of Principles of Professionalism to ensure the voice of professionals and patients is heard the development of the professionalism framework.
 - Phase 3 (July 2022 to December 2022): formal consultation with dental professionals, students, patients and stakeholders on the draft principles of professionalism and how they will be used to ensure public safety and confidence. This phase will include collating and analysing consultation feedback to support a final Council decision in December 2022 about whether and when to go ahead.
 - Phase 4 (January 2023 to December 2023): launch the new Principles of Professionalism in early 2023. To embed the principles there will be a significant communications and engagement campaign to ensure these and the new guidance are well understood and adopted in practice.

7. Reference Group

- 7.1 A reference group of professionals and public/patient representatives would be created to work with the internal staff team to assist with refining the principles prior to and following consultation. The group would also be asked to assist with the guidance review. Additionally, and if appropriate, some members of the group would be asked to share their views and experiences during workshops and as part of wider communications about the promoting professionalism programme.

8. Legal, policy and national considerations

- 8.1 The Dentists Act gives the Council the duty to issue “guidance as to the standards of conduct, performance and practice expected” of dentists and of DCPs. The principles would be issued under this duty.
- 8.2 An initial draft of the documentation provided as part of the regulatory reform agenda suggests that the requirement to set standards will be retained, and that setting principles and providing guidance will satisfy this requirement. The executive team will keep sight of further drafts to ensure this remains the case.
- 8.3 Internal colleagues will be involved in workshopping the principles prior to consultation (as per para 6.2). This will be important to ensure they work well for internal processes and decision making, most crucially the different stages of the fitness to practise process.

- 8.4 Implementation of the Principle of Professionalism will lead to some process changes required in different directorates. There will be protocol and procedural changes required, which will be explored within internal workshops and with EMT Board. The outcomes will be included within the Council paper seeking approval to consult in June 2022.
- 8.5 There are no specific national considerations; the principles will apply to all registrants. However, there is a need to ensure that the communications and the guidance documents consider different rules and policies across the UK nations.

9. Equality, diversity and privacy considerations

- 9.1 No privacy issues have been identified.
- 9.2 Equality and diversity considerations for this workstream identified at this stage:
- a. The new framework would be better suited to be used to promote awareness of equality and diversity considerations.
 - b. The move from the current rules based approach to a principles based approach is intended to offer more flexibility, but this may indirectly have different effects on different groups.
 - c. The medium should ensure full accessibility for all dental professionals and stakeholders.
- 9.3 These considerations will be kept at front of mind when carrying out internal and external engagement. It will be important to ensure that the audiences engaged with and therefore the perspectives that gathered are diverse, and specific questions are asked that are designed to draw out equality issues.
- 9.4 These will feed into the development of the final consultation document that is submitted for approval at Council in quarter 2 2022 and a full Equality Impact Assessment will be produced for the formal consultation phase.

10. Risk considerations

- 10.1 The change in approach to how the standards of conduct, performance and practice expected of dental professionals are presented and communicated will be a significant change for both dental professionals and internal colleagues. A notable example of this will be the impact on fitness to practise processes and decision making, which will be explored in detail with reference to the principles of right touch regulation.
- 10.2 Our engagement work, both externally and internally will be a key component of mitigating this risk. Firstly, the full range of concerns will be gathered. Secondly, there will be analysis of the risks and concerns to assess whether they can be effectively addressed and mitigated to support final Council decisions on whether to adopt this approach. Finally, if we move to implementation there will need to be an early communications and education focus, aimed at supporting registrants and GDC teams to utilise the principles in their day to day practice/work.

11. Resource considerations and CCP

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

12. Next steps

- 12.1 With approval from Council a programme of internal and external workshops on the proposals would take place. Feedback from these sessions would be incorporated into the consultation document and draft principles to be submitted to Council in June 2022. A review of external guidance would also commence.

12.2 The consultation will then be open for a period of 12 weeks, and the final principles and consultation response submitted to Council in December of 2022, with a view to launch in early 2023.

Appendices

a. Appendix 1

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13 October 2021

Examples of options 2 and 3**OPTION 2 – LANDING PAGE (EXAMPLE FOR PRINCIPLE 1 ONLY)****Principles of Professionalism****UK dentistry and oral healthcare**

Dental patients and professionals have come to a shared understanding of what professionalism means in dentistry and oral healthcare.

Through research and facilitated conversations we have worked together to develop a set of Principles of Professionalism. The four principles provide guidance as to the standards of conduct expected of dental professionals in the UK today.

They are designed to give guidance to the dental team, while recognising that what is considered professional conduct is influenced by a wide range of factors and contexts, such as differing patient perspectives and cultural backgrounds, ease of communication, and treatment environments. Professionals are expected to weigh these sometimes competing factors and to exercise their professional judgement to ensure patients are protected and the high levels of public confidence in dental services are maintained.

The Principles of Professionalism for UK dentistry are:

1. Treat patients with respect

-

Treat patients with dignity and support them to make informed decisions about their care.

Patients expect to be treated as individuals, and to be able to make decisions about their own care. They will often need help in making the best decision for them. Please take the time to explore our guidance on how to **treat patients with respect** and our latest research on the topic.

2. Practise safely and effectively

+

3. Maintain trust in the profession

+

4. Work in partnership with others

+

OPTION 2 – THE MIDDLE WAY – CONTINUED

WEB PAGE TO LINKED TO PRINCIPLE 1

Principles of Professionalism**Principle 1: Treat patients with respect****Ways you can demonstrate that you are treating your patients with respect**

- Be clear, empathetic, polite, and patient.
- Keep patient information confidential and respect privacy.
- Recognise the importance of communicating well with your patients.
- Have a clear process for complaints and feedback.
- Taking account of patient needs and making reasonable adjustments.

Things that you might need to consider

- Patients are individuals, so don't make assumptions about them based on how they look or their background.
- Some patients are uncomfortable or even afraid of going to the dentist. Take the time to talk and try to put them at ease. A bad experience might impact their future oral health.
- Most people go to their dental practice once or every couple of years, so terminology, costs, treatment options will all be unfamiliar to them. Clearly explain available options, including why a particular treatment may not be suitable, why it may not be available on the NHS to them, or why it costs what it does.
- Small misunderstandings can turn into bigger problems. Try to ensure patients understand the decisions they're taking and what it means each stage of treatment and for their future oral health.
- Some patients are vulnerable and may not be able to provide informed consent. Make adjustments for patients in this position and provide adequate support.

Explore the results of our professionalism research

Statement	Not unprofessional	Moderately unprofessional	Highly unprofessional
Getting drunk at home when working the next day	8.8%	30.4%	60.8%
Public	51.7%	58.8%	64.8%
Dentists			
DCPs			

nearly 65 percent overall rating it as highly unprofessional, so there was a difference there.

Further thematic guidance

Further guidance is available on the following themes:

- [Use of patient images in marketing](#)
- [Treating patients with learning difficulties](#)

OPTION 3 – MODERN AND MINIMALIST

LANDING PAGE (EXAMPLE FOR PRINCIPLE 1 ONLY)

Principles of Professionalism

UK dentistry and oral healthcare

Dental patients and professionals have come to a shared understanding of what professionalism means in dentistry and oral healthcare.

Through research and facilitated conversations we have worked together to develop a set of Principles of Professionalism. The four principles provide guidance as to the standards of ethics and conduct expected of dental professionals in the UK today.

They are designed to give guidance to the dental team, while recognising that what is considered professional conduct is influenced by a wide range of factors and contexts, such as differing patient perspectives and cultural backgrounds, ease of communication, and treatment environments. Professionals are expected to weigh these sometimes competing factors and to exercise their professional judgement to ensure patients are protected and the high levels of public confidence in dental services are maintained.

The Principles of Professionalism for UK dentistry are:

1. Treat patients with respect

Treat patients with dignity and support them to make informed decisions about their care. Patients expect to be treated as individuals, and to be able to make decisions about their own care. They will often need help in making the best decision for them.

Way that you can demonstrate that you are treating patients with respect:

- Be clear, empathetic, polite, and patient.
- Keep patient information confidential and respect privacy.
- Recognise the importance of communicating well with your patients.
- Have a clear process for complaints and feedback.
- Taking account of patient needs and making reasonable adjustments.
- Communicate clearly with patients about their treatment and the options for them in a way they understand.

2. Practise safely and effectively

Use your knowledge and skills to provide the right care and outcomes for your patients, keep up to date, and be candid.

3. Maintain trust in the profession

Act with integrity and ensure your actions maintain the trust of colleagues, patients, and the public.

4. Work in partnership with others

Work with your colleagues to ensure an effective and supportive environment in which the safety and wellbeing of the patient

Consultation on revised Scope of Practice

Executive Director	Stefan Czerniawski
Author(s)	Katherine McGirr, Policy Manager
Type of business	For decision
Issue	To seek Council approval for consultation on the proposed draft Scope of Practice guidance following the scheduled review
Recommendation	Council is asked to approve the proposed consultation document and associated draft Scope of Practice guidance.

1. Background

- 1.1 The GDC's [scope of practice](#) guidance (SoP) sets out the skills and abilities that every dental care professional should have at the point of registration and the skills which might be developed later on as they go through their career. The guidance was introduced in 2009 to support those dental care professionals who had joined the register a year earlier, and was last reviewed in 2013 in line with the introduction of [direct access](#) and the publication of the [standards for the dental team](#).
- 1.2 The GDC's Corporate Strategy 2020-2022 [Right time, right place, right touch](#) outlined our intention to review the SoP for all dental professionals, with a view to enabling more effective deployment of the whole dental team and facilitating inter-professional working.
- 1.3 This review is closely linked to a number of ongoing workstreams in the GDC, which fall under the banner of upstream regulation, in particular the work to develop principles of professionalism and embed them into education, learning and practice and to encourage dental professionals to have greater ownership of the principles and standards. The SoP is the first piece of existing guidance to be reviewed in line with the work to develop principles of professionalism.
- 1.4 The Scope of Practice review started in 2019 with [independent research](#) commissioned to help us understand how the guidance is used, what the impacts of the guidance have been, and to ask what its future should be. At its December 2020 meeting, Council was provided with an overview of the work undertaken up to that point to review the guidance (including

the findings of the commissioned research) and three options for the format of the revised guidance.

- 1.5 Council agreed staff should pursue the recommended proposal – to merge with or refer to existing guidance where possible and set high-level reserved duties. This could potentially be achieved by developing a SoP that:
- refers to the professional responsibility to act within training, competence and indemnity as is currently set out in the standards and future principles of professionalism;
 - links to the learning outcomes document as the basis of determining training and competence;
 - signposts to guidance and legislation provided in other areas and by external organisations (upon which much of the current SoP is based);
 - provides a broad description of the purpose of the different roles in the dental team;
 - sets risk-based categories of duties that *cannot* be done (rather than those that can) as they are ‘reserved’ to other registrant groups.
- 1.5 During its discussion at the December meeting, Council also emphasised the importance of engagement with key stakeholders, including the dental professions when developing the revised materials.

2. Review process

- 2.1 Following the discussion with Council at its December meeting, we held initial discussions with internal and external stakeholders to discuss possible options for the format of the revised guidance, based on Council’s recommended way forward. Whilst there was broad support for the objectives of the review and for change, some participants were apprehensive of the proposal to only focus on the restricted duties that *cannot* be done, as definition by exception was considered negative, difficult to define and as downplaying the knowledge and skills acquired by each registrant group. In response, the approach was refined to provide a greater focus on the role of each professional title in the provision of patient care, in addition to the boundaries of the role.
- 2.2 There was considerable discussion around defining what it means to be ‘trained’ and ‘competent’ and the need to define this in the guidance. It was considered that any move away from a prescriptive list in favour of relying on professional judgement would necessitate guidance on what is meant by trained and competent.
- 2.3 Following on from these discussions, we drafted a revised guidance document in line with the following principles:
- public and patient protection is the fundamental objective of the guidance;
 - the guidance must be enabling and flexible, and only be restrictive when there is a patient safety reason to do so;
 - The guidance must be equally applicable to the whole dental team;
 - we should move away from issuing an exhaustive list of tasks that *can* be done;
 - the new guidance will form a key part of the framework of standards and guidance set by the GDC to guide professional decision-making with regards to safe and effective practice.

- 2.4 We have developed the initial draft guidance in partnership with the professions, partner organisations and internal colleagues in a series of workshops. Whilst some apprehension remains regarding the significant change in approach to the SoP, stakeholders have largely welcomed the principles underpinning the revised guidance and many have expressed an interest in helping to embed the change in approach with their members and networks.
- 2.5 Further detail on the review process, particularly the earlier stages of the review, is set out in the draft consultation document, attached at **Appendix A**.

3. Format of the revised guidance

- 3.1 The proposed new SoP guidance is split into two main sections, which will be presented on the GDC website as an accessible series of webpages, rather than as a complete document. The first section, which is broken down into eight parts, sets the SoP in context as part of a suite of guidance documents that guide professional decision making.
- 3.2 In particular, it seeks to change how we think about *scope of practice* – moving away from it being a defined list of tasks set by the GDC, towards the more traditional and theoretical concept that *scope of practice*, that within the boundaries and purpose of a role, the specific tasks undertaken are unique to the individual and may change over time. This is the approach that is taken to *scope of practice* in other regulated professions and in dentistry in many other jurisdictions.
- 3.3 The revised SoP is, therefore, guidance on how dental professionals should determine what is within their scope of practice, based on their skills and abilities, training and experience and the interests of their patients. It refers to other existing areas of upstream regulation that will also help a dental professional determine their SoP, including the standards for the dental team, the learning outcomes and GDC guidance on lifelong learning.
- 3.4 The second section provides profession-specific information. The amount of information provided for each registered title differs depending on the level of information considered necessary. However, all follow a similar format which provides:
- a. an explanation of the purpose of the role in a statement;
 - b. Some explanatory information as to the general and broad range of skills and abilities held by the group;
 - c. a description of the boundaries of the role which you cannot move beyond without re-training and re-registering a different professional title.
- 3.5 All registered titles include a renewed emphasis on the role of dental professional in the promotion of optimum oral healthcare, the holistic approach to healthcare, and their role in prevention of disease, not just its treatment.

4. Requests for extensions to permitted scope for CDTs

- 4.1 In 2013, the GDC removed the requirement that all dental treatment should be done under the prescription of a dentist, so allowing dental care professionals to treat patients directly in some circumstances. The introduction of direct access, as it is known, followed a full review of the extent to which it could be safely extended to the individual DCP registrant groups. That review determined that whilst CDTs can see edentulous patients (those with no natural teeth) directly for the provision of full dentures, a dentist's prescription would still be required for partially dentate patients.
- 4.2 The GDC reached this conclusion after assessing the training provided and undergraduate curriculum for CDTs, including any gaps in skills and training required for CDTs to have direct access for their full scope of practice. Other research that contributed to the review

included a literature review, workshops with patients and a consultation on the proposals. However, at the meeting in which Council approved the recommendations, Council confirmed that if training was available and was being taken up by CDTs then this decision would be reviewed.

- 4.3 As part of this SoP review – with the shift in focus to professional judgement, training and competence and patient need – the GDC has been asked to consider extending the permitted scope of CDTs to include direct access to dentate patients for partial dentures. Whilst this request is not new, the experiences of patients and dental professionals during the pandemic, where access to dental services was severely limited, heightened the urgency of considering this request.
- 4.4 Any significant changes to the boundaries of practice will need to be carefully considered with the maintenance of patient safety as top priority. Whilst this work will formally be taken forward under the existing Boundaries of Regulation programme, for efficiency we have included related questions into the proposed SoP consultation document, and consideration of this issue will continue alongside the SoP review, given that the subjects are so closely related.
- 4.5 Among other things, this will include an analysis of FtP and registration data to help determine potential patient risk, and how any risks can be mitigated in order to allow treatment that is safe, in patient best interests and is fit for the future. We will also consider the training that is now provided to CDTs pre-registration, particularly within the context of the ongoing review of the learning outcomes.

