

A meeting of the Council of the General Dental Council

09:30am on Thursday 23 September 2021 at the General Dental Council,

Via MS Teams

Members:

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

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 Katie Spears (Head of Governance) as soon as possible:

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

Tel: 0207 167 6151 Email: kspears@gdc-uk.org

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	William Moyes, Chair of the Council	09:30- 09:35am (5 mins)	Oral
2.	Declarations of Interest	William Moyes, Chair of the Council		
3.	Questions Submitted by Members of the Public	William Moyes, Chair of the Council		
4.	Approval of Minutes of Previous Meetings To note approval of: <ul style="list-style-type: none"> • the full minutes of the public meeting and abbreviated minutes of the closed meetings held on 24 June 2021 for publication. 	William Moyes, Chair of the Council		Attached
5.	Matters Arising and Rolling Actions List To note any matters arising from the public meeting held on 24 June 2021 and review the rolling actions list	William Moyes, Chair of the Council		Attached
6.	Decisions Log To note decisions taken between meetings under delegation (if any)	William Moyes, Chair of the Council		Attached

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Assurance Reports from Committee and Group Chairs <ol style="list-style-type: none"> a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration and Nomination Committee d. Chair's Strategy Group 	<i>For noting</i>	09:35 – 10:00am (25 mins)	Oral

No	Item & Presenter	Tabled for?	Time	Status
	e. Statutory Panellists Assurance Committee			
8.	Statutory Panellists Assurance Committee Terms of Reference Lisa Marie Williams, Executive Director, Legal and Governance Katie Spears, Head of Governance	<i>For decision</i>	10:00 – 10:15am (15 mins)	Paper
9.	Council Committee Appointments William Moyes, Chair of Council	<i>For decision</i>	10:15-10:25am (10 mins)	Paper
10.	Council Appointments – Recruitment Process 2021-2022 Lisa Marie Williams, Executive Director, Legal and Governance Katie Spears, Head of Governance	<i>For decision</i>	10:25 – 10:40am (15 mins)	Paper
11.	Council Reappointments – Process 2021-2022 Lisa Marie Williams, Executive Director, Legal and Governance Katie Spears, Head of Governance	<i>For decision</i>	10:40 – 10:50am (10 mins)	Paper
12.	Organisational Performance A. CCP Quarterly Performance Report – Q2 of 2021 B. Finance Forecast Gurvinder Soomal, Chief Operating Officer David Criddle, Head of Business Intelligence, Delivery and PMO Samantha Bache, Head of Finance and Procurement	<i>For discussion</i>	10:50 – 11:10am (20 mins)	Paper
13.	EDI Strategy – Update Sarah Keyes/Alex Bishop	<i>For discussion</i>	11:10 – 11:25am (15 mins)	Paper

PART THREE – CONCLUSION OF BUSINESS

14.	Any Other Business	William Moyes, Chair of the Council	11:25 - 11:30am (5 mins)	Oral
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15.	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 	William Moyes, Chair of the Council	11:30-11:35am (5 mins)	Oral
16.	Date of Next Meeting	Thursday 21 October 2021 (In Person TBC)		
Comfort break – 11:35 – 11:50am (15 mins) Followed by the Closed Session of Council				

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	Board Recruitment – Review of Process	Katie Spears	Noting	Public	21 Sept 2021
2	Review of the Governance Manual	Katie Spears/Lee Bird	Decision	Public	21 Sept 2021
3	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	Colin Mackenzie/Lisa Bainbridge	Noting	Public	21 Sept 2021

**Minutes of the Meeting of the
General Dental Council
held at 09:30am on Thursday 24 June 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
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Sarah Keyes	Executive Director, Organisational Development
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Joanne Rewcastle	Head of Communications and Engagement
Osama Ammar	Head of Public Policy (item 8 only)
Samantha Bache	Head of Finance and Procurement (item 11 only)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (items 11 and 12)
Rebecca Cooper	Head of GDC Policy and Research Programme (item 12 only)
Lucy Chatwin	Head of People Services (item 13 only)
Alex Bishop	Head of OD and Inclusion (item 13 only)
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager
Lee Bird	Senior Governance Manager

Others in Attendance:

Sir Ross Cranston	Chair of the SPC (items 1 to 7)
Elizabeth Butler	Incoming Independent Member of the Audit and Risk Committee

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 and 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. Regulatory Reform – all Council Members and all EMT members.
- b. Payment of the Annual Retention Fee by instalments – all registrant Council Members.
- c. Board effectiveness and Board development – all Council Members and all EMT members.

2.2 In relation to items considered via correspondence, the Chair, all Council Members and the Chief Executive declared an interest in their respective appraisal processes.

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 18 March 2021 had been approved by correspondence, and published shortly thereafter, alongside abbreviated minutes of the closed meetings held on 18 March and 5 May 2021.

5. Matters Arising and Rolling Actions List

5.1 The Council **noted** the actions list and agreed that all items labelled 'suggest complete' should be marked as completed. The Council was content with the progress of the other live actions. The Council noted that the Committee Chairs had considered alternative methods of assurance reporting following the last Council meeting and decided that the current approach was currently the most effective one.

6. Decision Log

6.1 The Council **noted** that it had considered eight matters via correspondence:

- a. Fees Regulations – were made on 30 April 2021, to enable the implementation of the Council decision to approve payment of the Annual Retention Fee (ARF) by instalments. These regulations were The General Dental Council (Dentists) (Fees) Regulations 2021 and the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2021.
- b. Appointment of a new Independent Member of the Audit and Risk Committee (ARC) – Elizabeth Butler was appointed on 11 June 2021 and her four-year term commenced on 21 June 2021.
- c. Approval of the organisation's response to the DHSC consultation on regulatory reform – had been approved on 14 June 2021.

- d. Appraisal Process – Chair, Council Members, Independent Governance Associates and Chief Executive – the process was approved.
- e. Public Affairs, Policy and Media Update and Stakeholder Engagement Report – the reports were noted.
- f. Extension of Chair’s Strategy Group – the Group was extended until 30 September 2021.
- g. Corporate Complaints – Annual Report – the report was noted.
- h. Procurement Policy – the policy and future approval pathway (EMT only) was approved.

7. Assurance Reports from Committee Chairs

- 7.1 The Chair of the Audit and Risk Committee (ARC) updated the Council on the work of the ARC since the last Council meeting. The Committee had met once and had considered the latest iteration of the Annual Report and Accounts for 2020. The Council noted that the assurance from the external auditors, Haysmac, and from the National Audit Office (NAO) provided good evidence of the GDC having a strong control environment and robust systems in place. The Committee had reviewed the Strategic Risk Register and the continuing stability of the organisation during the ongoing pandemic. The deep dive into risks around remote hearings revealed an agility within the organisation which had been commendable, and an appetite to learn from wider organisations. The Committee had also received an annual report on the quality of decision making in Fitness to Practise (FtP) from Bates Wells and Braithwaite LLP, which had been positive, and the Council noted this assurance. The Chair of ARC highlighted that the Council’s risk appetite may have shifted in a targeted and measured way and asked that the Council consider this when revisiting its strategic risk appetite in discussions later in the year.
- 7.2 The Chair of the Finance and Performance Committee (FPC) updated Council on the work of the FPC since the last Council meeting. The Committee had met once and had considered organisational performance, via the new suite of performance reporting information, which had been well received. The Committee was able to provide full assurance on the monitoring of organisational performance and noted that issues had been raised around staffing - recruitment and retention - and would be scrutinised further in an in-depth review in July. The FPC had also scrutinised the latest iteration of the Costed Corporate Plan (CCP) and Budget and had agreed an additional touchpoint review in September 2021. The Committee was able to provide assurance on the budgeting principles and the budget planning assumptions - and also that the work to develop the CCP was on track. It had asked the Executive to conduct further benchmarking in relation to inflation and noted budget risks around the Overseas Registration Exam and payment of the Annual Retention Fee (ARF) by instalments. The Committee had also noted that the current forecast indicated that the organisation may end the year with a level of reserves that was above the target level in the Reserves Policy, so it had asked for a discussion at its next meeting around investment from reserves to de-risk the pension position, with a move towards an insurance buy out.
- 7.3 Additionally, the Committee had reviewed projects that were on hold – and would continue to do so – and scrutinised iterations of the work that featured on the Council’s agenda at this meeting, including on developing a new suite of Strategy Key Performance Indicators (KPIs) and the Fitness to Practise action plan. The Committee had suggested a root and branch review into FtP leadership, pay and conditions to help improve resilience within the function and the Executive had this work in hand.

- 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 the process for setting the remuneration for the Executive Management Team in 2021 and noted the changes in the remuneration of the Executive Directors. The Council noted the assurance provided that these were all within the agreed policy framework. The Committee also discussed the remuneration of the Chief Executive and an organisational review of salary benchmarking. This work would come back to the Committee later in the year. The Council heard that the Committee had also reviewed and provided input into the induction process for the incoming Chair and Council Member and the appraisal processes for the Chair, Chief Executive and Council Members that was on the Council's agenda at this meeting via correspondence. The Committee would hear a review of the process for recruitment of the incoming new Chair and Council Member in September and had approved the Chair and Chief Executive expenses policies. The Committee had also heard updates on the Effective Associates projects and noted that the ARC was monitoring the risk around the recent NMC litigation, whilst the RemNom would discuss any impacts that this judgment might have on the organisation's reward and remuneration frameworks.
- 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 had considered the organisation's response to the DHSC's consultation on regulatory reform, which had been approved by the Council via correspondence, and had discussed the potential for the use of Alternative Dispute Resolution (ADR) in complaints handling. Whilst there was very limited scope for its use in the primary Fitness to Practise process, the Group had heard that there was work underway to address complaints handling more widely – led by the Policy team – and that there were potential applications for the Dental Complaints Service. This work would likely to return to the Group in the Autumn, pending the views of the incoming Chair.
- 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 considered mechanisms to increase the efficiency of hearings panels and the use of more robust case management to shorten the length of hearings. The Committee had attended the Council workshop the previous day around the work to separate the Adjudications function from the investigations function and on the future role of the SPC. There were numerous improvement initiatives – led by the Executive – that the Committee was keen to support, and the Chair noted the commitment to ensuring the Committee could provide effective assurance for the Council within its remit.
- 7.7 The Council **noted** the updates.
- The Chair of the SPC left the meeting and the Head of Public Policy joined the meeting.*

8. Regulatory Reform

- 8.1 The Executive Director, Strategy and the Head of Public Policy presented the paper providing an update on the regulatory reform landscape and the Council was asked to note the final organisational response to the Department of Health and Social Care (DHSC) consultation on regulatory reform. The Council heard that, alongside the general proposals for regulatory reform from the DHSC, there were complex and interacting efforts to make amendments to the Health regulatory landscape. These included: a review of the number of regulators and the professions that were currently regulated, a standalone section 60 order in relation to international registration, a Professional

Qualifications Bill and proposals within a White Paper, which would be implemented via the Health and Care Act in 2022.

8.2 The Council **discussed** the following:

- a. The response had struck the appropriate tone, but the Council noted that there was significant work still to do within the current landscape for reform. Timetables were uncertain and there were complex interactions to manage.
- b. The potential for delay in the consultation on the international registration section 60 order was concerning – as this would have a significant impact on the organisation’s ability to ready for the end of the standstill period. The Council noted that the Executive were pressing this message firmly with the relevant Government departments, but it remained a risk to be monitored closely.
- c. It would be important to continue to liaise closely with the DHSC around the legislation targeted for changes to the framework of the GMC, as this would likely form the basis of GDC legislation thereafter.
- d. The team were conducting a review of the responses of other regulators and key stakeholders to the DHSC consultation and mapping the overlap. This work would feed into discussions at the Chair’s Strategy Group in July.
- e. There was a potential risk for divergence across the four nations in relation to registration of dental professionals – this was being monitored, and would be brought to the attention of the Council if there were indications that this risk might crystallise.
- f. There would need to be careful scrutiny of the resource needed to deliver any changes that arose as a result of reform and the Council would be sighted on opportunity costs alongside resource needs.

8.3 The Council thanked the team for their significant work in the delivery of the organisational response to the consultation. The Council asked to remain sighted on this work and have a clear idea as to when decisions on key issues would be likely to be needed.

8.4 The Council **noted** the update.

The Head of Public Policy left the meeting.

9. Annual Retention Fee – Payment by Instalments – Implementation Update

9.1 The Executive Director, Registration and Corporate Resources presented the paper providing the Council with an update on the implementation of the system of collecting the ARF by instalments. The Council heard that the system had opened smoothly and noted the uptake details in the paper. The Chair of FPC noted that the Committee would continue to monitor the uptake data, as compared to the assumptions set out in the PwC report, and ensure that any financial risks would be incorporated into the CCP.

9.2 The Council **noted** the update.

10. Board Effectiveness and Board Development

10.1 The Head of Governance presented the paper outlining the proposed plans for the next iteration of the external review into Board effectiveness. The Council was asked to approve the proposed approach and to note the update on Board development.

- 10.2 The Council agreed that the questions posed were the correct areas of focus for the next iteration of the external review into effectiveness and noted that the primary areas of focus should be:
- a. The context questions: What does high performance look like in terms of the Council as a whole, as a Council Committee and as individual contributions? How can the organisation manage this most effectively?
 - b. The questions around Council performance and effectiveness – including skills mix, external and internal engagement and clarity of messaging to the Executive.
 - c. The Council culture questions – with an enhanced focus on equality, diversity and inclusion within question 13.
 - d. Certain Governance questions, such as:
 - Question 20 – the proportion of time spent on stewardship versus oversight, referring back to the Deloitte review.
 - Question 21 – quality of information provided to enable decision making.
 - Question 22 – with a focus on whether the Council was being asked to take the right strategic decisions.
- 10.3 The Council **approved** the proposed approach to the next iteration of the external review into Board effectiveness.

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

11. Organisational Performance – Q1 of 2021

Part A: CCP Quarterly Performance Report – Q1 of 2021

- 11.1 The Executive Director, Registration and Corporate Resources, 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 Q1 of 2021.
- 11.2 The Council heard that the organisation's operating surplus for this period was £26.4m (£1m higher than budgeted). Overall delivery of the CCP was on track, with planned mitigation actions in place for the exceptions. The total establishment was 22.6 FTE below budget, across a variety of teams, and there were plans in place to recruit to 21 of those posts. Sickness levels had dropped, and quarterly staff survey responses had improved by 7%.
- 11.3 The FPC had scrutinised the performance data and had reviewed the MoSCoW rating of the project portfolio. Seven projects had been reinstated. The Committee's view was that there remained room for improvement around sickness levels and there were plans for an in-depth review into the staffing issues, including how to ensure the organisation remained an attractive employment prospect in both of its local markets. The Council heard that the FPC had noted that planning and budgeting was more difficult through the pandemic period and the Council heard that, whilst it was likely the organisation had overbudgeted slightly, this would be rectified in the planning process for this year. There were opportunities to manage future liabilities and volatility, including by de-risking the pensions portfolio, and the Council was assured that the FPC was scrutinising these issues carefully on its behalf.

Part B: Finance Forecast

11.4 The Head of Finance and Procurement outlined the key financial performance information for the Council for Q1 of 2021 as contained within the paper and the Council noted that some of the savings were related to work that would not happen (in-person meetings or hearings or ORE dates for the first part of the year) but other elements related to delayed spend that would be factored into the planning cycle.

11.5 The Council **noted** the reports.

The Head of Finance and Procurement left the meeting and the Head of GDC Policy and Research Programme joined the meeting.

12. Strategy – Key Performance Indicators

12.1 The Executive Director, Strategy and Head of GDC Policy and Research Programme presented the paper which outlined the proposed approach to the development of a new suite of Key Performance Indicators (KPIs) for the Strategy directorate. The Council heard that the FPC had considered and scrutinised the proposals and recommended more frequent reporting than on annual basis.

12.2 The Council **discussed** the following:

- a. There was a need to ensure a qualitative measure of whether the Policy and Research teams were focusing their efforts in the right places and whether those efforts translated to the impact that the Council wished to have. There was also a need to add a layer of objectivity to the subjective measures of quality – either by talking to stakeholders, or by benchmarking with other regulators, or some other measure of external independent assessment, such as peer review
- b. One measure of whether the work of the team was meeting the Council's expectations was to ascertain how many times work needed to be presented to Council to secure a decision and an objective measure of whether it was clear to the Council that a decision was sought, with recommendations as to the approach to take, appropriate risk analysis and analysis of stakeholder views. Another element that was measurable was whether the team were cognisant of when work could be progressed in-house, and whether it needed external involvement at appropriate points.
- c. The Council would be keen to see the KPIs interaction with the organisation's strategic aims and operational delivery, and where the work of the teams was driving improvement elsewhere. It would also be important to measure whether the Senior Management Team in the Directorate were spending their time on the key organisational priorities, whether the Council was getting the information and analysis it needed to take key decisions and whether the organisation was exercising its levers of influence over key stakeholders appropriately.
- d. The Council recognised that the KPIs would need to be appropriate to various audiences; the EMT, the FPC and the Council. The team should focus on whether it was doing the right things, doing them well and doing them efficiently. The quality and impact measures would be the most important for the Council to monitor.

12.3 The Council requested that the team bring this work back to a workshop later in the year to discuss the proposals in more detail once this feedback had been incorporated.

The Head of Business Intelligence, Delivery and PMO and Head of GDC Policy and Research Programme left the meeting and the Head of People Services and Head of OD and Inclusion joined the meeting.

13. People and Organisational Development (POD) – Annual Report

- 13.1 The Executive Director, Organisational Development, Head of People Services and Head of OD and Inclusion presented the paper which outlined the annual report on the performance of the Organisational Development directorate. The Council noted an amendment to paragraph 2.2 of the paper – that there had been 1% increase in permanent staff rather a decrease.
- 13.2 The Council noted the progress of the various workstreams across the year and asked the team to focus on how to improve the perception of staff that their views were listened to by senior leadership. The Council heard that there were plans for work in this area with the internal communications team. The Council also noted, for the next iteration of the report, that it was sighted on more granular detail on the Associates part of the GDC workforce.
- 13.3 The Council noted that there were several areas of policy review that had fallen behind, due to the pressures of managing the Covid-19 pandemic, but that these were being prioritised this year given the risk created by them being outdated, and the attendant work that this created across the organisation.
- 13.4 The Council **noted** the report.

The Head of People Services and Head of OD and Inclusion left the meeting.

14. Any Other Business

- 14.1 There was no other business.

15. Review of the Meeting

- 15.1 The Council noted that it would review both the public and closed sessions of Council at the end of the working day.

The meeting was closed at 11:55am

**Minutes of the Meeting of the
General Dental Council
held at 12:45pm on Thursday 24 June 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
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Sarah Keyes	Executive Director, Organisational Development
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Joanne Rewcastle	Head of Communications and Engagement
Colin MacKenzie	Head of Nations and Engagement (items 8 and 9)
Samantha Bache	Head of Finance and Procurement (item 8 only)
Manjula Das	Head of Education Policy and Quality Assurance (item 11 only)
Patrick Kavanagh	Policy Manager (item 12 only)
Osama Ammar	Head of Public Policy (item 12 only)
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager
Tey Hassan	Principal Advisory Lawyer (observer)

Apologies:

None

1. Welcome and apologies for absence

1.1 The Chair welcomed everyone to the meeting and 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 – all Council Members and staff
- b. Education QA Update – Catherine Brady as she had a relative studying in their final year at a dental institute.
- c. Payment by Instalments – Lessons Learned – all Council Members and staff.

3. Approval of Minutes of Previous Meeting

3.1 The Council **noted** that the full and abbreviated minutes of the closed meetings held on 18 March and 5 May 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 agreed that all items labelled 'suggest complete' should be marked as completed.

5. Decision Log

5.1 The Council **noted** that it had considered three papers via correspondence:

- a. Appointment Recommendations for Chair and Council Member – the Council had approved the recommendations of the Selection Panels on 20 May 2021 and the recommendations had been submitted to the PSA (for assurance) and Privy Council (for appointments to be made).

5.2 The Council also noted that the following reappointments had been made by the Privy Council. Terry Babbs was reappointed for a three-year term. Anne Heal was reappointed for a four-year term. Jeyanthi John was reappointed for a two-year term.

6. Chief Executive's Report

6.1 The Chief Executive provided the Council with an update on the following topics: Covid-19, regulatory reform and an appeal in relation to an Information Commissioner decision.

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. The Council heard that the EMT had been working to develop detailed flexible working proposals for when the Government revised its guidance and stopped encouraging home working. Key principles had been agreed, a pilot scheme had been planned alongside a decision, control, and management framework. There were complexities driven by the needs of different areas of the organisation, staff perceptions, the lack of clarity around timescales, guidance and the focus had been on ensuring safety for all who attended the GDC's

offices and business requirements. The EMT were planning to take a decision on the finalised plans shortly, and these would be scrutinised by the Council's Committees to ensure that they were robust, proper, and identified and mitigated risk appropriately. There would be ongoing monitoring of any new scheme, to assess impacts on performance and the Chief Executive, as Accounting Officer, had set parameters and criteria for the EMT to meet in developing proposals.

7.2 The Council **noted** the update.

The Head of Nations and Engagement and Head of Finance and Procurement joined the meeting.

8. Annual Report and Accounts 2020 (ARA)

8.1 The Executive Director, Strategy, supported by the Head of Nations and Engagement, the Head of Finance and Procurement and Head of Governance, presented the paper accompanying the proposed final draft of the GDC's Annual Report and Accounts for 2020. The Council heard that the Audit and Risk Committee (ARC) had scrutinised both the process and the contents of the document and had recommended it to the Council for approval.

8.2 The Council heard that the financial statements had been prepared in line with the Government Financial Reporting Manual and the National Audit Office had confirmed that the draft met its requirements.

8.3 The Council heard that the provisional date for the Comptroller and Auditor General signing the accounts was 1 July and there was a provisional laying date of 14 July 2021 for the laying of the reports at the Scottish and UK Parliaments.

8.4 The Council **approved** the final ARA 2020.

The Head of Finance and Procurement left the meeting.

9. Communications and Stakeholder Engagement Strategy 2021

9.1 The Executive Director, Strategy and Head of Communications and Engagement presented the proposed strategic approach to communications and stakeholder engagement for the GDC in 2021. The new Head of Communications and Engagement outlined her preliminary thoughts around the priorities and approach for the team this year.

9.2 The Council heard that, given the recent arrival of the new Head of Communications and Engagement, the team were proposing that the current strategy document be approved as a baseline to allow further development of priorities as she embedded into the role.

9.3 The Council noted the planned approach and **approved** the proposed Communications and Stakeholder Engagement Strategy for 2021.

The Head of Nations and Engagement left the meeting.

10. Strategic Risk Register (SRR)

10.1 The Executive Director, Registration and Corporate Resources presented the paper which outlined the strategic risk position for the organisation. The Council heard that there were eight active risks on the SRR and noted that one risk (SRR10) was currently outside of risk appetite, the rest were within appetite.

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

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

11. Education Quality Assurance – Update

- 11.1 The Executive Director, Strategy and the Head of Education Policy and Quality Assurance presented the paper providing an update on the work of the Education Quality Assurance team.
- 11.2 The Council heard that ongoing liaison with the key stakeholders was taking place and the Council noted that the GDC was working hard to ensure that the key messaging landed; that its standards remained the same and it would not accept providers graduating students that were not of safe beginner standard.
- 11.3 The Council noted that there was good work being carried out by the team in this area and suggested communications work to ensure this message was disseminated more widely.
- 11.4 The Council **noted** the update.

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

12. International Registration – Update

- 12.1 The Executive Director, Strategy and Policy Manager presented the paper which outlined the updated policy around the reform of the international registration framework.
- 12.2 The Council heard that several initial concerns had been mitigated but this work would be monitored closely. The Council noted that any delay in the implementation of a standalone section 60 on international registration would create real difficulties for organisational implementation – a fact which had been continually pressed on the Department of Health and Social Care.
- 12.3 The Council **noted** the update.

13. Payment by Instalments – Lessons Learned

- 13.1 Sheila Kumar, Council Member, outlined the findings of her report on lessons learned around the decisions taken on the proposals to pay the Annual Retention Fee by instalments. She outlined preliminary areas for consideration from her discussions with Council Members and the Executive team.
- 13.2 The Council noted the update and that a full report would follow in due course.

14. Any Other Business

- 14.1 The Chair updated the Council on discussions he had held with the Chair of ARC and the Accounting Officer around the organisation's previous use of the furlough scheme.

15. Review of the Meeting

- 15.1 The Council noted that it had been happy with both the discussion and papers, and the time allowed on the agenda for discussion today.

The meeting was closed at 15:20pm.

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	LIVE	TBC	SCz	This workstream has been re-prioritised following COVID-19 and the update has been placed on the workplan for the Council in October 2021.		Remains live at present.

Decisions Log – Council 23 September 2021

Item 06

Date	Decision taken by	Agenda Item	Tabled for?	Outcome
10/08/2021	Council – by correspondence	Appointment of the Senior Independent Council Member	To make appointment	Appointment made on 10 August 2021 until 30 September 2023
21/09/2021	Council – by correspondence	Board Recruitment – Review of Process	To note	To be confirmed post the Council meeting on 23 September 2021.
21/09/2021	Council – by correspondence	Review of the Governance Manual	To: <ul style="list-style-type: none"> • Approve the proposed approach to the production of key governance documentation. • Approve the proposed contents of the Governance Manual for Council Members and IGAs. • Note the proposed contents of the Governance Handbook. • Approve the proposed amendments to policy documents • Approve the proposed approval pathway for policies in the future. 	To be confirmed post the Council meeting on 23 September 2021.
21/09/2021	Council – by correspondence	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	To note.	To be confirmed post the Council meeting on 23 September 2021.

Board Effectiveness: Terms of Reference of the Statutory Panellists Assurance Committee (SPC)

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Katie Spears, Head of Governance
Type of business	For decision
For Council only:	Public session
Issue	To facilitate a Council decision on the revised Terms of Reference for the Statutory Panellists Assurance Committee (SPC)
Recommendation	The Council is asked to approve the proposed Terms of Reference to the Council.

1. Introduction

- 1.1 In 2019, at the request of the Council, Deloitte carried out a review into the effectiveness of the Council and its Committees. One of the recommendations that arose out of this review was to review the Terms of Reference (TORs) for each of the Council's Committees and Groups within the GDC's governance framework.
- 1.2 This work took place in 2020 in respect of the Council Committees. Refreshed TORs were agreed for these Groups in June and July 2020 and the Council agreed to stand down the Policy and Research Board (PRB).
- 1.3 The Deloitte recommendation in respect of the Statutory Panellists Assurance Committee (SPC) outlined that the work of the Committee ought to be reviewed to ensure it was focusing on its core purpose (as set out in its TORs - assisting the Council in relation to recruitment, selection, appraisal and discipline of Statutory Committee Members) and that duplication of work between Committees ought to be avoided. As there was ongoing work to administratively separate the Adjudications function from the presentation function at the GDC, the review of the SPC TORs was conducted following the appointment of a new Chair and two new Members of the SPC.

2. Background

- 2.1 The Council considered the future role of the SPC at a workshop on 23 June 2021 and gave strategic direction for a revised set of TORs for the Committee. This included:
 - a. The TORs should reflect the broad principles agreed by the Council following the Deloitte review – that overlap and duplication of roles and remits between the Council's Committees and the Executive function should be avoided.

- b. The TORs are derived from the GDC's legal framework – namely the Dentists Act 1984, the GDC (Constitution of Committees) Rules 2009¹ and the Standing Orders for the Appointments Committee 2020.
 - c. There was a key assurance function for the Committee in relation to the appointment, discipline and oversight of performance of Statutory Committee Members².
 - d. A two-phased approach to the review of the Committee's TORs should be adopted. The first phase should concentrate on the core assurance function of the Committee, with a broadened remit around the oversight of the continuing development of Statutory Committee Members.
 - e. The remit of the Committee should also continue to include the provision of advice, when requested, to the Executive on key strategic issues – such as the development of an independent tribunal function, relevant performance metrics of a high performing panel, including behaviours of panel members, and on best practice in respect of hearings case management. This work would not require legislative change and there would remain a clear delineation between the roles of the Executive – in the operational delivery of the organisation's functions – and the other Committees of the Council within the assurance framework.
 - f. The second phase of work would depend on legislative change around the formation of a legally separate Adjudication function or independent Tribunal but would be envisaged to give the Committee greater oversight of the Hearings function in the future, with responsibility for the delivery of services and budget remaining with the Chief Executive. The Accounting Officer would remain responsible for the Adjudication function and their responsibilities, which do not derive from Council, would remain unaffected.
- 2.2 The statutory framework makes clear that the SPC was designed to assist the Council with its function in respect of the appointment of Statutory Committee Members. The framework does not specifically provide for a role for the Committee in respect of the appointment and oversight of performance in respect of legal, medical and professional advisers. The Council is able to delegate that function – as it currently has – to the Committee, or to delegate it to GDC staff.
- 2.3 The Council has the option of continuing this delegation to the SPC or delegate the appointment of this category of Associates to staff, in line with the appointment of the wider Associates group. Following the workshop feedback, it is proposed that the Council continue this delegation to the SPC, and the draft proposed TORs include a continued delegation to the SPC. The Council is asked **to approve** the proposed approach.
- 2.4 This strategic direction from the Council has been incorporated into the draft TORs for the Committee which are attached at **Appendix 2**. A comparison document of the current TORs, the proposed changes and the rationale for them is included for reference at **Appendix 1**.

¹ [as amended by the 2011 Rules]

² Defined in Section 2 of the General Dental Council (Constitution of Committees) Rules 2009 ('the 2009 Rules') as including both lay and registrant members of the following Committees: the Investigating Committee, the Interim Orders Committee, the Professional Conduct Committee, the Health Committee, the Professional Performance Committee and the Registration Appeals Committee. This definition also includes the Chairs of those Committees.

2.5 The SPC noted the proposals at its meeting on 9 September 2021. One minor drafting amendment (re-ordering Ap18) was made following this meeting and this version was presented to the ARC. The ARC considered the proposed TORs at its meeting on 14 September 2021 and recommended them to the Council for approval. The Council is asked **to approve** the proposed revised Terms of Reference for the Statutory Panellists Assurance Committee.

3. Key areas to note

3.1 The following areas are highlighted for information:

- a. Drafting revisions have been completed with clarity and consistency between the existing Council Committee TORs in mind. For example, the composition and quorum of the Committee has been included, sub-headings have been used and wording has been amended to reflect the Committee's role in the assurance framework (scrutinise, monitor, provide assurance etc).
- b. Definitions and citations have been added for transparency and ease of reference.
- c. For clarity of drafting, the role of the Committee in respect of the Statutory Committee Members (which is derived directly from the 2009 Rules) has been separated from that which the Council has delegated to the Committee (but does not appear in the Rules) in respect of the legal, professional, and medical advisers.
- d. The role that the Council has asked the Committee to conduct, in respect of the provision of advice to the Executive on key strategic issues, has been expressly included.
- e. The duplication, in the current TORs, of duties which are both delegated and described as a function of the Committee has been removed.
- f. The Committee's role around the scrutiny of the disciplinary policy for Statutory Committee Members has been expressly included. The role of the Committee in scrutinising the process for **all** Statutory Committee Members has been clarified, rather than restricted to 'members of the Investigation Committee and Fitness to Practise panels' as appears in the current TORs.
- g. The role of '*assisting with the recruitment and selection of candidates to any other office*' on the request of Council, has been removed, as this overlaps with the functions of the Executive and the Remuneration and Nomination Committee.

4. Legal, policy and national considerations

4.1 The Council is empowered to delegate appropriate functions to its Committees. None of the areas that fall within the draft terms of reference are those which are matters reserved to the Council, which should not be delegated.

5. Resource considerations and CCP

5.1 The revision of the terms of reference of the SPC will enable the Council to maximise the contribution of the Committee and will enable the Governance team and Executive to set clearer and longer-term workplans to help facilitate the key business of the organisation and to assist the Council to achieve its strategic objectives.

6. Monitoring and review

6.1 The Council has committed to an annual internal review of its own effectiveness and an external review every three years. The next external review will take place in 2022 and the Council has agreed that this should include a review of the work of the Committee.

Additionally, the Chair of the SPC provides assurance reports to the Council at each public meeting and the Committee will report to the Council on its effectiveness annually.

7. Development, consultation and decision trail

- 7.1 The Council agreed the recommendations of the Deloitte review into its effectiveness in 2020 and those recommendations have been steadily implemented throughout 2020 and 2021. The Council participated in a workshop on the future role of the SPC, alongside a session on the continuing work to administratively separate the Adjudications function, in June 2021. The SPC Members were invited to attend to observe and provide comments at this workshop session. The EMT approved the attached TORs at its meeting on 10 August 2021. The ARC considered the proposed TORs at its meeting on 14 September 2021 and recommended them to the Council for approval. The SPC noted the proposals at its meeting on 9 September 2021

8. Next steps and communications

- 8.1 The Council is asked **to approve** the proposed revisions to the terms of reference for the SPC. If so approved, the Governance team will adjust the workplan of the Committees accordingly, in conjunction with its Chair and Lead Executive Director.

9. Appendices

- a. Appendix 1 – Comparison document between current and proposed TORs with rationale for change.
- b. Appendix 2 – Draft Terms of Reference for the SPC

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15 September 2021

Proposed new Terms of Reference

Appointments Committee aka Statutory Panellists Assurance Committee (SPC)

Previous provision	Proposed action	Rationale
<p>Key Purpose:</p> <p>Ap1. To assist the Council in connection with the exercise of any function relating to the appointment of Statutory Committee members, including the recruitment, selection, appraisal and disciplining of Statutory Committee members or particular Statutory Committee members (for example, the chair), legal, medical and professional advisers.</p> <p>3.(6)(a) The General Dental Council (Constitution of Committees) Rules Order of Council 2009</p>	<p>Reword as follows</p> <p>Ap1. To provide assurance to the Council by carrying out the following functions on its behalf:</p> <ol style="list-style-type: none"> 1. Scrutinising the process for the appointment of Statutory Committee members¹ and of the legal, medical and professional advisers to the Statutory Committees. This will include the processes used for recruitment and selection. 2. Scrutinising the process for the oversight of performance of Statutory Committee members, and providing advice on the oversight of performance of the legal, medical and professional advisers to the Statutory Committees. This will include their appraisal and discipline processes and the oversight of the delivery of their training. <p>Addition</p> <p>Ap2. To provide guidance and advice to the</p>	<ul style="list-style-type: none"> • To align with the scrutiny and oversight roles of the other Committees of Council – for consistency. • Add a definition of Statutory Committee Members for clarity. • Ensure that there is clarity between the definitions of the role of the Committee in respect of Statutory Committee Members – which is defined in the Rules – and their advisers (which is not mentioned in the Rules). • Separate out the appointment duties (recruitment and selection) from the performance oversight duties (appraisal/discipline) for clarity. • Add in ‘and the oversight of the delivery of their training’ and New Ap2 to reflect the discussion at the June Council workshop.

¹ Defined in Section 2 of the General Dental Council (Constitution of Committees) Rules 2009 (‘the 2009 Rules’) as including both lay and registrant members of the following Committees: the Investigating Committee, the Interim Orders Committee, the Professional Conduct Committee, the Health Committee, the Professional Performance Committee and the Registration Appeals Committee. This definition also includes the Chairs of those Committees.

