

A meeting of the Council of the General Dental Council

09:30am on Thursday 2 December 2021 at the General Dental Council,

Via MS Teams

Members:

Lord Harris (Chair)

Terry Babbs

Donald Burden

Anne Heal

Angie Heilmann MBE

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Crispin Passmore

Laura Simons

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

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

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

Email: twright@gdc-uk.org

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

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

Public Council Meeting

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

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

PART ONE - PRELIMINARY ITEMS

1.	Welcome and Apologies for Absence	Toby Harris, Chair of the Council	09:30- 09:35am (5 mins)	Oral
2.	Declarations of Interest	Toby Harris, Chair of the Council		
3.	Questions Submitted by Members of the Public	Toby Harris, Chair of the Council		
4.	Approval of Minutes of Previous Meetings To note approval of the full minutes of the public meeting held on 21 October 2021; and approve the abbreviated minutes of the closed meeting held on 21 October 2021, for publication	Toby Harris, Chair of the Council		Attached
5.	Matters Arising and Rolling Actions List To note any matters arising from the public meeting held on 21 October 2021 and review the rolling actions list	Toby Harris, Chair of the Council		Attached
6.	Decisions Log To note decisions taken between meetings under delegation (if any)	Toby Harris, Chair of the Council		Attached

PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Assurance Reports from Committee Chairs a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration and Nomination Committee d. Statutory Panellists Assurance Committee	<i>For noting</i>	09:35- 09:55am (20 mins)	Oral

No	Item & Presenter	Tabled for?	Time	Status
8.	<p>Organisational Performance</p> <p>A. CCP Quarterly Performance Report: Q3 2021</p> <p>B. Finance Forecast</p> <p>Gurvinder Soomal, Chief Operating Officer</p> <p>David Criddle, Head of Business Intelligence, Delivery and PMO</p> <p>Samantha Bache, Head of Finance and Procurement</p>	<i>For discussion</i>	09:55-10:15am (20 mins)	Paper
9.	<p>Fitness to Practise Key Performance Indicators</p> <p>John Cullinane, Executive Director, Fitness to Practise</p> <p>Clare Callan, Head of Case Progression</p> <p>Ravjeet Pudden, Programme and Portfolio Manager</p>	<i>For decision</i>	10:15-10:35am (20 mins)	Paper
COMFORT BREAK - 10:35-10:45am (10 mins)				
10.	<p>Separation of Adjudications: Proposed Name</p> <p>John Cullinane, Executive Director, Fitness to Practise</p> <p>Colin Mackenzie, Head of Nations and Engagement</p>	<i>For decision</i>	10:45-11:05am (20 mins)	Paper
11.	<p>Boundaries of Regulation</p> <p>Stefan Czerniawski, Executive Director, Strategy</p> <p>Osama Ammar, Head of Public Policy</p>	<i>For decision</i>	11:05-11:25am (20 mins)	Paper
12.	<p>Regulatory Reform Update</p> <p>Stefan Czerniawski, Executive Director, Strategy</p> <p>Osama Ammar, Head of Public Policy</p>	<i>For discussion</i>	11:25-11:35am (10 mins)	Paper

PART THREE - CONCLUSION OF BUSINESS

13.	Any Other Business	Toby Harris, Chair of the Council	11:35- 11:40am (5 mins)	Oral
14.	Date of Next Meeting	Friday 1 April 2022 (In Person TBC)		
COMFORT BREAK - 11:40am-12:00pm (20 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	Investment Principles and Strategy	Sam Bache	Decision	Public	29 Nov 2021
2	Review of Financial Policies and Procedures 2022 (including): <ul style="list-style-type: none"> • Financial Delegated Authority 2022 • Council Member and Associates Expenses Policy 2022 	Sam Bache	Decision	Public	29 Nov 2021
3	Whistleblowing Policy (Staff and Associates)	Lucy Chatwin	Decision	Public	29 Nov 2021
4	Review of Education	Manjula Das	Decision	Public	29 Nov 2021
5	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	Colin Mackenzie/Lisa Bainbridge	Noting	Public	29 Nov 2021
6	Annual Reviews of Committee Effectiveness and Forward Workplans	Lee Bird	Noting	Public	29 Nov 2021
7	Research Programme Update	David Teeman	Noting	Public	29 Nov 2021

**Confirmed Minutes of the Meeting of the
General Dental Council
held at 10:45am on Thursday 21 October 2021
in Open Session held via MS Teams**

Council Members present:

Lord Harris	Chair
Terry Babbs	
Donald Burden	
Anne Heal	
Angie Heilmann	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Crispin Passmore	
Laura Simons	

Executive Directors in attendance:

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

Staff and Others in attendance:

Joanne Rewcastle	Head of Communications and Engagement
Samantha Bache	Head of Finance and Procurement (items 7 and 8 only)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (item 7 only)
Kristen Bottrell	Policy Manager (items 10 and 12)
Katherine McGirr	Policy Manager (item 11 only)
Toby Ganley	Head of Right Touch Regulation (item 12 only)
Tyrrell Wright	Interim Head of Governance
Lee Bird	Interim Deputy Head of Governance (Secretariat)

Others in Attendance:

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. A particularly warm welcome was extended to Angie Heilmann whom, along with the Chair, were attending their first Council meeting, and to observers from the BDA.

2. Declaration of interests

- 2.1 In relation to the substantive agenda, those present declared an interest in the following items:
- a. Costed Corporate Plan and Budget (item 7) - all staff and Council Members declared an interest.
 - b. ARF Regulations (item 9) - all registrant Council Members declared an interest.
 - c. Promoting Professionalism (item 10) - all registrant Council Members declared an interest.
 - d. Scope of Practice (item 11) - all registrant Council Members declared an interest.

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 full minutes of the public meeting held on 23 September 2021 had been **approved by correspondence** and published shortly thereafter. The Council **approved** the abbreviated minutes of the closed meeting held on 23 September 2021 for publication.

5. Matters Arising and Rolling Actions List

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

6. Decision Log

- 6.1 The Council **noted** that it had considered two matters by correspondence:
- a. Public Affairs, Policy and Media Update and Stakeholder Engagement Report - the reports were noted.
 - b. Joint Whistleblowing Report - the report was noted.

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

7. Costed Corporate Plan 2022-2024 and Budget 2022

- 7.1 The Chief Operating Officer, the Head of Finance and Procurement, and the Head of Business Intelligence, Delivery and PMO presented the final draft of the Costed Corporate Plan 2022-2024 (the CCP), CCP Funding Paper and 2022 Budget (the Budget), for approval.

- 7.2 The Council **heard** that its comments in relation to the draft CCP and Budget, as presented to Council in September 2021, had been incorporated. Key updates included:
- a. An additional £1.5m financial risk provision in the free reserves for the increased likelihood that inflationary pressures would be sustained.
 - b. The provision related to the potential insurance buyout of the Defined Benefit pension scheme has been reduced to £1.85m, following receipt of the draft triennial valuation.
 - c. An updated assessment of some of the risks, including finalising the financial risk levels where exposure had yet to be determined.
 - d. Only business cases approved up to 12 October 2021 had been reflected in the final staff costs and headcount summaries.
 - e. Updated Executive Director assurance statements had been obtained.
- 7.3 The Accounting Officer Advice memorandum set out key considerations and assumptions in developing the CCP and Budget. The Accounting Officer **highlighted** the following key points, in recommending the CCP and Budget to Council:
- a. The Budget adopted a 3% income risk assumption, following careful consideration of the challenging external environment.
 - b. The Budget reflected high expenditure risk over the plan period. This was primarily due to forecast inflationary pressures (to which the GDC was particularly vulnerable) and anticipated changes to the GDC's statutory framework, which were outside of GDC control and would put a demand on internal resource.
 - c. Provisions for recently approved business cases had been made within the calculation of financial risk held against free reserves.
- 7.4 The Chair of the Finance and Performance Committee (FPC) **informed** Council that since the Council had last met, the Committee had scrutinised the revised CCP and Budget, by correspondence. The Committee, mindful of the degree of uncertainty in the external environment, considered that there was a continuing need for prudence, and on this basis was satisfied that the CCP and Budget struck the right balance and fully endorsed both to Council.
- 7.5 The Council **discussed** the following:
- a. Given the uncertainty in the external environment and the potential implications of this, plans would need be kept under close review, particularly in the event that risks crystallised. The Council was given assurance that planning processes in place, including in-year review of projects via regular MoSCow reprioritisation exercises and quarterly review of access to contingency budgets, provided agility to react to events. The Council noted that the FPC had a key scrutiny role in this area. The Council commended the significant improvements made to planning processes in recent years, particularly the introduction of the CCP.
 - b. The increase in the proportion of expenditure on strategic aim 2 ('Resolution of patient concerns at the right time, in the right place') was welcomed and it was suggested this might be an area to highlight in communicating the CCP to the public.
- 7.6 Having considered draft versions of the CCP and Budget at its previous meeting, the Council **noted** the Accounting Officer Advice and **approved** the CCP 2022-2024, CCP Funding Paper (including Annual Retention Fee (ARF) levels), and 2022 Budget.

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

8. Reserves Policy

- 8.1 The Head of Finance and Procurement presented the proposed Reserves Policy for 2022, for approval. The Council **heard** that it had been considered in parallel to the CCP and Budget and set a free reserves target, as adjusted for risk, of 4.5 months, which was unchanged from the existing policy.
- 8.2 The Accounting Officer highlighted to the Council that it had been agreed previously to keep less contingency in budget and instead set out financial risk against free reserves. This meant that free reserves would need to be drawn upon more frequently, as was the case with the recently approved Fitness to Practise (FtP) business case for additional resources. The Chair of FPC added that this change of approach had been implemented to provide greater control and a clearer line of sight over expenditure.
- 8.3 The Council discussed benchmarking against other similar organisations. The Accounting Officer stated that this was not a consideration that he could take into account in recommending a reserves position. Notwithstanding that fact, the Head of Finance and Procurement stated that as part of benchmarking undertaken for a separate piece of work in recent years, GDC appeared to be around the middle of the observed range.
- 8.4 The Council **approved** the reserves policy for 2022.

The Head of Finance and Procurement left the meeting.

9. Annual Retention Fees Regulations

- 9.1 The Chair stated that this item was not needed, as Council had approved the CCP and Budget, which retained existing ARF levels.

Kristen Bottrell (Policy Manager) joined the meeting.

10. Promoting Professionalism

- 10.1 The Executive Director, Strategy and the Policy Manager presented the paper outlining the updated proposals on promoting professionalism. The Council **heard** that the project had been in-train for some time and at this stage the Strategy team were seeking Council direction. Specifically, the Strategy team sought approval to pursue 'Option 3', which, broadly speaking, would see the current rules-based framework replaced by a principles-based framework which supported professional judgement.
- 10.2 The Council considered the pros and cons of each of the three options presented. The Council **discussed** the following:
- a. For some younger and/or newer members of the Dental team in particular, 'Option 1', maintaining the current approach, provided clarity and certainty. However, there was a general consensus that some sort of change was needed. The Council noted that improvements to dental training in recent years provided a greater focus on professionalism from an early stage, which could be conducive to a more significant shift.
 - b. A consensus emerged which was supportive of 'Option 3', a principles-based approach which supported professional judgement. However, given the significant shift needed to successfully adopt a principles-based approach, it was suggested that delivery could be approached in stages, with the pursuit of 'Option 2' acting as an interim stage.

- c. There was also concern expressed about the resources which would be needed to make any change, and in particular, a change to 'Option 3'. The amendments needed to deliver a significant change programme would also need to rely, to a significant extent, on the expertise of FtP colleagues at a time when the Casework team could not be spared for this work, and investment was being made to increase resources to address performance challenges in that area. Specific concerns were also raised in relation to the proposed timetable which was noted to be ambitious. Finally, the Council noted that the proposed change would also need to be managed in a way that ensured it landed well with the Dental team, at a time when the sector was still dealing with the impacts of Covid-19.
 - d. Given the risks discussed, the Council requested that a phased approach to deliver 'Option 3' be planned for. It was suggested that there may be lessons to learn from other regulators in this regard, such as the 'regulatory sandbox' model being adopted by some regulators.
- 10.3 The Chief Executive shared the Council's concern with regard to the overall timetable and, in particular, the potential impact of the proposed changes on FtP.
- 10.4 The Council **stated its support**, in principle, for Option 3. However, it requested that a detailed implementation plan be developed for its further consideration, to reflect the Council's direction and the comments provided.

ACTION: Executive Director, Strategy to submit a plan for the proposed transition to a principles-based approach. This plan would incorporate Council's feedback, in particular its direction that such a transition be phased and the need for a considered timetable reflective of known challenges in FtP and the uncertain timing of the legislative reform agenda.

Kristen Bottrell (Policy Manager) left the meeting and Katherine McGirr (Policy Manager) joined the meeting.

11. Scope of Practice

- 11.1 The Executive Director, Strategy and the Policy Manager presented the paper outlining the updated proposals for the ongoing work for proposed new guidance on the Scope of Practice for the Dental team and a proposal for a formal consultation document.
- 11.2 The Council noted that they had last discussed this work in December 2020 and had requested that stakeholder engagement form part of this work. The Council **heard** that, during the last year, discussions had been held with the regulated professions, indemnity providers, and educational institutions.
- 11.3 It was explained that, should Council approve the consultation, and subject to the results of that consultation, approval for the final guidance would be sought from Council in June 2021. There would follow a period of communication internally and externally on the changes.
- 11.4 The Council **discussed** the following:
- a. There was broad support for the proposed change in direction, noting that it was an approach other regulators took.
 - b. A potential inconsistency between some DCP groups was highlighted, and it was noted that there was a need for clarity, some of which could be provided through guidance.

- c. It was noted that there was a view that some members of the Dental team could undertake further tasks which were currently undertaken by dentists. Expanding the members of the Dental team who could undertake such tasks could increase access to care.
 - d. The importance of ensuring that risk mitigation remained a focus of this work. It was noted that the Strategy team would work with internal Legal colleagues to ensure that the proposed approach did not introduce risk to a potential small number of cases.
 - e. Concerns were raised about the timetable and the reliance on FtP resources to progress key elements of this work. The Executive Director, Strategy agreed that the timetable could be flexed to meet the availability of operational colleagues.
- 11.5 The Council **approved** the proposed consultation document and associated draft Scope of Practice guidance. However, noting the additional work to be undertaken in relation to legal risk and concerns raised regarding the timetable and reliance on FtP resources (which would not be available in the short to medium term) to progress the work, it was agreed that Council would receive an updated paper.

ACTION: Executive Director, Strategy to submit to Council an updated paper. This would reflect Council's concerns regarding the proposed timetable, reflective of known challenges in FtP and the extent of uncertainty in the external environment.

Katherine McGirr (Policy Manager) left the meeting and the Head of Right Touch Regulation and Kristen Bottrell (Policy Manager) joined the meeting.

12. Developing a Comprehensive Complaints Resolution Model

- 12.1 The Executive Director, Strategy, the Head of Right Touch Regulation and the Policy Manager updated Council on ongoing work in this area. The Council **heard** that the project had been paused in 2020 and was now being restarted. Its original aim had been to make it easier for the public to understand the system for complaints handling related to NHS dentistry, with the project scope later expanded to include private dentistry.
- 12.2 The Council **noted** the update.

The Head of Right Touch Regulation and Kristen Bottrell (Policy Manager) left the meeting.

13. Any Other Business

- 13.1 There was no other business.

14. Review of the Meeting

- 14.1 The Council agreed that this would no longer form a standing item on meeting agenda and instead any feedback / suggested improvements would be provided individually to the Board Secretariat, or directly to the Chair.

The meeting was closed at 12:32pm

**Unconfirmed Minutes of the Meeting of the
General Dental Council
held at 09:30am on Thursday 21 October 2021
in Closed Session held via MS Teams**

Council Members present:

Lord Harris	Chair
Terry Babbs	
Donald Burden	
Anne Heal	
Angie Heilmann	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Crispin Passmore	
Laura Simons	

Executive Directors in attendance:

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

Staff and Others in attendance:

Joanne Rewcastle	Head of Communications and Engagement
Tyrrell Wright	Interim Head of Governance
Lee Bird	Interim Deputy Head of Governance (Secretariat)
Elizabeth Gonzales Malaga	GDC's Clinical Fellow (Observer - throughout the meeting)

Apologies:

None.

1. Welcome and apologies for absence

1.1 The Chair welcomed everyone to the meeting and noted that there were no apologies.

2. Declaration of interests

- 2.1 In relation to the items on the substantive agenda, there were no declarations of interest. In relation to the correspondence agenda, registrant members declared an interest in the update on specialty developments, noting that there had been no decision to be taken.

3. Approval of Minutes of Previous Meeting

- 3.1 The Council **noted** that the full minutes of the closed meeting held on 23 September 2021 had been approved via correspondence and that the abbreviated minutes of the same closed meeting were due to be considered at the public session later the same day.

4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** the actions list.

5. Decision Log

- 5.1 The Council had considered two papers by correspondence:
- a. Report on Lessons Learned on Payments by Instalments - this paper had been **noted**.
 - b. Update on Specialty Developments - this paper had been **noted**.

6. Chief Executive's Report

- 6.1 The Chief Executive provided the Council with an update on the following topics:

PSA Review

The Council were informed that the PSA had begun their annual review of the performance of the GDC. The Council were reminded that this review assessed the prior year of data against 18 Standards. The Executive would provide an estimate of how many Standards were likely to be retained or gained in due course.

Fitness to Practise (FtP)

- 6.2 The Council were updated on current FtP caseload figures. The Council heard that incoming cases over the past couple of months had been broadly stable but that the FtP team remained under resourced to cope with the existing caseload. The proposed solution was to provide a "surge" of new resources to increase capacity, create resilience, and progress cases.
- 6.3 The Executive Management Team had agreed that a risk provision should be proposed in the Costed Corporate Plan 2022-2024 to fund additional posts. The Council heard that the costs had not been incorporated into the 2022 budget because the business case could not be finalised in time. Once the FtP team had achieved a more manageable caseload, resources would be reviewed.
- 6.4 The Council heard that the proposed new resources were a mixture of junior and management posts.
- 6.5 The Council **noted** the update.

7. Communications Principles - Costed Corporate Plan (CCP), Budget, Annual Retention Fee Levels

- 7.1 The Executive Director, Strategy and the Head of Communications and Engagement, presented the paper outlining the updated proposed communications approach to the key

decisions that the Council would take later in the day on the Costed Corporate Plan 2022-2024, Budget 2022 and Annual Retention Fee (ARF) levels.

7.2 The Council **heard** that the revised Principles included the feedback which had been given at the September 2021 Council meeting.

7.3 The Council **noted** the update.

8. Any Other Business

8.1 None.

9. Review of the Meeting

9.1 The Council agreed that this would no longer form a standing item on meeting agenda and instead any feedback / suggested improvements would be provided individually to the Board Secretariat, or directly to the Chair.

The meeting was closed at 10:22am.

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
26	23/09/2021	Public	13.3	EDI Strategy	The Executive Management Team to jointly review the reporting approach to this work before the next six-monthly implementation report.	EMT - SK	01/04/2022	LIVE			The action will remain live until it is presented back to the Council in April 2022.	The Head of OD and Inclusion has reviewed the action plan and reporting approach on the EDI Strategy progress. This work will return to EMT in January 2022, for final approval, in advance of the next formal reporting cycle for Council, in April 2022.	
27	21/10/2021	Public	10.4	Promoting Professionalism	Executive Director, Strategy to submit a plan for the proposed transition to a principles-based approach. This plan would incorporate Council's feedback, in particular its direction that such a transition be phased and the need for a considered timetable reflective of known challenges in FtP and the uncertain timing of the legislative reform agenda.	SCz	01/04/2022	LIVE			The action will remain live until it is presented back to the Council in April 2022.	The project is currently being replanned to take more explicit account of the implications of the impact of the policy change on fitness to practise . That also creates an opportunity more closely to align the timetable and communications activity across both promoting professionalism and scope of practice. The updated plan and consultation approach will be put forward for approval at the April Council meeting.	
28	21/10/2021	Public	11.5	Scope or Practice	Executive Director, Strategy to submit to Council an updated paper. This would reflect Council's concerns regarding the proposed timetable, reflective of known challenges in FtP and the extent of uncertainty in the external environment.	SCz	01/04/2022	LIVE			The action will remain live until it is presented back to the Council in April 2022.	The project is currently being replanned to take more explicit account of the implications of the impact of the policy change on fitness to practise . That also creates an opportunity more closely to align the timetable and communications activity across both promoting professionalism and scope of practice. The updated plan and consultation approach will be put forward for approval at the April Council meeting.	

Organisational Performance – Q3 2021 Review

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Samantha Bache, Head of Finance and Procurement Dave Criddle, Head of Business Intelligence, PMO & Delivery
Type of business	For discussion
Purpose	To present 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 Q3 2021 performance period.
Recommendation	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 Q3 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 Q3 2021 operational performance reports was reviewed by the Executive Management Team (EMT) at the 9 November 2021 meeting and the key points and narrative provided in this report have been endorsed by EMT.
- 2.2 Post review, the Accounting Officer confirmed that the paper and its appendices 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 Q3 2021 organisational performance on 25 November 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 Q3 2021 for presentation to the Council.

3. Q3 Financial Summary

3.1 The results for the period to end September 2021 are an operating surplus of £15.6m, £4.2m 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 are detailed 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 September 2021. A Financial Performance Snapshot dashboard is included within section 2.1 of **Appendix 1** to present key details in chart views.

	Sept 2021 Actual	Sept 2021 Budget	Variance Forecast to Budget
	£000	£000	£000
Income			
Fees	38,022	38,241	-219
Investment income	347	-	347
Exam income	-	1,588	(1,588)
Miscellaneous income	5	-	5
Total Income	38,374	39,829	(1,455)
Expenditure			
Meeting fees & expenses	3,031	3,253	222
Legal & professional	3,487	5,393	1,906
Staffing costs	13,399	14,550	1,151
Other staff costs	294	699	405
Research & engagement	342	524	182
IT costs	1,042	1,427	385
Office and premises costs	1,118	1,203	85
Finance costs	406	431	25
Depreciation costs	940	935	(5)
Contingency	-	-	-
Total expenditure	24,059	28,415	4,356
Unrealised gain/(losses) on investments	1,328		1,328
Operating surplus/(deficit) before tax	15,643	11,414	4,229

4. Q3 Establishment & Organisational Development Summary

- 4.1 Key points relating to Organisational Development for Q3 are detailed within the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**.
- 4.2 At the end of September 2021, the total headcount is 13.9 FTE less than budgeted.

5. Q3 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. Q3 Operational Performance

- 6.1 The FPC reviewed an abridged Balanced Scorecard for Q3 2021 at the 25 November 2021 meeting and will provide assurance to Council through the Finance and Performance Committee Assurance Report.

7. Appendices

- Appendix 1 - CCP Quarterly Performance Report Q3 2021
- Appendix 2 - Financial Forecast dashboard report Q3 2021

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25 November 2021

CCP Quarterly Performance Report

Quarter 3 2021

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q3 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 are requested to discuss and note the report.
Decision Trail:	EMT 9 November 2021 FPC 25 November 2021 Council 2 December 2021

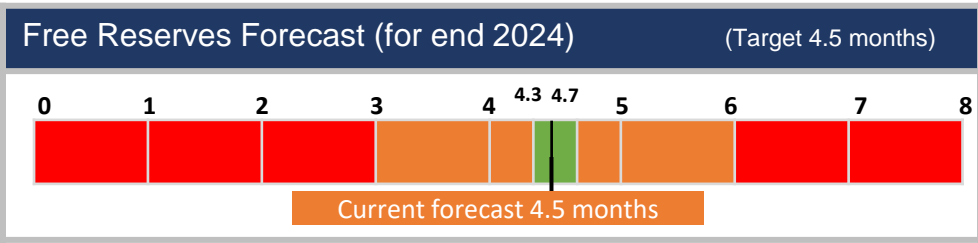
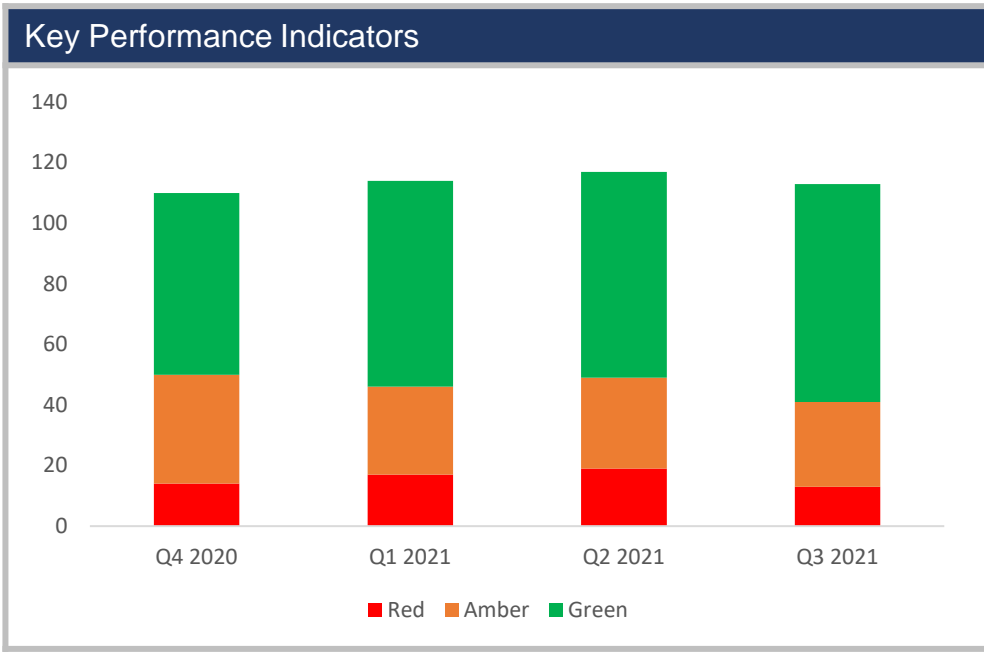
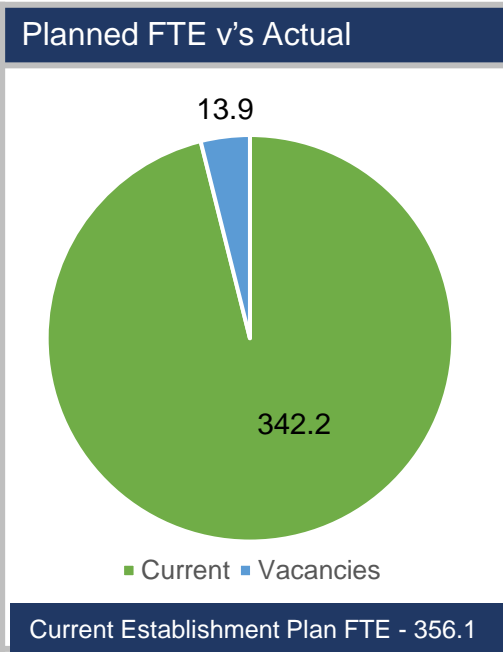
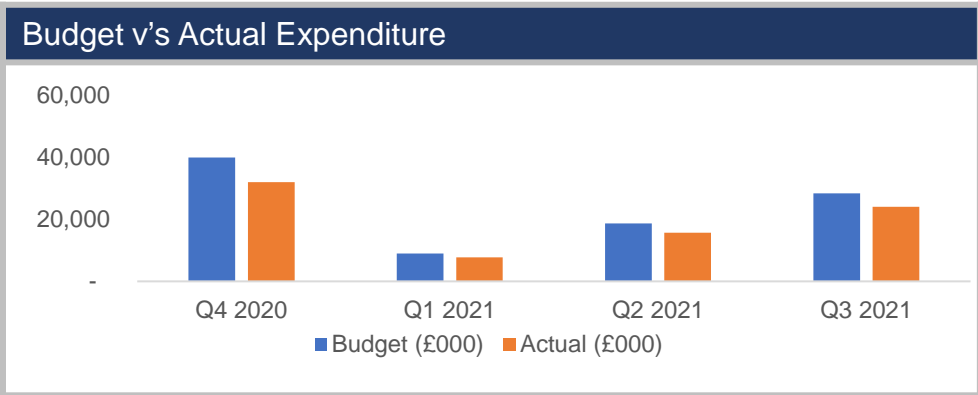
The key performance insights in Q3 2021 are:

Finance Overview: The results for the period to end September 2021 are an operating surplus of £15.6m, £4.2m higher than budgeted. The key variances, defined as those greater than £100k are:

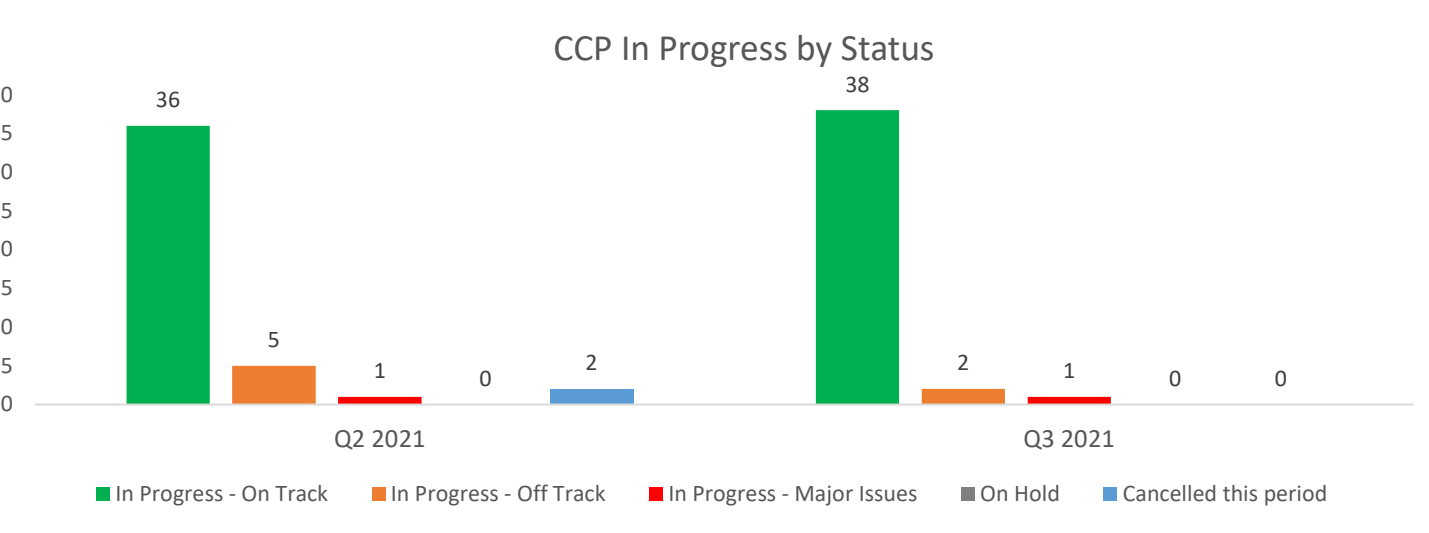
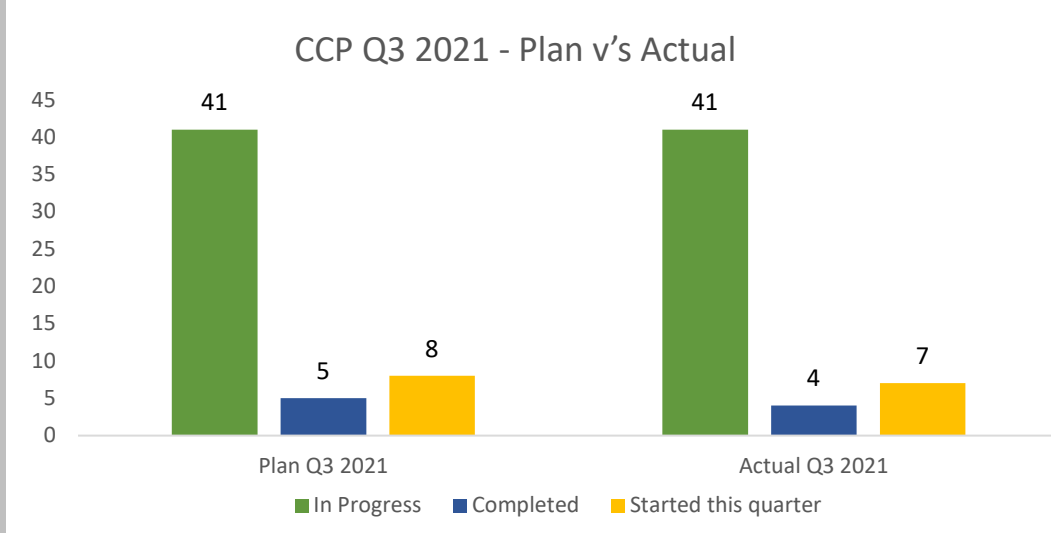
- £1,906k underspend on legal and professional fees, comprising of:
 - £1,572k underspend in Registration and Corporate Resources as a result of ORE exam deferment, this will be offset by the equivalent reduction in exam income.
 - £125k underspend in legal due to case referrals which have not manifested within ILAS (£155k) to date due to the reactionary nature of their budgets, rule 9 work covered in house and Covid-19 impacts preventing illegal practice work. Similarly, Hearings support provided by ELPS has been pushed into Q4 2021, giving a YTD £119k timing difference. These underspends are offset in part by a £149k overspend in ILPS due to interim order work and hearings support work.
 - £130k underspend in FTP - FTP Case Progression (Medical Advice) continues to be delivered by Clinical Dental Advisors, not referred to external providers and a high level of complaint/complex case Caseworker vacancies result in this saving.
 - £5k overspend relating to other cumulative variances.
- £1,150k 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.
- £406k other staffing costs underspend, due to cumulative variances seen within all Directorates as a result of Covid-19 restrictions on staff travel or the ability to attend/receive Learning & Development activities.
- £385k IT underspend which is due to the timing profile difference within software licensing and support renewals, as well as timing differences in project delivery.
- £222k underspend on meeting fees & expenses. The material variance is seen within Education & QA in the Strategy Directorate, where £148k has been saved due to concerns being completed in report form, without the need for formal meetings and inspections. Legal & Governance, FTP and Registration & Corporate Resources have a combined surplus of £72k where overperformance in FTP Hearings (£58k) is offset by savings in Governance (Member's travel of £391k) and RCR (£37k).
- £182k Research and Engagement underspend comprising of:
 - £157k within the Strategy Directorate; Communication & Engagement have £100k variance to the budget and Research an underspend of £66k. Both are considered timing differences, with spend expected later in plan but could lead to budget savings. These are offset by £9k of Clinical Fellow and survey costs.
 - £12k within the Dental Complaints Service due to a delay in panellist retraining and possible severance payments, now pushed into 2022.

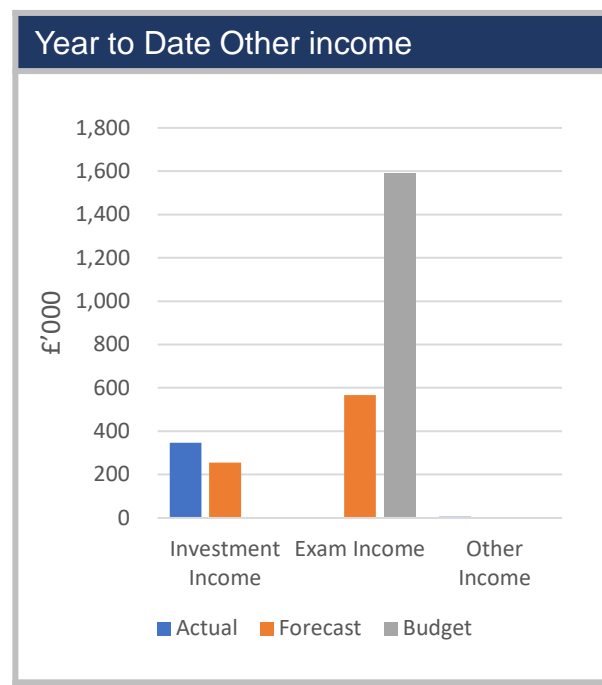
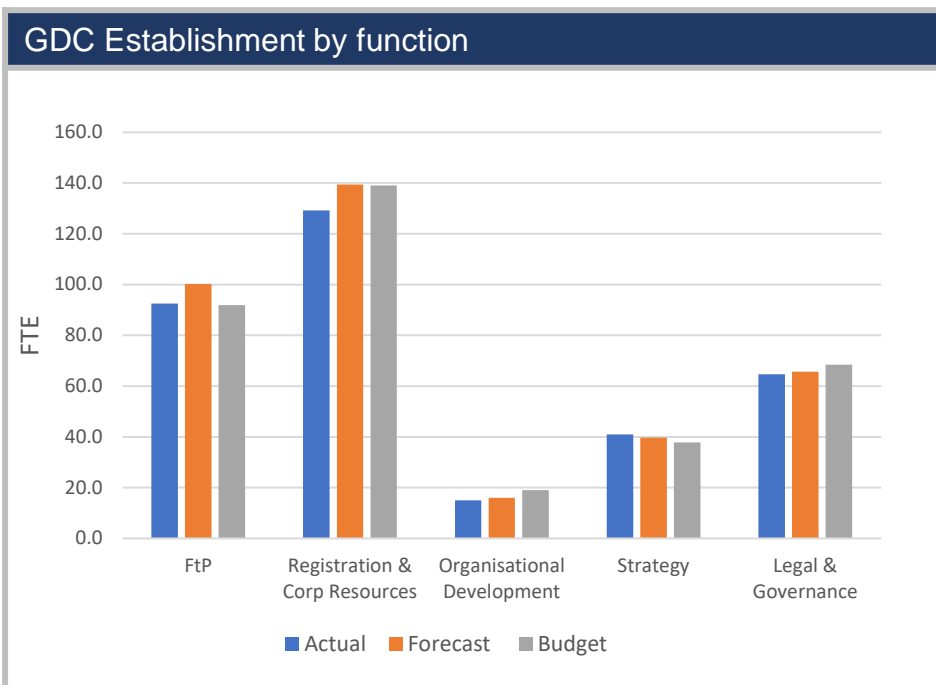
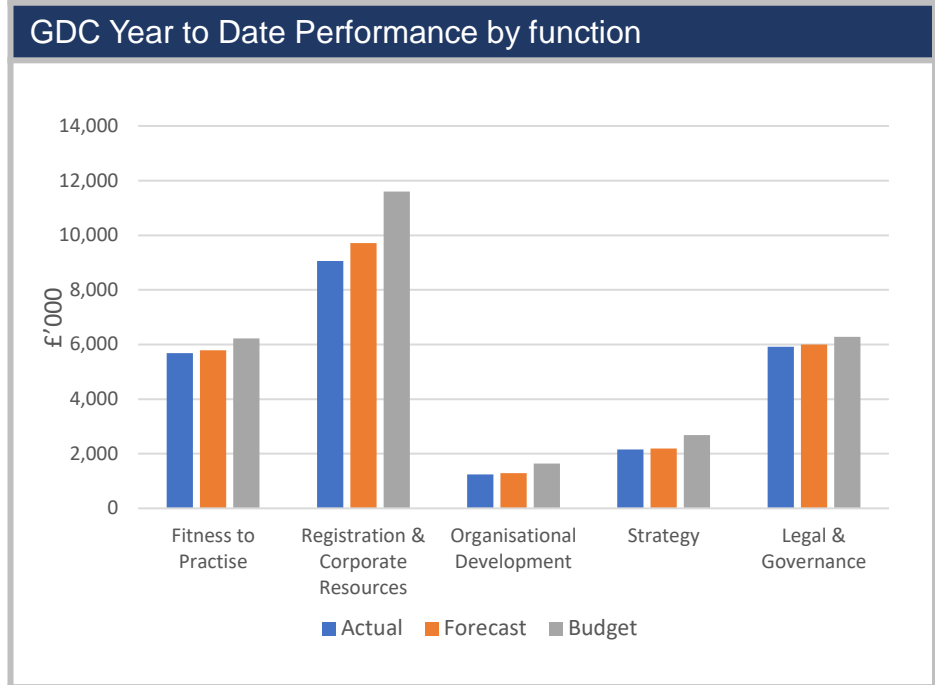
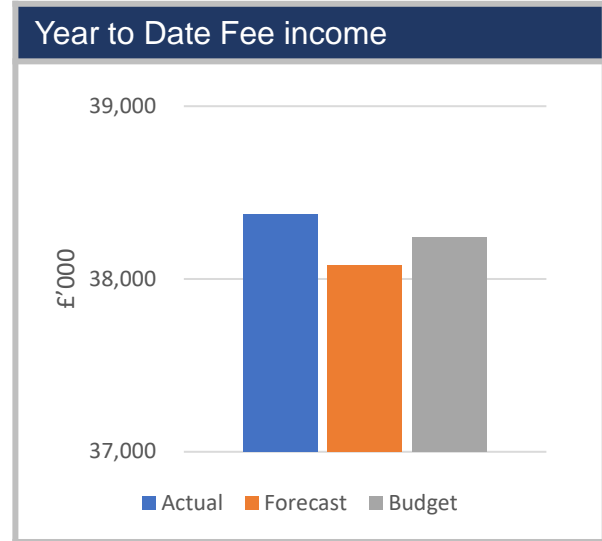
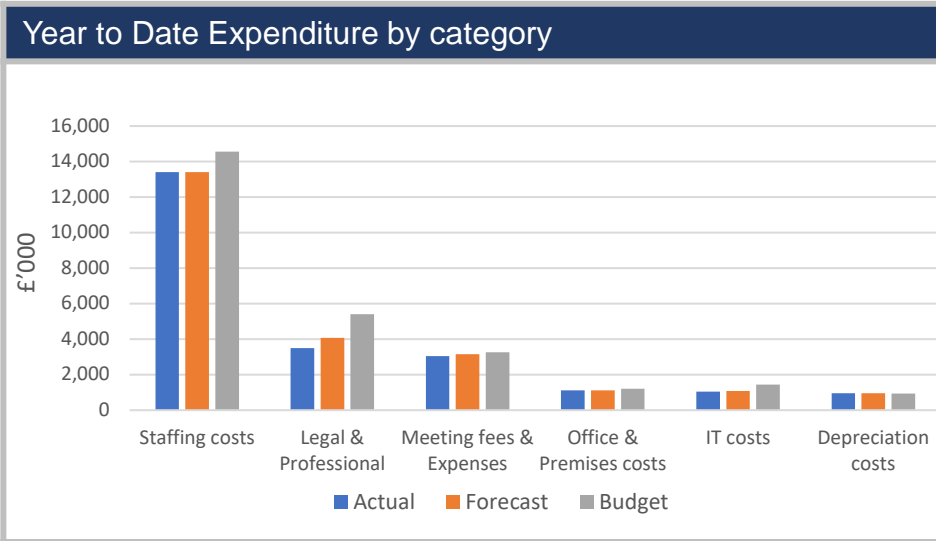
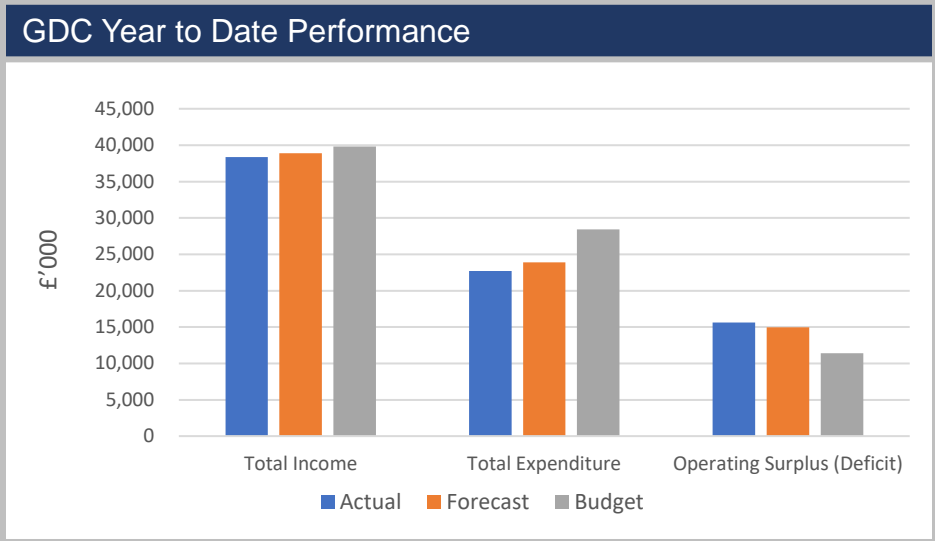
CCP Delivery Overview: Portfolio delivery is as forecast overall, with minor adaptations to projects being managed at operational levels. Planning for the CCP 2022-24 progress through the final stages and following the end of Q3, the plan was approved by Council on 21 October 2021. CCP 2022-24 planning has collaborated with the Strategy Directorate throughout, in order to ensure the plan can adapt to changes anticipated due to regulatory reform and the strategic aims being developed for 2023-25 Corporate Strategy.

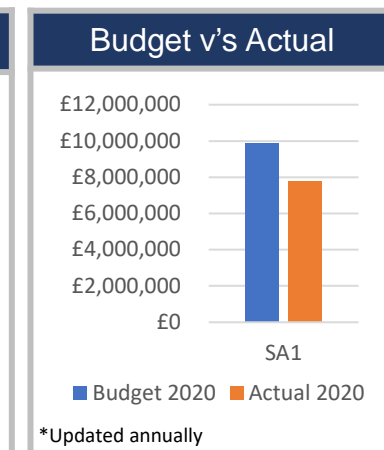
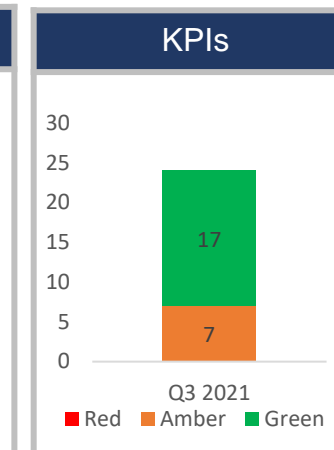
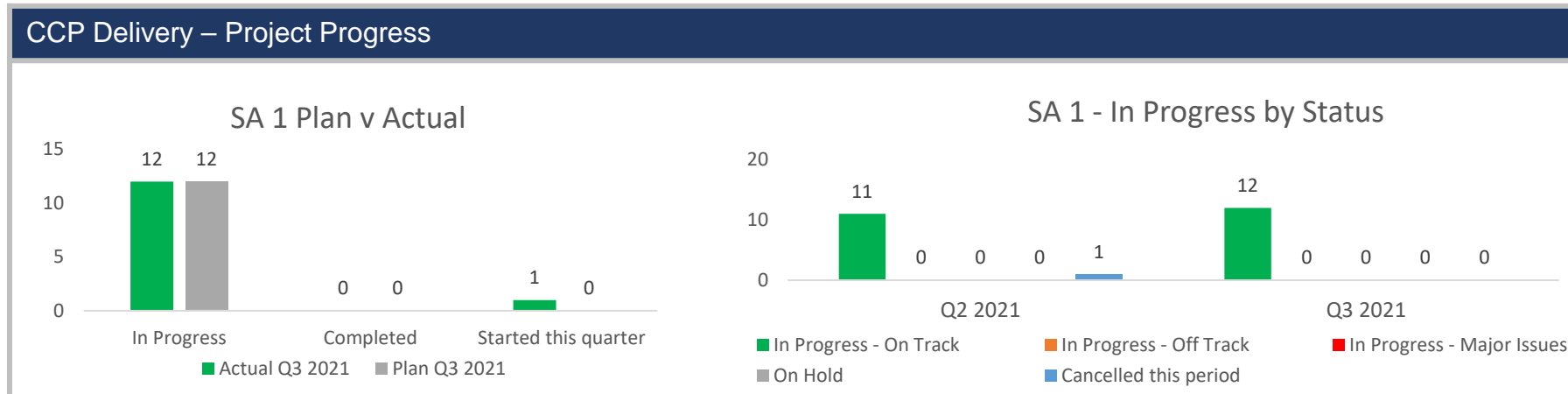
Organisational Development Overview: Overall sickness levels have increased which is out of seasonal trend, however expected due to the lifting of social distancing this quarter. Recruitment activity has tripled this quarter and the market remains volatile with high numbers of candidates for some roles and challenges recruiting for others. Recruitment timeliness has decreased as paid advertisements are being utilised more and vacancies are kept open for 4 weeks to maximise the return on investment. There has been another positive increase in vacancies being filled by internal candidates (36%) this quarter which is an increase of 11% from Q2.



Portfolio Delivery





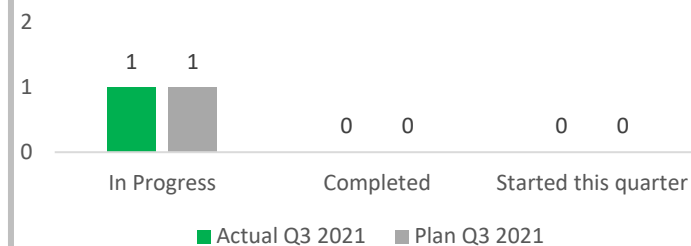


Progress Summary

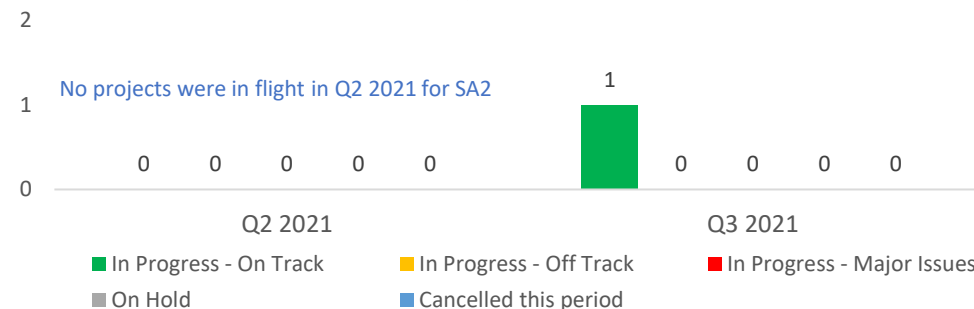
- Much of the activity so far has been aimed at establishing the framework and building blocks for an outcomes focused model of upstream regulation. A key part of that is being able to assess the GDC's impact, particularly in respect of public protection. In order to establish that framework we have 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. There are several strands of work in progress (e.g. promoting professionalism, scope of practice, guidance for management of dental professionals) which faced some delays as a result of the pandemic but are now continuing and progressing well. 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 and beyond.
- **Improve the tone of voice of our communications - Phase 3** commenced this quarter. The project will deliver Tone of Voice guidance across all teams in the GDC, ensuring that these principles are embedded in any new communications.