5. Patient facing information

- 5.1 One of the purposes of the SoP when it was introduced in 2009 was to help the public and patients understand the different roles of the members of the newly extended dental team.
- 5.2 The research carried out in 2019 as part of this review considered public perceptions of the SoP guidance document using two discussion groups held with members of the public. The results showed that the public were not generally aware of the SoP guidance document, and when the document was shown to them, they did not feel it was presented in a way that is easily understandable for them – they assumed it had been designed with dental professionals and stakeholders in mind. The research also suggested that if the guidance document is to be used by the general public, it would need to be shortened and interactive (for example an app, video or web format with clickable links) or be produced as a simple poster with each member of the dental team and a short summary of each role.
- 5.3 As was the case in 2009, we still consider it important that the public and patients can access information regarding the roles of the dental professionals they are seeing. Patient confusion, seen both in incoming FtP cases and policy queries, suggests that information on the roles of certain DCPs would be beneficial, particularly in cases where patients or their dependents are seeing a DCP for the first time or in a different environment. We have explored this issue further with the GDC patient panel, which has confirmed that information on such DCP roles would be beneficial for some. We have been working with the GDC patient panel to develop our understanding of what information patients want and need. so that we can produce public/patient-facing information that is appropriate for the intended audience in terms of content, format and accessibility. Once we have developed patient-facing materials in response to this insight, we will use the panel again to test the proposed materials.

6. Other workstreams linked to SoP

- 6.1 There are a number of different policy issues which could affect what falls within a dental professional's SoP, that are currently being taken forward as part of other GDC workstreams. These include:
- a. Review of the learning outcomes – we will ensure that any changes to learning outcomes as a result of the review are reflected in the SoP guidance, and vice versa.
 - b. Developing the principles of professionalism – the review of SoP guidance is being taken forward in line with the GDC's strategic aim of promoting professionalism. The revised SoP guidance will take into account the principles of professionalism as they are developed, as well as the subsequent review of the standards and supporting guidance.
 - c. Cosmetics - the GDC's regulatory response to non-surgical cosmetic injectables, including what (if any) actions the GDC would take in relation to dental professionals administering them using their title as a dental professional, is being taken forward under the Boundaries of Regulation programme. At this stage, we do not intend to refer specifically to their administration in the profession-specific guidance, however, we will ensure the SoP links to any relevant guidance that we produce in response to this wider piece of work.
 - d. Mouthguards – considering the GDC's regulatory approach to the taking of impressions for the provision of sports mouthguards which is likely to affect guidance around what dental technicians can do directly. This is being taken forward under the Boundaries of Regulation programme and will include separate communications and engagement with stakeholders. Whilst this work will not have concluded prior to the consultation on the SoP guidance, we expect an updated policy position to be developed prior to Council approval of the final draft SoP guidance.
 - e. Direct access – as set out in section 4 above, considering possible extension to direct access for CDTs to include partially dentate patients.
- 6.2 As shown by the 2019 research findings, the current SoP is used by different groups in a number of different ways. Some uses of the current SoP may be better addressed by separate guidance more targeted to the specific purpose and may be better provided by other organisations. Examples of other uses to be captured elsewhere include:
- a. International registration – registration applicants who trained and qualified in other jurisdictions (where there may be differences in the skills and abilities taught in pre-registration courses) may require tailored information as to the expected skills and abilities and boundaries of the professional title for which they are registering.
 - b. Career progression – the current SoP is often used by dental professionals and organisations to help determine skills that can be developed over the course of their career. It is likely that this information and support would be better provided by other organisations such as the professional associations and the College of General Dentistry.
- 6.3 The GDC will continue to work closely with partner organisations, such as the College of General Dentistry and professional associations to ensure the right information is provided to dental professionals by the most appropriate organisation. This will be done through regular, continued engagement with these partners and will form part of the

Communications and Engagement plan for embedding the revised approach to SoP with the professions.

7. Risk considerations

- 7.1 The revised approach to SoP represents a significant shift away from rules-based approach to regulation, towards a principles-led approach. Whilst enabling a more proportionate response to regulatory issues, the increased emphasis on professional judgement and professional responsibility is accompanied by an increase in risk that some dental professionals may not always act professionally, safely and in the best interests of the patient. Risks associated with this work, and measures to be put in place to mitigate them, have been considered as part of the project, and some of the key risk considerations are outlined below.

Patient safety

- 7.2 The research carried out in 2019 as part of this review suggests there is a perceived risk of dental professionals acting out of scope should the SoP be significantly changed. Dental professionals and partner organisations have continued to express concern over this perceived risk throughout the course of this review.
- 7.3 The results of the 2019 research paint a mixed picture in relation to this point. Whilst the concerns exist, the evidence also suggests that professionals have a good understanding of their own scope, and generally only act outside of scope for reasons relating to the patient's interests. In addition, the analysis of SoP cases in FtP that was carried out in 2019 to support the research suggest that, quite often, SoP cases actually concern a breach of other standards and guidance (for example Human Medicines Regulations) which will remain in force should the GDC's approach to SoP guidance change.
- 7.4 It should also be noted that the proposed guidance defines the boundaries of each professional title which, whilst succinct, are based on patient safety considerations and capture the most common SoP breaches identified by the GDC.
- 7.5 These findings highlight the importance of effective communication and engagement with the dental professions 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.

Potential impact on Fitness to Practise

- 7.6 We are confident that the revised approach to the SoP guidance will continue to provide clear guidance to dental professionals as to the purpose and defined boundaries of their roles. It is worth noting that two thirds of Performance and Conduct Committee hearings between 2015-2019 that involved a SoP breach allegation concerned dental technicians or clinical dental technicians seeing patients without a prescription when one was required. The requirement for prescriptions in such cases will still be clearly articulated in the proposed new guidance.
- 7.7 In addition, as set out above, a number of the restrictions in the current SoP are drawn from guidance, standards and regulations set by other organisations and agencies which would continue to apply in any case.
- 7.8 There is, however, a potential risk that arguing and proving FtP allegations against a more enabling, less prescriptive guidance may be more complex for a small number of cases that do not breach the defined boundaries or other existing guidance - for example, if a case decision was to solely come down to a question over whether the individual was sufficiently trained and competent to carry out a particular task. This could result in

increased complexity of case investigation and cost to case presentation and may introduce an element of risk to patients and the public with regard to failed prosecutions.

7.9 Whilst this risk exists, the number of cases likely to be impacted may be restricted. In addition to the above considerations at paragraphs 7.6 and 7.7, the proposed changes should also enable a more proportionate response to SoP allegations, particularly at the earlier stages – allowing caseworkers and case examiners to consider cases on their individual merit, rather than progressing cases solely or largely because of a breach of guidance rather than genuine risk.

7.10 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 such detailed guidance. Policy staff will continue to work closely with teams across the GDC to share learning and develop processes to mitigate this risk.

8. Equality, diversity and privacy considerations

8.1 An Equality Impact Assessment is being developed to support the consultation process. The draft EIA is attached at **Appendix C**.

9. Resource considerations and CCP

9.1 Staff time has been allocated to this work within planned activities for this year in the CCP. The patient and public research undertaken to date, and the testing of materials planned for Q4 of this year has been commissioned using the existing contract with the providers of the GDC Patient panel, and the total cost has already been allocated from the relevant budget.

10. Monitoring and review

10.1 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.

11. Development, consultation and decision trail

11.1 At its March 2020 meeting, Council approved the publication of the stage one research, conducted independently by research company IFF.

11.2 At its December 2020 meeting, Council approved the proposed direction of the Scope of Practice review which was recommended in the accompanying paper. Since then, work has been undertaken with the professions, partner organisations and internal teams across the GDC to develop the attached draft guidance.

12. Next steps and communications

12.1 Subject to Council approval of the attached draft consultation document and proposed draft guidance, we will carry out a full 12-week public consultation on the proposed changes to the Scope of Practice guidance which will start in December and conclude in February 2022. Once the consultation is completed and responses analysed, we will bring the Scope of Practice guidance back to the June 2022 Council meeting for final approval for publication.

12.2 We are developing a Communications and Engagement plan to support the consultation process and, subject to Council approval, the process of publishing the new guidance and embedding the new approach to the SoP. In the lead up to Council consideration of the final

version of the guidance, we will work with internal teams to start developing processes based on the new approach.

- 12.3 Over the course of our engagement with stakeholders when developing the revised guidance, we have had clear expressions of interest from partner organisations who are keen to work with us to help embed the new approach with their members - using the communications channels and levers available to them. We will continue to work closely with our partners to develop a coordinated approach to embedding the changes so that dental professionals can be appropriately supported.

Appendix A – Draft consultation paper on the proposed changes to the GDC’s Scope of Practice guidance

Appendix B - Draft guidance on Scope of Practice

Appendix C – Equality Impact Assessment

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Annex A

Draft consultation on the revised Scope of Practice guidance

1. The role of the GDC and our corporate strategy

1.1. The GDC is the regulator of dental professionals in the UK, and one of nine professional healthcare regulators. The GDC is a statutory body established by the Dentists Act 1984 ('the Act') and has a broad statutory remit.

1.2. In common with all other healthcare professional regulators, our overarching objective, is the protection of the public, supported by three more specific objectives:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the regulated professions.
- To promote and maintain proper professional standards and conduct for members of those Professions

1.3. Our legal framework provides a significant degree of discretion in how we achieve those objectives. It affords us opportunities to develop an approach to regulation, in partnership with the professions, that focuses on preventing harm to patients before it occurs. We refer to this sort of activity as 'upstream' regulation, and it is a key component of our corporate strategy.

1.4. As part of our upstream regulatory activity, we have previously stated our intention to work with our partners and the dental profession to promote a positive vision of professionalism in dentistry. One element of this is a shift in our strategic focus away from a rules-based system which provides prescriptive guidance to be followed, to one which supports and encourages professionalism among those we regulate. The aim is to provide a framework of standards and guidance within which a dental professional can exercise professional judgement based on an assessment of their circumstances and what is in their patients' best interests.

2. Background to the GDC's Scope of Practice document

2.1. In 2008, several new professional groups now collectively known as 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.

2.2. The solution adopted was the Scope of Practice (SoP): a prescriptive list of tasks for each DCP title which details:

- the skills which DCPs with that title should have on qualification (this is their 'scope of practice')
- the skills which might be developed later in their career as part of their professional development ('additional skills') and
- the skills which DCPs under a particular title would not develop without becoming a different type of registrant because those skills are 'reserved' to other titles.

2.3. 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](#). 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.

3. Scope of Practice review objectives

3.1. A lot has changed in the past decade since the introduction of full DCP registration. The continuing changes in the population's oral health needs have led to an increasing focus on promotion of better oral health and prevention of disease, rather than the treatment of disease. There is, and will continue to be, increased demand for oral health education and assistance in a variety of community and domiciliary settings, such as enhanced healthcare in care homes.

3.2. Technological advancements are also rapidly changing the dental landscape, with new technology coming onto the market and becoming increasingly accessible. The dental professions themselves have changed too, with dental team skill mix evolving and the professions – which were new to regulation in 2008 – undergoing significant professional development.

3.3. Over the years these changes have highlighted significant issues with the SoP in its current form.

3.4. The current guidance takes the form of a prescriptive list of skills and procedures performed by each professional title, which is limiting as it implies that anything not listed is 'out of scope'. Not only does this have the potential to stifle innovation, but also creates a barrier to utilising the skills and expertise of the whole dental team – something that has become increasingly pertinent in the current pandemic. Merely listing skills and procedures also puts the guidance at constant risk of being out of date, with technological advances and changing population needs moving faster than ever.

3.5. The prescriptive list of tasks that can be undertaken also undermines the concept of professionalism. It does not enable professionals to take ownership of, or use, their professional judgement based on their role and capabilities and what is in the best interests of their patients.

3.6. We have therefore used this opportunity to conduct a wider review of the SoP guidance, rather than simply update the tasks listed for each professional title. The objectives of the review are, therefore, to develop guidance that is:

- **Centred on protecting patients** – is capable of achieving the fundamental purpose of the SoP – protecting patients by guiding dental professionals to practise safely
- **Supportive and guiding** - supports and guides professional decision-making
- **Enabling** - enables the dental team to work to their full potential and in a variety of different settings
- **Flexible** – is capable of adapting to the ever-changing environment
- **Futureproof** – is capable of supporting the delivery of dentistry of the future, including through another pandemic.

3.7. We appreciate that the SoP is used for a wide variety of purposes in addition to its core purpose of ensuring patient safety, as shown in the results of [the research](#) we commissioned at the start of this review. We think that these purposes may be better served in different ways, with communications or guidance more tailored towards the specific goals.

4. The review process

4.1. We have carried out a three-stage review of the SoP guidance.

Stage One – Evidence

4.2. For the first stage, we wanted to fully understand how the current version is being used by everyday professionals, other organisations and the GDC and whether it's fit for purpose. In 2019 we commissioned independent research which was carried out by IFF Research. The results of this research are available in the [research library section of the GDC website](#). The key findings of the research were:

- The Scope of Practice guidance is not being used in the way that it was originally intended. The primary users of the guidance are education and training providers, employers, and professional representative bodies, less so, dental professionals.
- Dental professionals reported high levels of awareness and a good understanding of their own scope of practice, which has been gained through education, work and training and development, not through our guidance. Dental professionals also reported low levels of awareness on the scope of others in the dental team.
- The research found significant concerns among dental professionals and stakeholders about the suggestion that there may be substantial changes or that the guidance might no longer exist. The reason for this was a fear or concern that others may act out of scope.

4.3. The GDC also carried out some analysis of fitness to practise data regarding cases received by the GDC between 2015 and 2019 involving SoP considerations.

4.4. This analysis showed that 14% of FtP cases received in that period related to DCPs and 24% of those involved a consideration about SoP. The majority of cases concerning a SoP breach involved dental nurses (33%), dental technicians (36%) and CDTs (14%). When taking into account the proportion of different DCP titles on the register, we see that dental nurses are in fact under-represented with regards to SoP cases, whilst dental technicians and clinical dental technicians are over-represented.

4.5. Although cases concerning a SoP consideration make up only very small proportion of all fitness to practise concerns, almost a third of them ended up at a Performance and Conduct hearing – almost all of which involved dental nurses, dental technicians or clinical dental technicians and the majority closed with a serious sanction (either a reprimand, suspension or erasure). This does not necessarily mean that clinical harm will have been caused to a patient – considerations of harm also include financial harm and, in many cases, risk of harm – but the fact that a dental professional has breached guidance designed to protect patients raises a number of concerns regarding the probity and professionalism of the individual and a risk of patient harm. In addition, an alleged breach of the SoP guidance is likely to be combined with several other considerations which will also be investigated and will contribute to the final decision and, if necessary, sanction.

4.6. Further details on the results of this analysis can be seen in the webinar recording on [the GDC website](#).

Stage two – Purpose and format

4.7. The second stage of the review looked deeper at the key purpose and format options of the SoP guidance, taking into account the reasons behind its introduction in 2009 as well as the GDC's statutory functions and current strategic direction. As part of this, we met with representatives from key stakeholder organisations to discuss options for updating and modernising the guidance and looked at the different potential options for presenting the SoP guidance, with a focus on options that will deliver improvements to the current format and content of the guidance whilst maintaining its key purpose of public protection.

Stage three – Content development

4.8. The third stage of the review drew on the evidence and intelligence gained from the first two stages. We worked closely with external partner organisations, including dental professionals, professional associations, indemnity providers and education representatives, to test, develop and refine the draft content of the reviewed guidance.

5. How does the revised guidance meet the review objectives?

5.1. The draft revised SoP guidance developed during this review is significantly different in terms of format and content to the current guidance and represents a clear shift in approach for the GDC, based on our strategic direction.

5.2. **Focuses on context and the individual:** The revised guidance moves to a more traditional, theoretical concept of *scope of practice* - where scope of practice is unique to an individual professional, is based on their specific circumstances, training and experience and which changes over time. This interpretation of scope of practice is more aligned to that used with other regulated professionals, including other healthcare professions and in dentistry outside of the UK.

5.3. With this in mind, the GDC's objective is not to develop one, defined *scope of practice* for all, but to produce *guidance* which dental professionals must follow when making professional judgements as to what is within their scope, to enable them to practise safely and within set parameters.

5.4. **Provides criteria for decision making:** In order to do this, the revised guidance moves away from providing a static, prescriptive list of tasks that *can* be done by each professional title – which given the speed of change in dentistry will need constant updating. Instead, the revised guidance sets out what must be taken into account when determining scope, referencing (but not replicating) existing standards, guidance and regulations, including the GDC's [Standards for the dental team](#) as well as those produced by external bodies and organisations.

5.5. Within this set framework of standards and guidance, dental professionals can exercise professional judgement and decision-making based on individual circumstances and contextual factors including patient need and the patient's best interests.