	<p>Executive in respect of the following areas:</p> <ol style="list-style-type: none"> 1. The design parameters of an independent tribunal function. 2. The relevant performance metrics of a high performing panel, including behaviours of panel members. 3. Best practice in hearings case management. <p>Amend:</p> <ul style="list-style-type: none"> • Citation of Rules to align with what is set out in the Rules themselves 'General Dental Council (Constitution of Committees) Rules 2009 	
	<p>Add in 'Composition and Quorum'</p> <p>Ap3. The Committee shall be appointed by the Council and shall consist of not more than eight persons (including a Chair), and shall include both registrants and lay persons. Persons appointed to the Committee shall be neither Council Members nor employees of the Council.²</p> <p>Ap 4. The quorum of the Committee shall be three members.</p>	<ul style="list-style-type: none"> • To align with the TORs of the other Committees of Council. • Derived from the GDC (Constitution of Committees) Rules 2009 • Quorum – from the GDC Standing Orders for the Appointments Committee 2020. [Will also need revision if these changes are agreed].
<p>Delegated Powers</p> <p>Ap2. To appoint (or re-appoint) persons to serve on the Statutory Committees.</p>	<p>Re-numbered. Use sub-headings for clarity.</p> <p><i>The Council formally delegates its decision-making powers in relation to the following</i></p>	<ul style="list-style-type: none"> • Some minor re-drafting for clarity

² Section 3(2)-(4) General Dental Council (Constitution of Committees) Rules 2009

	<p><i>areas:</i></p> <p><i>Appointments</i></p> <p>New Ap6. To appoint, or re-appoint, persons to serve as members of the Statutory Committees and appoint, or re-appoint, the legal, medical and professional advisers to those members.</p>	<ul style="list-style-type: none"> • Ap5 – appointment or re-appointment of legal, medical, professional advisers is not listed as a delegated power in the current TOR but the discharge of functions section does delegate the appointment decision to the Committee. Re-drafted for clarity and consistency.
<p>Ap3. To determine the duration of the term of office of Statutory Committee members on their appointment or reappointment.</p> <p>4.(4) The General Dental Council (Constitution of Committees) Rules Order of Council 2009</p>	<p>No change – just re-numbered and amended citation.</p> <p>New Ap7. To determine the duration of the term of office of Statutory Committee members on their appointment or re-appointment.³</p>	
<p>Ap4. To appoint, from amongst the Statutory Committee members, persons to act as chairs of the Statutory Committees (“panel chairs”)</p> <p>5.(1) The General Dental Council (Constitution of Committees) Rules Order of Council 2009</p>	<p>No change – just re-numbered and amended citation.</p> <p>New Ap8. To appoint, from amongst the Statutory Committee members, persons to act as Chairs of the Statutory Committees (‘panel Chairs’).⁴</p>	

³ Section 4(4) of the GDC (Constitution of Committees) Rules 2009

⁴ Section 5(1) of the 2009 Rules.

<p>Ap5. To approve a learning and development plan for Statutory Committee members and receive assurances from the Executive that the plan is being implemented effectively.</p>	<p>Re-numbered and re-ordered to align with order in Key Purpose. Use sub-headings for clarity.</p> <p><i>Oversight of Performance</i></p> <p>Re-word</p> <p>New Ap12. To scrutinise and approve a training plan for Statutory Committee members and provide assurance as to its implementation.</p>	
<p>Ap6. To approve an appraisal process for Statutory Committee members and receive assurances from the Executive that the process is being implemented effectively.</p>	<p>Re-word</p> <p>New Ap9. To scrutinise and approve an appraisal process for Statutory Committee Members and provide assurance to the Council as to its implementation.</p>	
<p>Ap7. To deal with issues relating to the conduct and performance of Statutory Committee members in accordance with the Disciplinary Procedure.</p>	<p>Re-word and addition</p> <p>New Ap10. To administer the disciplinary policy and procedure in respect of conduct and performance issues of Statutory Committee members, including in respect of the dismissal of panellists and the termination of panel chair appointments.⁵</p>	<ul style="list-style-type: none"> To include the Committee’s role in voting to terminate panel Chair appointments deriving from the 2009 Rules.
<p>Ap8. To suspend or remove Statutory Committee members from office in accordance with the General Dental Council (Constitution of Committees) Rules Order of Council 2009.</p>	<p>No change – just re-numbered and amended citation.</p> <p>New Ap 11. To suspend or remove Statutory Committee members from office in line</p>	

⁵ Section 5(3) of the 2009 Rules

	with the appropriate processes.	
Ap9. To obtain external legal or other professional advice as necessary via the Executive.	No change – just re-numbered, re-ordered and clarified must be within TORs. New Ap5. Obtain external legal or other professional advice via the Executive, as necessary and in line with the Terms of Reference of the Committee.	
Ap10. On the request of the Council, to assist with the recruitment and selection of candidates to any other office.	Remove	<ul style="list-style-type: none"> • Overlaps with RemNom remit.
Discharge of Functions	Re-word Amend to ‘Functions and Duties’	To align with wording of the other Committee TORs.
Ap11. In carrying out its functions the Appointments Committee will:	<i>In carrying out its functions, the Committee will:</i>	
a. Approve (but not design) the process for appointing Statutory Committee Members of the Investigating Committee and Fitness to Practise panels.	Appointments: Re-word, re-number, merge and use sub-headings New Ap13. Scrutinise and provide assurance to the Council on the process for appointing Statutory Committee Members and their legal, medical and professional advisers.	<ul style="list-style-type: none"> • To align with the scrutiny and assurance role the Committee undertakes and for consistency of drafting with other TORs. • NB: they should scrutinise process for all panel appointments or not just IC/FtP panels. • Include 11c from previous TOR.

b. Appoint Statutory Committee Members following recommendation at the end of the process.	Remove	<ul style="list-style-type: none"> Included in New Ap5 as a delegated power.
c. Approve (but not design) the process for appointing legal, medical and professional advisers.	Remove	<ul style="list-style-type: none"> Included in New Ap13.
d. Appoint legal, medical and professional advisers following recommendation at the end of the process.	Remove	<ul style="list-style-type: none"> Included in New Ap5 as a delegated power.
e. Approve (but not design) the appraisal system for Statutory Committee Members on assurance of embedding of training.	<p>Re-word, re-number, merge, and re-order</p> <p>New Ap14. Scrutinise and provide assurance to the Council on the process for conducting performance appraisals for Statutory Committee members and their legal, medical and professional advisers.</p>	<ul style="list-style-type: none"> Drafting amends for clarity. Align with scrutiny and assurance role and drafting of other Committee TORS. Include 11f from previous TOR.
f. Approve (but not design) the appraisal system for legal, medical and professional advisers.	Remove	Included in New Ap14 .
i. [sic] Ensure that a fit for purpose and effective training programme was provided for Statutory Committee Members.	<p>Re-word, re-number, re-order</p> <p>New Ap17. Provide assurance as to the implementation of training programmes for Statutory Committee members and advice on the oversight of performance of their legal, medical and professional advisers.</p>	<ul style="list-style-type: none"> For consistency of drafting with other Committee TORS
j. [sic] Ensure that the Council provides an adequate training programme for	Remove	Included in New Ap17

legal, medical and professional advisers.		
k. Deal with disciplinary and performance issues relating to Statutory Committee Members where this is within the remit of the Appointments Committee by reason of the Disciplinary Procedure, and dismiss Statutory Committee Members if necessary.	<p>Remove 'deal with issues' and add scrutiny of disciplinary process for Statutory Committee members.</p> <p>New Ap 15. Scrutinise and provide assurance to Council in respect of the process for the discipline of Statutory Committee members.</p>	<ul style="list-style-type: none"> • Included in New Ap10 – a delegated power.
l. Receive reports regarding the discipline, performance issues and dismissal of legal, medical and professional advisers, and advise and report to the Council as appropriate.	<p>Re-number, re-word.</p> <p>New Ap 16. Monitor and provide assurance to Council on the handling of disciplinary and performance issues in respect legal, medical and professional advisers.</p>	<ul style="list-style-type: none"> • Drafting for clarity • NB: People Services administer the disciplinary process for these Associates, and Committee will monitor via reporting.
m. Scrutinise the quality and efficiency of the Statutory Committees' decision making by receiving regular reports of the performance and quality of decision making of the committees and panels. To include monitoring of the Fitness to Practise PSA standards action plan in relation to the work of the Statutory Committee.	Remove	<ul style="list-style-type: none"> • Included in New Ap12.
n. Build and maintain a body of intelligence for the Council through learning points and trends that emerge from the	Remove	<ul style="list-style-type: none"> • This is implicit as part of the Committee's role

<p>Committee's oversight of the work of the Statutory Committee members.</p>		
<p>o. Report to Council on the work of the Appointments Committee and the performance of the Statutory Committees.</p>	<p>Remove and add:</p> <p>New Ap18. At the request of the Executive, the Committee may provide advice in respect of key strategic areas of focus, including:</p> <ul style="list-style-type: none"> • best practice in hearings case management, • the design parameters of an independent tribunal function, and • the relevant performance metrics of a high performing panel, including behaviours of panel members. 	<ul style="list-style-type: none"> • Otiose • To reflect the workshop discussions.

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

Key purpose

Ap1. To **provide assurance** to the Council by carrying out the following functions on its behalf:

1. Scrutinising the process for the **appointment** of Statutory Committee members¹ and of the legal, medical and professional advisers to the Statutory Committees. This will include the processes used for recruitment and selection.
2. Scrutinising the process for the **oversight of performance** of Statutory Committee members and providing advice on the oversight of performance of the legal, medical and professional advisers to the Statutory Committees. This will include their appraisal and discipline processes and the oversight of the delivery of their training.

Ap2. To **provide advice** to the Executive in respect of the following areas:

1. The design parameters of an independent tribunal function.
2. The relevant performance metrics of a high performing panel, including behaviours of panel members.
3. Best practice in hearings case management.

Composition and Quorum

Ap3. The Committee shall be appointed by the Council and shall consist of not more than eight persons (including a Chair) and shall include both registrants and lay persons. Persons appointed to the Committee shall be neither Council Members nor employees of the Council.²

Ap4. The quorum of the Committee shall be three members.

Delegated Powers

Ap5. Obtain external legal or other professional advice via the Executive, as necessary and in line with the Terms of Reference of the Committee.

The Council formally delegates its decision-making powers in relation to the following areas:

Appointments

Ap6. To appoint, or re-appoint, persons to serve as members of the Statutory Committees and appoint, or re-appoint, the legal, medical and professional advisers to those members.

Ap7. To determine the duration of the term of office of Statutory Committee members on

¹ Defined in Section 2 of the General Dental Council (Constitution of Committees) Rules 2009 ('the 2009 Rules') as including both lay and registrant members of the following Committees: the Investigating Committee, the Interim Orders Committee, the Professional Conduct Committee, the Health Committee, the Professional Performance Committee and the Registration Appeals Committee. This definition also includes the Chairs of those Committees.

² Section 3(2)-(4) of the 2009 Rules.

their appointment or re-appointment.³

Ap8. To appoint, from amongst the Statutory Committee members, persons to act as Chairs of the Statutory Committees ('panel Chairs').⁴

Oversight of Performance

Ap9. To scrutinise and approve an appraisal process for Statutory Committee Members and provide assurance to the Council as to its implementation.

Ap10. To administer the disciplinary policy and procedure in respect of conduct and performance issues of Statutory Committee members, including in respect of the dismissal of panellists and of the termination of panel chair appointments.⁵

Ap 11. To suspend or remove Statutory Committee members from office in line with the appropriate processes.⁶

Ap12. To scrutinise and approve a training plan for Statutory Committee members, informed by reports on the quality of Statutory Committee decision-making, and provide assurance as to its implementation.

Functions and Duties

In carrying out its functions, the Committee will:

Appointments

Ap13. Scrutinise and provide assurance to the Council on the process for appointing Statutory Committee Members.

Oversight of Performance

Ap14. Scrutinise and provide assurance to the Council on the process for conducting performance appraisals for Statutory Committee members and their legal, medical and professional advisers.

Ap15. Scrutinise and provide assurance to Council in respect of the process for the discipline of Statutory Committee members.

Ap16. Monitor and provide assurance to Council on the handling of disciplinary and performance issues in respect legal, medical and professional advisers.

Ap17. Provide assurance as to the implementation of training programmes for Statutory Committee members and advice on the oversight of the performance of their legal, medical and professional advisers.

Guidance and Advice

Ap18. At the request of the Executive, the Committee may provide advice in respect of key strategic areas of focus, including:

- best practice in hearings case management,
- the design parameters of an independent tribunal function, and
- the relevant performance metrics of a high performing panel, including behaviours of panel members.

³ Section 4(4) of the 2009 Rules.

⁴ Section 5(1) of the 2009 Rules.

⁵ Section 5(3) of the 2009 Rules

⁶ Sections 6-8 of the 2009 Rules

Committee Appointments

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author	William Moyes, Chair of Council
Type of business	For approval
Purpose	The Council is asked to approve the proposed appointments to the non-statutory Committees of the Council in line with the GDC Standing Orders of Council for the Conduct of Business 2020 and the Standing Orders and Resolution for the Non-Statutory Committees of Council 2020.
Issue	To present to the Council the proposed amendments to the Committee memberships.
Recommendation	The Council is asked to approve the recommendations and make the proposed appointments.

1. Background

- 1.1 The GDC is currently facing a public affairs and policy landscape of significant change that could have profound implications for the way in which the organisation operates. The Council is aware of the various strands of this change:
- a. Legislative change in respect of international registration – a consultation is expected shortly to address how the GDC can continue to register registrants that are trained overseas. Any legislative change is currently expected to be proposed to Parliament before the end of 2021 and the organisation will need to respond to this change by altering its operational approach.
 - b. Reform in relation to the recognition of professional qualifications – the Department of Business, Energy and Industrial Strategy are leading this work which could have a significant impact on how the Registration function of the organisation operates.
 - c. Regulatory reform following the Department of Health and Social Care’s (DHSC) recent consultation – the consultation concluded recently, and we await draft legislation. There is likely to be a significant programme of work for the organisation to deliver thereafter.
 - d. Consultation on proposals to merge regulators and reduce the number of regulated professions – led by the DHSC. This work will need carefully considered responses and, depending on the outcome, lead to significant impacts for the organisation.
- 1.2 This landscape, alongside internal changes to the Council, mean that it is necessary for the Council to consider its Committee composition and ensure that resource is directed appropriately to deliver an effective assurance framework. This will enable the Council to focus on key areas of the organisation’s strategy.
- 1.3 The GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2020 (“the Standing Orders on Committees”) provide that the Council can appoint Council Members and Chairs to the non-statutory Committees and Working Groups of the GDC, on proposal by the Chair at a public Council meeting, following consideration of the generic competencies of those roles.

- 1.4 Appointments to the Audit and Risk Committee (ARC), Finance and Performance Committee (FPC) and Remuneration and Nomination Committee (RemNom) were made in October 2020, for terms of two years. The current membership of these Committees is as follows:
- a. **ARC:** Crispin Passmore (Chair), Sheila Kumar (lay Member), Simon Morrow (registrant Member), Catherine Brady (registrant Member) and an independent Member.
 - b. **FPC:** Terry Babbs (Chair), Anne Heal (lay Member), Donald Burden (registrant Member) and Mike Lewis (registrant Member).
 - c. **RemNom:** Anne Heal (Chair), Caroline Logan (registrant Member), Jeyanthi John (registrant Member), Laura Simons (lay Member) and an independent Member.
- 1.5 The membership of the Chair's Strategy Group (CSG) was also decided by the Council at this point. This Group is due to expire on 30 September 2021, the incoming Chair is aware of this matter and is not currently minded to propose a further extension. Consideration as to whether to revive this working group, or create another, will be undertaken by the incoming Chair in due course. Should any such proposals be made, they would need to be considered and agreed by the Council.
- 1.6 The Chair of Council and Catherine Brady are due to demit office, following their second terms, on 30 September 2021. Catherine Brady is currently a member of the Audit and Risk Committee.
- 1.7 In July 2021, Crispin Passmore decided to step down from the Council. Following this decision, the Chair of Council and the Committee Chairs convened a meeting with the Governance team to decide the most appropriate approach to filling this future vacancy on the Council and what amendments to Committee membership should be made.
- 1.8 The output of these discussions, alongside a review of the generic competencies required for membership of the non-statutory Committees, had led to proposed amendments to Committee memberships found at **Appendix 1**. These proposals were circulated to the Council in July 2021, by correspondence, to seek early views and the Council indicated approval in principle to the proposed composition of these Committees.
- 1.9 The Council will also consider the proposed process to fill the forthcoming Council Member vacancy at its September Council meeting, under a separate agenda item.

2. Committee Appointments

- 2.1 The Resolution to the Standing Orders on Committees sets out the composition requirements for the non-statutory Committees of the Council. These are as follows:
- **ARC:** A Chair and 'at least two Council Members' with 'at least one registrant and one lay Member'. The Chair of Council may not be a Member and this Committee will have an independent Member. Quorum is two Council Members.
 - **FPC:** A Chair and 'at least two Council Members' with 'at least one registrant and one lay Member'. The Committee can have an independent Member. Quorum is two Council Members.
 - **RemNom:** A Chair and 'at least two Council Members' with 'at least one registrant and one lay Member'. The Chair of Council may not be a Member and this Committee will have an independent Member. Quorum is two Council Members.
- 2.2 The Chair of Council and Committee Chairs have considered the proposed approach for the composition of the non-statutory Committees in some detail, taking into account the following factors:
- a. The generic competencies set out in the Standing Orders on Committees and filling key vacancies with Members with an appropriate skillset.

- b. The time commitment required to prepare and attend meetings of the Council's Committees and ensuring this aligns with the capacity of Council Members, the best use of Council Members' time as a resource, and the advertised expectations about the time commitment for a Council role.
 - c. Ensuring a balance of registrant and lay Members across the Committees.
 - d. Ensuring stability in Committee membership to safeguard the assurance framework in place.
 - e. Discussions with key individuals about their own preferences and ability to commit the time required to the roles.
- 2.3 It is proposed that the amendments to Committee memberships are made as set out in **Appendix 1**. These proposals would fulfil the requirements in the Standing Orders. It is proposed that these appointments are made for the period of one year, to ensure that the incoming Chair is able to assess the assurance framework when he arrives in post and propose any identified changes after he has embedded into his role.
- 2.4 In summary, it is proposed that the following changes are made to Committee membership:
- a. **Sheila Kumar** be appointed to Chair the Audit and Risk Committee. Sheila has been a Member of the Committee since 2017, is well-matched to the skillset required and has expressed a desire to expand her Council commitments into a Chairing role.
 - b. **Angie Heilmann** (incoming registrant Council Member) to join the ARC, replacing Catherine Brady.
 - c. **Crispin Passmore** to step down from the Audit and Risk Committee, given his significant other work commitments.
 - d. **Mike Lewis** to step down from the Finance and Performance Committee and the soon-to-be recruited incoming lay Council Member to join this Committee on appointment.
- 2.5 It is proposed that all other Committee membership remains unchanged.
- 2.6 The Council is asked to **approve** the proposals and **appoint** the following Members to the Committees outlined in **Appendix 1**, each for a one-year term, until 22 September 2022.
- 3. Legal, policy and national considerations**
- 3.1 The proposals set out in this paper are in line with the Standing Orders and legislative framework.
- 4. Equality, diversity and privacy considerations**
- 4.1 No issues have been identified.
- 5. Monitoring and review**
- 5.1 It is proposed that Committee memberships will be reviewed in September 2022 to allow for the incoming Chair of Council to propose any amendments following a year in office.
- 6. Development, consultation and decision trail**
- 6.1 The Chair of Council has discussed these proposals with the Governance team and key stakeholders, including the Committee Chairs, incoming Chair of Council and the Chief Executive. The process has been followed in line with the Standing Orders.
- 7. Next steps and communications**
- 7.1 The Council is also asked to **approve** the changes to the Committee memberships as set out above, for one year, until 22 September 2023.

- 7.2 Following the approval, the changes to the membership of the Committee will be communicated formally to staff and the GDC website will be updated accordingly.
- 7.3 Committee inductions will be delivered to aid the integration of the new Members.

Appendices

- a. Proposed table of Members and Chairs of the Non-Statutory Committees of Council.

William Moyes, Chair of Council.

02 September 2021

Table of Members and Chairs of the Non-Statutory Committees of Council and the CSG

Committee/Working Group	Chair	Members
Audit and Risk Committee	Sheila Kumar Crispin Passmore	Catherine Brady
		Angie Heilmann
		Simon Morrow
		Liz Butler (Independent Member)
Finance and Performance Committee	Terry Babbs	Donald Burden
		Anne Heal
		Mike Lewis
		Incoming Council Member (lay)
Remuneration and Nomination Committee (no changes)	Anne Heal	Jeyanthi John
		Caroline Logan
		Laura Simons
		Ann Brown (Independent Member)

Council Member Recruitment Process 2021

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Lisa Marie Williams, Executive Director, Legal & Governance Katie Spears, Head of Governance
Type of business	For decision
Purpose	To present the proposed approach to recruitment of a lay Member of Council in 2022. The Remuneration and Nomination Committee has reviewed and recommended this process to the Council.
Issue	Due to an unexpected resignation, the GDC will be recruiting one new Council Member in 2021-2022. This paper sets out the proposed recruitment process, which largely mirrors that followed in 2021.
Recommendation	The Council is asked to approve the proposed process.

1. Executive summary

- 1.1 Council Members are appointed by the Privy Council, following a recruitment process managed by the GDC. In accordance with section 25C of the Health and Social Care Act (2012), the Professional Standards Authority (PSA) provides assurance to the Privy Council on the process undertaken by the GDC.
- 1.2 The Dentists Act 1984 sets out a number of requirements in relation to the composition of the Council (number of lay and registrant members) and certain criteria which must be filled by Council Members (the requirement to have a member from each of the four nations). Legislation also sets out that the maximum term of office for any Council Member is eight years.
- 1.3 The Governance team have worked with the Chair of Council and the Chief Executive to produce a five-year recruitment plan which aims to:
 - preserve continuity on Council and Committees by not having large numbers of Council Members demitting office at the same time (as happened in 2017);
 - group the recruitment to small numbers, to allow the GDC the best chance of securing candidates able to fulfil the necessary criteria (for example in 2020 when the GDC recruited two registrant and one lay member, fulfilling the Wales and Northern Ireland requirements); and

- as far as is possible, ensure that recruitment is not required every year, to ensure the recruitment costs are not continually incurred and to free up capacity in the Governance team to deliver ongoing planned improvement work in the function.
- 1.4 The Governance team conducted a planned recruitment exercise in 2021 to replace the outgoing Chair of Council, William Moyes, and a registrant Member of Council, Catherine Brady. This recruitment process was recommended to the Council by the Remuneration and Nomination Committee and was assured by the Professional Standards Authority. The Privy Council made the appointments recommended by the Council in July 2021.
- 1.5 Subsequently, in July 2021, Crispin Passmore (lay Member and Chair of the Audit and Risk Committee) informed the Chair of Council of his intention to resign from his position on the Council in December 2021.
- 1.6 The Governance team met with the Chair of Council and Committee Chairs to ascertain the appropriate approach to filling this vacancy and the proposed process aligns with those discussions. The incoming Chair and the Chief Executive have also been consulted with about the proposed approach. The discussions considered whether the GDC should seek an emergency appointment, conduct recruitment following the external review into effectiveness or commence a fully compliant recruitment process immediately.
- 1.7 Following careful consideration, it is proposed that the GDC undertake the following steps:
- a. Commence a fully compliant recruitment process but compress the timeframe as much as is possible.
 - b. Procure an external recruitment partner to support the process.
 - c. Notify the Professional Standards Authority and Privy Council of the GDC's intention to run the Council with a vacancy for a short period of time (approximately three months) and of our plans for the recruitment exercise.
 - d. Agree a role profile for the recruitment. The incoming Member will need to be a lay Member but there is no geographical restriction on this appointment as the Council is already properly constituted in that respect.
- 1.8 The Remuneration and Nomination Committee considered the proposed process at its September meeting and recommended it to the Council. The feedback from the Committee has been incorporated into the documentation, including streamlining the appointment pack and ensuring that the language used throughout the appointment materials gives a clear focus on promoting equality, diversity, and inclusion. The Council is asked **to approve** the proposed process.

2. Overview of the process

- 2.1 As set out above, while the GDC facilitates the recruitment of Council Members, it is the Privy Council that ultimately makes any appointments to the Council. The PSA is responsible for providing assurance to the Privy Council on the open competition process.
- 2.2 The suggested recruitment process has not changed significantly from the process that has just concluded. It takes into consideration the PSA's *Good practice in making Council appointments* guidance. To remind the Council, the PSA splits the recruitment process into the following four stages:
- a. Planning
 - b. Advance Notice scrutiny
 - c. Implementation and
 - d. Recommendation, due diligence and appointment.

Each stage is set out in further detail below.

Planning

- 2.3 To support the planning phase of the process, the Governance team have already undertaken the following steps:
- Conducted a review of the 2021 recruitment process, the learning from which has been shared with the Remuneration and Nomination Committee in September, and is set out in a paper on the Council's correspondence agenda for this meeting.
 - Consulted with the current Chair, Committee Chairs, incoming Chair and the Chief Executive to discuss the experience and skills that are required for the appointment.
 - Explored procurement options for a professional search firm to support this work.
 - Reviewed all of the documentation used in the recent 2021 recruitment and updated to reflect lessons learned, where appropriate.

Advance Notice scrutiny

- 2.4 Prior to commencing any Council recruitment campaign, the PSA require that the healthcare regulators submit an Advance Notice, setting out the planned processes and documents. This allows them to highlight any areas of concern, which can be addressed prior to or during the campaign. The draft Advance Notice and its supporting appendices were reviewed by the Remuneration and Nomination Committee at its September meeting and feedback from that session has been incorporated into the relevant documentation.
- 2.5 It should be noted that, once the recruitment firm is appointed, they will be asked to support the drafting of a final job description.
- 2.6 The PSA suggests that, from the submission of the Advance Notice, it usually takes roughly five months to get to appointment stage. We are intending to compress the process as much as is possible, to ensure that the Council runs with a vacancy for the minimum period of time, whilst ensuring that high quality candidates can be attracted, and the Selection Panel has the information it needs to make appropriate recommendations.
- 2.7 The draft timeframe for the recruitment exercise can be found at **Appendix 1**. The high-level timetable would be to advertise in late October 2021, submit the recommendations of the panel to the Council in early February 2022 and to ask the Privy Council to make the appointments by the end of March 2022. Precise dates will be confirmed in partnership with the procured search firm.
- 2.8 As it is unclear what level of restriction the GDC will be operating under throughout the recruitment, planning will include options for in-person and remote interviews.

Implementation

- 2.9 To ensure that we are reaching as many potential candidates as we can, in addition to advertising using third party platforms, we will be asking colleagues in our Stakeholder and Engagement team to make sure that they make the most of every interaction with the public and the profession to promote the recruitment.
- 2.10 As with the 2021 campaign, the Governance team will work closely with the appointed firm to provide the panels with the candidates to create a short and long list, and will provide

suggested questions for the panel. The Executive Director, Organisational Development will be asked to support the provision of a Facet 5 profile.

- 2.11 In terms of the make-up of the proposed recruitment panels, it is suggested that the following are approached to select the candidate:
- a. **Toby Harris** – incoming Chair of Council who will take office on 1 October 2021.
 - b. **Terry Babbs**, Lay Council Member, Senior Independent Council Member and Chair of the Finance and Performance Committee (of which it is proposed that the incoming Council Member is a future Member).
 - c. **Simon Morrow**, Registrant Council Member and member of the Audit and Risk Committee;
 - d. **Ann Brown** – Independent Member of the Remuneration and Nomination Committee; and
 - e. **An Independent Panel Member – to be selected.**
- 2.12 This proposal is in line with the PSA guidance on selection panel size and composition.

Recommendation, due diligence and appointment

- 2.13 Once the panels have selected the preferred candidates, the Independent Panel Member will submit their report to the PSA, the PSA will be asked to assure the process and the Governance team will submit all the relevant details to the Privy Council and undertake the required due diligence.
- 2.14 The Governance team will also facilitate the delivery of an induction programme for both the new Council Member. This will be based on the programme delivered this year, as recommended to the Council by the Remuneration and Nomination Committee.

3. Legal, policy and national considerations

- 3.1 In accordance with the GDC's legislative framework, the Privy Council makes appointments to the General Dental Council. The framework sets out the number of Council members (12), and the criteria which must be satisfied in making appointments, including having at least one Council member from all four nations of the UK and the requirement for both lay and registrant members. The legislation also puts a limit on the length of term of office for Council members (a maximum of eight years in 20 years).
- 3.2 The GDC is responsible for managing the process of recruitment, and for providing the names of suggested appointees to the Privy Council. In accordance with section 25C of the Health and Social Care Act (2012), the PSA provides assurance to the Privy Council in relation to the robustness of the process for suggested appointments used by all of the healthcare regulators, including the GDC.

4. Equality, diversity and privacy considerations

- 4.1 The recruitment partner will be tasked with attracting candidates from a diverse range of backgrounds. Applicants will be encouraged to complete a monitoring form as part of their application to enable us to monitor the equality and diversity breakdown.
- 4.2 The recruitment partner will report on diversity at all stages of the selection process and members of the interview panel will be asked to undertake training in relation to inclusive selection practice including unconscious bias prior to panels commencing.
- 4.3 Personal information of applicants will be held securely by the recruitment partner.

4.4 The PSA continue to require that candidates' details are anonymised until the shortlisting stage. The Governance team attended a seminar on increasing diversity with Board recruitment devised by the PSA in December 2020 and have incorporated this learning into the process proposed.

5. Risk considerations

5.1 There is a risk that, following the appointments being recommended by Council, the Privy Council do not make appointments, or the PSA do not have confidence in our process. This is mitigated by the process outlined in the PSA Advance Notice being adhered to throughout and, in line with lessons learned, ongoing liaison with both bodies throughout the process. Due diligence and reference checks will be conducted on the applicants being recommended for appointment to mitigate any reason why the Privy Council might not make the appointments. The Governance team has been in close communication with the Privy Council in relation to any additional checks that they may require, such as enhanced checks in relation to social media that were required in the 2020 and 2021 recruitment rounds.

6. Resource considerations and CCP

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

7. Monitoring and review

7.1 The Council will receive regular updates to the progress of the recruitment. The Council will make be asked to recommend the appointments to the Privy Council by correspondence prior to its meeting in March 2022.

8. Development, consultation and decision trail

8.1 The EMT considered and approved the proposed approach in August 2021. The Remuneration and Nomination Committee recommended the proposed process to the Council at its September 2021 meeting.

9. Next steps and communications

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

Appendices

Appendix 1 - Recruitment schedule

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Katie Spears, Head of Governance
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02 September 2021

Appendix 1

Recruitment Schedule

Task	Lead	Date
Phase one – Planning		
Draft Advance Notice	GDC	July 2021
Procurement of an external recruitment partner	GDC	August/September 2021
Submit paper to RemNom with draft Advance Notice	GDC	2 September 2021
Submit paper to the Council for approval	GDC	23 September 2021
Phase two – Advance Notice scrutiny		
Advance notice (and supporting documentation) to appoint submitted to the PSA	GDC	24 September 2021
PSA clearance (takes three weeks)	PSA	Three weeks – by 15 October 2021
Phase three – Implementation		
Campaign Planning (comms, packs, adverts, schedule confirmation, panel booking, criteria etc)	GDC and Supplier	Circa two weeks starting 15 October 2021
Launch (three-week application window)	Supplier	w.c 25 October – 22 November 2021
Application deadline	N/A	22 November 2021
Application sift	Supplier	November 2021
Longlisting pack available to the panel	Supplier	1 December 2021
Longlisting meeting	GDC to coordinate	w.c 6 December 2021
Preliminary interviews of longlisted candidates with consultant	Supplier	December 2021- January 2022
Shortlisting pack available to the panel	Supplier	12 January 2022
Shortlisting meeting	GDC to coordinate	w.c 17 January 2022
Shortlisted candidates to have telephone conversation with CEO (if requested)	GDC to coordinate	w.c 24 January 2022
Interview packs available to the panel	Supplier	26 January 2022
Selection process for Chair role – with interviews	GDC to coordinate	w.c 1 February 2022
Due diligence (GDC) including collection of references	GDC to coordinate	4 February 2022
Phase four – Recommendation, scrutiny and appointment		
Recommendation to the Council	Head of Governance and Chair of Council	For decision by w.c 7 February 2022
Notification to the Privy Council and PSA	Head of Governance	w.c 7 February 2022
Submission of the IPM report to the PSA.	Independent member of the panel to provide	w.c 7 February 2022
PSA scrutiny	PSA	Three weeks By 4 March 2022
Privy Council approval	PC	Three weeks By 25 March 2022
Formal offer made to candidates	PC	Within week of decision
Agreeing contract	GDC	1 week

Council Member Reappointments

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Lee Bird, Interim Deputy Head of Governance (Secretariat) Katie Spears, Head of Governance
Type of business	For decision
Purpose	To present to the Council the proposed process for Council Member reappointment for 2022. The Remuneration and Nomination Committee reviewed and recommended this process to the Council at its September 2021 meeting.
Issue	Simon Morrow is due to finish his current term of office in 2022. He has confirmed that he would like to be considered for a further term.
Recommendation	The Council is asked to approve the Council Member reappointment process.

1. Key considerations

- 1.1 In 2022, Simon Morrow will complete his first term of office. This term began on 1 October 2018, and will come to an end on 30 September 2022. He has indicated that he would like to be considered for a further term of office, subject to a satisfactory appraisal and the appropriate reappointment process. It is therefore necessary to run a reappointment process.
- 1.2 Council Members are able to serve up to eight years of office during any 20-year period.¹ Having served a four year first term, Simon can serve a further term of up to four years.
- 1.3 It is a requirement of the Dentists Act that Council should include a member from each of the four nations, Simon fulfils that requirement for Scotland (noting that there are other Council Members who also fulfil this requirement, who are due to demit office sooner).
- 1.4 The Remuneration and Nomination Committee is responsible for scrutinising the process for recruitment and reappointment for Council Members and providing its assurance to the Council. The Committee reviewed and recommended to the Council the proposed process at its meeting in September 2021.
- 1.5 The Council is asked **to approve** the proposed process for reappointments to the Council.

¹ Section 3(2) of the GDC Constitution Order 2009

2. Overview of Council Member reappointment process

- 2.1 The Privy Council makes reappointments to the Council and will seek the assurance of the PSA in relation to the reappointments process. The PSA has published “*Good practice in making council appointments*” (the Guidance) which includes guidance on the process.
- 2.2 The Guidance sets out that, if there are candidates eligible for reappointment, their views on continuing in their role should be sought early enough to allow an open competition to be run, if necessary.
- 2.3 To fulfil this requirement, Simon Morrow was consulted by the Chair of Council about his intentions in July and has confirmed that he would be interested in seeking reappointment to the Council.
- 2.4 The Guidance makes it clear that reappointments cannot be automatic, but it does not require an open competition to be run if an individual’s performance during their first term has been satisfactory and their skills and experience continue to meet the Council’s needs.
- 2.5 In order to provide assurance, a number of steps have already been or will be taken, including seeking the views of Council Members, the Chief Executive and Registrar and any relevant third parties. An appraisal will be held in August and, subject to the Council’s approval of the process, a confidential report (**Appendix 1**) will be presented to the Council in December 2021, when the Council will be asked to take a decision regarding recommendation for reappointment.
- 2.6 Council Member appraisals will be taking place earlier this year than in previous years due to the Chair of Council demitting office in October 2021.
- 2.7 The reappointments process has not been changed from the exercise that was conducted in the three previous years and which was recommended by the Committee and approved by the Council. The PSA confirmed that it had confidence in this reappointments process and the Privy Council made the recommended reappointments.
- 2.8 The reappointments made in 2021 experienced significant delay, due to an increased level of scrutiny by the Privy Council. As part of the process, we will seek early views from the Privy Council and the PSA as to what information is required in order to try to prevent similar delays.
- 2.9 A detailed timeframe of the work involved in this process is set out at **Appendix 2**.