CCP Delivery – Project Progress

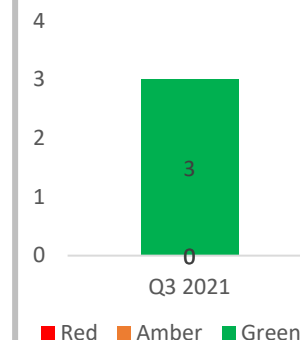
CCP SA 2 - Plan v Actual



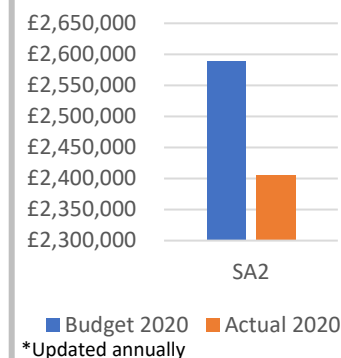
SA 2 - In Progress by Status



KPIs

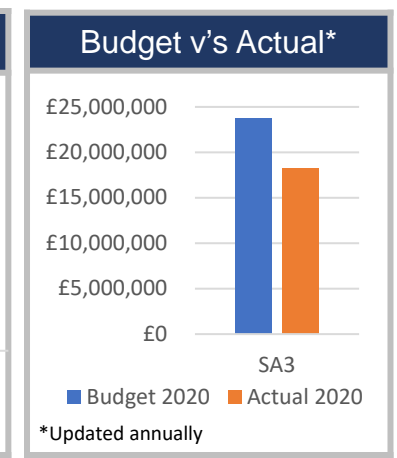
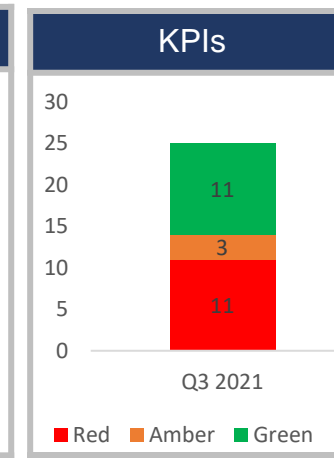
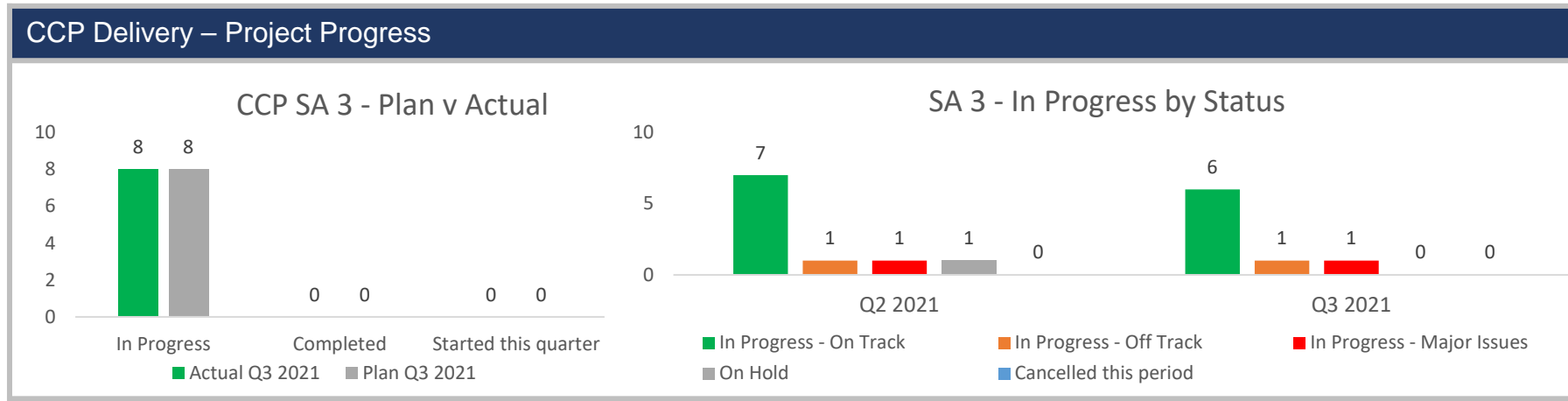


Budget v's Actual*



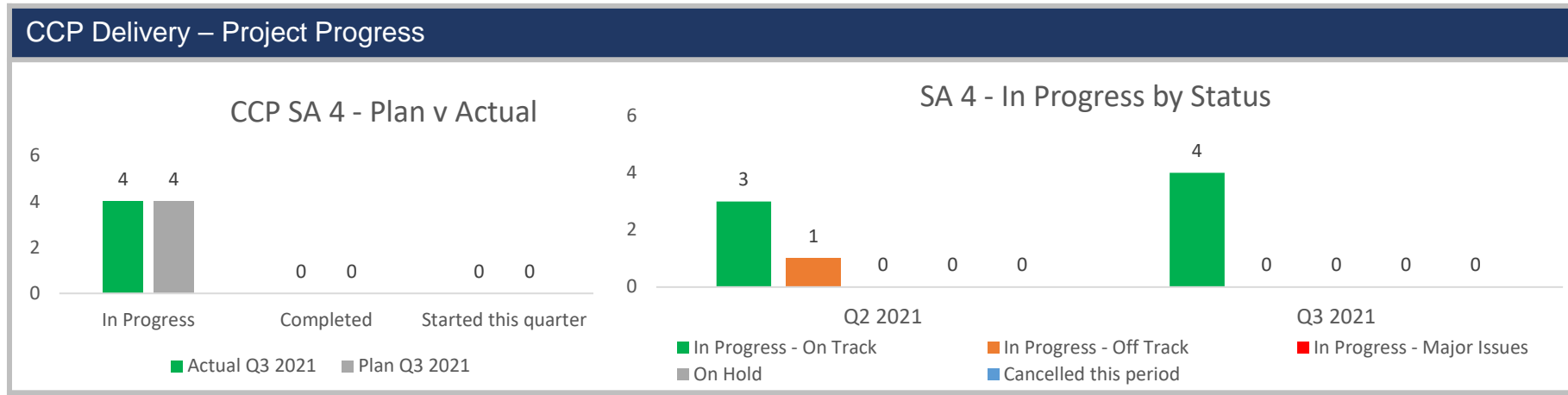
Progress Summary

- Some of our work to support progress towards this strategic aim was deferred from 2020 due to impacts from Covid-19 and a paper to recommence work was presented to EMT in August 2021. The proposal to recommence the work was approved, and the current focus is on engagement of partners, testing our approach to supporting effective routing of complaints and understanding user behaviour of current tools, including the website self-triage tool.
- Several pieces of work looking at our own data and that of our partners are underway and will support a range of policy initiatives through the remainder of 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.
- Work on [Develop a comprehensive complaints resolution model](#) recommenced in quarter 3 of this year. This work was deferred following review of Covid-19 impacts on the CCP in 2020 and is now back in progress. The project will work with partners to develop a comprehensive model for the definition of and resolution of complaints and concerns about dentistry, in each of the four countries of the United Kingdom.



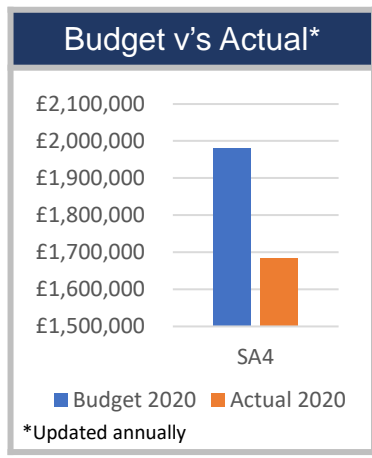
Progress Summary

- 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 the remainder of 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.
- **Develop our approach to the use of fitness to practise data** is currently being rescheduled to extend the project as the supporting research work does not complete until February 2022.
- The **Review internal fitness to practise guidance** project has been reviewed to assess whether the scope and final deliverables are achievable within the current planned end date of May 2022. As a result, the scope of guidance materials reviewed as a formal project deliverable is proposed to be reduced, and current timescales are being adjusted to align with the 2022 schedule of EMT & Council meetings.



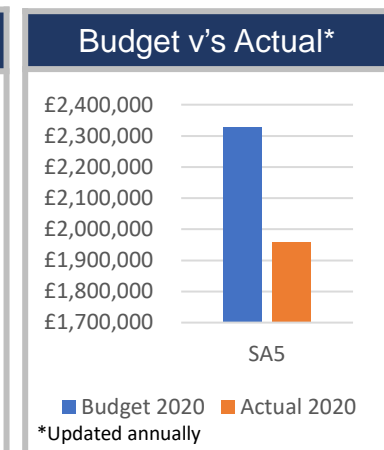
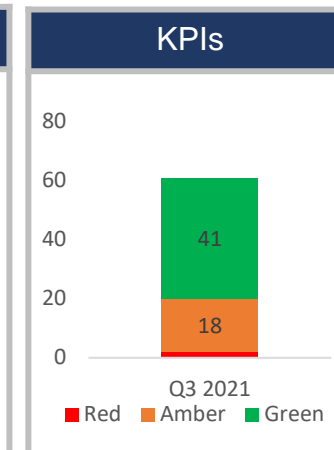
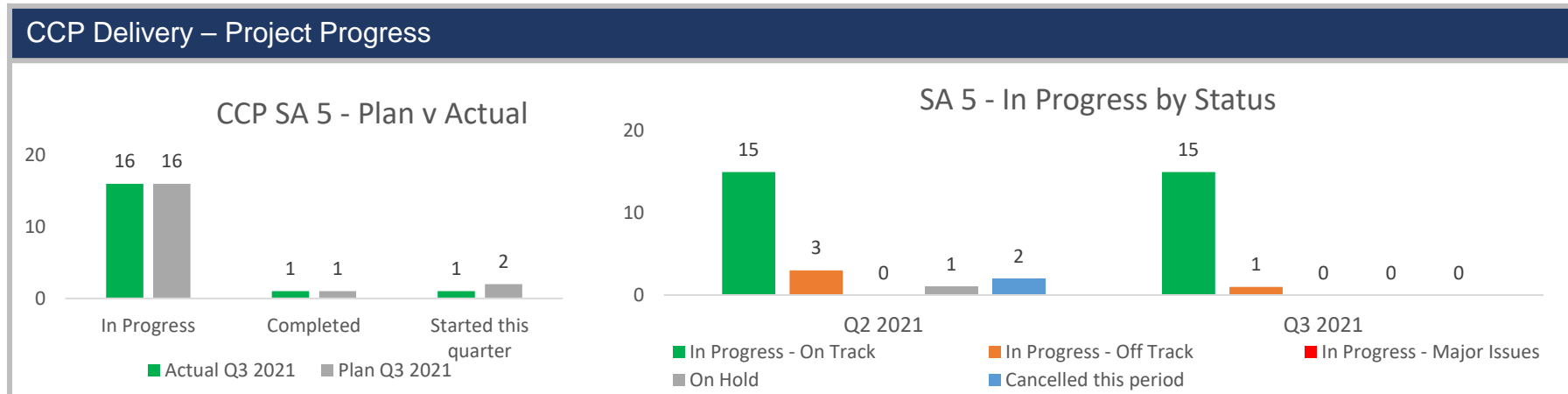
KPIs

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 Board governance is being initiated in order to ensure work can commence as and when legislative reform is announced. The plan for initiation has been undertaken in conjunction with CCP 2022-24 planning to instil readiness to act on the emerging information of regulatory reform, and ensure operational delivery can adapt as required with minimal impact.
- All projects aligned to strategic aim 4 are progressing in accordance to plan at present.



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 Resourcing Strategy project did not start as planned this quarter, as at present there is diminished capacity in the OD Directorate due to increased operational business activity. It is considered this project will commence in November 2021 but is subject to consideration of current resource available. All of the OD project work is currently subject to review as there is diminished capacity due to sickness and rising levels of operational activity requirements across the organisation.
- **Build Capability to Complete Economic Analysis** is awaiting formal acceptance of project closeout report by the project board, following decision by the Executive sponsor that this work will move to be delivered as business as usual activity.

CCP Quarterly Financial Forecast

Q3 2021 Financial Forecast

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q3 2021 Financial Forecast
Recommendation:	Council are requested to discuss and note the report
Decision Trail:	EMT 9 November 2021 FPC 25 November 2021 Council 2 December 2021

The key performance insights in Q3 2021 are:

Forecast Summary: the budgeted operating surplus of £2.0m could become a surplus of £5.6m by the end of 2021, a movement of £3.6m. The key variances, defined as those greater than £100k on expenditure are.

- **£1,588k ORE income:** Reduction in exam income due to a requirement to cancel planned exams due to Covid-19 restrictions.
- **£1,862k Legal & professional,** consisting of:
 - In Registration and Corporate Resources a reduction in forecast (£1,472k) due to a requirement to cancel exams due to Covid-19 restrictions.
 - £156k underspend in Legal due to case referrals which have not manifested within ILAS (£164k) to date, due to the reactionary nature of their budgets, and rule 9 work covered in house and Covid preventing illegal practice work. Similarly, Hearings support, provided by ELPS has been pushed into Q4 of 2021, giving a YTD £150k timing difference. These underspends are offset to an extent by an £156k overspend in ILPS due to interim order work and hearings support work.
 - The Case Progression Team are forecast to save £135k 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 £77k underspend, due to spend against a flat profile for legal and consultancy work, and pension advice underspent as it is demand driven and virtual trustee meetings taking place.
- **£1,428k Staffing costs:** This underspend is due to the cumulative effect of several factors across all directorates being vacant, either in Q1, Q2 and Q3 or posts which are known to be held vacant in the coming months without being backfilled. We are also seeing the benefit of several 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.
- **£418k IT costs:** Due to less than anticipated spend on the consultancy line due to corporate projects being pushed back into 2022 as well as savings on the telephone line for lower premiums for the first phase of the telephony project.
- **£475k 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 £221k underspend is primarily due to savings found across the recruitment fees budget lines due to reduced activity but also the anticipated spend in Learning & Development for the building leadership project deferred into 2022.
- **£136k Meeting fees & expenses:** In Strategy, Education QA, where £146k has been saved primarily due to concerns being completed in report form without the need for formal meetings and inspections. In Legal, Governance is £81k underspend due to a combination of reduced levels of Members Day rate activity (£14k), National Insurance being overbudgeted (£21k), and the inability of Members to travel, or absorb accommodation and catering costs, due to ongoing Covid restrictions. These underspends are offset by an overspend in FTP in Hearings of £119k, which is due to increased activity as the team continue to catch up with delayed 2020 cases and deliver planned 2021 hearings.
- **£101k Research & engagement:** The primary reason for the underspend is £99k relating to Strategy, Communications & Engagement concerning project and event activity which is unlikely to occur.
- **£547k Contingency:** This underspend is due to unreleased contingency that is unlikely to be required before the end of the financial year.

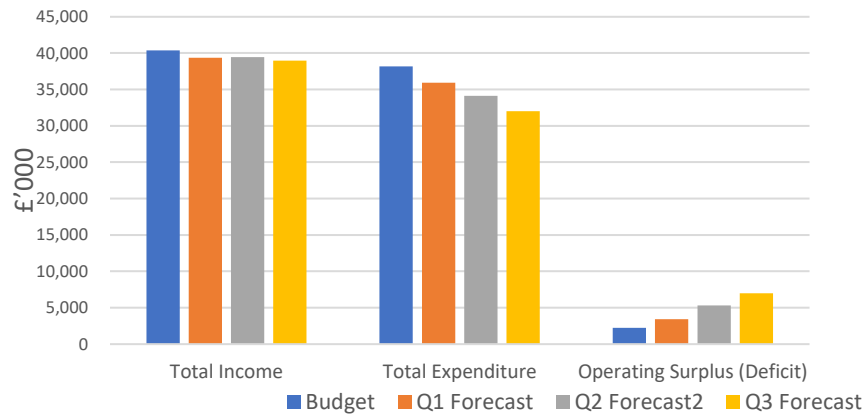
Establishment FTE Plan forecast:

- The latest forecast returns from teams assume headcount of 366.4 FTE at 31 December 2021, compared with an anticipated 356.7 FTE in the original budget.

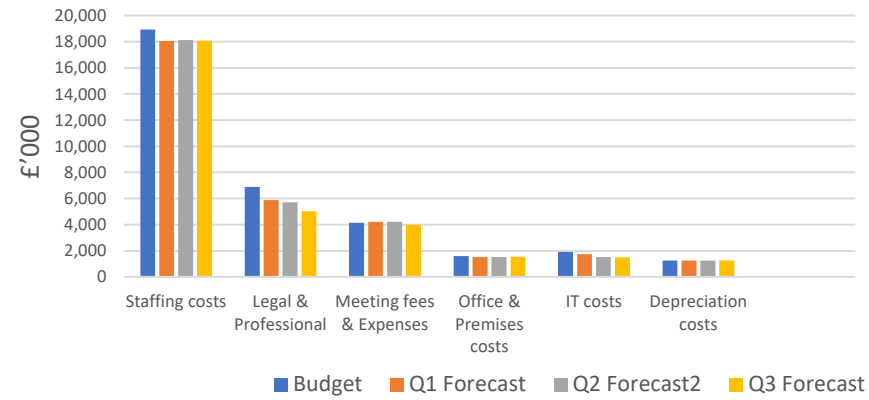
Risks and Opportunity updates:

- In October 2021 the Council agreed the CCP 2022-24 which reflected the latest financial risk exposure for the organisation as at the end of Q3 2021.

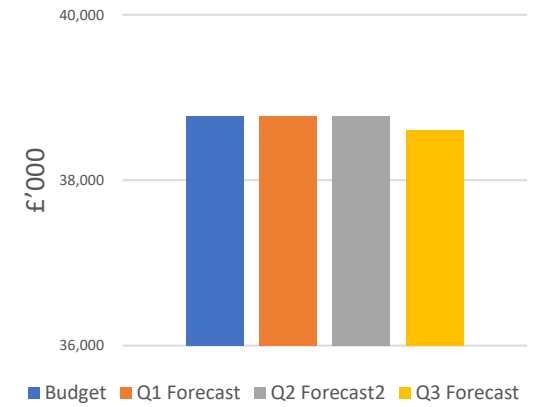
GDC Full Year to Date Performance



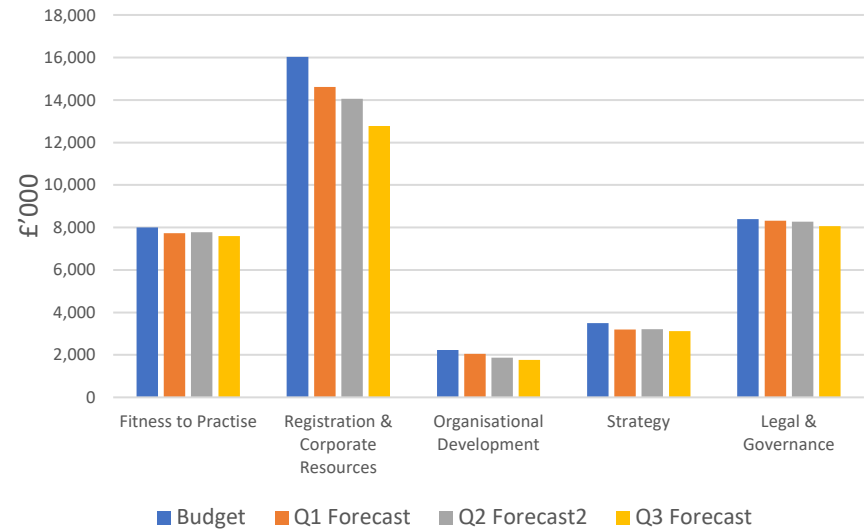
Full Year to Date Expenditure by category



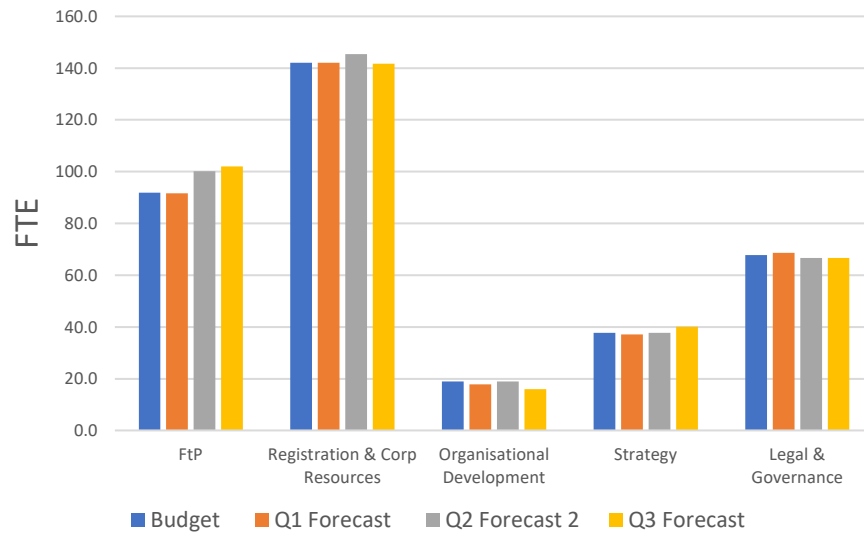
Full Year to Date Fee income



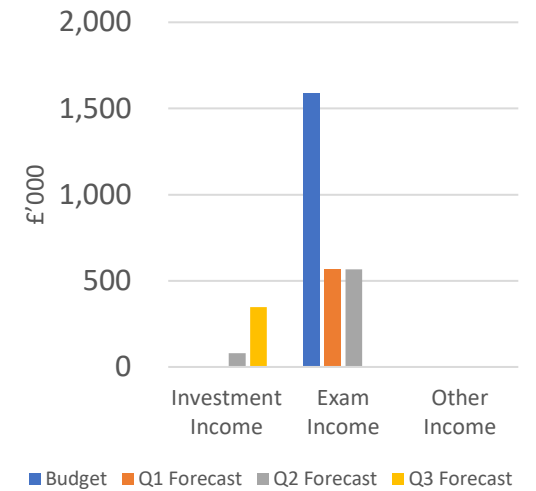
GDC Full Year to Date Performance by function



GDC Establishment by function



Full Year to Date Other income



Initial targets against the revised FtP key performance indicators

Executive Director	John Cullinane, Executive Director, Fitness to Practise
Author(s)	John Cullinane, Executive Director, Fitness to Practise
Type of business	For approval
Purpose	This paper provides initial targets against key performance indicators in Fitness to Practice and will be presented to the Council on 2 December 2021 to seek formal approval.
Issue	To provide the Council with a final set of targets against new performance measures in Fitness to Practice.
Recommendation	The Council is asked to approve the contents of this paper that provides initial targets against key performance indicators in Fitness to Practice.

1. Executive Summary

- 1.1 This paper presents the initial targets against the revised Fitness to Practise (FtP) performance measures for review and approval at the Council meeting of 2 December 2021.
- 1.2 As discussed with Council at the workshop on 22 September 2021, the KPIs define the performance measures of the various stages of the FtP process. We have set initial targets against the KPIs for the expected performance levels, which have been based on detailed analysis of historic data.
- 1.3 The KPIs will retain their definitions but the targets can be adjusted over time. Performance will be monitored and evaluated on an ongoing basis through data analysis, to assess when a more stretching target should be considered. The monitoring and evaluation process will provide clarity for how we are managing performance following trial and embedding of the new KPIs.
- 1.4 Step (I), establishing the performance measures and setting provisional targets was reviewed and discussed with FPC on 8 September 2021 and with Council at workshop of 22 September 2021.
- 1.5 Progressing forward with the actions as per step (II), provisional targets have been tested using historical data analysis, and refined to produce an initial set of targets. This paper now seeks review and endorsement from FPC on 25 November 2021 and review and approval from Council on 2 December 2021 for these initial targets.
- 1.6 Once the performance measures and the initial targets are approved and implemented, we will monitor and review the measures and targets over a period of six to eight months where further refinement could take place to set final targets ensuring that they are fit-for purpose. Any proposed future changes to targets will be presented to FPC for review and endorsement, and to Council for review and approval.

2. Background

- 2.1 The development of targets against the revised performance measures has been considered and developed as part of the performance management process within FtP. This process enables the directorate to embed a performance-based philosophy (over a longer term) and ensures the fulfilment of the stated objectives of this work. The KPI lifecycle demonstrates this at *figure 1* below,

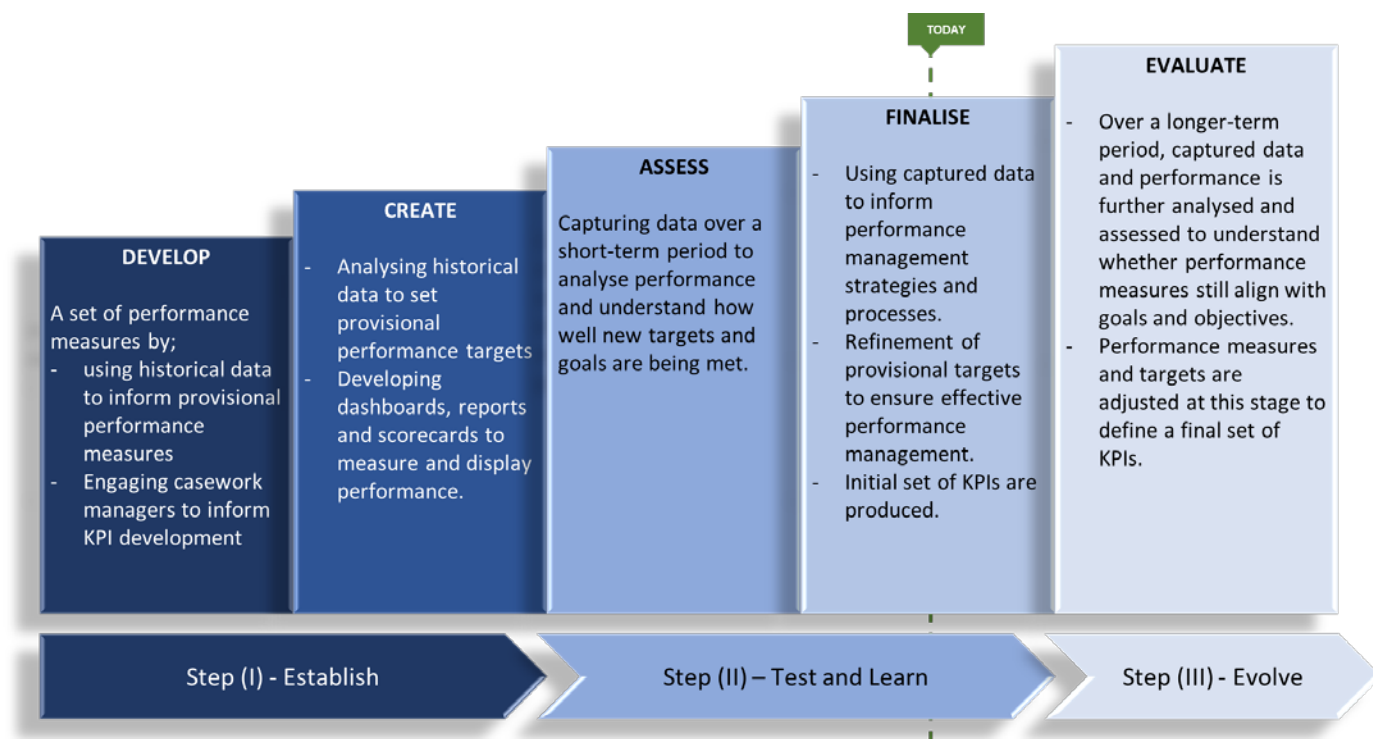


Figure 1: the KPI lifecycle

- 2.2 The approach to develop performance measures in FtP has three main steps:
- (I) establishing the performance measures and setting provisional targets (which was undertaken between March 2021 and Sep 2021),
 - (II) testing provisional targets against the performance measures to refine and set initial targets (which is currently in progress and taking place between Sep 2021 and Dec 2021) and,
 - (III) to monitor and review initial targets (and overall FtP performance and improvement) over a longer term to consider adjusting and revising targets to stretch levels (which has been planned to take place between Sep 2022 and April 2023).

3. Refining provisional KPIs

- 3.1 We have divided the caseloads into three groups, based on their streams. For each stream group, there are KPIs, performance indicators and operational measures at each of the stages of the FtP process. This does not apply to IAT, as cases at that stage have not been allocated to a stream.

- 3.2 The KPIs at each stage are the overarching time taken measures. They are supported by the granular level performance indicators and operational measures. These provisional targets were presented to Council at the Council Workshop of 22 September 2021.
- 3.3 These indicators were *provisional* in that they were primarily based on past performance and operational knowledge and were expected to be refined and adjusted as part of the testing phase within step (II) of the KPI lifecycle.
- 3.4 Each KPI has a set criterion for the logic of what it is measuring. The targets are then set against those KPIs to inform on performance. Therefore, to test the provisional targets, a report was developed based on the new KPI logic (from the revised performance measures) on data captured within a 9-month period (January 21 to September 21). Provisional targets were then applied to understand performance within each stage of the FtP Process. This process of testing targets informed whether the provisional targets managed to strike the right balance between being easily achievable, realistic, attainable, and reasonably stretching to favour higher expectations and performance.
- 3.5 The Hearings KPI has also taken into account the standard directions on disclosure, which allows parties just over 39 weeks to disclose cases and resolve evidential issues. We will keep the KPI under review and work with all parties to see whether the timescales in the directions can be revised.
- 3.6 The analysis has informed target setting and provisional targets have been adjusted where necessary to produce an initial set of targets against KPIs.
- 3.7 The steps involved within the entire process for testing provisional targets has been set out for each stage of the FtP case process in *Appendix 1 – testing of provisional KPIs to produce a set of Initial KPI targets*.

4. Initial set of “time taken” KPIs – seeking approval

- 4.1 We are requesting the Council to review and approve the Initial targets proposed against the time taken KPIs for each stage of the FtP process as listed below:

- 4.2 Initial time taken KPI at the IAT stage

KPI:	<i>90% of cases assessed within one working week (5 working days).</i>
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- 4.3 Initial time taken KPI at the Assessment stage

Stream Group A KPI:	<i>75% of cases assessed within 30 working weeks</i>
Stream Group B KPI:	<i>75% of cases assessed within 40 working weeks</i>
Stream Group C KPI:	<i>75% of cases assessed within 50 working weeks</i>

- 4.4 Initial time taken KPI at the Case Examiner stage

Stream Group A KPI:	<i>70% of cases assessed within 13 working weeks</i>
Stream Group B KPI:	<i>85% of cases assessed within 13 working weeks</i>
Stream Group C KPI:	<i>70% of cases assessed within 13 working weeks</i>

4.5 Initial time taken KPI at the Hearings stage

Stream Group A KPI:	70% of cases assessed within 40 working weeks
Stream Group B KPI:	60% of cases assessed within 40 working weeks
Stream Group C KPI:	80% of cases assessed within 40 working weeks

5. RAG reporting for the time taken KPI – seeking approval

5.1 Case numbers differ significantly in each stage of the FtP process. This is demonstrated in the reported data at each stage of the process at *Appendix 1*.

5.2 For reference, the average number of cases per month at each stage (for January 2021 to September 2021) is shown in the table below,

FtP Stage	Average Number of Cases per month			
	Total	Stream Group A	Stream Group B	Stream Group C
IAT Stage	114	N/A	N/A	N/A
Assessment Stage	73	35	15	23
Case Examiner Stage	25	13	5	7
Hearings Stage	10	5	3	2

5.3 Due to the significant difference between the volumes of cases in each stage, we need to set the RAG (Red, Amber, Green) variances so that reporting is relevant to each stage of the FtP process. This supports our current approach in adopting different methodologies for the different KPIs across each stage of the case process. The assessment and CE stages have a low volume of final decisions each month, which is why the decision made in a single case can alter the performance drastically. As such, a sufficient tolerance range needs to be set within the RAG in order to be meaningful.

5.4 As an example, taking the *Initial time taken KPI at the Case Examiner stage (Stream Group A): 70% of cases assessed within 17 working weeks*, in the month of July 2021 data shows that if 5 out of 6 cases were referred within the KPI, the performance would be reported as Green. See below,

July
83.33% 5/6

With such low volumes of cases, 1 case equates to 16.66%. Therefore, having a 5% variance between reporting Red, Amber or Green would not allow for meaningful scrutiny, as the Amber stage is likely to be missed with the change in just one case. Using a 20% variance to report between Red, Amber or Green would be more relevant to this stage.

5.5 We recommend that this approach is taken for the Case Examiner and Hearings stages. We also recommend that performance reporting includes the actual number of cases meeting the target as a proportion of all decisions made at that stage to provide useful context alongside the KPI.

- 5.6 To further support actual performance reporting of the FtP case process, we recommend that three-month rolling averages are also published in future reports. The rolling average will help identify trends and patterns but also provides a wider view of ongoing performance, especially in the CE and Hearings stages by mitigating against the lower volumes.
- 5.7 We ask the Council to review and approve this approach to RAG variances (as listed below), which allows for more meaningful reporting of the performance in the directorate.

FtP Stage	RAG Variance
IAT Stage	+/- 5%
Assessment Stage	+/- 5%
Case Examiner Stage	+/- 20%
Hearings Stage	+/- 20%

6. Evaluation and Review

- 6.1 The initial targets are a starting point supported by analysis of data up to September 2021.
- 6.2 Once this work is developed and implemented, we will begin capturing data after go-live in August 2022. In line with step III of the KPI lifecycle, performance data will then be reviewed regularly over a period of nine months at three-monthly intervals against the initial targets to provide a solid baseline. This baseline will inform a future change to the initial targets as further refinement and adjustments take place at that time.
- 6.3 The data will also be reviewed monthly to assess whether there have been any sudden improvements in performance that suggest that the KPIs should be amended immediately. This is likely to be at “group” level, as we expect different case groups to improve at different rates. There is also more scope for improvement at some stages of the process (in particular, assessment) than others (IAT, hearings) so that it is unlikely that all KPIs will be amended at the same time.
- 6.4 The FtP directorate will provide regular updates to FPC via the FTP Action Plan for assurance on the nine-month monitoring and evaluation period.
- 6.5 Any future proposed changes will be presented to FPC for review and endorsement and Council for review and approval in 2023 to set final targets against the performance measures.
- 6.6 This future change activity has now been included within the project schedule – extending the timescales for the evaluation and review process. The timetable below sets out the changes to the process:

Project Milestones	Date
Business Case – Council Meeting – review and approval	18 Mar 2021
Project Initiation – SRO approval	10 Jun 2021
Stage 1: Building Final Suite of KPIs	
Complete KPI Development	10 Sep 2021
Stage 2: Analysis and System Design	
Final CRM Requirements Specification and Business sign-off	24 Sep 2021
Stage 3: Development and Implementation	
Complete CRM, Reporting and Process changes developments	31 May 2022

Complete Implementation of Training, Guidance and Process Changes	27 Jul 2022
Go-live (with implemented KPIs)	1 Aug 2022
Stage 4: Moving towards BAU, Monitoring and Evaluation	
Project Closure	26 Sep 2022
Monitoring and Evaluation - capturing KPI Data (9 months)	Aug 2022 – May 2023
3-monthly review - November 2022	Dec 2022
3-monthly review - February 2023	Mar 2023
3-monthly review - May 2023	Jun 2023
KPI workshop to support future change to initial KPI targets	Jun 2023

Decisions	Date
Provisional KPIs - Board and Committee Review and Feedback	
EMT Board Meeting - review and endorsement	10 Aug 2021
FPC Committee Meeting - review and endorsement	8 Sep 2021
Council Workshop - review and feedback - Council Workshop	22 Sep 2021
Initial KPIs - Board and Committee Review and Approval	
EMT Board Meeting - review and endorsement	9 Nov 2021
FPC Committee Meeting - review and endorsement	25 Nov 2021
Council Meeting – review and approval	2 Dec 2021
Final KPIs - Board and Committee Review and Approval	
EMT Board Meeting - review and endorsement	TBC Jul 2023
FPC Committee Meeting - review and endorsement	TBC Aug 2023
Council Meeting – review and approval	TBC Sep 2023

7. Current actions

- 7.1 Alongside the formal approval of initial targets against performance measures in FtP, work has been progressing to conclude the final requirements specification. This specification will be undergoing a feasibility assessment prior to developing each requirement in CRM. This feasibility report will provide an understanding of the potential options for development and certain requirements that may require complex development.
- 7.2 We are working with the Communications and engagement team to ensure that we inform stakeholders and in particular the teams that will be working to these KPIs of these changes. Following the Council's approval on initial targets against KPIs, we will be able to start further analysis and detailed work to look at the performance indicators and the operational measures that feed into these high-level KPIs. This is in line with our vision to create an FtP performance management system (at *appendix 2*) where captured data from the three tiers, operational measures, performance indicators and key performance indicators provides strategic, management and operational information.
- 7.3 These steps will conclude stage II of this work (analysis and systems design) and upon approval from Council in December, this project will transition into *Stage Three – Implementation* which commences in Jan 2022.

8. Development, consultation and decision trail

- 8.1 EMT have reviewed and approved the recommended Business Case proposal on 9 February 2021
- 8.2 FPC have reviewed and endorsed the recommended Business Case proposal on 25 February 2021
- 8.3 The Council has approved the proposal that seeks to review and amend KPIs in Fitness to Practice on 18 March 2021
- 8.4 EMT reviewed an update paper on the development of performance measures as part of the FTP Action Plan update on 11 May 2021
- 8.5 FPC reviewed an update to the development of performance measures as part of the FTP Action Plan update on 27 May 2021
- 8.6 FPC reviewed and endorsed the draft proposal for new performance measures in Fitness to Practice on 8 Sep 2021
- 8.7 The Council was presented with the Draft proposal of provisional FtP performance measures including provisional targets against performance measures at the Council Workshop of 22 Sep 2021
- 8.8 EMT reviewed and endorsed the initial targets against key performance indicators in Fitness to Practice on 9 Nov 2021
- 8.9 FPC will be reviewing to endorse the initial targets against key performance indicators in Fitness to Practice on 25 Nov 2021

9. Next steps and communications

- 9.1 Final KPIs will be presented to Council for final approval in December 2021.
- 9.2 Stage three, *Development & Implementation* is timed to avoid the IT change freeze period, commencing Jan 2022.
- 9.3 Stage four, *moving towards BAU and ongoing monitoring and evaluation* includes post-project review and evaluation phases and will run from Aug 2022 to Jun 2023.

Appendices

- a. Appendix 1 – testing of provisional KPIs to produce a set of Initial KPI targets
- b. Appendix 2 – FtP Performance Management System

John Cullinane
Executive Director, Fitness of Practise
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[25 November 2021](#)

Appendix 1 – testing of provisional KPIs to produce a set of Initial KPI targets

The analysis of the report (where revised KPI case logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test provisional targets against) has informed target setting, and as a result provisional targets have been adjusted where necessary to produce an initial set of KPIs. Each step leading to the refinement of provisional targets by each stage of the FtP case process has been set out below.

10. Initial time taken key performance indicator at the Initial Assessment Stage

10.1 The provisional KPI was based on historical trend data, see table below:

Working Days	1 wd	2 wd	3 wd	4 wd	5 wd	6wd	7 wd	8 wd	9 wd	10 wd	11-15 wd	16-20 wd	≥21 wd
% of cases at IAT (no streams identified at this stage)	10%	42%	67%	75%	79%	82%	84%	86%	88%	90%	97%	99%	100%

10.2 The provisional KPI for Initial Assessment was set at: *90% of cases assessed within one working week (5 working days).*

10.3 New KPI logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test this provisional KPI against, see table below:

	January	February	March	April	May	June	July	August	September
KPI performance	90%	95%	94%	88%	92%	95%	89%	86%	95%
# cases	76/84	117/123	120/128	97/110	106/115	101/106	123/138	93/108	102/107

10.4 This data appears to further validate the provisional KPI, so there has been no change to the provisional KPI. Initial KPI requesting to be set as below:

Initial time taken KPI at the IAT stage:	90% of cases assessed within one working week (5 working days).
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11. Initial time-taken key performance indicator at the Assessment Stage

11.1 The provisional KPIs were based on historical trend data, see table below:

Working Weeks	0-10 ww	11-20 ww	21-30 ww	31-40 ww	41-50 ww	51-60 ww	61-70 ww	71-80 ww	81-90 ww	91-100 ww	101-150 ww	≥ 151 ww
Stream Group A	24%	52%	73%	82%	89%	93%	95%	96%	98%	98%	99%	100%
Stream Group B	22%	41%	58%	73%	84%	89%	95%	96%	97%	98%	99%	100%
Stream Group C	19%	35%	47%	58%	68%	75%	80%	83%	86%	88%	95%	100%
Overall	22%	47%	65%	76%	84%	88%	92%	93%	95%	96%	98%	100%

11.2 The provisional KPIs for each of the stream groups at the Assessment Stage were set at:

- a. Stream Group A: 75% of cases assessed within 30 working weeks
- b. Stream Group B: 75% of cases assessed within 40 working weeks
- c. Stream Group C: 75% of cases assessed within 50 working weeks

11.3 The logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test these provisional KPIs against, see table below:

	January	February	March	April	May	June	July	August	September
KPI performance – A	50.00% 14/28	56.67% 17/30	69.44% 25/36	70.83% 17/24	80.77% 21/26	80.95% 34/42	69.77% 30/43	76.92% 30/39	72.73% 24/33
KPI performance – B	69.23% 9/13	90.00% 9/10	89.47% 17/19	83.33% 10/12	70.59% 12/17	72.73% 8/11	66.67% 8/12	84.21% 16/19	70.59% 12/17
KPI performance – C	64.71% 11/17	84.62% 11/13	55.26% 21/38	80.00% 16/20	76.92% 20/26	73.91% 17/23	73.68% 14/19	60.00% 12/20	86.67% 13/15

11.4 This data appears to further validate the provisional KPIs, so there has been no change to the provisional KPIs. Initial KPIs requesting to be set as below:

Initial time taken KPI at the Assessment stage (Stream Group A):	<i>75% of cases assessed within 30 working weeks</i>
Initial time taken KPI at the Assessment stage (Stream Group B):	<i>75% of cases assessed within 40 working weeks</i>
Initial time taken KPI at the Assessment stage (Stream Group C):	<i>75% of cases assessed within 50 working weeks</i>

12. Initial time-taken key performance indicator at the Case Examiner Stage

12.1 The provisional KPIs were based on historical trend data, see table below:

Working Weeks	0-10 ww	11-20 ww	21-30 ww	31-40 ww	41-50 ww	51-60 ww	61-70 ww	71-80 ww	81-90 ww	91-100 ww	101-150 ww	151-200 ww
Stream Group A	24%	68%	83%	90%	94%	97%	98%	99%	99.3%	99.4%	99.7%	100%
Stream Group B	21%	80%	92%	95%	97%	97.7%	97.7%	97.7%	97.7%	98%	99%	100%
Stream Group C	19%	66%	82%	91%	95%	97%	98%	98.5%	98.9%	98.9%	99.6%	100%
Overall	22%	68%	83%	91%	95%	97%	98.1%	98.8%	99%	99.1%	99.6%	100%

12.2 The provisional KPIs for each of the stream groups at the CE Stage were set at:

- a. Stream Group A: 70% of cases assessed within 20 working weeks
- b. Stream Group B: 85% of cases assessed within 20 working weeks
- c. Stream Group C: 70% of cases assessed within 20 working weeks

12.3 The logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test these provisional KPIs against, see table below:

	January	February	March	April	May	June	July	August	September
KPI performance – A	76.92% 10/13	60.00% 3/5	100.00% 10/10	85.71% 6/7	85.71% 6/7	92.86% 13/14	83.33% 5/6	100.00% 9/9	92.86% 13/14

KPI performance – B	85.71% 6/7	100.00% 3/3	87.50% 7/8	100.00% 1/1	100.00% 2/2	100.00% 6/6	100.00% 3/3	100.00% 3/3	100.00% 5/5
KPI performance – C	85.71% 6/7	85.71% 6/7	83.33% 5/6	100.00% 4/4	100.00% 8/8	100.00% 9/9	100.00% 3/3	100.00% 9/9	33.33% 1/3

12.4 It was agreed that the provisional targets were not stretching enough and going back to the historical trend data the ideal range for the number of weeks was 11 to 20 working weeks. So, we decided to test targets at 13 weeks and at 17 weeks also.

12.5 For the test at 13 weeks, the provisional KPIs for each of the stream groups at the CE Stage were set at:

- a. Stream Group A: 70% of cases assessed within 13 working weeks
- b. Stream Group B: 85% of cases assessed within 13 working weeks
- c. Stream Group C: 70% of cases assessed within 13 working weeks

12.6 The logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test these provisional KPIs against, see table below:

	January	February	March	April	May	June	July	August	September
KPI performance – A	76.92% 10/13	60.00% 3/5	80.00% 8/10	71.43% 5/7	71.43% 5/7	85.71% 12/14	66.67% 4/6	88.89% 8/9	50.00% 7/14
KPI performance – B	57.14% 4/7	66.67% 2/3	62.50% 5/8	100.00% 1/1	100.00% 2/2	66.67% 4/6	66.67% 2/3	66.67% 2/3	80.00% 4/5
KPI performance – C	57.14% 4/7	28.57% 2/7	66.67% 4/6	100.00% 4/4	75.00% 6/8	77.78% 7/9	33.33% 1/3	44.44% 4/9	33.33% 1/3

12.7 For the test at 17 weeks, the provisional KPIs for each of the stream groups at the CE Stage were set at:

- a. Stream Group A: 70% of cases assessed within 17 working weeks
- b. Stream Group B: 85% of cases assessed within 17 working weeks
- c. Stream Group C: 70% of cases assessed within 17 working weeks

12.8 The logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test these provisional KPIs against, see table below,

	January	February	March	April	May	June	July	August	September
KPI performance – A	76.92% 10/13	60.00% 3/5	100.00% 10/10	71.43% 5/7	71.43% 5/7	92.86% 13/14	66.67% 4/6	88.89% 8/9	92.86% 13/14
KPI performance – B	71.43% 5/7	100.00% 3/3	87.50% 7/8	100.00% 1/1	100.00% 2/2	100.00% 6/6	100.00% 3/3	100.00% 3/3	100.00% 5/5
KPI performance – C	85.71% 6/7	71.43% 5/7	83.33% 5/6	100.00% 4/4	87.50% 7/8	100.00% 9/9	100.00% 3/3	100.00% 9/9	33.33% 1/3

12.9 This data provides reasonable justification to adjust the provisional KPIs, with 20 working weeks showing easily achievable, 17 working weeks felt not stretching enough and 13 working weeks being the preferable target to set, so initial KPIs requesting to be set as below,

Initial time taken KPI at the Case Examiner stage (Stream Group A):	<i>70% of cases assessed within 13 working weeks</i>
Initial time taken KPI at the Case Examiner stage (Stream Group B):	<i>85% of cases assessed within 13 working weeks</i>
Initial time taken KPI at the Case Examiner stage (Stream Group C):	<i>70% of cases assessed within 13 working weeks</i>

13. Initial time-taken key performance indicator at the Hearings Stage

13.1 The provisional KPIs were based on historical trend data, see table below:

Working Weeks	0-10 ww	11-20 ww	21-30 ww	31-40 ww	41-50 ww	51-60 ww	61-70 ww	71-80 ww	81-90 ww	91-100 ww	101-150 ww	151-200 ww
Stream Group A	1%	2%	9%	61%	71%	80%	87%	91%	93.8%	96%	99%	100%

Stream Group B	0%	5%	13%	51%	56%	62%	89%	89%	95%	95%	100%	100%
Stream Group C	2%	4%	17%	74%	85%	85%	89%	96%	96%	98%	100.0%	100%
Overall	1%	4%	13%	67%	77%	83%	88%	92%	95%	96%	100%	100%

13.2 The provisional KPIs for each of the stream groups at the CE Stage were set at:

- a. *Stream Group A: 70% of cases assessed within 40 working weeks*
- b. *Stream Group B: 60% of cases assessed within 40 working weeks*
- c. *Stream Group C: 80% of cases assessed within 40 working weeks*

13.3 The logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test these provisional KPIs against, see table below:

	January	February	March	April	May	June	July	August	September
KPI performance – A	100.00% 4/4	100.00% 1/1	-	100.00% 1/1	80.00% 4/5	40.00% 4/10	83.33% 5/6	100.00% 1/1	-
KPI performance – B	-	-	-	100.00% 4/4	100.00% 1/1	100.00% 1/1	100.00% 1/1	-	100.00% 3/3
KPI performance – C	100.00% 1/1	100.00% 2/2	-	100.00% 1/1	100.00% 2/2	66.67% 2/3	100.00% 2/2	100.00% 2/2	100.00% 1/1

13.4 It was discussed at EMT board meeting of 9 Nov that these provisional targets were not stretching enough and going back to the historical trend data the ideal range for the number of weeks was 31 to 40 working weeks. So, we decided to test targets at 36 weeks and at 38 weeks also.