- 5.6. **Defines the *purpose of the role rather than what can be done*:** The revised guidance sets out profession-specific guidance intended to help professionals determine their own scope of practice and better understand that of their colleagues. This includes a description of the purpose of the role within the dental team, the types of skills and tasks carried out under the professional title, with reference to the GDC's Learning Outcomes for each professional title which are the basis of each title's core scope of practice.
- 5.7. **Sets role boundaries:** It also sets out the boundaries of each professional title – beyond which a registrant cannot practise without retraining and re-registering another professional title. The defined boundaries of the role are based on training and patient and public protection considerations.
- 5.8. **Provides flexibility for decision-making:** Within this framework, the revised approach to defining and determining scope of practice should provide more flexibility, allowing dental professionals to exercise professional judgement within an ever-changing environment. The revised guidance aims to be enabling and supportive rather than constrictive, and only restrictive where there are patient or public safety reasons for being so.
- 5.9. **May enable a proportionate approach to fitness to practise:** Not only should the revised guidance support professional decision making, taking context and circumstances into account, but it may also enable the GDC to adopt a more proportionate approach to investigating allegations in fitness to practise at stages where context can be taken into consideration. At such stages (in particular at Case Examiner stage) decision-making may be less likely to be constrained by prescriptive guidance and better able to take other factors into account such as patient need, the basis of professional decision making and the actual impact on patients.

6. Consideration of direct access for CDTs

- 6.1. This review of the SoP guidance – with the shift in focus to professional judgement, training and competence and patient need – has prompted a more detailed consideration of the permitted scope of CDTs to potentially include direct access to dentate patients for partial dentures. Reasons for considering this extension at this time also include the recent experience of the pandemic where access to dental services was extremely limited, and our aim to develop guidance that is fit for the future.
- 6.2. Any significant changes to the boundaries of practise will need to be carefully considered with the maintenance of patient safety as top priority. We have begun an initial scoping exercise into some of the potential benefits and risks of such a change to permitted scope. We will continue with a more in-depth consideration of any patient-safety risks posed by such a change and how to mitigate these risks to enable treatment that is safe, in patient best interests and is fit for the future.
- 6.3. As part of this consultation, we would be grateful for views on the potential benefits and risks of extending direct access for CDTs to include dentate and implant patients, and measures that could be put in place to mitigate these risks.

7. Information for patients

- 7.1. One of the initial reasons for introducing the scope of practice guidance was to provide information to patients regarding the different roles of the members of the dental team.

7.2. Perhaps unsurprisingly, the research carried out at stage one of this review found that members of the public and patients are not aware of the scope of practice guidance; and when we showed the SoP to members of the public, they did not feel it was understandable or written for them.

7.3. The GDC continues to think that it is important for patients to be able to understand the differences between members of the dental team, and the role of the professionals involved in their dental care. We are therefore working with our patient panel to better understand what information patients need and want, and the best format in which to provide this. We intend to produce specific patient/public facing information regarding the different roles within the dental team following this review.

8. Other uses of the scope of practice guidance

8.1. The GDC understands that some groups may benefit from more detailed or tailored information on what is expected from them in practice and what skills they should or could seek to develop.

8.2. Examples of where further detail or information may be sought could include those registering with the GDC using an overseas qualification where skills, abilities or role expectations learned differ from those in the UK, or where dental professionals are seeking guidance and support regarding career progression.

8.3. Whilst the current scope of practice guidance may have been used in such situations, we feel that these objectives would be better served through specific, tailored information. We will address the provision of the most appropriate information as part of ongoing workstreams related to these areas.

8.4. In some cases, particularly when thinking about support and guidance on career progression, the GDC is not an appropriate source of information or support. We will continue to work closely with our stakeholder partners who have expertise in these areas in aiming to provide dental professionals with the right support in the most effective way.

9. Consultation questions

Change in approach

1. Thinking about the objectives of the review, do you think that the revised approach meets the review objectives?
 - a. Please can you explain your answer
2. Do you think there are any additional benefits to the new approach to the guidance that are not captured?
 - a. Comments
3. Are there any disadvantages to the new approach to the guidance?
 - a. Please explain

4. Do you think the proposed guidance is sufficiently flexible to enable dental professionals to adapt to changing environments and circumstances – e.g. another pandemic situation, advances in dental technology or initiatives to use DCP skill mix in new ways

Application of the new guidance

5. Is the new guidance clear? Y/N
 - a. Comments
6. Are there any parts that need further clarification?
 - a. If yes, what?
7. Would you be able to use the guidance to support your professional decision making? Taking into account factors such as the needs of your patients and your competence? Y/N
 - a. Comments
8. Is there anything missing from the guidance that would help you decide whether something falls within or outside of your scope of practice?
 - a. Please explain
9. Do you think that the proposed changes will impact the way you practise?
 - a. Please explain
10. In section 8 of the draft new guidance, we wish to provide links to standards, guidance, regulations and legislation provided by other organisations and bodies, which set requirements on training, CPD or registration status for certain tasks. For example, Human Medicines Regulations and the Ionising radiation (Medical Exposure) Regulations. Please provide details of any relevant guidance, regulations or legislation that should be included in this section.

Profession-specific information

Thinking about the profession-specific information provided:

11. Do you think the descriptions of the different dental professions are accurate? Y/N
 - a. Comments
12. Is the description of the tasks carried out by the various dental professions accurate? Y/N
 - a. Is there anything missing that needs to be there? Please remember that this is not designed to list all of the tasks that can be done
13. Is the way we have described the boundaries for each dental profession clear? Y/N
 - a. Please explain
 - b. Is there anything that is not captured that should be?

Extension to permitted direct access for CDTs

14. In your view, what, if any, are the potential benefits to patients in permitting direct access for CDTs to partially dentate/implant patients for partial dentures?
15. What, if any, patient safety risks would be posed by such a change?

16. What measures could be put in place to help ensure that direct access to dentate patients can be delivered safely and effectively?

Other

17. Are there other uses or functions of the current scope of practice guidance that would not be captured in the revised guidance?
- a. Please explain
 - b. How, or where, else could these uses be captured?

Annex B

Draft Scope of Practice guidance

This guidance on Scope of Practice is split into two sections. This first section sets out how to use the guidance and is applicable to all members of the dental team.

The second section provides separate information relevant to each of the registered dental titles. Specific guidance for each of the dental professions.

1. What do we mean by *scope of practice*?

The GDC registers seven different dental professional titles who work together to form the dental team. In order for the dental team to function effectively, each team member must understand the valuable role that they – and their colleagues – play in the provision of dental care to patients.

As a Registrant, your scope of practice is made up of the activities that you carry out as part of your professional role. These are activities that you have the knowledge, skills and abilities to perform safely and effectively.

Your scope of practice is personal to you. The activities you carry out will partly be defined by the setting in which you practice, the needs of your patients, and the knowledge and skills of yourself and your team. Your scope of practice is also likely to change over time as you develop and expand your knowledge, skills and experience (within the defined boundaries of your registered title).

The GDC has produced this guidance on scope of practice to protect patient safety by guiding dental professionals to only carry out tasks that they are trained and competent to perform safely. It describes the expected abilities for each registered title and outlines the boundaries of each.

2. How to use this guidance

Part of what it means to be a dental professional is being able to make decisions in the patient's best interests using your own professional judgement. You should use standards and guidance to inform and guide your professional decision making. As set out in the [standards for the dental team](#), if you deviate from established standards and practice you should record the reasons for doing so and be able to justify why you made that decision.

This guidance should help you understand the tasks and skills that you can perform safely in your daily practice, and those that need to be done by another member of the dental team.

You must follow this guidance and use it to inform your professional decision-making. Whilst the decisions you make will be dependent on the specific context and your individual circumstances, you must adhere to the criteria set out in this guidance when forming these professional judgements.

3. Make sure you are trained, competent and indemnified for everything you do

The [standards-for-the-dental-team](#) set out that you must work within your knowledge, skills, professional competence and abilities, and have appropriate insurance or indemnity in place.

This means you should only carry out a task or type of treatment, prescribe or plan treatment, and make decisions about a patient's care if you are sure that you have the necessary skills and are appropriately trained, competent and indemnified.

If you are unclear exactly what this means you should ask yourself the following questions:

- *Have I been trained to carry out, plan or prescribe this task or treatment?*
- *Do I feel competent and confident to carry out, plan or prescribe this task or treatment?*
- *Am I appropriately indemnified to carry out, plan or prescribe this task or treatment?*

You can find more information on what we mean by 'trained' and competent' in our [\[information on competence and training\]](#).

As a registered dental professional, you are responsible for the decisions, treatment and advice that you plan and provide. You must use your own professional judgment to assess whether you are trained and competent to plan and carry out any activities that you take on. If you are unsure whether you are trained, competent or appropriately indemnified for a task, it may help to discuss this with:

- your employer
- your colleagues
- your education provider
- your professional association
- your indemnity provider.

If a task, treatment plan, type of treatment or decision is outside your scope or you do not feel that you are trained and competent to do it (except for when in education or on a training course where you are appropriately supervised) you must refer the patient to an appropriately trained colleague (either where you work or in an alternative setting).

4. Your pre-registration training is the basis of your role

As a dental professional, you will have spent a number of years training in order to gain a qualification that enables you to register with the GDC under a particular professional title.

Your core scope of practice – that is the basic skills and tasks that you should be able to do in your daily practice – is largely defined by what you learnt to do in your pre-registration training.

The learning outcomes for each of the professional titles that we register are contained in the document [Preparing for Practice](#). These learning outcomes reflect the knowledge, skills, attitudes and behaviours each dental professional must have to practise safely, effectively and professionally in the relevant registration category.

5. Developing your skills and abilities over the course of your career

Of course, you are not limited to the skills that you learnt in your pre-registration training.

Your scope of practice is likely to change over the course of your career, whether because of changes in the technology of dentistry, or your further training and development.

There are likely to be new skills (within the boundaries of your registered title) that you want to develop after registration to broaden your scope of practice or you may deepen your knowledge of a particular area by choosing more specialised practice. Your [Personal Development Plan \(PDP\)](#) can help you identify which skills within your field of practice to develop.

To carry out additional skills you will need to undertake further training. The training that you undertake must be sufficient to make you competent in the task. There are many different types of courses available, however not all of them will be sufficient to make you competent to practise safely. For example, more complex skills may require training delivered by an accredited educational provider which includes some form of formal assessment.

Our [\[information on competence and training\]](#) may help you when considering what training you need to develop competence in particular areas.

It is important to note that post-registration training such as CPD will not let you move from one professional registration title to another, or to allow you to undertake duties beyond the boundaries of your current title. To do this, you will need to undertake another GDC approved course and register in another dental professional category.

6. The boundaries of each professional title

Each professional title has a specific role within the dental team and each title has defined boundaries. The boundaries of each title, or what each profession *cannot* do, are set out for each professional title.

If you want to expand your scope beyond these boundaries, you will need to undertake further dental training and gain a qualification which will allow you to register in a different registrant group.

As a registered dental professional, you are responsible for ensuring that you work within the boundaries of your registered professional title/s. Any dental professional who practises outside their boundaries poses a risk to patient safety and puts their GDC registration at risk.

7. A team-based approach to patient care

What is the dental team?

The dental team is made up of seven registered dental professional titles, and some unregistered roles, that all contribute to patient care.

Whilst your team usually consists of your direct colleagues within your workplace, there will be times when you need to work collaboratively with dental professionals in other settings such as other practices, specialists and hospital settings.

Understanding your role and the role of others

The [standards for the dental team](#) set out that you must work effectively with your colleagues and contribute to good teamwork. To do this, you must know your own scope of practice and also be familiar with that of your colleagues. This is particularly important if you lead a dental team.

Working as a part of a team is vital in providing a high standard of care, where patients receive the most appropriate treatment from the most suitable dental professional.

The level and nature of this care will depend on the:

- patient's wellbeing and safety needs
- treatment needed
- type of practice or clinical setting, and
- team's education, experience and competence.

Medical Emergencies

A patient could collapse on any premises at any time, whether they have received treatment or not.

All members of the dental team must know their role in the event of a medical emergency, and ensure they are sufficiently trained and competent to carry out that role. If the setting in which you work changes, your role in the event of a medical emergency may change as well.

Delegating and referring

In line with the [standards for the dental team](#), you must delegate and refer appropriately and effectively.

It is good practice to delegate where you can and where it is safe to do so to maximise team efficiency. However, you can only delegate to colleagues who are trained, competent and confident to carry out the tasks required of them. You may need to support a colleague when carrying out a new activity.

Good communication within your team is essential for making this work.

You must also know when to refer or hand over patient care to another dental professional for an opinion or treatment. You should do this if the diagnosis or treatment is beyond your own scope of practice, training or competence.

8. Other sources of guidance

As set out in the [standards for the dental team](#), dental professionals must find out about, and follow, the laws and regulations which apply to their clinical practice or affect their work.

There are other regulations, standards, guidance and legislation that limit which registered titles can perform certain tasks – these therefore affect your permitted scope of practice. They may also set out specific training and CPD requirements that are required to be able to undertake certain tasks. These are not set by the GDC, but as a registered dental professional you are required to follow them.

Links to relevant sources are provided below.

Any dental professional that does not comply with relevant regulations, standards, guidance and legislation puts their GDC registration at risk.

[\[Provide up-to-date links to external sources of information\]](#)

Guidance on training and competence

1. What does it mean to be competent?

Competence can be described as the combination of training, skills, experience and knowledge that a person has; and their ability to apply them to plan and/or perform an activity safely, consistently and in accordance with currently accepted professional standards.

2. How is competence developed?

Competence is not only developed through education and training, but also through experience. This can be broken down into pre and post registration training and activities.

- Pre-registration training

Prior to registration, competence is primarily developed through established training, education and workplace/clinical experience that is delivered in line with the [Standards for Education](#) and [Learning Outcomes](#) set by the GDC (or has been assessed by the GDC as equivalent).

- Post-registration training

Post-registration training can take a number of different forms. These can include:

- completing a relevant qualification or accredited course
- speciality training (dentists only)
- undertaking [CPD](#), with concise aims and objectives, anticipated learning outcomes and quality controls
- on-the-job training
- mentoring or being mentored
- gaining experience in practice, for example taking on new or different responsibilities under supervision.

The ways in which you develop your competence will vary and will depend upon considerations such as the complexity of the task, your experience, the skills available in your team and your patients' needs. The different forms of training listed above may not be sufficient on their own and you may wish to use a combination.

There are many different types of courses available, however not all of them will be sufficient to make you competent to practise safely. For example, more complex skills may require training delivered by an accredited educational provider which includes some form of formal assessment.

3. How can competence be measured or assessed?

It is always advisable to keep a record of all training undertaken and its successful completion, and a record detailing the clinical experience obtained in the process of training. This can be linked to, or form part of, your [Personal Development Plan \(PDP\)](#).

One of the key attributes of a professional is to be able to reflect and self-assess your own competence and if unsure speak to colleagues. Competency should be evidence-based and verified by an appropriate person such as your employer or training provider before work commences, using any records available.

Profession -Specific information

Dental nurses

Role within the dental team

Dental nurses play a broad and varied role in providing essential support in all aspects of patient care, across a range of environments. This includes oral health promotion and education with a focus on prevention, providing clinical support to colleagues and maintaining high standards of infection control.

Where do dental nurses work?

Dental nurses work in a wide variety of different settings. These include:

- in general practice providing clinical support to colleagues, particularly dentists, dental hygienists, dental therapists and clinical dental technicians
- in specialist practice
- in hospital settings, for example in a maxillofacial department
- outside of the clinic, providing oral health and oral hygiene education and instruction – for example in schools, healthcare and family centres and domiciliary care
- in salaried dental services/ Community Dental Services
- in schools and other community settings when applying fluoride varnish, either on prescription from a dentist or direct as part of a structured dental health programme

What do dental nurses do?

Core skills

Dental nurses predominantly work with other dental professionals, providing support to colleagues and patients for all aspects of dental care. The tasks that dental nurses will generally undertake following registration include (but not limited to):

- supporting patients to maintain and improve their oral health
- taking the principal role in infection prevention and control in the clinical setting
- preparing the surgery and equipment for treatment and ensuring all necessary materials are ready for use
- providing clinical support during examinations and treatments
- monitoring, supporting and reassuring patients during treatments.

These skills and abilities that dental nurses have on registration are based on the [GDC learning outcomes](#)

Expanding scope of practice

There are a wide range of further skills and qualifications that dental nurses can go on to gain over the course of their career. The variety of clinical environments that dental nurses can work in may impact the skills and abilities they choose to develop in order to fulfil that role – for example they may wish to focus their practice to a particular area of dentistry which will require specific skills. [Personal Development Plans \(PDPs\)](#) can be useful in identifying the additional skills dental nurses wish to develop.