3. Legal, policy and national considerations

- 3.1 In accordance with the GDC’s legislative framework, the Privy Council makes appointments to the General Dental Council. The framework sets out the number of Council Members (12), and the criteria which must be satisfied in making appointments, including having at least one Council Member from all four nations of the UK and the requirement for both lay and registrant Members. The legislation also puts a limit on the length of term of office for Council Members.
- 3.2 The GDC is responsible for managing the process of reappointment, and for providing the names of suggested appointees to the Privy Council. In accordance with section 25C of the Health and Social Care Act (2012), the Professional Standards Authority (PSA) provides assurance to the Privy Council in relation to the robustness of the process for suggested appointments used by all of the healthcare regulators, including the GDC.

4. Risk considerations

- 4.1 There is a risk that, following the reappointment being recommended by the Council, the Privy Council do not reappoint the Member, or the PSA do not find confidence in our

process. This is not considered to be a material risk as the process has been designed to follow the PSA guidance on appointments and reappointments. The process has been planned to allow for enough time for additional vacancies to be allow for a Council Member recruitment process to be run in 2022 should it be necessary.

5. Resource considerations and CCP

- 5.1 The resource implication has been considered and the work will be completed as part of business as usual.

6. Development, consultation and decision trail

- 6.1 The Remuneration and Nomination Committee reviewed and recommended the existing reappointments process in August 2020, and this was approved by the Council in September 2020. No changes are proposed as that process ran smoothly and the PSA confirmed that it had confidence in the GDC's processes and, accordingly, reappointments were made to the Council.
- 6.2 Following approval by the Council, the reappointments process will commence.

Appendices

- a. Appendix 1 - Summary of information for confidential report
- b. Appendix 2 - Schedule for reappointment

Lee Bird, Interim Deputy Head of Governance (Secretariat)
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02 September 2021

Appendix 1

Summary of information for Confidential ReportFrom the Governance team:

- Details of the Member's attendance at Council and Committee meetings and whether or not any attendance requirements have been met;
- Details of any complaints made against the Council Member;
- Details of any conflicts of interest that have arisen and how they have been handled;
- Confirmation that all legislative provisions have been complied with and that none of the disqualification criteria apply.

From the Chair of Council:

- Confirmation that the Council Member wishes to be reappointed and can give time to the role;
- A review of the competencies used when the Council Member was appointed;
- An assessment as to whether the Council Member continues to meet the competencies and is performing at the required level. This assessment would take account of information from the Council Member's previous appraisals and the appraisal in summer 2021;
- The outcome of the skills audit and an assessment of whether the Council Member will be able to meet the anticipated future needs of the Council;
- Whether any Fitness to Practise concerns have been raised;
- An overview of feedback from other Council Members, third parties and the Chief Executive and Registrar;
- An overall conclusion as to whether or not the Council Member should be recommended for reappointment.

Appendix 2

Schedule for Reappointment

Stage	Lead	Date
Discuss reappointment with candidate	Chair of Council	July 2021
Seek views of candidates from Council, Chief Executive and third parties	Chair of Council with support from Deputy Head of Governance (Secretariat)	August 2021
Appraisal of candidates	Chair of Council	August 2021
Preparation of confidential report	Chair of Council with support from Deputy Head of Governance (Secretariat)	October 2021
Council to take a decision regarding recommendation for reappointment	Chair of Council	December 2021
Submit Notice of Reappointment Recommendation to PSA [Three weeks needed]	Deputy Head of Governance (Secretariat)	January 2022
Privy Council to consider and make the reappointment [Two weeks needed]	Deputy Head of Governance (Secretariat)	January 2022
Notify candidates, Council and organisation of results	Chair of Council	February 2022

Organisational Performance – Q2 2021 Review

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Gurvinder Soomal, Chief Operating Officer Samantha Bache, Head of Finance and Procurement Dave Criddle, Head of Business Intelligence, PMO & Delivery
Type of business	For discussion
Purpose	To present the Council with the quarterly organisational performance key points and supporting reports which are reviewed for assurance.
Issue	The paper reports on the key considerations for organisational performance across Costed Corporate Plan (CCP), budget and delivery covering the Q2 2021 performance period.
Recommendation	The Council is asked to: <ul style="list-style-type: none"> • Discuss and note the main reports and appendices.

1. Introduction

- 1.1 This report provides a summary of the key points raised within organisational performance across the GDC relating covering the Q2 2021 performance period.
- 1.2 **Appendix 1** is the CCP Quarterly Performance Report which provides dashboards and strategic insights of GDC performance in relation to delivery of the CCP towards the Corporate Strategy aims.
- 1.3 **Appendix 2** is the Financial Forecast dashboard report.

2. Assurance

- 2.1 The full suite of Q2 2021 operational performance reports was reviewed by the Executive Management Team (EMT) at its 10 August 2021 meeting and the key points and narrative provided in this report have been approved by the EMT.
- 2.2 Post review, the Accounting Officer confirmed that the paper and its annexes raised all appropriate issues in relation to organisational performance for the reporting period. Please note that Fitness to Practise (FTP) performance is reported in the balanced scorecard and the context/response is covered in greater detail in the FTP Action Plan update.
- 2.3 The Finance and Performance Committee (FPC) reviewed Q2 2021 organisational performance on 8 September 2021 and discussed the following:
 - a. The Organisational Performance cover paper.
 - b. The CCP Quarterly Performance Report.
 - c. An abridged Balanced Scorecard containing the key operational performance areas of the business.
 - d. The Financial Forecast dashboard report.

2.4 The FPC approved the organisational performance reporting for Q2 2021 for presentation to the Council.

3. Q2 Financial Summary

3.1 The results for the period to end June 2021 are an operating surplus of £19.9m, £3.4m higher than budgeted. The majority of variances result from timing differences in expenditure, which is delayed but still expected later in 2021, or in the case of the ORE examination deferment variance, will be offset by an equivalent reduction in exam income. The key variances along with details of where the expenditure is still expected to occur later than planned are shown in the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**.

3.2 The table below summarises the results of the income and expenditure account for the three months ending 30 June 2021. A Financial Performance Snapshot dashboard is included within section 2.1 of **Appendix 1** to present key details in chart views.

3.3 Due to the impact of Covid on our ability to deliver the ORE, all income is expected to be foregone this financial year. This will be offset by an equivalent reduction in expenditure.

	June 2021 Actual	June 2021 Budget	Variance Forecast to Budget
	£000	£000	£000
Income			
Fees	34,277	34,164	112
Investment income	255	-	255
Exam income	-	1,044	(1,044)
Miscellaneous income	4	-	4
Total Income	34,536	35,208	(672)
Expenditure			
Meeting fees & expenses	2,132	2,254	122
Legal & professional	2,166	3,443	1,277
Staffing costs	8,761	9,605	844
Other staff costs	200	460	260
Research & engagement	201	342	141
IT costs	679	940	261
Office and premises costs	706	797	91
Finance costs	262	261	(1)
Depreciation costs	626	623	(3)
Contingency	-		
Total expenditure	15,733	18,725	2,992
Unrealised gain/(losses) on investments	1,055		1,055
Operating surplus/(deficit) before tax	19,858	16,483	3,375

4. Q2 Establishment & Organisational Development Summary

- 4.1 Key points relating to Organisational Development for Q2 are detailed within the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**.
- 4.2 At the end of June 2021, the total headcount is 16.7 FTE less than budgeted.

5. Q2 CCP Delivery Summary

- 5.2 The main points for noting on CCP delivery are detailed in the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**. Additional progress updates against each strategic aim and their related projects are provided also within this report.

6. Q2 Operational Performance

- 6.1 The FPC reviewed an abridged Balanced Scorecard for Q2 2021 at the 8 September 2021 meeting and will provide assurance to Council through the Finance and Performance Committee Assurance Report.

7. Appendices

- Appendix 1 - CCP Quarterly Performance Report Q2 2021
- Appendix 2 - Financial Forecast dashboard report Q2 2021

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9 September 2021

CCP Quarterly Performance Report

Quarter 2 2021

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q2 2021 CCP quarterly performance for discussion. This report provides a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
Recommendation:	Council is requested to discuss and note the report.
Decision Trail:	EMT 10 August 2021 FPC 8 September 2021 Council 23 September 2021

The key performance insights in Q2 2021 are:

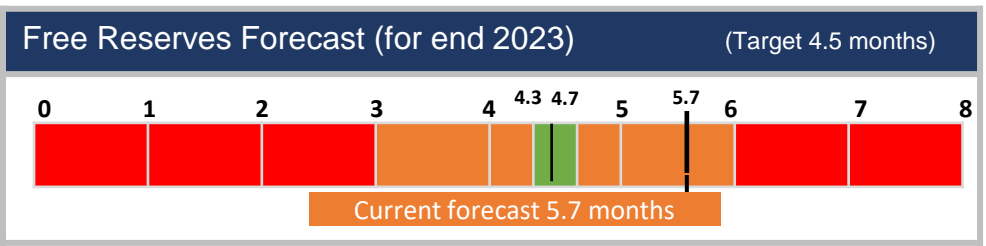
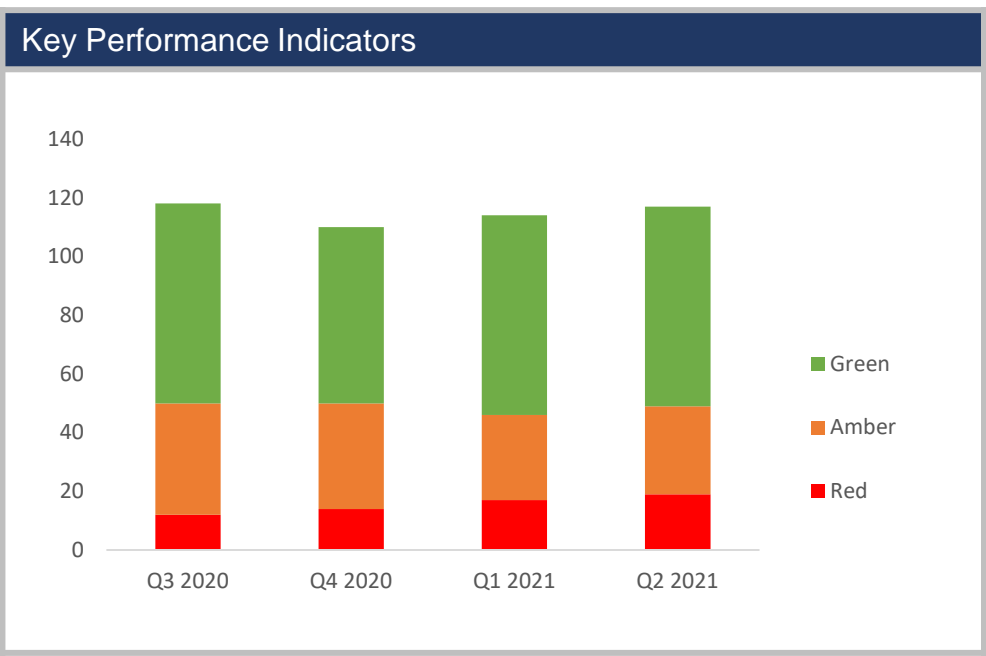
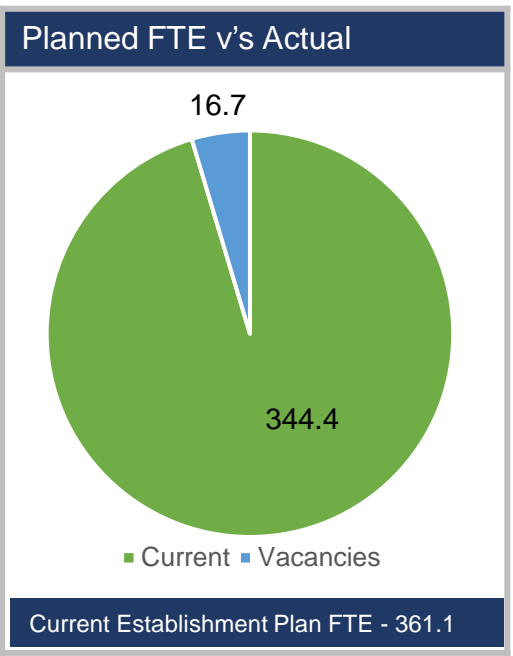
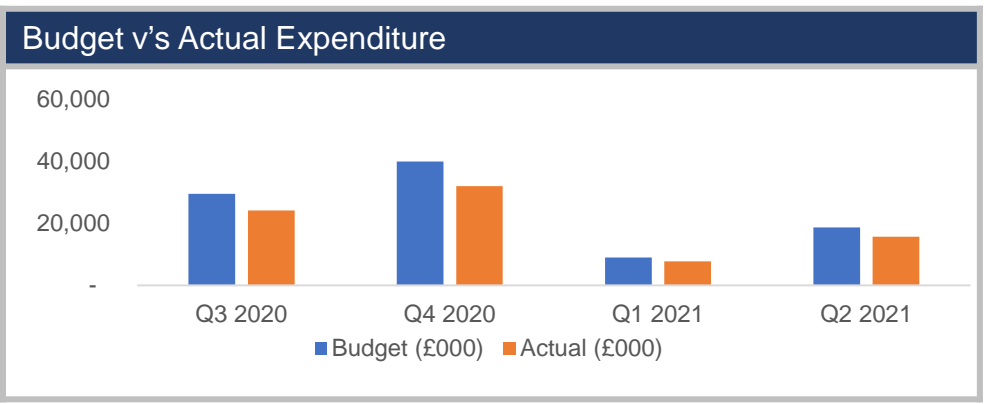
Finance Overview: The results for the period to end June 2021 are an operating surplus of £19.9m, £3.4m higher than budgeted. The key variances, defined as those greater than £100k are:

- £1,277k underspend on legal and professional fees, comprising of:
- £1,039k underspend in Registration and Corporate Resources as a result of ORE exam deferment, this will be offset by the equivalent reduction in exam income.
- £93k underspend in legal due to case referrals which have not manifested within ILAS to date, due to the reactionary nature of their budgets. There is an expectation, with increased Registration/Brexit appeals, that this will be a timing difference recovered in future quarters. Similarly, Hearings support, provided by ELPS, has been pushed into Q4 of 2021, giving a YTD timing difference.
- £80k underspend in Organisational Development as a result of the reactive nature of trustee pension advice and consultancy support, which is expected to occur later in 2021, as well as delays in recruitment campaigns.
- £92k underspend in FTP - FTP Case Progression (Medical Advice) continues to be delivered by employees, not referred to external providers, resulting in this saving.
- £66k underspend in Legal within IACE, Counsel Fees, Rule 9 work, is being covered by internal employees and not outsourced to external partners, alongside the ongoing Covid impact which is preventing Illegal Practice work taking place.
- £844k underspend from staffing costs, with variances being seen across all directorates due to vacant posts, staff on reduced or furloughed hours and staff on development pay grades.
- £259k other staffing costs underspend due to cumulative variances are seen within all Directorates and is a result of Covid, causing an embargo on travel or the ability to attend/receive Learning & Development activities.
- £261k IT underspend which is all recorded within the Registration and Corporate Resources Directorate and is due to the timing profile difference within software licensing and support renewals as well as timing differences in Corporate Projects.
- £140k Research and Engagement underspend comprising of:
 - £124k within the Strategy Directorate and is because of timing differences. Project costs have been pushed back into Q3/Q4 and are profiled to be fully spent in year.
 - £12k within FTP (DCS) due to a delay in panellist retraining plus possible severance payments, now pushed into Q3 of 2021.

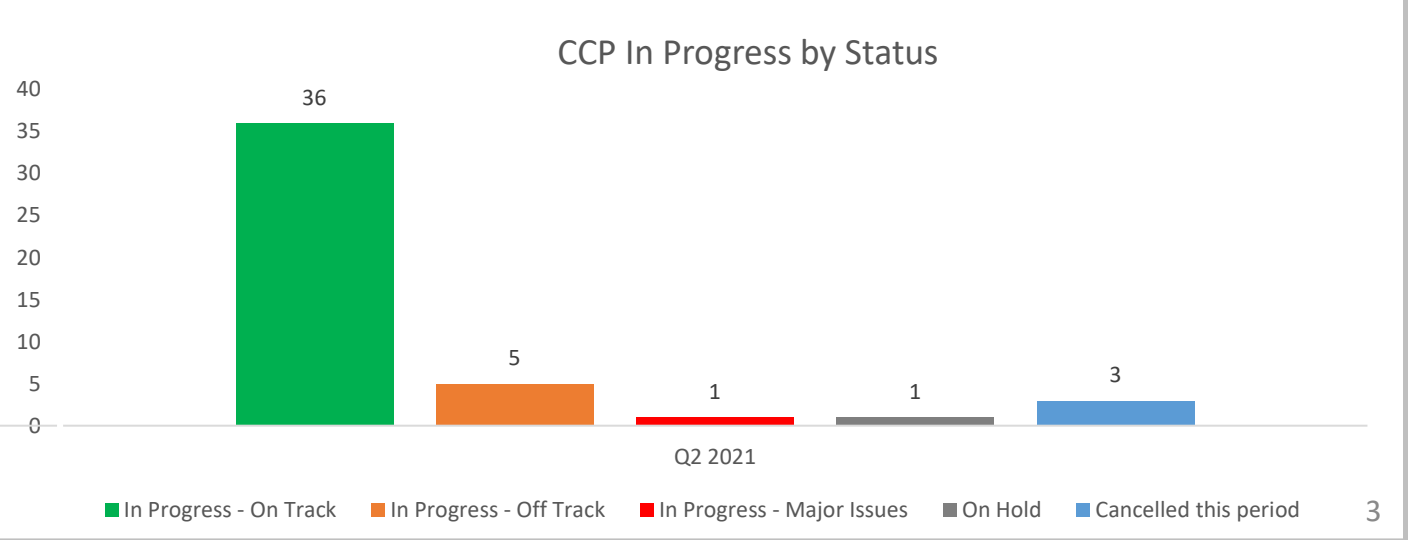
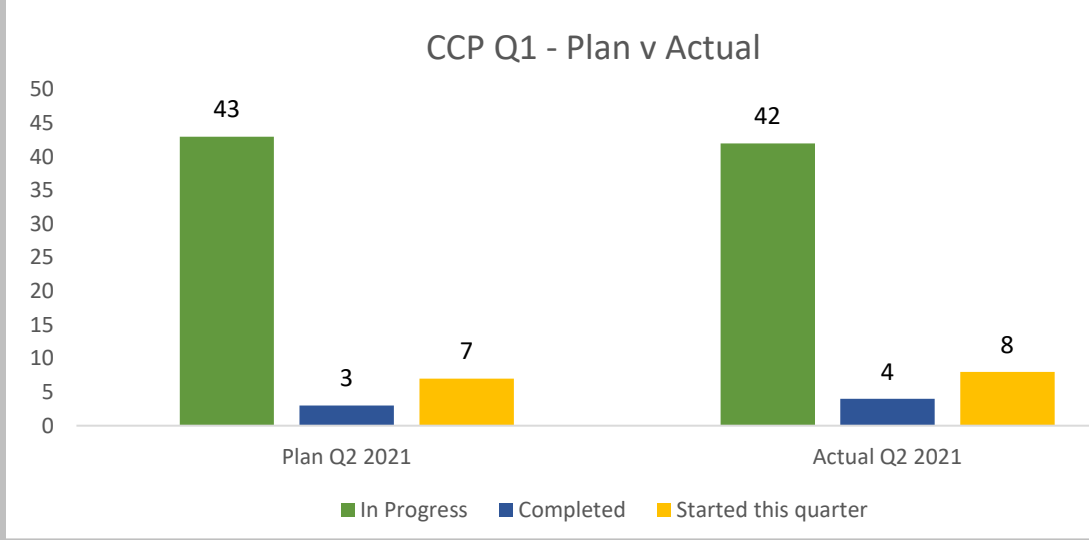
CCP Delivery Overview: In Q2 delivery is as forecast overall, with minor adaptation being managed at operational levels. Planning for the CCP 2022-24 is underway and is being created in conjunction with the Strategy Directorate in order to ensure the plan can adapt to changes anticipated due to regulatory reform and the strategic aims being developed for 2023 launch.

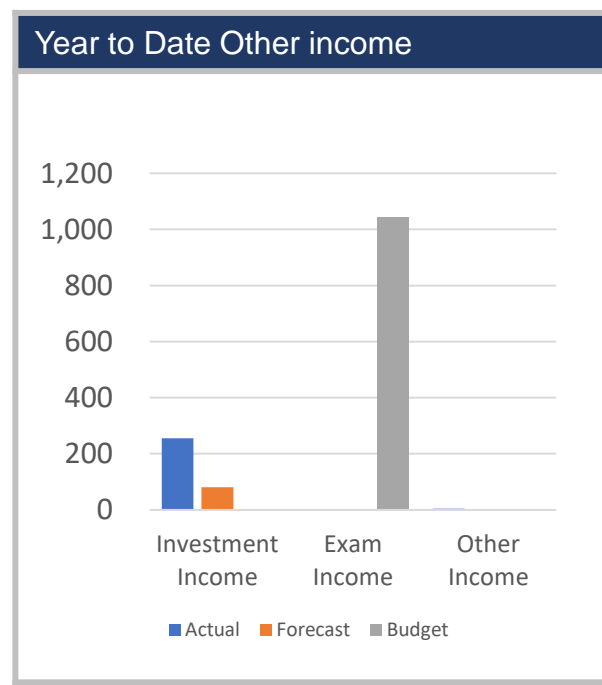
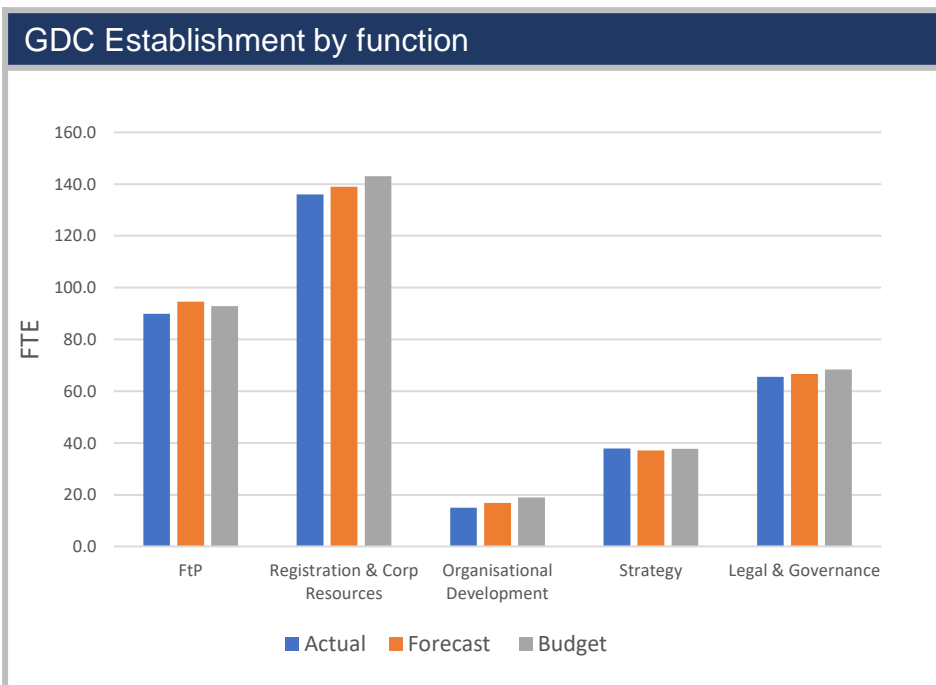
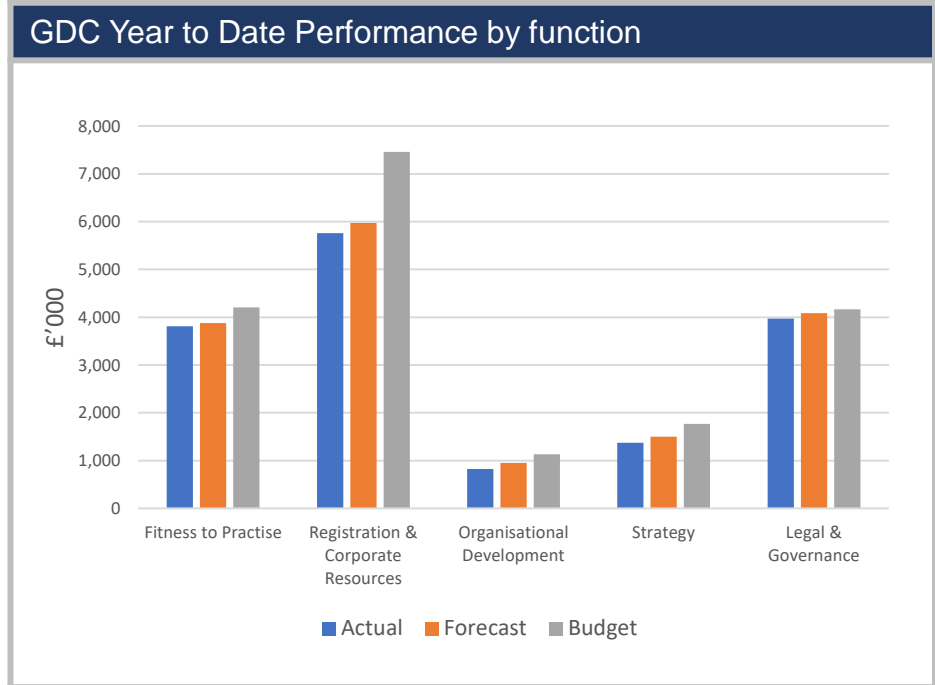
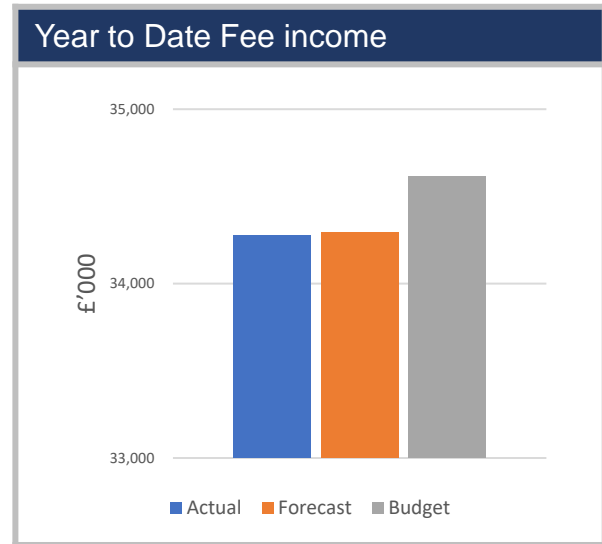
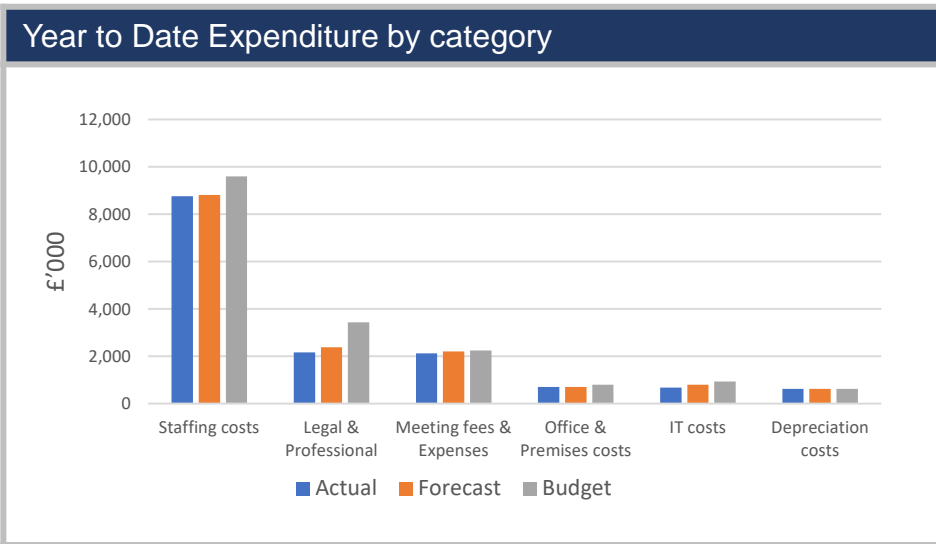
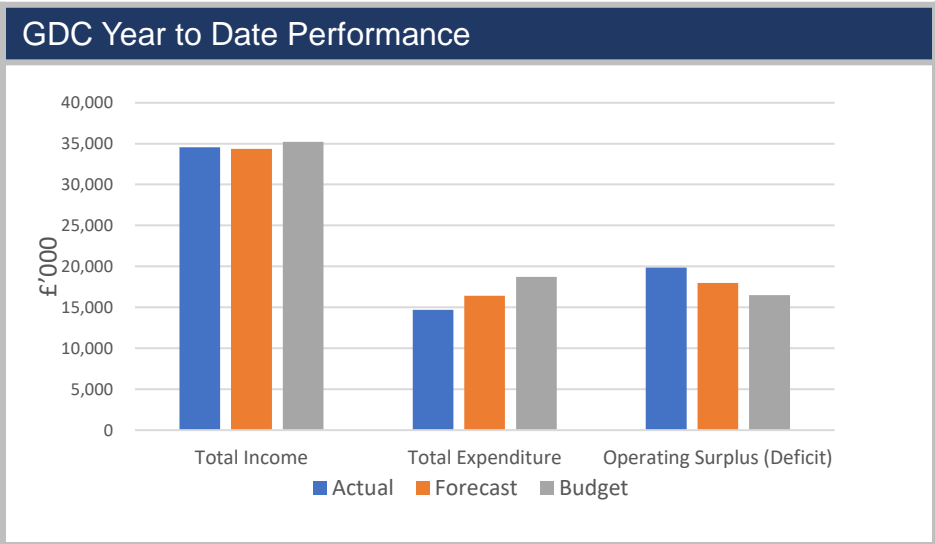
Establishment FTE Plan Overview: The market is still volatile with high numbers of candidates for some roles. There has been a positive increase in vacancies being filled by internal candidates (25%) this quarter which supports our ambition to develop and retain our talent. This is 2% higher than Q1 2021.

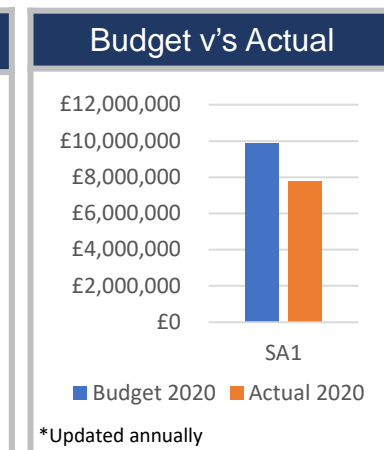
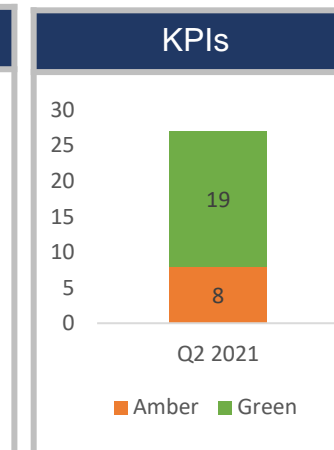
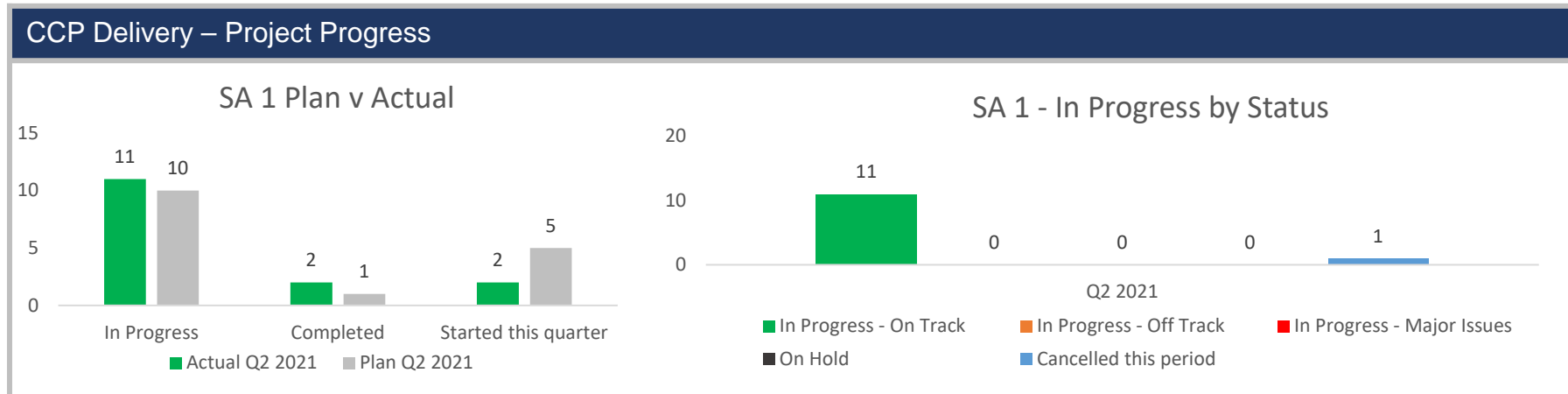
Organisational Development Overview: Employee wellbeing support remains a priority. Overall sickness levels continue to fall and have reduced by 24% when compared against Q1. Short term sickness has increased mainly due to Covid related absences with employees now reporting vaccine side effects as the most common reason for absence. Recruitment activity remains steady, however Q2 has started to see an increase in the number of vacancy requisitions.



Portfolio Delivery







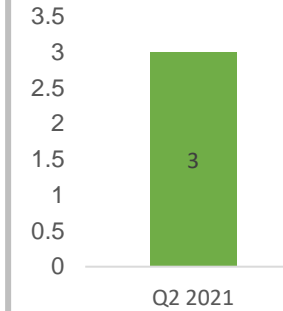
Progress Summary

- Much of the activity so far has been aimed at establishing the framework and building blocks for an outcomes focused model of upstream regulation. A key part of that is being able to assess the GDC's impact, particularly in respect of public protection. In order to establish that framework we have made progress with our approach to monitoring and evaluation and have built both outcome and impact measures into each initiative (e.g. professionalism). We are using the results of rapid evidence reviews to inform the development of our work in several areas, including CPD, professionalism and preparedness for practice.
- Alongside establishing the framework, we have made progress with several of our planned initiatives to support our move towards this aim, and detailed updates were provided to the Council on several of the relevant strands of work in December (e.g. promoting professionalism, scope of practice, guidance for management of dental professionals) but have also faced delays with some as a result of the pandemic. The monitoring and evaluation built into each of these initiatives should enable an improved understanding of the impact of individual components and their collective effect over the life of this strategy.
- This quarter it was determined that the 'Develop tools to support patient-centred care' project could be undertaken as business as usual activity and did not require formal project management to proceed, so the decision was made to cancel.