13.5 For the test at 36 weeks, the provisional KPIs for each of the stream groups at the Hearings Stage were set at:

- a. *Stream Group A: 70% of cases assessed within 36 working weeks*
- b. *Stream Group B: 60% of cases assessed within 36 working weeks*
- c. *Stream Group C: 80% of cases assessed within 36 working weeks*

13.6 The logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test these provisional KPIs against, see table below:

	January	February	March	April	May	June	July	August	September
KPI performance – A	100.00% 4/4	100.00% 1/1	-	100.00% 1/1	60.00% 3/5	40.00% 4/10	83.33% 5/6	100.00% 1/1	-
KPI performance – B	-	-	-	100.00% 4/4	100.00% 1/1	100.00% 1/1	100.00% 1/1	-	100.00% 3/3
KPI performance – C	100.00% 1/1	100.00% 2/2	-	100.00% 1/1	100.00% 2/2	66.67% 2/3	100.00% 2/2	100.00% 2/2	100.00% 1/1

13.7 For the test at 38 weeks, the provisional KPIs for each of the stream groups at the Hearings Stage were set at:

- a. *Stream Group A: 70% of cases assessed within 38 working weeks*
- b. *Stream Group B: 60% of cases assessed within 38 working weeks*
- c. *Stream Group C: 80% of cases assessed within 38 working weeks*

13.8 The logic was applied to case data over the 9-month period from Jan 2021 to Sep 2021 to test these provisional KPIs against, see table below,

	January	February	March	April	May	June	July	August	September
KPI performance – A	100.00% 4/4	100.00% 1/1	-	100.00% 1/1	60.00% 3/5	40.00% 4/10	83.33% 5/6	100.00% 1/1	-

KPI performance – B	-	-	-	100.00% 4/4	100.00% 1/1	100.00% 1/1	100.00% 1/1	-	100.00% 3/3
KPI performance – C	100.00% 1/1	100.00% 2/2	-	100.00% 1/1	100.00% 2/2	66.67% 2/3	100.00% 2/2	100.00% 2/2	100.00% 1/1

13.9 The Hearings KPI target has historically been expressed in months (to be achieved within 9 months/36 weeks). There are limits to how quickly this process can be completed as there are set disclosure times which are approximately 7.5 months/33 weeks. Following this disclosure period, the GDC then needs administrative time to prepare which makes the 9 months/36 weeks target tight and unachievable. For this reason, to complete within 38 weeks seems like a reasonable target to set. Additionally, using today’s current position, if we were to list a 5-day case at this moment, it would be 37 weeks from now that we would get a hearings space – so a 36 week target it is not very generous.

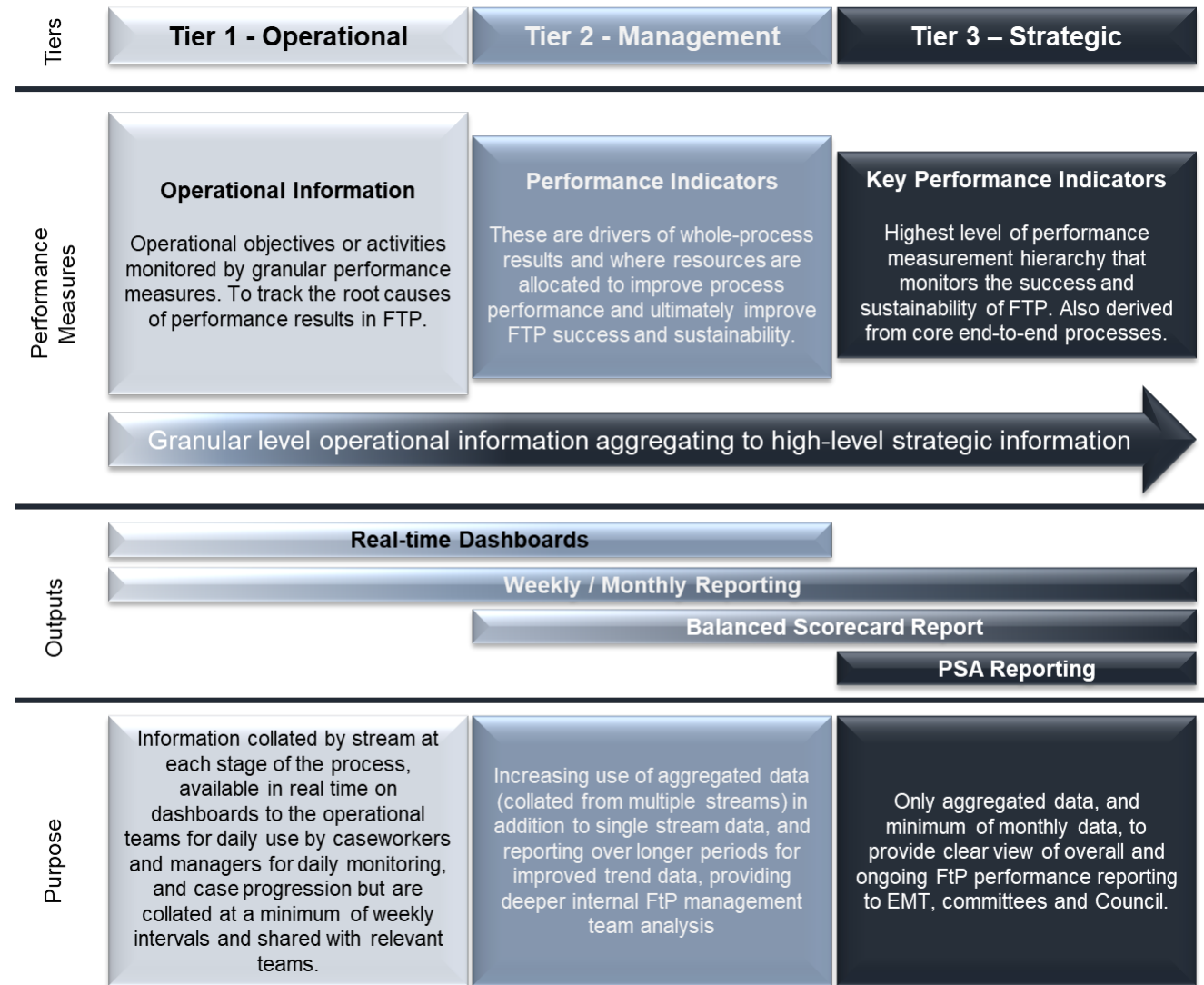
13.10 The Hearings KPI has also taken into account the standard directions on disclosure, which allows parties just over 39 weeks to disclose cases and resolve evidential issues. We will keep the KPI under review and work with all parties to see whether the timescales in the directions can be revised.

13.11 At present there has been no change to the provisional KPIs. Initial KPIs requesting to be set as below,

Initial time taken KPI at the Hearings stage (Stream Group A):	<i>70% of cases assessed within 40 working weeks</i>
Initial time taken KPI at the Hearings stage (Stream Group B):	<i>60% of cases assessed within 40 working weeks</i>
Initial time taken KPI at the Hearings stage (Stream Group C):	<i>80% of cases assessed within 40 working weeks</i>

Appendix 2 – FtP Performance Management System

One of our key objectives is to ensure that data can be measured at a more granular level (such as by case stage and case stream) whilst still enabling the aggregation of data upwards to the Balanced Scorecard and PSA reporting level. This tiered approach will help us to use performance information to promote accountability across all levels from caseworkers to senior managers and beyond by facilitating comparisons to stated objectives and targets of the FTP directorate. However, the KPIs have been designed to provide EMT and Council with the right information for assurance purposes. This is demonstrated further in the tiered model.



Hearings/Adjudications service – proposed name

Executive Director	John Cullinane, Executive Director, Fitness to Practise
Author(s)	John Cullinane, Executive Director, Fitness to Practise Richard Bloomfield, Senior Programme and Portfolio Manager
Type of business	For discussion
Purpose	To provide the Council with the recommendation for the name of the new Hearings service as part of the scope of the ‘Strengthen the separation of the adjudications function’ project. This paper also provides for information a progress update on the project.
Issue	At the Council meeting on 23 September 2021, the Council decided on the scope of the ‘Strengthen the separation of the adjudications function’ project. An initial key part of this scope is to develop the recommendation and rationale for the name of the new Hearings service upon which the rebranding and new website will be developed.
Recommendation	The Council is asked to review and approve the name of the new Hearings service.

1. Background

- 1.1. At their September 2021 meeting, Council confirmed that the work to separate the hearings/adjudications function should proceed at pace. One of the workstreams approved by Council for the ‘Strengthen the separation of the adjudications function’ project was the creation of a distinct visual identity. The discovery work for this workstream is planned to complete in Q4 2021, with the development work to create the new website expected to complete in Q1/Q2 2022.
- 1.2. In advance of this development work, we need to develop the branding and look and feel for the new service, necessitating a decision on what the new service will be called.
- 1.3. To put some rigour around the approach to proposing the name for the new service, a workshop was arranged with Hearings and Communications team members to review the different options and come up with a recommendation to share with the Registrar, prior to submission to EMT and FPC in November and then to Council for their decision in December.

2. Approach

- 2.1 Potential names for this service have been discussed previously, but the group decided to review all the options again to ensure that all potential options and names were considered.
- 2.2 The group agreed a number of parameters to frame the discussion, which included avoiding acronyms/names that:
 - a. were already in the public domain
 - b. use letters that could be changed to form words or acronyms with negative connotations (such as PTSD or STD)
 - c. may themselves have negative connotations (e.g. DenTS)
 - d. that sound very similar to existing companies or services (e.g. Denplan)

- 2.3 The group considered the name to describe the function of the new service using the following wider terms (the group discounted using the term ‘Court’):
- a. Hearings
 - b. Tribunal
 - c. Adjudications
 - d. Resolution
- 2.4 The group also agreed that as the purpose of this change was to demonstrate separation and independence from the GDC, then the new service should not have GDC in its name.
- 2.5 The different names considered can be found in **Appendix 1**.
- 2.6 The group discussed the positives and negatives associated with the key words for each of these. Two of the names were quickly discounted in early discussions:
- 2.7 **Resolution** -The group concluded that the word “resolution” may suggest that this is a mediation service, or operates by consensus, which it does not. They discounted this as a suitable option.
- 2.8 **Adjudications** - The group also concluded that the word “adjudication” was not ideal. Although it better describes the service provided than resolution, it was felt that adjudication is not a word that is widely used or understood by the public.
- 2.9 **Tribunal vs Hearings**
- 2.10 Both the HCPC and GMC use the word “tribunal” in the name of their adjudications function. However, it is not one currently used by the GDC. However, the word “hearings” is used in the relevant legislation and it is also the term we use in all of our content and communications.
- 2.11 Although GMC and HCPC use the word “tribunal”, the risk of an individual being involved in proceedings from more than one health regulator is very low, so it was not thought that using the word “hearings” will not cause confusion amongst registrants.
- 2.12 Therefore, the group recommend that the word **hearings** is used in the title of the revised operation rather than the word tribunal.
- 2.13 The rationale for this is detailed below:
- a. Hearings is a more accessible word and better describes what we do
 - b. Hearings is the word we currently use in all of our communications with users of the service
 - c. The Dentists Act 1984 and FTP rules refer to hearings
 - d. The word tribunal may be perceived as being more formal and legal. (Most of our hearings are at the lower end of the legal scale in terms of the severity of the complaint).
- 2.14 **Feedback from EMT**
- 2.15 EMT discussed the proposed name on 9 November 2021. Several issues were raised, including:
- Whether “tribunal” should be used as this was in line with other healthcare regulators
 - Whether it was possible to misinterpret *Dental Professionals* as *Dental Professionals’*, implying that the service was for the professionals.
 - Whether amending the word “professionals” to “professions” might alleviate this concern

- Whether the considerations leading to the proposed name had been tested with patients to check their understanding.
- 2.16 On this last issue, the project team immediately contacted the GDC's research team in order to establish whether we could use the existing patient panel to provide this opinion. As of 11 November, we are developing this work in conjunction with Community Research, and we will provide a verbal update to FPC and the Council on progress.
- 2.17 Unless the patient panel feedback gives a clear direction otherwise, the project team still supports the recommendation as set out below.

3. Recommendation and rationale

- 3.1 Having reviewed the different options for names (Appendix 1) we propose that the name of the new service should be:
- **Dental Professionals Hearings Service (DPHS)**
- 3.2 In addition to all the reasons described previously this name best describes the separated service because:
- a. it is a **hearing** that we are asking people to attend (and that is what we call it in our legislation and in our communications)
 - b. it is a **service** that is being provided (by this we mean the administration and operational running of the hearing, and not the decision making)
 - c. **Dental professional** is the generic term we use to describe the registrant groups we regulate, and these are the people who may be subject to fitness to practise proceedings that may end up in a hearing.

4. For information: Project progress summary update

- 4.1 **Workstream A: Distinct visual identity for the adjudication function**
- 4.2 The distinct visual identity for the adjudication function workstream contains two phases. Phase 1: discovery and planning, and Phase 2: implementation including stakeholder engagement. This workstream will involve building awareness and understanding of the role of the new Hearing/Adjudication function.
- 4.3 The Communications team has responded to feedback from Council to accelerate delivery of the work. The original delivery schedule to complete this workstream of 12-15 months from October 2021 has been revised to 7 months for phase 1 delivery and launch of the new website.
- 4.4 This workstream is currently progressing well and is on target for a planned website and content phase 1 launch by early April 2022 at the latest.
- 4.5 For Phase 1, we have completed all the planned work. As part of this phase we:
- a. conducted an evaluation of the GDC, HCPTS and MPTS websites and completed a gap analysis. We identified content we do not have on our website that HCPTS and/or MPTS do, and areas where HCPTS and/or MPTS have a greater depth of information. This work will inform the development of a new website for a separated adjudication/hearings service (in Phase 2).
 - b. reviewed HCPC's approach to separating their adjudication function and considered their communications strategy, key messages, and other operational matters. This has provided helpful insight in planning our work for Phase 2 and beyond.

- c. reviewed our previous and existing research to identify any learnings and insight to help inform our work on this project.
- 4.6 For Phase 2, we have so far:
- a. selected a potential name for a separated adjudication function
 - b. finalised our strategy and plans for stakeholder engagement, with meetings being scheduled to take place in November 2021
 - c. finalised internal communications approach for communicating the change
 - d. started the procurement process for brand development and website build
- 4.7 The key next steps for Phase 2 are to:
- a. commence the stakeholder engagement activities
 - b. Complete the brand design and look and feel development work by January 2022, which will be presented to Council via correspondence for approval before we start any website build/development.

5. Risks and Opportunities

- 5.1 Other regulators have already made formal changes to their structures to underpin the independence of their adjudication function and have created different identities for the adjudication functions to accentuate this.
- 5.2 We will review the approach that the other health regulators have taken and develop a brand identity that works best for the GDC by taking best practice approaches from the HCPC and GMC, whilst at the same time recognising that the adjudication function should look and feel different to the GDC.
- 5.3 All the approaches carry a risk of reputation damage to the GDC, if the new adjudication function is described as independent rather than separate. The adjudication function would only be independent once there has been legislative change.
- 5.4 There is a risk on Communications and Hearings resources due to other business priorities e.g. Regulatory Reform.
- 5.5 We are currently revising the risk register as part of the ongoing project work.

6. Legal, policy and national considerations

- 6.1 As part of the project work we will be seeking appropriate involvement of key internal and external stakeholder groups.
- 6.2 ILAS and information governance teams are represented on the working group which developed the high-level initial plan. The Head of ILPS and a Principal Advisory Lawyer are members of the project board.

7. Equality, diversity, and privacy considerations

- 7.1 A Data Protection Impact Assessment (DPIA) and Equality Impact Assessment (EQIA) are currently being undertaken for this project. The findings from these assessments will be discussed with the respective Information Governance and EDI leads and an update provided to Council on the conclusions.
- 7.2 As work progresses, we will need to seek certainty on the proposed use or change to use of any personal data to ensure we meet data protection requirements via the DPIA. This would include common requirements such as ensuring the use of data by the service is clear to users of our

website and of the service. It is assumed that GDC will remain as ‘controller’ for any use of personal data.

8. Resource considerations and CCP

- 8.1 As mentioned previously in the EMT paper in August and Council paper in September, the Workstream A: Phase 2 work will require significant resource from the Communications Team, approximately 140 days in 2021-2022.

9. Monitoring and review

- 9.1 The developed plan will be monitored and reviewed on a regular basis by the Communications Team and as part of the regular project progress reviews. We will ensure that there are regular updates to both EMT and Council.

10. Development, consultation, and decision trail

- 10.1 At the Council meeting on 23 September 2021, Council confirmed the approach and scope for the ‘Strengthen the separation of the adjudications function’ project and that this should continue at pace.
- 10.2 A workshop was arranged in October 2021 to review the different options for the name for the new hearings/adjudications service and come up with a recommendation to share with the Registrar.
- 10.3 The EMT Board discussed the recommendation in November and the Council is asked to approve the proposal.

11. Next steps and communications

- 11.1 The brand design and look and feel will be developed by January 2022, and these will be presented to Council via correspondence for approval before we start any website build/development.

Appendices

1. Appendix 1: Different names considered

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18 November 2021

Appendix 1: Different names considered

The names considering under the keyword of **Hearings** were:

- GDCHS (GDC Hearings Service)
- DPHS (Dental Professionals Hearings Service)
- DPH (Dental Professionals Hearings)
- DHS (Dental Hearings Service)

The names considering under the keyword of **Adjudication** were:

- DenPAS (Dental Professionals Adjudication Service)
- DPAS (Dental Professionals Adjudication Service)
- DAS (Dental Adjudication Service)

The names considering under the keyword of **Resolution** were:

- DRS (Dental Resolution Service)
- DenRS (Dental Resolution Service)

The names considering under the keyword of **Tribunal** were:

- DPT (Dental Professionals Tribunal)
- DPTS (Dental Professionals Tribunal Service)
- DenTS (Dental Tribunal Service)
- DTS (Dental Tribunal Service)

Boundaries of regulation: decision making framework

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Rebecca Cooper, Head of GDC Policy and Research Programme
Type of business	For decision
Purpose	To provide an update for the Council on progress with the work on the boundaries of regulation, and to seek approval for the decision-making framework.
Issue	The GDC requires a framework to guide decision making on issues that raise questions about the extent of our remit and interest. We have developed a framework as one of the policy-making tools for us to use in determining our regulatory approach.
Recommendation	The Council is asked to: <ul style="list-style-type: none"> • consider the framework and its effectiveness in supporting decision making • approve the framework

1. Introduction and background

- 1.1 We need to ensure public safety and maintain public confidence by regulating effectively in a changing environment. Our regulatory approach therefore needs to be sufficiently flexible to respond to a whole range of developments including the advent of new models of care, innovative clinical practice, complex and emerging business structures, and technological advances, as well as changes in expectations, structures or capabilities of regulators.
- 1.2 Many of those issues raise questions about the boundaries of GDC's role, both in terms of what does and does constitute the practice of dentistry and of the limits of GDC's powers and influence. We need to be confident as we develop responses to that changing environment that we are:
- meeting the requirements placed on us by our legislation
 - aligning our approach to our strategic objectives
 - using evidence to appropriately balance risk
- 1.3 We therefore need to have a clear framework for recognising the boundaries of our role, and to have a mechanism for identifying areas of activity where we need to consider the nature and extent of our regulatory intervention.
- 1.4 We also need to recognise that there are other forms of regulation and oversight, including: systems regulators, clinical and contractual governance, medicine and device regulation, health and safety at work requirements, data protection and information security requirements. This all creates a complex network of interacting controls over dentistry. And there will inevitably be some overlap in overall aims and areas of interest, so we need to be able to determine which body is best placed to act to ensure proportionate and consistent regulatory action. We already work with a range of other organisations to ensure appropriate action, remaining mindful of potential gaps or overlap . But we do not currently exploit the full potential of other forms of regulation.

- 1.5 The GDC has faced questions and challenges from a number of sources as to whether established positions on issues such as requiring dual registration by oral and maxillofacial surgeons and the classification of oral scans as the practice of dentistry remain appropriate in a changed or changing environment. The issues raised range from enquiries from registrants relating to their scope of practice, to legal challenges from corporations trying to establish a position in an emerging market. While each can be addressed individually, we do not currently have an accepted framework for responding to these questions and challenges, and therefore risk being inconsistent in our response.
- 1.6 We have sought to address this through the development of a framework for analysis and development of consistent, proportionate and evidence-led regulatory interventions (both through statutory powers and upstream effort) to enable a more rapid response to issues that test the boundaries of our regulatory remit.
- 1.7 A draft of the framework was presented at a workshop with the Council in June 2021, and used two of our current boundary questions (dual registration of oral and maxillofacial surgeons and the use of intra-oral scanning for the purposes of manufacturing mouthguards) as examples to help test the framework.
- 1.8 The Council was supportive of the approach, and the discussion identified some proposed additions to the framework. We have now used that feedback, revised and tested the framework, and now submit it for approval.

2. About the framework

- 2.1 The draft framework is intended to be one of a range of tools we can use to support effective policy making, and is designed to enable systematic consideration of issues, resulting in the development of consistent but situation-appropriate policy positions.
- 2.2 It seeks in particular to facilitate proportionate regulation, by balancing risks against benefits, and is aimed at resulting in the minimum necessary intervention that is required to for the purposes of protecting the public.
- 2.3 We have identified three key types of change that give rise to questions or challenges about our regulatory response or approach:
 - a. a change to dental practice and business, (e.g. intra-oral scanning, new tasks for roles in the dental team, remote orthodontics, changes in corporate structures surrounding dental practice)
 - b. a change in public behaviours as they engage with dental professionals (eg engaging with services remotely, seeking aesthetic practice that is not the practice of dentistry from dental professionals),
 - c. a proposal for change to how GDC operates (e.g. recording of additional qualifications on the register, dual registration of maxillofacial surgeons)
- 2.4 For each of these three categories, we have developed a set of framework questions which ensure that issues are addressed appropriately, systematically and consistently. Together they make up the revised draft framework which is presented in Appendix A.
- 2.5 The source of the issue will to a certain degree indicate an appropriate intervention. Changes in public behaviours might, for example, require a different sort of intervention than changes to clinical practice. But there is of course some overlap between the drivers of change for boundary issues, with changes in patient behaviours driving different professional/business behaviours, and vice versa.

- 2.6 There are some similarities in the considerations under the framework: regardless of the driver, and under each part of it, consideration of purpose, risk (evidenced and assumed), benefits, impacts and potential alternatives to regulation is required.
- 2.7 While the testing of the framework has demonstrated its potential for supporting the development of consistent and proportionate regulatory responses, it does not provide the complete answer. As such, it is designed to be used in conjunction with other tools and approaches, including effective problem definition, analytical frameworks and modelling of outputs, outcomes and impacts to support “right touch” regulatory responses.

3. Legal, policy and national considerations

- 3.1 The framework is intended to provide a more transparent, consistent and proportionate approach to determining regulatory approaches and responses. The legal teams will continue to be involved in the application of the framework, and ensure it supports and does not conflict with the legal framework.
- 3.2 Individual issues considered using the framework carry their own risks of legal challenge, as several of the matters are controversial and may affect dental professionals and dental service providers, as well as members of the public. Development of responses to each issue will therefore need to be done via collaborative working between the policy and legal teams.
- 3.3 There may also be national variation in legislation that needs to be accounted for (for example the systems regulators are national bodies and the legislation affecting human tissues is affected by the Northern Ireland Protocol).

4. Equality, diversity and privacy considerations

- 4.1 There are no specific equality, diversity or privacy considerations that need to be taken into account for the development or approval of the framework itself, although use of the framework might identify equality and diversity issues as part of the consideration of risks and benefits. . Equality impact assessments will also need to be carried out as part of the analysis of each issue to which the framework is applied.
- 4.2 As the proposals for regulatory reform are embedded into the GDC’s legislation, there is likely to be a duty placed on the organisation to assess proportionality. We do not yet have a clear understanding of how that duty will be applied, but given the focus of the framework on supporting proportionate interventions which are targeted at evidence of risk, we believe it is consistent with such a duty. The framework may however require some adaptation in order to incorporate fully and explicitly the proportionality assessment once any new legal duty is clear.

5. Resource considerations and CCP

- 5.1 Resources for the project to developing the framework through testing against boundary issues is accounted for in the CCP.
- 5.2 Beyond the development of the framework, the intention is that the framework will provide a cost-effective and more timely means to both assess boundary of regulation issues and develop consistent and proportionate regulatory interventions.
- 5.3 We anticipate that horizon scanning activity will identify potential issues at a sufficiently early stage, enabling a more timely response. We also expect that the use of a framework, tied to a clearer governance pathway will accelerate the development of regulatory interventions for emergent issues.

5.4 Overall, we intend that this will provide a more predictable workload which will improve planning capability for the CCP as well as responsiveness from the organisation.

6. Development, consultation and decision trail

6.1 Several of the issues/questions which led to the development of the framework, and against which it has been tested, have been discussed with the Council and stakeholders over a number of years. An earlier draft of the framework was the subject of a Council workshop in June 2021.

7. Next steps and communications

7.1 Subject to the Council's approval of the framework, we will move on from the recent testing phase to embed it within the policy making function, and continue to apply it to existing and emerging issues.

Appendices

- a. Draft framework for supporting the development of responses to boundary issues

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26 October 2021

Boundaries of Regulation Framework

Appendix A – Boundaries of Regulation Draft Framework

Changes in dental practice (this will often require the development of a service typology to describe the variation in practice)

Framework questions	Examples
What is the purpose of the practice?	Protection from impact or wear Movement of teeth and jaw Advice Identification of oral health risks Enabling a healthy function (speech, chewing, swallowing, etc.) Diagnostics and investigations (scanning, testing, radiographs, etc.) Manufacturing or quality assurance
What happens in the practice?	Removal of teeth Prescribing, supply and administration of medicines Surgical intervention under general anaesthetic / local anaesthetic Elective aesthetics or cosmetics that are the practice of dentistry Elective aesthetics or cosmetics that are not the practice of dentistry Scanning and impressions for preparation of bespoke dental appliances
Who undertakes the practice?	Patient, unregulated member of the team, person working under a protected title, unregulated individual

Council**Boundaries of Regulation**

What are the legal restrictions on who can undertake practice?	Specific restrictions to protected titles on the face of legislation (not just the Dentists Act)
What are the legal restrictions on where and how the practice can happen?	Specific restrictions to location or form of practice on the face of legislation (not just the Dentists Act, so for example does the practice occur solely within a CQC regulated environment) Supervision arrangements
What are the evidenced risks of the activity?	Clinical evidence, fitness to practise data, complaints to other agencies, dental rework in the NHS
What are assumed risks of the activity?	The assumed risks may not be evidenced but may still be relevant to our considerations. For example, dental professionals may provide opinions on risk that are not yet evidenced.
What are the (potential) benefits for patients and the public of enabling/expanding access to the practice	Improved access to services/devices Lower cost?
What are the impacts of regulating the practice?	Impact on innovation? Impacts on businesses and business models (e.g. in businesses which rely on income from the practice?) Adaptation of business models?

Changes in public behaviours

Framework questions	Examples
What is the change in public behaviours?	<p>Accessing services internationally</p> <p>Accessing services online</p> <p>Seeking services from unregistered professionals</p> <p>Undertaking the practice of dentistry on themselves</p> <p>Raising concerns about dental professionals when businesses go into administration or liquidation</p>
What are the reasons for the change in behaviour?	<p>Difficulty accessing services: cost, convenience, availability?</p> <p>Newly available services</p>
What are the evidenced risks of the behaviour?	Clinical evidence (NHS rework), fitness to practise data (probably not relevant but for us to consider), complaints to other agencies (MHRA, Trading Standards etc).
What are the assumed risks of the behaviour?	The assumed risks may not be evidenced, but may still be relevant to our considerations. For example, dental professionals may provide opinions on risk that are not yet evidenced.
What are the (potential) benefits for patients and the public of enabling/expanding access to the practice	<p>Improved access to services/devices?</p> <p>Lower cost?</p>
What are the potential negative impacts of regulating	Access, cost, innovation
What are the actions short of GDC regulation that address the problem?	<p>Providing information</p> <p>Working with dental service providers</p> <p>Matter for the UK government or devolved administrations</p> <p>Other regulators or agencies are better placed to address the problem – MHRA, Trading Standards,</p>

What evidence is there that a change in GDC activity will support our statutory objectives?	Public and professional expectations Testing of proposals Evaluation data from other regulatory regimes
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Proposals for changes to how the GDC operates

Framework questions	Examples
<p>What is the purpose of the proposed regulatory intervention?</p> <p>Must be related to statutory or strategic objectives:</p>	<p>Providing information to members of the public using dental professional services</p> <p>Providing initial assurance that the applicants are safe and effective to join the register</p> <p>Providing continuing assurance that professionals on the register are safe and effective</p> <p>Supporting professionalism across the population of dental professionals</p> <p>Addressing concerns about individual dental professionals</p>
Is the regulatory intervention currently set out in our legislation and what degree of discretion do we have?	<p>Information required to be recorded on the register</p> <p>Prosecution and exemptions for the practice or business of dentistry</p> <p>Competency testing for international applicants</p>
What actions are there short of GDC regulation that may address the perceived regulatory need?	<p>Providing information</p> <p>Working with employers</p> <p>Matter for the UK government or devolved administrations</p> <p>Other regulators are better placed to address the problem</p>
What evidence is there that a change in GDC activity will support our statutory objectives?	Public and professional expectations Testing of proposals Evaluation data from other regulatory regimes

Council**Boundaires of Regulation**

What are the potential disadvantages of regulation?	Impact on innovation Restriction of access to care/treatment Regulation where none is required
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Regulatory Reform Update

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Osama Ammar, Head of Public Policy
Type of business	For noting
Purpose	To update the Council on the progress of legislative changes, arising the proposals to reform health professional regulation, that will affect the role and functions of the GDC.
Issue	Proposals for structural and legislative change are expected to affect the: <ul style="list-style-type: none"> • regulatory functions of the GDC, • discharge of its duties • constitution of the governance structure. <p>These are all the responsibilities of the Council.</p>
Recommendation	The Council is asked to note the current position.

1. Introduction

- 1.1 The long-held ambition to reform health professional regulation, which the GDC has supported throughout, continues to be framed by uncertainty on its scope and timetable. This paper provides the Council with an update on the activity currently underway to understand the scope and timetable for reform and manage the uncertainty.
- 1.2 In previous updates, the Council received an overview of the various efforts to make amendments to the Dentists Act 1984. Appendix one of the paper provides an updated tabulated summary of the effects and current timetable. This timetable is based on best available information and may be subject to change by the UK government.
- 1.3 This paper provides an update on:
 - a. Preparation of a s.60 for the GDC to bring about wider reform by the Department of Health and Social Care (DHSC) (section two)
 - b. The review of the number of regulators (section three)
 - c. The review of the currently regulated professions (section four)
 - d. The initiation of a staged regulatory reform programme to effectively respond to the overall uncertainty while maintaining a state of readiness (section five)

2. Preparation of a s.60 for wider reform of the GDC

- 2.1 The Department for Health and Social care (DHSC) held a consultation between March and June 2021 on high level proposals for reform of the regulators. The DHSC is still to report the outcomes of this consultation. The [GDC's response to this consultation](#) was published on 16th June 2021.

- 2.2 The high-level proposals set out a sequence of amendments to legislation for each regulator over an unclear timetable. The only clear commitment in the timetable is that the General Medical Council's legislative framework will be reformed before any other regulator and its legislation will form the common core for all regulators. The sequence of reform for the remaining regulators will be informed by the outcomes of a review of the number of regulators and a review of currently regulated professions.
- 2.3 The consultation on draft amendments to the GMC's legislation is now expected to launch in Spring / Summer of 2022. DHSC is currently sharing packages of draft legislation with the regulators for comments.
- 2.4 GDC's timetable for reform is unclear, but at the fastest possible pace it is unlikely that the Dentists Act will be subject to amendment until late 2023.

3. Review of the number of regulators

- 3.1 The review of the number of regulators has been commissioned by the DHSC, who have appointed KPMG. The review is planned to complete by the end of 2021. Following this, it is expected the DHSC will consider the report before providing any indication of the direction of travel on structural reform at some point in 2022, but not earlier than the Spring. Any proposals for change would then be the subject of a formal consultation process before the necessary legislative provision could be made. Again, there is no clear timetable, but it is hard to see any changes taking effect before 2023 at the earliest.

4. Review of the currently regulated professions

- 4.1 There has been no information published on the review of the currently regulated professions. Information from the DHSC suggests there will be update on this work at the end of 2021 or start of 2022.

5. Initiation of the staged regulatory reform programme

- 5.1 The first meeting of the regulatory reform programme board has taken place to establish the governance structures and give authorisation to proceed with the first stage of activity.
- 5.2 This first stage of activity is focused on providing feedback on the drafts of proposed GMC legislation, planning resources for the policy development and analysis of impact on the GDC, and preparing a detailed resource plan for the second stage of the programme.
- 5.3 Progression to stage two of the programme will require further authorisation from the programme board and will be dependent on clarity on the scope and timetable for reform from the DHSC.

6. Legal, policy and national considerations

- 6.1 There is potential for profound change to the way that GDC operates as a result of the proposed amendments to GDC legislation. Draft packages of legislation for the GMC provide the opportunity to conduct a more comprehensive analysis of the future legal framework, its potential for flexibility, and any associated risks. Various teams in the organisation are undertaking this analysis, including the In-house Legal and Advisory Service, Policy team and teams responsible for statutory functions.
- 6.2 Regulation of some dental care professionals is a devolved matter to Scotland. While reform of the regulatory model is an ambition of the devolved administrations, the wider political context in which UK-wide change of regulation is being proposed may affect how each nation chooses to respond to the proposals.

7. Equality, diversity and privacy considerations

- 7.1 The proposals to amend GDC legislation will have a significant impact, potentially both positive and negative, on the organisation's ability to offer services equitably, eliminate discrimination, and foster inclusion. As and when legislation is prepared, there will be opportunities to feed into equality and diversity analysis conducted by the UK government and, before changes are made to GDC operations, equality and diversity impact analysis will be required, as well as consultation where the Act requires it.
- 7.2 The proposals set out in draft legislation or policy consultations preserve the protections on privacy of data, while also providing some enhancements to GDC's capability to share and require information in the course of protecting the public. If these proposals are carried forward to amendments to GDC legislation, data protection and privacy impact analysis will be required and undertaken. Again, the UK government will also be conducting its own analysis.

8. Risk considerations

- 8.1 There remains considerable uncertainty over the timetable for reform of the GDC's legislation which affects our capacity to plan and may lead to wasted investment of resources. The staged approach to the initiation of the regulatory reform programme mitigates the risk of abortive work by only starting work in response to triggers which provide greater detail and certainty on the impact to the GDC.
- 8.2 Alongside the uncertainty over the timetable is the risk that decisions on structural and legislative reform will occur with little forward notice. The regulatory reform programme has incorporated trigger points related to information becoming available on the direction of structural and legislative reform so that, as far as possible, a state of readiness can be maintained and the scope of work and its impact on the CCP can be reviewed through corporate planning process.
- 8.3 If legislative reform takes place, the scale of impacts across the organisation is both broad and deep. The timeframe over which the GDC will be expected to have adapted and be operating transitional arrangements is unclear. There may be significant costs of transition for which we would need to make provision.
- 8.4 The principle of consistent regulation across the regulators may lead to elision of important distinctive features of dental regulation that protect the public.
- 8.5 At a high level, the proposals place new emphasis on the GDC to make its own rules and operate through discretion, which will increase risk of challenge.
- 8.6 There is some risk that the new duties and governance arrangements may consume resources in their application, which will affect the GDC's ability to leverage the opportunities to improve the regulatory model during the period of implementation.

9. Next steps and communications

- 9.1 External stakeholders, particularly dental professionals, their employers and representatives will be affected by amendments to GDC legislation. The impact on patients and the public will be less direct but no less important.
- 9.2 For the GDC's stakeholders, and the GDC, attention over the remainder of 2021 and into 2022 will be focused on the proposals for international registration and recognition of qualifications.
- 9.3 There will be continued engagement with KPMG over the course of their analysis for the review of the number of regulators. It is anticipated that more information will be made available in the coming months relating to review of the currently regulated professions, which will require communications activities to support engagement from the dental professions.

- 9.4 Staff time, through the staged regulatory reform programme, will be directed to understanding the impact of the proposed common legal framework, monitoring the triggers that will provide further certainty, and effectively influencing the variety of legislative vehicles.

Appendices

- a. Appendix one – Tabulated summary of legislation affecting the Dentists Act 1984

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01 September 2021

Appendix one

This timetable is based on best available information and may be subject to change by the UK government.

Legislation	Intended effects	Intended timetable
General reform proposals		
Widespread amendments to the Dentists Act by a section 60 Order to bring about the bulk of the reform proposals (sponsored by the Department for Health and Social Care)	<ul style="list-style-type: none"> • New governance and accountability framework. • Elements of flexibility in specific areas of GDC functions. • Elements of inflexibility (eg three-stage fitness to practise process, common sanctions across regulators) 	<ul style="list-style-type: none"> • Onward timetable for reform of GDC legislation to be determined by the UK government following the reviews of the number of regulators and currently regulated professions. • Consultation on revised GMC legislation now expected in 2022.
Health and Care Bill (sponsored by the Department for Health and Social Care)	<p>New powers in secondary legislation for the UK government to:</p> <ul style="list-style-type: none"> • close a regulator • remove professions from regulation <p>The government has not yet given any indication of how it might exercise these powers, though it has announced that there will be reviews of the number of regulators and of the professions subject to regulation. Permitting regulators to delegate statutory functions to another statutory regulator.</p>	<ul style="list-style-type: none"> • Implementation of the Health and Care Act is intended to begin in Spring 2022, however, it is unclear when the parts affecting regulators would be implemented.
Routes to international registration		
Stand-alone amendments by a section 60 Order to increase flexibility for international registration (sponsored by Department for Health and Social Care)	<ul style="list-style-type: none"> • Lifting capacity restrictions on the ORE • Flexible framework for assessment of individual dentist and DCP applicants • Introducing cost recovery for international education quality assurance 	<ul style="list-style-type: none"> • Consultation has been delayed further but anticipated to open imminently. • Amendments likely to come into effect by Q3 of 2022

<p>Professional Qualifications Bill (sponsored by Department for Business, Energy and Industrial Strategy)</p>	<p>Providing clear and consistent powers to:</p> <ul style="list-style-type: none"> • Individually negotiate recognition agreements with international competent authorities • Recognise qualifications through trade agreements made by the UK. 	<ul style="list-style-type: none"> • Royal Assent intended towards Spring 2022 • Timetable for regulations to authorise the GDC to enter mutual recognition agreements is unclear, but not anticipated until mid-2022 at the earliest • Trade agreements may include additional timetables for establishment of systems of qualification recognition
<p>Revocation of the standstill arrangement by s.60 (sponsored by the Department of Health and Social Care)</p>	<p>Revoking the temporary arrangements to extend a system of near-automatic recognition to specified European dentist, orthodontic and oral surgery qualifications.</p>	<ul style="list-style-type: none"> • Preparatory work at DHSC has started. • In effect by 1st January 2023

Investment Principles and Investment Strategy

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For approval
Purpose	This paper is presented to Council following the Finance and Performance Committee's consideration of the Investment Strategy Review and their endorsement of the 2022 Investment Principles. Public: This paper is to be considered by correspondence in the public session of the 2 December 2021 Council Meeting.
Issue	To present the 2022 investment principles and strategy review for approval
Recommendation	The Council is asked to note the investment and strategy review. The Council is asked to approve the investment strategy and principles for 2022.

1. Background

- 1.1 Smith & Williamson are the GDC's appointed investment advisors, who assist in the development of our investment strategy. This strategy takes account of the GDC's statutory role as regulator, its accountability to Parliament, and, as a result, its need to invest prudently, avoiding unnecessary risks.
- 1.2 The investment principles and investment strategy are reviewed annually. This review is considered and discussed by the Finance and Performance Committee (FPC), ahead of their endorsement of any recommended changes to the principles and strategy to the Council.

2. Investment history

- 2.1 In 2012, £12m was transferred to Smith & Williamson from available cash balances in a mix of equities and fixed interest securities. In addition, the GDC's holdings in five investment trusts (with a value on 31 December 2011 of £579,000) were also transferred to Smith & Williamson's management.
- 2.2 In 2014, GDC liquidated £6.1m of investments held to boost cash balances over the last six months of 2014, largely to fund the redevelopment cost of the GDC's premises at 37 Wimpole Street. Following receipt of annual retention fees in December 2014, the £6.1m was reinvested in January 2015.
- 2.3 In 2015, a further £11.5m was divested resulting in a net £5.4m reduction in the value of the GDC's investments in the year. At 31 December 2015, the value of investments held in equity funds was £3.5m.
- 2.4 In 2016, it was necessary to liquidate the majority of our investments to ensure that the stated policy minimum of £5.0m was maintained in cash funds. The investment manager was instructed to divest the majority of the portfolio during August and September 2016 in an orderly fashion. The net sale proceeds totalled £3.0m, leaving £0.8m of its portfolio invested, mainly in unit trusts that have been held for a number of years.

- 2.5 In December 2017, Council approved a deposit of up to £15m of available cash in instruments other than cash deposits. The split between UK equities, overseas equities and UK fixed interest was developed in consultation with Smith & Williamson and funds were invested throughout 2018.
- 2.6 In March and April 2020, our investments were materially impacted by COVID-19, and the pandemic's effect on worldwide financial markets. At worst, we saw a loss of around 21% (£2.5m) on our equity portfolio and 6% (£327k) on our cash portfolio. However, by the timing of the 2020 review in August 2020, we had seen a full recovery due to government and central bank financial support in fighting the pandemic.
- 2.7 The following table summarises the returns achieved since the 2018 re-investment of £15m:

Table 1 investment returns since 2018 at each annual review.

	Investment 2018	Investments (2018 review)	Investment (2019 review)	Investments (2020 review)	Investments (2021 review)
	£000	£000	£000	£000	£000
Equities (including unit trust valued in Dec 2011 at £579k)	10,000	10,465	11,983	12,311	15,089
Fixed interest	5,000	4,277	5,262	5,095	5,154
Cash*	-	1,043	356	367	921
Total	15,000	15,785	17,601	17,773	21,164

*Cash sums that remains in both the equity and fixed interest accounts to be invested at the appropriate time.

3. Investment Allocation

- 3.1 Our equity portfolio investment allocation at the 31 August 2021 is set out below:

Table 2 investment allocation

	Value £000	%
Alternative Investments	59	0.4%
Global	2,661	17.0%
United Kingdom	5,878	37.6%
North America (USA)	2,850	18.3%
Europe	689	4.4%
Far East	2,371	15.2%
Emerging Markets	581	3.7%
Total – All Securities	15,616	100.00%

4. Cashflow projections

- 4.1 The value of cash to be included in an investment strategy should be linked to projected cash balances. The investment profile is based on the minimum level of projected cash balances.

- 4.2 Following our cashflow projections, which support the 2022-24 Costed Corporate Plan and include an assessment of 3% income risk, we are proposing no changes to our investment profile for 2021.
- 4.3 Other short-term cash balances will continue to be managed by the Finance team through the use of short term (up to 3-month bank deposits) at our two UK clearing banks (Bank of Scotland BOS and NatWest), if products are available. In 2021, NatWest withdrew it's 90 Day Deposit account from available products. There are currently limited short-term deposit account opportunities for earning interest due to the very low base rate (currently 0.1%).
- 4.4 A suggested profile, based on the 2022 cashflow projections, which were completed as part of our work on the 2022-24 Costed Corporate Plan, is as follows:

Table 3 proposed investment profile 2022

	Seasonal minimum level of projected cash [Oct/Nov]	Seasonal maximum level of projected cash [Dec]
Finance Team managed:		
Current account cash:		
NatWest	£10m	£10m
Lloyds	£2m	£2m
Short term bank deposits	£10m	£23m
Smith & Williamson managed:	£21.0m	
GDC total funds available	£43.0m	£56m

Diagram 1 projected liquidity profile 2021-23



5. Ethical investment strategy

- 5.1 In line with our current investment principles, we have a specialist investment strategy agreed with Smith and Williamson to avoid any conflict of interest in relation to oral health and the healthcare sector. Our agreed strategy restricts any direct investment in a company with sales in tobacco and alcohol, or any direct investment in healthcare providers.

6. Investment risk considerations

- 6.1 The justification for investing a proportion of available cash in instruments other than cash deposits is the opportunity to achieve investment returns greater than currently available from

bank deposits after deducting fees, whilst not exposing any capital to excess risk. The objective here is to seek to achieve returns that mitigate the shrinking buying power of cash as a result of an increase in the rate of inflation. Investment advisors will seek to achieve this through investing in “real assets” (equities, property, commodities etc).

6.2 One of the biggest risks to our investments is the volatility of financial markets. Smith and Williamson have provided the following summary assessment of the equity markets:

“Equity markets continue to ride a wave of optimism provided by a buoyant backdrop of global economic data and COVID-19 vaccination progress, meaning we can look ahead to a long-awaited return to normality across many countries. Fiscal and monetary policy remains accommodative, although much debate around the likely path for inflation continues, and with it the prospects for value relative to growth orientated equity sectors and regions. Despite some concern over valuations, we still consider this backdrop to be supportive of a net risk-on environment and conducive to equity market outperformance.”

6.3 Despite the positive summary the following risks have also been identified by Smith and Williamson as presenting potential asset price volatility over the coming months:

- a. **Elevated inflation:** Consumer price inflation has increased globally. Higher inflation could feed through to equities via multiple channels:
 - o The rising cost of living has encouraged workers to demand higher wages, adding uncertainty over company profit margins.
 - o If goods and service prices become increasingly unaffordable it could depress growth through “demand destruction”.
 - o Central bankers may surprise markets by reining back on accommodative policy.

In July 2022, Bank of England Monetary Policy Committee member Michael Saunders warned that if activity and inflation indicators remain in line with recent trends and downside risks do not rise significantly, “then it may become appropriate fairly soon to withdraw some of the current monetary stimulus.” Given equities have been boosted by the easy money policy, taking the liquidity punchbowl away could unsettle markets.

- b. **Covid Mutations:** With just over 14% of the world population fully vaccinated, Covid is likely to remain an ongoing market risk. The rise in the more infectious Delta variant has led some governments to implement consumer restrictions, such as excluding the unvaccinated from bars, restaurants, and shopping centres. The UK government’s Test and Trace app led to increasing numbers of people being ordered to self-isolate, which can disrupt economic activity in a so-called “pingdemic”.

Given that the UK Office for National Statistics reports that an estimated 90% of the adult population have tested positive for coronavirus antibodies in England, the vaccine rollout and herd immunity is proving so far to be effective in breaking the link between infections and deaths/hospitalisations.

- c. **Peaking economic growth:** The global All Industry Purchasing Managers Index (PMI), a broad-based proxy of growth that include manufacturing and services, peaked in May 2021 and has raised uncertainty over the growth outlook.

6.4 We met with Smith and Williamson for an annual investment risk review on 1 October. Their advice was that unless we are looking to divest in the short term, they would recommend retaining the current risk appetite for our investment strategy. Whilst there is growing uncertainty in UK markets, it is felt that there are still material gains to be seen from global economies.

6.5 Our current investment risk strategy is set out below:

Cash investments portfolio

- 6.6 Risk Strategy B1 - 'prepared to accept a low degree of risk to try to preserve the real value of the portfolio over the medium to long term'.

Equity portfolio

- 6.7 Risk Strategy D1 – 'core objective of growth, with a time horizon of five years or more and a risk appetite whereby we are willing to take investment risk to try to generate a higher return.'
- 6.8 Given our 3-year cash forecast projections, feedback received from Smith and Williamson and the current economic outlook, we do not propose either an increase to our investment portfolio or any change to our investment risk strategy for 2022.

7. Monitoring and review

- 7.1 The investment principles and strategy are formally reviewed, discussed with FPC and approved annually by Council.
- 7.2 Each month, unrealised losses and gains on our investments are recorded in our management accounts. This provides visibility to the Executive on the performance of investments. These reports are shared monthly with the FPC by correspondence.
- 7.3 More formal quarterly reporting is produced and reported to FPC and Council, which contains details of our investment performance.
- 7.4 Any significant movement in our investment values will be notified to the Accounting Officer immediately.

8. Development, consultation, and decision trail

- 8.1 The investment principles and investment strategy have been reviewed by EMT at their meeting on 12 October 2021.

9. Next steps and communications

- 9.1 Council are asked to approve the investment principles and strategy for 2022.

Appendices

- a. Appendix 1 – GDC Investment Principles

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25 November 2021

GDC Investment Principles

Introduction

1. This statement of Investment Principles is aimed at providing a guide to how the Investment Strategy is implemented.

Investment Principles

2. The GDC will aim to achieve an investment risk profile that seeks to achieve returns broadly in line with inflation.
3. Reserves would potentially be available for investment for 5 years duration, but the ability to liquidate some investments at short notice should be maintained.
4. The GDC would always retain ultimate decision-making powers in relation to investments, however day to day decision making powers should be delegated to the Investment Manager on terms to be agreed.
5. The GDC has an established ethical policy to exclude alcohol and tobacco owing to their impact on oral health and the healthcare sector which could be seen as a conflict of interest. Ethical restrictions have been agreed with the Investment Manager and consequently there are no direct investments permitted in companies with more than 5% turnover derived from the production of alcohol, production of tobacco or healthcare provision.
6. Custody of investment documents [share certificates etc] – will be agreed between the GDC and the Investment Manager, however where they are held by the Investment Manager, they will be in the name of a Nominee company.
7. All investments would be realisable within 7 working days, apart from short term bank deposits that may be unavailable for up to 3 months.
8. Short term funds will be deposited with banks as approved from time to time by the GDC, currently Bank of Scotland (Lloyds Banking Group) and NatWest.