Additional skills can be gained in different ways depending on the skill that is being developed – some may be gained through in-house training and some through external courses or CPD. Some skills – specifically those relating to radiography and assisting with

the treatment of patients under conscious sedation – require specific training and certification that conforms to set [standards and regulations](#).

Given the wide range of further skills and abilities dental nurses can develop, it is not feasible to expect everyone to be competent in every area. Dental nurses must be confident that they are competent (and appropriately indemnified) to undertake additional skills before putting them into practice. There should be mutual agreement between the dental nurse and the dentist, employer or supervisor that they are competent to take on the additional role within the clinical setting.

Boundaries of the role

Dental nurses predominantly work with other registered dental professionals, and other registered healthcare professionals where appropriate. Dental nurses do not diagnose disease or plan treatment. Dental nurses work under prescription from, or direction of, a dentist or other registered dental or healthcare professional.

Orthodontic therapists

Role within the dental team

Orthodontic therapists carry out certain parts of orthodontic treatment under prescription from a dentist or specialist orthodontist and support the patient through the clinical journey of orthodontic treatment.

What do orthodontic therapists do?

Tasks that orthodontic therapists undertake include (but not limited to):

- preparing tooth surfaces for orthodontic treatment
- taking patient measurements and impressions to be used to produce orthodontic appliances
- inserting, adjusting (but not activating) and removing fixed and removable orthodontic appliances to the prescription of a dentist/orthodontist
- providing emergency care to make a patient comfortable between scheduled appointments with the dentist/orthodontist
- identifying and referring treatment issues or concerns to the prescribing dentist or orthodontist
- carrying out Index of Orthodontic Treatment Need (IOTN) screening

Further information on the specific skills and abilities that orthodontic therapists should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

Boundaries of the role

Orthodontic therapists can only work under the prescription of a dentist or orthodontist and do not take responsibility for the progress of treatment. Orthodontic therapists do not undertake dental treatments that are not related to the provision of orthodontic treatment or carry out interproximal reduction.

Dental Hygienists

Role within the dental team

Dental Hygienists educate and support patients to attain and maintain high standards of oral health, as well as promoting wider systemic health. Dental Hygienists play a principal role in preventing and treating periodontal disease and providing oral health advice.

What do dental hygienists do?

Dental hygienists work collaboratively with other dental and healthcare professionals, making referrals where appropriate. The role includes (but is not limited to):

- oral health education and promotion with a focus on prevention, underpinned by a holistic approach
- carrying out clinical examinations for the purposes of diagnosing and treatment planning within scope and competence
- maintaining and stabilising the existing dentition by preventing and managing periodontal disease, interventions for prevention of dental caries and tooth wear and care and maintenance of dental implants
- management of hard tissue diseases and soft tissue conditions and identifying soft tissue abnormalities and making appropriate referrals

Boundaries of the role

Dental hygienists do not carry out permanent restorative procedures or extract teeth.

Dental therapists

Role within the dental team

Dental therapists educate and support patients to maintain high standards of oral health, as well as promotion of wider systemic health, by preventing and treating periodontal disease and providing oral health advice. Dental Therapists also deliver a range of direct restorative treatments to all age group patients and extract paediatric teeth.

What do dental therapists do?

Dental Therapists work collaboratively with other dental and healthcare professionals, making referrals where appropriate. The role includes (but is not limited to):

- oral health education and promotion with a focus on prevention, underpinned by a holistic approach
- carrying out clinical examinations for the purposes of diagnosing and treatment planning within scope and competence
- maintaining and stabilising the existing dentition by prevention and management of dental caries, periodontal disease, tooth wear and care and maintenance of implants
- management of hard tissue diseases and soft tissue conditions, identifying soft tissue abnormalities and making appropriate referrals
- carrying out direct restorations on the primary and secondary dentition
- undertaking pulpotomies, extractions and placing pre-formed crowns on the primary dentition.

Boundaries of the role

Dental Therapists do not undertake complex restorative treatment or procedures associated with the pulp in the adult dentition.

Dental Technicians

Role within the dental team

Dental technicians make custom-made dental devices to the prescription of a dentist or clinical dental technician and to Medicines and Healthcare products Regulatory Agency (MHRA) requirements. They also repair dentures direct to members of the public.

Where do Dental technicians work?

Dental technicians can work in a dental laboratory as part of a team manufacturing dental appliances, and in clinic as part of a multi-disciplinary dental team designing, developing, manufacturing, fitting and providing advice to patients on dental appliances.

What do dental technicians do?

Dental technicians manufacture custom-made dental appliances to the prescription of a dentist or clinical dental technician. Tasks that dental technicians undertake include (but are not limited to):

- designing and making a range of custom-made dental appliances to meet MHRA requirements
- working with dentists and clinical dental technicians on treatment planning
- verifying and taking responsibility for the quality and safety of devices leaving a dental laboratory

Further information on the specific skills and abilities that dental technicians should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

With further training, dental technicians who work directly with patients, as part of a multidisciplinary team, in a clinic can also undertake further tasks, including:

- taking impressions and measurements for the purpose of making dental appliances
- carrying out implant frame assessments
- recording occlusal registrations

Dental technicians can see patients directly for denture repairs, shade taking and providing sports mouthguards.

Boundaries of the role

Dental technicians do not treat patients directly without the prescription from a dentist or clinical dental technician, except for denture repairs and shade taking.

Commented [KM1]: To be confirmed, subject to separate BoR workstream on impression-taking for mouthguards

Clinical Dental Technicians (CDTs)

Role within the dental team

CDTs work collaboratively with other members of the dental team – particularly dentists – in the provision of removable dental appliances to patients. Clinical dental technicians (CDTs) provide removable appliances direct to edentulous patients and to dentate patients on prescription from a dentist.

What do they do?

In particular, CDTs plan, design, manufacture, fit and carry out the clinical examinations and procedures related to providing removable dental appliances. CDTs can prescribe and provide removable dental appliances directly to edentulous patients, and on prescription to dentate patients.

CDTs also provide sports mouthguards directly to patients.

In the process of their work, CDTs may recognise abnormal oral mucosa and related underlying structures, and refer patients to other healthcare professionals where necessary, such as when a patient needs a treatment plan, prescription, or the CDT is concerned about a patient's oral health.

Further information on the specific skills and abilities that CDTs should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

Following registration, with additional training and experience, CDTs can provide additional services within their professional boundaries.

Boundaries of the role

CDTs do not see dentate patients or patients with implants directly – a prescription from a dentist is required to confirm that the patient is dentally fit and suitable for treatment.

Dentists

Role within the dental team

Dentists usually lead the dental team and are can carry out the full range of dentistry as long as they are trained, competent and appropriately indemnified.

What do dentists do?

Full information on the specific skills and abilities that dentists should know and be able to do when they join the register are set out in the [GDC learning outcomes](#)

Further education

In line with the principles of lifelong learning and [CPD](#), dentists will expand their skills and abilities over the course of their career.

Dentists can go on to undertake further education in specific clinical areas of dentistry in which they have a special interest.

The education and training undertaken must be sufficient to develop competence in the area of practice, particularly in order to practise in a specialist area. Dentists should carefully consider the boundaries of their own competence before practising independently. Our [\[information on training and competence\]](#) may be useful in determining what training and experience is necessary.

Further education and training will also include non-clinical areas of practice which are essential to the role of the dentist within the dental team, for example leadership.

Delegation and team working

As dentists often lead the dental team in the clinical setting, they will often take responsibility for ensuring collaborative working across the team. Effective and efficient delegation is an important part of collaborative working – delegating where safe and possible and taking into account the experience of the team.

When delegating, dentists must understand their colleagues' scope of practice, and the tasks that colleagues are trained, competent, confident and indemnified to do. Dentists must not delegate tasks that are outside of a colleague's scope and competence. There should be mutual agreement between dentist and colleague regarding tasks that are delegated.

The boundaries of the role

In order to undertake skills that were not covered in pre-registration training, dentists must undertake further training and ensure they are competent before they start to practise.

Equality Impact Assessment

Review of the GDC Scope of Practice guidance

Step 1 – Identify the policy

The term *policy* is interpreted broadly in equality legislation and refers to anything that describes what we do and how we expect to do it. It can range from published policies and procedures to the everyday customs and practices, sometimes unwritten, that contribute to the way our policies are implemented and how our services are delivered.

Published statements of policy are a useful starting point for equality impact assessments, as they establish the overall purpose of different activities.

Policy title	Scope of Practice guidance review
Department/team carrying out the assessment	Policy
New or previously approved policy?	Previously published Scope of Practice (SoP) Guidance
Date of approval / last review (if known)	01/09/2013

Step 2 – Further information

Who is responsible for the policy that is being assessed?	Policy
Describe the main aims, objectives, and purpose of the policy	The key objective of the guidance is to maintain patient safety by guiding dental professionals to determine what tasks they can perform safely and competently in their daily practice. The guidance is being reviewed/updated to make it more flexible and enabling, and to allow greater scope for professional judgement and decision making.
Are there associated objectives of the policy? If so, please explain.	

Who is expected to benefit from this policy?	<p>Patient/public – the key objective of the policy is maintaining patient safety. Patients are expected to benefit from the proposed changes to the guidance as it should allow dental professionals to take patient need and interest into account more when making professional judgements.</p> <p>Dental professionals – the revised guidance should enable dental professionals to adopt a more flexible approach and to work to their full scope.</p> <p>GDC – the changes should allow for a more proportionate response to investigating FtP allegations.</p>
Who was consulted on this policy?	<p>GDC: Policy leads, ILPS, Fitness to Practise Caseworkers and Clinical Dental Advisers</p> <p>External: A number of individual dental professionals and relevant stakeholder organisations - including professional associations, indemnity providers and education bodies/representatives.</p>
How has the policy been explained to those who would be directly or indirectly affected by it?	<p>Direct engagement with representative bodies, dental defense organisations and education bodies/representatives on the planned revisions.</p> <p>GDC communications with the dental profession regarding the proposed changes, including webinars, blogs and articles.</p>
What outcome(s) are meant to be achieved from this policy?	<p>Updated Guidance will maintain patient safety by guiding dental professionals to practise safely within training and competence. Revisions will allow for better professional judgement taking into consideration context and human factors, and for greater flexibility in response to advances in technology, practice and team skill mix.</p>
What factors could contribute to the outcome(s)?	<p>Support of partner organisations to embed the revised approach with their member networks</p>
What factors could detract from the outcome(s)?	<p>Dental professionals not following the guidance appropriately and not assessing their level of training and competence adequately</p>

Step 3 – Assess the impact on different groups of people

In the table below, please indicate whether the policy affects different groups of people with Protected Characteristics in ways that would be different to when compared to other groups.

Positive impact: a policy or practice where the impact on a particular group of people is more positive than for other groups, e.g., accessible website design. It can also include legally permitted positive action initiatives designed to remedy workforce imbalance.

Negative impact: a policy or practice where the impact on a particular group of people is more negative than for other groups.

Neutral impact: a policy or practice with neither a positive nor a negative impact on any group or groups of people, compared to others.

Protected Characteristic	Positive impact	Negative impact	Neutral impact	Reasons / comments
Age			Y	
Disability			Y	
Gender identity			Y	
Marriage and Civil Partnership			Y	
Pregnancy and maternity			Y	
Race			Y	
Religion or belief			Y	
Sex			Y	
Sexual Orientation			Y	

Step 4 – Promoting equality

<p>Please give a brief description of how this policy promotes equality.</p>	<p>The SoP guidance applies to all dental professionals. It is intended to promote patient safety by guiding dental professionals to practise within training and competence. The existing guidance is being updated to bring it in line with the GDC's strategic direction. Ultimately, greater flexibility could lead to greater access to dental treatment for different groups of people with protected characteristics. Greater scope for professional judgement and decision making could enable more tailored approaches that enable diverse patient needs to be taken into account more effectively and compassionately.</p>
<p>If there is no evidence that the policy promotes equality, what changes, if any, could be made to achieve this?</p>	
<p>If there is a negative impact on any equality target groups, can this impact be legally and objectively justified?</p>	
<p>How do you intend to communicate or consult in relation to the actions and proposals for improvements?</p>	<p>The GDC is conducting a full 12-week public consultation exercise to seek feedback on the proposed change in approach to the guidance, as well as the proposed draft content. Based on the feedback received during the public consultation, it may be necessary to revisit the content of the EIA to highlight potential benefits or hitherto unseen negative impacts of this work.</p> <p>Any views expressed on the proposed changes which will impact any protected characteristic group, either positively or negatively, will be assessed following the consultation and the final draft guidance will be amended accordingly.</p>

Step 5 – Conclusions and Next Steps (to be completed following consultation)

The evidence has not identified any disadvantage or negative impacts.	
The evidence indicates that there are no disadvantages or negative impacts that cannot be easily addressed.	
It has not been possible to say whether there is a disadvantage or negative impact	
The evidence indicates potential disadvantages or negative impacts that cannot be easily addressed.	

Step 6 – Additional Information

What additional evidence are you going to gather? <i>(Please tick any that apply)</i>	<input type="checkbox"/> Advice from experts <input type="checkbox"/> Demographic profiles <input type="checkbox"/> Existing consultation results Existing user data External verification e.g. expert views of people/organisations representing equality group(s) <input type="checkbox"/> National best practice information e.g. the Professional Standards Authority or Care Quality Commission reports. <input type="checkbox"/> New consultation with a specific equality group(s) <input type="checkbox"/> Research reports <input type="checkbox"/> Relevant staff group expertise	Other <i>(please state)</i> :
If you have any additional comments please add them here.		

Step 7 – Action plan

Protected Characteristic	Details of possible disadvantage or negative impact	Action to be taken to address the disadvantage or negative impact	Individual responsible	Completion date
Age				
Disability				
Gender identity				
Marriage and Civil Partnership				
Pregnancy and maternity				
Race				
Religion or Belief				
Sex				
Sexual Orientation				

Step 8 – Sign off

Name and job title of Assessor:	Katherine McGirr, Policy Manager
Date of completion:	28/09/21
Signed off and approved for publication by Organisational Development:	Alex Bishop, 07/10/21
Date of next review: <i>(This should be within three years of the date of completion of the original assessment)</i>	EIA to be reviewed following conclusion of public consultation exercise.

Restarting the comprehensive complaints resolution model

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Kristen Bottrell, Policy Manager Dr Toby Ganley, Head of Right Touch Regulation
Type of business	For noting
Purpose	This paper provides Council with an update on the comprehensive complaints resolution model.
Recommendation	Council is asked to note this update.

1. Background

- 1.1 The Comprehensive complaints resolution model project was first signalled in Shifting the balance, with the aim of exploring ‘the role and remit of each body in the dental complaints system, how patients can be consistently signposted to the right place, and what options exist for redirection of matters raised with the GDC or other organisation. This will ensure complaints and concerns are considered by the correct organisation and patients who complain to the wrong body are not lost in the system’. It was also referred to in the Corporate strategy 2020-2022: Right time, right place, right touch, contributing to strategic aim 2; our commitment to 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.
- 1.2 This project was put it on hold until July 2021 when priorities were reviewed in light of the pandemic. The decision was made because of the difficulty engaging with partner organisations whilst their resources were directed toward dealing with the effects of the pandemic.

2. Where did we get to?

- 2.1 The goals expressed for this project were:

- a. To produce a map of the relevant bodies in the complaints system, including their remit and the potential sources of complaints and concerns.

This work was completed through a process of engagement with organisations in the system. We captured their remits, sources of complaints and types of complaints, mapping the pathways for the different types of complaints. This work was tested with the Profession-wide Complaints Handling Initiative (PWCHI) and with the organisations we engaged as part of the development. This work was also presented to the Policy and Research Board (the maps can be found at appendix one).

- b. To develop the definition of a complaint and a concern.

This was developed with the PWCHI as part of the principles for good complaints handling. Along with the posters and leaflets developed, we prepared supporting material

that mapped the principles against the CQCs Key Lines Of Enquiry to help registrants understand the relationship between the two.

These materials can be found at appendix two.

We were part of the working group for the Parliamentary Health Service Ombudman's complaints standards framework and ensured that the definitions used were consistent.

- c. To produce a map of the patient journey through the complaints system.

As stated above, we mapped complaints pathways, however, did not to translate this into a diagram (or 'map') as this would only show how complicated the system is rather than produce greater clarity. Instead, we decided to focus on a tool to help the navigate the system as outlined in the last update to SLT.