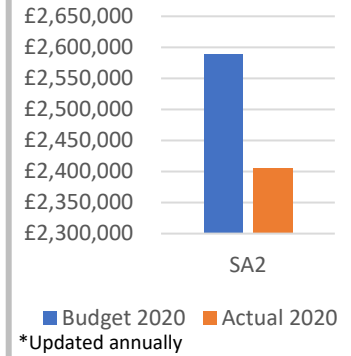
CCP Delivery – Project Progress

There are currently no in progress projects reported to strategic aim 2

KPIs

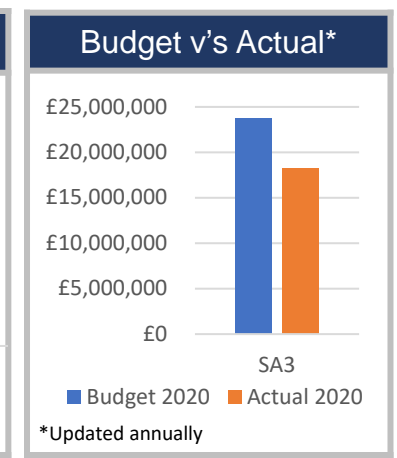
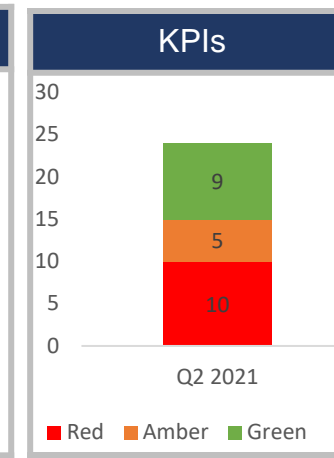
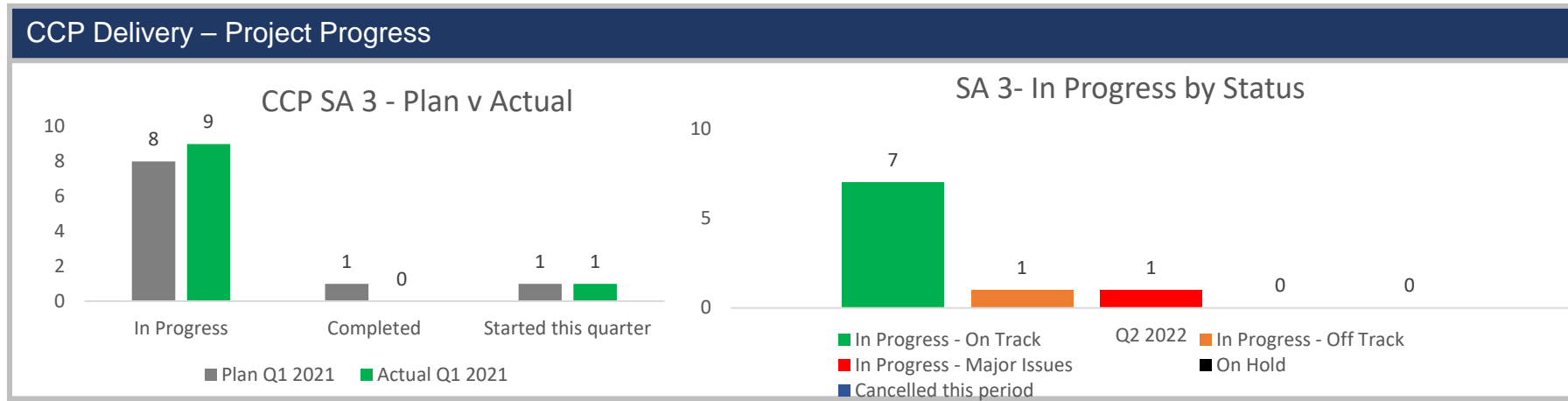


Budget v's Actual*



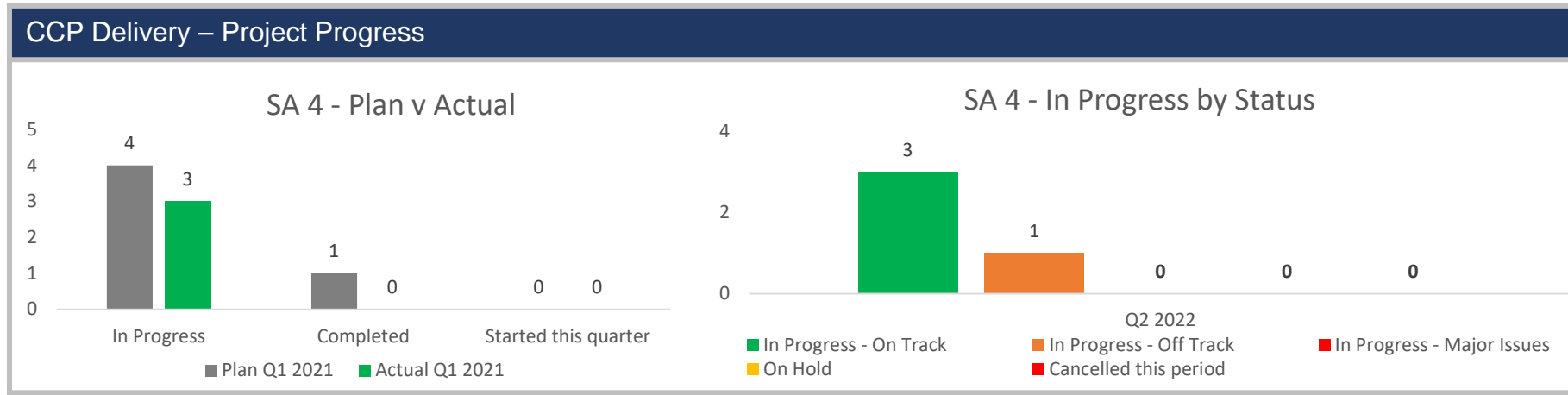
Progress Summary

- Some of our work to support progress towards this strategic aim was deferred from 2020 due to impacts from COVID-19 and was due to recommence in Q2 2021 but has been elected to be further considered in the rounds of planning for the CCP 2022-24.
- Several pieces of work looking at our own data and that of our partners are underway and will support a range of policy initiatives in 2021 and beyond.
- Over the quarter we have continued to make progress in our approach to sharing and understanding complaints data and how we can use it. This is designed to enable us to answer the following questions:
 - Where does the risk lie?
 - Where can we, and others better intervene?
 - How, working with others, can we better define our roles in an effective regulatory framework?
- This evaluation work will then be used to inform our work on human factors, and supporting the development of an environment in which risk is minimised.



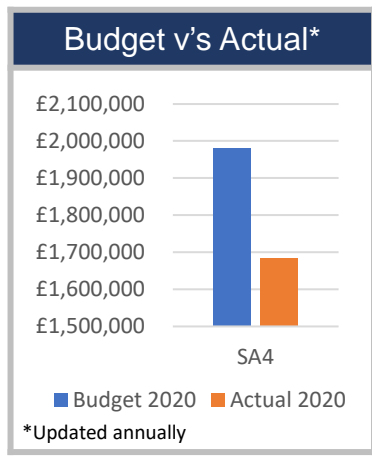
Progress Summary

- Following the progress made in establishing a system to enable us to understand what the data and other sources of evidence in relation to FtP tells us, particularly in relation to the impact on public protection and including a review of the way in which other regulators capture and analyse their FtP data, we are leading a cross-regulatory research project looking at the concept of seriousness within fitness to practise, aimed at ensuring proportionate regulatory interventions. The results of this work will inform policy development in 2021 and beyond.
- We are considering our approach to developing principles of regulatory decision making in light of shifting priorities over the course of 2021.
- Work on developing **Remote hearings implementation & improvements** was originally due to complete in December 2020, however the project requires further ongoing review and refinement. Hence this is the project currently showing red in project status and it is anticipated this will now complete in August 2021.
- **Strengthen the separation of the hearings function** is in exception whilst work is undertaken to incorporate feedback from Council workshop and redevelop the scope and schedule of the project.



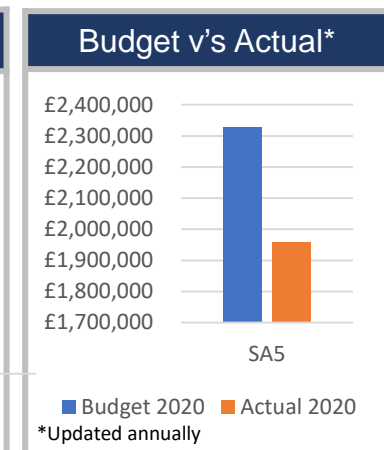
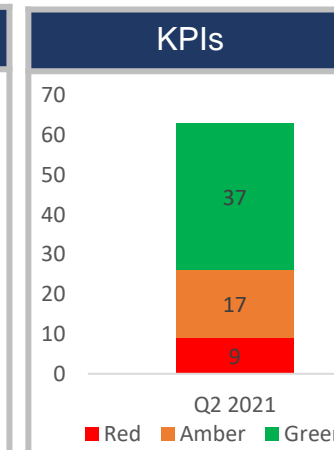
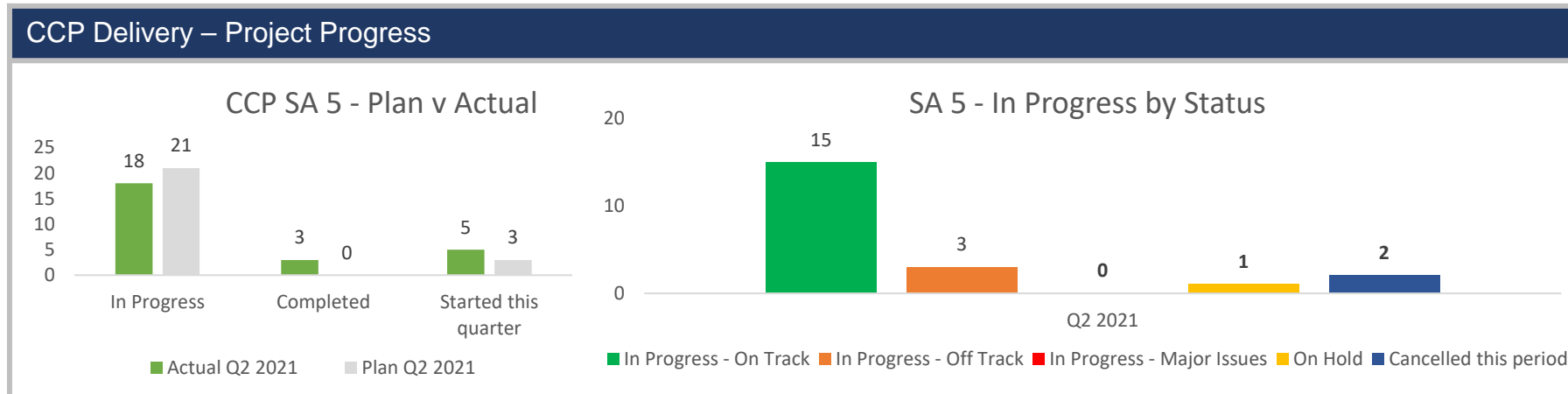
KPIs

There are currently no KPIs pertaining to strategic aim 4



Progress Summary

- Significant progress has been made in relation to the government’s regulatory reform agenda, and we have continued to influence that progress in terms of the overall policy applicable to all regulators. The timetable for the GDC’s legislation remains uncertain, however, with the exception of our scheme for international registration, which is being dealt with as a priority by the DHSC and outside the timetable for the general regulatory reform. Work is well underway on the internal facing aspects of the work under this aim (boundaries of regulation).
- The Regulatory Reform Programme is being scoped at present and the CCP 2022-24 draft is being reviewed in order to instil readiness to act on the emerging information of regulatory reform, and ensure operational delivery can adapt as required with minimal impact.
- **Review Boundaries of Regulation** is currently in exception due to a delay in approving the project schedule. This will not impact overall delivery and the status will revert to being on track in the next period.



Progress Summary

- The structures developed across 2020 to understand and support the organisation's performance have enabled effective planning and monitoring through the COVID-19 pandemic and to develop new ways of working to be piloted in the second half of 2021. CCP planning for 2022-24 continues to focus on stability and long term financial sustainability. Monitoring is ongoing to understand operational priorities to ensure that in the event budgets are constrained, the essential work continues.
- The project '[Culture of Operating Effectively in a Digital Age and Policies & Working Practice](#)' in exception dues to delaying the work until the new ways of working have been confirmed and fully communicated, as these significantly influence the direction of this project work.
- The '[People Systems](#)' project has incurred a 1 month delay to the original schedule to allow for additional testing before release. This will be brought back on track by next quarter, and all deliverables will meet overall operational targets.
- The 'Payment by Instalments feasibility study' project has been closed earlier than originally scheduled as the substantive work moved across to the PBI operational implementation project.
- The 'Defined Benefit Pension review' closed earlier than originally planned as the deliverables were achieved ahead of time.
- The two projects shown as cancelled this period are '[Implement internal self-service data reporting](#)' and '[Plain English review of application forms and guidance.](#)' For each of these their scope has been merged with other related projects in the portfolio for more effective delivery. The original aims will be realised within the scope of the projects they have merged into.

CCP Quarterly Financial Forecast

Q2 2021 Financial Forecast

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q2 2021 Financial Forecast
Recommendation:	Council are requested to discuss and note the report
Decision Trail:	EMT 10 August 2021 FPC 8 September 2021 Council 23 September 2021

The key performance insights in Q2 2021 are:

Forecast Summary: the budgeted operating surplus of £2.0m could become a surplus of £4.2m by the end of 2021, a movement of £2.2m. Of the £4.2m, we are planning to utilise £1.1m towards the 2022 budget (set out in the draft CCP 2022-24). We also anticipate there will be a requirement to draw further on the underspend as we evaluate resourcing options for escalating FTP case progression.

The key variances, defined as those greater than £100k on expenditure are.

- **£1,022k ORE income:** Reduction in exam income due to a requirement to cancel planned exams due to Covid-19 restrictions.
- **£1,164k Legal & professional**, consisting of:
 - A reduction in forecast (£964k) due to a requirement to cancel exams due to Covid-19 restrictions, now provisionally only set to take place in September.
 - The Case Progression Team are forecast to save £116k by rather than using external resources, to review incoming cases, they are using internal staff (Clinical Dental Advisors) to review and gauge whether the case should progress to Case Examiner.
 - In Organisational Development, a £92k underspend, due to spend against a flat profile for legal and consultancy work, and pension advice underspent as trustee meetings likely to be virtual.
- **£1,346k Staffing costs:** This underspend is due to the cumulative effect of several factors across all directorates being vacancies, either in Q1 or posts which are known will be held vacant in the coming months without being backfilled. We are also seeing the benefit of a number of posts budgeted at Market Rate but with current occupants being paid at Development Rate 1, 2 or 3 for which the forecast has now been updated, and there are a small number of cases where staff are working reduced hours versus a budgeted 1.0 FTE.
- **£385k IT costs:** Is the result of less than anticipated spend on the consultancy line due to corporate projects being pushed back into the following year as well as savings on the telephone line for lower premiums for the first phase of the telephony project.
- **£244k Other staff costs:** The prime reason for the underspends across the directorates is due to the continued effects of Covid-19, which has resulted in a reduction in travel to meetings and the associated travel, subsistence, and hotel costs. However, in respect to Organisational Development the £120k underspend is primarily due to savings found across the recruitment fees budget lines due to reduced activity but also the anticipated investment in establishing a coaching network not materialising to date in L&D.

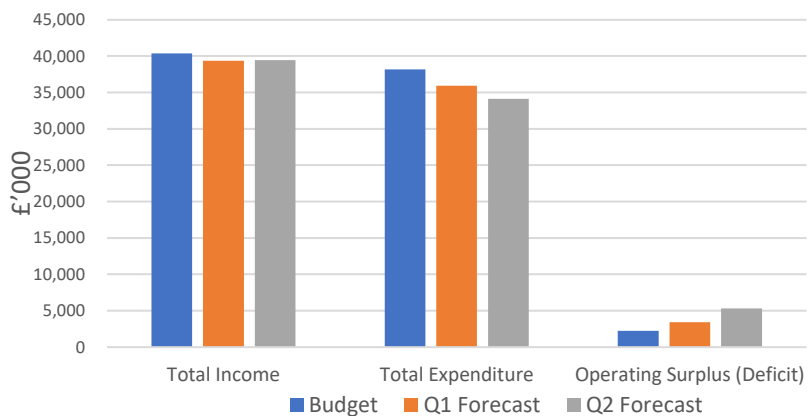
Establishment FTE Plan forecast:

- The latest forecast returns from teams assume headcount of 368.9 FTE at 31 December 2021, compared with an anticipated 356.7 FTE in the original budget.

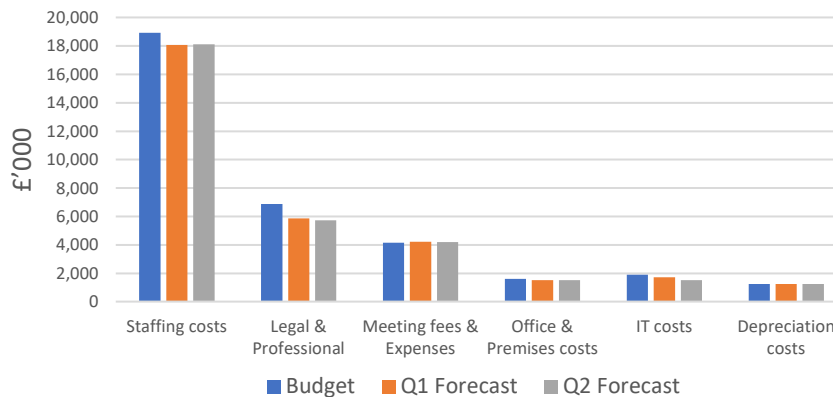
Risks and Opportunity updates:

- In March 2021, Council made a decision to implement a Payment by Instalment scheme for ARF collection (commencing with the DCP 2021/22 collection). Known operating costs as a result of this decision have now been factored into our latest forecast position which has reduced the financial risk from £1.4m to £570k, to reflect retaining the risk associated with scheme default. This will be kept under continuous review once the scheme is live to validate risk estimates.

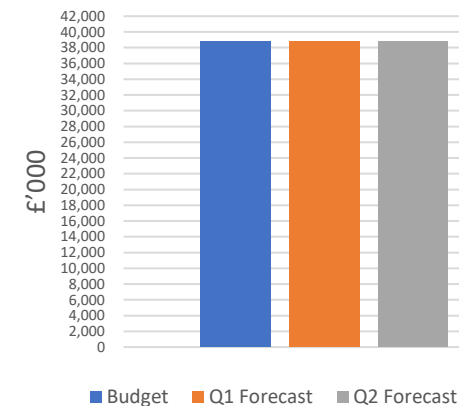
GDC Full Year to Date Performance



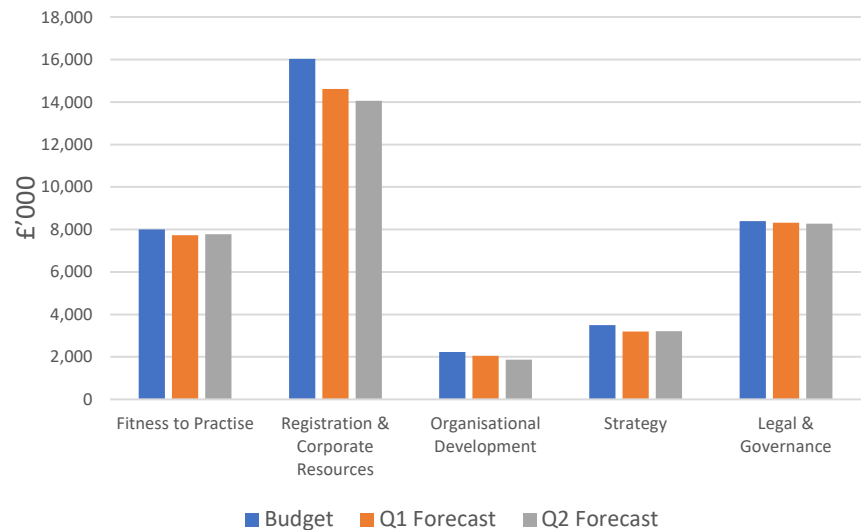
Full Year to Date Expenditure by category



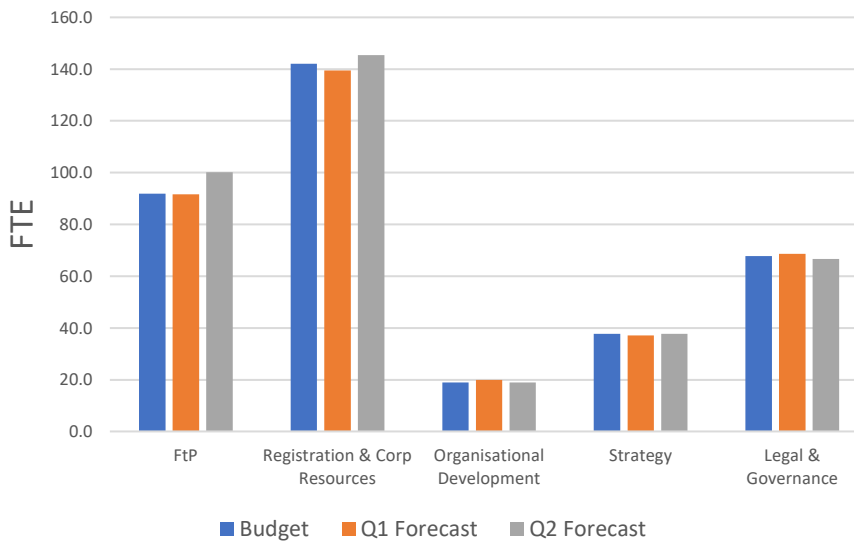
Full Year to Date Fee income



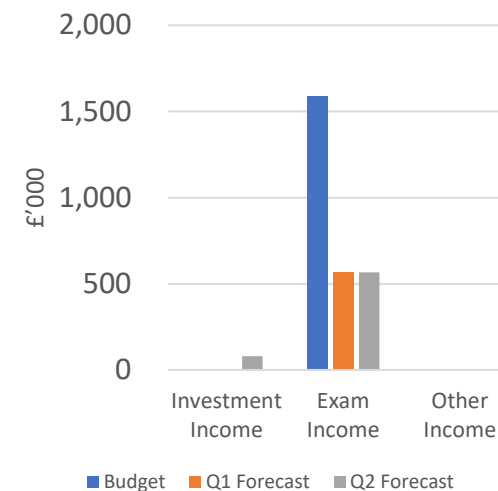
GDC Full Year to Date Performance by function



GDC Establishment by function



Full Year to Date Other income



Update on Equality, Diversity & Inclusion Strategy Implementation 2021-23

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Sarah Keyes, Executive Director, Organisational Development
Type of business	For discussion
Purpose	Following approval of the Equality, Diversity & Inclusion (EDI) strategy, a detailed action plan has been developed. The Council is asked to discuss the outcome of the first progress review and to consider whether this review delivers the appropriate assurance regarding the strategic implementation of the Equality, Diversity & Inclusion Strategic Objectives 2021-23.
Issue	The GDC's current strategy was approved in March 2021. This paper sets out the progress in delivery over the five months since approval.
Recommendation	The Council is asked to confirm the approach to progress reporting and confirm the frequency of review to be six-monthly.

1. Background

- 1.1 In March 2021 the Council approved the EDI vision statement, the Equality, Diversity & Inclusion Strategic Objectives 2021-23, the key actions to deliver strategic objectives, and the frequency of progress updates
- 1.2 Our ambition is to become a champion of diversity, equality and inclusion inside our organisation, within the sector we regulate, and with the public. The strategy comprises three key objectives:
 - a. Ensure that our regulatory activity is fair, transparent and accessible to all;
 - b. Ensure the public are able to engage effectively with our services; and
 - c. Embed an inclusive workplace culture at all levels in the GDC where staff feel valued, welcome, integrated and included.
- 1.3 The GDC has now published its vision statement and equality objectives and commenced the development of a cross-organisational action plan to deliver upon its objectives alongside a programme of communication and engagement.

2. Progress on delivery

- 2.1 Working across the organisation, the Head of OD and Inclusion has taken the strategic objectives and built a detailed action plan that identifies key activities and deliverables to implement the strategic objectives, owners of these actions and initial timelines to ensure successful delivery of the strategy.
- 2.2 This action plan is a living document and will be updated throughout the life of the strategy, taking into account changes in the landscape and progress made.

- 2.3 Shortly after the agreement by Council, the EDI strategy and objectives were subject to a satisfactory early external audit by Mazars. This took place before the development of the action plan and the report was produced in August. Given the early stage of the implementation period, it considered the following:
- a. ensuring learning from previous audits was embedded in the current action plan, where appropriate to do so;
 - b. our communications plan, internal and external;
 - c. the operational mechanism for quarterly progress reporting; and
 - d. the responsibilities of the Council in its oversight of the implementation of the Strategy.
- 2.4 In light of the audit recommendations, the Head of OD and Inclusion is in the process of ensuring that relevant and applicable learning is embedded into the action plan and has completed a review of the communications plan.
- 2.5 Following the recommendations of this audit, on completion of the initial draft of the action plan and in preparation for the update to Council, we asked the In-House Internal Audit team to undertake an advisory review. The purpose of this review was to ensure that robust and independent scrutiny of the plan took place to ensure lessons from the issues encountered with the previous strategy implementation were learned. EMT have considered the review and are monitoring delivery of the action plan closely.
- 2.6 This plan, which currently consists of 104 actions, has been built with Subject Matter Experts from across the business. The action plan details deliverables, order level, timeframe and action owners for each action in place to achieve the Strategic Objectives.
- 2.7 This review considered the progress of actions due to conclude during the first quarter of implementation. It is intended that further reviews will be repeated quarterly and reported to the EMT and Council on a six-monthly basis.
- 2.8 The first report following their review found that, at the end of July, twenty-four actions had reached their agreed implementation dates. Of these, seventeen have been implemented, one was in progress and a revised implementation date agreed and six have had revised implementation dates agreed due to dependencies on other actions.
- 2.9 The review identified that at the time fieldwork was undertaken, the EDI action plan had not been shared with the responsible action owners in its current format. This is as occurred as a result of a staff vacancy during the development of the action plan and the pausing of filling the vacancy whilst the OD directorate was reviewed. It was a timing rather than oversight issue. The focus had been to develop the action plan and then move to a full dissemination of the action plan. This could not be achieved in a meaningful way prior to the audit commencing and so it has been properly highlighted
- 2.10 Whilst 71% of actions had been implemented, proper management of the actions requires a full understanding of their context and so the plan will be disseminated to all Executive Directors as well as all action owners and other relevant stakeholders to ensure appropriate oversight takes place. This will prevent drift of actions which was the cause of the lack of progress in the previous EDI strategy, and proactive action at an early stage can mitigate this.
- 2.11 The Council is asked to **discuss** this first progress review and to consider whether this review delivers the appropriate assurance regarding the implementation of the Equality, Diversity & Inclusion Strategic Objectives 2021-23.
- 2.12 Further work will be undertaken in the next six months to review new or emerging themes that may require prioritisation.

- 2.13 Additionally, as previously identified, a 'measure of progress' will be used to understand how the GDC is delivering against the strategic objectives. The work to define this can now commence, following the development of the initial action plan.

3. Legal, policy and national considerations

- 3.1 The EDI strategy takes account of the legislative frameworks and equality duties with which we are required to comply. Continuing compliance with the Equality Act 2010 and Public Sector Equality Duty (PSED) are the minimum that delivery of the strategy will ensure, in addition to the Equal Pay Act 1970, The Health and Safety Act 1974 and the Human Rights Act 1998.
- 3.2 In delivering the EDI Strategy, we will help the organisation utilise the robust data sets that the Research team are currently compiling. This will ensure the GDC is able to respond effectively to PSA Standard 3 going forward. This standard requires that 'The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics'

4. Equality, diversity and privacy considerations

- 4.1 The strategy is broad enough to be inclusive across all nine protected characteristics.
- 4.2 Defining the EDI vision for the organisation will help everyone understand their roles and responsibilities. The aim remains for EDI to be considered the role of everyone. The strategy (with accompanying actions) sets out the importance of awareness and confidence building where the organisation will become more comfortable in understanding and fulfilling its responsibilities without the need for central prompting.

5. Risk considerations

- 5.1 The new OD operational risk relating to EDI is 'EDI considerations and responsibilities are not known or understood throughout the GDC'. Scoring of this will be revisited as a result of the first progress review. The EDI strategy and the accompanying actions present clearly defined responsibilities. This should enable the business to demonstrate more clearly where it is complying with its legislative requirements and showing added value beyond this.

6. Resource considerations and CCP

- 6.1 The strategy is designed to ensure EDI becomes part of BAU. Assuming the phasing of delivery is over a three-year period, there should be no additional resource requirements. The CCP and accompanying budgets account for development and consultation that may be required in this area.

7. Monitoring and review

- 7.1 Updates will be brought to Council and considered by EMT on a six-monthly basis, with quarterly monitoring by the OD directorate.
- 7.2 The update will contain qualitative feedback as well as quantitative feedback. It is likely that much of the cultural change the organisation is looking to affect will initially be best tracked through anecdotal feedback. It will be important to capture this before we get into a position where impact can be measured through surveys and tangible data sets.

8. Development, consultation and decision trail

- 8.1 The Council approved the Strategy and Objectives in March 2021.

9. Next steps and communications

- 9.1 If Council is content with the format of progress reporting, reports will be presented to Council for discussion on a six-monthly basis.

Appendices

None

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15 September 2021

Review of Council and Committee Recruitment 2021

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Katie Spears, Head of Governance Lee Bird, Interim Deputy Head of Governance (Secretariat)
Type of business	For noting
Purpose	To provide the Council with an overview of the lessons learned from the 2021 recruitment exercises in respect of the Chair, Council Member and Independent Member of the Audit and Risk Committee. <i>The Remuneration and Nomination Committee reviewed and discussed this paper at its meeting in September 2021 and recommended it to the Council.</i>
Issue	To review the recruitment processes run in 2021 with a view to informing improvements for future recruitment rounds.
Recommendation	The Council is asked to note the review of the recruitment process and the high-level proposals for future recruitment processes.

1. Introduction

- 1.1 In 2021, the GDC ran Board-level recruitment exercises in respect of three roles: the Chair of Council, a Council Member and an Independent Member of the Audit and Risk Committee (ARC). The Remuneration and Nomination Committee (RemNom) reviewed and recommended these recruitment processes to the Council, who duly approved them, and the Committee has considered the review of the lessons learned from the recent processes at its meeting in September 2021.
- 1.2 In respect of the ARC recruitment, the Council appointed Elizabeth Butler in May 2021. This is a GDC-led process, without involvement of the Professional Standards Authority (PSA) or Privy Council, but was conducted in line with the best practice guidance issued by the PSA.
- 1.3 In respect of the Chair and Council Member recruitment exercises, the Privy Council appointed Lord Harris and Angie Heilmann MBE, following assurance provided by the Professional Standards Authority. Both will start their term of office on 1 October 2021.
- 1.4 This paper provides a review of the board-level recruitment conducted this year, setting out the lessons learned and outlining some proposals and recommendations for future recruitment processes. Due to an unexpected resignation on the Council, the team will use these lessons learned for a future Council recruitment exercise in 2021-2022 where a fully compliant, but compressed timeline, will be followed. The proposals in relation to this recruitment exercise are on the substantive agenda for the Council's approval at its September meeting.

2. Remuneration and Nomination Committee Review

2.1 The RemNom heard the following in relation to the recent recruitment processes:

Process and Scheduling:

- a. The recruitment processes produced successful and timely appointments to both the Council and the ARC.
- b. The process in respect of the Chair and Council Member recruitment was subject to the external scrutiny of the PSA and the Authority provided its assurance to the Privy Council to enable the appointments to be made. The timelines in respect of this recruitment were adhered to without deviation.
- c. The process in respect of the ARC Independent Member followed the best practice guidance of the PSA and a similar recruitment approach to application, longlisting and interview was used. This process was delay by approximately one month from the timetable initially presented to Council, due to panel availability.
- d. Candidates were kept updated as to the expected timelines for final decisions and the team kept in regular contact with the PSA and Privy Council to chase progress, where appropriate.
- e. As there had been some delay in the final appointment decisions being received from the Privy Council in 2020, the team built additional time into the process for 2021 and provided a fuller brief to pre-empt any queries around due diligence and background checking of candidates. This proved to be beneficial, as there were additional questions again in this round, and the team plan to work closely with the Privy Council again for the upcoming round of recruitment to clarify expectations at an early stage.

Logistics and Support:

- f. Board-level recruitment to the organisation remains a costly exercise – both in terms of internal resource and external recruitment support. Discussions have been commenced with the procurement and People Services team to ascertain the best value approach to this work in the longer term and a rolling five-year cycle of recruitment planning will continue to be put in place to ensure that Board recruitment is staggered, both for stability on the Council and in terms of effective resource planning. This will be informed by and aligned with the 2022 external review into Board effectiveness.
- g. All the recruitment processes were run completely remotely due to the ongoing COVID-19 restrictions. Whilst working in this way lent itself to flexibility and efficiency in the process in the earlier stages, and (anecdotally) support the GDC's approach to improving accessibility and diversity of candidates, it has been noted that certain parts the recruitment may work better in person – for example, the Selection Panels have expressed a preference for final interviews to take place in person when restrictions allow.
- h. External support was provided for both recruitment exercises and this was effective. The external partner provided a good level of service, listened to feedback well and the searches conducted resulted in strong appointments to both the Council and the ARC.
- i. The Chair and Council Member processes were run in line with the Advance Notice provided to the PSA – with the external partner conducting the search and developing an advertising strategy to attract high quality candidates from a diverse range of backgrounds. Applicant numbers for each role were encouraging and the Selection Panel considered anonymised applications at the long and short-listing meetings. The data in respect of applicants reaching each level of the process is set out in the table below:

	Applied	Longlisted	Interviewed
Chair	36	14	4
Council Member	98	18	6
ARC Independent Member	36	14	4

2.2 The RemNom noted that certain elements of the prescribed processes – such as the anonymisation of candidates' applications – had the effect of limiting the ability of the Panel to take positive action to improve the diversity of Council. Although it was very positive that the registrant position on the Council had been fulfilled by a Dental Care Professional (DCP), there remained more to do to ensure that the Council has a broader, more diverse composition.

3. Equality, Diversity and Inclusion

3.1 A key focus of the 2021 campaigns was, again, to encourage applicants from a diverse range of backgrounds to apply to join the Council and the ARC. Accordingly, the external partner was asked to ensure that this factor was central to their advertising and search strategies.

3.2 The positions were advertised on a wide range of job boards that targeted people from a wide variety of backgrounds, including *Disability Network*, *Ethnic Jobsite* and *Working Mums*, as well as nationally recognised job boards and trade press.