Financial Policies and Procedures 2022

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For approval
Purpose	This paper is presented to the Council following the Finance and Performance Committee's review and endorsement of the Financial Policies and Procedures which will govern the GDC in 2022. Public: This paper is being presented as part of the public session at the 2 December 2022 Council Meeting. (Paper to be considered by correspondence)
Issue	To present to the Financial Policies and Procedures for 2022 for approval
Recommendation	The Council is asked to approve the Financial Policies and Procedures which will govern the GDC in 2022.

1. Background

- 1.1 The financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC's latest requirements, arrangements, and controls, including correct terminology. They were last formally considered by the Council at their December 2020.
- 1.2 In December 2020, Council approved those policies relating to the operational management of the organisation should be approved by EMT. EMT should consider in their review if there are any issues relating to the policies that require escalation to FPC for further oversight.
- 1.3 Table 1 sets out the governance paths in relation to the approval of all the Financial Policies to govern the organisation in 2022.
- 1.4 The Council are asked to consider and approve those policies highlighted in bold, other policies falling under Council governance have been presented separately.

Table 1 Financial Policies governance paths

Policy	Governance path	Approved by
Financial Policies and Procedures 2022	EMT > FPC > Council	Council
Financial Delegated Authority 2022	EMT > FPC > Council	Council
Council Member and Associates Expenses Policy	EMT > RemNom > FPC > Council	Council
Reserves Policy	EMT > FPC > Council	Council (October 2021)
Investment Principles & Investment Strategy	EMT > FPC > Council	Council (Separate Paper)
Banking Arrangements 2022	EMT > FPC	FPC

Policy	Governance path	Approved by
Anti-Fraud, Bribery and Corruptions Policy (employees and temporary workers) 2022	EMT	EMT (endorsed by ARC)
Procurement Policy 2022	EMT	EMT
Procurement Exception Policy 2022	EMT	EMT
Staff Expenses Policy 2022	EMT	EMT
Corporate Credit Card Policy	EMT	EMT

- 1.5 All financial policies and procedures have been reviewed to ensure they remain fit for purpose and are consistent with organisational structure and process.
- 1.6 Full policies have been provided for information, but updates to the policy highlighted in section 2 of this paper to facilitate the committee's review.

2. 2022 financial policy review

Financial Policies and Procedures 2022 (appendix 1)

- 2.1 The policy has been updated:
- at sections 3.11 and 3.12. This is to reflect the quarterly performance reporting structure and remove the reference to sharing the monthly management accounts with FPC.
 - At section 3.21 – 3.24, to incorporate our policy around the use of single payments.
 - for format, into new standard corporate internal policy template.
 - for any minor drafting changes such as changes to job titles.

Financial Delegated Authority 2022 (appendix 2)

- 2.2 The policy has been updated:
- at sections 3.7 through 3.15. This is to incorporate the policy and procedure for access to free reserves, originally drafted by the Chief Executive and Accounting Officer and approved by Council in 2019. Inclusion within the financial delegated authority will ensure it is subject to the annual review cycle.
 - At section 3.44. This text has been revised at request of the Head of People Services to be clearer on their role being to review any requests for regarding for overall fairness and compliance. It remains the requesting managers responsibility to evidence organisation need for the change and to submit the relevant request for authorisation to the Chief Executive for approval. (Table 6 has also been updated in line with this change)
 - for format, into new standard corporate internal policy template.
 - for any minor drafting changes such as changes to job titles.

Council Members and Associates Expenses 2022 (appendix 3)

- 2.3 We have refreshed our benchmarking data and confirmed that Council Members and Associates of the GDC do not appear to be disadvantaged relative to those employed by our healthcare sector peers. The points to note from our review are:
- The GMC have reduced their rate for accommodation in London from £180 per night to £157 per night.
 - The GOC have made minor revisions downwards to their allowable rates for subsistence (from £28 to £24).

Table 2 Benchmarking data

	GDC	GMC	GOC	HCPC	GOsC	NMC
	£	£	£	£	£	£
Accommodation (inc breakfast)						
- London	180	157	180	180	150	200
- Manchester/ Major Cities	-	100	-	150	-	-
- Other	125	130	120	130	120	200
Breakfast	10	10	-	10	-	10
Lunch	10	10	10	10	15	10
Dinner						
- London	30	30	24	25	30	30
- Outside London	30	30	24	25	25	30
- Take away/supermarket	-	15	-	-	-	-

2.4 We recommend no changes to our policy limits for 2022. Our policy continues to deliver value for money by enabling accommodation to be booked in the vicinity of the London office, which minimise any additional transport costs that would otherwise be incurred to and from hotels.

2.5 The policy (appendix 3) has been updated to reflect the following:

- a. updated into the new corporate internal policy template
- b. minor drafting changes such as job titles
- c. Incorporating the policy and procedure for authorising claims for expenses from the Chief Executive and the Chair of the council, separately considered and approved by RemNom in May 2021. This will ensure this procedure is subject to the annual review process.

3. Legal, policy and national considerations

3.1 Any relevant legal provisions and considerations have been cited in the relevant individual policy. Where legal provisions change, these are reviewed to ensure any required amendments to our policy or procedures are appropriately reflected.

4. Equality, diversity and privacy considerations

4.1 All policies have been reviewed to ensure consider equality and issues.

5. Risk considerations

5.1 The financial policies and procedures provide the financial framework and internal financial controls that apply to the GDC, to ensuring that decisions are robust, and controls mitigate the opportunity for financial error or fraud.

5.2 The key internal financial controls are subject to independent internal audit assurance each year, and the result of the audit forms part of the audit opinion for the Annual Report and Accounts.

6. Monitoring and review

6.1 Compliance with the financial policies is monitored by the Finance Team, and any exceptions to policy reported to the Chief Operating officer and the Chief Executive & Accounting Officer as appropriate.

6.2 Any agreed exceptions to the policies are recorded in a log, which is available for audit review as required.

6.3 Each Executive Director is required to provide a letter of assurance to the Chief Executive and Accounting Officer annually, which sets out their directorates' compliance with this accounting policies. This enables the signing of the Annual Governance Statement to the Annual Report and Accounts.

7. Development, consultation and decision trail

- 7.1 Relevant internal stakeholders have been consulted in any amendments proposed to the financial policies and procedures.
- 7.2 The policies presented have been reviewed and endorsed by relevant Council committees as per the governance path set out in section 1.4.

8. Next steps and communications

- 8.1 Council is asked **to approve** the following Financial Policies and Procedures::
- a. Financial Policies and Procedures 2022
 - b. Financial Delegated Authority 2022
 - c. Council Members and Associates Expenses Policy 2022

Appendices

- a. Appendix 1 – Financial Policies and Procedures 2022
- b. Appendix 2 – Financial Delegated Authority 2022
- c. Appendix 3 – Council Members and Associates Expenses Policy 2022

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18 November 2021.

Financial Policies and Procedures 2022

Reference: FIN/ICP09/v.001

Version: 2.0

Status	Working draft	
Policy Owner	Finance	
Applicable to (tick all that apply)	<input checked="" type="checkbox"/> EMT only <input checked="" 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 type="checkbox"/> Audit & Risk Committee <input checked="" 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: 01/01/2016	Reviewed by: Head of Finance and Procurement	Effective date: 01 Jan 2022
Last reviewed/revised: 01/01/2021	Review frequency: Every 1 years	Next review due by: 01/01/2023/

1. Purpose and scope

- 1.1 This document sets out the financial policies and procedures of the General Dental Council's (GDC). It provides a summary of our significant policies (which are available as separate policy documents) and detail other minor policies.
- 1.2 Our financial policies and procedures have the following objectives:
 - to ensure compliance with and maintenance of our financial internal control framework
 - to provide reference resourcing for our employees, management, auditors and other stakeholders
 - to increase the accuracy and completeness of financial records
 - to enable management to exercise effective financial control over the organisational activity
 - to detail the administrative and operational procedures for the processing of financial transactions
 - to support the Accounting Officer in his ability to assure the organisation's governance and accuracy of the annual financial statements.
- 1.3 This policy applies to all staff incurring expenditure, or making financial decisions, on behalf of the GDC.
- 1.4 It is the responsibility of those employees to read and be familiar with the contents of this policy and any related procedures.

2. Related legislation and other supporting information

- 2.1 Related legislation and other supporting information are documented within the separate significant policy documents, linked from this policy.

3. Policy Content

Stewardship

- 3.1 Responsibility for the day-to-day stewardship and management of the General Dental Council's (GDC) finances is delegated to the Chief Executive & Accounting Officer, as set out in 'Matters reserved to the Council' and 'Matters Delegated to the Chief Executive'. Following these procedures, the Chief Executive & Accounting Officer may delegate financial management functions to another member of staff. The Chief Operating Officer has been delegated responsibility by the Chief Executive & Accounting Officer for all accounting procedures and records.
- 3.2 The Chief Operating Officer shall compile written policies and procedures for approval by Council, following the framework established by these procedures.
- 3.3 Any of the Chief Executive's direct reports may exercise the financial management function on behalf of the Chief Executive or the Chief Operating Officer, but only on receipt of a specific written delegation from the Chief Executive. This authority may not be further delegated by the holder. In this case, the Executive Directors must consult with, and consider the advice of, the Head of Finance and Procurement before committing to any financial decisions.
- 3.4 The Chief Executive may, in exceptional circumstances, waive the procedural requirements specified in these procedures. If the Chief Executive makes use of this power, they must report the exercise of the power and the exceptional circumstances, in writing to the Chairs of the Finance & Performance Committee and Audit & Risk

Committee (ARC). Effective budgetary control prevents the GDC spending above the revenue we generate and ensures our financial viability as a going concern.

- 3.5 All members of staff are responsible for the stewardship of Council assets both cash and assets whether owned, leased or otherwise temporarily in the care of the Council.

Financial delegated authority

- 3.6 This policy sets out the key features of the GDC's financial delegation framework. It defines the structures within which financial decisions are made and the accountability framework that exists to ensure that those decisions taken align with our principles on achieving value for money, meeting financial efficiency challenges, and in delivery of activities approved through our current Costed Corporate Plan (CCP).
- 3.7 The detailed policy can be found here.

Financial planning

- 3.8 The Executive prepare and present a three-year CCP to the Finance & Performance Committee (FPC) each year. FPC review and scrutinise the development of the CCP and associated annual budget to ensure that they are robust and align with the delivery of the Corporate Strategy.
- 3.9 FPC will recommend to Council the approval of the CCP and the budget annually to Council.
- 3.10 The Chief Executive & Accounting Officer shall review and update the CCP periodically in the light of decisions taken by the Council. When an amendment to the CCP is required, the Chief Executive & Accounting Officer shall ensure that the financial budget or full-year financial forecast is also amended, as necessary. Any changes requiring a budget increase or a change of deemed significant by the Finance & Performance Committee will require further Council approval.

Management reporting

- 3.11 The Chief Executive & Accounting Officer and the Executive Management Team will receive and monitor monthly financial management information.
- 3.12 The key purpose of FPC, as set out in its terms of reference, is to scrutinise and report on the levels of assurance around the financial performance. To facilitate this, the Committee will receive quarter financial performance information, quarterly full-year forecasts and a year-end review following the end of the financial year.
- 3.13 While the FPC's duties do not empower or require it to directly exercise financial control, in reviewing the management accounts and other performance reports, it is in a position to hold the Executive to account for its financial and operational performance, and subsequently, advise the Council. Similarly, FPC can bring issues to the attention of the other Council Sub-Committees that relate to the performance of operational areas within their respective remits.
- 3.14 The Council will receive financial performance information against budget every quarter, in line with their responsibility to oversee management.

Statutory reporting & accounting

- 3.15 The Chief Operating Officer is responsible for ensuring all necessary accounts and accounting records are compiled within the time required by law.
- 3.16 The Chief Operating Officer shall ensure that a robust framework of financial internal controls is in existence, which incorporates the segregation of duties between the

functions as appropriate. In particular, ensuring that those responsible for collecting income and those responsible for recording sums due to the Council remain separate. The framework of key financial internal controls will be subject to independent internal audit review each year.

- 3.17 The ARA of the Council shall be compiled under accounting policies approved by ARC. In reviewing the accounting policies, ARC shall have regard to recommended best accounting practice as defined by legislation, applicable accounting standards and external auditors, and ensure that such practice is applied so that the accounts provide a true and fair view of the Council's financial position.
- 3.18 The Chief Executive & Accounting Officer and the Chief Operating Officer will receive and consider the Annual Report and Accounts (ARA) within the time limits agreed with ARC.
- 3.19 ARC will receive and consider the ARA, the timescale for which will have been agreed by the Chief Executive & Accounting Officer and the Chair of ARC. Following agreement by the ARC, the ARA will be presented to Council for approval and signature by the Chair of the Council and Chief Executive & Accounting Officer.

Financial delegation breaches

- 3.20 The Finance Team are responsible for reporting any breaches in delegation limits to the Chief Executive & Accounting Officer. The Dynamics NAV purchase management system prevents most breaches and will report any exceptions to delegations identified.

Single payments

- 3.21 On occasion a payment may need to be made outside of the usual processing processes. This is usually an emergency payment or where the cost of setting up and processing a new supplier and purchase order is disproportionate for a one time only payment and the supplier is unable to accept payment by credit card.
- 3.22 Where this requirement is identified a single payment request form should be completed, including justification for the payment, and authorised in line with the purchasing financial delegation limits and submitted to finance for processing. Supporting information as to the amount and banking details (where appropriate) must also be provided.
- 3.23 Single payments can take the form of a cheque payment or Faster Payment. For both payment methods the authorised bank signatory is responsible for checking the source documentation and justification provided for the payment as part of their approval process.
- 3.24 The Finance Team retain a register of all single payments made.

Procurement

- 3.25 Our over-riding procurement policy principle is that all procurement decisions should be based on achieving value for money (the best mix of quality and effectiveness for the least outlay). This will usually be achieved through competition of our requirements unless there are compelling reasons not to. Our Procurement and Procurement Exception Policy sets out the process and procedures of how we achieve this.
- 3.26 This policy applies to all staff with a role to procure goods or services on behalf of the GDC, and those with delegations to take procurement route decisions.

3.27 The detailed policy can be found here and the procurement exception policy here.

Council Members & Associates expenses

3.28 The General Dental Council will reimburse any reasonable costs that have been incurred wholly, exclusively and necessarily on General Dental Council business. The rates for expenses reimbursement are recommended by the Remuneration and Nominations Committee (RemNom) and approved by the Council.

3.29 The detailed policy can be found here.

Staff expenses

3.30 The Council will reimburse reasonable costs that have been incurred wholly, exclusively and necessarily on Council business. The rates for expenses reimbursement are recommended by FPC and approved by the Council.

3.31 The detailed policy can be found here.

Corporate credit cards

3.32 The GDC recognises that some employees are required to procure low-value goods and services in delivering their role. We hold a contract with the NatWest Bank for the provision of corporate credit cards to named individual members of staff, where we have determined there is a demonstrable business need.

3.33 This policy is designed to provide a framework for the appropriate and compliant use of corporate credit cards.

3.34 The detailed policy can be found here.

Income collection

3.35 The Chief Operating Officer is responsible for ensuring that appropriate procedures are in operation to facilitate the prompt collection and banking of all monies due to the Council.

Investments

3.36 Funds invested shall be controlled and the performance of investments monitored by the Chief Operating Officer. Funds may only be invested in the name of the Council, or the name(s) of any nominee(s) approved by FPC.

3.37 An investment policy was last reviewed and confirmed by the Council in December 2021.

Borrowing and lending

3.38 The Council will set the treasury policy of the GDC following the recommendation by FPC.

3.39 If the Council has a requirement to borrow funds, FPC must receive details of the name and credit rating of the proposed lender, the sums involved, the security provided, interest charges and all borrowing costs and repayment terms. All borrowing, including finance leases, must be approved by FPC ahead of entering a financing arrangement.

3.40 The Council may not lend funds, save for the staff season ticket loan scheme or salary advances in the case of a staff emergency.

3.41 The Council may only deposit funds with the bank, or a bank/building society approved by the FPC.

Assets and property

Purchase of assets

- 3.42 The purchase of assets is subject to a separate procedure and the authorities and approvals as set out in the Financial Delegated Authority Policy.

Recording of assets

- 3.43 The Head of Finance and Procurement shall ensure that a record of all fixed assets of the GDC are kept and shall ensure safe custody of title deeds. Assets above the capitalisation limit (£1,000) must be held on the GDC's Fixed Asset register.
- 3.44 The Head of IT and the Head of Facilities must keep inventories of all assets for which they are responsible and report these inventories to Finance on a periodical basis.
- 3.45 All assets will be tagged by the Head of IT and the Head of Facilities when acquitting new equipment purchased for their areas of responsibility.
- 3.46 Annually the registers will be issued to budget holders who will confirm that the assets shown for their departments remain in use.

Disposal of assets

- 3.47 On disposal, a form (a copy of which can be found on the intranet) needs to be completed and copies sent to Finance and the appropriate department to remove the asset from the register.

External audit

- 3.48 The statutory auditors of the GDC's ARA shall be appointed by Council following a recommendation by ARC.
- 3.49 Each year the ARA will be prepared under the Accounts Direction from the Privy Council and will be presented to Council. The external auditors shall audit the ARA and report their opinion to the Council. As part of the Government's requirement for ARA's that are laid before Parliament, the report must be reviewed and certified by the National Audit Office.
- 3.50 On acceptance, the ARA will be signed by the Chair of the Council and the Chief Executive & Accounting Officer. Under current legislation, the ARA is to be laid before the House of Commons and in the Scottish Parliament, together with copies for the other devolved assemblies. The ARA will not be published until after they have been laid.

Internal audit

- 3.51 The Council will employ an Internal Audit function to review those controls are in place in the organisation and the efficiency and effectiveness of its processes. The Internal Auditors will be appointed following approval by the Audit & Risk Committee.
- 3.52 The Internal Audit function will be independent of the operational functions of the Council and will agree its work programme with, and report to, the Audit & Risk Committee on its reviews of the effectiveness and efficiency of the Council's processes.

Anti-Fraud, bribery, and corruption policy

- 3.53 The GDC expects all members of staff, including directors, employees, fixed-term contractors and temporary employees, to have and be seen to have the highest standards of honesty, propriety, and integrity in the exercise of their duties. The GDC will not tolerate fraud, impropriety or dishonesty and will investigate all instances of suspected fraud, impropriety, or dishonest conduct by employees and temporary workers.

3.54 The detailed policy for staff can be found here.

3.55 **Insurance**

3.56 The Chief Operating Officer shall ensure adequate insurance cover is carried by the Council, in consultation with the Chief Executive & Accounting Officer. FPC will have oversight of all insurance arrangements.

3.57 The Chief Operating Officer should be notified of any circumstances that may give rise to an insurance claim.

3.58 **Salaries and staff benefits**

3.59 All members of staff of the Council shall be paid per approved salary scales. Approvals for salary changes, staff benefits, and recruitment are as set out in the Financial Delegated Authority Policy.

3.60 **Taxation**

3.61 Each financial year the Head of Finance and Procurement shall ensure that appropriate tax returns are prepared and submitted to HMRC.

3.62 The GDC is not registered for VAT.

Companies and commercial activities

3.63 No organisation or commercial enterprise of any kind intended to exploit any activity carried on by the GDC, or on the GDC's premises, or to exploit any rights belonging to the GDC, may be established by any member of staff without the prior written approval of Council.

Disclosure of interests

3.64 The aim of the Managing Interests Policy and the Register of Interests is to support transparency and probity, to maintain confidence in the regulatory process and to protect both the GDC and individual staff from any appearance of impropriety.

3.65 The detailed policy for staff is available here.

Gifts and hospitality

3.66 This policy applies to all GDC staff who in the course of their work or as a result of their employment, receive offers of gifts or hospitality. Gifts and hospitality accepted by staff must be justifiable as being in the direct interest of the GDC and be proportionate to that interest.

3.67 A Register of all gifts and hospitality is maintained by the Governance Team and all gifts must be declared regardless of whether they are accepted or declined.

3.68 The detailed policy for staff is available here.

Extent of procedures

3.69 If these procedures do not cover a particular situation, or there is uncertainty as to their application, the advice of the Chief Operating Officer or the Chief Executive & Accounting officer should be sought.

4. Related policies and procedures

4.1 Related procedures are detailed within relevant detailed policy.

4.2 Related policies

- Anti-fraud Corruption and Bribery Policy – Council Members and Independent Governance Associates
- Anti-Fraud, Bribery and Corruption Policy for Associates

- Whistleblowing Policy for employees and workers
- Managing interests policy for staff
- Gifts and Hospitality Policy for staff
- FIN/ICP001 - Anti-fraud Corruption and Bribery Policy 2022– Employees and Temporary Workers
- FIN/ICP002 – Banking Arrangements 2022
- FIN/ICP003 – Financial Delegations 2022
- FIN/ICP004 – Council Members and Associates Expenses Policy 2022
- FIN/ICP005 – Staff Expenses Policy 2022
- FIN/ICP006 – Corporate Credit Card Policy 2022
- FIN/ICP007 – Procurement Policy 2022
- FIN/ICP008 – Procurement Exception Policy 2022
- Reserves Policy 2022
- Investment Principles 2022

5. Compliance

5.1 Compliance reporting mechanisms are set out within the separate significant policy documents.

6. Monitoring and review

6.1 These procedures shall be reviewed annually by the Finance Team and any recommendations for change shall be reported to FPC and sent to Council for Approval.

Minor Changes – approved by Manager/Head of Function (delete as appropriate)	Significant Changes – approved by relevant forum/Committee (include as appropriate)
Correction of spelling errors or typos Changes to layout Change to Policy owner Updates to links and external references Addition of definitions Addition of external links	Changes to who the Policy applies to Change to approving forum, particularly if moving “down” a tier (ARC to EMT for example) Changes to the scope Change to the substance of the Policy Changes to procedure/process Changes to roles or responsibilities within the Policy

7. Appendices relevant to the ICP

1. Definitions
2. Roles and Responsibilities

Appendix 1 - Definitions

Accounting Practice

An accounting practice is a routine manner in which the day-to-day financial activities of a business entity are gathered and recorded. A firm's accounting practice refers to the method by which its accounting policies are implemented and adhered to on a routine basis, typically by an accountant, auditor, or a team of accounting professionals.

Budget

An estimate of income and expenditure for a set period of time.

Costed Corporate Plan

Our three-year operational plan setting out how we will deliver the Corporate Strategy and the resources (people and financial) that are required in doing so.

Financial Internal Controls

Internal controls are the mechanisms, rules, and procedures implemented by a company to ensure the integrity of financial and accounting information, promote accountability and prevent fraud.

Forecast

Estimation or prediction of future financial performance.

Internal Corporate Policy

A policy which sets out how the organisation is run, how it manages its finances and how it treats its employees. Some policies are required by law, others are recommended as best practice; and all are likely to be in place in any well-run public body, whatever its role or remit.

Investments

The action or process of investing money for profit.

Stewardship

The way in which a person controls and runs the organisation.

Appendix 2 - Role and Responsibilities

The roles and responsibilities are set out under the individual policy summary within section 3, and detailed within the supporting detailed policy linked from this document.

Financial Delegated Authority 2022

Reference: FIN/ICP03/v.001

Version: 2.0

Status	Working draft	
Policy Owner	Finance	
Applicable to (tick all that apply)	<input checked="" type="checkbox"/> EMT only <input checked="" 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 type="checkbox"/> Audit & Risk Committee <input checked="" 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: 01/01/2021	Reviewed by: Head of Finance and Procurement	Effective date: 01 Jan 2022
Last reviewed/revised: 01/01/2021	Review frequency: Every 1 years	Next review due by: 01/01/2023/

1. Purpose and scope

- 1.1 This document sets out the key features of the General Dental Council's (GDC) financial delegation framework. It defines the structures within which financial decisions are made and the accountability framework to ensure that those decisions taken align with our principles on achieving value for money, meeting financial efficiency challenges, and in delivery of activities approved through our current Costed Corporate Plan (CCP).
- 1.2 Ultimately it is dental registrants who provide for GDC's resources, through the registration income we collect. The CCP acts also as our medium-term financial plan, which allocates financial resource requirements against each of our directorates to:
 - forecast expenditure and maintain control of our expenditure against overall financial budget
 - provide flexibility to respond to changing circumstances through the appropriate access to contingency or free reserves
 - ensure we deliver value for money.
- 1.3 This policy applies to all delegated budget holders and all staff incurring expenditure, or making financial decisions, on behalf of the GDC.
- 1.4 It is the responsibility of those employees to read and be familiar with the contents of this policy and any related procedures.

2. Related legislation and other supporting information

- 2.1 Related legislation and other supporting information are documented within the separate significant policy documents.

3. Policy Content

Budget Management

- 3.1 Effective budgetary control prevents the GDC spending above the revenue we generate and ensures our financial viability as a going concern.
- 3.2 Effective budget management relies on:
 - effective forecasting and profiling at the outset
 - early planning of any external procurement needs so we develop the most efficient procurement strategy and procure a service offering value for money
 - prioritisation
 - careful consideration of value for money.
- 3.3 All Executive Directors are required to contribute to the annual planning process by providing expenditure and headcount requirements for their directorate for the next 12 months, as well as longer-term forecasts for years 2 and 3 of the CCP.

Budget management delegations

- 3.4 The CCP and annual budget are approved by Council annually. Once approved, the Chief Executive delegates financial accountability for each of the directorates to the relevant Executive Director, via a formal letter of delegation (appendix 3). They, in turn, may delegate responsibility for the management of all or part of their budget to Heads of Service.
- 3.5 Once the letter of delegation has been signed, the Executive Director is authorised to incur expenditure in line with their approved budget. They are accountable for

spending within the limit of our financial delegations, and for ensuring compliance with internal guidance and process.

- 3.6 Finance will keep a record of all delegations in force. Where possible financial delegations will be included in the finance system to automate compliance, for instance regarding requisitioning of goods/services.

Accessing Free Reserves

- 3.7 Resource decisions are taken by the Council in session. The primary occasion for this is the approval of the CCP and annual budget. The executive must take all reasonable steps to ensure that the budget comprises a comprehensive summary of the expenditure necessary to deliver the business plan and to meet key performance indicators for the coming year.
- 3.8 Nevertheless, it is recognised that on occasion, costs may arise which could not be predicted at the time the budget was finalised. In such circumstances, the executive should give the Council the earliest possible notice of the probable cost and indicate as quickly as possible when a request for additional funds will be brought to Council.
- 3.9 No request for additional funding from the reserves may be brought to Council without the endorsement of EMT and the approval of the Accounting Officer.
- 3.10 Any request must be the subject of a paper, which should clearly identify the unbudgeted sum sought, the current uncommitted free reserves and the level of free reserves which would remain were the request to be approved.
- 3.11 The paper should also make clear any costs in future years which would need to be incorporated into the annual budget. The request must be supported by a business case.
- 3.12 Where an **urgent requirement of less than £250,000** arises which cannot wait until the next scheduled Council meeting for determination, then upon the endorsement of the proposal by EMT, the Accounting Officer will, if they approve the proposal, seek the agreement of the Chair of Council and the relevant Committee Chairs of Council to a release of free reserves, prior to any expenditure.
- 3.13 This will be undertaken by correspondence between the Accounting Officer and the Chairs. The Chair of Council will determine which Committee Chairs are relevant in each case. The Chairs may approve or reject the request or may determine that the matter must be remitted to full Council by correspondence. The Accounting Officer will notify the relevant Executive Director of the outcome of the request.
- 3.14 Any requests for funding sought outside of Council must be reported to the next Council meeting, with the outcome.
- 3.15 In the unlikely event that an **urgent request for a sum in excess of £250,000** was endorsed by EMT and approved by the Accounting Officer, the request must be dealt as a Council decision by correspondence.

Table 1 budget management delegations

Activity	Delegated Authority	Recommended by	Reportable to
Approval of Annual Retention Fee	Reserved to Council	Finance and Performance Committee	Not applicable
Approval of strategic activity to be delivered and forecast	Reserved to Council	Finance and Performance Committee	Not applicable

Activity	Delegated Authority	Recommended by	Reportable to
budget envelope (rolling 3-year CCP)			
Approval to initiate deprioritised "Could Do" portfolio activity project within the year.	Finance and Performance Committee	Executive Management Team	Council though committee update
Approval of the annual budget	Reserved to Council	Finance and Performance Committee	Not applicable
Approval of access to contingency budgets	Chief Executive	Directorate Director	Finance and Performance Committee
Approval of access to free reserves	Reserved to Council	Relevant Committee Chairs of Council	Not applicable
Approval of virements between directorates	Chief Executive	Directorate Director	Not applicable
Approval of virements between costs centres in a directorate	Directorate Director	Not applicable	Not applicable
Ensuring effective forecasting, monitoring and financial management arrangements are in place for each directorate	Directorate Director	Not applicable	Not applicable
Implementing effective forecasting, monitoring and financial arrangement for delegated budgets	Directorate Director	Not applicable	Not applicable

The expectation of GDC budget holders

3.16 People with responsibility for budgets must:

- follow internal guidance and process
- undergo relevant training
- provide appropriate assurances for the budgets they manage to inform the Governance Statement, which forms part of the GDC's annual report and accounts.

3.17 It is not enough to simply work within a budget. Those who are responsible for managing budgets are also responsible for ensuring effective control of individual items of expenditure. In particular, taking appropriate advice to ensure spend is for activities agreed in the CCP and that spend delivers value for money.

3.18 Support and advice is provided to budget holders by the directorate's Finance Business Partner, the Financial Operations Manager and the Procurement Manager. Early engagement, particularly on more complex issues and procurements, will help ensure maximum support can be provided to budget holders.

Monitoring budgets

3.19 The GDC's budget is managed through directorate budgets, except for capital expenditure which is managed separately. Ongoing, proactive budget monitoring and

forecasting are critical and central to the monthly production of management accounts.

- 3.20 We have a proactive approach to managing the budget to ensure the alignment of financial resources with activities prioritised in the CCP. This includes reviewing and reporting on financial performance and the current full-year forecast, each quarter, to the:
- Executive Management Team (EMT)
 - Finance and Performance Committee (FPC)
 - Council.

Business cases

- 3.21 Where planned expenditure forms part of activity that has been provisioned for by Council in the rolling CCP, a Business Case is required. This business case will be discussed by the Senior Leadership Team (as appropriate) and approved by the Executive Management Team.
- 3.22 Where planned expenditure forms part of activity that has not been provisioned for by Council in the rolling CCP, a Business Case is required. This business case will be discussed by the Finance and Performance Committee, who will make a recommendation to the Council as to whether the business case and strategic activity should be approved.
- 3.23 All requests to access free reserves are subject to a business case being prepared and approved by Council, regardless of whether the activity was recognised in the rolling CCP.

Table 2 delegations for business cases

Activity	Delegated Authority	Recommended by
Approval of business cases	Executive Management Team	Directorate Director
Approval of release of free reserves	Council	Chief Executive & Finance and Performance Committee

Purchasing goods or services

- 3.24 Before undertaking procurement of goods or services the purchaser must obtain financial approval from the budget holder, as delegated by the Chief Executive or Executive Director.
- 3.25 Whilst the availability of budget does not constitute approval to purchase, approval to purchase is dependent on sufficient budget being available to cover the full costs of the purchase. This includes any supplementary cost to bringing the item into use and to maintain it. Where costs will be incurred in future years the purchaser must make this clear in their request for financial approval from the budget holder. The budget holder should consider whether the costs are containable within the three-year CCP or if it will be subject to a Council decision on funding availability.
- 3.26 Where the matter is one reserved by Council, the budget holder must ensure that the proposed course of action has been agreed and recorded in Council minutes.

- 3.27 All purchases of goods or services, unless paid for on a corporate credit card, must have a purchase order raised within the NAV system ahead of committing to any verbal contract with a supplier. The approvals for purchase orders are set out in table 3.

Table 3 financial system delegations for the raising of purchase orders

Activity	Limit (ex VAT)	Delegated Authority (all required)
Raising a requisition	£1,200 - £10,000	Cost Centre Budget Holder
	£10,001 – £24,999	Cost Centre Budget Holder Procurement and Contract Administrator
	£25,000 - £149,999	Cost Centre Budget Holder Directorate Director Procurement Manager
	>£150,000	Cost Centre Budget Holder Directorate Director Procurement Manager Chief Executive (in the absence of the CEO, the Chief Operating Officer will approve)
	Capital Expenditure no limit	Cost Centre Budget Holder Chief Operating Officer
	Consultancy Expenditure	Cost Centre Budget Holder Chief Executive (in the absence of the CEO, the Chief Operating Officer will approve)

Specialist activity

- 3.28 Certain activities are designated specialist activity within the GDC; either due to the nature of the expenditure or because our operating model has centralised this type of activity.
- 3.29 Staff should not incur expenditure across these categories without the express permission of the delegated authority that it is appropriate for them to do so.

Table 4 delegations for specialist expenditure

Specialist activity	Delegated Authority	Recommended by
Purchase or lease of property > 3 years	Reserved to Council	Finance and Performance Committee
Major building works	Reserved to Council	Finance and Performance Committee
Entertainment expenses (does not include refreshments at business meetings)	Chief Executive	Directorate Director
Capital purchases	Chief Operating Officer	Head of IT/ Head of Facilities
Other IT hardware and software	Head of IT	Not applicable
Other telecoms equipment	Head of IT	Not applicable
Office equipment and furniture	Head of Facilities	Not applicable
Rents, rates, and office services	Head of Facilities	Not applicable
Utilities	Head of Facilities	Not applicable
Legal expenditure	Legal and Governance Directorate Budget Holders	Not applicable
Recruitment	Head of People Services	Not applicable

Procurement

- 3.30 Except for the procurement of specialist activity, procurement activity will be led by the relevant directorate with advice and support from the Procurement Team for any requirement over £25k.
- 3.31 Procurement for activities relating to expenditure on a corporate project should only start once the project business case and PID has been approved by the sponsor. A business case is not required for a procurement which seeks to replace a current service being delivered under a contract that is near expiry.
- 3.32 The procurement activity should be led by the project/contract manager who will be responsible for managing the overall procurement process in line with our Procurement Policy and processes. This policy and process must be followed to ensure we obtain value for money and are compliant with current Public Procurement Regulations.
- 3.33 The GDC should be able to demonstrate that contracts have been awarded fairly and openly and offer value for money to the registrant. Competitive and effective procurement of goods and services is critical, and as such single tender actions should only be used in exceptional circumstances as set out in the Procurement Exception Policy. Where they are used, the Project/Contract Manager must complete the single tender action form, which will need approval according to the authorisations in delegations set out in table 5.
- 3.34 Single tender actions of £50,000 and over (net of VAT) are reported to the Finance and Performance. As part of its obligation to oversee and scrutinise and report on the levels of assurance or concerns around procurement activities.
- 3.35 We must also ensure that no actual or perceived conflicts of interest, either on the part of GDC staff or those tendering for work, arise during the tender action. The Project/Contract Manager is accountable for monitoring potential conflicts of interest and taking prompt action to address any issues identified.
- 3.36 All staff are responsible for making sure that they understand what constitutes a conflict of interest and alerting the Project/Contract Manager to any issue.
- 3.37 There are delegations in place outlining who has authority to approve the award of a contract on behalf of the GDC at the contract award stage. These are set out in table 5.

Table 5 Procurement delegations

Activity	Limit (ex VAT)	Delegated Authority (all required)
Approval to award contracts on behalf of the GDC	< £25,000	Cost Centre Budget Holder
	£25,000 - £149,999	Directorate Director
	>£150,000	Chief Executive (in the absence of the CEO, the Chief Operating Officer can approve)
Approval to award a single tender action	10,000 - £149,999*	Chief Operating Officer
	>£150,000	Chief Executive

**unless there is a legal risk due to non-compliance Public Contracting Regulations which will require the Chief Executive approval*

People and pay costs

3.38 The GDC payroll budget is approved as part of the development of the CCP, and annual budget setting process. The accountability for managing the pay budget is delegated by the to the Directorate Director.

Permanent or fixed term contract approvals to recruit

3.39 Our overall establishment is managed by budgeted FTE and total payroll budget, which is approved by the Council each year. To ensure we maintain flexibility and agility in our resourcing model, which will enable us to direct resources to where operational demand requires them, the Chief Executive can take decisions on prioritising new posts over the replacement of existing posts; on the condition that the total budgeted FTE and payroll budget is not exceeded.

3.40 Should there be a need to increase overall organisational FTE, or the total staff cost budget to facilitate a new post is not sufficient, the approval to recruit must be sought from the Chair of the Council and Chairs of any relevant Council Committee.

Arrangements for short-term cover or additional support

3.41 Short-term temporary cover or short-term additional support (up to 3 months) can be approved by the Directorate Director, as long as the budget is available. The Chief Executive can approve, by exception, an extension of short-term arrangements up to a maximum of 6 months if the budget cover is available. Any short-term cover which is unbudgeted, must be approved by the Chief Executive.

3.42 Temporary cover for periods longer than 6 months would be subject to the same rules as recruiting new posts, except for cover for maternity leave. In case of maternity cover, temporary resources can be approved for a period of up to 14 months.

Changes to market rate positions or addition of market rate supplements

3.43 The Head of People Services will review all proposed changes to market rate positions or market rate supplements to monitor overall fairness, ensure compliance and consistency with our People Services policies.

3.44 Once the Head of People Services is satisfied on compliance and consistency, the requesting manager (or their Head of Service) will then be able to make an appropriate request to the Chief Executive for approval.

Recognition awards

3.45 Each directorate will be allocated a proportion of the overall GDC recognition award budget. There are two types of recognition available, recognition awards (generally distributed in the form of vouchers for high street shopping) and recognition payments of taxable cash amounts of £250, £500 or £1,000. Line managers, as long as they have discussed and sought approval from the budget holder that funding is available, can agree to recognition awards. The Head of Service (as long as they are a budget holder) holds the discretion to award recognition payments of £250. The Directorate Director is accountable for the award of any larger taxable cash awards of £500 or £1,000.

3.46 Awards made are announced in regular communication to all colleagues and are reviewed by the Executive Management Team on a regular review basis. This helps to promote fairness and consistency in approach across the directorates.

Executive pay awards and bonuses

3.47 Decisions regarding the executive pay policy are made by the Council, following a recommendation from the Remuneration and Nomination Committee. The Chief Executive is responsible for making any decisions on award, in line with the policy approved by Council.

Team/Directorate restructuring

3.48 All proposals for a team or directorate restructuring must be presented in a business case to the Executive Team for approval to proceed. This business case should set out the rationale for change, including options considered and relevant financial costs. Costs to be included should be both the costs of the restructuring activity itself, and the annual budgetary impact. The business case should be presented to the Executive Management Team following endorsement by both the Head of People Services and the Head of Finance and Procurement.

Table 6 People and pay cost delegations for the raising of purchase orders

Activity	Delegated Authority	Recommended by
Approval to recruit a replacement for an existing post or a new post agreed by Council as part of the annual budget setting process. (permanent or fixed-term)	Directorate Director	Head of Service
Approval to recruit a new post in the year, where the Council approved organisation total FTE and payroll budget is sufficient. (Permanent or fixed term)	Chief Executive	Directorate Director Directorate People Partner Head of Finance
Approval to recruit a new post, where organisation FTE and payroll budget is not sufficient. (Permanent or fixed term)	Chair of Council and Chairs of any relevant Council Committee	Chief Executive
Approval of budgeted temporary resources (up to 3 months)	Directorate Director	Head of Service
Approval of unbudgeted temporary resources (up to 3 months)	Chief Executive	Directorate Director
Approval of temporary resources (up to 6 months)	Chief Executive	Directorate Director
Approval of budgeted temporary resources for maternity cover (up to 14 months)	Directorate Director	Head of Service
Approval of unbudgeted temporary resources for maternity cover (up to 14 months)	Chief Executive	Directorate Director
Changes to Market Rate Position or application of a Market Rate Supplement	Chief Executive	Head of Service/Directorate Director <i>(Incorporating Head of People Services fairness and consistency opinion)</i>
Recognition awards (up to £50)	Head of Service (if they are a budget holder)	Line Manager
Recognition payments of £250	Head of Service	Not applicable

Activity	Delegated Authority (if they are a budget holder)	Recommended by
Recognition payments of £500 or £1,000	Directorate Director	Head of Service

Staff expenses

- 3.49 Detailed guidance on travel and subsistence is set out in the Staff Expenses Policy. The budget holder is ultimately responsible for ensuring value for money from their
- 3.50 staff expenses budgets, and for ensuring compliance with relevant policies.

Table 7 staff expenses delegations

Activity	Limit (ex VAT)	Delegated Authority
Approval of expense claims	Not applicable	Budget Holder
Approval of use of taxis	Not applicable	Chief Operating Officer
Approval of first-class travel	Not applicable	Chief Operating Officer
Approval of the Chief Executive Expenses	Not applicable	Chair of Council

Council Member and Associate expenses

- 3.51 Detailed guidance on travel and subsistence is set out in the Council Member and Associates Expenses Policy. The budget holder is ultimately responsible for ensuring value for money from their travel budgets, and for ensuring compliance with relevant policies.

Table 8 Council Members and Associates expenses delegations

Activity	Limit (ex VAT)	Delegated Authority
Approval of Chair of Council's Expenses	Not applicable	Chair of Audit and Risk Committee
Approval of Council Member's Expenses	Not applicable	Governance Team (attendance form constitutes approval) Finance Team assurance checks compliance with the policy. Out of policy expenses required approval by the Chief Operating Officer
Approval of Associates expense claims	Not applicable	Committee Secretary (attendance form constitutes approval) Finance Team assurance checks compliance with the policy.
Approval of first-class travel	Not applicable	Chief Operating Officer

Banking authorities

- 3.52 The Chief Operating Officer ensures that banking procedures are carried out in accordance with arrangements approved by the Finance & Performance Committee each year. The current list of banking signatories is held by the Finance Team.
- 3.53 Balances held in the Council investment accounts may only be transferred to the main Council account. This requires authorisation by the Head of Finance and Procurement and one of the following signatories to the account:
- Chief Executive
 - Chief Operating Officer

Table 9 signatory mandate

Type of Payment	Transaction Limits	Signatories required
Cheques/BACs/Faster Payments & CHAPs Payments	Up to £50,000	One 'A' Signatory or one 'B' signatory as stated on our banking mandate.
Cheques/BACs/Faster Payments & CHAPs Payments	Over £50,000 and up to £150,000*	One 'A' Signatory and any one 'A or B' signatory as stated on our banking mandate.
Cheques/BACs/Faster Payments & CHAPs Payments	Over £150,000	Two 'A' Signatories as stated on our banking mandate.
Maximum Payment Amount (online banking)	£750,000	Per our online banking permissions

*include payments made via the purchase ledger payment runs more than £150,000, as expenditure already approved in NAV by an 'A' signatory for payment.

Financial losses

- 3.54 A financial loss is incurred where the GDC has made or is contracted to make a payment for goods and services that will not be received, or we write off an asset held on our balance sheet which still has a value.
- 3.55 The Budget Holder is responsible for informing Finance as soon as they become aware that a loss has been sustained. All losses will be reviewed by Finance and approved for write off at the following delegation limits.

Table 10 financial losses

Activity	Limit (ex VAT)	Delegated Authority	Recommend by
Financial losses	<£2,500	Head of Finance & Procurement	Budget Holder
	£2,500 - £50,000	Chief Operating Officer	Budget Holder
	>£50,000	Chief Executive	Chief Operating Officer

Special payments

- 3.56 A special payment is a payment which is outside of the normal activity of the Council. All special payments should only be made after careful appraisal of the facts and when satisfied that the best course of action has been identified.

It is good practice to consider routinely whether a particular case reveals any concerns about the soundness of our operating practice.

3.57 Special payments could include, but are not limited to:

- Extra-contractual payments (payments which, though not legally due under contract, appear to place an obligation on the Council which the courts might uphold.)
- Compensation payments (made to provide redress for our actions which have later been considered if appropriate.)
- Special severance payments (payments to employees outside of normal requirements on their leaving the Council.)
- Ex-gratia payments (payments that go beyond statutory cover and legal liability which may include out of court settlements.)

3.58 Each case for a special payment is likely to be unique, and the Chief Executive will consider each case for a special payment. As part of his consideration, he will assess whether he holds the delegation to approve the payment, or whether the matter must be referred to the Council.

3.59 The Head of Finance and Procurement can provide further advice as to whether a payment is likely to constitute a special payment.

4. Related policies and procedures

4.1 Related procedures are detailed within relevant detailed policy.

4.2 Related policies

- FIN/ICP002 – Banking Arrangements 2022
- FIN/ICP003 – Financial Delegations 2022
- FIN/ICP004 – Council Members and Associates Expenses Policy 2022
- FIN/ICP005 – Staff Expenses Policy 2022
- FIN/ICP006 – Corporate Credit Card Policy 2022
- FIN/ICP007 – Procurement Policy 2022
- FIN/ICP008 – Procurement Exception Policy 2022
- FIN/ICP009 – Financial Policies and Procedures 2022

5. Compliance

5.1 Compliance reporting mechanisms are set out within the separate significant policy documents.

6. Monitoring and review

6.1 These procedures shall be reviewed annually by the Finance Team and any recommendations for change shall be reported to FPC and sent to Council for Approval.

Minor Changes – approved by Manager/Head of Function (delete as appropriate)	Significant Changes – approved by relevant forum/Committee (include as appropriate)
Correction of spelling errors or typos Changes to layout Change to Policy owner Updates to links and external references Addition of definitions Addition of external links	Changes to who the Policy applies to Change to approving forum, particularly if moving “down” a tier (ARC to EMT for example) Changes to the scope Change to the substance of the Policy Changes to procedure/process Changes to roles or responsibilities within the Policy

7. Appendices relevant to the ICP

1. Definitions
2. Roles and Responsibilities
3. Example annual letter of delegation

Appendix 1 - Definitions

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Budget

An estimate of income and expenditure for a set period of time.

Costed Corporate Plan

Our three-year operational plan setting out how we will deliver the Corporate Strategy and the resources (people and financial) that are required in doing so.

Financial Internal Controls

Internal controls are the mechanisms, rules, and procedures implemented by a company to ensure the integrity of financial and accounting information, promote accountability and prevent fraud.

Forecast

Estimation or prediction of future financial performance.

Internal Corporate Policy

A policy which sets out how the organisation is run, how it manages its finances and how it treats its employees. Some policies are required by law, others are recommended as best practice; and all are likely to be in place in any well-run public body, whatever its role or remit.

Investments

The action or process of investing money for profit.

Stewardship

The way in which a person controls and runs the organisation.

Appendix 2 - Role and Responsibilities

The roles and responsibilities are set out under the individual policy summary areas within section 3.

Appendix 3 – Example annual Letter of Delegation

To:

From: Ian Brack

Date:

Delegated Authority for the {xxx} directorate budget

This letter formally sets out the authorities that I am delegating to you for the financial year 202{x} in respect of your budget, including staffing.

Financial Authority

I am delegating financial authority for year 202{x} to you to use your budget allocation for the purposes and projects set out in Costed Corporate Plan 202{x} – 202{x} (CCP). Note that activities which are not set out within the CCP are not covered by your delegation and therefore must have my authorisation.

This delegation is subject to the constraints detailed below:

- You have delegated financial authority to commit expenditure on goods and services for the purposes set out in the CCP, and as agreed by Council in October 202{x}.
- You may only use this authority in accordance with GDC financial policies and procedures.
- In exercising your financial authority, you are responsible for ensuring that value for money, propriety and regularity in the expenditure you incur is considered in all cases.

Budgetary Authority

All expenditure must be covered within your allocated budget and you may NOT exceed your total budget allocation without my written approval.

You are required to review your month by month spend against your total budget allocation. Should this review, at any time during the year, forecast a significant under spend against overall budget allocation to you, I shall decide how best to deploy available resources to achieve the overall objectives of the GDC as set out in the CCP. It should not automatically be assumed that any underspend can be retained and used elsewhere within your area.

If you propose to move funds between budgets outside your area of responsibility, the matter should be referred by you to me. Any such change will require you to submit a business case to me as soon as possible.

You may, however, move budgets between cost centres and types of expenditure that are within your responsibility in consultation and agreement with the Head of Finance and Procurement, to manage your overall budget allocation.

Staffing

The maximum full-time number of staff and related staffing costs you may employ are set by the 202{x}-establishment listing approved by Council. You must remain within that maximum number of FTE for your directorate and your budget for pay costs must not be exceeded.

The approval process set by People Services must be completed prior to commencement of the recruitment process for any posts. Specifically, new posts, which have been agreed but

not approved for recruitment, form part of a budget enabling provision and require a completed 'resources request form'. This must be sponsored by yourself for my approval.

You may not create new posts or change posts without my written authority. Any such change will require you to follow the process set out in the scheme of Financial Delegated Authority 202(x).

Staff and Associate Expenses

You and your staff should follow the procedure set out in the Staff Expenses Policy 202(x) and the Council Member and Associates Policy 202(x) in relation to any reimbursement of travel and subsistence expenditure.

Procurement Authority

Placing orders for goods and services should follow best practice as laid down in Procurement Policy 202(x), available on the GDC intranet. You should consult the Procurement Team on all large procurement contracts (>£25,000 excluding VAT) as set out within that procurement policy.

All contracts at expiry should be recompeted and Single Tender Actions, resulting in a direct award to a supplier for goods and services, must not be made unless there is express prior approval in line with the delegation limits set out in the Financial Delegated Authority 202(x).