- d. To obtain legal advice on the flexibility of the General Dental Council's legislative framework and whether it enables consideration of referrals and joint management of concerns.

The legal advice explains our statutory obligations to investigate fitness to practice cases and allows for some scope for referral of cases that do not meet that threshold.

- e. To produce a gap analysis on external bodies in the complaints system.

The mapping phase determined that the problem lies more with navigating the dental complaints system than with gaps in the system, which supports the proposal to develop a tool for helping complainants navigate the system. Engagement with organisations with a role in handling or assisting with complaints in the system indicated strong support for this, as well as in principle agreement to assist us to develop such a tool.

- f. To consider the GDC's role in the complaints system in relation to other bodies to explore the possibility of referral and joint management of cases.

Due to our Rule 3 obligation that 'the registrar must investigate a complaint or other information received in relation to a registered dentist or a registered dental care professional, including a dentist or dental care professional whose registration is suspended, and must determine whether a complaint or information amounts to an allegation', the GDC must investigate fitness to practice cases. Where there are issues for investigation by other bodies (such as the police), we can and do put cases on hold pending the outcome of the investigation. Our panels may not however rely on the outcome of those investigations as they do not apply the same statutory tests. We routinely refer complaints to other bodies where they do not amount to an allegation of impaired fitness to practice and fall within another organisation's remit, for example, the formal arrangement with the NHS across three of the four nations.

- 2.2 The initial goals of this project are complete. However, having mapped the relevant bodies in the complaints system, including their remit and the potential sources of complaints and concerns, and determined that the problem lies more with the difficulty navigating the system, rather than gaps in it, further work to improve navigation of the complaints system will enable us to realise the benefits of the work done to date.
- 2.3 In late 2019, it was decided that reviewing alternative models for private dentistry complaint handling (DCS review – Phase Two) and exploring the options for NHS complaints handling were better dealt with as part of the development of a comprehensive model of complaints resolution and the three projects were combined. This merger of scope requires us to consider the options for handling complaints about private and NHS dentistry.

3. Next steps

- 3.1 Building on the work done to date, including our understanding of the different parts of the complaints system and how they fit together, we will review alternative models for private dentistry complaint handling (DCS review – Phase Two) and explore the options for NHS complaints handling (this work will focus specifically on complaints that do not meet the test for fitness to practise). Conclusions and recommendations will be brought to EMT and Council in the first half of 2022. That work will also feed into the development of a tool to help navigate the complaints system, contributing to the delivery of strategic aim 2: 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.
- 3.2 We will engage with organisations, including Healthwatch, that we have formed relationships with during the period that the project was paused and re-engage with those we have worked with as part of this project to date. This will assist with the analysis of the various triage tools that organisations in the complaints system use. We'll use that analysis to develop improvements to our own triage tool.
- 3.3 We will use the public and patient panel to help us test the conclusions we have reached about complaints pathways against people's experiences and to explore the language that patients use and work with communications colleagues with expertise in user testing to help make sure our improved tool works for patients and the public.
- 3.4 Recognising the importance of the experience of those with protected characteristics in dentistry, and ED&I issues more broadly, we will use research to ensure the improvements we develop include accessibility.
- 3.5 We will update EMT and Council with the proposed improvements to the triage tool to assist navigation of the complaints system in the second half of 2022.

Appendices

- a. Appendix 1: Complaints pathways mapping
- b. Appendix 2: Defining complaints and concerns

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28 September 2021

**COMPLAINT MAPPING PROJECT -
ESCALATION ROUTES
MAY 2019**

WORKSHOP PURPOSE

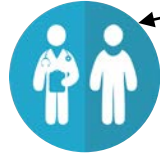
- In [*Shifting the balance*](#) the GDC commits to working with partners to develop a comprehensive model for the resolution of complaints and concerns about dentistry in each of the four nations of the UK, with the aim to facilitate proportionate, effective and efficient resolution of complaints and concerns, using the lowest level of intervention required and ensuring patient protection.
- The project has two phases. The first will be to construct a detailed map of the system of dental complaints. The second phase of the project will provide an analysis of the dental complaints system in order to identify any gaps and opportunities for improvement.
- As part of phase one, we have tried to identify the organisations involved at all stages of the dental complaints system. We have also tried to identify the different complaint escalation routes - based on who is raising a complaint/concern (patient, professional, employer/employee etc) – and grouped the nature of the complaint/concern (clinical, non-clinical etc). Finally we have tried to establish which organisations could be involved for each of the different routes. The following slides provide our initial thinking.
- At the workshop, we will be asking you to comment on the complainant routes, the complaint groups and the organisations involved, thinking particularly about if they are right and if there are any missing.

PATIENT ESCALATION ROUTE

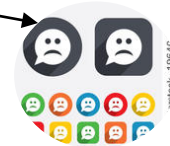
PATIENT COMPLAINT TYPES



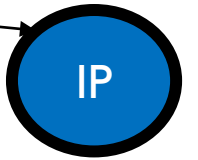
CUSTOMER SERVICE



CLINICAL



NON-CLINICAL



WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- NHS Helpline (England)
- NHS Choices
- Citizen's Advice Bureau
- Charities

WHO WILL HELP TO MAKE A COMPLAINT

- Patient advocacy services
- Community groups

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- Ombudsmen services (PHSO, SPSO, NIPSO, PSOW)
- CQC
- RQIA
- HIS
- HIW
- NHS England and CCGs
- Welsh Health Boards
- Corporate Bodies

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- DDOs/Indemnifiers
- Professional Associations (and BDA Benevolent fund)
- Mind
- Samaritans

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Oral Health Foundation
- NHS Helpline (England)
- NHS Choices
- Citizen's Advice Bureau
- Charities
- Clinical Associations
- DCS

WHO WILL HELP TO MAKE A COMPLAINT

- MPs
- Other medical professionals
- Patient advocacy services
- Community groups

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- GDC,DCS
- Ombudsmen services (PHSO, SPSO, NIPSO, PSOW)
- CQC
- RQIA
- HIS
- HIW
- NHS England and CCGs
- Welsh Health Boards
- Northern Ireland Health and Social Care Board
- Corporate Bodies
- Litigators/Courts
- Dental Plan Providers
- MHRA
- Trading standards
- HSE
- Education providers
- Trusts/PALS
- GMC (other healthcare regulators?)
- PSA

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- Deaneries
- COPDEND
- DDOs/Indemnifiers
- Bar Pro Bono
- Professional Associations (and BDA Benevolent fund)
- Unions
- Mind
- Samaritans

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- NHS Helpline (England)
- NHS Choices
- Citizen's Advice Bureau
- Charities

WHO WILL HELP TO MAKE A COMPLAINT

- MPs
- Debt collectors
- Patient advocacy services
- Community groups

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- GDC
- Ombudsmen services (PHSO, SPSO, NIPSO, PSOW)
- CQC
- RQIA
- HIS
- HIW
- NHS England and CCGs
- Scottish Health Boards
- Welsh Health Boards
- Northern Ireland Health and Social Care Board
- Corporate Bodies
- Litigators/Courts
- Dental Plan Providers
- Police
- MHRA
- Trading Standards
- ASA
- ACAS
- ICO
- HSE
- Education Providers
- Trusts/PALS
- GMC (other healthcare regulators?)
- PSA
- Fraud agencies
- Employment Tribunal (Industrial Tribunals)

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- Deaneries
- COPDEND
- DDOs/Indemnifiers
- Bar Pro Bono
- Professional Associations (and BDA Benevolent fund)
- Unions
- Mind
- Samaritans

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- NHS Helpline (England)
- Citizen's Advice Bureau
- Charities

WHO WILL HELP TO MAKE A COMPLAINT

- MPs
- Other medical professional
- Patient advocacy services
- Community groups

WHO WILL HELP HANDLE THE COMPLAINT

- GDC
- Trading Standards

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

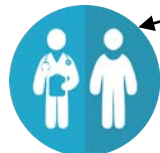
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PROFESSIONAL ESCALATION ROUTE

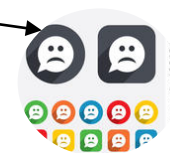
PROFESSIONAL COMPLAINT TYPES



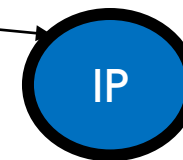
STUDENT TRAINEE



CLINICAL



NON-CLINICAL



WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Clinical Association

WHO WILL HELP TO MAKE A COMPLAINT

- Other medical professionals

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- NHS England and CCGs
- Scottish Health Boards
- Welsh Health Boards
- Northern Ireland Health and Social Care Board
- Corporate Bodies

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- Deaneries
- COPDEND
- DDOs/Indemnifiers
- Training provider

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Clinical Associations

WHO WILL HELP TO MAKE A COMPLAINT

- NONE

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- CQC
- RQIA
- HIS
- HIW
- NHS England and CCGs
- Scottish Health Boards
- Welsh Health Boards
- Northern Ireland Health and Social Care Board
- Corporate Bodies
- HSE
- Trusts/PALS
- GMC (other healthcare regulators?)

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- Deaneries
- COPDEND
- DDOs/Indemnifiers
- Bar Pro Bono
- Professional Associations (and BDA Benevolent fund)
- Unions
- Charitable organisations (e.g. Samaritans)

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Citizen's Advice Bureau

WHO WILL HELP TO MAKE A COMPLAINT

- Other medical professional
- Debt collectors

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- GDC
- CQC
- RQIA
- HIS
- HIW
- NHS England and CCGs
- Scottish Health Boards
- Welsh Health Boards
- Northern Ireland Health and Social Care Board
- Corporate Bodies
- Litigators/Courts
- Dental Plan Providers
- Police
- MHRA
- Trading Standards
- ASA
- ICO
- HSE
- Fraud agencies

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- DDOs/Indemnifiers
- Bar Pro Bono
- Professional Associations (and BDA Benevolent fund)
- Unions
- Charitable organisations (e.g. Samaritans)

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- NONE

WHO WILL HELP TO MAKE A COMPLAINT

- NONE

WHO WILL HELP HANDLE THE COMPLAINT

- GDC
- Trading Standards

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- NONE

EMPLOYER EMPLOYEE ESCALATION ROUTE

EMPLOYER EMPLOYEE COMPLAINT TYPES



WHISTLEBLOWING

WHOM TO APPROACH BEFORE MAKING A COMPLAINT	<ul style="list-style-type: none"> • Clinical Association • NHS Helpline (England) • Citizen's Advice Bureau
WHO WILL HELP TO MAKE A COMPLAINT	<ul style="list-style-type: none"> • NONE
WHO WILL HELP HANDLE THE COMPLAINT	<ul style="list-style-type: none"> • GDC • Ombudsmen services (PHSO, SPSO, NIPSO, PSOW) • CQC • RQIA • HIS • HIW • NHS England and CCGs • Scottish Health Boards • Welsh Health Boards • Northern Ireland Health and Social Care Board • Corporate Bodies • Litigators/Courts • Dental Plan Providers • ACAS • Education Providers • Trusts/PALS • PSA
WHO WILL SUPPORT THE DENTAL PROFESSIONAL	<ul style="list-style-type: none"> • Deaneries • COPDEND • DDOs/Indemnifiers • Bar Pro Bono • Professional Associations (and BDA Benevolent fund) • Unions • Charitable organisations (e.g. Samaritans)

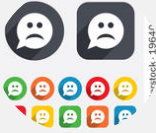


EMPLOYMENT

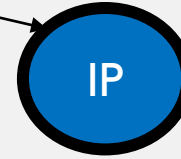
WHOM TO APPROACH BEFORE MAKING A COMPLAINT	<ul style="list-style-type: none"> • Citizen's Advice Bureau
WHO WILL HELP TO MAKE A COMPLAINT	<ul style="list-style-type: none"> • NONE
WHO WILL HELP HANDLE THE COMPLAINT	<ul style="list-style-type: none"> • Dental professional/practice • CQC • RQIA • HIS • HIW • Corporate Bodies • Litigators/Courts • Dental Plan Providers • ACAS • Education Providers • Trusts/PALS • Employment Tribunal (Industrial Tribunals)
WHO WILL SUPPORT THE DENTAL PROFESSIONAL	<ul style="list-style-type: none"> • DDOs/Indemnifiers • Professional Associations (and BDA Benevolent fund) • Unions • Charitable organisations (e.g. Samaritans)

PUBLIC ESCALATION ROUTE

PUBLIC COMPLAINT TYPES



NON-CLINICAL



WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Citizen's Advice Bureau
- Charities

WHO WILL HELP TO MAKE A COMPLAINT

- MPs
- Community groups

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- GDC
- CQC
- RQIA
- HIS
- HIW
- NHS England and CCGs
- Scottish Health Boards
- Welsh Health Boards
- Northern Ireland Health and Social Care Board
- Litigators/Courts
- Police
- Trading Standards
- ASA
- ICO
- Education Providers
- Fraud agencies

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- DDOs/Indemnifiers
- Bar Pro Bono
- Professional Associations (and BDA Benevolent fund)
- Unions
- Charitable organisations (e.g. Samaritans)

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Oral Health Foundation
- NHS Helpline (England)
- Citizen's Advice Bureau
- Charities

WHO WILL HELP TO MAKE A COMPLAINT

- Community groups

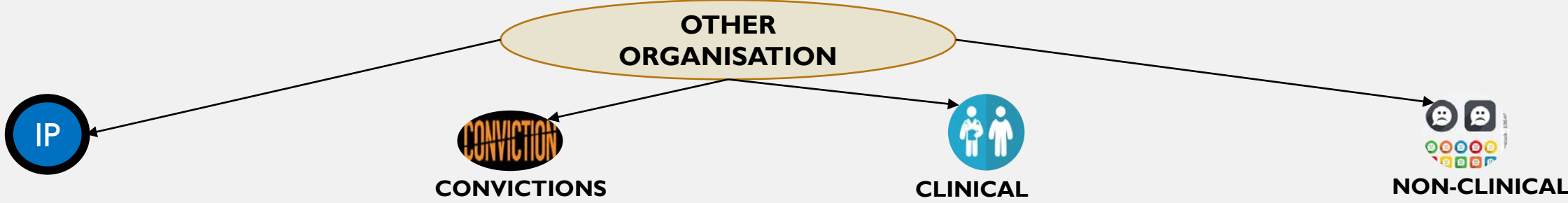
WHO WILL HELP HANDLE THE COMPLAINT

- GDC
- Trading Standards

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- NONE

OTHER ORGANISATIONS ESCALATION ROUTE



- WHOM TO APPROACH BEFORE MAKING A COMPLAINT
 - NONE
- WHO WILL HELP TO MAKE A COMPLAINT
 - NONE
- WHO WILL HELP HANDLE THE COMPLAINT
 - GDC
 - POLICE
- WHO WILL SUPPORT THE DENTAL PROFESSIONAL
 - DDOs/Indemnifiers
 - Bar Pro Bono
 - Professional Associations (and BDA Benevolent fund)
 - Unions
 - Charitable organisations (e.g. Samaritans)

- WHOM TO APPROACH BEFORE MAKING A COMPLAINT
 - NONE
- WHO WILL HELP TO MAKE A COMPLAINT
 - NONE
- WHO WILL HELP HANDLE THE COMPLAINT
 - Dental professional/practice
 - GDC
 - CQC
 - RQIA
 - HIS
 - HIW
 - NHS England and CCGs
 - Welsh Health Boards
 - Northern Ireland Health and Social Care Board
 - Corporate Bodies
 - Litigators/Courts
 - Dental Plan Providers
 - POLICE
 - Trusts/PALS
 - GMC (other healthcare regulators?)
- WHO WILL SUPPORT THE DENTAL PROFESSIONAL
 - DDOs/Indemnifiers
 - Bar Pro Bono
 - Professional Associations (and BDA Benevolent fund)
 - Unions
 - Charitable organisations (e.g. Samaritans)

- WHOM TO APPROACH BEFORE MAKING A COMPLAINT
 - NONE
- WHO WILL HELP TO MAKE A COMPLAINT
 - NONE
- WHO WILL HELP HANDLE THE COMPLAINT
 - Dental professional/practice
 - GDC
 - DCS
 - Ombudsmen services (PHSO, SPSO, NIPSO, PSOW)
 - GMC (other healthcare regulators?)
- WHO WILL SUPPORT THE DENTAL PROFESSIONAL
 - Deaneries
 - COPDEND
 - DDOs/Indemnifiers
 - Bar Pro Bono
 - Professional Associations (and BDA Benevolent fund)
 - Unions
 - Charitable organisations (e.g. Samaritans)

- WHOM TO APPROACH BEFORE MAKING A COMPLAINT
 - NONE
- WHO WILL HELP TO MAKE A COMPLAINT
 - NONE
- WHO WILL HELP HANDLE THE COMPLAINT
 - Dental professional/practice
 - GDC
 - DCS
 - POLICE
 - Trading Standards
 - ASA
 - ICO
 - HSE
 - GMC (other healthcare regulators?)
- WHO WILL SUPPORT THE DENTAL PROFESSIONAL
 - DDOs/Indemnifiers
 - Bar Pro Bono
 - Professional Associations (and BDA Benevolent fund)
 - Unions
 - Charitable organisations (e.g. Samaritans)

COMPLAINS FROM STUDENT ESCALATION ROUTE



EMPLOYMENT



CLINICAL



NON-CLINICAL

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Citizen's Advice Bureau

WHO WILL HELP TO MAKE A COMPLAINT

- NONE

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- GDC
- DCS
- NHS England and CCGs
- Scottish Health Boards
- Welsh Health Boards
- Northern Ireland Health and Social Care Board
- Corporate Bodies
- Litigators/Courts
- ACAS
- Education Providers
- Trusts/PALS

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- Deaneries
- COPDEND
- DDOs/Indemnifiers
- Unions

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- Oral Health Foundation
- NHS Helpline (England)
- NHS Choices

WHO WILL HELP TO MAKE A COMPLAINT

- NONE

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- GDC
- Education Providers
- Trusts/PALS

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- DDOs/Indemnifiers
- Bar Pro Bono
- Professional Associations (and BDA Benevolent fund)
- Unions
- Mind
- Charitable organisations (e.g. Samaritans)

WHOM TO APPROACH BEFORE MAKING A COMPLAINT

- NONE

WHO WILL HELP TO MAKE A COMPLAINT

- Debt collectors

WHO WILL HELP HANDLE THE COMPLAINT

- Dental professional/practice
- GDC
- POLICE
- Education providers
- Trusts/PALS

WHO WILL SUPPORT THE DENTAL PROFESSIONAL

- Deaneries
- COPDEND
- DDOs/Indemnifiers
- Bar Pro Bono
- Professional Associations (and BDA Benevolent fund)
- Mind
- Samaritans



THANK
YOU!