3.3 Whilst the Council remains diverse in respect of a gender balance (50:50 split) as a result of these appointments, and a DCP candidate was appointed which addressed one of the Council's areas of concerns, there remains a key challenge for the organisation to attract candidates who can bring diversity in a broader sense to the Council – such as in respect of ethnicity, disability, age or other protected characteristics.

3.4 Feedback from the external partner suggests that high quality candidates for non-executive appointments that come from more diverse backgrounds are in high demand – as organisations increasingly recognise the importance and value that wider perspectives can bring – and the organisation should continue to focus on how to ensure that the offer from the GDC is attractive and the vital public protection work done by the organisation is communicated with clarity to key stakeholders.

3.5 This will involve working with the Communications and People Services teams on ways to improving the adverts and advertising strategy and explore ways of promoting more inclusive recruitment processes.

4. Proposals for future recruitment processes

4.1 Due to the significant resource (both internal and external) conducting a PSA-assured recruitment process requires, there continues to be a need to follow a mid- to long-term recruitment and reappointment strategy to allow future recruitment processes to be grouped together, where appropriate, whilst maintaining a consistent and effective Council.

4.2 The challenges and opportunities of regulatory reform will need to be factored into this strategy.

4.3 As part of the Council's Communications and Engagement Strategy, it is recommended that a review of the Communications plan of the recent recruitment processes is undertaken and a long-term engagement approach that will encourage applicants from a more diverse pool of applicants is developed, including effective messaging to the GDC's stakeholders regarding the role of Council Members, particularly in respect of attracting a wide range of registrant Members.

4.4 It is recommended that future recruitment processes continue to utilise aspects of remote working to take advantage of the efficiencies within the recruitment process, but consult with future Selection Panels to explore the elements of the process that would lend themselves to being held in person.

5. Legal, policy and national considerations

5.1 The Equality Act allows employers to take “positive action” such as targeted advertising and the use of positive action statements in recruitment adverts. There is an important distinction between positive action and the setting of targets, which is lawful, and “positive discrimination”, and the setting of quotas, which is unlawful.

5.2 Members of the Governance team attended a seminar run by the PSA prior to the recruitment starting to discuss the PSA requirement for applications to be anonymised up to the interview stage. Whilst concerns were raised by the GDC and fellow regulators at this direction preventing the Selection Panels from taking any progressive steps to increase diversity in the latter stages of the recruitment, the PSA reported that they will continue to require regulators to anonymise applications up to the final interview stage.

6. Next steps and communications

6.1 Following the resignation of Crispin Passmore, a further recruitment campaign will be conducted towards the end of 2021. Proposals for the approach to this exercise are included in the substantive agenda for the Council at its September meeting.

Lee Bird, Interim Deputy Head of Governance (Secretariat)

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02 September 2021

Board Effectiveness: Governance Handbook and Governance Manual

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Katie Spears, Head of Governance Lee Bird, Interim Deputy Head of Governance (Secretariat)
Type of business	For approval
Purpose	<p>Following the Deloitte review into Board effectiveness, the Governance team have reviewed the documentation available to support the effective running of the team and the effective induction of new appointees (to the Council or as Independent Governance Associates) and propose a rationalisation of that material in the form of:</p> <ul style="list-style-type: none"> • A governance handbook for the team and wider staff group and • A governance manual for Council Members and Independent Governance Associates. <p><i>This paper has been reviewed and the proposals were recommended by the Audit and Risk Committee at its September 2021 meeting.</i></p>
Issue	To rationalise and tailor the governance documentation produced for two key purposes: capturing the corporate governance framework in the GDC, in a digestible form for staff, and providing effective induction material for new appointees.
Recommendation	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • Approve the proposed approach to the production of key governance documentation. • Approve the proposed contents of the Governance Manual for Council Members and Independent Governance Associates. • Note the proposed contents of the Governance Handbook for the Governance team. • Approve to the Council the proposed amendments to policy documents outlined in this paper. • Approve the proposed approval pathway for these policies in the future.

1. Key considerations

- 1.1 The Deloitte report into Board Effectiveness from October 2019 made a series of recommendations to support the improved effectiveness of the Council, its Committees and the GDC's governance framework. In this report, Deloitte recognised that there had been significant turnover in the Governance team and recommended that the organisation develop a comprehensive governance handbook to mitigate against the risk of a loss of organisational memory regarding key governance processes and procedures.
- 1.2 They recommended that the team develop a Governance handbook that was a comprehensive documentary record of all key governance structures, processes, procedures and policies in

place, and that this should incorporate a clear summary of the roles and duties of the Executive team, the Accounting Officer and Registrar and include the schemes of delegation.

- 1.3 Historically, the GDC has not produced a single handbook that outlines the governance framework in place but has produced three separate Governance Manuals, with mirrored content, for three separate audiences (Council Members, Statutory Committee Members and Associates groups). These documents are currently designed to contain the policies and procedures that apply to those respective groups and are provided to new appointees on induction.
- 1.4 To rationalise the documentation created and maintained by the Governance team it is proposed that the following approach is taken:
 - a. Creation of a Governance Handbook – setting out the corporate governance framework in place in the organisation with a target audience of the Governance team and wider staff group. This document will contain operational detail. The contents list of this handbook would be approved by the EMT but, largely, the contents of the processes and procedures followed by the team will be managed at a local level.
 - b. Creation of a Governance Manual – for Council Members and Independent Governance Associates¹. This document would include the material relevant to those groups and would be designed to support induction and an understanding of the GDC's governance framework, at an appropriate strategic level. It is proposed that the wider Associates group is removed from the policies contained within this manual and a review of the manual for this group is included as part of the Effective Associates project. This delineation of groups aligns with the approach taken through the recent internal corporate policy reviews.
- 1.5 The contents list of the documents would be approved by the EMT, and individual policies contained therein will be approved by the Audit and Risk Committee, or the Council, as appropriate. It is proposed that as and when individual policies fall due for review, they are brought to the appropriate forum, rather than the entirety of the Governance Manual being reviewed each time. The Governance Manual for Council Members and Independent Governance Associates would be owned and administered by the Governance team.
- 1.6 The proposed forum for approval for individual component documents contained within the handbook and the manual is set out below in the relevant appendices.

2. Governance Handbook

- 2.1 This handbook is designed to meet the Deloitte recommendation that there is documented a comprehensive set of key governance processes and procedures. The handbook will be designed as a collection of documents, rather than a single document, and relevant material contained within it will be made available via hyperlinks on the GDC intranet for staff. When one of the component documents is reviewed and renewed, a revised version of it will be added to the handbook and the revision date for that document will be updated in the contents list.
- 2.2 The Governance team will be responsible for the overall ownership of the handbook but individual policies and other component documents that are contained within it will remain the responsibility of the individual owning teams. The review, updating and approval of changes to individual policy documents remain the responsibility of the owning teams. The content and structure of the handbook will be reviewed by the Governance team every two years to ensure it remains fit for purpose.

¹ Independent Governance Associates are defined as Independent Members of the non-statutory Committees of Council and the members of the Statutory Panellist Assurance Committee.

- 2.3 The EMT has approved that the Governance Handbook contain the items set out at **Appendix 1**. The ARC has reviewed the proposed approach and recommended it to the Council. The Council is asked **to note** the proposed contents.

3. Governance Manual

- 3.1 It is proposed that the Governance Manual for Council Members and Independent Governance Associates contains the items set out at **Appendix 2**.
- 3.2 The manual is designed to set out the key elements of the corporate governance framework in place at the GDC, at a strategic level, and the policies, procedures and guidance that apply to the relevant audiences. Similarly to the handbook, it is proposed that the manuals are designed as groups of documents, rather than as single documents, and individual components are reviewed, revised and updated in line with the review cycles set out in their respective appendices below.
- 3.3 The manual for Council Members and Individual Governance Associates will be stored on Diligent Boards and will be accessible to all Members. The Governance team will be responsible for the distribution of this manual to Members. The content and structure of this manual will be reviewed by the Governance team every two years. Individual policies and other component documents in the manual will remain the responsibility of the relevant owning teams in relation to review, updating and approvals.
- 3.4 The ARC has reviewed and recommended the approach and proposed contents of the Manual to the Council. The Council is asked **to approve** the proposed approach to the creation and design of the Governance Manual and its proposed contents.

4. Review of Individual Documents

- 4.1 Several documents that have historically been contained within the current Governance manuals have been recently reviewed and others are long overdue a review. This is due to historic capacity in the Governance team and this review work has taken place systematically, as resource and capacity in the team and other departments has allowed.
- 4.2 Following an internal audit into the GDC's Internal Corporate Policies, recommendations were made to standardise the layout, terminology, and structure of all the organisation's corporate policies, allowing for consistency across the policies included in the Governance Manual.
- 4.3 The following documents have been freshly drafted (or, where earlier versions existed, reviewed) and incorporated into the new Internal Corporate Policy template.
- 4.4 The ARC has reviewed and recommended the amended policies, newly drafted documents and their proposed governance pathways to the Council.
- 4.5 The Council is asked **to approve** the proposed amendments to the existing policies, the newly drafted documents and their future approval pathways.
- 4.6 The revised policies, with amendments shown as tracked changes, are attached from **Appendix 3(a)- 3(f)**. These are as follows:

Reviewed documents:

- a. *Code of Conduct for Council Members and Independent Governance Associates* – this document has been revised to focus on the two relevant audience groups and updated with appropriate amendments. The main changes include the inclusion of an overarching description of the framework of responsibilities for Members, revising references to other policies that have been updated or superseded, the inclusion of the updated Council Member role profile, incorporate reference to the EDI Strategy that was approved by the Council in February 2021 and reformatting the Code into the corporate policy template.

- b. *Capability Policy for Council Members and Independent Governance Associates* - this document has been revised to focus on the two relevant audience groups and updated with appropriate amendments. The main changes to this policy involve updating approaches, terminology and outdated references to roles and processes that no longer exist.
- c. *Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates ('the Conduct Policy')* - this document has been subject to appropriate amendments to bring the processes followed and terminology up to date and to reflect the inclusion of Independent Governance Associates.
- d. *Anti-fraud, Bribery and Corruption Policy – Council Members and Independent Governance Associates* - this policy has been updated in line with the changes to the staff policy, to clarify processes to be followed (including how any investigation should be progressed) and to clarify definitions.
- e. *Whistleblowing Policy for Council Members and Independent Governance Associates* this policy has been updated to reflect the latest Whistleblowing legislation and to bring the process in line with the staff Whistleblowing Policy, where appropriate. It has also been updated to reflect to changes to the intended audience.
- f. *Policy for Council Members and Independent Governance Associates subject to Fitness to Practise Concerns* - this process has been updated to reflect changes in the FtP process and roles, since its last iteration which was approved in 2013. It also includes the process to be followed when Interim Orders are considered or imposed and the drafting has been revised for clarity.

Newly drafted documents:

- 4.7 The following new documents have also been drafted to capture key parts of the Governance framework.
 - a. *Social Media Guidance for Council Members and Independent Governance Associates* – the Privy Council recommend that the organisation have a policy covering this topic in place. This is the first iteration of this guidance, drafted by the Communications team, and it is attached at **Appendix 3(g)**.
- 4.8 The EMT has also reviewed and approved:
 - a. A new *Unreasonably Persistent Contact and Unacceptable Behaviour Policy*, to reflect the approach taken by the Professional Standards Authority, and replace the existing Habitual and Vexatious Policy.
 - b. Newly drafted documents that capture the existing corporate governance framework:
 - Duties and roles of the Council, Chair, Senior Independent Council Member
 - Duties and roles of the Chief Executive, Accounting Officer and Registrar
 - Duties and roles of the Executive Management Team
 - Groups and Forums of the GDC
 - Process to Access Free Reserves - this is the process agreed by the Council at its meeting in May 2019 following the presentation of a paper by the Chief Executive. The Finance team will include this process in the annual review of financial policies and delegations in 2021.

5. Legal, policy and national considerations

- 5.1 Policy owners for the policies that are included as part of the Governance Handbook and Governance Manual will be responsible for ensuring that all legal, policy and national considerations are met.

6. Equality, diversity and privacy considerations

- 6.1 Policy owners will be responsible for ensuring that all EDI and privacy considerations are met as part of their policy reviews.
- 6.2 The *Code of Conduct for Council Members and Independent Governance Associates* has been refreshed to reference the EDI Strategy that was approved by Council in February 2021.

7. Monitoring and review

- 7.1 Whilst the upkeep of the Governance Manual will be the responsibility of the Governance team, owners of each policy will be responsible for conducting reviews and seeking approval at the appropriate point and through the required pathway.
- 7.2 The updated policies contained in the Handbook and Manual will be reviewed every two years, in line with other internal corporate policies.
- 7.3 Given the role that Council has delegated to the Audit and Risk Committee in relation to the oversight of organisational governance, it is proposed that:
- a. The first iteration of any newly drafted corporate policies in respect of the Council and Independent Governance Associates is approved by the Council and, thereafter, the ARC will be responsible for their review and approval.
 - b. The ARC will be responsible for the approval of revised versions of existing corporate policies in respect of the Council and Independent Governance Associates, as listed in the Appendices to this paper.
 - c. The Council retains responsibility for the approval of the Code of Conduct, and other selected policies outlined in the Appendices.
- 7.4 The proposed approval forums for each document are detailed in the Appendices. The Council is asked **to approve** this approach.

8. Development, consultation and decision trail

- 8.1 The EMT reviewed and approved this work in August 2021 and the ARC reviewed and recommended it to the Council at its September 2021 meeting. The Governance team have liaised with the People Services team, Communications team, Fitness to Practise Casework team, Finance and Procurement team, IT team and In-House Legal Advisory team in the development of the policy reviews.

9. Next steps and communications

- 9.1 Following the Council's approval, the Governance Manual, inclusive of its policies, will be added to Diligent.

10. Appendices

1. Governance Handbook – approved contents list
2. Governance Manual for Council Members and Independent Governance Associates – proposed contents list
3. Reviewed policies:
 - a. Code of Conduct for Council Members and Independent Governance Associates
 - b. Capability Policy for Council Members and Independent Governance Associates

- c. Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates ('the Conduct Policy')
- d. Anti-Fraud, Bribery and Corruption Policy for Council Members and Independent Governance Associates
- e. Whistleblowing Policy for Council Members and Independent Governance Associates
- f. Policy for Council Members and Independent Governance Associates subject to Fitness to Practise Concerns
- g. Social Media Guidance for Council Members and Independent Governance Associates

Katie Spears, Head of Governance
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09 September 2021

Appendix 1

Approved Contents of the Governance Handbook

No	Document	Owner(s)	Review cycle	Approving forum
Organisational Structure				
1	Duties and roles of the Council, Chair and Senior Independent Council Member	Governance	<ul style="list-style-type: none"> - Every 2 years - Drafted July 2021 - Due for review in July 2023 	Council
2	Terms of Reference for the Committees of the Council	Governance	<ul style="list-style-type: none"> - Every 2 years - Reviewed in June/July 2020. - Due for review in June 2022 	Council
3	Duties and roles of the Chief Executive, Accounting Officer and Registrar	Governance	<ul style="list-style-type: none"> - Every 2 years - Drafted July 2021 - Due for review in July 2023 	Council
4	Duties and roles of the Executive Management Team	Governance	<ul style="list-style-type: none"> - Every 2 years - Drafted July 2021 - Due for review in July 2023 	Chief Executive
5	Groups and Forums of the GDC	Governance	<ul style="list-style-type: none"> - Every 2 years - Drafted July 2021 - Due for review in July 2023 	Governance
Governance Framework				
6	Primary and Secondary Legislation	Governance	N/A	DHSC/Privy Council/Council
7	Scheme of Delegations (including GDC (Delegation of Functions) Rules 2020 and Statement on Ensuring Effective Performance).	Governance/ ILAS	<ul style="list-style-type: none"> - Every 2 years - Updated in October 2020 - Due for review in October 2022 	Council
8	Standing Orders of the GDC	Governance	<ul style="list-style-type: none"> - Every 2 years - Updated in September 2021 	Council

			- Due for review in September 2023	
9	Financial Delegations	Finance	- Every year - Updated in December 2020 - Due for review in January 2022	Council
10	Process to Access Free Reserves	Governance/ Finance	- Every 2 years - Drafted May 2019 - Due for review in May 2021	Council
11	Applications for Headcount - Process	People Services/ Finance	- Every 2 years - Drafted November 2017 - Due for review in November 2019	EMT/Council
Governance – Corporate Policies				
<i>For Council Members and Independent Governance Associates</i>				
12	Code of Conduct for Council Members and Independent Governance Associates (appended)	Governance	- Every 2 years. - Reviewed August 2019. - Due for review 1 August 2021. - Revised version attached.	Council
13	Capability Policy for Council Members and Independent Governance Associates (appended)	Governance	- Due for review July 2018 Revised version attached.	ARC
14	Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates (appended)	Governance	- Due for review July 2018 - Revised version attached.	ARC
15	Anti-fraud, Bribery and Corruption Policy – Council Members and Independent Governance Associates (appended)	Governance/ Finance	- Due for review July 2018	ARC

			- Revised version attached.	
16	Managing Interests – Council Members and Independent Governance Associates	Governance	- Every 2 years - Policy updated in December 2020 - Due for review December 2022	ARC
17	Gifts and Hospitality - Council Members and Independent Governance Associates	Governance	- Every 2 years - Policy updated in December 2020 - Due for review December 2022	ARC
18	Policy for Dealing with Council Members and Independent Governance Associates subject to Fitness to Practise Concerns (appended)	Governance/FtP	- Due for review. - Revised version attached.	ARC
19	Whistleblowing Policy – Council Members and Independent Governance Associates (appended)	People Services/ Governance	- Due for review July 2018 - Revised version attached.	ARC
20	Expenses Policy	Finance	- Annually - Policy updated in December 2020 - Due for review December 2021	Council
21	Information Security Policies	IT	- Policies updated in July 2018 - Updated in June 2021 - available on Intranet.	EMT
22	Council Member and Independent Governance Associates Social Media Guidance (appended)	Comms	- To be approved - attached.	EMT
23	Appointment of Independent Governance Associates Policy	Governance	- Every 2 years	Council

			<ul style="list-style-type: none"> - Policy updated in December 2020 - Due for review December 2022 	
<i>For Staff</i>				
24	Managing Interests – Staff (including EMT Members)	Governance for EMT/People Services for staff	<ul style="list-style-type: none"> - Every 2 years - Policy updated in December 2020 - Due for review December 2022 	EMT
25	Gifts and Hospitality – Staff (including EMT Members)	Governance for EMT/People Services for staff	<ul style="list-style-type: none"> - Every 2 years - Policy updated in December 2020 - Due for review December 2022 	EMT
26	Whistleblowing – Staff (Employees and Workers)	People Services	<ul style="list-style-type: none"> - Due for review 2021. 	Council
27	Corporate Complaints and Priority Correspondence	Governance	<ul style="list-style-type: none"> - Every 2 years - Reviewed Dec 2019 - Due for review December 2021 	EMT
28	Habitual and Vexatious Correspondence Unreasonably Persistent Contact and Unacceptable Behaviour Policy	Governance	<ul style="list-style-type: none"> - Due for review in April 2021 - Revised version attached. 	EMT
Governance – Standard Operating Procedures and Guidance Documents				
29	Meeting Handbook	Governance	<ul style="list-style-type: none"> - Every 2 years 	Governance
30	Secretariat Technology (inc. Diligent, MS Teams, Office 365)	Governance/IT	<ul style="list-style-type: none"> - Updated as technology is updated. 	Governance & IT
31	Council Member Lifecycle Guidance – Recruitment, Induction to Demitting Office	Governance	<ul style="list-style-type: none"> - Every year 	Governance
32	Laying the Annual Report and Accounts	Governance/Comms	<ul style="list-style-type: none"> - Every year 	Governance/Comms

33	Governance SOPs	Governance	- Every 2 years	Governance
Governance – Operational Tools				
34	Rainbow Chart and Yearly Planner	Governance	Annually	Governance
35	Forward Workplans	Governance	Annually	Governance
36	Working Logs	Governance	Annually	Governance
37	Actions Logs	Governance	Annually	Governance
38	Governance Team workplan	Governance	Annually	Governance

Appendix 2

Proposed Contents of the Governance Manual for Council Members and Independent Governance Associates

No	Document	Owner(s)	Review cycle	Approving forum
Organisational Structure				
1	Duties and roles of the Council, Chair and Senior Independent Council Member	Governance	- Every 2 years - Drafted July 2021 - Due for review in July 2023	Council
2	Terms of Reference for the Committees of the Council	Governance	- Every 2 years - Reviewed in June/July 2020. - Due for review in June 2022	Council
3	Duties and roles of the Chief Executive, Accounting Officer and Registrar	Governance	- Every 2 years - Drafted July 2021 - Due for review in July 2023	Council
4	Duties and roles of the Executive Management Team	Governance	- Every 2 years - Drafted July 2021 - Due for review in July 2023	Council
Governance Framework				
5	Primary and Secondary Legislation	Governance	N/A	DHSC/Privy Council/Council
6	Scheme of Delegations (including GDC (Delegation of Functions) Rules 2020 and Statement on Ensuring Effective Performance).	Governance/ILAS	- Every 2 years - Updated in October 2020 - Due for review in October 2022	Council
7	Standing Orders of the GDC	Governance	- Every 2 years - Updated in September 2021 - Due for review in September 2023	Council
8	Financial Delegations	Finance	- Every year - Updated in December 2020 - Due for review in January 2022	Council
9	Process to Access Free Reserves	Governance/Finance	- Every 2 years - Drafted May 2019	Council

			- Due for review in May 2021	
10	Applications for Headcount - Process	People Services/Finance	- Every 2 years - Drafted November 2017 - Due for review in November 2019	EMT/Council
Governance – Corporate Policies				
<i>For Council Members and Independent Governance Associates</i>				
11	Code of Conduct for Council Members and Independent Governance Associates (appended)	Governance	- Every 2 years. - Reviewed August 2019. - Due for review 1 August 2021. - Revised version attached.	Council
12	Capability Policy for Council Members and Independent Governance Associates (appended)	Governance	- Due for review July 2018 - Revised version attached.	ARC
13	Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates (appended)	Governance	- Due for review July 2018 - Revised version attached.	ARC
14	Anti-fraud, Bribery and Corruption Policy – Council Members and Independent Governance Associates (appended)	Governance/Finance	- Due for review July 2018 - Revised version attached.	ARC
15	Managing Interests – Council Members and Independent Governance Associates	Governance	- Every 2 years - Policy updated in December 2020 - Due for review December 2022	ARC
16	Gifts and Hospitality - Council Members and Independent Governance Associates	Governance	- Every 2 years - Policy updated in December 2020 - Due for review December 2022	ARC
17	Expenses Policy	Finance	- Annually - Policy updated in December 2020 - Due for review December 2021	Council

18	Information Security Policies	IT	- Policies updated in July 2018 - Update in June 2021. - available on Intranet.	EMT
19	Council Member and Independent Governance Associates Social Media Guidance (appended)	Communications	To be approved	EMT
20	Appointment of Independent Governance Associates Policy	Governance	- Every 2 years - Policy updated in December 2020 - Due for review December 2022	Council
21	Policy for Dealing with Council Members and Independent Governance Associates subject to Fitness to Practise Concerns (appended)	Governance/FtP	- Due for review. - Revised version attached.	ARC
22	Whistleblowing - Council Members and Independent Governance Associates (appended)	People Services	- Due for review July 2018 - Revised version attached.	ARC
User Guides and Key Contacts				
23	Secretariat Technology (inc. Diligent, MS Teams, Office 365)	Governance/IT	Updated as technology is updated.	Governance & IT
24	Key contact details – Finance (expenses), payroll, Governance, IT etc.		Annually	Governance
Governance – Annual Plans				
25	Meeting Timetable	Governance	Annually	Governance
26	Forward Workplans – key business only	Governance	Annually	Governance

Code of Conduct for Council Members and Independent Governance Associates

Reference: XXX/ICPXX/ICP/v.000

Version: 1.0

Status	Working draft	
Policy Owner	Governance	
Applicable to (tick all that apply)	<input type="checkbox"/> EMT only <input type="checkbox"/> Staff only (not EMT) <input checked="" type="checkbox"/> Council Members <input checked="" type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input type="checkbox"/> Associates <input type="checkbox"/> Third Parties (state who)
Approving forum (tick all that apply)	<input type="checkbox"/> Chief Executive/Registrar/Accounting Officer <input checked="" type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Head of Function <input type="checkbox"/> Senior Information Risk Owner	<input checked="" type="checkbox"/> Audit & Risk Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council
First Published: 2013	Reviewed by: Head of Governance	Effective date: 23 Sep 2021
Last reviewed/revised: 25/07/2019	Review frequency: Every 2 years	Next review due by: 01/09/2023

1. Purpose and scope

- 1.1 As a regulator, the General Dental Council (GDC) establishes standards for the conduct, performance and ethics of the dental team. Council Members must maintain similarly high standards. Whilst carrying out their duties Council Members are expected to conduct themselves in a way that adheres to the GDC's values and leadership values set out in this Code of Conduct.
- 1.2 This policy applies to Council Members and to Independent Governance Associates, which are defined as:
 - a. Members of the Statutory Panellists Assurance Committee (SPC); and
 - b. Independent Members of the Committees of Council – such as the Audit and Risk Committee, Finance and Performance Committee and the Remuneration and Nomination Committee.
- 1.3 All references to Council Members will apply equally to Independent Governance Associates, unless otherwise stated.

2. Framework – Member Responsibilities

- 2.1 The Dentists Act 1984 sets out that the over-arching objective of the Council in the exercise of its functions is the protection of the public. Council Members are charged with pursuing this objective by:
 - a. Protecting, promoting and maintaining the health, safety and wellbeing of the public.
 - b. Promoting and maintaining public confidence in the dental professions and
 - c. Promoting and maintaining proper professional standards for members of the dental professions.
- 2.2 In the discharge of their duties, Council Members should also have proper regard for the interests using or needing the services of dental professionals, of any differing interests between members of the dental team and of the need to promote high standards of education for dental professionals.
- 2.3 There are a number of criteria within the GDC's Constitution Order 2009, which set out scenarios that will disqualify individuals from appointment to the Council. The Privy Council may also remove Council Members from office if it is satisfied that their membership of the Council be liable to undermine public confidence in the regulation of registered dental professionals.
- 2.4 Examples of when Members may not be appointed (or may be suspended or removed from office) include if they:
 - a. Have been convicted of an offence involving dishonesty or deception (which is not spent).
 - b. Have been convicted of an offence where the final outcome was a sentence of imprisonment or detention (which is not spent).
 - c. Have been removed from public office.
 - d. Are an undischarged bankrupt.
 - e. Are a disqualified director.
 - f. Are on a barred list.
 - g. Have been subject to Fitness to Practise proceedings and the final outcome was suspension, erasure or conditions.

- 2.5 The Privy Council may also remove Members from office if it is satisfied that their level of attendance at meetings of the Council falls below an acceptable minimum level, if they have failed to satisfactorily undertake education or training requirements that apply to them or that they are no longer able to perform their duties because of adverse health.
- 2.6 Council Members have a responsibility under the Constitution Order 2009 to inform the Council and Privy Council that they may be about to fulfil any of the criteria for disqualification, removal or suspension from office. The Chair of Council also has the responsibility to inform the Privy Council that any Member may be about to fulfil those criteria – and will do so if satisfied that the Member will not do so immediately.
- 2.7 Council Members are also expected to comply with the responsibilities set out in the following documents:
- a. This Code of Conduct
 - b. The Council Member role description – which defines the standards required of Council Members.
 - c. Their Member agreements – which import the responsibility to comply with GDC policies which may change from time to time. These policies are set out in the Governance Manual. The Member agreements also make clear that Council Members have a duty to act in good faith, have a duty of care to the GDC, a duty of confidentiality and a duty to act within their powers.
 - d. The Seven Principles of Public Life.
- 2.8 It is the responsibility of each Council Member to ensure that they fully comply with their letter of appointment and Member agreement, and with all aspects of this Code of Conduct. Council Members must also ensure that they comply with the policies contained in the Governance Manual, including those on managing conflicts of interests, gifts and hospitality and anti-fraud, anti-corruption and anti-bribery, and any relevant other policies.

3. Definitions

- 3.1 The GDC's values are:
- a. Fairness – we will treat everyone we deal with fairly.
 - b. Respect – we treat everyone with respect.
 - c. Responsiveness – we listen, and we adapt to changing circumstances.
 - d. Transparency – we are open about how we work and how we reach decisions.
- 3.2 The Council's leadership behaviours are:
- a. Demonstrating Trust and Respect
 - b. Positive Leadership
 - c. Promoting Collaboration
 - d. Raising Performance
 - e. Clarifying the Vision

4. Confidentiality

- 4.1 In accordance with the principles of transparency and in line with the GDC's Standing Orders, often the work of the Council is carried out in public, but some matters have to remain private and must be kept confidential.

- 4.2 Council Members are bound by a duty of confidentiality which is set out in their agreement with the GDC. This duty remains in force after their term comes to an end and/or their agreement has been terminated.
- 4.3 Council Members must comply with their duties under information law (including the General Data Protection Regulation, the Freedom of Information and Data Protection Acts) which are set out in the information security guidance included in the Governance Manual.
- 4.4 Council Members will regularly, in the course of their duties, be party to discussions or information of a confidential nature. The effective operation of the Council depends on these confidences being maintained during and after their association with the GDC. Any matters of a confidential nature must strictly be kept confidential. Council Members should avoid discussing these unless it is necessary for the business of the GDC that they should do so. Any such discussions should take place in a confidential setting.
- 4.5 Unless required by law to do so, Council Members must not disclose confidential information to anyone who is not another Council Member or a member of the Executive without the consent of the Chair of Council, or if there is a conflict, the Chair of the Audit and Risk Committee. The Chair of Council or Chief Executive will take appropriate advice on any request for disclosure.
- 4.6 Unless required by law to do so, Independent Governance Associates must not disclose confidential information to anyone outside of the Committee on which they serve without the consent of the Chair of that Committee. The Chair will take appropriate advice on any request for disclosure.
- 4.7 Council Members must comply with the Information Security Policies.

5. Equality, Diversity and Inclusion

- 5.1 The GDC is committed to promoting equality, diversity and inclusion. The Equality, Diversity and Inclusion Strategy provides a clear framework for translating this commitment into action. This means actively promoting a culture that values difference and acknowledges that people from different backgrounds and experiences can bring valuable insight into the workplace.
- 5.2 The GDC aims to be an inclusive organisation, where equality and diversity is encouraged, respected and built upon. As an organisation, we recognise the importance of recruiting and retaining a diverse workforce that is broadly reflective of the communities we serve.
- 5.3 In their behaviours, interactions and decision-making, Council Members should promote the aims and objectives of the Equality, Diversity and Inclusion Strategy. Any equality, diversity and inclusion issues that arise in relation to Council or Committee business will be dealt with under the relevant procedures.

6. Induction and Development

- 6.1 Council Members are required to meet the standards of education and training set by the GDC, including attending and completing any reasonable training and development which the GDC requires.
- 6.2 Council Members will be required to participate in regular appraisals which may identify further development opportunities.
- 6.3 It is the responsibility of Council Members to proactively consider their development needs and ongoing professional training requirements and reflect this thinking in their

discussions with the Chair of Council. Council Members should also inform a member of the Executive Management Team if they feel that they need further guidance or training to carry out their role.

7. Attending meetings

- 7.1 It is expected that Council Members will attend all Council meetings, and all meetings of Committees of which they are a member unless they are unable, with good reason, to do so. In addition, Council Members may also be required to attend external meetings on the Council's behalf. Council Members who are unable, with good reason, to attend a meeting should inform the Governance Team as soon as possible in advance of the meeting.
- 7.2 Where a Council Member's inability to attend a series of meetings is likely to affect the ability of the Council to perform its statutory functions that Member should work with the Chair of Council to consider any action needed. Section 6(g) of The General Dental Council (Constitution) Order 2009 provides that the Privy Council may remove a member whose level of attendance at meetings falls below a minimum level of attendance acceptable to it, having regard to the Council's own recommended minimum level, and whether or not there were reasonable causes for the Member's absences.
- 7.3 The Council generally requires a minimum of attendance at 65% of Council meetings (which, for the purposes of this paragraph, does not include Council away days and additional meetings of Council Members), though this figure may include, at the discretion of the Chair of Council, other meetings which the Member is obliged to attend (e.g. Committee meetings and Council workshops). Council Members' attendance at formal meetings of the Council are reported in the organisation's Annual Report and Accounts.

8. Preparation for meetings and provision of information

- 8.1 Council Members must read papers and all other relevant information in preparation for meetings and are expected to take all reasonable steps to keep themselves up to date with Council, Committee and other relevant business. A failure to do so may affect the ability of the Council to perform its statutory functions and the Member should work with the Chair of Council to consider any action needed.

9. Taking a decision

- 9.1 Section 1 of the Dentists Act 1984 provides that, when exercising its functions, the Council shall:
- a. Have proper regard for the interests of persons using or needing the services of registered dentists or registered dental care professionals in the UK.
 - b. Have proper regard for any differing interests of different categories of registered dentists or dental care professionals.
 - c. Have a general concern to promote high standards of education at all its stages in all aspects of dentistry.
- 9.2 Council Members are appointed to oversee the delivery of the GDC's statutory regulatory functions. They are not representatives of any particular group and they must take decisions in accordance with paragraph 9.1 above.

10. Collective responsibility

10.1 The Council is collectively responsible for the decisions that it takes. This means that, once a quorate decision of the Council is taken, all Council Members are collectively responsible for it even if they were opposed to it, have voted against it, abstained from voting (if voting is applicable) or were absent when the decision was taken. All Council Members are bound by a decision of Council made in good faith (whether by a unanimous or by majority decision) and may not obstruct the execution of that decision. The same principle applies to decisions taken by the Committees of the Council.

11. Demitting office

11.1 Retiring Council members should normally not assume paid employment with the GDC within one year after demitting office. Except for decisions reserved to Council or delegated to SPC, the final decision regarding Council Members seeking paid employment with the GDC remains with the Chief Executive, who may shorten the restriction period where there is a strong reason to do so.

12. Relationship with registrants

12.1 The actions of Council Members can undermine public confidence in the regulation of dentists and dental care professionals and failure to act appropriately can lead to their suspension or removal.

12.2 In particular, Council Members must ensure that they do nothing to compromise themselves or the GDC by doing anything which could influence or may be perceived as influencing the GDC's fitness to practise proceedings on behalf of an individual registrant. If any other matter is raised with a Member by an individual registrant, they should bear in mind their obligations under this Code and the Managing Interests' Policy, and if necessary, should discuss the matter with the Chair of Council.

13. Managing interests and making gifts and hospitality declarations

13.1 Council Members are required to be familiar with and adhere to the GDC's policies on managing interests, gifts and hospitality and on anti-fraud, anti-corruption and anti-bribery.

13.2 Council Members must be aware that the GDC is funded by registrants' fees, and they have a duty to use the GDC's resources prudently.

13.3 Council Members must not receive any financial or non-financial benefit relating to their position as a Member that is not explicitly authorised in their appointment letter/agreement (e.g. fees for attending meetings/training and incurred expenses).

13.4 If Council Members are offered payment for speaking as agreed on behalf of the GDC they should notify the Chair of Council and turn down the fee. Council Members are able to claim expenses for attending such an engagement either from the third party or the GDC.