Authorisation of Invoices

Invoices for services and those where the goods received do not match the quantity and price on the purchase order must be authorised prior to payment.

You may authorise individual invoices within your budget allocation. Any invoices in excess of your authority, providing procurement has been properly conducted, should be passed to me for signing. I will from time-to-time request documentation on the procurement process, which you should make available to me.

All invoices must have a valid purchase order and if applicable a supporting contract. You should consult the Head of Finance and Procurement if you are unsure of the process.

Where invoices are presented for my approval, they must be checked and endorsed by you first. Your authorisation confirms that you are satisfied that the invoice is valid, for the correct amount, and that payment is due. Payment may not be made in advance of the need. Where this is necessary, you will consult the Head of Finance and Procurement.

Income Generation

In relation to commercial sponsorships and/or other partnership arrangements, you are required to seek guidance from the Chief Operating Officer.

Internal Controls and in-year Financial Management arrangements

As the Accounting Officer to the Council, I am required to give personal assurance to the Council in the GDC's Governance Statement that an effective system of internal control exists within the GDC. You will need to be able to assure me that adequate internal controls exist within your area of responsibility and are followed in the areas you are responsible for. You should do this by:

- reviewing the profiling of your planned expenditure on a monthly basis over the year, and regularly monitoring actual expenditure against profile.

- ensuring that the Heads of Service in your teams and other staff meet your assigned Finance Business Partner on a monthly basis, as set out in the timetable by Finance, to discuss any significant variations between actual expenditure and your profiled budget and to forecast your expenditure for the financial year. Should you become aware at any time that a significant under- or overspend against your overall budget may occur, Finance will report to the Chief Operating Officer who may decide to have a further discussion with you in relation to the significant variance and provide an update to me.
- using established systems to enable you to monitor and report progress against your key performance indicators, including projects in the CCP 202{x}. As part of your monitoring arrangements you should regularly consider the risk management framework, and particularly the risks to the achievement of your objectives, taking appropriate steps to mitigate and manage such risks.
- following the procedures set out by Finance for financial losses, special payments and the reporting of fraud (or suspicion of).

Sub-delegation

You may choose to sub-delegate your authority to your Heads of Service. If you do so, this must be in writing and I should be informed. Anyone you sub-delegate should be provided with a copy of this letter supplemented by a further note setting out limits of their authority. A copy of the signed letter should be retained by you. (A template of this letter can be obtained from the Head of Finance and Procurement if you wish to use it for sub-delegation.)

I would appreciate if you would acknowledge receipt of this letter by returning a signed copy to the Head of Finance and Procurement by close of business on {xx} January 202{x}. Any matters of principle should be discussed directly with the Chief Operating Officer in the first instance.

.....

Ian Brack
Chief Executive

Date

.....

Executive Director, {directorate}

Date.....

Council Members and Associates Expenses Policy 2021

Reference: FIN/ICP04/v.001

Version: 2.0

Status	Working draft	
Policy Owner	Finance	
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 checked="" type="checkbox"/> Statutory Committee Members <input checked="" 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 type="checkbox"/> Audit & Risk Committee <input checked="" type="checkbox"/> Finance & Performance Committee <input checked="" type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council
First Published: 01/01/2017	Reviewed by: Head of Finance and Procurement	Effective date: 01 Jan 2022
Last reviewed/revised: [Select date last reviewed]	Review frequency: Every 1 years	Next review due by: 01/01/2023

1. Purpose and scope

- 1.1 The General Dental Council (GDC) will reimburse any reasonable costs that have been incurred wholly, exclusively and necessarily on GDC business with the aim of providing a reasonable standard of travel, accommodation and subsistence.
- 1.2 In running the GDC we spend registrant money and as such we have a responsibility to do so wisely. This principle drives how we use our resources, including the way we use travel as outlined in this policy.
- 1.3 This policy is designed to provide a framework within which to exercise appropriate judgement on the use of travel and hospitality arrangements, ensuring:
 - all travel-related expenditure represents value for money and is valid and auditable.
 - that Council Members and Associates are correctly reimbursed for their travel expenses.
 - that we meet the requirements of HMRC.
- 1.4 This policy applies to all Council Members and Associates. A separate policy is maintained for GDC employees.
- 1.5 It is expected that Council Members and Associates will make their travel and accommodation arrangements via the most economical means possible. However, Council members and Associates may, if they wish, exceed the expenditure limits set out in this policy so long as they account personally for any excess cost over and above the approved expenditure limits.
- 1.6 The submission of fraudulent claims is a serious breach of the Code of Conduct and will lead to a complaint against you being considered under the relevant policy.

2. Related legislation and other supporting information

- [HMRC Expenses and benefits for directors and employees - a tax guide: 480](#)
- [HMRC Mileage and fuel rates and allowances](#)

3. Policy Content

Business travel

- 3.1 You are expected to make arrangements for travel that are in the best interests of the GDC. In most circumstances, this should be the most economic mode of transport, except where this would involve unreasonable journey times.
- 3.2 You must be prepared to justify your choice of travel arrangements if challenged.

Rail

- 3.3 You should travel standard class between the nearest station to your home and the station nearest to the location of the meeting or event. You should always book the ticket which represents the best value ticket, taking advantage of any discounts available. Where possible, tickets should be pre-booked for specific journey times. Fully flexible tickets are more expensive and should only be purchased where there is a demonstrable need.

First class travel

- 3.4 First class rail travel will only be reimbursed if you can demonstrate that a first-class ticket is cheaper than standard class. This evidence will need to be submitted with

your claim. The ticket comparison must show the exact same journey type and the two class type prices (i.e. screenshot of standard class ticket price at the time of booking the first-class ticket).

Underground travel

- 3.5 For underground travel, Oyster cards and contactless payment cards should be registered online at tfl.gov.uk. A journey statement must be printed with annotations added that specify GDC expenses. Alternatively, if an individual ticket has been purchased, the ticket can be provided in place of a receipt.

Missed rail journey

- 3.6 All effort must be made to ensure that you arrive on time to catch any pre-booked rail journey on a time restricted ticket.
- 3.7 In the event a train is missed, you should first consider whether you are likely to be travelling the identical route within 28 days. If so, you may be able to request a rail exchange from your booking provider.
- 3.8 Alternatively, an explanation must be submitted alongside your expenses claim, which includes information regarding the circumstances leading to the financial loss e.g. overrunning of panel meeting.

Air

- 3.9 For air travel within the UK, we will reimburse economy class or the equivalent fare, where appropriate. First class air travel can only be booked if it can be demonstrated that a first-class ticket is cheaper than standard class. The ticket comparison must show the exact same journey type and the two class type prices (i.e. screenshot of economy class ticket price at the time of booking the first-class ticket).
- 3.10 International air travel should be booked at economy class. With the prior agreement of the Chief Operating Officer, business class travel may be booked if there are exceptional circumstances that justify it.

Taxis

- 3.11 Taxis should only be used in exceptional circumstances and an explanation should be provided with the claim, such as reduced mobility or when travelling with heavy luggage. Where possible, taxis should be shared with others.
- 3.12 A receipt is required, and you should provide an explanation for your use of taxi, start and finish points of the journey, and your reason for travelling on your claim form. Costs may not be reimbursed should the explanation not be in-line with this policy. If in doubt, please obtain prior approval from committee secretary for the use of taxis to avoid non reimbursement.

Buses

- 3.13 Bus travel will be reimbursed where evidence is available to support the cost of your journey. This could be your bus ticket or journey statement clearly annotated as GDC expenses. Please provide start and finish points of your journey and reason for travel on your expenses claim form.

Road

- 3.14 Mileage allowance will be paid for individuals using a private car on GDC business at a rate specified below:

	Description	Rate
Mileage allowance – Car	Standard rate – up to 10,000 miles	45p per mile
	Reduced standard rate – over 10,000 miles	25p per mile
Mileage allowance – Motorcycle	All motorcycles	24p per mile
Mileage allowance – Cycle	Pedal cycle	20p per mile

- 3.15 Please provide start and finish points of your journey, total number of miles travelled and reason for travel on your expenses claim form.
- 3.16 The rates above are linked to the approved amount for mileage allowance payments published by HM Revenue and Customs.
- 3.17 Any parking or road traffic fines or penalties incurred are your personal responsibility and will not be reimbursed by the GDC.

Insurance

- 3.18 The GDC will not accept liability for loss or damage to belongings on GDC business. Anyone claiming the mileage allowance should ensure that the car used is insured for business use prior to making the journey. Any additional premium paid to the insurance company is not a claimable expense.

Car parking and congestion charges

- 3.19 Car parking costs and congestion charges incurred while on GDC business will be reimbursed.

Hire cars

- 3.20 Hire cars may only be used in exceptional circumstances. The payment for hire of a car and associated costs for petrol and insurance will be made only when public transport is either not available, impractical or the total cost of hiring a car is less than the cost of using public transport or a taxi.

Accommodation, subsistence and miscellaneous expenses

Hotel accommodation

- 3.21 The GDC will reimburse the cost of overnight accommodation when the stay is necessary from a business perspective in line with the rates below:

	Description	Rate (Inc. VAT)
Accommodation*	London	£180, per night
	Other UK	£125, per night
	Staying with friends and family	£25, per night

- 3.22 Overnight stays for London-based meetings are not deemed necessary for anyone whose journey time from home to a London main line station is less than 2 hours, except where the timing of GDC meetings make it necessary.
- 3.23 Council Members in the Home Counties can claim expenses for staying overnight where there is a specific Council function within the policy limit.

Staying with friends and family

- 3.24 Should you need to stay away from home on business travel and are able to stay with friends or relatives you may claim a fixed rate allowance as outlined in Appendix 2.

This covers all costs including accommodation, evening meal and breakfast. No claim can be made by anyone staying in their own property.

Exceeding the rates set out in this policy

- 3.25 If you are unable to secure appropriate accommodation at a cost within the guide prices provided, you should seek agreement from the Chief Operating Officer prior to making any booking and note the reasons on the expenses claim form.

Subsistence

- 3.26 Meal allowances as outlined below cover the cost of purchasing meals and non-alcoholic beverages whilst away from home on business travel. These rates include VAT, service charge and gratuities.

Meals	Description	Rate (Inc. VAT)
Breakfast	Can only claim when no overnight stay involved, and you must leave your home before 07:30.	£10
Lunch	The cost of lunch should not be claimed where lunch is provided by the GDC.	£10
Dinner	Alcoholic beverages cannot be claimed as an expense and should be deducted from your receipt total before submitting any claim. Any dinner-related purchases should only be for that evening's consumption, and you must be staying overnight or not expected to return to your home before 21:00.	£30

- 3.27 All claims will be paid on the basis of actual expenditure on production of fully itemised receipts.

Alcohol

- 3.28 Alcoholic beverages cannot be claimed as an expense and should be deducted from your receipt total before submitting your claim.

Spouses and Civil Partners

- 3.29 The GDC will only reimburse the costs incurred by a spouse or civil partner either if the GDC specifically requested that the spouse/civil partner attend an event, or the spouse/civil partner is performing a clear business function for the GDC.

Telephones

- 3.30 The GDC will reimburse the cost of any business calls made on a home or other private phone, provided that the calls were necessary for the GDC's business. Claims must be supported by itemised bills annotated with the nature of the call.
- 3.31 This reimbursement is for the cost of calls only, and not for any element of line rental, as this would result in an additional 'benefit in kind' tax liability.

Additional Allowances

- 3.32 Additional allowances and expenses necessarily and reasonably incurred, may be claimed as follows:

Childcare or baby-sitting expenses

- 3.33 When, as a direct result of GDC business, it is necessary for you to employ a childcare provider, when you would not normally need to, claims will be limited to reimbursing the actual cost of a registered childcare provider or a baby-sitter.
- 3.34 Please note that the reimbursement of such expenses will need agreement by the committee secretary in advance of the meeting, and an invoice showing the dates worked and amount paid will be needed as evidence of this expense.

Care arrangements for an elderly or dependent relative

- 3.35 These costs may be refunded in similar circumstances to childcare costs. Claims will be limited to reimbursing the actual amount paid out to arrange the care that you would have provided during your period of absence.

Reasonable Adjustments

- 3.36 To enable a Council member or Associate to communicate more effectively, for example, or to otherwise take part in the work of the GDC, we will make appropriate reasonable adjustments to accommodate any special needs. Please contact the Chief Operating Officer for assistance with this matter.
- 3.37 Should a Council member or Associate wish to use their own equipment, then claims will be limited to reimbursing the actual cost of, for example, provision of a signer, audiotapes, Braille documentation, or travelling and subsistence for a person providing support.

Entertaining**Entertaining external parties**

- 3.38 Proposed entertaining of external parties on behalf of the GDC should be authorised in writing in advance (email is acceptable) by the Chair of the Council.
- 3.39 Claims will be reimbursed, subject to the following information being provided on the claim form:
- Name(s) of person
 - Organisation they represent
 - Purpose of entertainment
 - A copy of the written consent of the Chair should also be provided.

Council dinners

- 1.1 Where the Council meet for a 'working dinner' in promotion of Board cohesiveness a small amount of alcohol may be served with the meal (equivalent of 1-2 small glasses of wine per person).

4. Related policies and procedures

- 4.1 Related procedures
- Finance SOP – 36 Internal Members Fees & Expenses Process
 - Finance SOP – 61 Checking Members Fees and Expenses SOP
- 4.2 Related policies
- Anti-fraud Corruption and Bribery Policy – Council Members and Independent Governance Associates

- Anti-Fraud, Bribery and Corruption Policy for Associates
- **FIN/ICP03/v.001** Financial Delegated Authority 2022
- **FIN/ICP05/v.001** Employee Expenses Policy 2022

5. Compliance

- 5.1 Compliance with the policy will be monitored by the Finance Team, in line with the financial controls set out within the policy.
- 5.2 All exceptions agreed to our travel policy are recorded in a log, which is available for audit review as required.
- 5.3 All breaches of the policy are notified to the Chief Operating Officer and documented on a central log.

6. Monitoring and review

6.1 This policy, including policy rates, is subject to annual review by the Finance Team.

Minor Changes – approved by Manager/Head of Function	Significant Changes – approved by relevant forum/Committee
Correction of spelling errors or typos Changes to layout Change to Policy owner Updates to links and external references Addition of definitions Addition of external links	Changes to who the Policy applies to Change to approving forum, particularly if moving “down” a tier (ARC to EMT for example) Changes to the scope Change to the substance of the Policy Changes to procedure/process Changes to roles or responsibilities within the Policy

7. Appendices relevant to the ICP

- 1. Roles and Responsibilities
- 2. Expenses rates
- 3. Policy and Procedure for authorising claims and expenses from the Chief Executive and the Chair of the Council

Appendix 1 – Role and Responsibilities

Expense Claims

Claim forms

All claims for reimbursement of travel, accommodation and subsistence must be submitted on the relevant expenses claim form, copies of which are available on the extranet, intranet, from Committee Secretaries and from the Finance Team.

Claims should be submitted within one month of the meeting taking place to ensure the GDC's accounts accurately reflect all expenses incurred in the year to date. Unless agreement has been made with the Chief Operating Officer before the claim is submitted, the GDC will not pay expense claims that are more than 3 months old.

There is an email inbox (expenses@gdc-uk.org) dedicated to the receipt of expenses claim forms. If you submit your claim forms electronically, an automated receipt lets you know that your form has been received.

Claims made should clearly set out details of the meeting attended or visit undertaken and the reason why the expenditure was incurred.

Receipts

Itemised original receipts must support all claims [credit or debit card receipts are not acceptable].

Receipts should be securely attached to the relevant claim form. Claims without appropriate supporting documents will be invalid and unreceipted expenditure maybe deducted from the claim payable.

Claimants responsibilities

If you are claiming expenses, you are responsible for ensuring that all expenditure incurred was within the scope of this guidance and:

- Receipts have been collated and submitted with your claim for reimbursement.
- All relevant sections of the claim form have been correctly completed.
- All the amounts claimed relate to duties performed on behalf of the GDC.

Finance Team responsibilities

The Finance Team will:

- Check claim has been submitted with supporting receipts and that we have been informed of your attendance by the relevant committee secretary
- Check all relevant sections of the expenses claim form have been correctly completed
- Complete a detailed review of 100% of all claims to be paid on the weekly BACS payment run for compliancy with this policy.

Payment of claims

Claims will be reimbursed within 14 days of the claim being received by the Finance Team. Payments will be made direct to the claimant's nominated bank account.

Appendix 2 – Expenses rates

All rates include the cost of VAT, service charge and gratuities.

	Description	Rate (Inc. VAT)
Accommodation*	London	£180, per night
	Other UK	£125, per night
	Staying with friends and family	£25, per night
Meals	Breakfast	£10
	Lunch	£10
	Dinner	£30
Mileage allowance – Car	Standard rate – up to 10,000 miles	45p per mile
	Reduced standard rate – over 10,000 miles	25p per mile
Mileage allowance – Motor Cycle	All motorcycles	24p per mile
Mileage allowance – Cycle	Pedal cycle	20p per mile

*The above rates are not to be seen as expected rates, where possible you should seek accommodation at lower rates to minimise the costs to the GDC.

Appendix 3 – Policy and procedure for authorising claims for expenses from the Chief Executive and the Chair

Policy

This policy applies to the Chief Executive and the Chair.

The General Dental Council will reimburse any reasonable costs that have been incurred wholly, exclusively, and necessarily on General Dental Council business. The rates for expenses reimbursement are as specified in the Staff Expenses Policy and the Council Member and Associated Expenses Policy (expense policies).

Procedure

All claims for reimbursement of travel, accommodation and subsistence must be submitted on the relevant expenses claim form, as set out in expense policies. The current expense policies and procedures are available on the Finance site of the GDC intranet.

Expenses from the Chief Executive must be authorised by the Chair [or if not available within a reasonable period of time, the Chair of either the Audit & Risk Committee or the Remuneration & Nomination Committee]

Expenses from the Chair must be authorised by the Chair of the Audit & Risk Committee [or if not available within a reasonable period of time, the Chair of the Remuneration & Nomination Committee or the Chair of the Finance & Performance Committee]

Following authorisation, expense claims should be forwarded to the Finance Team, who will arrange payment in accordance with approved procedures.

Note:

Authorisation of expense claims for all other Council Members, including the Chairs of the Audit & Risk Committee, Remuneration & Nomination Committee and the Finance & Performance Committee, is managed by the Finance Team in line with attendance forms which are completed by the Governance Team.

Whistleblowing Policy Update

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Jennifer Parker, People Partner
Type of business	For approval
Purpose	To approve the updated Whistleblowing Policy
Issue	To provide the Council with the updated Whistleblowing Policy in line with its two year review cycle.
Recommendation	The Council is asked to approve the Whistleblowing Policy.

1. Key considerations

- 1.1 The Whistleblowing Policy was last reviewed in October 2019 and it was agreed at this point that the policy would be reviewed and approved by the Executive Management Team on a two-year cycle.
- 1.2 The Audit and Risk Committee discussed and reviewed the policy in November 2021, and is recommending it to the Council for approval.

2. Amendments to this version

- 2.1 GDC Associates have been added as users of the Whistleblowing Policy. This policy excludes Council Members and Independent Governance Associates, who are covered by the Whistleblowing Policy for this group approved by the Council in September 2021 as part of the wider suite of Governance policies.
- 2.2 The Professional Standards Authority for Health and Social Care is no longer a “prescribed person” and this has been updated in the Whistleblowing policy.
- 2.3 A whistleblowing proforma has been added as an appendix for whistleblowers to use to submit a whistleblowing concern.
- 2.4 Employee Assistance Programme contact details have been updated.
- 2.5 Separately to the policy review, the guidelines for managers will be updated to reflect the minor changes in the policy.

3. Monitoring and review

- 3.1 The Whistleblowing Policy has been reviewed with support from the In-House Legal Advisory team in line with the two year cycle for any amendments. The policy was reviewed by the Audit and Risk Committee and recommended for approval by the Council.

4. Next steps and communications

- 4.1 Following the Council’s approval, the Standard Operating Procedure will be updated to take into account the minor amendments to the process.
- 4.2 A communications and engagement plan will be planned for Heads of Department to be responsible for communicating the Whistleblowing Policy to their teams.
- 4.3 The policy will be uploaded onto the Intranet page and highlighted to staff and associates.

4.4 The Whistleblowing Policy will be shared with Chairs of the Employee Networks.

Appendices

Appendix 1 – Updated Whistleblowing Policy

Jennifer Parker, People Partner

jparker@gdc-uk.org

22 November 2021

Whistleblowing Policy

Version: 1.3

Status	Final draft - awaiting approval	
Policy Owner	People Services	
Applicable to (tick all that apply)	<input checked="" type="checkbox"/> EMT only <input checked="" type="checkbox"/> Staff only (not EMT) <input type="checkbox"/> Council Members <input type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input checked="" type="checkbox"/> Associates <input checked="" type="checkbox"/> Third Parties (consultants, contractors, interns, volunteers, secondees, casual workers and agency workers)
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: 16/10/2017	Reviewed by: Head of People Services	Effective date: 02 Dec 2021
Last reviewed/revised: 25/10/2019	Review frequency: Every 2 years	Next review due by: 02/12/2023

1. Introduction

- 1.1 The GDC is committed to maintaining the highest standards of honesty, openness and accountability and recognises that all employees and others who work with us have an important role to play in achieving this goal. We all have a right and responsibility to speak up to raise any concerns you may have within the GDC that would be in the public interest, at an early stage and in the right way.
- 1.2 This policy covers all employees including full time, part-time, fixed term and interim and are referred to in this policy as 'employees.' This policy also covers consultants, contractors, interns, volunteers, secondees, casual workers and agency workers and are referred to in this policy as 'others who work with us.' Associates are also included in this policy except for Independent Governance Associates (see 1.3).
- 1.3 Council Members and Independent Governance Associates should refer to the separate Whistleblowing for Council Members and Independent Governance Associates.
- 1.4 The Government has recognised that it might be difficult for individuals to raise a concern with their own employer, and so has listed a number of organisations as an alternative. The Information Commissioner is a "prescribed" person with which individuals could consider raising a concern, as an alternative to the GDC. More information on this and other alternatives can be found at Section 8 of this policy.
- 1.5 The GDC has also been made a "prescribed person" for individuals who want to raise concerns about people or organisations if they think those issues are connected to the GDC's functions. This is separate to the GDC's own employees and is therefore outside of this policy. Guidance for the public is available on the GDC website about how to raise these concerns. Should you receive a whistleblowing complaint – or are not sure if you have received one - please speak to your line manager in the first instance. Or at any stage you may approach People Services for advice and assistance with raising a concern.

2. Purpose and scope

- 2.1 The purpose and scope of the whistleblowing policy is to:
 - Encourage employees and others who work with us to speak up and 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 policy
 - Provide a procedure for the employee/ others who work with us to follow if they have concerns
 - Outline the steps that the GDC will take to investigate concerns
 - Explain the support and protection that the GDC will provide for whistleblowers
- 2.2 This policy does not cover grievances that are personal to an employee or worker – for example issues about their terms and conditions of employment or related matters – where there is no public interest. In these cases, employees should refer to the Grievance policy.

3. Whistleblowing

- 3.1 The Public Interest Disclosure Act 1998 is part of UK employment law. The Act protects individuals who make certain disclosures of information in the public interest and who then suffer a detriment or are dismissed for having done so.

- 3.2 Whistleblowing is raising a concern about **wrongdoing, risk or malpractice** with someone in authority either internally or externally. It can be referred to as 'making a disclosure' or 'blowing the whistle.'
- 3.3 Some examples of a concern which employees, workers or Associates may report under this policy include:
- Criminal offence
 - A failure to comply with a legal obligation
 - Miscarriage 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
- 3.4 You may feel that raising the matter would be disloyal to colleagues, managers or to the organisation, but it should not deter you from raising a concern. The concern disclosed must be in the public interest, this means it must affect others e.g. colleagues, registrants or the general public.
- 3.5 The GDC welcomes matters being raised by employees, workers and Associates and will ensure that, if you raise a genuine concern that is in public interest, you will not suffer any detriment or adverse treatment as a consequence; it does not matter if you do not have proof or are mistaken, a reasonable belief is sufficient. Of course, we do not extend this assurance to someone who maliciously raises a matter they know is untrue. In such circumstances and where applicable, it may be appropriate for formal disciplinary action to be taken.

4. Raising a whistleblowing concern with the GDC

- 4.1 Concerns can be raised verbally or in writing. A whistleblowing proforma can be used to outline the concern in writing if applicable (appendix 2). The GDC will take seriously concerns in whatever format they are raised. At any stage you may approach People Services for advice and assistance with raising a concern. Follow the below steps as a guide to raising a concern:

Step one:

If you feel that your concern could be addressed by your line manager or your GDC contact person you should discuss it with them in the first instance.

Step two:

If your whistleblowing concern involves your line manager or your GDC contact or you feel unable to raise your concern with them for whatever reason, then please contact People Services or an Executive Director.

Step three:

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, you may contact:

- (i) the Chief Executive; or

- (ii) the Chair of Council, if you reasonably believe that the Chief Executive is implicated in the wrongdoing, or that the Chief Executive will not take steps to remedy the situation (e.g., because you have previously raised these or other concerns with them and the concerns have not been adequately addressed); or
- (iii) the Senior Independent Council Member, letting the Chair of the Audit & Risk Committee know for information (unless the Chair of the Audit and Risk Committee is implicated), if you reasonably believe that the Chair of Council is implicated in the wrongdoing, or that the Chair of Council will not take steps to remedy the situation (e.g. because you have previously raised these or other concerns with them and the concerns have not been adequately addressed); or
- (iv) the Chair of the Audit & Risk Committee about any whistleblowing concerns.

A current list of Council members and their roles, can be found at:

[The GDC Council \(gdc-uk.org\)](http://www.gdc-uk.org)

Details of the Executive team, including the Chief Executive, can be found at: [The executive team \(gdc-uk.org\)](http://www.gdc-uk.org)

- 4.2 We will acknowledge receipt of your concern within two working days. The individual with whom you have raised your concern will arrange a meeting with you as soon as possible to discuss your concerns and clarify any outstanding points. If your concern cannot be addressed at that meeting, they will follow the process outlined below. If you ask, we will write to you summarising your concern, setting out how we propose to handle it and provide a timetable for feedback. If we have misunderstood the concern or there is any information missing, please let us know.
- 4.3 When you raise the concern, it will be helpful to know how you think the matter might best be resolved. If you have any personal interest in the matter, we do ask that you tell us at the outset. If we think your concern falls more properly within another GDC policy, we will let you know.
- 4.4 Whenever possible, we will give you feedback on the outcome of any investigation. Please note, however, that we may not be able to tell you about the precise actions we take where this would infringe a duty of confidence we owe to another person.
- 4.5 If you are unsure whether to use this whistleblowing policy or you want confidential advice at any stage, you may contact the independent charity Protect on 020 317 2520 or by email at www.protect-advice.org.uk. Their lawyers can talk you through your options and help you to raise a concern. If you are a member of a Trade Union, you can also contact them for advice. You may also seek advice from your Professional Body if you are a member of one.
- 4.6 If you feel that you have exhausted the internal routes within the GDC without your concern being adequately resolved or feel that you are unable to raise your concern with us, please see section 8 regarding raising a whistleblowing concern externally. You can also contact Protect for free advice and guidance via their website at www.protect-advice.org.uk before raising a whistleblowing concern externally, particularly to non-prescribed persons, as there may be additional requirements that will need to be met for you to retain the protection of the Public Interest Disclosure Act 1998.

5. Confidentiality

- 5.1 The GDC hopes that employees, and others that work for us will feel able to raise whistleblowing concerns openly under this policy. However, we recognise that there may be circumstances when you would prefer to report a concern confidentially i.e. your personal information is not shared with others as part of our investigation. If you provide us with your personal information and ask us not to disclose your identity, we will not do so without your consent, unless required by law. However, you 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 you are the only witness. In these circumstances we will discuss with you any steps which may be taken to support and protect you throughout the process.
 - b) You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.
- 5.2 You cannot raise serious issues about wrongdoing “off the record”; once your concern is known to the GDC, it is duty bound to act on it.
- 5.3 The GDC encourages employees and others who work with us to raise concerns in their own name wherever possible. Proper investigation may be more difficult or impossible if we cannot obtain further information from the whistleblower. It will also be harder to provide support and protection to the whistleblower or give feedback. Accordingly, you should not assume we can provide the assurances we offer in the same way if you report a concern anonymously. Whistleblowers who are concerned about revealing their identity at any stage should speak to the Protect Whistleblowing Advice Line (see section 4.6).

6. Protection and Support

- 6.1 Employees and others that work with us who make protected disclosures are protected from adverse treatment in relation to their employer's activity. In addition, whistleblowers are protected from suffering a detriment such as bullying or harassment from another worker. Any reports of reprisal will be treated by the GDC as a serious disciplinary offence.
- 6.2 If at any stage you experience reprisal, harassment or victimisation for raising a concern please contact People Services in the first instance and if not appropriate, contact either a member of the Executive Director Team, the Chief Executive, Chair of Council, or Senior Independent Council Member or Chair of the Audit and Risk Committee.
- 6.3 If a concern has been raised about a colleague(s) that means that the working relationship is going to be put under strain during the course of the investigation, consideration will be given to what alternative arrangements can be put in place, for instance as outlined in section 7.6 below or through a temporary transfer of an individual to alternative duties or location whichever is appropriate. The whistleblower will only be transferred with the whistleblower's agreement.
- 6.4 The GDC recognises that the position of a whistleblower 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 to you following receipt of your complaint, and you will be kept updated about any change to this timeline.

- 6.5 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. Any further steps will follow the appropriate policy.
- 6.6 A report of the outcome of any investigation under this section of the policy will be made to the Council and the Audit & Risk Committee. This report shall be an outline of the concern and reprisal and shall not identify the whistleblower.
- 6.7 The GDC recognises that a valid complaint about reprisal is a separate matter to the outcome of the original whistleblowing concern and investigation.
- 6.8 In addition to Protect, the Employee Assistance Programme (EAP) provides employees and workers with a free, confidential source of advice on a range of information, and services to help employees deal with issues and events in their everyday life. You can contact them via a telephone helpline staffed by specially trained advisors, who can be contacted 24 hours a day, 365 days a year on a strictly confidential basis. Further details can be found below:

[Pay and benefits \(sharepoint.com\)](#)

UNUM

0800 048 2702

7. How we will handle a whistleblowing concern

- 7.1 The person to whom you have reported your concern will take advice as necessary in order to decide on the appropriate action to take (see appendix 1). They will agree a timetable for communication and feedback with you and you will be kept updated about any change to this timeline.
- 7.2 They will then take one of the following actions:
- a) explain in writing the reasons for believing that there are insufficient grounds to warrant an investigation; or
 - b) take on the role of 'investigating officer' if they are an appropriate person to explore the concern in more detail; or
 - c) if they are not taking on that role, they will consult with you about the most appropriate person to do so and provide that person with all the information associated with the case.
- 7.3 If any of the above applies and you feel that you still have a serious concern, you should take your concern to the Chair of Council, or to the Senior Independent Council Member if the Chair of Council forms part of your concern.
- 7.4 The GDC recognises that being the subject of an investigation may be a stressful situation for the persons(s) under investigation and equally it may be stressful to be the whistleblower. All parties should therefore strive to resolve the issue without unnecessary delay.
- 7.5 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. If this is the case, you will be informed of these circumstances and notified of the timeframes to which the GDC is intending to work.
- 7.6 Where the presence of the person(s) under investigation might make it difficult to complete a thorough investigation, there may be a need for that person(s) to be

- moved elsewhere or, if appropriate, temporarily suspended from the workplace, using the relevant and appropriate mechanisms, until the investigation has been completed. This would be a neutral act undertaken where other suitable options are not available. The persons(s) involved would still have the right to respond within the appropriate timeframe and they will be given access to any documents necessary to allow them to do so within the boundaries of this and other relevant policies.
- 7.7 If the alleged wrongdoing involves a worker or a 'third-party' to the GDC (e.g. an agency worker or a supplier), the investigating officer will work with the third-party organisation, agency etc. If the third-party refuses to co-operate or does not provide adequate responses, the investigating officer will report to the Chair of Council to agree the appropriate next steps.
- 7.8 The investigator should investigate matters fully, keeping a record of all steps and decisions taken (including the reason for them). The GDC has a set of whistleblowing guidelines for managers which should be read and followed.
- 7.9 At any stage during the investigation, we may take the view, based on the progress of the investigation, that we should inform external authorities (for example, the police or another regulatory body or our insurers). Where appropriate we will discuss this with you beforehand and agree how/if the matter can best proceed.
- 7.10 On receiving the response of the implicated person(s), the investigating officer will decide on appropriate further action in the investigation process.
- 7.11 If there is insufficient evidence to warrant further action, the reasons will be supplied in writing to both you and any person(s) implicated. The investigating officer and the Chief Executive (if they are not the investigating officer) will review the case to determine whether any learning and development issues need to be addressed.
- 7.12 If there is sufficient evidence of wrongdoing, the investigator, alone or with a panel, will conduct an in-depth enquiry and make a report to the Chief Executive. The report may recommend (for example – this is a non-exhaustive list):
- informing external authorities with the possibility of civil or criminal proceedings
 - invoking disciplinary procedures
 - amending internal policies and procedures
 - introducing further learning
 - terminating contracts with third parties
- 7.13 After receiving the report, the Chief Executive 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 whistleblower.
- 7.14 At all stages the Chief Executive, Chair of Council, and Senior Independent Council Member may delegate actions to members of the GDC Executive Team or to others as appropriate, following consultation with the whistleblower.
- 7.15 Where appropriate the outcomes of a whistleblowing investigation will be reported by the Chief Executive and to the Audit & Risk Committee, including any learning points (even if the complaint has not been upheld). Responsibility for implementing any recommendations and addressing any learning points shall be allocated to a designated manager for completion within a specified timescale. The Chief Executive shall be responsible for ensuring that those responsibilities are notified to the relevant

managers, and that a mechanism is in place for following up after the period for completion to ensure that these tasks have been carried out.

- 7.16 If disciplinary action is required, this will be initiated in accordance with the policies relevant to the person(s) whom has been investigated.
- 7.17 While we cannot guarantee that we will respond to all matters in the way that you might wish, we will handle the matter fairly and properly. By using this policy, you will help us to achieve this.
- 7.18 As is appropriate we will report to the Council and the Audit Risk Committee about the effectiveness of our whistleblowing arrangements and investigations. This report shall be an outline of the concern(s) and shall not identify the whistleblower.

8. Raising whistleblowing concerns externally

- 8.1 While we hope this policy gives you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you may wish to report a concern to an outside body, for example, because you are not satisfied with the outcome of the internal procedure. Details for the Information Commissioner whose role is to uphold information rights in the public interest are below. Protect will be able to advise you on such an option if you wish.

The Information Commissioner

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Telephone: 0303 123 1113

Email: casework@ico.org.uk

www.ico.org.uk

- 8.2 Prescribed persons are independent bodies or individuals that can be approached by whistleblowers where an approach to their employers would not be appropriate. Prescribed persons can be regulatory or legislative bodies, central government departments, arm's length bodies or charities and include all Members of Parliament. The GDC is a prescribed person and can be contacted about matters relating to the registration and fitness to practice of a member of a profession regulated by the GDC. The Information Commissioner outlined above is also a prescribed person.
- 8.3 A full list of the prescribed persons for healthcare and other industries can be found at: [Whistleblowing: list of prescribed people and bodies - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/publications/whistleblowing-list-of-prescribed-people-and-bodies).
- 8.4 Another organisation you might wish to contact is the Professional Standards Authority for Health and Social Care, and their details are below. As outlined at paragraph 4.6 you can also contact Protect for free advice and guidance before raising a whistleblowing concern with non-prescribed persons.

Professional Standards Authority for Health and Social Care
157 -197 Buckingham Palace Road
London

SW1W 9SP
Telephone: 020 7389 8030
Email: info@professionalstandards.org.uk

9. Data Protection and GDPR

- 9.1 Information about how the GDC will use and share the information you give us, the various rights you have in connection with any personal data about you that is held by the GDC, and how long we will keep your information for can be found in the privacy notice on our website at www.gdc-uk.org/privacy.

10. Related policies and procedures

- 10.1 [GDC Grievance Policy](#)

11. Monitoring and review

- 11.1 The policy will be reviewed every two years by the People Services team and any proposed amendments will be reported to the Audit & Risk Committee so they can provide assurance to Council in relation to the arrangements in place for raising whistleblowing concerns.

12. Roles and responsibilities

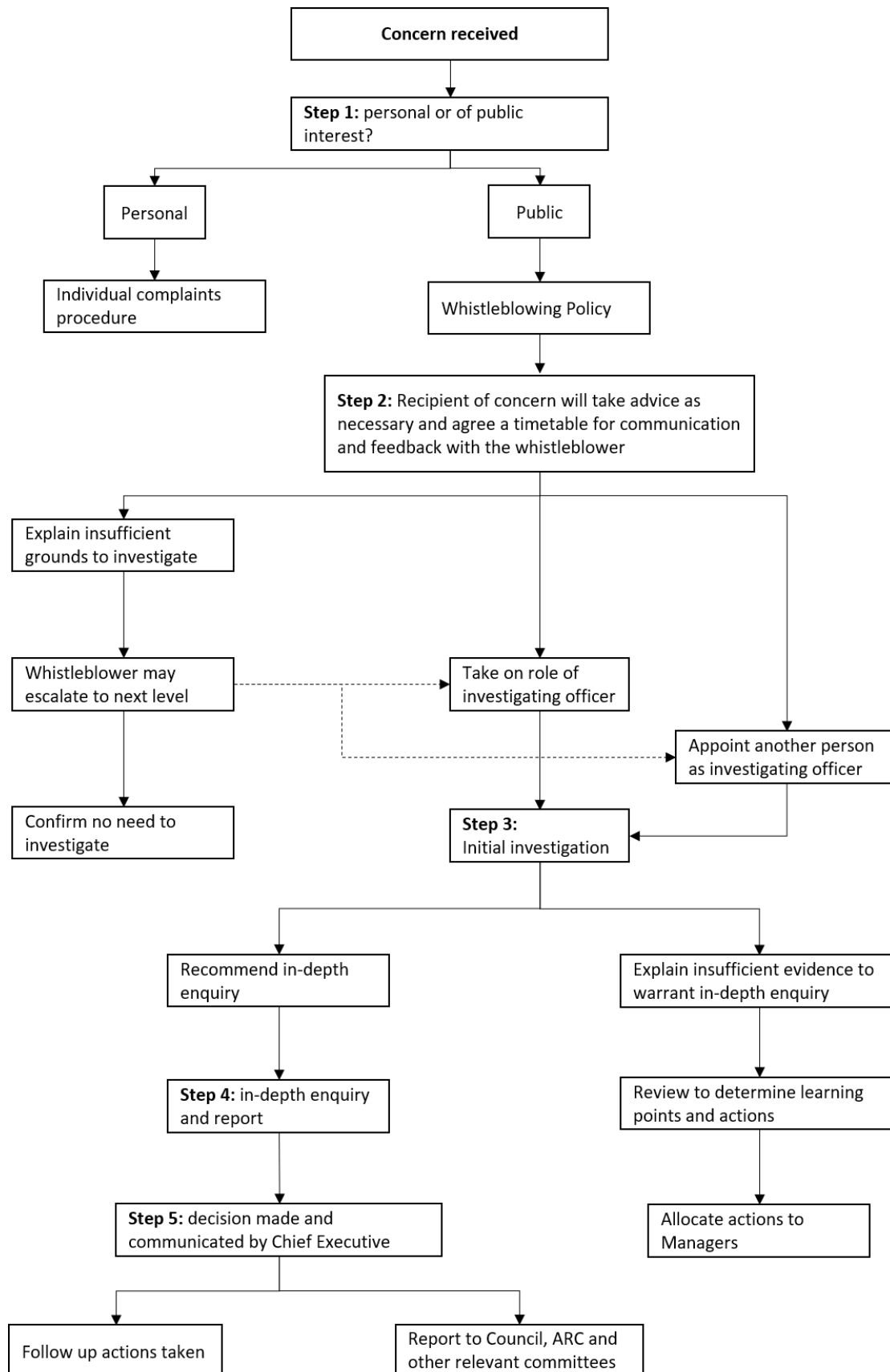
- 12.1 The Whistleblowing Policy sets out how employees and workers and Associates can raise concerns that are in a public interest and how the GDC will deal with any whistleblowing concerns.

13. Appendices relevant to the Whistleblowing Policy

Appendix 1: Overview of whistleblowing process for employees, workers and Associates

Appendix 2: Whistleblowing Proforma

Appendix 1: Overview of whistleblowing process for employees, workers and Associates



Appendix 2: Whistleblowing proforma

Name of individual	
Job title (for GDC employees only)	
Directorate & Team (for GDC employees only)	
Date of submission	
Does your public interest disclosure relate to your line manager (for GDC employees only)?	
<p><i>This form is intended for use by any individual who wishes to raise a concern about wrongdoing, risk or malpractice.</i></p> <p><i>This form should be used to report wrongdoing within the organisation (for example, financial irregularities or health and safety concerns), rather than to raise a personal grievance (for example, if you would like to make an allegation of bullying or harassment or are complaining that your contract of employment has been breached).</i></p> <p><i>Please consult with People Services for further advice.</i></p> <p><i>Once you have submitted this form, the GDC's whistleblowing procedure will be invoked, and your concern will be acknowledged within two working days of receipt.</i></p> <p><i>In certain circumstances, you can request that your concerns be kept anonymous. Where possible, the organisation will respect a request for anonymity, but cannot guarantee that it will be able to do so.</i></p> <p><i>This form should be marked "confidential" or sent as an email attachment with "confidential" in the subject line.</i></p>	
Summary of disclosure	
<p><i>Please set out the details of the concern you wish to raise, providing examples where possible, particularly dates, times, locations and the names of those involved.</i></p>	

Individuals involved	
<i>Please provide the names and contact details of any people involved in your concerns, including witnesses.</i>	
Outcome requested (if appropriate)	
<i>Please set out how you would like to see the issue dealt with, and why and how you believe that this will resolve the issue.</i>	
Declaration	
I confirm that the above statements are true to the best of my knowledge, information and belief. I understand that, if I knowingly make false allegations, this may result in the organisation taking further action.	
Form completed by	
Signature	
For completion by the GDC	
Date proforma received by the GDC the GDC	
Name of recipient and job title	
Signature	

Review of Education

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Manjula Das, Head of Education Natalie Watson, Education and Quality Assurance Officer
Type of business	For discussion and approval
Purpose	This paper provides Council with two draft reports of the Review of Education for comment and approval.
Issue	The Review of Education is a summary of Education Quality Assurance Activity over a specific period of time. Two editions have been approved by EMT and viewed by FPC in November. We are seeking approval from Council in December, with the intention to publish in early 2022.
Recommendation	The Council is asked to discuss and approve the reports for publication.

1. Background

- 1.1 Since 2012, the GDC has published a Review of Education on an annual or biennial basis which can be found here [Review of education \(gdc-uk.org\)](https://www.gdc-uk.org/review-of-education). They report on the GDC's Quality Assurance (QA) activity of that period and the next steps for the coming year.
- 1.2 In 2018 we revised the process, in discussion with the Policy and Research Board and Council, to streamline the reports, making them more punchier and challenging regarding what we have found, learnt and how this informs our next steps, including policy development. We also included example of good practice that we had identified. Therefore the 2016-8 version has less narrative and presents more of a summary and includes areas to take forward further to our findings.
- 1.3 The main audience for these reviews are education providers and other stakeholders interested and involved in training and education including patients, prospective and present students, postgraduate bodies as well as other regulators.
- 1.4 We will consider alternative ways of publishing the reports to make it more accessible and easier to digest for external audiences. This may be in the form of web-pages or a combination of web-pages and PDF files. The Communications team will scope the feasibility of the various options available.
- 1.5 This paper presents the next two iterations, which have been approved by EMT and seen by FPC in November and we are seeking Council approval, further to which we intend to publish in early 2022.

2. Review of Education

- 2.1 Annex 1 presents the review of education from 2018-9. Work on this was delayed due to the pandemic. However there is value in presenting and sharing this information as it was the first year where we undertook the risk based monitoring, where we had targeted inspections

at all BDS providers and piloted a more robust, evidence driven monitoring process for DCP providers. There was also a number of important policy developments that year linked to the upstream agenda, including student engagement which included promoting professionalism, the development of the first thematic review on the preparedness for practice of UK graduates and a range of specialty training developments.

- 2.2 Annex 2 presents the review of education for 2019-20 and 2021-2. We thought it beneficial to combine these two, as they reflect the experiences and impact presented by the pandemic.

3. Next steps

- 3.1 The reports were approved by EMT and viewed by FPC in November. Further to comment and potential approval from Council in December 2021, we aim to publish in early 2022.
- 3.2 Looking ahead, we have a plan for the 2021/2 version, so that we bring this report in a more timely and planned manner, with a similar timescale to this autumn, so that they are routinely published early in the calendar year.

Manjula Das, Head of Education
Mdas@gdc-uk.org
23 November 2021

**General
Dental
Council**

**Review of Education
2018-2019**



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Executive Summary

This is the fifth Review of Education, reporting on the General Dental Council's (GDC) education quality assurance (EQA) activity for the academic year 2018/2019.

During this period, we undertook 19 programme inspections across three out of the seven dental professions.

Between December 2018 and June 2019, we piloted a new risk-based monitoring process of 28 programmes across four of the seven dental professions.

During the 2018/9 academic year, we provisionally approved 10 new programmes across six of the seven dental professions.

The outcomes of our submissions, inspection and monitoring activity are provided in greater detail later in this report.

We are confident of the assurance given by this year's QA activity of education and training programme providers.

As part of our ongoing engagement strategy, we undertook a pilot of visits to first year students at seven dental schools from across the four nations of UK between September 2018 and January 2019.

Since 2019, the team has continued to develop the quality assurance of specialty training. We intend to quality assure all 14 specialty providers by the end of 2021/2022.

Introduction

Background

Further to [Shifting the Balance](#) in 2017 and [Education Consultation](#) in 2019, the GDC Quality Assurance Team moved towards a risk-based quality assurance process to focus resources on areas of greatest need. This commenced in the 2018/9 academic year.

Beginning in the 2018-19 academic year, the GDC adopted a risk-based approach to inspections. Under the new risk-based EQA process, inspection scope, depth and length will be dependent on the evidence and risk assessment we make in advance. This will determine which standards, requirements or thematic areas to focus on. We ran two key areas of risk-based QA activity, which included inspection pilots for Bachelor of Dental Surgery (BDS) programmes, and a risk-based monitoring process for most dental professional group (DCP) education training programmes. We realise that this is an evolving and iterative process, and learnings from these pilots, coupled with feedback from internal and external stakeholders involved, will help finesse and refine the process. We want to be evidence-led, with the risk-based approach enabling us to address areas of greatest concern, whilst also identifying and sharing areas of good practice.

Analysis

During In the 2018/19 academic year, the GDC inspected 19 programmes across three out of the seven dental professions:

Risk-based Inspection	New programme Inspection	
Dentistry (BDS, CHd)	Dental Hygiene and Therapy (HT)	Dental Technology (DT)
16 programmes	1 programme	2 programmes

BDS providers met the most requirements within our Standards for Education. Although Dental Technology (DT) education providers had the most 'not met' requirements, this only accounted for 2% of DT providers requirements. In this instance, one requirement not being met across two DT providers is not a significant risk. This "not met" decision was in relation to patient safety. As DT programmes do not specifically treat patients, we appreciate that this may have been misinterpreted by the programme and we were therefore not provided with the appropriate evidence. This will be reviewed as part of the upcoming learning outcome review.

New programme submissions

During this reporting period, we made 10 decisions regarding a submission for a new programme.

We granted provisional approval to the following programmes, pending a full inspection:

Submissions				
Dentistry (BDS)	Dental Hygiene and Therapy (HT)	Dental Technology (DT)	Clinical Dental Technology (CDT)	Dental Nursing (DN)
3 programmes	4 programmes	1 programme	1 programme	1 programme

A decision regarding full approval of these programmes will not be made until the programme has been inspected by the GDC, usually taking place during the middle of the final year of the first cohort. Should there be concerns regarding the students' studies and examinations during the inspection, The EQA team would consider whether delaying graduation of the students is appropriate.

The Standards for Education

There are 21 requirements in GDC's [Standards for Education](#), and they apply to all UK dental training programmes leading to registration with the GDC as a dentist or a DCP.

The Standards cover three areas that the GDC expects education providers to meet for training programmes to be accepted for registration. These areas are:

- Patient protection.
- Quality evaluation and review.
- Student assessment.

Standard 1 – Protecting patients (Requirements 1-8)

Standard 1 states that education or training providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount, and care of patients is of an appropriate standard as a 'safe beginner' upon graduation. Any risk to the safety of patients and their care by students must be minimised.

Standard 2 – Quality evaluation and review of the programme (Requirements 9-12)

Standard 2 states that providers must have in place effective policies and procedures for the monitoring and review of their programmes.

Standard 3 – Student assessment (Requirements 13-21)

Standard 3 states that assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the [GDC Learning Outcomes](#). Assessors must be fit to perform the assessment task.

A Requirement is met if:

“There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.”

A Requirement is partly met if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

A Requirement is not met if:

“The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

Monitoring Activity

Our regular monitoring activity provides a formal mechanism between inspections for education training providers to report on progress against the Standards for Education and early identification of issues that may impact on the delivery of their qualifications.

Following our move to risk-based Education Quality Assurance (EQA) further to the introduction of [Shifting the balance](#), the monitoring process was improved to ensure that we were more effective and robust in identifying the level of risk for each programme of study.

Between December 2019 and June 2019, we piloted a new risk-based monitoring exercise involving dental hygiene and therapy, orthodontic therapy and dental nurse programmes.