Joint statement on handling feedback and complaints in the dental practice

Contemporary expectations of healthcare are now more closely related to the expectations people have about commercial services.

For dentistry, this means that people receiving dental care are much more willing to voice their opinions, offer feedback about their experience, or make a complaint about dental treatments and dental services.

As a result, dental practitioners are likely, at some point in their career, to receive feedback or complaints about some aspect of the treatment or the service they have provided.

This joint statement sets out what we believe to be the principles of good feedback and complaints handling in the dental practice. These are not new requirements or procedures to be followed, but rather a best practice guide to handling feedback and complaints at your practice.

For this document, we make use of the following definitions:

Feedback – feedback is an opinion, whether invited or spontaneous, that can be positive, negative or neutral.

Complaint – a complaint or concern is an expression of dissatisfaction about an act, omission or decision of the provider, either spoken or written, and whether justified or not, which requires a response.

The above definitions should be considered within the context of ‘no issue is too big to be a concern, and no issue is too small to be a complaint.’

Processing a complaint through your practice’s own complaints procedure is usually the best way to solve the problem. However, if the matter is deemed serious enough to indicate that a dental professional may not be fit to work in their role, it should be referred to the General Dental Council.¹

When managed well, resolving complaints at the practice level is better for all concerned, and can avoid the unnecessary escalation of concerns because the individual reporting them has become dissatisfied with the complaints handling process.

If you are unsure about how to respond to a complaint, consider involving your defence organisation in drafting your response.

No healthcare professional should be fearful of receiving feedback or complaints. When handled well, both feedback and complaints can provide valuable insight into performance and be used for informed service improvement.

¹ General Dental Council. (2017). How to report a dental professional to us. Available at: <https://www.gdc-uk.org/api/files/HowtoReportEnglishfinal1.pdf> [Accessed 27.11.17]

Making a complaint about dental services: six principles of good complaint handling

The following principles set out what patients expect from you if they would like to provide feedback or raise a concern:

1 All of your feedback is important to us

- All feedback is welcomed, such as what we did well, what we could do better, or any other feedback
- We will use your feedback to help us improve, and we will show you how we have learned
- You can use our complaints procedure to provide feedback. If you don't want to do this, speak to a member of staff

2 We want to make it easy for you to raise a concern or complain, if you need to

- Information about our complaints procedure is easy to find, without you having to ask
- You can write to us or tell us in person
- We will take your complaint seriously
- Our complaints information also tells you how to raise a complaint about us with another organisation

3 We follow a complaints procedure and keep you informed

- We will tell you who is dealing with your complaint and when to expect a response
- We will keep you informed of the progress of your complaint, including information on any delays
- You should feel confident we are following our complaints procedure

4 We will try to answer all your questions and any concerns you raise

- It should be clear to you what happened, and why
- Our response should be empathetic in tone and coordinated
- We will deal with your complaint in the time we said we would

5 We want you to have a positive experience of making a complaint

- You should feel we have followed a clear procedure in the time we said we would
- You should not be treated differently if you complain
- You understand how the outcome of your complaint was reached
- You feel you could raise a complaint again if needed, and could recommend our procedure to others
- You feel we have listened to you and have acted in a fair way
- You know what further help is available if you are unhappy with the way we have handled your complaint

6 Your feedback helps us to improve our service

- We are learning all the time from your feedback and complaints
- We show you how your feedback and complaints are listened to and acted upon
- All members of our dental team are committed to improving the service we provide

The principles of good feedback and complaints handling for dental patients were developed jointly by the following organisations:

- Association of Dental Administrators and Managers
- Association of Dental Groups
- British Association of Dental Nurses
- British Association of Dental Therapists
- British Dental Association
- British Orthodontic Society
- British Society of Dental Hygiene and Therapy
- Bupa Dental Care
- Care Quality Commission
- CFC Underwriting
- CODE
- Dental Complaints Service
- DDU
- Dental Protection
- Dental Technologists Association
- Department of Health and Social Care
- General Dental Council
- Health Education England
- LDC Confederation
- MDDUS
- mydentist
- NHS Digital
- NHS England
- Orthodontic National Group
- Orthodontic Technicians Association
- Parliamentary and Health Service Ombudsman
- Simplyhealth
- Society of British Dental Nurses

The following resources have been developed to support dental professionals to uphold the principles:

- Making a complaint about dental services – patient leaflet
- Making a complaint about dental services – poster
- Making a complaint about dental services: how the six principles of good complaint handling relates to the CQC's inspection framework and the GDC's *Standards for the Dental Team*

The above resources are available to download from the websites of the contributing organisations and hard copies are available on request.

Policy and public affairs update

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Lisa Bainbridge, Stakeholder Engagement Manager
Type of business	To note
Purpose	<p>This paper provides Council with an analysis of public affairs and public policy media developments, providing an external context to support discussions and decision-making by Council.</p> <p>This is a shortened report covering the period 13 September to 8 October 2021. A full report of media coverage will be included in the report to the December meeting of Council.</p>
Issue	Regular update
Recommendation	To note

1. Policy developments in healthcare

Consultation on mandatory vaccinations for healthcare workers (England)

- 1.1. The Department of Health and Social Care (DHSC) is seeking [views on extending vaccination requirements](#) to all those undertaking direct treatment or having regular face to face contact with patients in either secondary or primary care or in community settings.
- 1.2. It is proposed that health and care workers and volunteers in England who are undertaking Care Quality Commission (CQC) regulated activity will be required, as a condition of deployment, to be fully vaccinated against coronavirus and influenza. There are medical exemptions proposed. The consultation closes on 22 October.

Care home workers to require Covid vaccines from 11 November 2021

- 1.3. All care home workers and other healthcare professionals who wish to [enter a care home registered with the CQC](#) will need to be fully vaccinated against COVID-19 from 11 November 2021, unless they are medically exempt, or are in exceptional circumstances, such as the need to provide emergency assistance.

Requirement to sign prescriptions returns

- 1.4. The NHS Business Services Authority has announced that patients will again be required to [sign the reverse of NHS prescriptions](#), dental and eye care forms or tokens for all prescriptions presented at the pharmacy on or after 1 September 2021. The requirement was temporarily suspended in November 2020.

DHSC plan to reduce overprescribing

- 1.5. On 22 September, the DHSC responded by accepting the findings and recommendations of a review to reduce overprescribing, entitled, [Good for you, good for us, good for everybody](#). The review proposes:
- Systemic changes to improve patient records, transfers of care and clinical guidance to support more patient-centred care.
 - Culture change to reduce the reliance on medicines and support shared decision-making.
 - A new National Clinical Director for Prescribing to lead a cross-system implementation programme including research.
- 1.6. The review proposes to reconvene within a year to evaluate progress.

New Office for Health Improvement and Disparities

- 1.7. Last year, the Government announced that it planned to abolish Public Health England and replace it with a new agency. The announcement included the merger of NHS Test and Trace service with the Joint Biosecurity Centre to form a new agency, the National Institute for Health Protection. This agency is now established as the [UK Health Security Agency](#). It is part of DHSC and led by Dr Jenny Harries, Chief Executive.
- 1.8. At the time of the announcement, questions were raised about which agency would be taking ownership and responsibility for long-term work to improve public health, which currently rests with Public Health England.
- 1.9. Taking on this role is the new [Office for Health Improvement and Disparities](#) (OHID). Its focus is on improving the nation's health, so that everyone can expect to live more of their life in good health, and to tackle health disparities. The OHID will:
- Identify and address health disparities, focusing on those groups and areas where health inequalities have greatest effect.
 - Take action on the biggest preventable risk factors for ill health and premature death, including tobacco, obesity and harmful use of alcohol and drugs.
 - Work with the NHS and local government to improve access to the services which detect and act on health risks and conditions, as early as possible.
 - Develop strong partnerships across government, communities, industry and employers, to act on the wider factors that contribute to people's health, such as work, housing and education.
 - Drive innovation in health improvement, harnessing the best of technology, analytics, and innovations in policy and delivery, to help deliver change where it is needed most.

UK REACH research on ethnicity and COVID-19

- 1.10. The University of Leicester led [UK-REACH study revealed](#), on 22 September, that two thirds of healthcare workers reported lacking in access to appropriate PPE at all times during the first UK national lockdown. The GDC is a partner in the study which is looking at issues relating to ethnicity and COVID-19 in healthcare workers across the UK.

Government launches review of health and social care leadership

- 1.11. The Government launched a review of leadership in health and social care on 2 October. The review will consider how to foster and replicate the best examples of leadership, and aims to reduce regional disparities in efficiency and health outcomes across England.

- 1.12. Retired [General Sir Gordon Messenger](#) will be supported by a team from DHSC and the NHS, which will be led by [Dame Linda Pollard, chair of Leeds Teaching Hospital](#). Timelines and terms of reference have not yet been announced.

2. Policy developments in dentistry

Delivering Better Oral Health

- 2.1. Public Health England guidance, [Delivering Better Oral Health \(fourth edition\)](#), was published on 21 September. It provides an evidence-based toolkit for preventative oral health care for England, Wales and Northern Ireland. The guidance is supported by all four Chief Dental Officers. In Scotland, the guidance will inform oral health improvement policy.

Advancing Dental Care Review

- 2.2. HEE published its [Advancing Dental Care \(ADC\) Review report](#) at the end of September. The three-year review worked to identify and develop a future dental education and training infrastructure that will produce a skilled multi-professional oral healthcare workforce to best support patient and population needs within the NHS.
- 2.3. HEE will be working collaboratively with stakeholders over the next four-years to deliver its recommendations across England. The proposals focus on developing skills by giving trainees more diverse experience and making better use of the skill mix in the dental team, widening access and participation through more flexible routes into training and the introduction of apprenticeships, and more flexible working in support of workforce retention, balanced lifestyles and career progression.

3. Developments in health and care professional regulation

Healthcare professional regulators whistleblowing report 2021

- 3.1. The joint report from all UK healthcare professional regulators [Whistleblowing disclosures report 2021](#) was published covering the period 1 April 2020 to 31 March 2021 was published on 27 September. Over the period, the GDC received 100 disclosures, of these, 93 resulted in regulatory action being taken, four were closed with no further action and three were referred to other bodies.

Changes to support processes for those with conditions or agreed undertakings

- 3.2. The GDC has announced changes to the way [dental professionals with conditions or undertakings](#) are supported to return to practise, in England, following the withdrawal of Health Education England (HEE) development support.
- 3.3. The changes effect those with conditions imposed on their practise and those who have agreed undertakings with a case examiner, as a result of a fitness to practise investigation on or after 1 October 2021. Arrangements remain unchanged for those who had HEE support in place on or before 30 September, and in all other parts of the UK.
- 3.4. Dental professionals will now be in control of finding and selecting their own development adviser, subject to minimum requirements and final approval by the GDC.

New education quality assurance model of the HCPC

- 3.5. The Health and Care Professions Council (HCPC) [launched a new education quality assurance model](#) on 10 September. The changes will provide a flexible, intelligence and data-led quality

assurance programme. The HCPC has worked with stakeholders over several years to deliver a model that meets the needs of the regulator and is less burdensome for stakeholders.

Social Work England performance review

3.6. The Professional Standards Authority (PSA) has published the results of its first [performance review of Social Work England](#), for the period December 2019 to November 2020. At the end of 2020, there were over 95,000 social workers on its register. Social Work England met 15 of the 18 Standards of Good Regulation.

NMC celebrates 100 years

3.7. On 30 September, the Nursing and Midwifery Council (NMC) celebrated 100 years since the official opening of the register, which now includes nearly 732,000 registered nurses, midwives, and nursing associates. The NMC Chief Executive and Registrar, Andrea Sutcliffe, marked the anniversary with an [article for Nursing Times](#).

4. Public affairs and parliamentary update

Changes to the ministerial team at DHSC

4.1. Changes to DHSC ministers were made in September, the team now in place is as follows:

- The Rt. Hon. [Sajid Javid MP](#), Secretary of State for Health and Social Care (no change).
- [Edward Argar MP](#), Minister of State (Minister for Health).
- [Gillian Keegan MP](#), Minister of State (Minister for Care and Mental Health).
- [Maggie Throup MP](#), Parliamentary Under-Secretary of State (Minister for Vaccines and Public Health).
- [Maria Caulfield MP](#), Parliamentary Under-Secretary of State (Minister for Patient Safety and Primary Care).
- [Lord Kamall](#), Parliamentary Under-Secretary of State (Minister for Technology, Innovation and Life Sciences).

Statement on fluoridation by the Chief Medical Officers

4.2. The UK Chief Medical Officers issued a statement highlighting that water fluoridation is an effective public health intervention for improving the oral health of both adults and children. Proposals set out in the [Health and Care Bill](#) (currently in Committee Stage) look to [shift powers from local authorities to the Secretary of State](#) to directly introduce, vary or terminate water fluoridation schemes.

NHS dentistry backlogs in Scotland

- 4.3. Members of the Scottish Parliament have raised questions on how the Scottish Government intends to address backlog of NHS dental patients. In her response, the Minister for Public Health and Sport, [Maree Todd, explained](#) that the Government had invested £5 million to improve ventilation in dental premises and a further £7.5 million for the purpose of speed-adjusting handpieces.
- 4.4. On the topic of not being able to find an NHS dentistry, the Minister stated that it was completely wrong and unacceptable for patients to be offered private care instead of NHS care, and that NHS patients should not be offered private care if the same treatment was available on the NHS, adding that instances of the behaviour should be reported to the NHS Board.

Our response to proposals for a Statutory Duty of Candour in Northern Ireland

- 4.5. The GDC responded to the Department of Health's consultation on the proposed Statutory Duty of Candour in Northern Ireland. We support the statutory organisational duty of candour, but suggested that the individual duty should remain a professional one embedded in the standards for the dental team.

Botulinum toxin and cosmetic fillers for those under 18 in England

- 4.6. The [Botulinum Toxin and Cosmetic Fillers \(Children\) Act 2021](#) came into force on 1 October 2021. It is now a criminal offence to administer botulinum toxin, or a filler, by way of injection, for cosmetic purposes to a person under 18 years of age in England.
- 4.7. The new law applies to everyone in England, including registered dental professionals. Dentists may administer the treatments to a person under 18 years of age only when acting under the directions of a registered medical practitioner.
- 4.8. [Guidance has been issued](#) by the DHSC.