14. Dealing with stakeholders

14.1 Public statements made by Council Members are likely to be construed by the public as the opinion of the GDC. The term 'public statement' may cover a wide range of circumstances, including but not limited to, speeches, media articles, press statements and postings on social media.

14.2 Council Members should not make public statements relating to the Council or the topics in the GDC's field of interest without authority from the Chair to do so. While

such authority may be general (for example, for a Council Member to engage in a series of social media postings) as well as specific, it must be in place. Any request from a third party to a Council Member to make a public statement should be referred in the first instance to the GDC's Communications Team who will co-ordinate advice. Any public statement must be in keeping with relevant GDC policies, on which the Communications team can advise. The GDC will provide appropriate briefings for Council Members who are authorised to speak on its behalf.

- 14.3 Council Members should bear in mind paragraph 14.1 above and take care even when expressing personal views about the Council or topics in the GDC's field of interest, including in conversation with third parties.
- 14.4 Council Members shall not, in any advertising or other promotional material, make any reference to their relationship with the Council nor use the name, logo or style of the Council on any publication or document except with the prior written consent of the Council. The Communications Team can support Council Members with this, if written consent has been provided.
- 14.5 Council Members must adhere to the *Social Media Guidance for Council Members and Independent Governance Associates*, which is included as part of the Governance Manual.

15. Interaction with staff and colleagues

- 15.1 Council Members must treat their colleagues, staff and others they come into contact within the course of their work with the GDC with dignity and respect and in accordance with the principles set out in this Code of Conduct.

16. Raising concerns

- 16.1 The GDC is committed to maintaining the highest standards of honesty, openness and accountability. Council Members have an important role to play in achieving this goal and are strongly encouraged to raise any concerns that they may have.
- 16.2 For any concerns or complaints that relate to a Council Member's individual relationship with the GDC, those raising concerns should refer to the *Policy for Dealing with Issues of Conduct or with Complaints or Concerns about Council Members and Independent Governance Associates ('the Conduct Policy')*.
- 16.3 If a Council Member has a concern about wrongdoing within the GDC that is in the public interest, then they should refer to the *Whistleblowing Policy for Council Members and Independent Governance Associates*. The GDC will ensure that, if a Council Member raises a genuine concern, they will not suffer a detriment or adverse treatment as a consequence; it does not matter if there is no proof or the concern is later proved to be mistaken.

17. Complaints, concerns, or capability

- 17.1 The Governance Manual includes policy documents for dealing with instances where a Council Member's performance calls below the standards expected. These are the:
- a. *Capability Policy* – where the issue may relate to a lack of capability and
 - b. *Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members or Independent Governance Associates* – where the issue may be related to conduct.
- 17.2 These procedures can also be used where a concern about conduct has come to the GDC's attention without a complaint being made. In relation to performance, the

procedures are intended to be supportive and proportionate and assist the Council Member to reach the necessary standards.

- 17.3 For registrant Council Members, the fitness to practise process and legislative framework will take precedence over the administration of these policies and procedures.

18. Related policies and procedures

- 18.1 The policies that are related to this Code of Conduct are included as part of the Governance Manual. Council Members are required to adhere equally to all the policies in the Governance Manual.

19. Related legislation and other supporting information

- 19.1 The Dentists Act 1984, the GDC's Constitution Order and the GDC's Standing Orders.

20. Monitoring and review

- 20.1 The Code will be reviewed every two years. The Governance team will be responsible for reviewing the Code and recommending it for approval by the Council.
- 20.2 The Council Member Role Description will be reviewed ahead of any Council Member recruitment campaign by the Remuneration and Nomination Committee as part of their role to oversee the process.

21. Appendices

- a. Council Members and Conflicts of Interests in FtP Matters

Council members and conflicts of interest in FTP matters

In order to help Council Members, especially registrants, who may be approached about our FTP procedures, we set out below some general rules and scenarios. If you are in any doubt, please speak to the Chief Executive or the Executive Director, Fitness to Practise.

General dos and don'ts

You should never:

- Discuss an FTP case with a member of a statutory committee (that is, the Investigating Committee, Interim Orders Committee, Professional Conduct Committee, Health Committee, Professional Performance Committee and Registration Appeals Committee).
- Make any public comment on an ongoing FTP case (including any mention in electronic media).
- Discuss an ongoing FTP case with a member of staff, save that you may refer any questions you have regarding potential conflicts of interest to the Chief Executive or relevant members of the Executive team.

You should:

- Inform the Chief Executive if there is media or other public interest in a case, so they can coordinate an appropriate GDC response.

Approaches about a current or potential FTP cases

If you are approached by a registrant (including a member of your staff) or member of the public about a current case:

- Directly or indirectly, to discuss an actual or potential FTP case
- To give advice regarding an FTP case
- To ask if an FTP case could be expedited

then you should:

- Refuse to discuss the case, and
- Explain you are unable to discuss the matter because you have a conflict of interest, and
- Direct them to their defence organisation or lawyer, and
- Consider whether the matter affects your own practice. If it does or may affect your practice you should consult the Chair as to the best course of action.

If you are approached by a member of a statutory committee about a current case, then you should:

- Report the potential breach of the code of conduct by the member to the Chief Executive and the Executive Director, Fitness to Practise, who will then consider a referral to the SPC.

Approaches about concluded FTP Cases

If you are approached by a registrant or member of the public about a concluded case, then you should:

- Refuse to discuss the outcome of a case, and

- Explain you are unable to discuss the matter because you have a conflict of interest and
- Direct them to their defence organisation or lawyer if the complaint is regarding the correctness of the decision,
- Listen to complaints about procedure only if a complaint is raised regarding the GDC's processes. In such a case, you should follow the procedure below ("Approaches and complaints about the FTP process").

If you are approached by a member of a statutory committee about a concluded case, then you should:

- Refer the member to the Chief Executive or the Executive Director, Fitness to Practise (provided that you are sure that the matter is not ongoing and concerns the GDC's FTP processes),

Approaches and complaints about the FTP process

If you are asked for information (e.g. regarding the GDC's FTP process by a registrant or member of the public) then you should:

- Invite them to contact the GDC using the online form which can be found on the website.

If you are approached by a registrant (including a member of your staff) or member of the public about an issue that may require investigation in connection with the GDC's handling of a case, then you should:

- Refuse to discuss the case, and
- Explain you are unable to discuss the matter because you have a conflict of interest, and
- Direct them to their defence organisation or lawyer, or
- If they are unrepresented tell them to contact the relevant Executive Director (provide the name and contact details if you are able) or, if that is not felt to be appropriate, the Chief Executive.

If it is a complaint about the GDC's FTP processes (e.g. the length of time a case is taking, rudeness or inefficiency of staff) then you should:

- Tell the complainant about our complaints procedure available on the GDC website.
- If the issue is regarding a current case, they should be warned that it may not be possible for the Chief Executive to deal with any complaint until the matter is at an end.

If you, as a Council Member, have queries about the appropriateness or efficiency of the GDC's processes generally (not those of an individual case) then you should

- Raise them with the Chief Executive.
- If after that you are still concerned, you should raise your concerns with the Chair of Council and the Chair of the Audit and Risk Committee.

Capability Policy for Council Members and Independent Governance Associates

Reference: XXX/ICPXX/v.000

Version: 0.0

Status	Working draft	
Policy Owner	Governance	
Applicable to (tick all that apply)	<input type="checkbox"/> EMT only <input type="checkbox"/> Staff only (not EMT) <input checked="" type="checkbox"/> Council Members <input checked="" type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input type="checkbox"/> Associates <input type="checkbox"/> Third Parties (state who)
Approving forum (tick all that apply)	<input type="checkbox"/> Chief Executive/Registrar/Accounting Officer <input checked="" type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Head of Function <input type="checkbox"/> Senior Information Risk Owner	<input checked="" type="checkbox"/> Audit & Risk Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council
First Published: 27/07/2016	Reviewed by: Head of Governance	Effective date: 23 Sep 2021
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1. Purpose and scope

- 1.1 The General Dental Council's core purpose is to protect the public by regulating dental professionals in the United Kingdom. Council Members have responsibilities to ensure that the GDC carries out this function effectively in the interests of the public.
- 1.2 This policy applies to all Council Members and Independent Governance Associates (defined as Independent Members of the non-Statutory Committees and Members of the Statutory Panellists Assurance Committee (SPC)), hereafter referred to as Members.
- 1.3 This document sets out the procedure to be followed in dealing with a situation where concerns have been raised that the performance of a Member has fallen below the standards expected. This could be as a result of either capability or conduct. If the issue is capability, this policy should be used. If the issue appears to be conduct, the *Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates* ('the Conduct Policy') should be used.
- 1.4 Poor performance on the part of a Member will normally be dealt with through this procedure. Conduct issues, extremely poor performance or a wilful refusal to perform the role satisfactorily which has not been remedied through this procedure, or to comply with this procedure, may be a matter where the possible suspension/removal of the Member from office is contemplated. This should be dealt with under the GDC's Conduct Policy.
- 1.5 The Privy Council is responsible for decisions as to whether Council Members are removed or suspended from office. It will remove Council Members if it is satisfied that continued membership of the Council would be liable to undermine public confidence in the regulation of registered dentists or dental care professionals.
- 1.6 Some examples of reasons that the Privy Council will remove Members include if they are:
 - Convicted of an offence of dishonesty or deception
 - Convicted of an offence that led to a custodial sentence or detention (and it not a spent conviction)
 - An undischarged bankrupt
 - A disqualified director
 - Removed from public office
 - On a barred list
- 1.7 It will also remove registrant Council Members from office for certain matters, including, if their registration is terminated or lapses, or if they become the subject of GDC FtP proceedings and the final outcome is that they are suspended, erased or have conditional registration imposed by a statutory Committee.
- 1.8 In assessing whether a matter is a question of capability or conduct, the Chair of Council will consider whether the failure to meet performance standards is due to either:
 1. The Member's ability to do certain parts of the job (capability) or
 2. Unwillingness / negligence (conduct) due to, for example, a lack of care, commitment to or interest in carrying out their duties.

- 1.9 The standards expected of Members are set out in the *Code of Conduct for Council Members and Independent Governance Associates*.
- 1.10 This policy needs to be read and used in conjunction with the relevant legislation and policy framework outlined at the end of this document. If the Member is a registrant dentist or dental care professional, the relevant legislation and policy framework outlined at the end of this document relating to Fitness to Practise (FtP) proceedings will take precedence, as necessary, over the administration of this policy.
- 1.11 This policy should be used only where a Member is not meeting the required standards for the role. It is intended to be supportive and proportionate and assist the relevant Member to reach the necessary standards.
- 1.12 It is important that there is open, regular and supportive communication between Members and those colleagues who have oversight of their work, such as, the Chair of Council or the Chairs of the relevant Committees. Expectations and any reservations should be discussed with Members, the concerns of Members should be listened to, and they should be encouraged to talk about their work and any difficulties that they are experiencing.
- 1.13 The purpose of this procedure is to put a framework in place to help identify problems with performance and address these through an agreed action plan for improvement.
- 1.14 It covers unsatisfactory work performance which falls below the standards required when this is due to a lack of capability. In the context of this policy, lack of capability means unsatisfactory performance because of:
 1. Genuine inability to carry out the duties of the role.
 2. Lack of understanding on the Member's part about their role.
 3. A change in the duties of a Member.
 4. Insufficient support from the Council, the Chair of Council or the relevant Committee Chair to carry out the role.
 5. Inadequate or insufficient training.
 6. Bullying or harassment or poor working relationships that cause worry or stress.
 7. Physical or mental ill health.
 8. Personal problems that may be affecting the Member's concentration or focus.

2. How to raise a concern about performance

- 2.1 Concerns about the performance of the Chair of Council should be raised with the Senior Independent Council Member (SICM), who will inform the Chief Executive. The SICM will be responsible for taking forward the concerns. If the concern or complaint is upheld, then the Chair of the Audit and Risk Committee should be informed.
- 2.2 Concerns about the performance of a Council Member or a member of the SPC should be raised with the Chair of Council, who will inform the Chief Executive. The Chair of Council will be responsible for taking forward the concerns.
- 2.3 Concerns about the performance of an Independent Member of a non-statutory Committee should be raised with the Chair of their specific Committee, who will inform the Chief Executive. The appropriate Chair will be responsible for taking forward the capability concerns.
- 2.4 Concerns about the Council as a whole should be raised with the Privy Council. The Chief Executive should also be informed.

- 2.5 When considering concerns raised by another person about the performance of a Member, the person responsible for taking forward the concerns should consider them fairly, taking into account the seriousness of the concerns, and also whether the person raising the concerns might have any motivation other than a wish to see improved performance (for instance, concerns could be raised as retaliation for actions taken by the Member such as raising their own concerns or whistleblowing).

3. Informal resolutions to performance issues

- 3.1 Members should both seek and receive regular feedback throughout their term and it is the responsibility of all colleagues to notice when an individual's performance may be below the standards expected or they appear to be struggling, and make their concerns known. Council Members will be asked to provide feedback on the performance of their colleagues during the formal appraisal process and all Members should use self-reflection when considering their own performance, both in an ongoing fashion and in relation to their annual appraisals.
- 3.2 Many one-off situations and performance concerns that are not serious will be capable of being dealt with informally by a discussion between the Member and the Chair to establish the problem and seek to resolve it quickly. If the person instigating the discussion is satisfied that no further action is required, the matter can be closed. It is anticipated that most matters would be resolved in this way.
- 3.3 Consideration should be given as part of this discussion as to whether there is any action the Chair can take to support the Member and whether the Member has development needs with which the GDC can provide assistance. If appropriate, the Chair will consider the appointment of a mentor who would be available to the Member to offer support.

4. The formal stage

- 4.1 If the Chair considers that the concerns about the performance of the Member are so serious that an informal approach is inappropriate, or if performance concerns have been addressed informally but continue to occur, the Member will be invited by the Chair to a formal meeting to:
1. Discuss the reasons why performance is (still) not meeting the required standard and give specific examples.
 2. Evaluate the impact of any training that has been undertaken or any other support provided.
 3. Take into account any mitigating circumstances, for example illness or a training commitment missed.
 4. Review further training or other means of support for the immediate future.
- 4.2 A member of the Governance or Legal team will be present at this meeting to take a formal note.
- 4.3 The purpose of the formal review meeting will be for the Chair to consider and seek to agree with the Member what, if any, (further) guidance, coaching, mentoring, and/or training would prove useful and if appropriate agree a review period. This will be a reasonable length of time (in the Chair's view) to provide an opportunity for the Member to demonstrate they can improve sufficiently to meet the competence level required.

- 4.4 After the meeting, a written summary of the meeting and any relevant correspondence, will be sent to the Member and placed on their file. The letter from the Chair will either:
- i. set out the action agreed with the Member to improve and monitor performance, confirming the timetable for the action, with a realistic date when the next formal review will take place, and indicating that a failure to improve is likely to lead to further action being taken; or
 - ii. indicate that the Member is being referred immediately to the action under the *Conduct Policy*.
- 4.5 Other than in the situation set out in paragraph 4.4(ii) above, at the end of the review period, a further meeting will be held between the Member and the Chair as described in paragraphs 4.1 - 4.3 above.
- 4.6 The outcome of that review will normally be either that:
- the Member's performance is judged to have met the required standard or,
 - if that standard has not been reached, or the Member refuses to co-operate with any proposed remedial steps, that the Member will be referred to action under the *Conduct Policy* (which may include suspension or removal from office).
- 4.7 In exceptional circumstances the Chair may decide that a further formal review period is appropriate. There is no right of appeal against the Chair's decision.
- 4.8 If the Member refuses to co-operate with any additional remedial steps proposed by the Chair the matter shall be referred for handling under the *Conduct Policy*. The Chair will inform the Member in writing that this is being done.

5. Retention of documentation

- 5.1 All documents created under this procedure shall be kept on the Member's file and may be referred to:
- i. in the event of a further performance issue being raised;
 - ii. if the Member applies for a further term of office; and
 - iii. if a Member seeks appointment to become a Chair of a Committee or Chair of Council.
- 5.2 Where a Member resigns while a referral under this procedure is active, the paperwork relating to the referral will be placed on the Member's file and the case will remain open, but all proceedings under this policy relating to the Member shall be terminated from the date the resignation takes effect. For the avoidance of doubt, any Fitness to Practise proceedings for registrant Members will continue as necessary.

6. Related policies and procedures

- Council Member, Chair of Council and Committee Member Role Profiles
- Code of Conduct for Council Members and Independent Governance Associates
- GDC Standing Orders for Conduct of Business 2020
- General Dental Council (Constitution) Order 2009
- Policy for Council Members and Independent Governance Associates subject to Fitness to Practise Concerns

- Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates (the Conduct Policy).

7. Confidentiality

7.1 All the stages in this procedure will be dealt with confidentially, and any disclosure will only be to the extent necessary to:

1. Gather feedback, for example, by making enquiries of other Members
2. Ensure that the GDC communications team are sufficiently briefed to respond in case any details of the Member's performance become known outside the GDC.

8. Monitoring and review

8.1 The policy will be reviewed by the Governance team every two years and any proposed amendments must be approved by the Audit and Risk Committee.

Policy for dealing with issues of conduct or with complaints or concerns about Council Members and Independent Governance Associates ('the Conduct Policy')

Reference: XXX/ICPXX/v.000

Version: 1.0

Status	Working draft	
Policy Owner	Governance	
Applicable to (tick all that apply)	<input type="checkbox"/> EMT only <input type="checkbox"/> Staff only (not EMT) <input checked="" type="checkbox"/> Council Members <input checked="" type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input type="checkbox"/> Associates <input type="checkbox"/> Third Parties (state who)
Approving forum (tick all that apply)	<input type="checkbox"/> Chief Executive/Registrar/Accounting Officer <input checked="" type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Head of Function <input type="checkbox"/> Senior Information Risk Owner	<input checked="" type="checkbox"/> Audit & Risk Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council
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1. Purpose and scope

- 1.1 The General Dental Council's core purpose is to protect the public by regulating dental professionals in the United Kingdom. Council Members have responsibilities to ensure that the GDC carries out this function effectively and in the interests of the public. Independent Governance Associates (defined as Independent Members of the non-Statutory Committees and Members of the Statutory Panellists Assurance Committee – SPC) support the Council with its work.
- 1.2 This document sets out the procedure to be followed in dealing with a situation where concerns have been raised that the performance of a Council Member or an Independent Governance Associate, hereafter referred to collectively as Members, has fallen below the standards expected. This could be as a result of either capability or conduct. If the issue is capability, the *Capability Policy* should be used. If the issue appears to be conduct, this procedure should be used.
- 1.3 This procedure sets out the process to be followed in dealing with a complaint against, or a concern about a Member, where it is alleged or appears that the conduct of the Member has fallen below the standards expected. This procedure refers throughout to "complaints" but shall apply equally in circumstances where a concern about conduct has come to the GDC's attention without a complaint being made.
- 1.4 The standards expected of Members are set out in the *Code of Conduct for Council Members and Independent Governance Associates*.
- 1.5 Poor performance on the part of a Member will normally be dealt with through the *Capability Policy*. Conduct issues, extremely poor performance or a wilful refusal to perform the role satisfactorily which has not been remedied through the capability procedure, or may be a matter where the possible suspension/removal of the Member from office is contemplated. This should be dealt with under this Policy ('the Conduct Policy').
- 1.6 In assessing whether a matter is a question of capability or conduct, the Chair of Council will consider whether the failure to meet performance standards is due to either:
- the Member's ability to do certain parts of the job (capability) or
 - unwillingness / negligence (conduct) due to, for example, a lack of care, commitment to or interest in carrying out their duties.
- 1.7 Examples of misconduct which would be investigated under this policy include:
- a. Unacceptable behaviour, such as verbal or physical abusiveness.
 - b. Discrimination, bullying and harassment or victimisation.
 - c. Misuse of GDC facilities and equipment, such as e-mail and internet.
 - d. Bringing the GDC into actual or potential disrepute.
 - e. Breach of confidentiality or trust.
- 1.8 This procedure will be adhered to in a fair, consistent and proportionate way. Non-compliance with any particular element of it, however, will not invalidate any decision taken as a result of the application of the policy.
- 1.9 All stages of the procedure should be documented and retained on the Member's file. For example, the operation of the procedure will:

- a. Ensure that formal action is not taken until the facts have been properly established.
- b. Inform the Member in writing of the nature of the complaint against/concern about them and give them the opportunity to state their case.
- c. Ensure that the Member has access to relevant information used as the basis upon which decisions are made during the formal process.
- d. Allow the Member to be accompanied at any meetings in the formal process by a fellow Member or an appropriate companion from within the GDC.
- e. Give sufficient time for the Member to prepare for and attend any meetings in the formal process.
- f. Deal with issues thoroughly and promptly.
- g. Be fair and consistent and ensure appropriate independence.
- h. Respect confidentiality at all times.
- i. Ensure that any complainant is kept aware of both progress in considering their complaint and the outcome.
- j. Ensure that a detailed audit trail is kept of the timeline of events and decision-making, including the reasons for decisions that are made.

1.10 Complaints under this procedure can be brought by members of the public, Members, the wider Associates group or GDC employees.

2. Related legislation and other supporting information

- General Dental Council (Constitution) Order 2009
- General Dental Council Standing Orders for the Conduct of Business 2020
- Capability Policy for Council Members and Independent Governance Associates

3. How to raise a complaint

3.1 Concerns about the performance of the Chair of Council should be raised with the Senior Independent Council Member (SICM), who will inform the Chief Executive. The SICM will be responsible for taking forward the concerns. If the concern or complaint is upheld, then the Chair of the Audit and Risk Committee should be informed.

3.2 Concerns about the performance of a Council Member or Member of the SPC should be raised with the Chair of Council, who will inform the Chief Executive. The Chair of Council will be responsible for taking forward the concerns.

3.3 Concerns about the performance of an Independent Member of a non-statutory Committee should be raised with the Chair of their specific Committee, who will inform the Chief Executive. The appropriate Chair will be responsible for taking forward the concerns.

3.4 Concerns about the Council as a whole should be raised with the Privy Council. The Chief Executive should also be informed.

3.5 When considering concerns raised by another person about the conduct of a Member, the person responsible for taking forward the concerns should consider them fairly, taking into account the seriousness of the concerns, and also whether

the person raising the concerns might have any motivation other than a wish to see improved performance (for instance, concerns could be raised as retaliation for actions taken by the Member such as raising their own concerns or whistleblowing).

3.6 The individual responsible for overseeing the complaints process shall treat the personal data of the relevant parties in a fair and responsible manner. Details will be redacted where appropriate and details of the complaint shall not be shared more widely than is necessary for progressing the complaint expeditiously – such as for the purposes of investigation, seeking legal advice or briefing the GDC's communications team.

3.7 Concerns can be raised both verbally and in writing and the seriousness of the complaints or concerns raised should be weighed fairly by the individual responsible for determining whether to take them forward and in taking them forward.

4. **Timing for raising concerns or complaints**

4.1 Concerns or complaints about the conduct or behaviour of Members should be made expeditiously to ensure that they can be promptly handled. If a complaint or concern appears to have been raised in an unduly delayed fashion, the individual responsible for overseeing the process should consider (when weighing the seriousness of the complaint and its timeliness) the reason for the delay (including sickness, absence, informal steps taken, professional advice sought, new matters coming to light which increased the perceived seriousness of the original matter, feelings of fear or intimidation or the absence of any of these factors). The individual overseeing the process should also bear in mind, when assessing the complaint, how the passage of time can affect memory and the ability of the Member to adequately address the concerns raised.

5. **Initial steps**

5.1 When a concern or complaint is received, or an individual's performance under the *Capability Policy* is deemed of a sufficiently poor standard to merit a concern being raised under this policy, the individual responsible for overseeing the complaint may:

- a. Determine that the complaint does not fall within the scope of this procedure or does not merit action under this procedure. In which case, the complainant and the Member will be informed accordingly, and reasons will be provided. This decision will be final. If there is a more appropriate forum or procedure to address the concerns, the complaint should be referred for handling under that procedure.
- b. Seek further information.
- c. Seek resolution of the complaint by informal means, including: mediation (with agreement of both parties), an apology, provision of additional training or words of advice.
- d. Initiate an investigation into the complaint or concern.

5.2 If options a. to c. above do not sufficiently resolve the issues raised, the individual responsible for overseeing the complaint may subsequently initiate an investigation.

6. Suspension

- 6.1 If the individual responsible for overseeing the complaint takes the view that an investigation is necessary, they should also consider whether it is appropriate that the Member is suspended from Council duties pending the outcome of the investigation.
- 6.2 Suspension of any Member will be appropriate where the recipient of the complaint is satisfied that:
- a. the complaint and misconduct complained of is sufficiently serious.
 - b. there is a real risk of recurrence of misconduct if the subject of the complaint continues carrying out their duties; or
 - c. there is a real risk of prejudice to the investigation if the Member continues carrying out their duties (for instance, because witnesses will feel intimidated by their continued presence).
- 6.3 The process outlined in the GDC Standing Orders for the Conduct of Business 2020 and the GDC (Constitution) Order 2009 will be followed in respect of Council Members.
- 6.4 In respect of Independent Governance Associates, the Council will be responsible for deciding whether these Members ought to be suspended. The Standing Orders and Constitution Order 2009 do not directly apply to Independent Governance Associates, but the Council may take into account the principles outlined therein, and any other relevant considerations – such as any impact on public protection or public confidence - when arriving at any decision in relation to suspension.

7. Investigation

- 7.1 An investigation should normally be held if the individual believes on initial reading of the complaint that, if established, it may lead to the removal of the Member.
- 7.2 The individual responsible for overseeing the process should appoint an investigator or may decide to undertake the investigation personally.
- 7.3 The purpose of the investigation is to:
- a. Establish the facts on any matter suspected to be misconduct through speaking to the complainant and the Member.
 - b. Enable the alleged misconduct to be specified.
 - c. Identify appropriate documentation that will assist in the consideration of the complaint.
 - d. Contact any witnesses who can assist with the above.
 - e. Make such further enquiries as appear to be necessary in the circumstances.
- 7.4 When collecting evidence, the investigator will make it clear to those involved that they are undertaking a fact-finding investigation, not a disciplinary hearing. It is not the role of the investigator to decide on, or recommend, any action that should be taken as a result of the investigation.
- 7.5 The investigator's report will be forwarded in draft to the Member and the complainant for comments which should be returned within five working days. The investigator is under no obligation to accept any amendments proposed by the Member or the complainant.

- 7.6 The investigator will be free to decide how to conduct the investigation and to call for any information that will help establish the facts of the complaint. If appropriate, the investigator can take legal advice and may delegate responsibility for contacting participants and any other administrative functions.
- 7.7 The investigator's report will be considered by the individual responsible for overseeing the complaint who shall decide whether, based on the information in the report, it is necessary to refer the matter for consideration at a formal hearing. If they conclude, based on the content of the report, that the allegations are unfounded, or that an informal resolution is appropriate, the matter shall be concluded at this stage, and the Member and the complainant shall be notified accordingly.
- 8. Formal hearing**
- 8.1 If, on receipt of the investigation report, the individual responsible for overseeing the process deems that a formal hearing is appropriate, a Hearing Panel shall be convened.
- 8.2 A formal hearing can also be convened following the use of the *Capability Policy* where performance has not been sufficiently remedied and informal means of resolution have been exhausted.
- 8.3 In the case of the Chair of Council or the whole of Council, the Privy Council should be contacted to advise on the appropriate process to be followed.
- 8.4 In the case of any other Member the Hearing Panel will be a minimum of three members of the Council, as determined by the individual responsible for overseeing the complaint.
- 8.5 As soon as practicable following referral of a complaint or concern to the formal hearing, the Member in question shall be informed in writing of:
- a. the details of the complaint/concern, the allegations to be considered at the formal hearing and including all relevant documents. including the investigator's report (where one has been commissioned) and those documents which will be referred to at the formal hearing when considering the complaint.
 - b. the fact that a formal hearing will take place, the constitution of the panel and that they have the right to be heard and make written representations.
 - c. the risk that, if the allegation of misconduct is found to be true on the balance of probabilities, they will be removed from office, or some other sanction imposed.
- 8.6 If a formal hearing is held:
- a. The Member shall be given an opportunity to address the hearing panel on all points they consider to be relevant.
 - b. The Member may be accompanied by a fellow Member, who is not a member of the Panel, or an appropriate companion from within the GDC.
 - c. It may proceed to hear the case even if the Member is not present.
 - d. The Hearing Panel shall consider all spoken, written or other evidence, including any independent investigator's report (if available) before reaching its decision.
 - e. A member of the Governance or Legal team will be present at this meeting to take a formal note.

- 8.7 The role of the Hearing Panel is to consider allegations made against the Member, consider any documentary evidence, hear any representations made by the member or the complainant, decide whether some or all of the allegations are proven on the balance of probability and if so, decide the sanction to be imposed. At all times, the underpinning concern of the Hearing Panel will be to ensure that public protection and confidence in the regulation of the dental profession is maintained.
- 8.8 The Hearing Panel must decide whether formal action is justified. If it is decided that the complaint should not be upheld and no formal action is justified, then the Member will be informed, and the matter ends there. If formal action is justified, then the Hearing Panel will need to consider what form this should take.
- 8.9 Before taking its decision, the Hearing Panel will consider:
- a. The Member's disciplinary and general record.
 - b. Sanctions awarded in similar circumstances.
 - c. Any mitigation offered by the Member.
 - d. Whether the intended formal action is appropriate and proportionate.
 - e. The impact of the decision on the public's confidence in the GDC.
- 8.10 The Hearing Panel will consider its decision in private, and the Member will be notified in writing as soon as possible after the meeting confirming the decision and giving reasons. The complainant will similarly be notified in writing whether their complaint has been upheld or not.
- 8.11 Where the Hearing Panel decides formal action is justified, they may impose one or more of the following penalties:
- a. Hold the complaint to be upheld but decide that no further action is necessary.
 - b. Issue a written warning to the Member about their future conduct.
 - c. Require the Member to have further training and to demonstrate that this has been undertaken within a specified time period.
 - d. Issue a final written warning to the Member about their future conduct.
- 8.12 The panel may also recommend the suspension or removal of the Council Member from office in line with the GDC's Standing Orders for the Conduct of Business 2020 and the GDC (Constitution) Order 2009 and should, if appropriate for Council Members, refer the matter to the Privy Council.
- 8.13 The Privy Council is responsible for decisions as to whether Council Members are removed or suspended from office. It will remove Council Members if it is satisfied that continued membership of the Council would be liable to undermine public confidence in the regulation of registered dentists or dental care professionals.
- 8.14 Some examples of reasons that the Privy Council will remove Members include if they are:
- Convicted of an offence of dishonesty or deception
 - Convicted of an offence that led to a custodial sentence or detention (and it not a spent conviction)
 - An undischarged bankrupt
 - A disqualified director

- Removed from public office
- On a barred list

8.15 It will also remove registrant Council Members from office for certain matters, including, if their registration is terminated or lapses, or if they become the subject of GDC FtP proceedings and the final outcome is that they are suspended, erased or have conditional registration imposed by a statutory Committee.

8.16 In the case of an Independent Governance Associate, the matter should be referred to the Council for a decision on suspension or removal from office.

9. Resignation of a Member after a complaint has been received

9.1 Where a Member resigns after a complaint has been received, consideration will be given to whether it is appropriate for the internal proceedings relating to the complaint to be terminated from the date that the resignation takes effect. This will not be appropriate in all cases, for instance, it is unlikely to be appropriate if the allegation is one of criminal conduct or if the Member is subject to FtP proceedings.

9.2 If internal proceedings are halted, paperwork relating to the complaint may be placed on the Member's file and the individual responsible for overseeing the complaint will determine whether or not the complaint requires any further action.

9.3 The Member will be informed that this is the position and will have the opportunity to make representations to the individual responsible for overseeing the complaint if they believe that the complaint should be removed from their file. The individual who is responsible for overseeing the complaint will have the final decision in this regard.

9.4 The complainant will be advised of the decision.

10. Retention and security of documents

10.1 All documents created under this procedure shall be kept securely and centrally on the Member's file and may be referred to in the event of a further complaint being received, and/or if the Member applies for a (further) term of office as a Member or for additional responsibilities. Access to records around disciplinary concerns, investigations and/or sanctions for Members shall be restricted to those directly involved in such matters.

11. Related policies and procedures

- Corporate Complaints & Priority Correspondence Policy
- Corporate Complaints & Priority Correspondence SOP
- Council Member Role Profile and Chair Role Profile
- Code of Conduct for Council Members and Independent Governance Associates
- Capability Policy for Council Members and Independent Governance Associates
- Whistleblowing Policy for Council Members and Independent Governance Associates
- Policy for Council Members and Independent Governance Associates subject to Fitness to Practise Concerns

12. Monitoring and review

- 12.1 The Governance Team will be responsible for reviewing this policy every two years. Any significant changes will be presented to the Audit and Risk Committee for approval. Any minor changes will be presented to the Head of Governance for approval.

**Anti-fraud, bribery, and corruption policy - Council Members and Independent
Governance Associates**

Reference: XXX/ICPXX/v.000

Version: 0.0

Status	Working draft	
Policy Owner	Governance	
Applicable to (tick all that apply)	<input type="checkbox"/> EMT only <input type="checkbox"/> Staff only (not EMT) <input checked="" type="checkbox"/> Council Members <input checked="" type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input type="checkbox"/> Associates <input type="checkbox"/> Third Parties (state who)
Approving forum (tick all that apply)	<input type="checkbox"/> Chief Executive/Registrar/Accounting Officer <input checked="" type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Head of Function <input type="checkbox"/> Senior Information Risk Owner	<input checked="" type="checkbox"/> Audit & Risk Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council
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1. Purpose and scope

- 1.1 This policy applies to Members of the Council and Independent Governance Associates (defined as Independent Members of the non-Statutory Committees and Members of the Statutory Panellists Assurance Committee - SPC), hereafter referred to as Members. It is the responsibility of the Members to read and be familiar with the contents of this policy and any related procedures, and to identify and notify any suspected cases of fraud or fraud risk.
- 1.2 The GDC is committed to maintaining the highest standards of honesty, openness and accountability and recognises that all Members have an important role to play in achieving this goal. The GDC will not accept any level of fraud or corruption and will treat any such matter with the utmost seriousness. The GDC is committed to preventing fraud from occurring and to developing an anti-fraud culture. To achieve this the GDC will:
- Maintain and develop effective controls to prevent fraud.
 - Ensure that if fraud occurs a vigorous and prompt investigation takes place.
 - Take appropriate disciplinary and legal action if fraud is discovered.
 - Review systems and procedures to prevent similar frauds.
 - Investigate whether there has been a failure in supervision and take appropriate disciplinary action where supervisory failures occurred.
 - Record and report all discovered cases of fraud.
- 1.3 The purpose and scope of this policy is to provide definitions of fraud, bribery and corruption, and define authority levels, responsibilities for action and reporting lines in the event of suspected, attempted or actual fraud, bribery or irregularity.
- 1.4 The following principles apply in the GDC:
- Members must have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties.
 - The GDC will not tolerate fraud, impropriety or dishonesty and will investigate all instances of suspected fraud, impropriety, or dishonest conduct by Members.
 - The GDC will take proportionate action to tackle fraud or dishonesty. This may include disciplinary action, removal or suspension from office, and/or criminal prosecution at the discretion of the Chief Executive, the Chair of the Council, the Chair of the Audit and Risk Committee (or the Chair of the SPC for Statutory Committee members).
 - The GDC will co-operate fully with any external investigating body.
 - The GDC will always seek to recover funds lost through fraud, although recovery action may be delayed to avoid prejudicing any criminal investigation.
 - All frauds will be reported to the Audit & Risk Committee (ARC).
- 1.5 Under anti-bribery legislation the GDC is required to have in place policies which are designed to prevent persons associated with the GDC from offering or accepting bribes. This policy, together with the *Managing Interests Policy* and the *Gifts and Hospitality policy for Members and Independent Governance Associates*, is designed to comply with this obligation. Please see **Appendix 2** for definitions of fraud, bribery and corruption.