In the pilot we asked for evidence against compliance with our Standards. All documentation returned from providers was subject to an initial review by the EQA team, before being sent to the Education Associates (EAs). The programmes were rated red, amber or green (RAG) based on the assurance provided in their return, followed by a calibration meeting with the monitoring project team to review the final outcomes. In addition to the monitoring data, we considered the previous inspection outcome and any resulting actions for programme providers to address when deciding whether an inspection was deemed necessary during the next academic year. This enabled us to determine which risk-based inspections to conduct in the next academic year to ensure we focus on areas of greatest concern.

This monitoring process will continue to be reviewed following the next cycle.

BDS programmes were inspected in 2018-2019 and were therefore exempt from the monitoring activity in this period. Dental technology and clinical dental technology were not part of this monitoring activity as they had already been subject to EQA activity in the previous academic year.

Activity in 2018-2019

The table below outlines the number of providers who were required to return the monitoring form in the 2018-2019 academic year:

Monitoring					
Dentistry	Dental hygiene and therapy	Dental technology	Clinical dental technology	Dental nursing	Orthodontic therapy
0 programmes	15 programmes	0 programmes	0 programmes	8 programmes	5 programmes

Both EAs and providers were given the opportunity to give feedback on the monitoring process to inform the pilot and improve the process for the future.

Findings

Following the initial review of the monitoring forms, the EQA team agreed with 23 out of the 28 outcomes recommended by the EAs. In relation to the remaining five, further information from the provider by way of additional monitoring was needed for assurances that Standards are being met.

Monitoring outcomes

Following the previous monitoring activity, the process was revised and in 2018-2019 the outcome structure was developed.

The EQA team introduced enhanced monitoring to enable providers to submit additional evidence where there was limited assurance in the original monitoring form returned. This decision was made only if there were no significant areas of concern and if an inspection could be avoided due to the additional evidence providing satisfactory assurance.

If we were still not satisfied after the enhanced monitoring, that programme would then be subject to an inspection. The outcome decisions were agreed amongst the EQA team at a calibration meeting.

Of the 28 programmes monitored in the 2018-2019 period, the following providers were informed of the below outcomes:

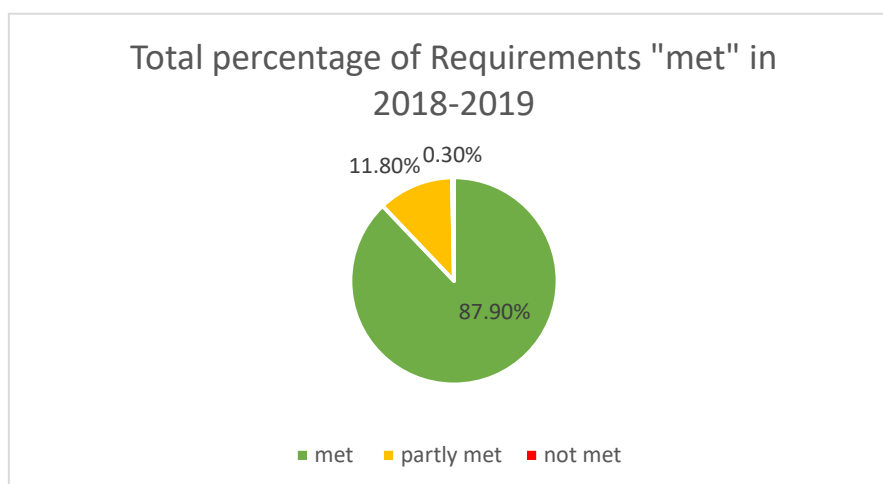
Monitoring Outcomes			
	dental hygiene and therapy	dental nursing	orthodontic therapy
Regular Monitoring	3 Programmes	3 Programmes	0 Programmes
Enhanced Monitoring	7 Programmes	5 Programmes	1 Programme
Inspection	5 Programmes	0 Programmes	4 Programmes

In total, 14 programmes received an Inspection outcome. Five out of the 14 programmes with an Inspection outcome were as a result of enhanced monitoring.

The EAs involved in the 2018-2019 monitoring work were required to complete a questionnaire which gave them the opportunity to comment on the process. This feedback was utilised to review and revise the process prior to the next round of monitoring activity.

Inspection Activity

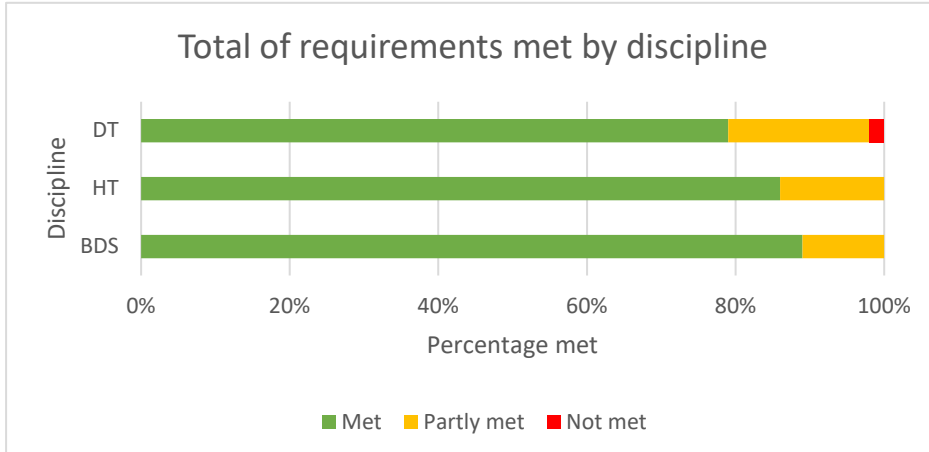
The chart below shows the number of requirements that were considered to be “met” across all three areas of our Standards in the 2018-2019 period:



The EQA team are assured that there were no areas of significant risk identified during the inspection activity in the 2018-2019 academic year. The majority of “partly met” requirements were in relation to [Standard 2](#) (quality evaluation and review of programmes), however this number was still relatively small and there was some assurance provided against those requirements.

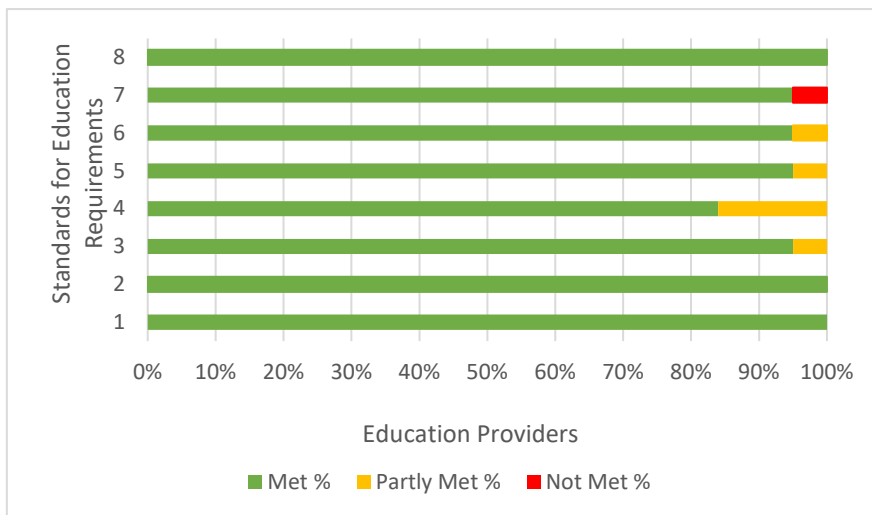
Requirement 11 of Standard 2 (programmes must be subject to rigorous internal and external quality assurance procedures) had the highest number of “partly met” decisions, however this only accounted for five providers out of the 19 inspected.

The chart below provides a breakdown of the requirements “met”, “partly met” and “not met” in each discipline:



Four out of 19 providers met all of the 21 requirements with a further three meeting 20 out of 21 requirements.

The chart below outlines a breakdown per requirement for Standard 1, which highlights that a large number of requirements were “met” or “partly met”. This is similar to findings from previous [Review of Education publications](#), in that this is the Standard with the highest number of “met” decisions.



Three out of 19 providers “partly met” requirement 4, two of which were BDS providers and one a dental technology programme. Requirement 4 ensures that students are supervised appropriately according to the activity and student’s stage of development. There were no concerns specifically in relation to student supervision, however the programmes were advised to formalise and introduce a documented process which can be shared both across the organisation and with outreach placements.

In comparison to the data in the previous [Review of Education 2016-2018](#), the requirements “met” has improved significantly.

Examples of areas of good practice under these requirements include:

Aberdeen BDS

Requirement 4-

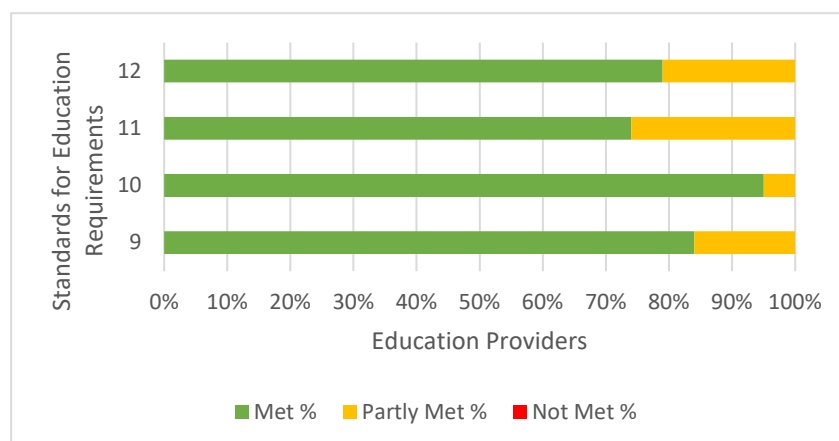
“We were pleased to note that since the last GDC visit, there have been a number of positive changes within the Institute. These include the appointment of a new Director of Dentistry, the appointment of a Senior Clinical Lecturer in Oral Surgery and the recruitment of a number of sessional Clinical Lecturers with a general dental practice (GDP) background, who provide support and supervision on clinic. The panel interviewed students as part of the inspection process, who commented on the positive impact these staff changes have had. The students reported that levels of supervision have significantly improved.”

Birmingham BDS

Requirement 7-

“The panel saw a clearly evidenced process for recording, managing and addressing patient safety concerns, as well as completed logs for incident reports. It was evident that all clinical and professional concerns relating to patient care were being managed appropriately. It was clear that when any incident occurred, a ‘lessons learnt report’ was written and disseminated to both students and staff and processes were changed in order to prevent the same issue of concern arising again.”

The chart below outlines a breakdown per Requirement for Standard 2:



Standard 2 included the highest number of “partly met” requirements across the three standards, with both requirements 11 and 12 receiving the most “partly met” decisions. This was also an area of concern noted in the 2016-2018 Review of Education. The EQA team are assured that there have been improvements, as we have seen an increase in the percentage of requirements met in Standard 2 in the 2018-2019 reporting period

Common themes arising under Standard 2 included recommendations for ensuring that patient feedback is used to inform programme development and that regular reviews take place. It was also recommended for some programmes to ensure there is sufficient External Examiner (EE) support, they are given the opportunity for appropriate training and that EE reports receive a formal response to ensure recommendations are recorded and addressed.

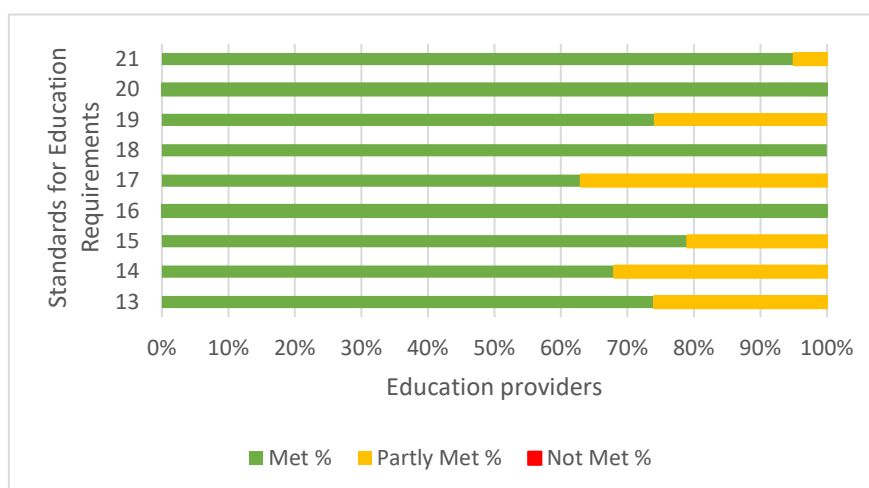
All partly met decisions under Standard 2 were in relation to BDS programmes only.

Examples of areas of good practice under these requirements include:

University of Central Lancashire HT
Requirement 9-
“Evidence demonstrating that the programme maps to each of the latest GDC learning outcomes was provided to the team as part of the pre-inspection documentation. The panel had sight of Maxinity software which shows the mapping of examinations to the learning outcomes. We were given a demonstration of the sophisticated Access database which detailed where the full set of learning outcomes were being addressed in teaching and lectures.”

Glasgow BDS
Requirement 11-
“LIFTUPP allows every patient interaction to be recorded with feedback. The School identified that the language was not particularly friendly for patients, so wording was amended and presented to them. Feedback is positive; complaints are infrequent but used as learning points.”

The chart below outlines a breakdown per requirement for Standard 3:



Six out of the 19 providers met all the requirements under standard 3, including the only dental hygiene and dental therapy programme to be inspected.

Requirements 14 and 17 had the highest number of partly met decisions. Similar to the previous Review of Education, requirement 17 was also the main concern under this Standard. However, there has been an improvement as there were no ‘not met’ decisions for requirement 17 in this period.

Both DT programmes only partly met requirement 17 and it was recommended that they should formalise how feedback can be sought from a range of members of the dental team to improve the assessments currently being used.

Some of the actions resulting from the inspections under this requirement included:

- reviewing monitoring of paediatric dentistry experience to ensure a suitable breadth of experience is achieved
- reviewing the processes to collect feedback, to enable meaningful feedback to be collected which can then be used to contribute to the assessment process.

Examples of areas of good practice under these requirements include:

Bolton DT
Requirement 13-
“The school benefits from having a working laboratory on site, which is extremely well equipped and again, students are able to have sessions there to experience technology they may not have in place at their own work placements.”
Cardiff BDS
Requirement 13-
“In the student’s final year frequent “sign-up” meetings are held where the collected data is reviewed to ensure that the student was considered able to complete the course and be eligible for registration with the GDC as a “safe beginner”.”

With the vast majority of requirements being met, and those that are partly or not met, having clear action plans alongside timescales, we can be assured that there have been improvements following the 2016-2018 Review of Education and that there are no significant areas of concern.

Engagement and Policy Development

Thematic reviews

In the EQA team, we are well placed to draw together learnings from previous EQA activity, as well as internal and external intelligence to identify themes which require greater exploration to help further improve education and training in the sector. One of the recommendations of the [Education Consultation](#) in 2019 was to explore the development and implementation of thematic reviews.

In 2019 we began research into the preparedness for practice of UK graduates, which included a conference with stakeholders in November 2019.

Promoting Professionalism

As part of Shifting the Balance, we increased focus on areas of policy development linked to 'upstream' initiatives and activities. This includes areas that are focused on improving patient experience and safety, and public confidence in dentistry, that should make dentistry a better place to work. These aspects of policy development, when implemented, will have a considerable impact on dental education.

The first of these policy areas is professionalism and how this is reflected in the standards expected. We know that dental professionals should do the professional or right thing for each patient on every occasion, but sometimes there are barriers in achieving that. These barriers can be because of gaps in knowledge and skill, contracts of employment and expectations of employers, or perhaps a lack of confidence or a lapse in judgement or performance.

Part of the guidance we provide to dental professionals to help them meet practice standards relates to the scope of practice of different registrant groups. The [scope of practice](#) guidance was introduced to provide clarity about roles when the register opened to four new professions in 2008. Since that time much has changed, including a more mature understanding within the dental team about the roles different professions play. The current guidance document is seen as inflexible and restrictive, and not able to adapt to future changes. The GDC intend to revise the Scope of Practice guidance which will include a full public consultation.

Continuing Professional Development

We have also begun to research and consider what a future Continuing Professional Development (CPD) model might look like if it were designed so that it was really focused on the professional getting the greatest benefit to their learning and development and delivering improvements for patients. We published a [discussion document in 2019](#) and invited responses from professionals and stakeholders on a range of quite different approaches to CPD.

GDC Student and Trainee Engagement Strategy

Between September 2018 and January 2019, we undertook a pilot of visits to first year students at seven dental schools from across the four nations of UK.

The aim of the pilot was to improve engagement and build positive relationships with students early on in their career, to ensure they understand the role of the GDC and the standards that are expected of them as professionals. In the development of these pilots, we spoke with education providers and students to ensure the information was pitched at the right level and was as engaging and interactive as possible.

Our engagement with students included presentations on the role of the GDC, professionalism, complaints handling and responsible use of social media. We also used patient videos on professionalism and interactive scenarios to help students to start to consider the patients' perspective. In total we presented to roughly 700 first-year students. We focused on BDS and dental hygiene and therapy students and planned to have dedicated engagement with other DCPs groups, which we are currently planning for in the coming years.

The feedback on the pilot was very positive with students and education providers commenting that they appreciate the work the GDC is doing to improve engagement with

students. The format of the presentation scored well, although there were some areas to add or improve.

Based on the feedback we received through the pilot, we are continuing to roll out this programme of engagement for first year students at all dental schools.

Specialty developments

Quality Assurance of Specialty Training

Following a pilot in 2016-2017 and a consultation in 2019, the [Standards for Specialty Education](#) were revised and an updated version was published in 2019. Under the new Standards, we began the quality-assurance of specialty training for the first time, starting with NHS Education for Scotland (NES). Reports can be found on the [specialty education](#) page on our website. We are continuing to review all specialty education and examination providers, with a view to completing the cycle by the end of 2022, after which we will review the process as a whole.

The Specialty Working Group was established by the GDC to bring together key stakeholders with a view to:

- identify areas of mutual interest relating to specialty training in the UK
- establish collaboration and aim to ensure that current and future projects are aligned
- ensure that the specialist lists remain current, relevant and are aligned with initiatives such as *Shifting the Balance* as well as with the wider regulatory reform landscape
- explore how to support the administration of the specialist lists on an ongoing basis.

During the 2018-2019 academic year, the group met six times and discussions led the development of the 2019 consultation on specialist listings. A [Consultation outcome report](#) was published in December 2019.

Revision of specialty curricula

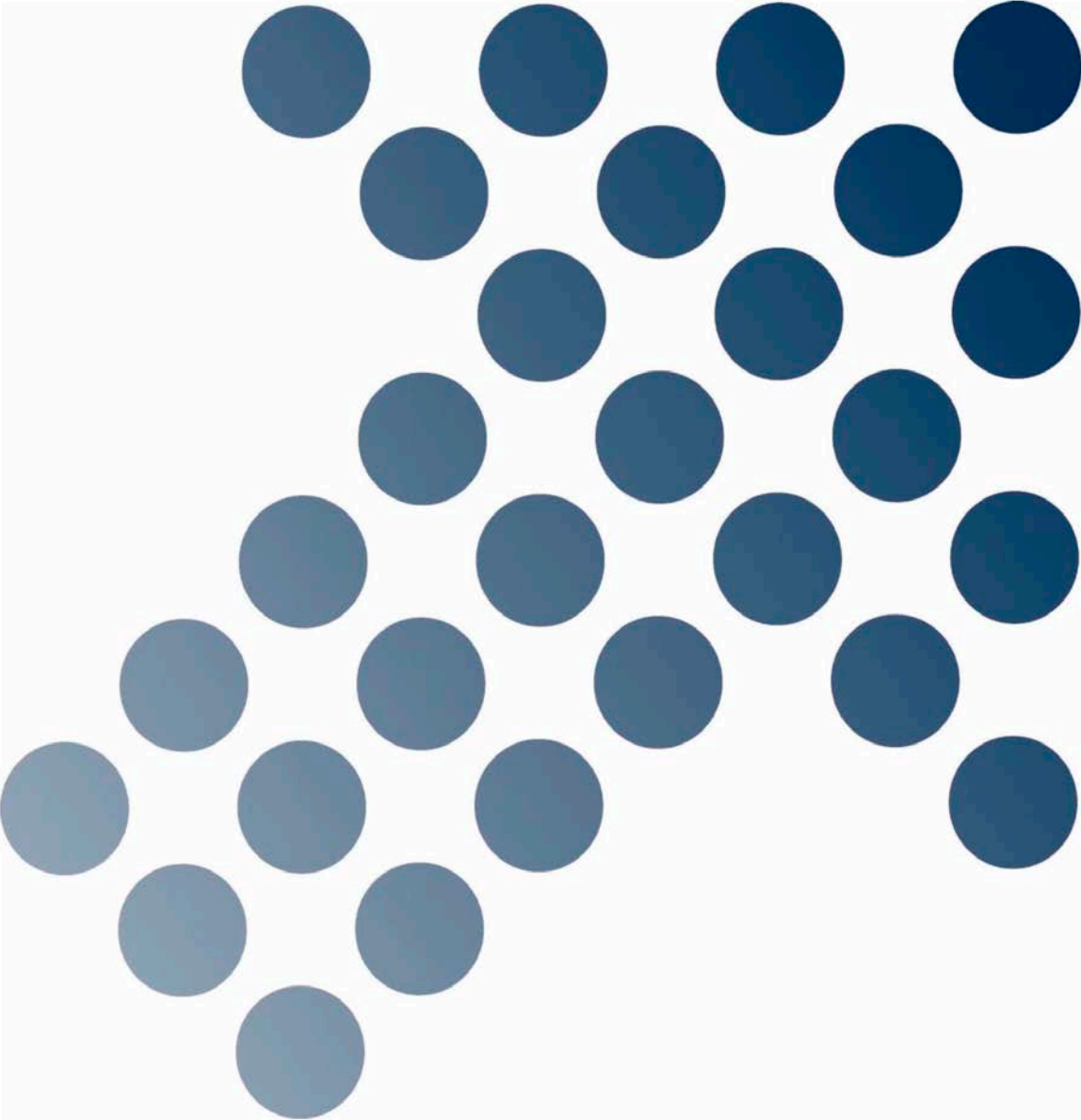
We continue to work closely with key stakeholders, particularly the Speciality Advisory Committees, Faculties of the Royal Colleges and Dental Deaneries to revise specialty curricula. By the end of 2019, the GDC Council approved the process to revise the specialty curricula, with a view to have the new curricula in place by September 2021.

Improvements to the Specialist List Assessed Application Process

Further to a range of internal and external conversations and correspondence, we decided to draw together a Task and Finish Group to seek improvements to the Specialist List Assessed Application process. The group was established in 2018 and aims to improve understanding of the process between stakeholders, including applicants, and seeks to identify and make improvements to the process within our current legislative framework. More details of these developments can be found on our [website](#).

**General
Dental
Council**

**Review of Education
2019-2021**



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Executive summary

This is the sixth Review of Education, reporting on the General Dental Council's (GDC) education quality assurance (EQA) activity for the academic years 2019-20 and 2020-21 and the direction of policy going forward. There have been key challenges for education providers, not least the impact of the COVID-19 pandemic which is discussed in more detail later in this Review. We have also included notable areas of good practice throughout.

In the 2019-2021 academic years, the GDC inspected 20 programmes across six out of the seven professions:

Regular inspection activity				
Dentistry	Dental Hygiene and Therapy	Dental Nursing	Dental Technology	Orthodontic Therapy
2 programmes	8 programmes	3 programmes	3 programmes	4 programmes

During this reporting period, we granted provisional approval to 15 programmes that will be subject to a full inspection, as follows:

New programme submissions					
Dentistry	Dental Hygiene and Therapy	Dental Hygiene	Dental Therapy	Dental Nursing	Orthodontic Therapy
3 programmes	5 programmes	2 programmes	2 programmes	2 programmes	1 programme

A decision regarding full approval or sufficiency of these programmes will be made following a programme and examination inspection which will take place during the final year of the programme when the first graduating cohort are expected to qualify.

In response to the COVID-19 pandemic, we developed new processes to conduct targeted monitoring and targeted inspection activity to focus on areas of greatest risk and concern in line with our risk-based approach to QA. These differed from our regular monitoring and regular inspection activity and focused on the impact of the pandemic on the delivery of dentistry (BDS) and dental hygiene and dental therapy (HT) programmes, as follows :

Targeted Monitoring 2019-2021	Targeted Inspections 2019-2021
BDS/HT	BDS/HT
37 Providers	9 Providers

In addition to COVID-19 targeted QA activity, there have been a number of policy developments that commenced during this period, particularly around:

- The quality assurance of specialty training
- student engagement
- a review of GDC learning outcomes in [Preparing for practice](#)
- continuing professional development (CPD) specialty training developments

We are confident of the assurance given by the QA activity of education and training

programme providers during this Review period.

The Standards for Education

There are 21 Requirements in the [GDC's Standards for Education](#) and they apply to all UK dental training programmes leading to registration with the GDC as a dentist or a DCP. The Standards are the regulatory tool used by the GDC to ensure that a programme is fit for purpose. The Standards are central to the GDC's quality assurance processes.

The Standards outline three areas the GDC expects education providers to address in their training programmes so that holders of the awarding qualification are eligible for GDC registration. These areas are:

Standard 1 – Protecting patients (Requirements 1-8). This Standard states that providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount, and care of patients is of an appropriate standard as a 'safe beginner' upon graduation. Any risk to the safety of patients and their care by students must be minimised.

Standard 2 – Quality evaluation and review of the programme (Requirements 9-12). This Standard states that providers must have in place effective policies and procedures for the monitoring and review of their programmes.

Standard 3 – Student assessment (Requirements 13-21). This Standard states that assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the [GDC Learning Outcomes](#). Assessors must be fit to perform the assessment task.

In assessing education providers' compliance, we determine whether Requirements are "met", "partly met" or "not met".

A Requirement is met if:

"There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates with broad confidence that the provider demonstrates the Requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is partly met if:

"Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the Requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process."

A Requirement is not met if:

"The provider cannot provide evidence to demonstrate a Requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent

and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a Requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of Requirements and the possible implications for public protection”

Quality Assuring Education and Training during COVID-19

Summary

In March 2020, the Government announced a national lockdown due to the COVID-19 pandemic, which impacted the whole population, including patients, students, education providers and the GDC.

As a result, there were significant limitations in delivering routine dental care and the practical training and experience of dental students and their clinical training was severely impacted.

Given these circumstances, we worked closely with education providers and key stakeholders in education and training to understand the areas of concern and risk to programme delivery. We also sought to identify their plans to mitigate these risks so that students graduating in 2020 would meet the minimum standard of practical training and join the register as safe beginners. The EQA team developed a risk-based process to enable targeted QA activity to be carried out to give assurance to patients, the public and the GDC that despite the challenges of the pandemic, the quality of new registrants remains the same as any other year. This demonstrated that our QA function can be agile and responsive to unforeseen demands.

Risk-based QA activity in relation to COVID-19

Evidence-gathering exercises in the form of surveys of education providers took place in March and July 2020 to understand their initial plans for graduating students and subsequently, how students were actually graduated.

We revised planned inspections for 2019/20 to focus on areas of priority and postponed others where there was lower risk.

Once assured that the 2019/20 graduating cohort were safe beginners, attention turned to preparing for the 2020/21 cohort.

In November 2020, the GDC conducted virtual meetings with all education providers to understand their present specific challenges and mitigations for the forthcoming academic year. This highlighted that we needed to focus on BDS and HT programmes as areas of greatest risk and concern as the pandemic had impacted on the experience of their students most significantly. It also demonstrated a significant variation of circumstances and impact across providers and the UK nations.

In January 2021, a further survey was shared with education providers to gather specific information to inform our QA processes and timescales for 2020/2021.

Targeted monitoring activity

Taking into consideration previous feedback received from stakeholders, we developed a targeted process for conducting QA activity of BDS and HT education programmes.

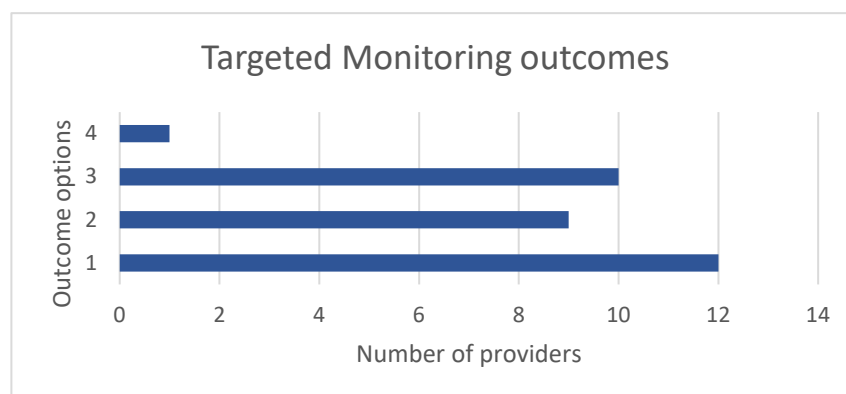
Between March and August 2021, we carried out targeted monitoring of 32 BDS and HT programmes, leading to 10 inspections. We were assured with all programmes, except one, which was subject to a six-month extension to training. We plan to conduct monitoring of a further five programmes in Scotland during the academic year 2021/2022.

The targeted monitoring focused on two specific Requirements within our [Standards for Education](#) (13 and 15) relating to the depth and breadth of experience expected and required of new graduates to ensure that they are safe beginners. Education providers were required to submit evidence against these standards as well as a declaration, confirming that the students would be at the level of a safe beginner at the point of graduation. The evidence returned was reviewed by the EQA team and Education Associates. In conjunction with the Evidence and Research Team we developed a Decision Framework Assessment Tool which we used to help determine the level of risk associated with the programme. This tool enabled us to determine whether targeted inspection activity was necessary. Where necessary, we held calibration meetings to ensure consistency of decisions across the different providers.

Following targeted monitoring activity, the providers were informed of one of four outcomes:

1. Inspection not required
2. Inspection not required but the programme should be subject to ongoing monitoring for assurance of safe beginner standard, including further information on student progression closer to graduation dates. Upon receipt a further decision to be made regarding an inspection or further monitoring.
3. Inspection required
4. Extension to programme

The chart below details the number of outcomes under each of the above categories:



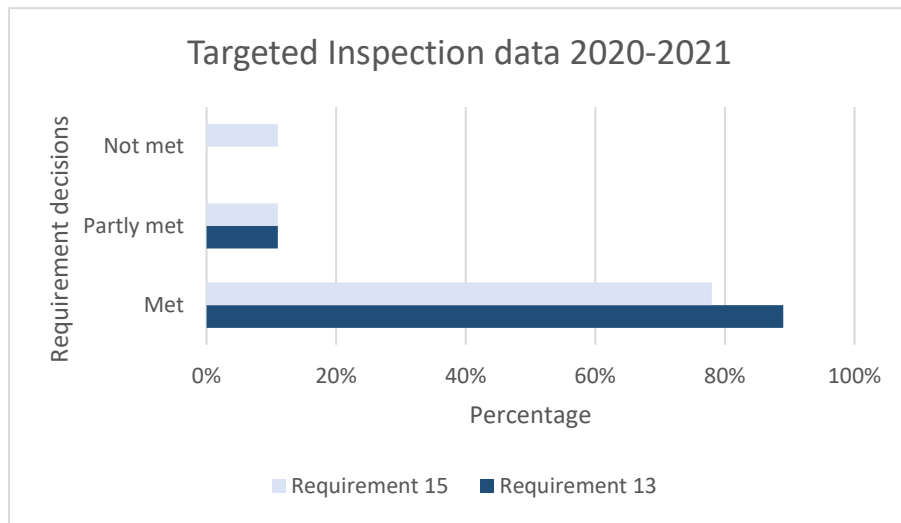
Targeted Inspection activity

Out of the 32 providers subject to targeted monitoring, 10 led to targeted inspection activity, which were focused on gaining assurance of the experience of final year students. The table below provides a breakdown of the 10 programmes subject to targeted inspection activity in the 2020/2021 academic year:

Targeted Inspection activity	
Dentistry	Dental Hygiene and Therapy
6 programmes	4 programmes

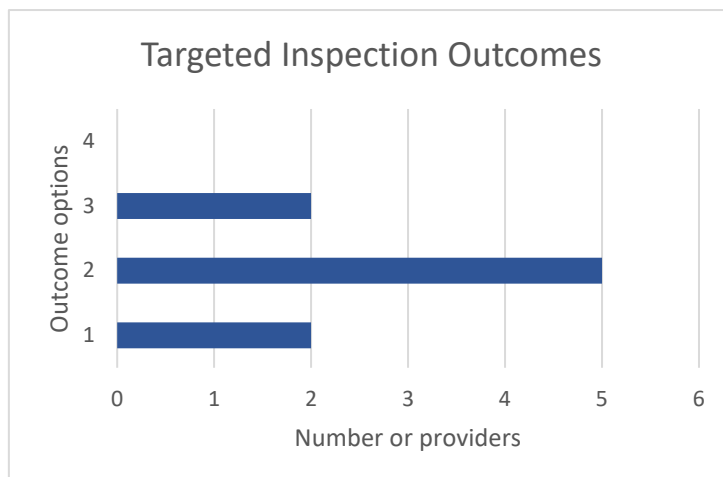
We decided that the outcome for these programmes, following QA activity, would be either ‘assured’ or ‘not assured’ that the graduating cohort would be safe beginners.

The chart below outlines the breakdown of data in relation to Requirements 13 and 15:



Following the targeted inspections, the 10 providers were informed of one of four outcomes which were ratified by the Registrar:

1. Assured - no further action
2. Assured - further contemporaneous data or evidence requested to triangulate findings of the panel
3. Not Assured- programme extension with a detailed monitoring plan
4. Not assured- removal of sufficiency or approval



The outcome was higher than we had initially anticipated with 97% of final year BDS students in England, Wales and Northern Ireland graduating, by comparison to the anticipated 80-90%. We acknowledge and thank the significant efforts of all those involved to enable this.

Further targeted monitoring activity is planned for 2021/2022 which relates to five Scottish providers who delayed graduation by one year:

Targeted Monitoring activity 2021-2022	
Dentistry	Dental Hygiene and Therapy
3 programmes	2 programmes

Meanwhile, we needed to ensure that DCP providers continued to provide us with assurance that their graduates would be safe beginners and a bespoke survey was delivered in May 2021. The analysis in June 2021 highlighted that there were no concerns with the current graduating cohort.

Further targeted QA work will continue in 2021-2022:

- Phase Two: students from the 2020/2021 cohort who did not graduate but intend to by the end of the 2021 calendar year
- Phase Three: students in the 2021/2022 graduating cohort.

Feedback received from education providers and the internal teams following Phase One have been used to refine the process for the second and third phase in the 2021/2 academic year.

Regular Monitoring Activity

Our regular monitoring activity provides a formal mechanism for the ongoing monitoring of education programmes. We require providers to report on their performance against the [Standards for Education](#) and early identification of issues that may impact on the delivery of their programmes. Monitoring may result in a risk-based or focused inspection should areas of concern be identified.

After piloting the new risk-based and evidence-led QA process in the 2018-2019 academic year, we acted on the feedback received from EAs and education providers to develop our monitoring process which is now conducted online. Furthermore, after a review of the 2018-2019 monitoring activity, we made significant improvements to the QA process for the 2019-2020 academic year, for example, education providers were able to submit evidence after submitting their return. All documentation is now subject to an initial review by the EQA team before being sent to the EAs for analysis.

As part of the EA assessment, each Requirement was scored based on the evidence provided by the education providers. A range of decision tools matrix was specifically created alongside research and intelligence colleagues to risk assess monitoring questionnaires and supporting evidence. These range of decision tools designed with support of our research colleagues, to risk assess monitoring and supporting evidence, were used to increase transparency and consistency in our decision-making. Internal meetings were also held to further ensure consistency across decision-making.

In the 2020-2021 academic year, targeted monitoring activity was a priority to the EQA team.

Looking ahead, we have undertaken work to improve the process for the 2021-2022 period. This includes:

- introduction of a student questionnaire
- using a new online survey system which allows for document uploads.

We will continue to review the monitoring process following the next cycle.

Activity between 2019-2021

The table below sets out the number of providers who were required to return the monitoring form during this period:

Regular Monitoring 2019-2020					
Dentistry (BDS)	Dental hygiene and therapy (HT)	Dental technology (DT)	Clinical dental technology (CDT)	Dental nursing (DN)	Orthodontic therapy (OT)
1 programme	7 programmes	2 programmes	0 programmes	2 programmes	1 programme

Activity between 2020-2021

In the 2020-2021 academic year all providers were subject to COVID-19 targeted monitoring QA activity as detailed above.

Both EAs and providers were given the opportunity to give feedback on the targeted monitoring process.

Findings

With the introduction of the decision matrix, we found that we were able to determine the level of risk associated with programmes more effectively, whilst following a standardised approach. The EAs received training on how to conduct their assessment and were given a breakdown of scoring criteria to enable them to make a fair judgement. We found the calibration meetings to be extremely beneficial to this process and this enabled the EQA team to be sure that EAs had the opportunity to discuss the potential outcome in detail.

Holding a decision-making meeting allowed the EQA team to review all aspects of the EAs assessment, including whether the level of risk was appropriate for each programme. In three cases where a long time had passed since the last inspection, we decided to inspect programme despite their monitoring return showing low risk.

Only one out of 13 providers was scored as high-risk, and this was due to the lack of evidence provided which failed to give us the required assurance.

Regular Monitoring outcomes

Of the 13 programmes monitored in the 2019-2020 period, we determined that four of the programmes would be subject to regular monitoring and that nine programmes would be inspected:

Regular Monitoring Outcomes					
	Dental Hygiene and Therapy	Dental Nursing	Orthodontic Therapy	Dental Technology	LDS
Regular Monitoring	3 Programmes	0 Programmes	0 Programmes	0 Programmes	1 Programme
Regular Inspection	4 Programmes	2 Programmes	1 Programme	2 Programmes	0 Programmes

Regular Inspection Activity

In addition to the COVID-19 targeted QA activity, the following chart demonstrates the regular inspection activity that took place between 2019-2021

Regular Inspection Activity	
2019-2020	2020-2021
13 programmes	7 programmes

A further nine inspections were cancelled due to the COVID-19 pandemic.

As part of the EQA team's risk-based approach in the 2018-2019 academic year, all BDS providers were inspected. The focus in 2019- 2021 was therefore on DCP providers.

This inspection activity was conducted remotely with the exception of two dental technology programmes that were conducted on site in order for practical work to be reviewed.

2019-2021 Regular Inspection activity

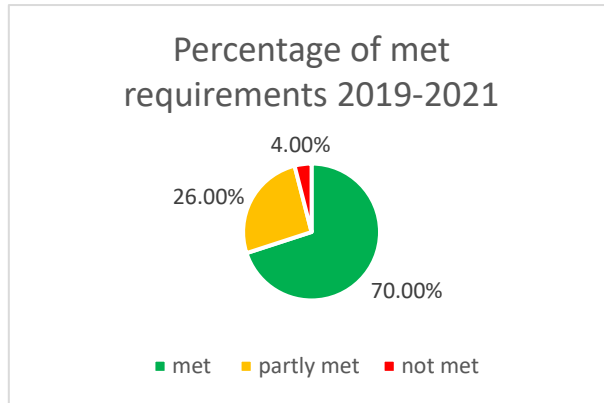
The tables below outlines a further breakdown of the programmes subject to a regular inspection in the 2019-2021 academic years:

Regular Inspection Activity 2019-2020				
Dentistry (BDS)	Dental Hygiene and Therapy (HT)	Dental Technology (DT)	Orthodontic Therapy (OT)	Dental Nursing (DN)
2 programmes	5 programmes	1 programme	3 programmes	2 programmes

Regular Inspection Activity 2020-2021			
Dental Hygiene and Therapy (HT)	Dental Technology (DT)	Orthodontic Therapy (OT)	Dental Nursing (DN)
3 programmes	2 programme	1 programme	1 programme

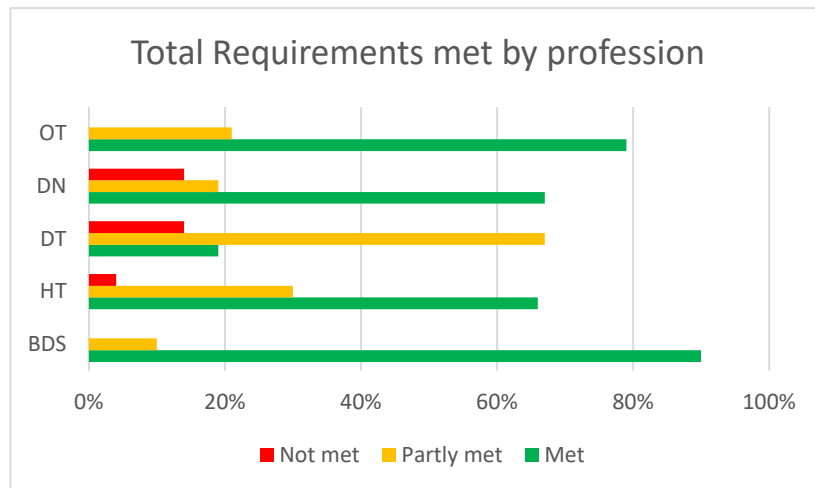
Based on the inspection activity detailed above, more Requirements under Standard 1 (protecting patients) were met than Standard 2 (quality evaluation and review) and Standard 3 (student assessment) which is similar to the findings in the previous publications of the Review of Education.

The chart below demonstrates the number of Requirements that were considered to be “met” across all three Standards in the 2019-2021 period.

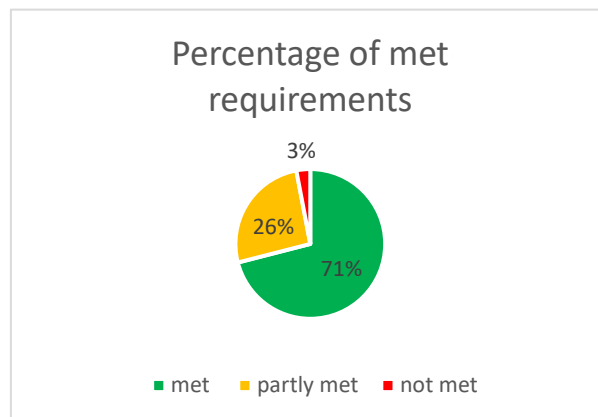


This chart provides a breakdown of the Requirements “met”, “partly met” and “not met” in each profession:

2019-2020:

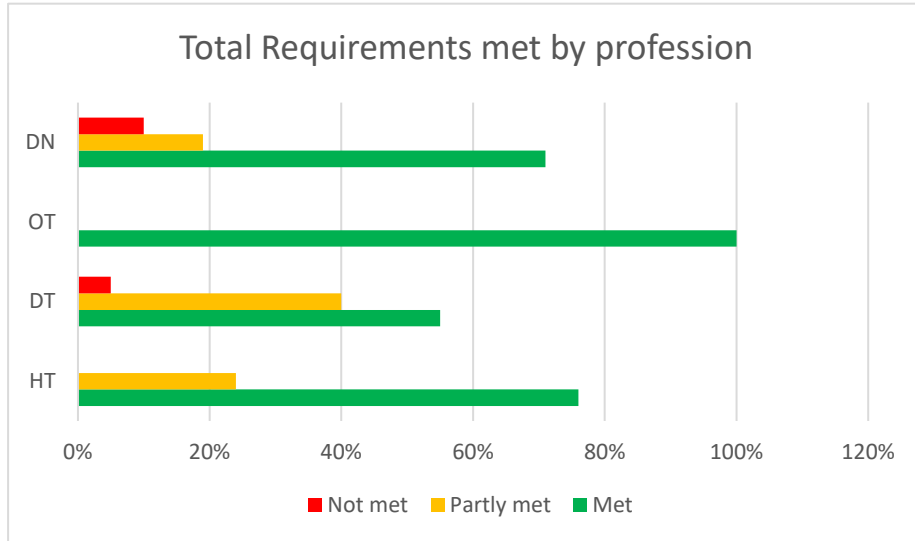


The chart below demonstrates the number of Requirements that were considered to be “met” across all three Standards in the 2020-2021 period.



This chart provides a breakdown of the Requirements “met”, “partly met” and “not met” in each profession:

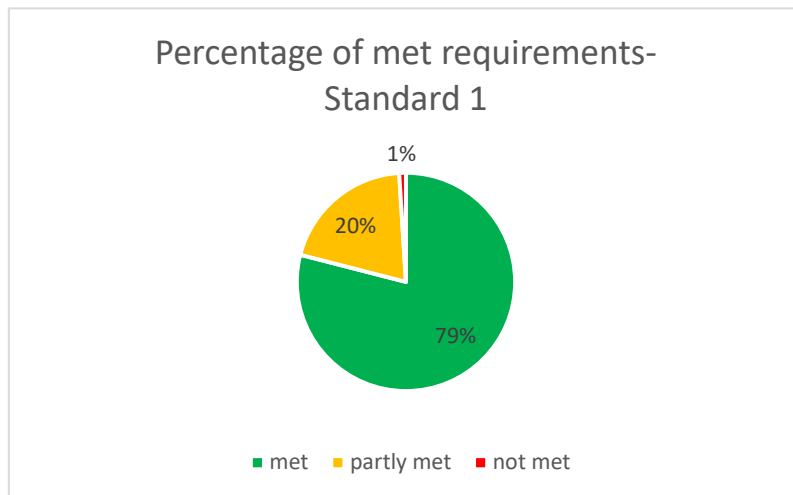
2020-2021:



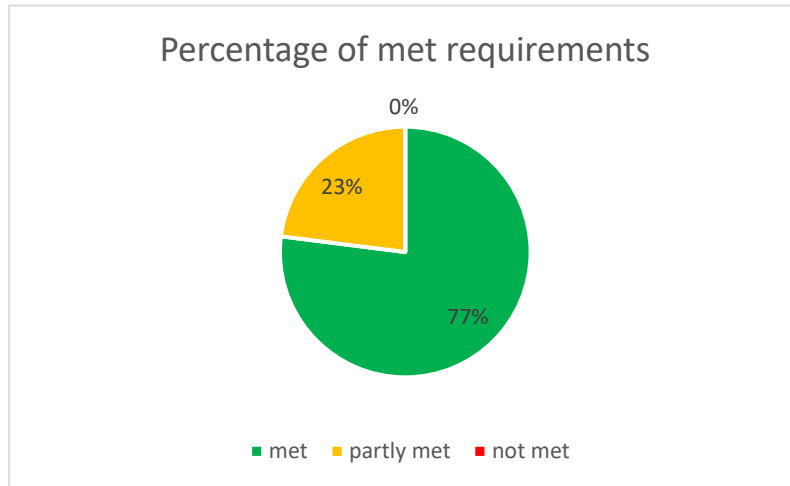
Standard 1 – Protecting patients (Requirements 1-8)

The charts below demonstrates the percentage of Requirements “met”, “partly met” and “not met” across Standard 1:

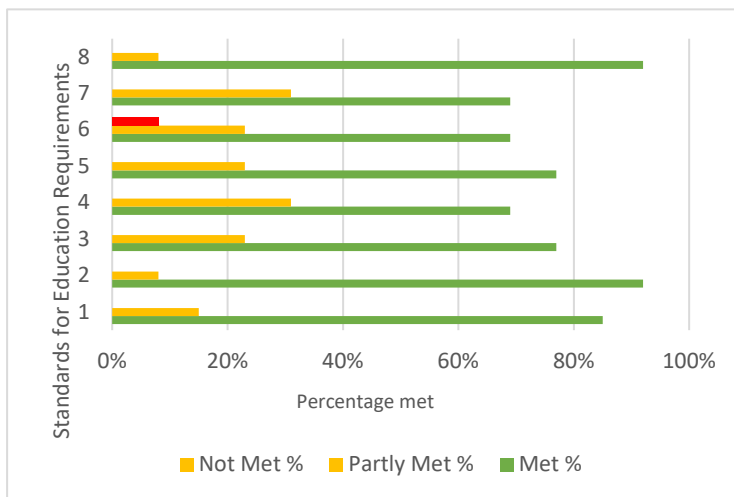
2019-2020:



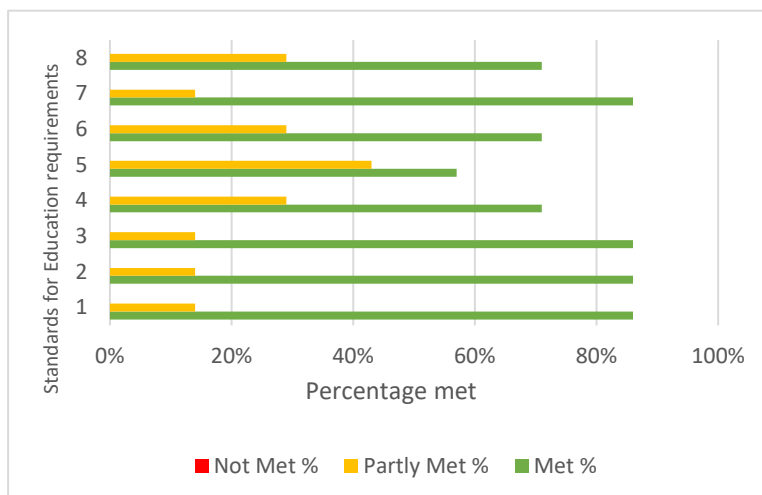
2021-2021:



The chart below outlines a further breakdown per requirement for Standard 1 in the 2019-2020 academic year:



The chart below **outlines** a further breakdown per requirement for Standard 1 in the 2020-2021 academic year:



Within Standard 1, some Requirements were considered to be ‘partly met’ or ‘not met’. The areas identified by the associates for improvement were as follows:

- better recording and maintenance of accurate and contemporaneous student records
- greater use of audits of clinical activity
- more effective student supervision and better contingency planning
- greater student and staff awareness of raising concerns
- the recording of lessons learned from any adverse incidents
- improved recording of staff training records.