BDA calls on Health Minister (Northern Ireland) for support

- 4.9. The [BDA wrote to the Health Minister \(Northern Ireland\)](#) in August calling for decisive action on the challenges facing Health Service dentistry, highlighting ongoing issues relating to the GDC contract and declining dental incomes. The BDA stated, "Health service dentistry is not financially viable in its own right, therefore the service is at serve risk of complete collapse."

Non-executive appointments at the NIMDTA

- 4.10. Health Minister, Robin Swann, has [announced the appointment of three new non-executive board members](#) at the Northern Ireland Medical and Dental Training Agency (NIMDTA).
- 4.11. Geraldine Campbell, formerly a GDC Council member, is appointed as a lay member, Brendan Garland as non-executive (finance) member (lay), and Hall Graham, a GDC Associate Panellist and formerly Primary Care Adviser at the Regulation and Quality Improvement Authority, is appointed as non-executive (dental) member.

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11 October 2021

Stakeholder engagement report – October 2021

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

Contents

This report includes the following sections:

1. Summary of engagement in numbers
2. Summary of UK-wide engagement
3. Summary of engagement in Scotland
4. Summary of engagement in Wales
5. Summary of engagement in Northern Ireland
6. Summary of engagement in England
7. Stakeholder appointments

1. Summary of engagement in numbers

1.1. Between 2 September and 11 October 2021, we attended or hosted a total of 39 online meetings and events. Of these:

- 2 were events led by the GDC
- 18 were scheduled meetings with key stakeholders, and
- 19 were meetings and events that we attended, or presented at, which were arranged by an external organisation.

2. Summary of UK-wide engagement

- 2.1. The Chief Executive and Executive Director Strategy held their regular update meeting with the BDA Chair and Chief Executive on 27 September.
- 2.2. The Head of Nations and Engagement attended the Joint Health Regulators Communications and Engagement Group meeting on 14 September. At this meeting all the health and care regulators shared their communications priorities for the remainder of 2021. EDI was a common area of focus across the wider health and care regulators group.
- 2.3. As part of his onboarding programme, the new Chair of the GDC, Lord Toby Harris, along with the Head of Nations and Engagement, met with the Chair and President of the Society of British Dental Nurses on 4 October. This was the first of a number of introductory meetings with the new Chair and key stakeholders to help increase his knowledge and understanding of the sector from our stakeholder's perspective. The meeting was very constructive and covered a wide range of areas including the challenges and opportunities facing dental nurses in the profession at present.
- 2.4. The Chair of the GDC, along with the Executive Director Strategy, met with the British Dental Association (BDA) on 8 October. Attending from the BDA were the BDA Chair, Chair of Education working group, Chief Executive and Head of Professional Regulation. Again, this was a positive and constructive meeting with a wide range of topics discussed and a positive desire to work effectively together.

Summary of engagement in Scotland

- 2.5. Engagement activity in Scotland continues to deepen and extend. During the reporting period, the Head of Scottish Affairs (HoSA) met with: CDO Tom Ferris; Paul Cushley from NHS NSS; Jason Birch, Head of the Scottish Government's Regulatory Unit; the BDA Scotland director and policy team; heads of country at GMC, NMC and GPhC; the Director of Dentistry at Greater Glasgow and Clyde Health Board, and representatives of all nine health and social care regulators. HoSA also attended the Duty of Candour online conference organised in Scotland by the PSA.
- 2.6. Subjects discussed in recent weeks have included:
 - Ongoing challenges in increasing activity levels especially across general dental services, (currently at circa 50% of pre-pandemic levels)
 - Up-selling' of private dental care
 - The promotion of the Workforce Specialist Service and other mental health support for registered health and social care staff in Scotland
 - 'Significant anecdotal evidence', according to BDA Scotland, of difficulties recruiting dental nurses and dental associates
 - Our next phase of COVID-impact research and insight into potential changes in work patterns
 - Appropriate online and e-mail behaviour
 - Regulatory reform
 - The implications of Duty of Candour
- 2.7. The latest of our online CPD sessions in Scotland was delivered during the reporting period to dental advisors and the dental reference service within NHS NSS. This session focussed on professionalism and will contribute to the wider Promoting Professionalism project. A similar session will soon be delivered for vocational dental professionals and dental nurse students in

Scotland. Additional CPD sessions are scheduled in the weeks ahead for the whole dental team in different parts of the country.

3. Summary of engagement in Wales

- 3.1. We continue to progress our stakeholder activity in Wales. Key meetings this period have included meetings with both Deputy CDOs where items discussed included Wales' recovery from the pandemic, access to treatment and the forthcoming reform of the dental contract. We also received an update on the recently restarted Gwen Am Byth and Designed to Smile programmes.
- 3.2. We again held our regular meeting with the Head of HEIW where we discussed workforce training issues and gaps as a result of Brexit plus our attendance at their forthcoming Dental Team conference.
- 3.3. We have met with both the GPhC and the GMC to discuss Welsh language issues and the likely response of the Welsh Government.
- 3.4. Issues discussed in our meeting with the Head of the Cardiff Dental School included graduation, Cardiff's position vs the rest of the UK and dental foundation training.
- 3.5. We attended the quarterly Welsh Dental Committee where items on the agenda included the restoration of dental services, fluoride and dental waiting lists.

4. Summary of engagement in Northern Ireland

- 4.1. An introductory meeting was held with the new interim Chief Dental Officer for Northern Ireland, Caroline Lappin, on 27 September. Discussions included how fourth- and fifth-year students are being supported considering the reduced clinical time that has been available, the development of an effective skills mix in dentistry, our response to the Department of Health's consultation on a Statutory Duty of Candour and the interim CDO's priorities.
- 4.2. We contributed to the joint regulators session 'Changing Systems, Changing Regulation, Improving Outcomes' at the NICON Conference on 7 October, highlighting the low-level concerns agreement in Northern Ireland as an effective example of partnership working.
- 4.3. We attended the monthly Northern Ireland Joint Regulator's Forum on 30 September, where items of discussion included updates on the Advanced Care Planning Policy and on engagement with the Patient and Client Council, as well as a discussion on the Forum's joint presence at the NICON conference.

5. Summary of engagement in England

- 5.1. The Head of Public Policy, along with other stakeholders, attended a meeting with the CQC on their developing approach to a new regulatory model on 6 September. At this session the CQC

provided an update on the proposals they are exploring to create a simplified and more accessible generic framework for regulation of settings, which will then be underpinned by sector specific details.

- 5.2. One of the GDC's Policy Managers presented to Foundation Dentists from the Midlands and East area as part of their induction, on 10 September, welcoming them to the profession, and providing them with an overview of the GDC.
- 5.3. The Head of Education Quality Assurance attended the regular DSTAG and ABTSD meeting on 13 September which included a presentation from the Intercollegiate Surgical Curriculum Programme about the newly developed and implemented assessment tools being used by the surgical specialties.
- 5.4. On 29 September the Head of Nations and Engagement met with colleagues from the Office of the Chief Dental Officer in England. The purpose of the meeting was to identify joint opportunities to improve communications and engagement with dental professionals across England. Opportunities discussed included OCDO and GDC newsletters and identifying opportunities for the GDC to engage with dental professionals through Local Dental Committees and Local dental Networks. This meeting led to a follow up meeting with the clinical fellow at OCDO on 5 October.

6. Stakeholder appointments

- 6.1. The British Dental Association has welcomed two new members to its Dento-Legal team, Clare Lawrence and Shreeti Patel.
- 6.2. The MDDUS has appointed three new members to its board of directors. Professor Iain Cameron has been appointed Chair of the Board, whilst Mr Satyajit Bhattacharya and Dr Rebecca Sadler have been appointed as two new non-executive directors.
- 6.3. Professor Avijit Banerjee and Dr Shamir Mehta have been appointed to key positions leading the College of General Dentistry's career pathways programme.
- 6.4. Professor Banerjee, who is the Professor of Cariology and Operative Dentistry and Clinical Lead in Restorative Dentistry at King's College London, has been appointed Chair of the Career Pathways Programme Board. Dr Mehta is a partner in two dental practices in Harrow, Senior Clinical Teacher at King's College London and Senior Clinical Advisor to the General Dental Council, and has been appointed Chair of the Career Pathways Reference Group.

Joint Health Regulators Whistleblowing report

Executive Director	Stefan Czerniawski, Executive Director Strategy
Author(s)	Colin Mackenzie, Head of Nations and Engagement
Type of business	For noting
Purpose	This paper provides details of the combined annual report on whistleblowing concerns raised with the health regulators, including the GDC, between 1 April 2020 and 31 March 2021.
Issue	To ensure Council are aware of the publication and its content.
Recommendation	The Council is asked to approve the paper for recommendation to the Council.

1. Background to the annual joint health regulators whistleblowing report

- 1.1 The GDC has additional whistleblowing responsibilities in relation to its role as a “prescribed person” (external whistleblowing). There are over 60 organisations who are prescribed persons. These organisations have been chosen because they have an authoritative or oversight relationships with their sector. Being a prescribed person means that the GDC is an alternative route for a worker or former worker who wishes to blow the whistle in relation to matters concerning the GDC’s statutory functions.
- 1.2 From April 2017 there has been a requirement for prescribed persons to publish an annual report. The report must detail the number of qualifying disclosures that have been raised and the action that the GDC has taken in relation to them.
- 1.3 The healthcare regulators, led by the GMC, agreed to prepare a joint report in relation to this requirement each year. This years joint report was published on 27 September 2021.
- 1.4 This is a joint report with seven other health regulators: GMC, NMC, GPhC, HCPC, GCC, GOC and GOsC.
- 1.5 The number of disclosures we received this year was 100 compared to 116 last year. We believe this reduction is partly because of COVID-19, as the provision of dental services was significantly impacted by the pandemic, with fewer people visiting their dentist. However, we have also seen an increase in whistleblowing complaints raising concerns related to the pandemic, such as allegations of not using PPE or inappropriate use of PPE, poor cross infection procedures and not adhering to social distancing rules.

Appendices

- a. **Appendix 1** – Joint Healthcare Regulators Whistleblowing Disclosures report 2021

Colin Mackenzie, Head of Nations and Engagement
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27 September 2021

Whistleblowing disclosures report 2021

Healthcare professional regulators

This report has been produced by the healthcare
professional regulators



General
Medical
Council

General
Dental
Council



General
Pharmaceutical
Council



NMC Nursing &
Midwifery
Council

Contents

- 2 About the report
- 5 General Chiropractic Council
- 7 General Dental Council
- 10 General Medical Council
- 12 General Optical Council
- 14 General Osteopathic Council
- 16 General Pharmaceutical Council
- 18 The Health and Care Professions Council
- 21 Nursing and Midwifery Council (NMC)
- 23 Note on data

About the report

On April 1 2017, a new legal duty came into force which requires all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

“The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.”

Department for Business, Energy and Industrial Strategy (2017)

As with previous years, we have compiled a joint whistleblowing disclosures report to highlight our coordinated effort in working together to address the serious issues raised to us.

Our aim in this report is to be transparent about how we handle disclosures, highlight the action taken about these issues, and to improve collaboration across the health sector.

As each regulator has different statutory responsibilities and operating models, a list of actions has been devised that can accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that while every effort has been made to align the ‘action taken’ categories, each regulator will have slightly different definitions, activities and sources of disclosures.

Table 1: Types of action taken after receiving a whistleblowing disclosure

Action type	Description
Under review	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.
Closed with no action taken	<p>This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required.</p> <p>This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.</p>
Onward referral to alternative body	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.
Regulatory action taken	<p>This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit.</p> <p>This may include but is not limited to:</p> <ul style="list-style-type: none"> ● referral to its Fitness to Practise team or any other fitness to practise process ● opening an investigation ● advice or guidance given to discloser, employer, education body or any other person or organisation ● registration actions ● other enforcement actions. <p>In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as ‘no action – not enough information’.</p>
No action – not enough information	<p>This applies to disclosures that have been assessed by the regulator and a decision has been made that there is not enough information to progress any further.</p> <p>This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser is unable to provide more information or the disclosure was withdrawn before it could be investigated.</p>
Onward referral to alternative body and regulatory action taken	This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation.

To protect the confidentiality of whistleblowers and other parties involved, no information is included here that would enable a worker who has made a disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2020 and 31 March 2021.

General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

- We maintain a UK-wide register of qualified chiropractors.
- We set the standards of education for individuals training to become chiropractors.
- We set the standards of chiropractic practice and professional conduct for individuals working as chiropractors.
- We investigate complaints against chiropractors and take action against them where necessary. The GCC has the power to remove a chiropractor from the register if they are found to be unfit to practise.

Whistleblowing disclosures received from 01 April 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021 the General Chiropractic Council received 1 disclosure of information.

Actions taken in response to disclosures

Regulatory action taken

1

Summary of actions taken

The disclosure we received in 2020-21 was placed in our fitness to practise process as it related to the fitness to practise of a chiropractor. This was a disclosure by a member of staff who previously worked at the chiropractic clinic who wished to remain anonymous. This disclosure is currently going through the investigation process and will in due course be considered by our Investigating Committee who will determine whether there is a case to answer for the Registrant.

Learning from disclosures

In total in 2020-21, we received 1 protected disclosure and therefore the number of disclosures received by the GCC remain relatively small. Although protected disclosure complaints are, by their very nature, more complex and time-consuming to investigate, more so where the discloser wishes to remain anonymous, it has not impacted on our ability to perform our regulatory functions or meet our objectives during the reporting period.

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of around 114,00 members of the dental team, including over 43,000 dentists and 71,000 dental care professionals (DCPs).

An individual must be registered with the GDC to practise dentistry in the UK. Unlike other health professional regulators, we register the whole dental team including dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists, orthodontic therapists and dentists.

Our purpose:

- to protect, promote and maintain the health, safety and Wellbeing of the public
- to promote and maintain public confidence in the professions regulated
- to promote and maintain proper professional standards and conduct for members of those professions.

To achieve this, we register qualified dental professionals, set standards for the dental team, investigate complaints about dental professionals' fitness to practise, and work to ensure the quality of dental education.

We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

In addition, we provide the Dental Complaints Service (DCS), which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

Whistleblowing disclosures received from 01 April 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021 the General Dental Council received 100 disclosures of information.

Actions taken in response to disclosures

Closed with no action taken	4
Onward referral to alternative body	3
Regulatory action taken	93

Summary of actions taken

All disclosures were made directly to the Fitness to Practise team. In 93 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases. These could lead to a range of resolving actions determined by a statutory practice committee, ranging from removal of the registrant from the Register, suspension or conditions for a determined period to the conclusion that fitness to practise is not impaired and the case could be closed.

There were four cases that were closed with no further action and no cases that were not progressed due to lack of sufficient information provided by the informant, which is down significantly on the previous year when there were 21.

Of the 93 of cases where regulatory action was taken, 36 were received from dental professionals, 17 from the public and 40 were anonymous.

Three cases were referred on to other bodies: one to NHS England and two to NHS Scotland.

None of the disclosures have resulted in resolution via employer(s). This is largely because either we did not have jurisdiction to consider this option or because the nature of the disclosures made them unsuitable for resolution in this way.

Learning from disclosures

The disclosures we have received have not had an impact on our ability to perform our regulatory functions and objectives during this period. Given our statutory framework the action we would take in response to a disclosure is the same as the regulatory action we would normally take.

A change in the way initial concerns are reviewed through the initial assessment process has enabled us to identify whistle blowing complaints earlier and significantly reduced the number of complaints we could not progress due to insufficient information, with none falling into this category in 2020-2021.

The number of disclosures we received decreased from 116 in 2019-2020 to 100 this year. This reduction, we believe, is partly as a result of COVID-19, as the provision of dental services was significantly impacted by the pandemic, with fewer people visiting their dentist. However, we have seen an increase in whistleblowing complaints raising concerns related to the pandemic, such as allegations of not using PPE or inappropriate use of PPE, poor cross infection procedures and not adhering to social distancing rules.

Compared to some other regulators we have received a higher number of disclosures in comparison to the size of the register. It is worth noting that most dentistry is provided in a primary care setting and outside the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator.

General Medical Council

The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK. Our role is to protect the public* and act in the public interest.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Whistleblowing disclosures received from 01 April 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021, the General Medical Council received 43 whistleblowing disclosures.

Actions taken in response to disclosures

Regulatory action taken	41
Onward referral to alternative body and regulatory action taken	2

The majority (42 of 43) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and one was received by Registration and Revalidation. Of all the disclosures we received, 17 were made by doctors, 10 were made by other healthcare professionals and 16 were made anonymously.