2. Fraud Response plan

- 2.1 The GDC has established arrangements through its Whistleblowing Policies for Members to report any concerns that they might have without fear of prejudice or harassment. This applies to concerns relating to fraud and to any other relevant concerns.
- 2.2 Members should also report any suspicions of fraud to the Chair of Council who will consider whether the investigation should be led by the Chief Executive or an external supplier.
- 2.3 Any complaint of alleged or suspected fraud or corruption that is made against the Chair of Council (or Chief Executive under the Staff Policy) should be made to the Chair of the Audit and Risk Committee, who will instruct an external supplier to lead any investigation.

3. What should be Reported?

- 3.1 Concerns which should be reported include (but are not limited to) Members, staff or other GDC Associates committing or attempting to commit:
 - Any dishonest or fraudulent act.
 - Forgery or alteration of documents or accounts.
 - Misappropriation of funds, supplies or other assets.
 - Impropriety in the handling or reporting of money or financial transactions.
 - Profiting from an official position.
 - Disclosure of official activities or information for advantage.
 - Accepting or seeking value from third parties by virtue of official position or duties.
 - Theft or misuse of property, facilities or services.
 - Offering or receiving bribes.

The actions of external organisations that should be reported include:

- Being offered a bribe or inducement by a supplier.
- Receiving fraudulent (rather than erroneous) invoices from a supplier.
- Reported allegations of corruption or deception by a supplier.

4. Who will conduct the investigation?

- 4.1 Allegations of fraud or corruption involving Members will be investigated by a suitably qualified external person ('the Investigating Officer').
- 4.2 If the allegation relates to a Member of the Council, the Chair of Council will oversee the investigation or may delegate the oversight of the investigation to the Chief Executive or to an external supplier.
- 4.3 If the allegation relates to the Chair of the Council, the Chair of the Audit and Risk Committee will oversee the investigation or may delegate the oversight of the investigation to an external supplier.
- 4.4 The Chair of Council, Chief Executive, or Chair of the Audit and Risk Committee, and relevant external suppliers (as appropriate), may consult with any member of the Executive Management Team, the Chair of the Audit and Risk Committee, the Senior Independent Council Member and/or any other Member or GDC staff member that they consider appropriate to progress the investigation.
Please see **Appendix 1** for roles and responsibilities.
- 4.5 Progress on any fraud investigations will be reported as follows:
 - In relation to any Member – to the Chair of Council and Chief Executive.

- In relation to the Chair – to the Chair of the Audit and Risk Committee.

4.6 The Investigating Officer may also update any other person or organisation who they consider appropriate under all the circumstances.

5. How will the investigation be conducted?

5.1 The Chair of the Council, Chief Executive or Chair of the Audit and Risk Committee (as appropriate) will provide written instructions to the external supplier at the outset of the investigation. This will include:

1. Written terms of reference
2. A timeframe for the investigation
3. Any relevant evidential material
4. Details of any individuals who should be spoken to as part of the investigation and
5. Details of how the investigation report should be finalised and agreed.

5.2 Any proposed deviation from the agreed approach by the Investigating Officer must be agreed prior to the change being implemented.

5.3 The Investigating Officer will have access to those materials and individuals to support the progress of the investigation as are necessary and within a prompt timeframe.

5.4 If the initial enquiry reveals that further investigation needs to take place, it may be necessary to preserve the available evidence. Evidence may take various forms and the way it should be handled is as follows:

- **Original documents** – these should be handled as little as possible and placed in a protective folder with only one person responsible for maintaining them.
- **Computer held data** – the computer should be secured, and the IT department consulted on how to best retrieve the data.
- **Cash** – where cash needs to be counted, this should be done so by the person responsible for it and their manager. A statement should then be signed to confirm a correct record of the amount.
- **Video evidence** – any video recording that could provide information of value should be secured so that it can be treated in accordance with the rules of evidence. Under no circumstances should it be viewed by anyone outside of the immediate investigation of the matter.

5.5 A final written report should be provided to the individual with responsibility for the oversight of the investigation within the agreed timeframes and any recommendations made as to how the matter should be dealt with should be included in the written report. The person with oversight of the investigation will then, with reference to other relevant policies, take a decision on how the matter should be dealt with. This might include by closing the matter, by referral to external authorities, by referral to the Privy Council for suspension or removal from office or by referral for the matter to be dealt with under the *Conduct Policy*.

6. Related Codes, Policy and Legislation

- a) Anti-Fraud, Bribery and Corruption Policy for Staff and Temporary Workers
- b) Whistleblowing Policy for Council Members and Independent Governance Associates

- c) Managing Interests Policy for Council Members and Independent Governance Associates
- d) Gifts and Hospitality Policy for Council Members and Independent Governance Associates
- e) Code of Conduct for Council Members and Independent Governance Associates
- f) Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates ('the Conduct Policy').
- g) GDC Constitution Order 2009
- h) GDC Standing Orders 2020
- i) Fraud Act 2006, Bribery Act 2010, Theft Act 1968 and relevant money laundering legislation.

7. Monitoring and review

- 7.1 This document will be reviewed annually by the Governance team. The annual review cycle is aligned with the policy for staff and temporary workers.
- 7.2 The Audit and Risk Committee will be responsible for any amendments to the policy.

8. Appendices relevant to the ICP

- 9.1. Appendix 1 - Roles and Responsibilities
- 9.2. Appendix 2 - Definitions

Appendix 1 - Roles and Responsibilities

The Chair of Council

The Chair of Council provides leadership to the Council and ensuring that the Council adheres to the *Principles of Public Life* and the GDC's leadership behaviours

The Chair is the first contact and lead in the decision-making process for any suspicion of fraud undertaken by Council Members and Independent Governance Associates.

In investigations of fraud that are overseen by the Chair of the Council, the Investigating Officer will report to them. The Chair of Council will be responsible for setting the terms of reference, agreeing a timetable, reviewing the report and considering an appropriate response. This will include onward referral to the police if a criminal offence appears to have taken place.

The Chair of Council will also report the outcome of any investigations into fraud by Members to the Chair of the Audit and Risk Committee.

The Chief Executive (Accounting Officer)

The Chief Executive, as the Accounting Officer, is responsible for establishing the internal control system designed to counter the risks faced by the GDC. These are set out in the *Statement of the GDC's Chief Executive Responsibilities* in the organisation's Annual Report and Accounts and are detailed further in the *Finance Policies & Procedures* that are approved annually by the Council.

The system of internal control is designed to respond to and manage the whole range of risks that the organisation faces. The system of internal control is based on an on-going

process designed to identify the principal risks, to evaluate the nature and extent of those risks and to manage them effectively. Managing fraud risk will be seen in the context of the management of this wider range of risks.

In investigations of fraud that are overseen by the Chief Executive, the Investigating Officer will report to them. The Chief Executive will be responsible for setting the terms of reference, agreeing a timetable, reviewing the report and considering an appropriate response. This will include onward referral to the police if a criminal offence appears to have taken place.

Executive Director, Registration and Corporate Resources

The Executive Director, Registration and Corporate Resources is responsible for the identification of risk and will monitor the control systems in place and support the Chief Executive. Where delegated by the Chief Executive this includes:

- Establishing an effective anti-fraud policy and fraud response plan, commensurate to the level of fraud risk identified in the fraud risk profile.
- Developing appropriate measures to manage fraud.
- Designing an effective control environment to prevent fraud.
- Reporting to, liaising and assisting the local police on individual cases and for issuing guidance to members and management about fraud and corruption related legislation and procedures.
- Making sure that all staff are aware of the organisation's anti-fraud policy and know what their responsibilities are with combatting fraud.
- Taking appropriate action to recover assets.
- Ensuring that appropriate action is taken to minimise the risk of similar frauds occurring in future.

Investigating Officer

The Investigating Officer will be responsible for investigating allegations of fraud including:

- Carrying out a thorough investigation if fraud is suspected, with the support of the Audit & Risk Committee, where necessary.
- Gathering evidence, taking statements and writing reports on suspected frauds.
- Liaising with the person with oversight of the investigation and making recommendations for disposal where investigations conclude that a fraud has taken place.
- Identifying any weaknesses in the control framework which contributed to the fraud.
- If necessary, making recommendations for remedial action.

To carry out these duties the Investigating Officer will have appropriate access to the Chief Executive, the Executive Director, Registration and Corporate Resources, the Audit and Risk Committee, Members, the GDC's Internal and External Auditors, and the GDC's in-house or external legal advisers.

Appendix 2 - Definitions

What is fraud?

The Fraud Act 2006 details the legal definitions of fraud and is used for the criminal prosecution of fraud offences.

The Fraud Act 2006 provides that a person is guilty of fraud if he or she commits any of the following offences:

- Fraud by false representation.
- Fraud by failing to disclose information.
- Fraud by abuse of position.

For the purpose of this policy, fraud is defined as a dishonest action designed to facilitate gain (personally or for another) or cause loss to another at the expense of the GDC. This definition includes various criminal behaviours including deception, forgery, theft, misappropriation, collusion and misrepresentation.

What is bribery?

Bribery is the offering or acceptance of inducements designed to influence official action or decision-making. These inducements can take many forms including cash, holidays, event tickets, meals, etc. The Bribery Act 2010 laid out more formally what could be considered an offence, it includes:

- Offering a bribe – giving a financial or other advantage to another person.
- Being bribed – accepting a financial or other advantage.
- A corporate offence of failure to prevent bribery. It is, however, a defence if an organisation has 'adequate procedures' in place to prevent bribery.

Facilitation payments, which are payments to induce officials to perform routine functions they are otherwise obligated to perform, are also classed as bribes under the Bribery Act. Organisations can continue to pay for legally required administrative fees or fast-track services as these are not considered facilitation payments.

Employee or Member fraud falls into four main categories and are referred to as 'fraud' in this policy:

- Theft, the misappropriation or misuse of GDC assets for personal benefit.
- Bribery and corruption.
- Financial malpractice/irregularity.
- Fraud against another organisation.

What is corruption?

Corruption is the offering, giving, soliciting or acceptance of an inducement or reward (including any gift, loan, fee, or advantage) which may influence the action of any person. An example of corruption is a payment, favour or gift given to an employee of the GDC as a reward, or an incentive, to that person for any actions (or inactions) contrary to the proper conduct of their duties.

What is theft?

The Theft Act 1968 details the legal definition of theft. For this policy, theft is defined as the dishonest taking of property that belongs to another person, with the intention not to return it. In this instance, any property belonging to the GDC might include cash, equipment, data, etc.

What is financial malpractice/irregularity?

This term is used to describe any actions that represent a deliberate, serious breach of accounting principles, financial regulations or any of the GDC's financial governance arrangements. For example, falsely claiming overtime, travel and subsistence, sick leave or special leave (with or without pay). They do not have to result in personal gain.

What is money laundering?

Money laundering is the process of channelling 'bad' money into 'good' money in order to hide the fact the money originated from criminal activity. Money laundering often occurs in three steps: first, cash is introduced into the financial system by some means ("placement"), the second involves a financial transaction in order to hide the illegal source ("layering"), and the final step entails acquiring wealth generated from the transactions of the illicit funds ("integration").

The legislation in respect of Money Laundering is set out in the following:

- Proceeds of Crime Act 2002 as amended by the Crime and Courts Act 2013 and the Serious Crime Act 2015.
- The Money Laundering, Terrorist Financing and Transfer of Funds Regulations 2018 (MLRs) as amended by the Money Laundering and Terrorist Financing Regulations 2019.

Whistleblowing Policy for Council Members and Independent Governance Associates

Reference: XXX/ICPXX/v.000

Version: 0.0

Status	Working draft	
Policy Owner	Governance	
Applicable to (tick all that apply)	<input type="checkbox"/> EMT only <input type="checkbox"/> Staff only (not EMT) <input checked="" type="checkbox"/> Council Members <input checked="" type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input type="checkbox"/> Associates <input type="checkbox"/> Third Parties (state who)
Approving forum (tick all that apply)	<input type="checkbox"/> Chief Executive/Registrar/Accounting Officer <input checked="" type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Head of Function <input type="checkbox"/> Senior Information Risk Owner	<input checked="" type="checkbox"/> Audit & Risk Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council
First Published: [Select date]	Reviewed by: Head of Governance	Effective date: 23 Sep 2021
Last reviewed/revised: [Select date last reviewed]	Review frequency: Every 2 years	Next review due by: 23/09/2023

1. Purpose and scope

- 1.1 This policy applies to Members of the Council and Independent Governance Associates (defined as Independent Members of the non-Statutory Committees and Members of the Statutory Panellists Assurance Committee - SPC), hereafter referred to as Members.
- 1.2 The GDC is committed to maintaining the highest standards of honesty, openness and accountability and recognises that all Members have an important role to play in achieving this goal. The GDC will ensure that concerns can be raised in a timely way, in a safe environment, and will investigate all concerns that are raised.
- 1.3 The purpose and scope of the whistleblowing policy is to:
 - Encourage Members to report suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate.
 - Explain clearly what types of issues are appropriately dealt with under this whistleblowing policy.
 - Provide a procedure for the Members to follow if they have a concern.
 - Outline the steps that the GDC will take to investigate concerns.
 - Explain the support and protection that the GDC will provide for whistleblowers.

2. What sort of complaints or concerns fall within this policy?

- 2.1 If a Member has a concern about wrong-doing in the workplace that is contrary to the public interest - that is it affects others - it is likely that this concern will amount to whistleblowing.
- 2.2 Types of concern that might be reported under this policy include:
 - Criminal offences – including financial impropriety or fraud
 - A failure to comply with an obligation set out in law
 - Miscarriages of justice
 - Endangerment to health and safety
 - Damage to the environment
 - Deliberate concealment of information regarding any of the above
 - Any other substantial and relevant concern in the public interest.
- 2.3 The GDC welcomes matters being raised by Members and will ensure that if there is a genuine (even if mistaken) concern, the Member will suffer no detriment or adverse treatment as a consequence of raising the matter.
- 2.4 Conversely, if a Member raises a matter which they know to be untrue, this is likely to be considered an issue of conduct and will be handled under the *Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates* ('the Conduct Policy').
- 2.5 If a concern or complaint about a Member is raised that could not be considered to have a wider public interest dimension, it will be handled under the appropriate corporate policy (such as the Code of Conduct and the Conduct Policy for complaints about a Member, or the Corporate Complaints process for organisational complaints).
- 2.6 The GDC is also a 'prescribed person' – that is an organisation with whom people can raise whistleblowing concerns – for those who want to raise concerns about people or

organisations who they think are connected to the delivery of the GDC's functions. If a Member is made aware of a concern of this nature, they should contact the Governance team for advice in the first instance.

- 2.7 The Government has recognised that it might be difficult for an individual to raise a concern with their own employer (or equivalent), and so has listed a number of organisations as an alternative. The Professional Standards Authority for Health and Social Care (PSA) and the Information Commissioner are both 'prescribed' persons to which Members could consider raising a concern, as an alternative to the GDC.

3. Raising a whistleblowing concern with the GDC

- 3.1 The following steps should be followed when raising a whistleblowing concern with the GDC:
- a. Members should, if appropriate, raise their concern with the Head of Governance in the first instance.
 - b. If the concern involves this person, or it would be more appropriately escalated, the concern should be raised with the Executive Director, Legal and Governance.
 - c. If the concern is not remedied by this approach, or the issue is so serious it requires further escalation, Members should raise their concerns with:
 - the Chief Executive
 - If the concern relates to the Chief Executive, or it is reasonably believed that the Chief Executive will not take steps to remedy the situation, to the Chair of Council.
 - If the concern relates to the Chair of Council, or it is reasonably believed that the Chair of Council will not take steps to remedy the situation, to the Senior Independent Council Member or Chair of the Audit and Risk Committee (ARC).
- 3.2 If all internal routes have been exhausted and the concerns remain, the GDC recognises that there may be circumstances where concerns should be raised to an outside body (such as the PSA or the Information Commissioner). It is recommended that Members seek advice from a third-party organisation (see *Protection and Support*) before raising a concern externally, particularly to non-prescribed persons, as there may be additional requirements that will need to be met to retain the protection of the Public Interest Disclosure Act 1998.
- 3.3 Acknowledgment of receipt of any concerns will be made within two working days. The individual with whom the concern has been raised will arrange a meeting with the Member as soon as possible to discuss the concerns and clarify any outstanding points. If the concern cannot be addressed at that meeting, the steps outlined at point 4 will be followed. If requested, a summary of the concern, setting out the next steps and provide a timetable for feedback, will be issued to the Member.
- 3.4 When concerns are raised, the Member will be given the opportunity to declare any personal interest in the matter. If the concern falls more properly within another GDC policy, the Member will be informed.
- 3.5 All concerns will be taken seriously by the GDC, regardless of whether they are raised verbally or in writing. At any stage throughout the process, the whistle-blower may approach the Governance team for advice and assistance with raising a concern.

4. Handling whistleblowing concerns

- 4.1 The person with whom concerns have been raised will take advice, as necessary, in order to decide on the appropriate action to take. A timetable for communication and feedback will be agreed with the Member and any changes to this timeline will be communicated.
- 4.2 One of the following actions will then be taken:
- a. The Member will be written to, explaining the reasons for considering there to be insufficient grounds to warrant an investigation; or
 - b. The person with whom the concern has been raised will take on the role of 'investigator' if they are an appropriate person to explore the concern in more detail; or
 - c. If it not appropriate that they take on this role, they will determine the most appropriate person to do so and provide that person with all the information associated with the case.
- 4.3 If a. above applies and the Member considers this inadequate, the escalation steps outlined at 3.1 should be followed.
- 4.4 The GDC recognises that being the subject of an investigation could be a stressful situation for the persons(s) under investigation and equally it may be stressful to be the Member. All parties should therefore strive to resolve the issue without unnecessary delay.
- 4.5 The GDC recognises, however, that whistleblowing issues are often complex, and it is of paramount importance that such issues should be fully and properly investigated, and, in a matter of public interest, thoroughness of investigation should take precedence over speed. While the GDC will endeavour to adhere to timeframes, it may be necessary for these timeframes to be extended from time to time, especially where the matter is complex. While it cannot be guaranteed that the GDC will respond to all matters in the way that the Member might wish, all concerns will be handled fairly and properly.
- 4.6 There may be a need to temporarily suspend individuals subject to an investigation from their role until the investigation has been completed. If this relates to Members, this will be handled under the appropriate statutory framework (the GDC Constitution Order 2009). The person(s) under investigation will still have the right to respond within timeframe and they will be given access to any documents necessary to allow them to do so.
- 4.7 At all stages the Chief Executive, Chair of Council, Chair of ARC and the SICM may delegate actions to members of the GDC Executive Management Team or to others as appropriate.

Investigation

- 4.8 The investigator will:
- a. Investigate matters fully.
 - b. Keep a record of all relevant steps taken and decisions made – with reasoning.
 - c. Work with any relevant third party to secure additional information required to progress the investigation.
 - d. Keep the appropriate parties updated as to the progress of the investigation and of any delays.

- e. Consider whether external authorities (policy, regulatory bodies, GDC insurers) should be informed.
 - f. Consider responses from those implicated in the alleged wrongdoing.
 - g. Consider whether the disclosure raises training or development needs.
 - h. Decide on appropriate further action – with written reasons.
 - i. Update the appropriate parties with the outcomes of the investigation via a written report.
 - j. If there is sufficient evidence of wrongdoing, the investigator, alone or with a panel of Council Members as determined by the Chair of Council (or SICM), will recommend:
 - informing external authorities with the possibility of civil or criminal proceedings
 - invoking disciplinary procedures
 - amending internal policies and procedures
 - introducing further training; and/or
 - terminating contracts with third parties.
- 4.9 After receiving the report, the Chair of the Council (or SICM) will present a decision in writing to all parties concerned. The decision will set out the outcome and any recommendations that are being adopted. The confidentiality of any individuals being investigated may restrict the detail of the outcome provided to the Member.
- 4.10 Responsibility for implementing any recommendations and addressing any learning points shall be allocated to a designated person for completion within a specified timescale. The Chair of Council shall be responsible for ensuring that those responsibilities are notified to the relevant parties, and that a mechanism is in place for following up after the period for completion to ensure that these tasks have been carried out.
- 4.11 If further action in relation to conduct is required, the appropriate process relevant to the person(s) whom has been investigated will be followed.

5. Confidentiality

- 5.1 The GDC hopes that Members will feel able to voice whistleblowing concerns openly under this policy. However, the GDC recognises that there may be circumstances when it would prefer to report a concern confidentially. If the Member requests, personal information will not be shared without their consent, unless required by law. However, Members should be aware that:
- a. The nature of the matter reported may mean that it cannot be investigated without it becoming apparent who has raised the concern, e.g. if a Member is the only witness. In these circumstances, the investigator will discuss with the Member any steps which may be taken to support and protect them throughout the process.
 - b. That there may be times when we are unable to resolve a concern without revealing a Member's identity, for example where personal evidence is essential. In these circumstances, the investigator will discuss with the Member any steps which may be taken to support and protect them throughout the process.

- 5.2 Concerns about serious issues cannot be raised 'off the record'. Once a concern is known to the GDC, it is duty bound to act on it.
- 5.3 Members are not encouraged to raise whistleblowing concerns anonymously. However, the GDC would rather concerns were raised anonymously than not at all. Proper investigation may be more difficult or impossible if the investigator cannot obtain further information from the Member. It will also be harder to provide support and protection to the Member or provide feedback. Accordingly, Members should not assume the GDC can provide the assurances in the same way if a concern was reported anonymously. Members who are concerned about revealing their identity at any stage should seek external support (see *Protection and Support*).

6. Protection and Support

- 6.1 The GDC will not tolerate any mistreatment of a Member as a consequence of raising a whistleblowing concern and any reports of reprisal will be treated by the GDC with the utmost seriousness.
- 6.2 If at any stage a Member experiences reprisal, harassment or victimisation for raising a concern, they should contact a member of the Executive Management Team, the Chief Executive, Chair of Council, Chair of ARC or the SICM, as appropriate.
- 6.3 The GDC recognises that the position of a Member who has cause to complain about suffering reprisal is one that needs to be addressed with urgency. A timeline for investigating the complaint will be provided following receipt of any complaint, and the Member in question will be kept updated about any change to this timeline.
- 6.4 A suitable person will be allocated to investigate such a complaint, who is independent from both the whistleblowing concern and the subject of the complaint. If necessary, this will be a person external to the GDC.
- 6.5 A report of the outcome of any investigation under this section of the policy will be made to the Council and the ARC. This report shall be an outline of the concern and reprisal and shall not identify the Member.
- 6.6 The GDC recognises that a valid complaint about reprisal is a separate matter to the outcome of the original whistleblowing concern and investigation.
- 6.7 Members are encouraged to seek confidential advice on making raising a concern should they have any concerns. This could be from external legal advisers, Protect (a charity), a trade union representative or a professional body.

7. Related Codes, Policies and Legislation

- a) Staff Whistleblowing Policy
- b) Associates Whistleblowing Policy
- c) Code of Conduct for Council Members and Independent Governance Associates
- d) Policy for Dealing with Issues of Conduct or Complaints or Concerns about Council Members and Independent Governance Associates (the Conduct Policy).
- e) Anti-fraud, Bribery and Corruption Policy for Council Members and Independent Governance Associates.

8. Monitoring and review

- 8.1 A whistleblowing update on any pending cases will be presented to the ARC at each meeting. The ARC also receives an annual Joint Healthcare Regulators Whistleblowing Disclosures report.
- 8.2 The policy will be reviewed by the Governance team every two years and any proposed amendments must be approved by the Audit and Risk Committee.

Policy for Council Members and Independent Governance Associates Subject to Fitness to Practise Concerns

Reference: XXX/ICPXX/v.000

Version: 0.0

Status	Working draft		
Policy Owner	Governance Team		
Applicable to (tick all that apply)	<input type="checkbox"/> EMT only <input type="checkbox"/> Staff only (not EMT) <input checked="" type="checkbox"/> Council Members <input checked="" type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input type="checkbox"/> Associates <input type="checkbox"/> Third Parties (state who)	
Approving forum (tick all that apply)	<input type="checkbox"/> Chief Executive/Registrar/Accounting Officer <input checked="" type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Head of Function <input type="checkbox"/> Senior Information Risk Owner	<input checked="" type="checkbox"/> Audit & Risk Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council	
First Published: 06/06/2013	Reviewed by: Head of Governance	Effective date: 23 Sep 2021	
Last reviewed/revise: 06/06/2013	Review frequency: Every 2 years	Next review due by: 23/09/2023	

1. Purpose and scope

- 1.1 The General Dental Council's core purpose is to protect the public by regulating dental professionals in the United Kingdom. Council Members have responsibilities to ensure that the GDC carries out this function effectively in the interests of the public.
- 1.2 This document sets out guidance that will be followed in dealing with a situation where a Council Member or Independent Governance Associate is subject to a Fitness to Practise (FtP) concern.
- 1.3 This policy applies to all registrant Council Members and any registrant Independent Governance Associates (defined as Independent Members of the non-Statutory Committees and Members of the Statutory Panellists Assurance Committee (SPC)), hereafter referred to as Members. It only applies to FtP proceedings brought by the GDC. If the GDC is notified of FtP concerns raised by or with another regulator, they will be handled under the *Policy for Dealing with Issues of Conduct or with Complaints or Concerns about Council Members and Independent Governance Associates* ('the Conduct Policy').
- 1.4 The GDC will apply its FtP processes in respect of registrant Members in the same way as it applies them to other registrants, that is, it will be fair, transparent, open and treat parties with respect. It is vital that public confidence can also be maintained in the way in which the Council takes decisions and that any actual or perceived conflicts of interest are managed appropriately.
- 1.5 In order to manage any potential, perceived or actual conflicts of interest in relation to registrant Members being taken through FtP procedures, it is likely that the GDC will seek external legal advice to support and inform any decisions made throughout the process.

2. Guidance

- 2.1 If a Member is subject to an FtP investigation and proceedings, the steps set out below will be followed.

Notification and Confidentiality

- 2.2 If an FtP complaint is received in respect of a registrant Member, the Registrar and the Executive Director, Fitness to Practise will be informed.
- 2.3 Until the matter enters the public domain in the normal course of FtP proceedings, knowledge of the matter will be confined to:
 1. the Registrar and appropriate members of the Executive Management Team; and
 2. appropriate members of the relevant teams within the organisation who are involved in handling the case, such as an allocated Fitness to Practise caseworker and the Legal team, and anyone (internal or external) from whom the Registrar or the EMT need to seek advice or assistance (such as the Council Secretary).
- 2.4 If, in their judgement it is appropriate, the Registrar will inform the Chair of the Council and the Chair of the Audit and Risk Committee. Ordinarily this notification will take place if the Case Examiner team refer the matter onwards to an FtP Committee.
- 2.5 It may be necessary for case papers and/or materials to be examined as part of audit or compliance checks by the GDC's internal or external audit function or by the PSA, in which case knowledge of the matter should be disclosed to specified individuals.

Interim Orders

- 2.6 If the case is one where an Interim Order Committee referral is to be made, the Executive Director, Fitness to Practise and the Registrar should be notified promptly and kept updated as to any outcomes following any application for an Interim Order.

Investigation

- 2.7 In the usual way, if the case is one in respect of which the GDC has jurisdiction, and when the necessary preliminary enquiries and assessment decision have been made, the matter will be sent to the Case Examiner team to determine whether there is a case to answer. This decision should be communicated to the Executive Director, Fitness to Practise who will inform the Registrar promptly.
- 2.8 If the Case Examiner team refers the matter to the Professional Conduct Committee (PCC), Health Committee (HC), Professional Performance Committee (PPC), or an Interim Orders Committee (IOC), the GDC will instruct an external legal firm to advise and take conduct of the proceedings.
- 2.9 If the Registrar is advised by the Case Examiner team that there is a case to answer, and that a referral to a FtP Committee will be made, the Chair of the Council and the Chair of the Audit and Risk Committee will be notified of the matter at this stage. The Council Secretary will also be informed.

3. Suspension or Removal from Office – Council Members

- 3.1 If the Chair is of the opinion that the Council Member is likely to meet the criteria to be suspended or removed from office, then they must notify the Privy Council in writing.
- 3.2 The Privy Council is responsible for decisions as to whether Council Members are removed or suspended from office. The Privy Council will remove Council Members from office if it is satisfied that the continued Membership of the Council would be liable to undermine public confidence in the regulation of registered dentists or dental care professionals.
- 3.3 It will remove registrant Council Members from office for certain matters, including, if their registration is terminated or lapses, they are convicted of an offence of dishonesty or deception or one which led to a custodial sentence or detention (and is not a spent conviction), they are an undischarged bankrupt or a disqualified director, have been removed from public office or are included on a barred list.
- 3.4 Similarly, if a registrant Council Member becomes the subject of GDC FtP proceedings and the final outcome is that they are suspended, erased or have conditional registration imposed by a statutory Committee, they will be removed from office by the Privy Council.
- 3.5 If any of the matters above, and those detailed more fully in the Constitution Order 2009, apply to a registrant Council Member, the Registrar will inform the Privy Council and the Council in writing.
- 3.6 The Privy Council may suspend a registrant Council Member from office if the Council Member is subject to FtP proceedings and it is satisfied that it would not be appropriate for the member to continue to participate in Council business whilst the FtP proceedings are ongoing.
- 3.7 The full process for the removal and suspension of Council Members from office is set out in sections 6 and 7 of the GDC Constitution Order 2009.

4. Suspension of Removal from Office – Independent Governance Associates

- 4.1 The Council is responsible for decisions as to whether an Independent Governance Associate is removed from office.
- 4.2 In respect of Independent Governance Associates, the Council will be responsible for deciding whether these Members ought to be suspended. The Standing Orders and Constitution Order 2009 do not directly apply to Independent Governance Associates, but the Council may take into account the principles outlined therein, and any other relevant considerations – such as any impact on public protection or public confidence - when arriving at any decision in relation to suspension.
- 4.3 No Privy Council involvement is required in relation to Independent Governance Associates.

Provisional Suspension from Office

- 4.4 If a referral to a FtP Committee is made by the Case Examiner team, the Chair of Council will promptly convene an emergency meeting of the Council to consider whether the Member ought to be provisionally suspended from office, pending a decision by the Privy Council on a full suspension or removal from office¹.
- 4.5 The Council will consider the provisional suspension of the Member under *Standing Order 20 of the GDC Standing Orders for the Conduct of Business 2020*.
- 4.6 It may do so if it has reasonable grounds to believe that that public confidence in the regulator will be undermined if the Member who is subject to GDC FtP proceedings continues to participate in Council business or if one of the grounds for suspension or removal from office by the Privy Council is likely to be met. Each case will be considered by the Council on its own facts.
- 4.7 If the Council decides to provisionally suspend a Council Member, the Chair will notify the Privy Council in writing as soon as is reasonably practicable.
- 4.8 If the Privy Council subsequently decides not to remove or suspend a Council Member from office, the Council must terminate the provisional suspension as soon as is reasonably practicable.
- 4.9 Similarly, for Independent Governance Associates, if the Council decides to provisionally suspend them, it will notify them in writing and if the Council subsequently decides not to fully suspend or remove them from office, it will terminate the provisional suspension as soon as is reasonably practicable.
- 4.10 A Member who is provisionally suspended will not be entitled to attend or otherwise participate in meetings of the Council or exercise any other functions as a Member.

5. Process

- 5.1 If an emergency meeting is necessary, this will be done in accordance with the provisions of *section 3.6 of the GDC Standing Order for the Conduct of Business*.
- 5.2 Unless the Council agrees otherwise, the process at the Council meeting will be as follows:

For all Members:

¹ Or Council decision in relation to Independent Governance Associates

1. The Council will not be told any of the details of the FtP case and will not discuss the facts or merits of the case.
2. The Member is entitled to know what is being put to the Council and will therefore be sent the documentation which is given to Council Members.
3. They will be entitled to make written representations to the Council as to the relevant issues and, in so doing, should declare their conflict of interest. The Chair will determine how this conflict should be managed.
4. When a decision is made, the Member will be told what the Council has decided, either in person or as soon as possible after the meeting (in writing) by the Council Secretary.

For Council Members – Attendance:

5. Council Members will be offered the opportunity to attend the emergency meeting and may be accompanied by another person. That person may not speak on their behalf.
 6. Council Members who choose to attend the meeting may, if they wish, make a statement to the Council on the relevant issues but should declare their conflict of interest. The Chair will determine how this conflict should be managed.
 7. If the Council Member chooses not to attend, or it would unreasonably delay the holding of the Council meeting if the Member cannot attend on the day of the meeting, the Council may proceed with the meeting and may consider the written representations, if any, of the Council Member.
 8. If the Council Member has chosen to be present, they will withdraw while the Council discusses the issue.
- 5.3 In respect of Council Members, the Privy Council will be kept informed by the Chair or the Registrar as required by the Constitution Order and Standing Orders.
- 5.4 If the Member is suspended:
1. The GDC will issue a brief press statement after the Council meeting confirming the fact. This will include a statement that the GDC is not prejudging the matter and will not be making any further comment.
 2. The suspension will be made clear on the GDC website.
- 5.5 If the suspension is lifted, this will be publicly communicated via a press release.
- 5.6 The Member should not discuss their case with other Members, except the Chair (or with the Senior Independent Council Member if the Council member subject to FTP proceedings is the Chair) who will discuss procedural matters only. The Chair may not discuss the merits of the case, or the GDC's actions, with the Member and will take advice in order to ensure that proper process is followed at all times.
- 5.7 When the proceedings are concluded, whatever the outcome, the matter will be referred to the Chair to decide whether any action is appropriate (or to the Council to decide if the Council Member subject to FtP proceedings is the Chair). This could include disciplinary action or giving advice in accordance with the process outlined in the *Conduct Policy*.
- 5.8 If circumstances require departure from this policy, the Chair of the Audit and Risk Committee and the Chair of the Council (unless it is inappropriate) will be consulted as soon as practicable.

6. Related legislation, policies and procedures

- General Dental Council (Fitness to Practise) Rules Order of Council 2006
- GDC Constitution (Order) 2009
- GDC Standing Orders 2020
- Case Examiner Guidance Manual
- *Policy for Dealing with Issues of Conduct or with Complaints or Concerns about Council Members and Independent Governance Associates (the Conduct Policy)*
- *Code of Conduct for Council Members and Independent Governance Associates*

7. Monitoring and review

The policy will be reviewed by the Governance team every two years and any proposed amendments must be approved by the Audit and Risk Committee.

Social media guidance for Council members

Date created: December 2020

Review date: January 2022

Social media can be a powerful way for us to engage and collaborate with our peers, colleagues and the general public, but it can be easy for the boundaries between personal and professional use to become blurred.