The providers involved were given specific actions to address these areas.

Examples of areas of good practice under Standard 1 included:

Glasgow Caledonian University- HT

Requirement 4-

“The School reported high levels of nursing support - sometimes at a ratio of 1:1. The panel was pleased to note that nursing staff provide feedback on students and their performance.”

King’s Health Partners-OT

Requirement 6-

“The student group were clearly able to articulate their responsibilities and awareness with regard to raising concern and the process to be followed. This assured the panel that the programme staff were evidently strongly embedding this aspect of knowledge throughout the programme.”

Bristol BDS

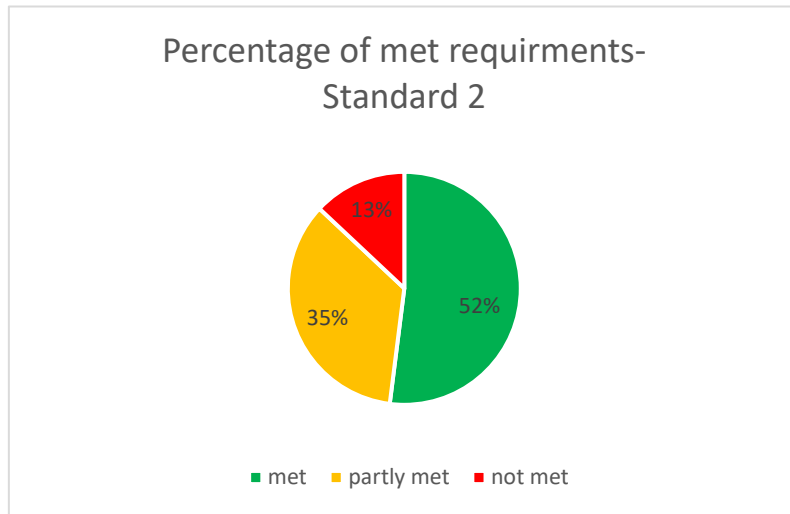
Requirement 8-

“A new process for dealing with student fitness to practice issues has been introduced. Multiple pieces of evidence about the process were provided to the panel who deemed the process to be robust. When triangulated, students reported that they have enjoyed the pastoral element introduced into the new process. The students also clearly understood the remit and purpose of the student referral system, which is part of the new process.”

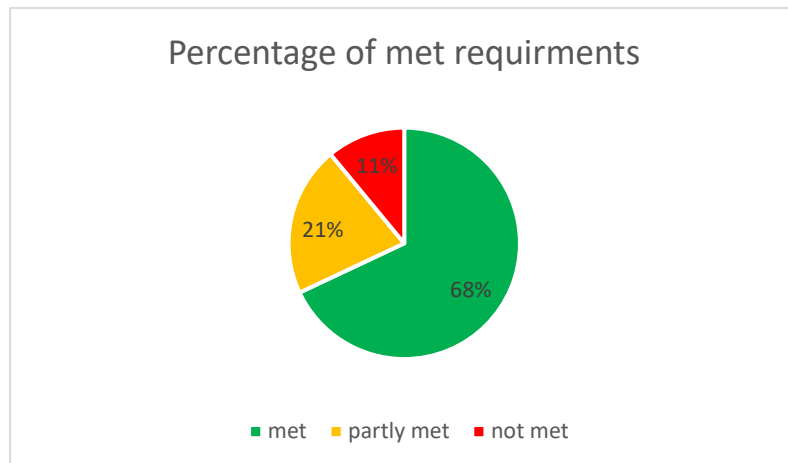
Standard 2 – Quality evaluation and review of the programme (Requirements 9-12)

The chart below shows the percentage of Requirements “met”, “partly met” and “not met” across Standard 2:

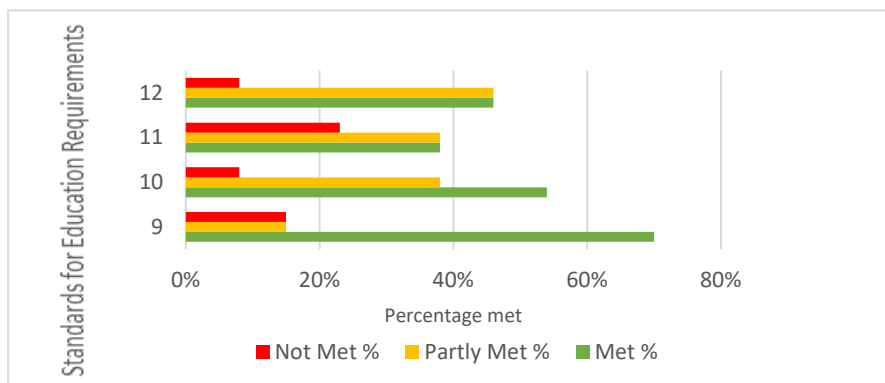
2019-2020:



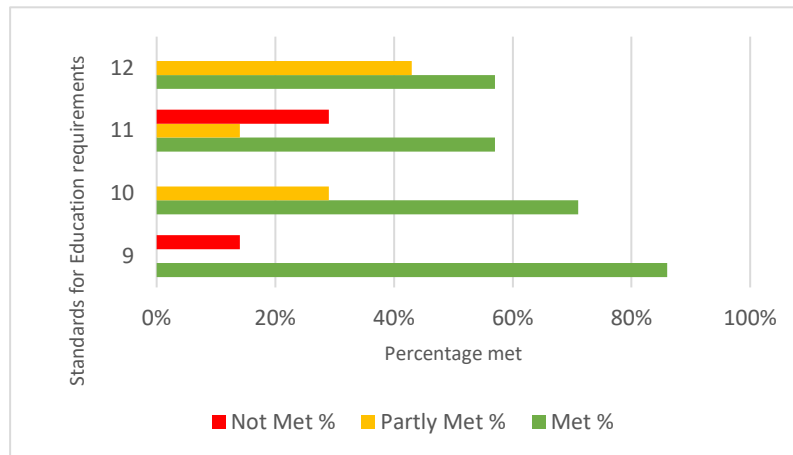
2020-2021:



The chart below outlines a further breakdown per Requirement for Standard 2 in the 2019-2020 academic year:



The chart below outlines a further breakdown per Requirement for Standard 2 in the 2020-2021 academic year:



Within Standard 2, some Requirements were again considered to be ‘party met’ or ‘not met’. Some of the areas identified by the associates for improvement were as follows:

- the formalisation of more robust quality management arrangements accompanied by a comprehensive quality assurance document and dedicated quality assurance forum
- clearer recording of the mapping of GDC learning outcomes process
- to develop a clearer risk register complete with contingency measures
- to improve and formalise the use of external examiners (EE) and to enhance the EE reports.

A common area identified for improvement for several providers was the recording and use of patient feedback under Requirements 11 and 17. We recommended that providers develop their feedback recording mechanisms and to consider how this feedback could inform programme development.

Providers involved were again given specific actions to address these areas.

Examples of areas of good practice under Standard 2 included:

Teesside HT
Requirement 9-
“A cohesive quality management structure was evidenced to the panel. Both programme and school-level groups are in place with individuals sitting across both levels to ensure issues are escalated or disseminated appropriately. The formal processes are also supported by team meetings amongst the programme leads and weekly huddles on clinic.”
Bristol BDS
Requirement 9-
“An impressive aspect of the Dental Education Committee (DEC) is its inclusion of student representatives. The provider uses a University-level Education Action Plan (EAP) that defines the strategic aims and objectives of the programme along with the actions to be completed to achieve them. The EAP is presented at DEC meetings and students may review and feedback on the plans at that time.”

University of Warwick OT

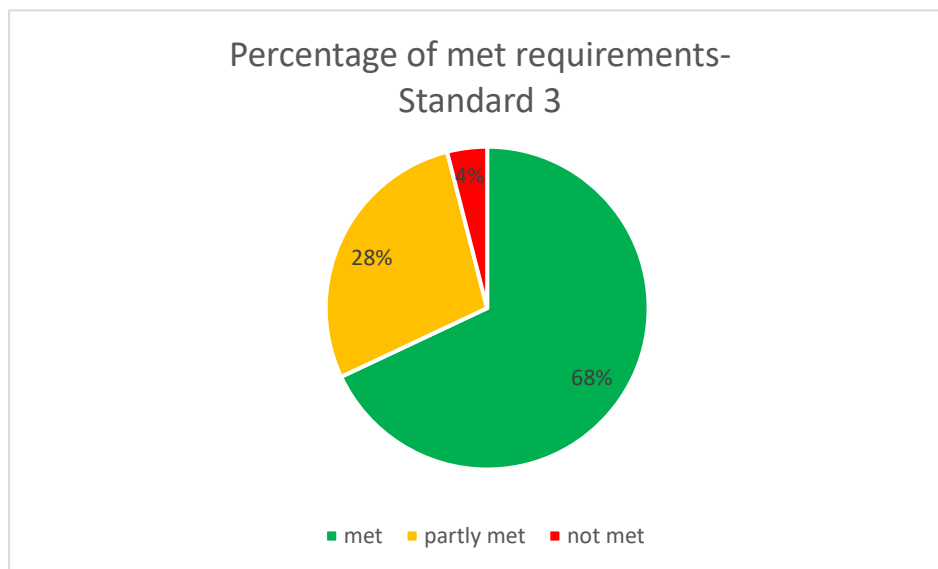
Requirement 11-

“The EE plays a significant role in overseeing various aspects of programme delivery and assessment. They make recommendations which are recorded by the Course Director in the Annual Review which is presented to the University. These recommendations receive a formal response and passed back to LSOC for implementation where appropriate.”

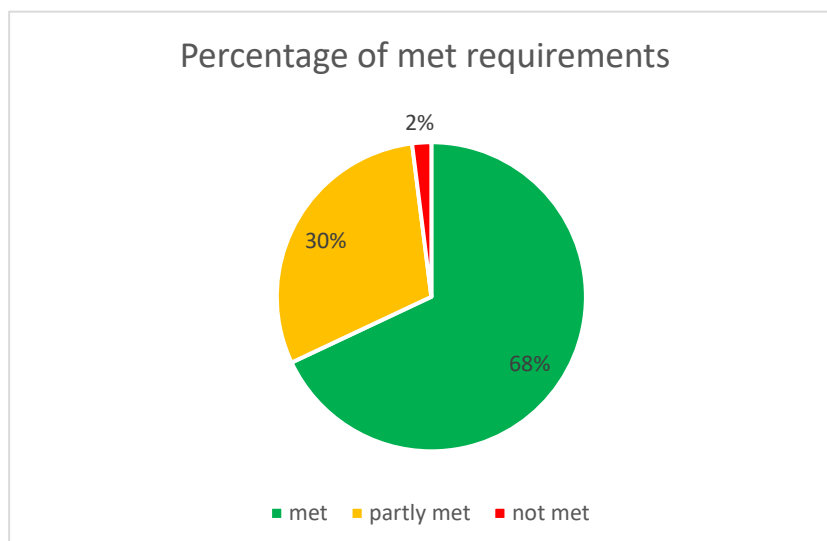
Standard 3 – Student assessment (Requirements 13-21)

The chart below shows the percentage of Requirements “met”, “partly met” and “not met” across Standard 3:

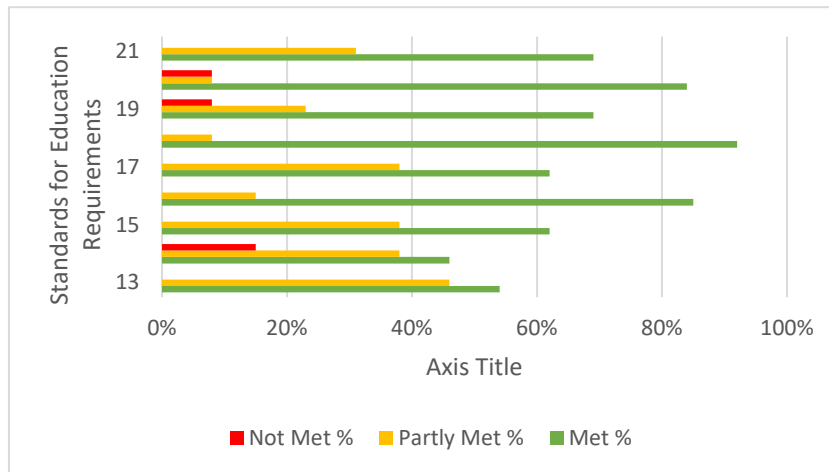
2019-2020:



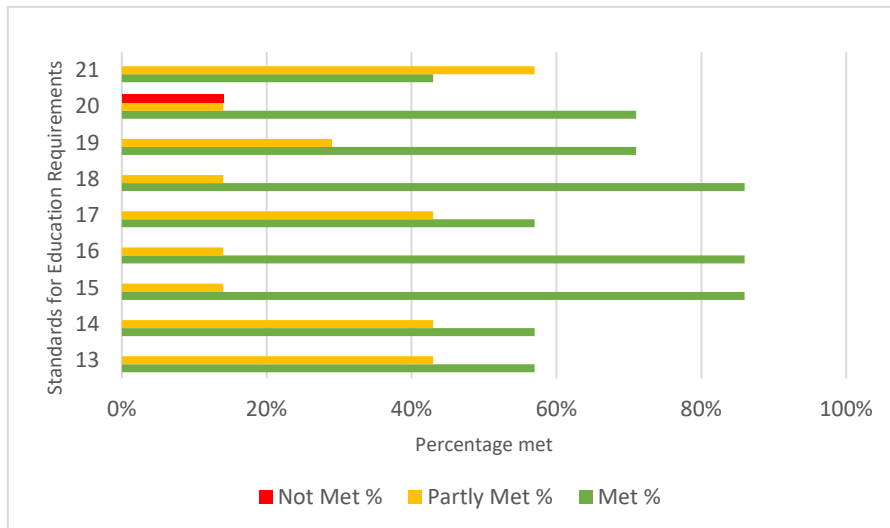
2020-2021:



The chart below outlines a further breakdown per Requirement for Standard 3 in the 2019-2020 academic year:



The chart below outlines a further breakdown per Requirement for Standard 3 in the 2020-2021 academic year:



Within Standard 3, some Requirements were again considered to be 'partly met' or 'not met'. Examples of some of the areas identified by the associates for improvement were as follows:

- to implement a more formalised process for identifying and monitoring struggling students outside of regular progression procedures
- to review the use of totals in measuring student experience and competence
- to improve recording systems for student clinical experience to facilitate easier monitoring of student progression
- to improve the allocation of patients to students through a formal process so that students can share patients
- to improve the recruitment of paediatric patients and allocate to students earlier in the programme
- to develop the calibration of training supervisors
- to implement and demonstrate appropriate standard setting methods for summative assessments.

For one HT provider, we recommended that their process for signing-up students to final

assessments must be considered at an earlier stage so that students do not enter the final stages of year three with potential significant shortfalls in experience.

The providers involved were given specific actions to address these areas.

Examples of areas of good practice under Standard 3 included:

University of Warwick OT

Requirement 13-

“The panel saw previous minutes of the pre-examination board meeting (or sign-up meeting), which illustrate that various factors were considered to determine whether a student was eligible to take their final examinations. This included satisfactory completion of all modular assessments, demonstration of appropriate clinical experience in logbooks, a satisfactory attendance record, professionalism traffic-light cards, patient feedback, any adverse incidents or Fitness to Practice issues.”

Liverpool College DT

Requirement 15-

“The students themselves commented very positively that the program has been crucial for providing progression and experience in a number of areas outside of the ones they get within their respective laboratories, that they may not otherwise have developed. It is recognised that the combination of college and on-the-job learning maximises the opportunity for learners to gain an appropriate breath of experience across many areas.”

Edinburgh HT

Requirement 21-

“All assessments and dissertations are double marked to ensure fairness, and this allows calibration between new and experienced assessors. It was clear that all the standard assessment procedures for summative assessments are undertaken.”

Postponed Inspections

Due to the COVID-19 pandemic, 6 inspections and 7 exam inspections were postponed from the 2019/2020 academic year. We were also unable to conduct the 9 inspections that are detailed above in the 2020/2021 academic year, however we have built this into our plans for 2021/2022.

Postponed Inspections 2019-2021				
	Dental Hygiene and Therapy	Orthodontic Therapy	Dental Technology	BDS
Postponed Inspections	1 Programme	2 Programmes	2 Programmes	1 Programme
Postponed Exam inspections	2 Programmes	2 Programmes	3 Programmes	0 Programmes

Quality Assurance of Specialty Education

The plan to undertake quality assurance activity across all dental specialty programme and examination deaneries and Faculties of the Royal Colleges is in progress, and we plan to have completed this by the end of 2022.

Specialty QA 2019-2021		
2019-2020	2020-2021	Plans for 2021-2022
NHS Education for Scotland (NES)	London and Kent, Surrey, and Sussex (London KSS) Health Education and Improvement Wales (HEIW) Health Education England (HEE Yorkshire and Humber) Health Education England South West, Thames Valley and Wessex (HEE SW) Northern Ireland Medical and Dental Training Agency (NIMDTA) Health Education England North West (HEE NW) The Royal College of Physicians and Surgeons of Glasgow (RCPSG) The Royal College of Surgeons of Edinburgh (RCSEd)	Health Education England North East (HEE NE) Health Education England East Midlands (HEE EM) Royal College of Surgeons of England (RCSEng) The Royal College of Pathologists (RCPath) The Royal College of Radiologists (RCR)

Once we have quality assured all deaneries and Faculties of the Royal Colleges of dental specialist education, we will review the most effective means to quality assure specialist education and training going forward. This may include a level of regular monitoring and/or exception reporting. Alternatively, we may consider it necessary to repeat some self-assessment activity for particular deaneries or Faculties against the Standards for Specialty Education. We may also consider revisions to the Standards for Specialty Education. This is an iterative process and we are keen to ensure that we identify and respond as necessary to areas of concern in a proportionate manner.

All reports are published on the [Dental Specialty training](#) webpage on our website.

Development plans for 2021 and beyond

Ongoing COVID-19 QA activity

There is outstanding targeted monitoring and inspection activity relating to the 2020-2021 academic year that will take place into 2021-2022, including:

- the Scottish BDS programmes which deferred a year due to the pandemic
- providers who are managing BDS students who did not graduate in summer 2021, but are due to graduate by the end of the calendar year and to commence Foundation Training in March 2022.

We need to continue targeted QA activity of all BDS providers to ensure that 2021/2022 graduates meet the required standard and are safe beginners. We have revised our processes from the 2020/1 period with feedback from providers and internal teams. We continue to liaise closely with stakeholders about these developments, including through the Dental Education Stakeholder meetings. These meetings were first established in 2020 to better understand concerns and identify how we could work together more closely in support of one another towards solutions and they will continue in 2022.

Student engagement work

In the 2019–20 academic year we provided a total of 40 on site presentations to around 2,500 students (2,200 BDS, 150 dental hygienists, 50 dental therapists, 50 dental nurses, 25 clinical dental technicians and 25 orthodontic therapists) and 1,200 foundation/vocational dentists.

Presentations included information on the role of the GDC, professionalism, guidance on the use of social media and complaints handling. The presentations also included interactive elements to enable attendees to consider and discuss scenarios regarding professionalism. Videos of interviews with patients were also used to help convey the patient perspective.

Due to the COVID-19 pandemic and in line with Government guidance, in 2020–21 we moved away from face-to-face presentations and delivered the sessions online. The change enabled us to continue this important programme of engagement despite the pandemic and in total we provided 23 presentations to roughly 2,000 students (1,500 BDS, 450 dental hygienists and therapists and 50 dental nurses) and 800 foundation/vocational dentists.

For the 2021/22 academic year we will be focusing on developing the programme of engagement with students and new registrants further. This includes targeting a wider range of trainee dental care professionals and drawing from the data in our perceptions research, to produce content for the preferred communications channels used by students. We will also be producing a wider range of content for social media and feeding information in to channels run by other stakeholders, including education providers.

Learning Outcome Review

A review of the GDC's learning outcomes in [Preparing for Practice](#) for each profession is currently underway. This document also contains the current definition of a safe beginner that outlines the standard expected of those who qualify in the UK. We will work with stakeholders through workshops and a reference group to identify changes and consult on these in 2022. In 2023, we expect to work with stakeholders on the implementation of the updated outcomes. Following the revision of the learning outcomes, we will seek to review the Standards for Education in 2022/2023.

Continuing Professional Development

We published a [discussion document in 2019](#) and invited responses from professionals and stakeholders on a range of different approaches to CPD. We intend to publish a report of the responses we received and outline the next steps for this work. One of these will be an evaluation of the current 'enhanced' CPD scheme which will be followed by formal consultation on a future model for lifelong learning.

Specialty Training Developments

The GDC continues to work closely with the Specialty Advisory Committees and the postgraduate deans to revise the specialty curricula. Updated curricula were originally planned to be approved and in place by September 2021, but due to the pandemic, work on this was postponed. The work resumed in 2021 and is now due to be completed by September 2022.

In 2019 a 'task and finish group' was formed with key stakeholders to take forward developments and improvements collectively regarding the Specialist List Assessed Application Process. Updates can be found at [Specialist List Assessed Application \(SLAA\) route - task and finish group developments](#).

Policy and public affairs update

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Lisa Bainbridge, Stakeholder Engagement Manager Jessica Rothnie, Policy Manager Kristen Bottrell, Policy Manager Daniel Knight, Stakeholder Engagement Manager Gordon Matheson, Head of Scottish Affairs
Purpose	This paper provides Council with an analysis of public affairs and public policy media developments, providing an external context to support discussions and decision-making by Council. This report covers the period 9 October to 17 November 2021.
Issue	Regular update
Recommendation	To note

1. Policy developments in dentistry

Direct to Consumer Orthodontics

- 1.1. In October, the British Orthodontic Society joined a Europe-wide consensus that saw 31 professional dental associations, orthodontic societies, and other institutions from 25 countries come together to endorse and fully support a [Joint Declaration regarding the unacceptable and potentially unsafe remote treatment of malocclusions](#).

CQC report: The State of Care

- 1.2. The Care Quality Commission (CQC) published, [The State of Care](#) report, in October, providing a detailed look at the landscape of health and social care services in England. The report notes “...the total volume of feedback from the public that Healthwatch received increased dramatically during the pandemic, with feedback about dentistry increasing at a much higher rate than any other area of health and social care.”

Healthwatch and BDA write to the Chancellor on the Spending Review 2021

- 1.3. With over 30 million appointments lost since the first lockdown and an unprecedented backlog, [Healthwatch and the BDA wrote to the Chancellor](#), ahead of the 2021 Spending Review, to request the necessary resources to secure the recovery and promised reform of NHS dental services.

2. Developments in health and care professional regulation

GMC publishes future standards for physician and anaesthesia associates

2.1. The General Medical Council (GMC) has published [future professional standards for physician associates \(PA\) and anaesthesia associates \(AA\)](#). Interim standards will take effect after regulation begins and a PA or AA registers with the GMC. The guidance has been developed as part of the GMC's programme of work to prepare for future regulation.

GMC opens temporary Clinical Assessment Centre

2.2. On 5 October, the Health Secretary, Sajid Javid, visited the GMC's offices in central Manchester to formally [open its temporary Clinical Assessment Centre](#), which is being used to assess the skills of overseas-qualified doctors who want to work in the UK.

GPhC publishes new strategy for inclusion

2.3. The General Pharmaceutical Council (GPhC) has published its new strategy, [Delivering equality, improving diversity and fostering inclusion: Our strategy for change 2021-2026](#). The strategy was agreed by the GPhC, after it was updated to reflect the feedback from a public consultation held between April and July 2021.

GPhC extends changes to revalidation due to COVID-19

2.4. General Pharmaceutical Council is extending changes to its [revalidation requirements in recognition of the continuing pressures linked to the COVID-19 pandemic](#) that pharmacy professionals are likely to face this winter. Pharmacists and pharmacy technicians due to submit their revalidation records from December 2021 to February 2022 will only need to submit a reflective account when they renew their registration.

GOC published new Speaking Up guidance for registrants

2.5. The General Optical Council (GOC) has launched new guidance to help registrants in situations where they need to consider the professional requirement to [speak up when patient or public safety may be at risk](#).

New Chief Executive and Registrar at the GOC

2.6. The GOC has [appointed Leonie Milliner as its new Chief Executive and Registrar](#). Leonie will succeed Lesley Longstone who has held the position since 2018.

GOsC publishes Annual Report and Accounts 202/21

2.7. The General Osteopathic Council (GOsC) has published its [Annual Report and Accounts for 2020/21](#).

GOsC commissions review of professional boundaries

2.8. The General Osteopathic Council (GOsC) has commissioned a [review of their 2017 Thematic Analysis of Boundaries Education and Training](#) within the UK's osteopathic education providers. The updated review will look at the topic of professional boundaries in the context of broader social trends, including equality and diversity requirements, and how their updated Standards (2019) impact on practice and patient expectations.

Refining out regulator reviews: follow-up consultation from the PSA

2.9. The [PSA has launched its second consultation on its performance review process](#). The consultation looks for views on moving away from an annual process to a three-year cycle with ongoing monitoring, and what factors would drive a more in-depth review of performance. The consultation is set to close on 21 December.

PSA provides a view on the Health and Care Bill

2.10. On 28 October, the Professional Standards Authority (PSA) issued its [views on proposals for new powers for the Secretary of State for Health and Care](#) to merge or abolish a healthcare regulator and to deregulate professional groups, as set out in the Health and Care Bill.

2.11. The PSA, in their statement, said: "We think that creating a single regulator would be the best way to deal with the problems in the current system and would make regulation simpler for patients, professionals, employers and educators. However, we recognise that there may not be an appetite for such a big change at this time – but reducing the overall number of regulators would help and could be a first step towards a simpler, more coherent framework. We also think the Government should regulate professions based on the risks of harm."

PHSO and reforms to the HSSIB

2.12. The [International Ombudsman Institute \(IOI\) has 'strongly endorsed'](#) support for the Parliamentary and Health Service Ombudsman (PHSO) to have access to 'safe space'. Proposed new UK Government legislation in the Health and Care Bill will exclude the PHSO from access to 'safe space' information collected from NHS organisations by the Health Service Safety Investigations Body (HSSIB).

3. Summary of media issue and coverage

Dentists' Payment by Instalments

3.1. The signup window for dentists to pay the ARF by instalments opened in mid-September and saw widespread coverage in dental media including [BDJ in Practice](#), [The Dentist](#), [Dental Review](#) and [The Probe](#).

GDC budget set and ARF level announcement

3.2. Council's decision to retain the ARF at the same level as part of its 2022 budget-setting was covered in several dental trades, including [Dental Review](#), [The Dentist](#), [Dental Nursing](#) and [The Probe](#).

Second round of COVID-19 research

3.3. The GDC's second round of COVID-19 impact research was promoted by [Dental Nursing](#), [The Dentist](#), [BDNJ](#), [The Probe](#) and [Dental Review](#).

New Chair and Council member start in post

3.4. The arrival in post of new GDC Chair, Lord Toby Harris, and Council Member Angie Heilman MBE, was covered by [Dental Review](#), [Dental Nursing](#), [The Dentist](#) and [The Probe](#).

GDC Chair attends the launch of the CGDent

- 3.5. The GDC Chair, Lord Toby Harris, attended his first formal speaking engagement on behalf of the GDC – at the official launch of the College of General Dentistry (CGDent) – the event was covered by [The Probe](#) and [The Dentist](#).

Greater development support options introduced for professionals with conditions or undertakings

- 3.6. The changes to how professional support is arranged for those with agreed conditions or undertakings as a result of a fitness to practise investigation or hearing was reported by [The Dentist](#) and [The Probe](#).

Fitness to Practise hearings

- 3.7. The [Daily Mail](#) reported on a GDC Professional Conduct Committee's decision to suspect dentist Rashpal Mondair, following racist comments made by the registrant while chairing a previous Fitness to Practise hearing.

Mondair fall out (including GDC comment)

- 3.8. Following wider reporting of the suspension of Mondair, the BDA put out a release calling for “cast-iron assurances that safeguards are now in place to ensure fair treatment for all when complaints reach the GDC.” The GDC issued a reactive line to media and posted a [proactive news item](#). The story was picked up across trade media including [BDJ in Practice](#), [Dental Review](#).

4. Public affairs and parliamentary update

Parliamentary questions on access to NHS dentistry in England

- 4.1. [Oral questions for Secretary of State for Health and Social Care on 19 October](#) included questions regarding access to NHS dentistry in England. Yvette Cooper MP (Normanton, Pontefract and Castleford, Labour) asked if Ministers would meet with dental and patient groups in Yorkshire and set out an urgent plan to deal with the capacity crisis in NHS Dentistry, and Kevin Hollinrake MP (Thirsk and Malton, Conservative) asked what could be done to increase availability for NHS dentistry.
- 4.2. Responding, the Health Secretary stated that the recent review by UK Health Security Agency on infection protection controls would help improve access, and that the reduced access during the pandemic had been a major cause of the backlog. He added that further measures were being looked at to deal with access issues being experienced across England.
- 4.3. In early November, Thangam Debbonaire MP (Labour, Bristol West), asked about the timeframe bringing forward [proposals on addressing the key challenges facing the delivery of NHS dentistry](#). The Minister for Patient Safety and Primary Care, Maria Caulfield, responded by stating that NHS England and NHS Improvement had established advisory and technical working groups, with membership from the dental profession. These groups were now exploring new contractual arrangements to bring forward proposals for change. Noting that any proposed contractual changes would be negotiated with the BDA and may involve legislative changes. It was, therefore, not possible to set out when the changes would be implemented.

Autumn Budget and Spending Review 2021

- 4.4. The Chancellor, Rishi Sunak, set out spending plans in the [Autumn Budget and Spending Review 2021](#) on 27 October.
- 4.5. There were changes to VAT for the import of dental prostheses into the UK announced in the budget. The change is backdated to January 2021 for repayment claims. The change will assist those in Northern Ireland who have been subject to import VAT due to the Northern Ireland protocol, and brings them back into line with VAT for dental prostheses supplied in the UK.

Cabinet Secretary writes to the Scottish dental team

- 4.6. The Cabinet Secretary for Health issued a [letter to the to the Scottish dental team](#) on in October addressing the need to tackle the pandemic-related backlog of care and focus on the recovery of NHS dental services. The Scottish Government intends to:
- withdraw top-up financial support measures on 1 April 2022
 - reinstate pre-pandemic dental payment structures, and
 - focus on the recovery of dental services before pursuing systems reform.
- 4.7. The BDA has been critical of the proposals, and discussions with the Scottish Government to address these matters are ongoing.

Statement on water fluoridation in Scotland

- 4.8. The directors of dentistry in Scotland and consultants in dental public health have issued a supportive [statement on water fluoridation](#) which stresses how this measure would help to tackle tooth decay and address oral health inequalities. The Scottish statement highlights the need to undertake public and wider stakeholder engagement, and the requirement for local and national political leadership on the issue.

Possible extension to vaccination passports in Scotland

- 4.9. Scottish Ministers have stated that they are considering an [extension of the vaccination passport scheme](#) to address growing infection rates, with a possible requirement to provide proof of vaccination, unless exempted, to attend cinemas, theatres and some other licensed and hospitality premises. A final decision is pending, in advance of a possible December implementation.

BDA calls for revised plans to tackle to backlog in Scotland

- 4.10. The BDA has stated that new data underlining the scale of the backlogs facing practices demonstrates the [flaws in plans to return to pre-COVID-19 models of care](#), stressing the need for a new, sustainable model for delivering care. The statement was made following the release of new figures from Public Health Scotland which indicate that the number of appointments delivered in the year to March 2021 was 25% lower than the figure for the previous 12-month period, corresponding to 3.5 million lost appointments.

Accessibility of NHS dentistry in Wales

- 4.11. The Minister for Health and Social Services, Eluned Morgan, was asked to [set out Government plans to better map the oral health needs of patients in Wales and recruitment](#) in response to ongoing issues with access to dental services.

- 4.12. In reply, the Minister stated that the phased re-establishment of NHS dental services continued, and that patients were being prioritised according to need. Difficulties were being faced, as capacity was still at only around 40-50% of pre-pandemic levels.
- 4.13. On recruitment, the Minister stated: “When it comes to recruitment, you’re absolutely right there is a difficulty in terms of recruitment for dentists. We have looked at the study of Bangor University. One of the things they are suggesting is that, actually, dental technicians, for example, can do a lot of the work that dentists are able to do, and we’re looking at having a new form of contract to look at how we are going to change the way we provide dental services in Wales.”

Department of Health (NI) publish consultation responses on Statutory Duty of Candour

- 4.14. The Department of Health, Northern Ireland (NI), has published [consultation responses](#), including the GDC response, to the public consultation on the introduction of a statutory Duty of Candour.

Low level concerns agreement launched in Northern Ireland

- 4.15. Similar to the arrangements already in place in Scotland, Wales and England, [a new process for referring low-level concerns](#) was launched in Northern Ireland on 8 November 2021. The process will ensure complaints that do not meet the GDC threshold for fitness to practise, are repatriated to health boards and practices in Northern Ireland to resolve.

Health Minister in Northern Ireland to reduce frequency of RQIA inspections

- 4.16. Health Minister, Robin Swann, has committed to bringing forward legislation to reduce the [frequency of Regulation and Quality Improvement Authority \(RQIA\) inspections](#) of dental practices in Northern Ireland.

5. Policy developments in healthcare

Mandatory vaccinations for healthcare workers in England

- 5.1. Health and social care workers in England will need to provide evidence to prove they have been fully [vaccinated against COVID-19](#) before being deployed by 1 April 2022.
- 5.2. The mandate aims to ensure patients and staff are protected against infection of COVID-19. The regulations will apply to health and social care workers who have direct, face-to-face contact with people while providing care – such as doctors, nurses, dentists and domiciliary care workers, unless they are medically exempt.
- 5.3. The requirements are expected to come into force in the Spring. Regulations are being prepared and will apply across the CQC regulated health and social care sector. There will be a 12-week grace period between the regulations being made and coming into force to allow those who have not yet been vaccinated to have both doses.

Care home workers now must be fully vaccinated in England

- 5.4. From 11 November, in England, any [care home worker or other healthcare professional must be vaccinated against COVID-19 to enter a Care Quality Commission \(CQC\) care home](#), unless they are medically exempt, or are in exceptional circumstances, such as the need to provide emergency assistance.

Government-to-government agreements on health and social care workforce recruitment

- 5.5. The Government is now publishing government-to-government agreements between the UK government and partner governments, as referred to in the code of practice [for the international recruitment of health and social care personnel](#).
- 5.6. The page will be updated regularly as new government-to-government agreements are signed. Agreements with Kenya, Malaysia and the Philippines have already been published. Employers, contracting bodies and recruitment agencies have been asked to check this page for regular updates.

£248 million in NHS technology to modernise diagnostics

- 5.7. The [Government has announced £248 million in funding to digitise diagnostics](#) and help tackle patient waiting lists in the NHS. The funding will be used to over the next year to invest in technology that will deliver more diagnostic tests, checks and scans to help provide faster diagnosis of a health condition, earlier treatment, and reduce waiting lists.

Attracting, supporting and retaining a diverse NHS workforce

- 5.8. The Nuffield Trust has produced a report, [Attracting, supporting and retaining a diverse NHS workforce](#), which finds that discrimination and unfair treatment is 'evident' within the NHS despite efforts to tackle it. It also reports that one in eight NHS staff reported experiencing discrimination at work in 2020.

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18 November 2021

Stakeholder engagement report – December 2021

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

Contents

This report includes the following sections:

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

1. Summary of engagement in numbers

- 1.1. This report covers a shorter, five-week period between 12 October and 17 November 2021. During this time we attended or hosted a total of 52 meetings and events, including a number in person for the first time since the start of the pandemic. Of these:
- 7 were events led by the GDC
 - 24 were scheduled meetings with key stakeholders, and
 - 21 were meetings and events that we attended, or presented at, which were arranged by an external organisation.

2. Summary of UK-wide engagement

- 2.1 The Executive Director Strategy, supported by GDC Strategy colleagues, facilitated the quarterly Corporates Regulatory Reform meeting on 14 October. The main areas of discussion included questions on dates for the resumption of the ORE, and updates on progress on regulatory reform and international registration.
- 2.2 The GDC Chair has continued to meet stakeholder organisations as part of his onboarding programme. Meetings during this period included with the BADN on 18 October, the Chief Dental Officer for England also on 18 October and the Chair of the HCPC on 5 November. In addition, the Chair was the keynote speaker at the official launch of the College of General Dentistry on 21 October, which was attended by over 100 key dental stakeholders.
- 2.3 On 17 November the Head of Communications and Engagement and Head of Nations and Engagement met with senior communications colleagues from the GMC. Discussions were wide ranging including current and future communications and engagement priorities and future planned meetings.
- 2.4 The Executive Director, Strategy and Head of Public Policy met with representatives from the BADT and BSDHT on the 2 November. Discussions included their ongoing concerns around non-UK qualified dentists being able to register as hygienists and therapists.
- 2.5 A number of GDC staff attended the PSA's Bridging the Gap symposium which ran over a three-day period from 8–10 November and considered themes including EDI, NHS and the role between regulators and patients.
- 2.6** We attended the Robin Davies DCP Research Awards on 3 November which was an opportunity to celebrate innovation among the dental care professions. Chief Dental Officer Sara Hurley was the keynote speaker, and the event was attended by senior stakeholders from across dentistry.

3. Summary of engagement in Scotland

- 3.1. 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 full Board for Academic Dentistry; Scotland Heads/Directors of GMC, NMC and GPhC; representatives of Scotland's nine health and social care professional regulators; the Director of Dentistry at NHS Fife; Director of Dentistry at Greater Glasgow and Clyde; the Postgraduate

Dental Dean; National Vocational Training Lead; Programme Manager, Health Improvement Scotland; Director for Scotland, General Pharmaceutical Council.

3.2. Principal issues discussed included:

- CDO Scotland's plans to establish a working group early in 2022 to address several education and training matters, including the intention to establish new dental technician and hygienist courses
- The major pressures facing NHS Scotland this winter, exacerbated by staff illness and exhaustion
- The decision to cancel the online 2021 Scottish cross-regulatory conference and instead focus on an in-person conference in October 2022
- The potential for BDS students to help implement the NHS's vaccination programmes
- Concerns over experience of BDS years 3 and 4, given the focus on BDS year 5
- Content for MOU with Healthcare Improvement Scotland.

3.3. The series of online one-hour CPD-verifiable presentations in Scotland continue to enjoy momentum. A successful session covering GDC's strategy, our response to the pandemic, and low-level concerns referrals was delivered to dental professionals across Ayrshire and Arran, co-ordinated by the LDC. Additionally, separate sessions majoring on our review of Professionalism were delivered to the Dundee Vocational Trainee cohort, and dental nurse students at New College Lanarkshire. Further CPD sessions are planned during December and into 2022.

4. Summary of engagement in Wales

- 4.1. Key meetings held in the last period have included an update meeting with the Head of the BDA in Wales, where we discussed our forthcoming presentation at their Wales Council and meetings with the clinical leads for dentistry at both Cardiff and Vale Health Board and Betsi Cadwaladr (North Wales) Health Board, where we were updated on access issues and the new North Wales Dental Academy.
- 4.2. We held our regular meeting with the Deputy CDO. We also met with representatives from the GMC, NMC and GPhC, to discuss joint working and Welsh language issues and attended a very useful Dental Team Conference organised by Health Education and Improvement Wales.

5. Summary of engagement in Northern Ireland

- 5.1. We presented at the British Dental Association's Northern Ireland Branch meeting on 19 October where, as well as providing an overview of recent developments at the GDC, we promoted the launch of the Low-Level Concerns Agreement in Northern Ireland, which was launched on 8 November 2021.
- 5.2. We chaired the monthly Northern Ireland Joint Regulator's Forum on 29 October, where items of discussion included planning for a joint training session with the Patient and Client Council,

a review of the joint presentation at the NICON conference and consideration of the PSA's Reshaping regulation for public protection report.

Summary of engagement in England

- 5.3. On 9 November, the Head of Nations and Engagement and Head of Upstream regulation presented to the Local Dental Network Chairs and Heads of Primary Care. The focus of the presentation was around the GDC's remit, upstream regulation and opportunities for future engagement. This session was facilitated through the Office of the CDO for England and we plan to participate in further engagement sessions in 2022.

6. Stakeholder appointments

- 6.1. Derek Wilson has been appointed as the non-executive Chair to the Northern Ireland Medical and Dental Training Agency (NIMDTA).
- 6.2. Dr Shamir Mehta, GDC Senior Clinical Advisor, has been appointed to a key position for the College of General Dentistry's career pathways programme. This programme builds structures to provide purpose and direction for careers across the oral health team, to enhance professional standing, and to help retain and nurture a motivated workforce in dentistry.

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Annual Report on Committee Effectiveness – Audit and Risk Committee (ARC)

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance Gurvinder Soomal, Chief Operating Officer
Author(s)	Polly Button, Interim Senior Governance Manager
Type of business	For noting
Purpose	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.
Recommendation	The Council is asked to note the Annual Report.

1. Key considerations

- 1.1 The key purpose of the Audit and Risk Committee (ARC) is to scrutinise the General Dental Council's Annual Report and Accounts, risk management systems and internal control framework. The ARC also scrutinises the assurances provided by the internal and audit functions and the arrangements in place for raising concerns in relation to fraud, whistleblowing and special investigations.
- 1.2 The Terms of Reference are appended to this paper at **Appendix 1** and include the ARC's delegated powers.
- 1.3 For part of 2021, the membership of the ARC was Crispin Passmore (Chair and lay Council member), Catherine Brady (registrant Council member), Sheila Kumar (lay Council member), Simon Morrow (registrant Council member) and Rajeev Arya (Independent Committee member).
- 1.4 The Committee membership has changed a number of times this year, as follows:
 - a. Rajeev Arya demitted office on 16 May and the newly appointed Independent Member, Elizabeth Butler, joined the Committee on 21 June.
 - b. In August, Crispin Passmore, the Chair of ARC, decided to step down from the Council before the end of his second term of office. In September, the Council approved the appointment of Sheila Kumar, as Chair of the ARC.
 - c. Additionally, Council Member Catherine Brady demitted office on 30 September and was replaced by the incoming registrant Council Member, Angie Heilmann, whose term started on 1 October.
- 1.5 At the 17 November meeting 2021, the Committee membership was Sheila Kumar (Chair and lay Council Member), Simon Morrow (registrant Council Member), Angie Heilmann (registrant Council member) and Elizabeth Butler (Independent Committee member).

- 1.6 This year, the Committee held four meetings.
- 1.7 The Governance team continued to use board portal software, Diligent Boards, for all the Committees and the Council.

2. Expenditure

- 2.1 All meetings in 2021 continued to be held remotely. Holding the Committees meetings remotely has saved approximately £1,434 for the year, when compared to 2019, the last year when meetings were held all in person.

3. Scrutiny of Financial Reporting

Annual Report and Accounts 2020 and 2021

- 3.1 In February 2021, the Committee scrutinised the key content proposals for the **Annual Report and Accounts 2020** (ARA). The Committee also reviewed the proposed financial assumptions and the draft governance statement. The Committee welcomed the approach taken to focus and streamline the ARA's content.
- 3.2 In April, the Committee scrutinised the full draft ARA 2020, the external Audit Report and management letter, and the National Audit Office's (NAO) Audit Report. The audit findings report, the draft audit certificate, the draft letter of representation and draft ARA were **recommended** to the Council. Following the Council approval and signature, the 2020 ARA was laid (using remote laying processes) in the UK and Scottish Parliaments on 14 July 2021.
- 3.3 In September and November, the Committee reviewed and scrutinised the planning approach for the ARA 2021. The Committee was content with the approach to aim for an earlier publication date for the ARA 2021.

4. Review and Oversight of Governance Systems, Risk Management and Internal Controls

Governance and Internal Controls

- 4.1 In relation to the oversight of the internal controls and governance of the organisation, the Committee received verbal reports from the Chief Executive at each meeting which focused on the risks, mitigations and next steps in light of the **EU Exit, Covid-19, Regulatory Reform**, the issues arising from a Nursing and Midwifery Council (NMC) panellist claiming employment and worker status in the Employment Tribunal, the proposed legislative change agenda and **New Ways of Working**.
- 4.2 In February 2021, the **Somerville v NMC case** noted was noted as an emerging issue and the Committee discussed any potential and legal implications for the GDC. In September 2021, the New Ways of Working hybrid working pilot commenced and this work will continue into 2022.
- 4.3 Throughout the year, the Committee received and scrutinised a number of annual reports for 2020, including the **Annual Health and Safety Report, Corporate Complaints Annual Report, Gifts and Hospitality** and **Declarations of Interest Annual Reports** and the **Fitness to Practise Decisions Audit**.
- 4.4 In light of the ARC's Governance oversight and the Deloitte review into Board effectiveness, the Committee received and **recommended to the Council** the **Governance Handbook and Manual** for Council Members and Independent Governance Associates.
- 4.5 The GDC's Senior Counsel presented quarterly overviews and developments in **Significant Litigation**. The Committee also received quarterly updates in relation to the work of the

Information Governance team, including in relation to information requests and data security incidents.

Strategic Risk

- 4.6 The ARC scrutinised the **Strategic Risk Register** (SRR) and the **Board Assurance Framework** (BAF) at each meeting in 2021 and, in particular, gave attention to risks concerning uncertainties following the Covid-19 pandemic and strategic risks around Fitness to Practise which aligned to the scrutiny work of the Finance and Performance Committee (FPC). In February 2021, the Committee received the **Risk Management Framework** and, in November, the new addition of a **Risk Assurance Map**.

Risk Assurance deep dives

- 4.7 The Committee conducted in-depth reviews, to explore any gaps in assurance, in relation to the following topics in 2021: Resilience to risks reliant on government action or predominately outside of the control of GDC, Remote Hearings, Information Governance, and GDC Associates. Each review focused on the current risk landscape and background in relation to strategic, operational, programme and projects risks.

5. Review and Oversight of Internal and External Audit

- 5.1 The Committee reviewed and scrutinised the work of the GDC's internal audit function and the ongoing work programme, alongside considering management responses to internal audit recommendations.

Internal Audit

- 5.2 The Committee received quarterly updates from the **In-House Internal Audit team** and regular updates on the **Internal Audit Recommendation Tracker**. The updates included a table of the completed audits and their respective assurance levels.
- 5.3 In February 2021, the ARC reviewed the **Mazars' Annual Internal Audit Report** for 2020 and **Operational Plan 2021** and, throughout 2021, the Committee reviewed progress and internal audit reports from Mazars LLP (the GDC's internal auditors) and noted the assurance levels found. The auditors took substantial assurance in respect of three areas, moderate assurance in respect of three areas and none with limited assurance.
- 5.4 In September, the Committee **agreed** to utilise an additional year in Mazar's contract. In November 2021, the Committee reviewed the **Global Audit Plan** for 2022 from Mazars LLP.

External Audit

- 5.5 In November, the Committee reviewed the **Audit Planning Reports** from Haysmacintyre and the NAO (the GDC's external auditors).

6. Review and oversight of whistleblowing, fraud and investigations

Whistleblowing and Anti-fraud, Bribery and Corruption

- 6.1 Throughout 2021, the Committee received updates to Whistleblowing and in November, recommended to the Council the **Whistleblowing policy**.
- 6.2 In November, the Committee reviewed the Anti-fraud, Bribery and Corruption Policy 2022 for GDC employees.

7. Committee's Adherence to its Terms of Reference

- 7.1 Throughout 2021, the Committee focused on the key business contained within its Terms of Reference. Following the Board Effectiveness Review, the Committee ensured that agendas were streamlined and clearly focused on the business needs, the risks to the organisation and identifying any gaps in assurance.
- 7.2 Throughout 2021, the Committee identified and monitored significant risks to the organisation and held related risk assurance deep dives. There was regular contact with the Committee Chairs, professional advisors and the Council, to ensure all relevant issues were appropriately escalated.
- 7.3 The 2022 workplan will also align with the revised Terms of Reference for the Committee.

8. Governance and next steps

- 8.1 The Committee reviewed the workplan at each meeting and noted the draft 2022 workplan at the meeting in November 2021.
- 8.2 The Council is asked to **note** the ARC's 2021 annual report.

Appendix 1 – ARC Terms of Reference

Appendix 2 – ARC Work Programme for 2022

Polly Button, Interim Senior Governance Manager
pbutton@gdc-uk.org

26 October 2021

Appendix 4 to the Resolution

Terms of Reference: **Audit and Risk Committee**

Key purpose

A1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Scrutinising the organisation's Annual Report and Accounts.
2. Scrutinising the risk management systems and internal control framework of the organisation.
3. Scrutinising the assurances provided by the internal and external audit functions.
4. Scrutinising the arrangements in place in the organisation for raising concerns in relation to fraud, whistleblowing and special investigations.

Composition and Quorum

A2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). Additionally, the Committee will have an external member, who must be appointed in line with the requirements of the GDC Standing Orders.¹ The Chair of the Council shall not be a member of the Committee and may only attend at the invitation of the Committee Chair.

A3. The quorum of the Committee shall be two Council members.²

Delegated Powers

- A4. Investigate any activity within its terms of reference. Any investigation will normally be initiated in consultation with the Chief Executive and Registrar.
- A5. Seek any information it may require from any member, employee or office-holder. All members, employees or office-holders are directed to co-operate with the Committee.
- A6. Obtain external legal or other professional advice and to secure the attendance at committee meetings of anyone it considers has relevant experience, expertise or knowledge.
- A7. Review the statements in the annual report and accounts relating to internal control and risk management (the Governance Statement).
- A8. Appoint and remove the internal auditors and approve their fee and terms of engagement and the internal audit strategy and plan.
- A9. Approve the fee and terms of engagement of the external auditor and the external audit strategy and plan.