Of the 42 disclosures that were assessed by our Fitness to Practise team:

- 26 were closed after an initial assessment, two are currently being assessed
- 14 resulted in either a preliminary or full investigation – 11 of these are still going through the investigation process and three have been closed

*Medical Act 1983 (as amended)

Of the 29 disclosures that closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- the disclosure was or had already been handled locally
- advice was given to the discloser
- the disclosure was outside of our remit to deal with e.g. local employment dispute
- no concerns were found from the information provided.

Our Registration and Revalidation directorate handled one disclosure which resulted in regulatory action and onward referral to an alternative body.

Update on disclosures from last year

10 disclosures that we received prior to 1 April 2020 were concluded.

Learning from disclosures

The information disclosed to us during the reporting period has not had an impact on our ability to perform our regulatory functions and deliver our objectives. We have an operational group that meets throughout the year to reflect on the disclosures we have received.

Despite a slight increase in the total number of disclosures compared with the same period in 2019/20, an analysis of the allegations being made within disclosures does not suggest this increase is driven by issues arising from the Covid-19 pandemic.

Some complainants made disclosures anonymously as they were fearful of repercussions and there has been an increase in the number of anonymous disclosures compared to the same period in 2019/20. This shows there is still some way to go in improving a culture that supports raising and acting on concerns.

We have guidance available to doctors on what to do if they have a concern and continue to support and encourage doctors to raise their concerns through appropriate channels.

General Optical Council

The General Optical Council (GOC) is the regulator for the optical professions in the UK.

We are the regulator for the optical professions in the UK. Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

A brief description of our four core regulatory functions is:

- setting standards for optical education and training, performance and conduct
- approving qualifications leading to registration
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Our overarching objective, as set out in the Opticians Act 1989, is the protection of the public.

We published our 'Raising Concerns' (Whistleblowing) Policy in 2016:

www.optical.org/en/Investigating_complaints/raising-concerns.cfm

Whistleblowing disclosures received from 01 April 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021 the General Optical Council received nine disclosures of information.

Actions taken in response to disclosures

Closed with no action taken	1
Onward referral to alternative body	1
Regulatory action taken	5
No action – not enough information	2

Summary of actions taken

All nine disclosures that we received in 2020–21 were placed into our fitness to practise triage system for formal assessment.

Of these nine disclosures, four cases were closed by our triage team with no further action being taken:

- In one case we were satisfied that concerns had been resolved locally with the employer.
- In two cases, the discloser disengaged from the assessment process, and we decided to close the cases as we had received insufficient information to progress them any further.

- In one case, we identified that the concern was more appropriately investigated by another body (NHS England) and referred it to them.

In five cases, we have taken regulatory action by opening formal fitness to practise proceedings:

- Three of these cases are subject to ongoing fitness to practise investigations.
- One case was closed following legal advice that the GOC did not have jurisdiction to pursue it.
- One case was closed after the discloser disengaged from the process and we had insufficient information upon which to continue the investigation.

Learning from disclosures

The number of disclosures received by the GOC in 2020–21 was again relatively small, accounting for less than three per cent of the 314 complaints received (compared to four per cent in 2019–20). Given the pandemic and that the GOC regulates optical businesses (who were having to adapt to ever-changing regulations and guidance regarding safe practice), it is perhaps surprising that we have had fewer disclosures than we received the previous year.

Although protected disclosure complaints continue to be more difficult and time-consuming to investigate, they have not directly had an impact on our ability to perform our regulatory functions. The main difficulty over the past year is that it has been more challenging to ensure we identified protected disclosures, due to the numbers of complaints we received relating to how businesses were operating during Covid-19 restrictions. Most of these transpired to be from third parties, but this was not always evident from the initial contact, so this required further investigation to ensure we identified protected disclosures.

As we have reported in previous years, the early identification of a qualifying disclosure is crucial for the proper management of the disclosure and for securing the confidence of the discloser in the regulator's willingness and ability to take the matter forward. We continue to find it difficult to investigate concerns where the discloser is anonymous or withdraws, even if there might be a public interest in doing so. Although it is sometimes possible to find ways to continue with an investigation, this is far less effective than having the cooperation of the discloser. We have no powers of inspection or intervention and although we have powers under the Opticians Act 1989 to demand information, this is challenging in the absence of a discloser who can advise as to the relevant information to be sought.

From a wider learning perspective, we have identified that our existing 'Raising concerns with the GOC (Whistleblowing)' policy is aimed at too many audiences and that it can therefore be confusing. We will therefore shortly be publishing 'speaking up' guidance specifically aimed at our registrants, to help address some of the difficulties that registrants have encountered when speaking up, or when thinking of doing so.

General Osteopathic Council

The General Osteopathic Council is the statutory regulator of osteopaths in the UK and it is our overarching duty to protect the public. We work with the public and the osteopathic profession to promote patient safety by setting, maintaining and developing standards of osteopathic practice and conduct.

As part of our duty to protect the public, we investigate any concerns received about a registered osteopath's fitness to practise.

Whistleblowing disclosures from 01 April 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021 the General Osteopathic Council (GOsC) received three disclosures of information.

No action – not enough information

3

Summary of actions taken

With regard to the three disclosures we have received during this reporting period, each case was progressed for consideration by a 'screener'. A Screener is an osteopathic member of the Investigating Committee. The Screener's role is to determine whether the GOsC has the power to investigate the complaint that has been made.

In all three cases the complainant wished to remain anonymous. Despite the GOsC's attempts to explain the fitness to practise process to the complainants, and obtain further information and/or consent to disclose the complaint to the registrant, these attempts were unsuccessful.

All three complaints therefore progressed to screeners and were closed under our Initial Closure Procedure (ICP). More information on the ICP can be found here:

<https://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/initial-closure-procedure/>

Learning from disclosures

The GOsC considers any concerns received on a case by case basis and furnishes the complainant with appropriate detail of the fitness to practise process (FTP) process so that they can make an informed decision as to whether they wish to engage with the process. We will, at this stage, also endeavour to obtain any further information we can from the complainant which may assist in our consideration of how we can progress the concerns raised.

It may of course be possible to act on information that is provided by an anonymous report or whistle blower. However we note that it will depend on the nature of the concern raised and whether evidence can be obtained to support an allegation from other sources, and that consideration should also be given to whether it is appropriate and possible to act on the anonymous report.

Regarding the three cases identified during the reporting period, we were unable to access the further engagement or detail from complainants despite our best efforts to retrieve this detail.

In December 2019, the General Osteopathic Council entered an agreement with the independent charity Victim Support to provide a confidential support service to those involved in fitness to practise cases. Details of the service are now provided to all informants who make qualifying disclosures to us.

General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services.

What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- We help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Whistleblowing disclosures made from 01 April 2020 and 31 March 2021

From 1 April 2020 to 31 March 2021 the GPhC received five qualifying disclosures of information.

Actions taken in response to disclosures

Under review	2
Regulatory action taken	3

Summary of actions taken

Out of the disclosures made we concluded our enquiries on three with a further two still under review. We also concluded three qualifying disclosures that were raised during the previous reporting period.

The action we took included a full investigation through established fitness to practise processes and follow-up action through our inspection network. The former can result in any available outcome throughout the fitness to practise process. The latter can include guidance, a follow-up visit or an unexpected inspection.

Three concerns were investigated and two were concluded with no further action. The remaining case was concluded with guidance from education colleagues.

Of the three concerns from the previous reporting period, one was concluded with guidance from fitness to practise and two were concluded with no further action. One further concern from the previous reporting period remains under investigation.

Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concerns, including those that arise through inspections, are widely shared to ensure learning across the organisation. These issues inform our work on understanding the experiences of pharmacy professionals in the working environment and also inform our work on ensuring safe and effective pharmacy teams.

The Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001. We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

Whistleblowing disclosures made from 01 April 2020 and 31 March 2021

From 01 April 2020 to 31 March 2021 the HCPC received 12 disclosures of information.

Actions taken in response to disclosures

Under review	1
Closed with no action taken	1
Regulatory action taken	10

Summary of actions taken

The majority (seven) of the whistleblowing disclosures made came from the Policy & Standards department, through their policy enquiries inbox. These were from registrants who had concerns about their employers or colleagues, and were seeking advice to ensure they continued to meet our standards.

The disclosures came from registered professionals, namely; operating department practitioners, physiotherapists and hearing aid dispensers. The subject matter of the disclosures varied but included the following: concerns over an employer's management of risk with regards the COVID-19 pandemic; employer policies which allowed staff to dispense medications or medical equipment without training; employer policies which encouraged staff to work in areas and take on responsibilities outside of their scope of practice without training; and, concerns over a colleague dispensing certain medical items to service users without proper assessment.

In all of the scenarios above, we were able to provide the discloser with advice & guidance, directing them to the relevant standards and set out our expectations. Additionally, we signposted them to organisations that could support them in raising a concern with their employer; such as their relevant professional body or our own Fitness to Practise department where this related to a colleague, so they could raise a concern. In a few occurrences, the concerns related to specific health and care providers and therefore fell outside of our remit. Accordingly, we directed to the relevant regulators (such as CQC).

The Education department received three disclosures concerning education providers: a concern that an education provider had an application process for a programme which contravened the Equality Act 2010 on account of potential age discrimination; a complaint that a colleague was setting course requirements for students that were discriminatory; and a potential concern, currently still under review, to which details are not yet clear.

In one case, initial assessment was taken but the concern was not investigated further as it was deemed that the provider was meeting our standards. The complainant was referred to Equality and Human Rights Commission and the Advisory, Conciliation and Arbitration Service. In another case, the issues raised had recently been considered by the HCPC at an approval visit and so it was not necessary to investigate the concerns further. The remaining disclosure is still under review.

Two disclosures were received by our Fitness to Practise (FtP) department. The first involving a complainant making a referral based on concerns over how COVID-19 policies were being managed at their Trust and another, made by several individuals, about a colleague who they believed to have been prescribing drugs to service users without any authorisation or training. Both cases are subject to ongoing investigation by the FtP team and an external agency.

Learning from disclosures

We continue to keep data on all the policy enquiries we receive, and regularly reflect on them to establish what additional information or guidance we need to produce.

Our new '[Meeting our Standards](#)' website pages launched at the end of March 2021. This significantly restructured the existing web advice on our standards to cover all topics featured in our standards and included the publication of several brand new sections. In particular, we have a [new page on raising concerns](#) which promotes our resources on raising concerns and whistleblowing. These resources will be further developed next year.

In 2020, we established a new Professional Liaison Service. This team has been created to support our move towards more upstream regulation; preventing problems before they cause harm. A key focus of this service is improving registrants, students and employers' understanding of our regulatory requirements and standards. The team delivers this through stakeholder engagement and by hosting events. Throughout 2020-21, the Professional Liaison team ran a webinar series called 'My Standards'. This followed each of the HCPC's ten overarching Standards of conduct, performance and ethics. In most of the sessions that have been delivered, the team has used a variety of case studies focusing on unprofessional behaviour to generate discussion and signpost to the HCPC resources. This included a [webinar on reporting concerns about safety](#),

which had content on whistleblowing and raising concerns. Additionally, the team also co-designed and co-delivered a case study with an NHS Trust 'Freedom to Speak up Guardian' about raising concerns and tackling discrimination, which was based on a real-life example.

As a result of our enquiries and disclosures throughout the COVID-19 pandemic, we have published a series of [COVID-19 advice pages](#) on our website about applying the HCPC's Standards of conduct, performance and ethics during these times. This includes content on managing risk, which focuses on the use of Personal Protective Equipment (PPE) and raising concerns. Furthermore, it also includes [content on whistleblowing in relation to COVID-19](#). These pages were published early in the financial year (April, May) and have been continually updated. We have also expanded this to include 'frequently asked questions and advice' on [vaccines](#).

We have also collaborated with other bodies in relation to concerns relating to COVID-19. Particularly, we have worked closely with professional bodies, the Department of Health & Social Care, Public Health England, and other relevant bodies across the four nations to share the major concerns of registrants; including concerns about conflicting advice about PPE. Additionally, we also responded to the [Equalities and Human Rights Committee: The impact of the COVID-19 pandemic on equalities and human rights](#).

We continue to further our commitment to Equality, Diversity & Inclusion (EDI). Last year, we launched our second annual registrant [Diversity Data Survey](#), the findings to which, will be published in the next financial year. Between April 2020 and March 2021 we held three registrant 'EDI Forums', which are sessions where we provide advice and comment on the development and delivery of HCPC's EDI strategy and action plans. Through these forums, we have listened and sought views about our priorities and progress on EDI with our stakeholders, which in turn, allows us to advance our goals in this area.

Furthering our development regarding EDI, since January, the Education department has piloted a [new Quality Assurance model](#) for the HCPC's education providers. A key aspect of this model has involved a stronger approach to tackling EDI considerations. This will be facilitated through three major processes: initial approval (ensuring HCPC EDI standards are met); ongoing monitoring (by asking providers to reflect on their EDI progress, with the HCPC also making final judgements on this); and through the use of a 'service user expert advisor', who will be contracted to report on the performance of service user involvement and inclusivity at the provider. The pilot will run through to the end of August this year, with the aim of being fully implemented by the end of January 2022.

Nursing and Midwifery Council

The Nursing and Midwifery Council’s vision is safe, effective and kind nursing and midwifery that improves everyone’s health and wellbeing. As the professional regulator of almost 732,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to regulate. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we’ll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people’s careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we’re increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Whistleblowing disclosures received from 01 April 2020 to 31 March 2021

From 01 April 2020 to 31 March 2021 the Nursing and Midwifery Council (NMC) received 192 disclosures of information.

Actions taken in response to disclosures

Regulatory action taken	192
Onward referral to an alternative body	27

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and an onward referral to another body. Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 177 disclosures were dealt with by our fitness to practise team
- 1 disclosure was dealt with by our registration and revalidation team
- 11 disclosures were dealt with by our education team
- 5 disclosures were managed by our Employer Link Service team who engaged with employers in respect of the issues raised
- 1 disclosure was dealt with by our enquiries and complaints team
- 1 disclosure was shared with our equality diversity and inclusion team
- We have made onward referrals to the Care Quality Commission, Healthcare Safety Investigation Branch and Healthcare Inspectorate Wales.

The main reason why information was not treated as a 'qualifying disclosure' was because it did not fall within our regulatory remit or did not meet the public interest criterion.

We still took action on many disclosures where we did not reasonably believe the whistleblowing criteria were met. We either took regulatory action or shared information with a range of other bodies. We shared information with other bodies including the Advertising Standards Authority, Care Inspectorate Scotland, Care Inspectorate Wales, Care Quality Commission, General Medical Council, Health and Care Professions Council, Healthcare Improvement Scotland, Healthcare Inspectorate Wales, Health Protection Scotland, Healthcare Safety Investigation Branch, HM Inspectorate of Prisons, Medicines and Healthcare products Regulatory Agency, NHS England and Improvement, Public Health England, Public Health Wales and the Regulation and Quality Improvement Authority.

Learning from disclosures

The increase in disclosures to the NMC compared to the previous year is due to the Covid-19 pandemic. Approximately a third of disclosures made during 2020/21 were related to the pandemic. Covid-19 related whistleblowing disclosures focused heavily on issues with health and safety and management issues. Concerns were raised regarding a lack of, or the quality of, personal protective equipment (PPE), staffing issues, and infection prevention and control processes.

Early on in the pandemic, we met with other regulators and sector bodies to discuss concerns around PPE. We also made a public statement on this issue. We shared concerns relating to the pandemic with other organisations such as the public health bodies, Medicines and Healthcare products Regulatory Agency and NHS England and Improvement.

Note on data

All measures are activity occurring in the reporting date range. Disclosures received may not equal the number of actions taken because some disclosures may have been received in a previous year or still being investigated at the end of the year.

It is possible that some disclosures have been counted and reported on more than once in this report. This may be due to incidences where one regulator has referred the disclosure on to another regulator or when an anonymous discloser has raised a concern multiple times. While checks are done to mitigate for the latter, it is not always possible to avoid this completely.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT
www.gcc-uk.org

General Dental Council

37 Wimpole Street, London, W1G 8DQ
www.gdc-uk.org

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN
www.gmc-uk.org

General Optical Council

10 Old Bailey, London, ED4M 7NG
www.optical.org

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU
www.osteopathy.org.uk

General Pharmaceutical Council

25 Canada Square, London, E14 5LQ
www.pharmacyregulation.org

The Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU
www.hcpc-uk.co.uk

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ
www.nmc.org.uk

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