The GDC expects all staff, Council Members, Independent Governance Associates, the wider Associates group, and dental professionals to use good judgement and behave professionally when using social media. To support this, we have published separate guidance for staff and dental professionals who use social media. In this guidance we make clear the importance of being aware of the perceptions of patients, colleagues, and employers who may see what you publish, or what is published about you, on social media.

Engagement through social media channels is managed by the Communications and Engagement team using approved messaging, tone or comments to ensure consistency and accuracy of our responses in the same way we would for other communication channels.

As a Member of Council, engaging on social media is no different from engaging through traditional communication channels. As always, it is important to remember that anything you say may be perceived as being the view of the GDC, rather than just your personal view. You also need to remember that it is easy for anything you post to be copied and redistributed which means what you say could be taken out of context if read in isolation. This can affect public confidence in the GDC and dental services in general, as well as our relationships with dental professionals.

If you use social media, we advise that you keep your personal engagement on social media separate from the GDC by not engaging in discussions that relate to the work of the GDC, such as issues regarding professional regulation, or mentioning the GDC with regards to your other roles or activities.

It is useful to follow the GDC on social media, so you are aware of our announcements or updates. However, you should be aware that doing so links you in a public forum to the GDC. Therefore, if you wish to follow or engage in discussions that relate to the work of the GDC, we advise that Council members either:

- Refrain from commenting on the GDC itself, or engaging in discussions about the GDC, unless it's been previously agreed, or

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- Make it clear that any views you express are your own, but remember that the content of your posts, and your activity online, is still likely to be seen as reflective of, or endorsed by, the GDC

This will ensure that:

- Our presence on social media channels is controlled and consistent.
- Council Members are protected from having their personal views taken as the views of the GDC.
- Council Members are protected from the detrimental and negative use of social media by others.

Social media can be an effective channel to share important messages. However, it's important to remember that it is a public channel with a very wide reach, where others can actively engage and comment, and anyone can see what you share, 'like' or comment on. Therefore, it is important to consider the following common sense 'do's and don'ts', when using social media, or any other communication channel.

Do:

- Act professionally online as well as in person
- Think before you post: remember that privacy settings do not mean that a post will remain private
- Remember that your comments or postings are likely to be seen as reflective of or endorsed by the GDC, and statements that your views are your own mean little in practice.

Don't:

- Get drawn into negative discussions
- Post anything which you would not be prepared to say in public
- Risk undermining the principle of collective responsibility which applies to Council members
- Post any content which could bring the GDC into disrepute.

Council members, who are also registrants are also advised to review the [guidance on using social media for dental professionals.](#)

The [GDC Communications and Engagement](#) team are available to provide advice or information to Council Members who use social media or would like to understand more about this channel.

Document Owner:

Colin MacKenzie, Head of Nations and Engagement

Public affairs, policy and media update – September 2021

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Toby Ganley, Head of Right Touch Regulation Katherine McGirr, Policy Manager Tom Chappell, Media Manager Lisa Bainbridge, Stakeholder Engagement Manager Gordon Matheson, Head of Scottish Affairs Daniel Knight, Stakeholder Engagement Manager
Type of business	To note.
Issue	This paper provides Council with an analysis of public affairs, public policy and media developments, providing an external context to support discussions and decision-making by Council.
Recommendation	The Council is asked to note this update.

Contents

This report included the following sections:

1. [Policy developments in dentistry](#)
2. [Developments in health and care professional regulation](#)
3. [Summary of media issues and coverage](#)
4. [Public affairs and parliamentary updates](#)

1. Policy developments in dentistry

Dental workforce and earning statistics in Northern Ireland

- 1.1. On 17 August, the Department of Health, Northern Ireland, released the dental earnings and expenses estimates for 2019/20. The Medical and Dental workforce stood at 5,251 (4,816 Whole Time Equivalent, which is 8% of the overall health and social care workforce. The largest cohort of this medical and dental staff were junior doctors and medical student technicians (final year medical students employed to assist with the pandemic). Dental statistics are not separated out from 'medical and dental' in the report.

Dental Earnings and Expenses Estimates 2019/20

- 1.2. The annual statistics on the earnings and expenses of dentists were published by NHS Digital on 19 August. [Dental Earnings and Expenses Estimates 2019/20](#) provides a detailed study of self-employed full-time and part-time primary care dentists who carried out some NHS/Health Service work during the financial year.
- 1.3. Although the report contains analysis for all UK nations, the values are not directly comparable between countries. This is due to differing contractual arrangements in each country, as well as the use of different methods to derive dental type in each country.
- 1.4. Key facts for 2019/20 include:
- England - there was no change in taxable income of self-employed dentists (Providing Performer and Associate dentists) in England, which has remained at £68,600 for two consecutive years.
 - Wales – there was a 7% increase in taxable income of self-employed dentists (Providing Performer and Associate dentists) in Wales, from £64,200 in 2018/19 to £68,700 in 2019/20. This change was statistically significant.
 - Northern Ireland – there was a 4.2% decrease in taxable income of self-employed dentists (Principal and Associate dentists) in Northern Ireland, from £68,000 in 2018/19 to £65,100 in 2019/20, which was not statistically significant.
 - Scotland - there was a 2.1% decrease in taxable income of self-employed dentists (Principal and Associate dentists) in Scotland, from £69,400 in 2018/19 to £67,900 in 2019/20. This decrease was not statistically significant.
- 1.5. The BDA [responded](#) saying a “historic collapse” in dentists' earnings across the UK is jeopardising the long term recovery of the service from the COVID-19 pandemic.

NHS dental statistics for England 2020/21 Annual Report

- 1.6. On 26 August, NHS Digital published the [NHS dental statistics for England 2020/21](#) which brings together information on NHS dental activity in England for the 12-month period to 31 March 2021 (including clinical treatments and dental workforce) and information on the number of patients seen by an NHS dentist up to 30 June 2021.
- 1.7. Key facts include:
- 18.2m adults were seen by an NHS dentist in the 24 months up to 30 June 2021.
 - 3.9m children were seen by an NHS dentist in the 12 months up to 30 June 2021.

- 12m courses of treatment were delivered in 2020/21. A decrease of 68.77% compared to the previous year.
- 23,733 dentists performed NHS activity during 2020/21, a decrease of 951 on the previous year
- 18.7% of adult clinical treatments were for Scale and Polish in 2020/21.
- 46.2% of clinical treatments for children were for Fluoride Varnish Treatment in 2020/21.

1.8. The British Dental Association (BDA) responded, stressing that the Government must meaningfully support practices to boost capacity, as new official figures underline the issues of NHS access during the pandemic and show that nine million children missed out on dental treatment in the last 12 months.

Ongoing calls for NHS contract reform

1.9. There have been increasing calls from the BDA for urgency of health service contract reform, particularly in England and Northern Ireland. The calls have largely been driven by the publication of dental workforce and earning statistics in July and August. The calls are based on claims that contract reform will be essential to enable health service dentistry to survive in the post-pandemic climate.

1.10. The NHS contract reform programme in England, which has been ongoing for several years, is due to reach a significant milestone in 2022, with 'significant changes' expected in April.

Research published into the UK distribution of dental specialist workforce

1.11. On 8 July, [research](#) was published in the BDJ which sought to identify and assess the geographical distribution of specialist dentists across the UK. The key findings are:

- NHS Central London Clinical Commissioning Group (CCG) generally had the highest number of specialist dentists per population
- Orthodontics and oral surgery had the highest specialist-to-population ratios, compared to oral and maxillofacial radiology and oral microbiology with the lowest
- Stark inequalities exist in the geographic distribution of UK specialist dentists and high disparities were found accessing a specialist, especially for the vulnerable populations.

1.12. In response, the British Society of Paediatric Dentistry has [called for](#) equality of access to specialist care for 0-16 year olds with the highest dental needs, following the finding that the number of specialists in paediatric dentistry should be trebled to meet the needs of this age group.

The WHO calls for better use of DCPs to address oral health needs

1.13. In August, the World Health Organisation (WHO) published its [draft global strategy on oral health](#). The strategy asserts that in many countries, 'insufficient attention' is given to planning the oral health workforce to address oral health needs and that dental training 'rarely is integrated' within general health training systems, with a focus on educating highly specialised dentists rather than community oral health workers and mid-level providers, such as dental nurses, dental therapists and dental hygienists.

The College of General Dentistry work on career pathways

- 1.14. The College of General Dentistry has [announced](#) a [new programme](#) to build career pathways for all those working in a professional capacity in primary care, which is due to be launched in October.
- 1.15. Career Pathways have been mapped for different sections of the dental team, in a way that recognises the importance of a team-based approach to patient care. The pathways will be underpinned by a 'Professional Framework', which describes the knowledge, skills and other attributes that dental professionals may aspire to at different stages in their career.
- 1.16. The Career Pathways define a simple sequence of career inflection points, from safe beginner, through safe practitioner, capable practitioner, enhanced practitioner and finally to accomplished practitioner, to which specific capabilities will be mapped.

Patients' and dentists' perception of teledentistry

- 1.17. A [study](#) from King's College London has found that for triage purposes and initial consultations, teledentistry has a relatively high acceptance rate among dentists and patients alike and is largely perceived to be a viable alternative to in-person dental check-ups.

Updated dental standard operating procedures in England

- 1.18. Over July and August, there has been a gradual relaxing of COVID-19 restrictions related to the provision of dentistry. Announcements from the Chief Dental Officer (CDO) including updates to the Dental Standard Operating Procedures (SOP), such as clarification on face-to-face care, relaxing of restrictions for clinically extremely vulnerable patients, reductions in fallow time for members of the same household, removal of requirements to minimise Aerosol Generating Procedures (AGPs) for any patient.
- 1.19. The Urgent Dental Care (UDC) SOP has been withdrawn, with remaining provisions now contained in the Transition to Recovery SOP.

Changes to NHS treatment charges in Scotland

- 1.20. From 24 August [young people in Scotland](#) aged under 26 are eligible for free NHS dental treatment.

High Court decision over indemnity

- 1.21. Dental Director at Dental Protection, Raj Rattan, has been involved in a High Court Case regarding indemnity. The High Court ruled that he, as a practice owner, was liable to a patient for the treatment carried out by associate dentists (rather than himself) at his former practice that he sold six years ago. The vicarious liability claim focussed on the relationship between him as practice owner and the self-employed treating dentists. The decision is being appealed.
- 1.22. The Court decision has prompted questions as to whether this could lead to a regulatory requirement for dentists to hold professional indemnity covering themselves and the acts and omissions of their self-employed associates.

2. Developments in health and care professional regulation

Care home workers to require Covid vaccines from 11 November 2021

- 2.1. All care home workers and other healthcare professionals who wish to enter a care home registered with the Care Quality Commission 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. This is provided for under amendments made to regulations set out in the Health and Social Care Act 2008. Details of medical exemptions have yet to be provided.

HEE and dental professionals subject to conditions and undertakings

- 2.2. Health Education England (HEE) currently provides support to dental professionals who have agreed to undertakings, or had conditions imposed by practice committee, to develop and return to practise. HEE has notified us that it will no longer provide this support from 30 September 2021. The decision was a result of its review of the core business of Postgraduate Medical and Dental.
- 2.3. We are taking the opportunity afforded by HEE's decision to review and update our approach to development support. We're making improvements to the supporting documentation and guidance we give to dental professionals and are working to ensure that dental professionals have more control and choice over who provides their support and advice. We are currently working with stakeholders to finalise the arrangements and will be making further announcements before the end of the month.

GMC guide for LGBT patients

- 2.4. In June, the General Medical Council (GMC) [published](#) a new guide for LGBT patients on what to expect from their doctor to coincide with the start of Pride Month.

CQC on direct-to-consumer orthodontics

- 2.5. The Care Quality Commission (CQC) published its [statement](#) on direct-to-consumer orthodontics, clarifying providers of remote orthodontic devices will now have to register with them in order to legally practise.

3. Summary of media issues and coverage

Direct-to-consumer orthodontics

- 3.1. Further commentary of the GDC's second statement on direct-to-consumer orthodontics was seen in the [British Dental Journal](#) and [Dental Review](#).

The Council recruitment and LM's blog

- 3.2. The GDC's announcement of the appointments of Lord Toby Harris as Chair and Angie Heilmann MBE as Council member, attracted widespread coverage in trade media publications including in [Dentistry](#), [Dental Nursing](#), [The Dentist](#), [The Probe](#) and [Dental Review](#). The announcement led to some discussion online about whether the new Chair should have been a dental professional. Contributing to the debate, GDC Executive

Director, Legal and Governance, Lisa Marie Williams [penned a blog post](#) which explored some of the issues, which was also republished by [Dental Review](#) and [The Probe](#).

Regulatory reform

- 3.3. The [GDC's response](#) to the [DHSC's regulatory reform consultation](#) gained coverage across trade media publications, including [The Dentist](#), [The Probe](#), [Dental Review](#), [BSDHT](#) and [MDDUS](#). In other coverage of this issue, several of our stakeholders made clear their views in relation to the benefit of retaining health as a category of impairment ([MDDUS](#), [DDU](#), [BDA](#), [Dental Protection](#)) the retention of the GDC as a dedicated dental-specific regulator ([BDA](#), [DDU](#)) and the setting up of an independent fitness to practise hearings function, similar to the MPTS which operates with the GMC ([DDU](#)).

Fitness to Practise Statistical Report

- 3.4. The publication of the GDC's [2020 Fitness to Practise Statistical Report](#) was reported on by [The Probe](#) and [Kings View Chambers](#).

Fitness to practise and illegal practice

- 3.5. The following fitness to practise case featured in the media:

- [MailOnline](#) and The Sun reported on the hearing of [Sahil Patel](#).

NHS dentistry access and the backlog of care caused by COVID-19

- 3.6. We have seen a significant increase in reporting on general patient access to NHS dentistry issues, as well as the backlog of routine care caused by COVID-19. Some examples follow.

- 3.7. General access issues:

- [Portsmouth News](#) reported the dental treatment crisis has reached 'a new low' with treatments dropping by 70 per cent and the city losing a quarter of its dentists since 2019.
- Manchester Evening News reported that a man who has gone to the same practice for 30 years could be left without NHS dental care after his local surgery decided to go private. He said the nearest NHS treatment offered to him was 20 miles away. His practice said it was making the change reluctantly, but that it was in a 'very precarious financial position' due to a 'bankrupt system' that puts government targets ahead of social care.
- The [Daily Mirror](#) reported about a man who resorted to wearing donated second-hand dentures after he was unable to find an appointment for his own to be fixed. He had been refused treatment by 20 NHS dentist clinics over the course of 18 months.
- [ITV](#) reported on long waiting times for children's dental treatment in Jersey.
- [Dentistry](#) reported that of the 39 practices in York, none were taking on new NHS adult patients as of May and June 2021. The report also found there was only one orthodontic NHS practice in York for children and that it had a current waiting list of two years.

- [Dentistry](#) reported that almost one in four on the Isle of Wight had been advised to seek NHS dental care on the mainland, with patients living in ‘constant pain’ due to a lack of dental services. The issue was apparently prevalent even before the pandemic.
- [ITV News](#) reported on the “dental crisis” in Devon after official figures revealed more than 70,000 people are waiting for NHS dental treatment.
- [The Northern Echo](#) reported on access troubles in North Yorkshire, noting that of the 100 dentistry NHS contracts in the county that remain some only take children as NHS patients if their parents pay for private treatment, and others that do take adult NHS patients due to waiting lists of more than 8,000 patients.

3.8. COVID-19 backlog issues:

- The [Daily Mail](#) reported that patients could face a two year waiting list for dental care, according to a poll by the Faculty of Dental Surgeons. Almost two in five (39%) dental surgeons think the backlog of care caused by the pandemic will take at least a year to clear. 19% believe it will take more than two years to get through the volume of patients waiting for treatment.
- [The Times](#) reported on Scottish waiting times as dentists struggle to clear the COVID-19 backlog. Health boards said that delays for routine appointments would vary from area to area, but that they would be able to handle as many patients as before the pandemic.
- [BBC News](#) reported that the Welsh NHS is under ‘substantial pressure’ as services return to pre-pandemic levels.

4. Public affairs and parliamentary update

Inquiry into aesthetic non-surgical cosmetic treatments

- 4.1. On Wednesday 21 June, the All-Party Parliamentary Group on Beauty, Aesthetics and Wellbeing published [its report](#) and recommendations for government following a year-long inquiry into aesthetic non-surgical cosmetic treatments. The aim was to investigate how standards for undertaking and advertising treatments should be improved to protect public safety and called on the government to address the need for regulation in this area, including appropriate insurance.
- 4.2. In response, the BDA [urged](#) dentists to be appropriately protected.

Parliamentary questions on access to NHS England dental services

- 4.3. Localised issues relating to access to NHS dentistry are being raised by MPs in the House of Commons. Over the period from the start of June to the end of August, there have been questions put to the Health Secretary about access to dental services in relation to residents in care homes, carers, and people with autism and learning disabilities. There have been questions for the Government about how they plan to tackle growing oral health inequalities and the inequality between regions in England.
- 4.4. MPs from the following constituencies have also raised issues in relation to local access to dental services: Richmond-upon-Thames, Tower Hamlets, Isle of Wight, Manchester

(Gordon constituency), Norfolk, Norwich South, Lowestoft and Waveney, Kingston upon Hull West and Hessle (including orthodontics), Dulwich and West Norwood (London), Burton and Uttoxeter (Staffordshire), Coventry (Coventry North East constituency), Plymouth, Sutton and Devonport (specific to under 18s and orthodontics), Slough, St. Helens, Yorkshire (York Central constituency)

- 4.5. In response to questions about the scale of the backlog of patients, the Government quoted the GP Patient Survey from March 2020, which indicated that in the previous year, of 334,181 patients, 5% or 16,709, were unable to access an NHS dental appointment. Instructions on the need to focus on urgent care and vulnerable groups, followed by those with overdue routine treatment were repeated. The Government also pointed to provisions for the fluoridisation of water in the Health and Care Bill as a means of addressing oral public health.
- 4.6. The Government also stated in response that they did not yet fully understand the effect of COVID-19 on health inequalities or on health indicators like life expectancy. It reported that Public Health England (PHE) had undertaken an in-depth analysis of the disparities arising from COVID-19. [Disparities in the risk and outcomes of COVID-19](#) published in June 2020, confirmed that the impact of the pandemic replicated and increased existing health inequalities.

Tacking the backlog of appointments in dentistry

- 4.7. MPs have also been raising parliamentary questions in the House of Commons relating to oral health inequalities and how the backlog in dentistry appointments will be tackled.
- 4.8. Responding, the Minister stated that NHS England dentists have been asked to maximise safe throughput to meet as many prioritised needs as possible, focussing first on urgent care and vulnerable groups followed by overdue appointments. This focus has been underpinned, taking into account current infection prevention and control guidelines, by the requirement for dental providers to deliver 60% of normal activity volumes for the first six months of 2021/22 for full payment of their NHS contractual value.
- 4.9. The Minister also made note of the 718 urgent dental centres continuing to support the provision of services across England. In Sussex, NHS England has offered practices additional funding for delivering appointments during evenings or weekends to patients who do not have a regular dentist. Two practices will be offering these sessions and NHS England are in the process of arranging additional services.
- 4.10. In addition, NHS England and Improvement (NHSEI) has provided a flexible commissioning toolkit to local commissioners to help focus the available capacity on those that need it most and to reduce oral health inequalities. DHSC are continuing to work with NHSEI to seek opportunities to improve throughput and support NHS dental recovery.

Parliamentary questions on dental workforce in England

- 4.11. Responding to questions regarding workforce pressures in England, the Government has suggested that data from NHSEI (commissioners of primary care dentistry) data suggests that the number of dentists providing NHS services in England is sufficient. However, the

Minister also noted that the interim NHS People Plan commits the Government to addressing geographic shortages.

- 4.12. The Minister stated that DHSC was working both on improving career pathways and the current dental contract, and that it would be soon publishing a report on the learning from dental contract reform programme.
- 4.13. Several references have also been made to a report from Health Education England, expected in the autumn, which will set out recommendations on the education and training infrastructure needed to supply a high-quality dental workforce with the right skills in the right place to deliver timely, prevention-oriented oral healthcare.

BDS places at dental schools in England

- 4.14. Questions on the number of dental school training places have been raised in Westminster in reference to concerns about access and workforce.
- 4.15. The Government reported that in England the number of places was controlled through intake targets operated by the Office for Students with approximately 800 dental training places available each year. The latest available data showed the intake target was 809 training places in the 2019/20 academic year.
- 4.16. In August, the Department of Education [announced](#) that medical and dentistry schools across England will receive additional funding to expand courses for the 2021 intake to fulfil more offers for UK students who achieve the required grades. The measures bring the total to over 9,000 medical and dentistry places.

Health and Care Bill and Integrated Care Systems

- 4.17. The [Health and Care Bill](#) has reached Committee Stage in the House of Commons (where it started).
- 4.18. There has been some commentary from indemnifiers on the formal inception of the Healthcare Safety Investigation's Branch (HSIB) as a statutory, independent arm's length body, retitled as the Health Service Safety Investigations Body (HSSIB). The Medical Defence Union (MDU) has welcomed the move, while stressing their support for the GDC to remain the dedicated regulator of dental professionals.

Resignations and appointments

- 4.19. Sajid Javid MP was [appointed](#) as Secretary of State for Health and Social Care following Matt Hancock MP's resignation.
- 4.20. Dame Clare Marx [stepped down](#) as Chair of the GMC at the end of July following a diagnosis of pancreatic cancer. A formal process to select the GMC's next Chair will take place in due course. In the interim the Chair's duties will be carried out by Council member Dame Carrie MacEwen.
- 4.21. Amanda Pritchard is the [new Chief Executive Officer of NHS England](#). She took up the position on 1 August 2021.

Obituary

- 4.22. Tributes were paid across dentistry to Dame Margaret Seward on the [news](#) of her death. She was an elected member of the GDC from 1976 and the first woman president (1994-99), and a former president of the British Dental Association.

Professional Qualifications Bill

- 4.23. The Professional Qualifications Bill is at Report Stage in the House of Lords (where it started). Lord Grimstone of Boscobel, Minister of State, Department for Business, Enterprise and Industrial Strategy (BEIS) has been answering questions about how the new legislation will operate and regulator input and control over international recognition agreements.
- 4.24. In response to a parliamentary question, Lord Grimstone stated that the Professional Qualifications Bill would allow the relevant national authority to enable regulators to enter into regulator recognition agreements with their overseas counterparts. Such arrangements would be led by regulators. The existing powers available to regulators differed depending upon the relevant underpinning legislation. The Minister noted that some regulators may need additional powers to enter into recognition agreements.

Scottish Government and the Professional Qualifications Bill

- 4.25. The Scottish Government lodged a legislative consent memorandum in the Scottish Parliament in July relating to the Professional Qualifications Bill, that was introduced in the Lords, and seeks to replace interim arrangements for recognising international professional qualifications.
- 4.26. The conclusion states that: “At this time, the Scottish Government cannot recommend to the Scottish Parliament that it gives its consent to the Bill”. The main concern of Scottish Ministers appears to relate to their view that the Bill impacts on the devolution settlement and specifically that it enables UK ministers to act in devolved areas without consent; the memorandum states that SG may re-consider its position and recommend consent if amendments are made. The memorandum also states that: “The provisions of the Bill are only required because of EU Exit, which was opposed by the people of Scotland and the Scottish Government.” There is a risk that SG may delay recommending consent on future Brexit-related and regulatory reform bills.

Power sharing agreement adopted in Scotland

- 4.27. The SNP Scottish Government and the Scottish Green Party have published a power sharing agreement that will take the Greens into government for the first time anywhere in the UK. The pact stops short of a formal coalition because the Greens have negotiated opt-outs on areas of disagreement including aviation policy and the charitable status of fee-paying schools. However, the deal provides the Scottish Government with a clear majority for its legislative programme; the SNP is currently 1 seat short of an overall majority. The agreement notably includes a firm commitment to hold a second referendum on independence within five years, and by 2023 if the pandemic has passed by then.

NHS Scotland removes dental charges for those aged under 26 years

4.28. The Scottish Government has removed all NHS dental charges for young people aged under 26, with effect from 24 August. This has been presented as a first step towards scrapping all NHS dental charges during the current Scottish Parliament term.

Consultation on a Statutory Duty of Candour in Northern Ireland

4.29. We have [responded to the Department of Health's consultation on the Statutory Duty of Candour in Northern Ireland](#) supporting the statutory organisational duty of candour, but suggesting that the individual duty should remain a professional one embedded in the standards for the dental team.

Department of Health advertise permanent CDO post in Northern Ireland

4.30. The Department of Health in Northern Ireland have [advertised for the substantive post of Chief Dental Officer in Northern Ireland](#). The closing date for applications was Friday 10 September 2021, with interviews due to take place in the week commencing 11 October 2021. Outgoing Acting Chief Dental Officer, Michael Donaldson, has been replaced by Caroline Lappin, who will hold the post for two months until mid-October.

BDA write to Health Minister Robin Swann calling for decisive action on challenges facing Health Service dentistry in Northern Ireland

4.31. The [British Dental Association](#) have [written](#) to the Health Minister Robin Swann calling for decisive action on the challenges facing Health Service dentistry in Northern Ireland, including the current GDS contract and declining dental incomes.

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6 September 2021

Stakeholder engagement report – September 2021

Executive Director	Stefan Czerniawski, Executive Director, Strategy
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Type of business	To note.
For Council only	Not applicable.
Issue	This paper provides Council with a summary of stakeholder engagement activities during the reference period. The aim is to be transparent as well as providing additional context to inform strategic discussions and decision making.
Recommendation	The Council is asked to note this update.

Contents

This report includes the following sections:

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6. [Summary of engagement in Northern Ireland](#)
7. [Summary of engagement in England](#)
8. [Stakeholder appointments](#)

1. Summary of engagement in numbers

- 1.1. Between 11 June and 1 September 2021, we attended or hosted a total of 91 online meetings and events. Of these:
 - 8 were events led by the GDC
 - 31 were regularly scheduled meetings with key stakeholders, and
 - 52 were meetings and events that we attended, or presented at, which were arranged by an external organisation.
- 1.2. [Back to contents](#)

2. Summary of UK-wide engagement

- 2.1. In June and August, as part our Scope of Practice review, we held a series of workshops with stakeholders to share our initial thinking on the content of a revised Scope of Practice guidance and gain early feedback on our proposed changes. The stakeholders included representatives and professional bodies from across all the dental professions, indemnity providers and individual dental professionals.
- 2.2. The Head of Nations and Engagement chaired the quarterly meeting of the Dental Corporates Regulatory Reform Group on 16 June. Key areas of discussion included the GDC's response to the DHSC consultation on regulatory reform, dental professional numbers and increasing challenges around retention and recruitment of staff. We also provided an update on our position on direct-to-consumer orthodontics, which was published in May.
- 2.3. The Executive Director, Strategy observed the All Party Parliamentary Group on Dental and Oral Health held on 28 June. Updates provided included the current state of dentistry and how it is a top constituency issue for all MPs. Fluoridation was also discussed in the light of the intention to use the health bill to move the responsibility for decision making from local authorities to central government.
- 2.4. On 29 June, the Head of Education Quality Assurance attended a Task and Finish Group meeting about undergraduate training with the Dental Schools Council, Health Education England and a number of dental schools. Areas of discussion included looking at the behaviours and attitudes of people coming into dental schools and what is required to be a caring dental professional, changes to work-life balance with more people deciding to work part time, and the need to review the mix of the dental team.
- 2.5. On 22 July the GDC held a workshop with the Specialty Advisory Committees. There were a range of presentations from legal, registration, hearings and policy. Discussion included improvements, obstacles and the exploration of potential solutions. The workshop was well received and there are plans to deliver another workshop in about 18 months.
- 2.6. The Head of Public Policy attended an update meeting with the Royal College of Surgeons of Edinburgh on 22 July to update and discuss our response to DHSC's consultation on regulatory reform.

- 2.7. The Head of Education Quality Assurance attend the Royal College Exams workshop on 4 August. Discussions included an update on the speciality curricula template, feedback on the revision of the speciality curricula and discussion around exams including what is required moving forward.
- 2.8. GDC colleagues including the Executive Director, Fitness to Practice attended an update meeting with representatives from the Dental Defence Union on 9 August.

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3. Professions-wide complaints handling initiative

- 3.1. The Professions-wide complaints handling initiative brings together organisations from across the dental sector to discuss and support best practice in local resolution of complaints, helping professionals and patients to get the most from feedback and complaints.
- 3.2. The group is convened as a forum for members to bring items of note. Recent discussions have focused on work being done by stakeholders on complaints handling. The group is unique in healthcare professional regulation and presents an opportunity to gain a wide range of perspectives from experts in complaints handling.
- 3.3. The second meeting for 2021 was held on 6 July 2021. The focus of the meeting was to update the group on plans for the GDC's Comprehensive Complaints Resolution Model workstream, which was paused in March 2020 and restarted in July 2021. Members of the group will form a key part of the engagement for this workstream both individually and in further meetings. The PHSO also provided their regular update on their Complaints Standards Framework, which has now entered the pilot stage.

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4. Summary of engagement in Scotland

- 4.1. Engagement activity in Scotland continues apace. During this reporting period, the Head of Scottish Affairs met with: CDO Tom Ferris; Paul Cushley, NHS NSS; Jason Birch, Head of the Scottish Government's Regulatory Unit; the Board for Academic Dentistry COVID-19 working group; Scotland Heads/Directors of GMC, NMC and GPhC; representatives of Scotland's nine health and social care professional regulators; the Medical Director at NHS Fife; Chief Executive and Group Clinical Director at Clyde Munro Dental Group; Chairs of Highland and Ayrshire and Arran LDCs; a range of dental professionals across NHS Highland; Dental Practice Advisor in Dumfries and Galloway; the Director and policy team at BDA in Scotland; and Alex Bowerman, public engagement lead within the CDO's office.
- 4.2. Principal issues discussed included:
 - Phased abolition of NHS Scotland dental charges
 - Possible work-pattern changes affecting the dental team
 - Plans for comprehensive reform of dental services and governance
 - Scottish perspective on regulatory reform
 - Remobilisation of dental services including a review of IPC Guidance

- Scottish Parliament Consent Motions re Professional Qualifications Bill, forthcoming regulatory reform bills etc
 - 2021 Scottish Regulatory Conference – agenda and GDC input
 - Latest draft of Emerging Concerns Protocol for Scotland
 - Ongoing impact of the pandemic on dental education
 - Dentistry/oral health questions for Citizens' Panel survey
 - Joint exhibitor presence at NHS Scotland Event conference (GDC, GMC, GPhC and NMC)
- 4.3. The series of online one-hour CPD-verifiable presentations in Scotland continue to develop and prove popular and was the subject of a recent proactive [blog post](#). A successful session covering GDC's strategy, our response to the pandemic and low-level concerns referrals was recently delivered to dental professionals across NHS Highland and NHS Grampian; and dates are in the diary for: a series of sessions on professionalism; and online CPD events for Ayrshire and Arran LDC and the dental team in NHS Dumfries and Galloway. Discussions are also underway to extend sessions to DCP trainees and Vocational Trainees.

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5. Summary of engagement in Wales

- 5.1. We continue to progress our stakeholder engagement in Wales and the past quarter has seen a significant number of meetings in Wales. The Head of Welsh Affairs has now met with the clinical leads for dentistry at all of Wales's health boards to discuss dental public health matters locally.
- 5.2. The Chief Dental Officer for Wales Colette Bridgman retired at the start of July. The recruitment process is currently underway for the CDO post and an appointment is expected in September with the new postholder likely to take up the role before Christmas. Following Dr Bridgman's retirement, we have been meeting fortnightly with Deputy CDO Warren Tolley. Issues discussed have included recovery from the pandemic, access to treatment, dental vacancies, health inequalities and the restarting of both 'Designed to Smile' and the Gwen Am Byth programme.
- 5.3. In this past quarter, the Head of Welsh Affairs held meetings with: Dr Push Mangat - Head of HEIW, Dr Caroline Seddon Director BDA Wales, Sara Mosley GMC Head in Wales, Anup Karki, Consultant in Dental Public Health at Public Health Wales, Kathryn Marshall of the British Association of Dental Nurses in addition to regular meetings with the Deputy CDO and the clinical dental leads at Swansea Bay, Hywel Dda and Aneurin Bevan Health boards.
- 5.4. The GDCs statutory responsibilities around the Welsh continue to feature in our work. Legislation around the Welsh Language Standards for Healthcare Regulators is still awaited from the Welsh Government, and we continue to liaise with our fellow health regulators in this area, whom we meet with monthly. We are currently starting work on our annual return for our Welsh Language Scheme.
- 5.5. Forthcoming key meetings include the Head of the Cardiff Dental School and the Welsh Dental Committee later in September.

- 5.6. We also plan to attend and present at the HEIW Dental Team Conference in October and the next meeting of the BDA Welsh Council in November.

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6. Summary of engagement in Northern Ireland

- 6.1. Engagement activities in Northern Ireland have continue to increase during this period. We had a meeting with outgoing Chief Dental Officer Michael Donaldson on the 27 August, before he stepped down from the role. Discussions included arrangements for a new acting CDO whilst the permanent position was being advertised, the Department of Health's consultation on a statutory duty of candour in Northern Ireland, our response to the DHSC's consultation on regulatory reform and engagement with DCPs in Northern Ireland. An introductory meeting with the new Acting Chief Dental Officer, Caroline Lappin has been arranged for September.
- 6.2. We met with Tristen Kelso, Northern Ireland Director for the British Dental Association on 14 July. Discussions included the upcoming BDA branch event that we will be presenting at on 19 October, the low-level concerns agreement which is in development in Northern Ireland and the Department of Health's consultation on a statutory duty of candour in Northern Ireland.
- 6.3. We also attended meetings of the joint regulators' forum on 17 June, 26 July and 19 August. Discussions included responses to the Department of Health's consultation on a statutory duty of candour, the potential development of an emerging concerns protocol in Northern Ireland and our joint presence at the NICON conference in October.
- 6.4. Looking forward, we have started to develop plans for a more extensive stakeholder engagement strategy for Northern Ireland, which will see us more proactively engaging with stakeholders on key topics.

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7. Summary of engagement in England

- 7.1. The Executive Director, Strategy and the Head of Upstream Regulation attended the CQC Dental reference Group meeting on 21 June.
- 7.2. The Head of Education Quality Assurance attended an update meeting hosted by NHS Employers on 9 July. Discussions included developments relating to specialty curricula revision and the process involving a consultation.
- 7.3. We also discussed the issue of the use of the word "specialist" in a new title, which whilst accepted by the GMC, poses issues for us at the GDC. We are discussing the issue with colleagues in Legal.
- 7.4. The Head of Education Quality Assurance attended an update meeting with LDS On 14 July. This was a meeting relating to the quality assurance changes to their process. This is being reviewed by the associates and the GDC will be giving feedbacks to the LDS in September.
- 7.5. Our Research Officer attended an engagement session hosted by the CQC around People's experience of care on 28 July. Discussions included an overview of the work

the CQC has undertaken developing their regulatory model and people's experience of care.

- 7.6. The Head of Upstream Regulation presented a GDC update focusing on upstream activities to around 150 trainee and registered dental nurses and hygienist therapists from Birmingham Community Healthcare Foundation Trust on 31 August.

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8. Stakeholder appointments

- 8.1. Caroline Lappin has started a two-month secondment as the Acting Chief Dental Officer for Northern Ireland ending in mid-October. Interviews for the permanent position will be held on the week commencing 11 October.

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