¹ GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r3.2.

² GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

Functions and Duties

Financial reporting

- A10. Scrutinise the Annual Report and Accounts for the organisation and advise the Council in relation to its decision making. The Committee will pay particular attention to the following areas:
- a. The Governance Statement
 - b. changes in, and compliance with, accounting policies and practices
 - c. unadjusted misstatements in the financial statements
 - d. major judgemental areas
 - e. significant adjustments resulting from the audit
 - f. the letter of representation from the external auditor and
 - g. the letters of representation to the external auditors from the EMT.
- A11. Scrutinise and provide assurance to the Council that the internal systems for financial reporting to the Council, including those of budgetary control, meet the requirements of the of the National Audit Office and appropriately adhere to the Government Financial Reporting Manual (IFREM).

Governance, Risk Management and Internal Control

- A12. Review the delegated authorities and governance structure periodically, or at least every two years, and report to the Council on whether they are adequate and make any recommendations to the Council.
- A13. Scrutinise the integrity of the organisation's internal controls, with reference to internal audit reports, and oversee the compliance of the organisation with relevant legislation, reporting to the Council where appropriate.
- A14. Assess the scope and effectiveness of the systems established by management to identify, assess, manage and monitor significant risks.
- A15. Review the comprehensiveness, reliability and integrity of the assurances provided in relation to internal control and risk management.
- A16. Scrutinise and report on the level of assurance to the Council on the adequacy and effectiveness of the risk management processes. This involves reviewing the Strategic Risk Register, obtaining assurance on risk management arrangements from internal auditors, and reviewing the status and trends of all risk in the strategic risk register.

Internal Audit

- A17. Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation [see above delegated authority A6].
- A18. Consider and monitor management's responses to any major internal audit recommendations.
- A19. Meet with the internal auditors at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried

out.³ The internal auditors should be given the right of direct access to the Chair of the Council and the Committee.

- A20. Monitor and review the effectiveness and quality of the internal audit function to ensure it provides appropriate independent assurance to the Council and value for money.

External Audit

- A21. Scrutinise the process and proposals in relation to the appointment, reappointment and removal of the external auditors and make appropriate recommendations to the Council in relation to its decision making in this area.
- A22. Review the findings of the audit with the external auditor considering any material issues which arose during the audit, any accounting and audit judgements and levels of errors identified during the audit.
- A23. Meet with the external auditors at least once year, without the management being present, to discuss their remit and any issues arising from the audit.⁴
- A24. Monitor and review the effectiveness and quality of the audit, assessing annually their independence and the relationship with the auditor as a whole, including the provision of any non-audit services, and value for money.

Whistleblowing, fraud and investigations:

- A25. Scrutinise and report on the level of assurance to the Council in relation to arrangements in place for raising concerns with or about the organisation on topics such as fraud and whistleblowing.
- A26. Scrutinise and provide assurance to the Council in relation to arrangements in place for external parties to raise concerns with or about the organisation on topics such as whistleblowing, including in relation to the GDC's role as a prescribed person.
- A27. Review the anti-fraud and bribery policies and arrangements for special investigations.

³ The Chair shall decide whether the Secretariat members should withdraw also; if so, the Chair should ensure that an adequate note of proceedings is kept to support the Committee's conclusion, rationale and actions. In order for completeness of records the note should be deposited with the Secretariat.

⁴ Same process to be followed as in the footnote above.

ARC Meeting Date	2	3	5	6
Session	CLOSED SESSION	CLOSED SESSION	CLOSED SESSION	CLOSED SESSION
Location	tbc	tbc	tbc	tbc
Papers deadline				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Registration & Corporate Resources</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Fitness to Practise</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Strategy</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Legal & Governance</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Organisational Development</div> </div>	Reporting period: Q4 (Oct, Nov, Dec)	Reporting period: Q1 (Jan, Feb, Mar)	Reporting period: Q2 (April, May, June)	Reporting period: Q3 (July, August, September)
MAIN PIECE OF BUSINESS (if appropriate)	Q4 Reporting for 2021	Q1 and ARA 2021 approval	Q2 - Reporting for 2022	Q3 - Reporting for 2022
ITEMS	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>
Scrutiny of Financial Reporting	Draft ARA 2021: 1. Content discussion 2. Draft Governance Statement - to approve. 3. Financial assumptions and issues review and approve dataset and content, - to approve. Colin MacKenzie, Sam Bache, Lisa Marie Williams EMT/ARC/Council (15 mins)	Final ARA 2021: 1. Haysmacintyre Audit Findings Report Audit Report Draft Letter of Representation 2. NAO Audit Completion Report 2021 Draft Letter of Representation NAO Draft Audit Certificate 2021 To discuss and recommend to Council. EMT/ARC/Council., Stefan C Colin MacKenzie, Sam Bache, Lisa Marie Williams & Katie Spears. (45 mins)	ARA 2022: Draft timetable To discuss, To discuss and recommend to Council. EMT/ARC/Council., Colin MacKenzie, Sam Bache, Lisa Marie Williams (10 mins)	ARA 2022- verbal update. EMT/ARC/Council., Colin MacKenzie, Sam Bache, Lisa Marie Williams (10 mins)
	<i>Chief Executive update (Verbal) 15 mins</i>	<i>Chief Executive update (Verbal) 15 mins</i>	<i>Chief Executive update (Verbal) 15 mins</i>	<i>Chief Executive update (Verbal) 15 mins</i>
Review and Oversight of Governance Systems, Risk Management and Internal Controls	Strategic Risk update (SRR) and Board Assurance Framework (BAF) EMT/ARC/Council Sam Clements (15 mins)	Strategic Risk update (SRR) and Board Assurance Framework (BAF) EMT/ARC/Council Sam Clements (15 mins)	Strategic Risk update (SRR) and Board Assurance Framework (BAF) EMT/ARC/Council Sam Clements (15 mins)	Strategic Risk update (SRR) and Board Assurance Framework (BAF) EMT/ARC/Council Sam Clements (15 mins)
	ARC highlights paper , Gurvinder Soomal (EMT/ARC only) for noting	ARC highlights paper , Gurvinder Soomal (EMT/ARC only) for noting	ARC highlights paper , Gurvinder Soomal (EMT/ARC only) for noting	ARC highlights paper , Gurvinder Soomal (EMT/ARC only) for noting
Risk Assurance Deep Dives	Risk Assurance Deep Dive-tbc (30 mins) EMT/ARC only	Risk Assurance Deep Dive-tbc (30 mins) EMT/ARC only	Risk Assurance Deep Dive-tbc (30 mins) EMT/ARC only	Risk Assurance Deep Dive-tbc (30 mins) EMT/ARC only
Review and Oversight of Governance Systems, Risk Management and Internal Controls	Significant Litigation , Melissa Sharp, Tey Hassan To note (15 mins) EMT/ARC	Significant Litigation , Melissa Sharp, Tey Hassan To note (15 mins) EMT/ARC	Significant Litigation , Melissa Sharp, Tey Hassan To note (15 mins) EMT/ARC	Significant Litigation , Melissa Sharp, Tey Hassan To note (15 mins) EMT/ARC
	Risk Management Framework (annual) , Sam Clements EMT/ARC/Council.		Scheme of Delegations , Melissa Sharp, to discuss, EMT/ARC/Council, 15 mins	
	Information Governance - Q4 Quarterly Report plus Annual Report Jake Smith, for noting, EMT/ARC/Council.	Information Governance -Q1 Quarterly Report Jake Smith, for noting, EMT/ARC/Council.	Information Governance Q2 - Quarterly Report Jake Smith, for noting, EMT/ARC/Council.	Information Governance - Quarterly Report Q3 Jake Smith, for noting, EMT/ARC/Council.
	Case examiner quarterly feedback and PSA report updates , Only following an investigations committee. John Cullinane (by exception only)	Case examiner quarterly feedback and PSA report updates , Only following an investigations committee. John Cullinane (by exception only)	Case examiner quarterly feedback and PSA report updates , Only following an investigations committee. John Cullinane (by exception only)	Case examiner quarterly feedback and PSA report updates , Only following an investigations committee. John Cullinane (by exception only)

by exception reporting	Business Continuity and Disaster Recovery, to note (by exception), Gurvinder Soomal	Business Continuity and Disaster Recovery, to note (by exception), Gurvinder Soomal	Business Continuity and Disaster Recovery, to note (by exception), Gurvinder Soomal	Business Continuity and Disaster Recovery, to note (by exception), Gurvinder Soomal
Review and Oversight of Internal and External Audit	Mazars Annual Internal Annual Audit Report, Sam Clements, Mazars, to note (10 mins) ARC only	Mazars internal audit progress report, Sam Clements, Mazars to note	External Audit, review effectiveness evaluation and external audit annual fee, Sam Bache, discuss and recommend	Mazars internal audit progress report Sam Clements, Mazars to discuss.
	Mazars 2022 Internal Audit plan, Mazars, to note (10 mins) ARC only	Internal Audit Recommendation Tracker and In-House internal update (quarterly) , Sam Clements, to note (10 mins)	Mazars internal audit progress report, Sam Clements, Mazars to note	Internal Audit Strategy and Global Audit Plan for 2023, Mazars and Sam Clements, to approve (10 mins)
	Internal Audit Recommendation Tracker and In-House internal update (quarterly) , Sam Clements, to note (10 mins)		Internal Audit Recommendation Tracker and In-House internal updates (quarterly) , Sam Clements, to note (10 mins)	Internal Audit Recommendation Tracker and In-House internal updates (quarterly) , Sam Clements, to note
			Internal Audit Contract EMT/ARC, for decision, Sam Clements	External Audit Planning Reports haysmac and NAO, Gurvinder Soomal, to approve (10 mins)
Individual internal audit reports (Mazars)	Individual internal audit reports (various directorates) Mazars (15 mins)	Individual internal audit reports (various directorates) Mazars (15 mins)	Individual internal audit reports (various directorates) Mazars 15 mins	Individual internal audit reports (various directorates) Mazars 15 mins
Review and oversight of whistleblowing, fraud and investigations	Whistleblowing - Council, Associates, GDC Employees - Updates (each meeting) and close out reports- note as required, Sarah Keyes (ARC only) internal whistleblowing update outcomes due	Whistleblowing - Council, Associates, GDC Employees - Updates (each meeting) and close out reports- note as required, Sarah Keyes (ARC only)	Whistleblowing - Council, Associates, GDC Employees - Updates (each meeting) and close out reports- note as required, Sarah Keyes (ARC only)	Whistleblowing - Council, Associates, GDC Employees - Updates (each meeting) and close out reports- note as required, Sarah Keyes (ARC only)
Policies and Governance		Health and Safety Annual Report, to note, Stephen Lilywhite, EMT/ARC to note (10 mins)	Gifts and Hospitality and Declarations of Interest annual reports, Polly Button, EMT/ARC/	
Policies and Governance		Review of Committee TORs and Standing Orders, EMT/FPC/ARC	Joint whistleblowing disclosures annual report (includes GDC's role as a Prescribed Person, Colin MacKenzie, ARC/Council and on GDC website	Anti Fraud and Anti Bribery Policy for Staff (annual), Sam Bache to Discuss and Recommend, next stage Council
Governance		Corporate Complaints – Annual Report (for noting) EMT/ARC Katie Spears, for noting	Governance Manual review (including gifts and DOI)for discussion EMT/ARC/Council, Lee Bird	Board Effectiveness Review. ARC EMT/ARC/Council Lisa Marie Williams,
Governance		Board Effectiveness Review. ARC EMT/ARC/Council Lisa Marie Williams,	Work programme 2022, to note, Polly Button	Corpo Annual Review of Committee Effectiveness/Committee Reports discuss, Governance, next stage Council
Governance	Work programme 2022, to note, Polly Button	Work programme 2022, to note, Polly Button		Work programme 2023, to note, Polly Button

Annual Report of the Chair's Strategy Group (CSG) 2021

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Katie Spears, Head of Governance
Type of business	For noting
Purpose	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. Clause 14 makes clear that the Standing Orders apply to Working Groups as if they were Committees in this respect.
Issue	To provide the Council with a summary of the CSG's activity during 2021.
Recommendation	The Council is asked to note the Annual Report of the CSG on its effectiveness.

1. Introduction and background

- 1.1 The Chair's Strategy Group (CSG) was established as a Working Group of the Council in accordance with Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2020.
- 1.2 The CSG's key purpose is to act as a hub of early strategic development of initiatives to further the organisation's aims by working with the executive to :
 - a. Identify strategic initiatives to reduce the GDC's cost base.
 - b. Carry out horizon scanning and stakeholder engagement.
 - c. Act as a catalyst for early policy initiatives.
- 1.3 Once these strategic opportunities have been identified and their feasibility and relevance has been subject to initial scrutiny, they are referred back to the Executive team for development and/or to an appropriate Committee for oversight. This work will take place in advance of proposals being presented to the Council. The CSG has no decision-making powers or delegated authority. The Group's Terms of Reference are appended to this paper (**Appendix 1**).
- 1.4 The Group held meetings on 23 February, 29 April and 29 July 2021. From January 2021 to 30 September 2021, the Group was comprised of William Moyes (Chair of Council, Chair of the CSG and lay member), Anne Heal (lay Council Member), Catherine Brady (registrant Council Member), Donald Burden (registrant Council Member) and Sheila Kumar (lay Council Member).
- 1.5 At its meeting on 24 June 2021, the Council extended the Group until 30 September 2021 and noted that the incoming Chair of Council would consider the ongoing need for the Group when he took office in October 2021.

2. Expenditure

- 2.1 All meetings in 2021 were held remotely, therefore there were no costs relating to travel and subsistence of Council members.
- 2.2 Holding the Group's meetings remotely has resulted in financial savings for the organisation. This amounted to approximately £1,619 for the year.

3. Key Strategic Opportunities Identified

- 3.1 At the start of 2021, the CSG identified a number of strategic opportunities which were included in its workplan for the year, some of which had been paused in 2020 as a result of the Covid 19 pandemic.
- 3.2 In February 2021, the CSG considered two papers: the **findings of research** which looked at the perceptions dental professionals had of the organisation, and the draft **communications strategy**. The Group heard that the research found that views were generally more negative about the GDC than in 2018. The two identified drivers for this were what those surveyed had heard about the GDC from others and their perception of the organisation's response to Covid-19. The Group noted that students and new graduates were more positive than other professionals surveyed. The Group were disappointed that some of the responses indicated a continuing lack of understanding over the remit of the GDC and its over-arching objective to protect the public and ensure public confidence in the dental professions.
- 3.3 The Group suggested that the Communications Strategy target efforts in this area and noted that further insights from the views of the public and patients about their perception of the organisation would also be useful to inform communications efforts to the relevant audiences.
- 3.4 In April 2021, the Group considered a presentation on the options for **alternative dispute resolution (ADR)** within the Dental Complaints Service (DCS) complaints resolution process. The Group discussed a number of factors that influenced whether ADR could be used at the GDC, such as the constraints of the Fitness to Practise rules, and heard that work was ongoing within the Policy team to develop a comprehensive complaints resolution model, which would consider the use of ADR.
- 3.5 At its April meeting, the Group also discussed the proposals set out in the Department of Health and Social Care consultation on **regulatory reform**. The Group discussed how the tone of the organisation's response should be pitched, the key areas of merit or concern within the proposals and provided some detailed feedback on the proposed responses. The Group also noted that the Council would be sighted on this work at a Special Council meeting in May.
- 3.6 In July 2021, the Group considered the broader landscape in respect of regulatory reform, including the proposed changes to international registration and the review into the number of regulators and number of regulated professions. The Group noted that this work should progress onwards to the Council at its next meeting.
- 3.7 In April, the Group heard a verbal update from the Chief Executive about the planning process for **new ways of working** for the organisation, and the principles that would underpin any pilot scheme for a changed approach. The Group was supportive of the approach and noted the update.
- 3.8 At its meeting in July 2021, the Group heard a verbal update on the ongoing work to **administratively separate the Adjudications function** of the GDC from the presentation function. The Group noted that there was a need for visibility as to how this work would

intersect with the regulatory reform agenda. The Group noted that this work would be presented to the Council in September for a decision on its onward progress.

4. Governance and next steps

- 4.1 At its April meeting, the Group recommended to the Council that it continue until the current GDC Chair demitted office on 30 September 2021. On 24 June 2021, the Council approved the continuation of the CSG to 30 September 2021 and noted that the incoming Chair would consider the ongoing need for the Group. Following the appointment of the incoming Chair it was confirmed that the remaining meetings of the Group in 2021 would be cancelled, and the Chair would continue to assess the need for the group into 2022.
- 4.2 Throughout 2021, the Group considered its effectiveness at each meeting and noted that meetings were useful, with well-presented papers and items were being effectively referred onwards to the Council or for consideration to other Committees.

5. Recommendation

- 5.1 The Council is asked to **note** the CSG's 2021 annual report.

6. Appendices

- a. Appendix 1 – CSG Terms of Reference

Katie Spears, Head of Governance
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28 October 2021

Terms of Reference Chair's Strategy Working Group

1. Chair's Strategy Working Group (CSG)
 - 1.1 The CSG is established as a Working Group of the Council under Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2020.
2. Membership
 - 2.1 The CSG shall be chaired by the Chair of Council and the minimum membership will include two registrant and two lay members of the Council.
 - 2.2 The Chief Executive will attend meetings of the CSG but will not be a member of the working group.
 - 2.3 Directors and senior staff will be invited to attend meetings as and when required.
3. Quorum
 - 3.1 The quorum of the CSG shall be two Council members.¹
4. Changes to the Terms of Reference
 - 4.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council.
5. Co-opted members
 - 5.1 The working group may include co-opted members as required at the invitation of the Chair. Co-opted members will not count towards the quorum.
6. Key purpose
 - 6.1 To act as a hub of early strategic development of initiatives to further the organisation's aims by:
 - Identifying strategic initiatives to reduce the GDC's cost base.
 - Carrying out horizon scanning and stakeholder engagement
 - Acting as a catalyst for early policy initiatives.
7. Delegated Powers
 - 7.1 In accordance with the GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2020 this working group does not have delegated authority to make decisions.
8. Functions and Duties
 - 8.1 To examine strategic opportunities that arise as a result of horizon scanning and stakeholder engagement and to generate and scrutinise policy initiatives to further the statutory purposes of the organisation.
 - 8.2 To identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for

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

the Council's decision.

9. Reporting

9.1 The working group shall report formally to each meeting of the Council with informal updates to Council members following each meeting.

9.2 The working group will report formally to Council on annual basis if required.

10. Frequency of Meetings

10.1 As required.

10.2 The working group is expected to be time limited. The continuing need for this working group will be reviewed by the Council on a 6-monthly basis.

11. The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2020 apply to this working group as if it were a Committee of the Council.

Annual Report on Committee Effectiveness – Finance and Performance Committee (FPC)

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance Gurvinder Soomal, Chief Operating Officer
Author(s)	Polly Button, Interim Senior Governance Manager
Type of business	For noting
Purpose	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. This report was circulated to the Committee for comment in November 2021
Recommendation	The Council is asked to note the Annual Report for 2021.

1. Key considerations

1.1 The key purposes of the FPC are to:

- a. Challenge and monitor the Executive on financial and other performance, to work with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions, and to scrutiny and challenge to the Executive on major operational matters.
- b. Working with the Executive in developing the GDC's financial strategy. This will include scrutinising the development and delivery of the three-year rolling Costed Corporate Plan, scrutiny of the annual budget setting process and of the organisation's delivery against budget, and providing to the Council the assurance it needs to approve the budget and Costed Corporate Plan.

1.2 The FPC also has delegated powers to:

- a. Approve the assumptions and objectives to be used in the planning cycle.
- b. Approve the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.
- c. Approve the GDC's banking procedures and arrangements.
- d. Approval of the reinstatement of corporate projects prioritized as 'Could do' within the Costed Corporate Plan, at the request of the Executive Management Team, in the event that funding is available.

1.6. The full Terms of Reference as approved in October 2020 are appended to this paper (**Appendix 1**).

- 1.1 For the majority of 2021, the membership of the FPC was Terry Babbs (lay Chair and Senior Independent Council Member), Anne Heal (lay Council Member), Mike Lewis (registrant Council Member) and Donald Burden (registrant Council Member). In September 2021, Mike Lewis stood down from the Committee and will be replaced by an incoming lay Council Member in 2022.
- 1.2 In 2021, the Committee held six substantive meetings. In response to a business need, there was one additional meeting to discuss the GDC's Pension Scheme.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2021 were those relating to travel and subsistence of Council members for the two in-person meetings held in September and November, which has amounted to £43.50 . All other meetings in 2021 were held virtually using MS Teams. No costs were incurred for these meetings held virtually. This has amounted to approximately £2,645 saved by the Committee, when compared to 2019, the last year when meetings were all held in person.
- 2.2 The Governance Team continued to use the board portal software, Diligent Boards, for all the Committees and the Council.

3. Financial Performance

- 3.1 Quarterly reports on income, expenditure and headcount were presented to the Committee for scrutiny of the GDC's financial performance. In particular, the Committee monitored trends and issues, considered the reasons for any variance from budget, and the implications to the reserves, expenditure, headcount and productivity. The **Covid-19 pandemic** and the emerging **Regulatory Reform** agenda continued to create some degree of uncertainty in financial planning.
- 3.2 In February 2021, the Committee received an update to the longer-term **payment of the Annual Retention Fee by instalments** and subsequently **recommended the scheme to the Council**.
- 3.3 In relation to **Quality Assurance of Education**, throughout 2021, the Committee was assured that continual work was underway to ensure that dental graduates fulfilled the learning outcomes and were 'safe beginners'.

4. Wider Organisational Performance

Organisational Performance Reporting Suite (New)

- 4.1 In response to the 2019 Deloitte Board Effectiveness review, there was a proposal to streamline the previous suite of organisational performance reporting and reduce duplication. In February 2021, the Committee received and endorsed the new suite of quarterly streamlined reports and recommended the closure of the Bridging Report.
- 4.2 The Committee received quarterly reports on performance across the directorates via the new **abridged balanced scorecard**, which developed throughout the year to match organisational reporting needs. Also in February, the Committee approved the **new suite of Key Performance Indicators** for the Organisational Development directorate. The Committee also discussed proposed indicators for the Fitness to Practise (FTP) and Strategy directorates. This work will continue into 2022.
- 4.3 In relation to **FTP timeliness**, the Committee regularly scrutinised the ongoing issues and approach to this area and received updates on the **FTP action plan** at regular intervals, and undertook **in-depth reviews** into **FTP Casework** and **Hearings** in September and November respectively in order to provide assurance to the Council in this area.

New Ways of Working

- 4.4 In August and September 2021, the GDC implemented a **New Ways of Working** 12-month hybrid-working pilot based on the GDC's operational requirements. The Committee received regular updates and will continue to monitor performance as the pilot's progress into 2022.

5. In-depth reviews

- 5.1 In 2020, due to the Covid-19 pandemic, the Committee temporarily paused in-depth reviews. In May 2021, the Committee received the first of the reinstated in-depth reviews which focused on the impact of the pandemic on **Performance and Productivity** across the GDC. The in-depth review template was revised to include updated SWOT analysis.
- 5.2 In July, the Committee received an in-depth review of the **Organisational Development** directorate which provided an overview of the effectiveness of the function and future planning. In September, the GDC implemented the People Systems project designed to streamline the current HR processes.
- 5.3 As set out above, the end of the year meetings focused on areas of **Fitness to Practise**.

6. Operational Guidance

Pensions

- 6.1 In March 2021, the Committee held an additional meeting to discuss the GDC's pension schemes and recommended proposals in relation to the pensions approach to the Council for consideration.
- 6.2 In July and September, the Committee discussed options for the development of the pension strategy and financial planning. In November, the Committee received a funding update and the triennial valuation results.

7. Business Planning and Budgeting

- 7.1 Following the Council's decision to delegate authority to the Committee to reinstate projects within the CCP, in February 2021, the Committee was presented with a review of the 'Could Do' projects (within the meaning of the MOSCOW framework).
- 7.2 A substantive part of the workplan of the Committee in 2021 was the scrutiny and oversight of the **Costed Corporate Plan (CCP) 2022-24 and Budget for 2022**. The Committee regularly received updates on its progress and rigorously scrutinised the planning assumptions, caution ratings and projected outcomes following the Covid-19 pandemic. The external climate was likely to remain uncertain for an extended period of time, however the budget and forecasting approach was noted as **robust**.
- 7.3 Following a single item meeting to discuss the budget, and an additional review via correspondence, the Committee **recommended the CCP 2022-2024 and the budget for 2022** to the Council for approval.

8. GDC's Banking Procedures and Other Arrangements

Fees, Policies and initiatives

- 8.1 In February 2021, the Committee discussed **Refunds Policy** for 2021 which proposed no changes to the existing policy, and recommended the policy to the Council. The Committee noted the **IT Strategy 2021-23**, which was aligned to the Corporate Objectives and the CCP.

- 8.2 In September, the Committee recommended the approval of the **2022 Reserves policy** to the Council.
- 8.3 In November, the Committee reviewed and recommended to the Council the updated **financial policies and procedures**. The Committee also discussed and approved the proposed **banking arrangements** and the **Council Member and Associates expenses policy**. Additionally, in November, the Committee discussed and recommended to the Council the **investment principles and investment strategy**.

Other reporting

- 8.4 Throughout 2021, the Committee received quarterly reviews on **Contracting Compliance Management** and an annual **Procurement Report** for 2020 in February.
- 8.5 In May, the Committee noted the **Dental Complaints Service (DCS)** Annual Report 2020 and the **GDC Insurance Renewal** summary.
- 8.6 In July, the Committee received the **Customer Feedback Reports** from FTP and Registration, and the **Shared Learning Report**, which was designed to collate feedback on the delivery of the Project, Programme and Portfolio Management team.
- 8.7 In November, the Committee received the **Review of Education** which included dental school inspections carried out between 2018-2021.

9. Committee's Adherence to its Terms of Reference

- 9.1 Throughout 2021, the Committee focused on the key business contained within its Terms of Reference. Following the Board Effectiveness Review, the Committee ensured that agendas were streamlined and held a single-issue meeting to meet business need in relation to pensions.
- 9.2 The 2022 workplan will also align with the revised Terms of Reference for the Committee.
- 9.3 The Committee also effectively used new and improved reporting tools to provide clear assurance to the Council and escalated risk appropriately.

10. Governance

Terms of Reference

- 10.1 The Committee's Terms of Reference were last reviewed and approved by the Council in June 2020 and, subsequently, in October 2020.

Work Programme 2021

- 10.2 The Committee reviewed the workplan at each meeting and noted the draft 2022 workplan at its meeting in November 2021.
- 10.3 The Committee is asked to **recommend** the FPC's 2021 annual report to the Council for noting.

Appendices

- a. Appendix 1 – FPC Terms of Reference (as approved October 2020)
- b. Appendix 2 – FPC Work Programme for 2022

Polly Button, Interim Senior Governance Manager
PButton@gdc-uk.org

26 October 2021

Appendix 2 to the Resolution

Terms of Reference: **Finance and Performance Committee**

Key purpose

F1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Challenging and monitoring the Executive on financial and other performance.
2. Working with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions.
3. Providing scrutiny and challenge to the Executive on major operational matters with a material financial impact for the organisation.
4. Working with the Executive in developing the GDC's financial strategy. This will include scrutinising the development and delivery of the three-year rolling Costed Corporate Plan, scrutiny of the annual budget setting process and of the organisation's delivery against budget, and providing to the Council the assurance it needs to approve the budget and Costed Corporate Plan.

Composition and Quorum

F2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). If the Committee so decides, and with the approval of Council, an external member may be appointed in line with the requirements of the GDC Standing Orders.¹

F3. The quorum of the Committee shall be two Council members.²

Delegated Powers

- F4. Approval of assumptions and objectives to be used in the planning cycle.
- F5. Approval of the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.
- F6. Approval of the GDC's banking procedures and arrangements.
- F7. Approval of the reinstatement of corporate projects prioritized as 'Could do' within the Costed Corporate Plan, at the request of the Executive Management Team, in the event that funding is available.

Functions and Duties

Financial Strategy

To scrutinise and report on the levels of assurance or concerns in the following key areas:

¹ GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r1.2.

² GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

- F8. The development of the three-year Costed Corporate Plan and annual budget to ensure that they are robust and aligned to delivery of the Corporate Strategy.
- F9. The impact of the three-year Costed Corporate Plan and annual budget on the setting of the Annual Retention Fees, registration application fees, fees for the Overseas Registration Exam and the reserves policy.
- F10. The financial reporting data used to ensure that the organisation is delivering against budget. This scrutiny should include:
- the challenge of the Executive in relation to the organisation's financial performance.
 - any amendments to the current year budget
 - any virements (transfers of budget allocation) between directorates that exceed agreed limits
 - any calls on reserves
 - any necessary borrowing or
 - other material financial matters about which the Council ought to be made aware.
- F11. The coherence and rigour of the financial modelling underlying the fees strategy of the organisation, with a view to enabling the Council to approve any changes to the Annual Retention Fees, any other relevant fees and the reserves policy of the organisation.
- F12. The adherence to and robustness of the treasury, investment and financial procedures policies of the organisation.
- F13. The adequacy of the insurance arrangements of the Council.
- F14. The actuarial assumptions, financial viability, performance, and other relevant implications of the GDC Pension Schemes. The Committee will communicate:
- Advice received, to facilitate decision making in this area, to the Council and
 - Any material risk that arises in this area to the Audit and Risk Committee.

Organisational Performance

To scrutinise and report on the levels of assurance or concerns in the following key areas:

- F15. The operational delivery against the Costed Corporate Plan and the reliability and appropriateness of a suite of performance indicators around organisational performance.
- F16. The annual and exception reports on procurement activities.

FPC	2	3	5	6	
Meeting Date	Thu 24 February 2022	Thu 26 May 2022	Thurs 18 August 2022 - single item meeting – for budget / CCP	Wed 7 September 2022	Thurs 24 November 2022
Session	CLOSED Committee	CLOSED Committee	Closed Committee	CLOSED Committee	CLOSED Committee
Location	In person	In person	In person	In person	In person
Papers deadline					
Colour coding: Fitness to Practise	Reporting period: Q4 (Oct, Nov, Dec)	Reporting period: Q1 (Jan, Feb, Mar)		Reporting period: Q2 (April, May, June)	Reporting period: Q3 (July, August, September)
Colour coding: Registration and Corporate Resources					
Colour coding: Strategy					
Colour coding: Legal & Governance					
Colour coding: Organisational Development					
MAIN PIECE OF BUSINESS (if appropriate)	Q4 Reporting for 2021	Q1 2022 and first look budget	Budget Review	Q2 2022 and Budget - Approval	Q3 2022
ITEMS	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>		<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>
Financial Performance	Organisational Performance Quarterly Report Q4 2021. Includes: Balanced Scorecard Q4 2021, CCP Portfolio Status Report Q4 2021, Financial Forecast Report Q4 2021 Dave Criddle, for discussion, EMT/FPC/Council	Organisational Performance Quarterly Report, Q1 2022 Includes: Balanced Scorecard Q1 2022, CCP Portfolio Status Report Q1 2022, Financial Forecast Report Q1 2022 Dave Criddle, for discussion, (EMT/FPC/Council)	Budget review	Organisational Performance, Quarterly Report, Q2 2022 Includes: Balanced Scorecard Q2 2022, CCP Portfolio Status Report Q2 2022, Financial Forecast Report Q2 2022, for discussion, Dave Criddle (EMT/FPC/Council)	Organisational Performance, Quarterly Report, Q3 2022 Includes: Balanced Scorecard Q3 2022, CCP Portfolio Status Report Q3 2022, Financial Forecast Report Q3 2022 for discussion, Dave Criddle (EMT/FPC/Council)
Financial Performance	<i>New ways of working (in-depth review)</i>	<i>New ways of working (Monitoring)</i>		<i>New ways of working (Monitoring)</i>	<i>New ways of working (Monitoring)</i>
Financial Performance	Pension scheme: Annual Report of the Chair of the Trustees Sam Bache (EMT/FPC/Council)	Pensions Update For discussion. 10 mins. EMT/FPC		Pensions Update For discussion. 10 mins. EMT/FPC	Pension update and Plan - Annual Report and Accounts, Sam Bache. EMT/FPC/Council, 15 mins (reporting to Remco)
Wider Organisational Performance	FTP task and Finish Group (FTP KPIs and Action Plan updates, John Cullinane (EMT/FPC/Council)	FTP task and Finish Group (FTP KPIs and Action Plan updates, John Cullinane (EMT/FPC/Council)		FTP task and Finish Group (FTP KPIs and Action Plan updates, John Cullinane (EMT/FPC/Council)	FTP task and Finish Group (FTP KPIs and Action Plan updates, John Cullinane (EMT/FPC/Council)
Wider Organisational Performance	Strategy KPIs, Stefan C,EMT/FPC/Council	Strategy KPIs, Stefan C,EMT/FPC/Council		Strategy KPIs, Stefan C,EMT/FPC/Council	Strategy KPIs, Stefan C,EMT/FPC/Council
Wider Organisational Performance	Separation of Adjudications (monitoring) EMT/FPC/Council	Separation of Adjudications (monitoring) EMT/FPC/Council		Separation of Adjudications (monitoring) EMT/FPC/Council	Separation of Adjudications (monitoring) EMT/FPC/Council
Wider Organisational Performance	POD strategy and annual report , (EMT/FPC/Council), Sarah Keyes	POD strategy, (EMT/FPC/ Sarah Keyes		POD strategy, (EMT/FPC) Sarah Keyes	POD strategy, (EMT/FPC)Sarah Keyes
Wider Organisational Performance	Education Associates Stefan C, (EMT/FPC/Council)	Education Associates Stefan C, (EMT/FPC/Council)			
Wider Organisational Performance	Quality Assurance of Education updates, Stefan C, (EMT/FPC)-	Wider economy and the impacts to the GDC, Gurvinder Soomal, EMT/FPC			Quality Assurance of Education updates, Stefan C, (EMT/FPC)
Wider Organisational Performance	Contracting Compliance Quarterly Report Sam Bache EMT/ FPC	Contracting Compliance Quarterly Report Sam Bache EMT/ FPC		Contracting Compliance Quarterly Report Sam Bache EMT/ FPC	Contracting Compliance Quarterly Report Sam Bache EMT/ FPC

FPC	2	3	5	6	
Meeting Date	Thu 24 February 2022	Thu 26 May 2022	Thurs 18 August 2022 - single item meeting – for budget / CCP	Wed 7 September 2022	Thurs 24 November 2022
Session	CLOSED Committee	CLOSED Committee	Closed Committee	CLOSED Committee	CLOSED Committee
Location	In person	In person	In person	In person	In person
Papers deadline					
In Depth Reviews	New ways of working review EMT/FPC	In-depth review, TBC, EMT/FPC		In-depth review, TBC, EMT/FPC	In-depth review, TBC, EMT/FPC
Operational Guidance	Fees Update -Exception Reporting. Gurvinder Soomal -if needed. To note. 5 mins.	Fees Update -Exception Reporting. Gurvinder Soomal -if needed. To note. 5 mins.		Fees Update -Exception Reporting. Gurvinder Soomal -if needed. To note. 5 mins.	Fees Update -Exception Reporting. Gurvinder Soomal -if needed. To note. 5 mins.
Operational Guidance	Regulatory Reform, Stefan C, EMT/FPC/Council	Regulatory Reform, Stefan C, EMT/FPC/Council		Regulatory Reform, Stefan C, EMT/FPC/Council	Regulatory Reform, Stefan C, EMT/FPC/Council
Business Planning and Budgeting	Estates review, Gurvinder Soomal, (TBC) EMT/FPC/Council	EDI Strategy, Sarah Keyes, EMT/FPC/Council			EDI Strategy, Sarah Keyes, EMT/FPC/Council
Business Planning and Budgeting	PBI update, EMT/FPC/Council, Gurvinder Soomal	Costed Corporate Plan 2023-25 and first draft budget 2023 Dave Criddle, Sam Bache EMT/FPC/Council, 60 mins	Costed Corporate Plan 2023-25 and Budget 2023, Sam Bache, Dave Criddle EMT/FPC/Council 60 mins	Costed Corporate Plan 2023-25 Final Draft Budget 2023 - Discuss and recommend, Sam Bache, Dave Criddle EMT/FPC/Council 60 mins.	Investment Principles and investment Strategy Sam Bache, EMT/FPC/Council for noting
Banking Procedures, Financial Policies and Other Arrangements	Dental Complaints Service (DCS) Annual report, for noting, Michelle Williams, EMT/FPC/Council.	Insurance review, Gurvinder Soomal, EMT/FPC		Draft 2022 Reserves Policy and Contingency Management Framework To discuss and recommend, Sam Bache, EMT/FPC/ Council, 15 mins	Annual Policy reviews: Banking arrangements Staff Expenses Policy 2022 Council Member and Associated Expenses Fraud, Bribery and Corruption Policy (ARC) Financial delegations policy Procurement Policy Credit Card policy Financial Policies and Procedures 2022 Sam Bache, For discussion and recommendation to Council. EMT/FPC/Council
Banking Procedures, Financial Policies and Other Arrangements		Customer service feedback annual report John Cullinane to note EMT/FPC		Shared learning report (annual report of the PPMO) Gurvinder Soomal. EMT/FPC To note. 10 mins	
Banking Procedures, Financial Policies and Other Arrangements		Customer Service Action Plan, Registration, Gurvinder Soomal, to note (annual) EMT/FPC 5 mins			
Close out reports (any significant project)					
Governance	Work Programme for the next quarter. Polly Button. To discuss. Report to Council. 5 mins.	Work Programme for the next quarter. Polly Button. To discuss. Report to Council. 5 mins.		Work Programme for the next quarter. Polly Button. To discuss. Report to Council. 5 mins.	Work Programme 2023 - Draft. Polly Button. To discuss. Report to Council. 5 mins.
Governance					Annual Review of Committee Effectiveness/Committee Reports discuss, Governance, next stage Council Polly Button. To discuss. 10 mins. Report to Council.

Annual Report on Committee Effectiveness - Remuneration and Nomination Committee

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lee Bird, Interim Deputy Head of Governance (Secretariat)
Type of business	For noting
Purpose	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2020, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year.
Issue	To provide the Council with the Annual Report of its work for 2021.
Recommendation	The Council is asked to note the Annual Report.

1. Key considerations

- 1.1 Following the implementation of the revised Terms of Reference for the Committee in June 2020, the role of the Remuneration and Nomination Committee was split into two key areas:
 1. Oversight of the appointments processes for Council Members, Independent Governance Associates and the Chief Executive and Registrar
 2. Scrutiny on the reward and appraisal approaches for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates, as well as scrutinising a reward policy for the Executive Management Team.
- 1.2 The Committee is responsible for scrutinising the succession planning arrangements that are in place for the Chief Executive and Registrar and for providing assurance to the Council in relation to the Chief Executive's succession plan for the Executive Management Team.
- 1.3 Throughout 2021, the Committee comprised Anne Heal (Chair and lay Council Member), Caroline Logan (registrant Council Member), Jeyanthi John (registrant Council Member), Laura Simons (lay Council Member) and Ann Brown (Independent Committee Member). There was full attendance at every Committee meeting.
- 1.4 In 2021, the Committee held three substantive meetings on 18 February, 20 May and 02 September. The Committee also conducted business by correspondence in November. All of the Committee's meetings were held remotely on MS Teams as a result of the COVID-19 pandemic containment restrictions.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2021 were those for the Independent Member. Holding the Committee meetings remotely has resulted in financial savings for the organisation. This amounted to approximately £2,892 saved by the Committee when compared to 2019, the last year when meetings were all held in person.

3. Chief Executive and Executive Management Team

- 3.1 In February 2021, the Committee reviewed the Chief Executive's objectives and, in May, discussed and recommended to the Council an appraisal approach for the Chief Executive.
- 3.2 In February 2021, the Committee discussed the succession planning arrangements for the Chief Executive and the Executive Management Team, and agreed that this would continue to be developed and updated annually, returning to the Committee in 2022.
- 3.3 In May 2021, during its private session, the Committee discussed the remuneration policy arrangements in place for members of the Executive Management Team (EMT) and the Chief Executive and in September 2021, the Committee discussed and approved the remuneration level for the Chief Executive and noted the arrangements for the Executive Directors.

4. The Council, Chair of Council and other non-executives

- 4.1 In February and May 2021, the Committee received updates relating to the ongoing programme of work to **recruit** the new Chair and a Member of the Council, and to **reappoint** three Council Members. In May 2021, the Committee discussed and approved the approach to the **induction** of the incoming Chair and Council Member.
- 4.2 Following the appointments being confirmed by the Privy Council in June 2021, in September 2021, the Committee **reviewed the recruitment process** for the Chair and Council Member appointments, as well as the appointment of the Independent Member of the Audit and Risk Committee and made recommendations to further improve the processes for future recruitment rounds.
- 4.3 In May 2021, the Committee discussed the arrangements for **appraising** the Chair and Council Members. The Committee noted that the approach was in line with the process undertaken in 2020, and that a thorough review of the process would be undertaken, in consultation with the new Chair, in 2022.
- 4.4 In May 2021, the Committee discussed and approved the policy for authorising claims for **expenses** received from the Chief Executive and the Chair of Council. It was agreed that, going forward, this policy would be included as part of the GDC's Financial Delegated Authority Policy and would return to the Committee in line with the approval cycle for those policies, to ensure for consistency in review. In November 2021, the Committee, by correspondence, considered and recommended to the Council an expenses policy for Council Members and Associates, which was largely unchanged from the policy reviewed by the Committee in 2020.
- 4.5 In September 2021, the Committee reviewed, and recommended to the Council, the **reappointment** process for one Member of the Council who was due to complete their first term of office in 2022. The Committee also recommended to the Council the **recruitment process** for a new lay Council Member following an early resignation from the Council.
- 4.6 The Committee received regular updates on the *Effective Associates* project, particularly in relation to the impact on the **Associates' remuneration** and the potential implications for the GDC of the NMC v Somerville Employment Appeal Tribunal case.

5. Committee's Adherence to its Terms of Reference

- 5.1 The Committee fulfilled its functions as set out in its Terms of Reference, which can be found at **Appendix 1**.
- 5.2 Following the revisions to the Terms of Reference in 2020, 2021 was the first full year of the Committee's operation as the Remuneration and Nomination Committee. The Committee operated in accordance with its role, focusing wholly on the nomination and evaluation of Council Members and Independent Governance Associates, and remuneration and reward of those groups and relevant members of the Executive Management Team.

6. Governance

- 6.1 The Committee reviewed and noted its workplan at each meeting. The workplan was revised following the adoption of the new TORs and the Committee agreed the plan for 2022 by correspondence in November.
- 6.2 The Committee participated in providing feedback following its meetings to review its ongoing effectiveness and the Governance team and Chair have taken suggestions forward, where appropriate, to implement improvements.

Appendices

- a. Remuneration and Nomination Committee Terms of Reference
- b. Remuneration and Nomination Committee Forward Plan for 2022

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

Remuneration and Nomination Committee Terms of Reference

Key purpose

R1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Scrutinising the proposed **reward** approach for the Chief Executive and Registrar, Executive Directors, Council Members (including the Chair), Independent Members of non-statutory Committees of Council ('Independent Governance Associates'), and specified Associate postholders.¹
2. Scrutinising the process for the **appointment** for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
3. Scrutinising the proposed **appraisal** approach for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
4. Scrutinising the arrangements for **succession planning** for the Chief Executive and Registrar providing assurance in relation to the Chief Executive's succession plan for the Executive team.

Composition and Quorum

R2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). Additionally, the Committee will have an external member, who must be appointed in line with the requirements of the GDC Standing Orders.² The Chair of the Council shall not be a member of the Committee and may only attend at the invitation of the Committee Chair.

R3. The quorum of the Committee shall be two Council members.³

Delegated Powers

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

R4. Approving the appointment process for the Chief Executive.

R5. Approving the reward terms of the Chief Executive and Registrar, including in relation to any severance agreement. All decisions taken as part of this delegation must be within the Executive pay policy as approved by Council.

R6. Approving the policy for authorising claims for expenses from the Chief Executive and Registrar and the Chair of the Council.

R7. Where necessary, the Committee is authorised by the Council to obtain external legal or other professional advice, but only within budgetary limits.

¹ Registration and Fitness to Practise panellists, ORE associates, clinical and legal advisers at hearings, and education associates.

² GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r2.2.

³ GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

Functions and Duties

Nominations and evaluation

R8. Scrutinise and provide assurance to the Council on the processes for recruiting the Chief Executive and Registrar, and on the process around their annual appraisal.

R9. Scrutinise and provide assurance to Council on the arrangements for succession planning for the Chief Executive and Registrar and provide assurance to the Council that plans are in place in respect of the rest of the Executive Management Team.

R10. Scrutinise and provide assurance, in order to recommend to the Council, on the process of appointment and reappointment in relation to both Council Members and Independent Governance Associates.

R11. Scrutinise and provide assurance, in order to recommend to the Council, the approach to appraisal for Council Members (including the Chair of Council) and Independent Governance Associates.

R12. Scrutinise and provide assurance to Council on the process for setting the objectives of the Chair of Council and Chief Executive and Registrar.

Remuneration and Reward

Chief Executive and Registrar and the Executive Management Team

R13. Scrutinise and recommend to the Council an appropriate reward policy for the Chief Executive and Registrar, and the Executive Management team. This will be:

- consistent with organisational objectives,
- within the overall budget agreed by the Council and
- any approval of the overall reward, benefits package and terms of service for the Chief Executive and Registrar by the Committee, under its delegated power above, must be within the terms of the agreed policy.

R14. On behalf of Council, propose amendments to the reward of the Chief Executive, within the agreed policy, including in relation to the terms of any special severance arrangements applying in the event of any required and unplanned early termination of employment of the Chief Executive, having regard to relevant guidance, best practice and contracts of employment. Any proposed changes that would fall outside of the agreed policy should be escalated to the Council.

R15. Scrutinise and provide assurance to Council that changes made by the Chief Executive to Executive reward, including in relation to any special severance arrangements, are within the agreed policy. Any proposed changes to Executive reward that would fall outside of the agreed policy should be escalated to the Council.

Council Members, specified Associates and Others

R16. Scrutinise and recommend to the Council an appropriate reward and expenses policy for:

- Council Members (including the Chair of Council)
- Independent Governance Associates
- Decision making panellists (in relation to Fitness to Practise and Registration)
- ORE Associates
- Clinical and legal advisors at Hearings and
- Education Associates.

R17. Scrutinise and provide assurance to Council that there is a reward framework in place for GDC staff, that policies are reviewed at regular intervals and benchmarked against the market, if and when, appropriate.

	1	2	3	4
Meeting Date	Thursday 3 February 2022	Thursday 19 May 2022	Thursday 21 July 2022	Thursday 27 October 2022
Location				
Papers deadline	20 January 2022	05 May 2022	07 July 2022	13 October 2022
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Registration & Corporate</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Fitness to Practise</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Strategy</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Legal & Governance</div> <div style="width: 50%; border: 1px solid black; padding: 2px; margin: 2px;">Colour coding: Organisational Development</div> </div>				
MAIN PIECE OF BUSINESS (if appropriate)	Succession Planning	Remuneration Review	Appraisal Processes	Expenses Policy
ITEMS	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>
Delegated Powers				Chair and Chief Executive Expenses Approval Policy For decision
Nomination and Evaluation Council Members, Chair and Independent Governance Associates	CM Appointments - update on progress To note		CM Appointments - Review of process For discussion	
	CM Appointments - Induction For discussion		CM 2023 Appointment Process For recommendation to Council	
			CM 2023 Reappointment Process For recommendation to Council	
	SPC Member Recruitment Plan and IGA Recruitment Policy Review For recommendation to Council			
			Council Member (and Independent Governance Associates) Appraisal Process 2022 For recommendation to Council	
	Chair Objective Setting For recommendation to Council		Chair Appraisal Process For recommendation to Council	Chair Objective Review For discussion
Chief Executive & EMT	CE Objective Setting For recommendation to Council		CE Appraisal Process For recommendation to Council	
	CE and EMT Succession Planning For discussion			
Remuneration and Reward Council Members, Chair and Independent Governance Associates	Chair, Council Member and Associates Remuneration Review For recommendation to Council			Council Member Expenses Policy For recommendation to Council
Chief Executive & EMT		Chief Executive and EMT Remuneration Policy Review For recommendation to Council		
		Chief Executive Remuneration Review For decision (unless outside policy)		
		Executive Director Remuneration Review For noting (unless outside policy)		
Staff	Staff Remuneration Framework For discussion	Staff Remuneration Framework For discussion		Staff Remuneration Framework For discussion
Governance	Forward Workplan To note	Forward Workplan To note	Forward Workplan To note	2023 Workplan For recommendation to Council
	ARA Remuneration Report To note			
				Remuneration Committee Annual Report For recommendation to Council

Annual Report on Committee Effectiveness - Statutory Panellists Assurance Committee

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance John Cullinane, Executive Director, Fitness to Practise
Author(s)	Lee Bird, Interim Deputy Head of Governance (Secretariat)
Type of business	For noting
Purpose	In accordance with the General Dental Council Standing Orders for the Appointments Committee 2020, clause 9.4, the SPC is required to report annually on any decisions taken under delegated authority, expenditure, progress against work programmes and planned work programmes for the following year.
Issue	To provide the Council with the Annual Report of its work for 2021.
Recommendation	The Council is asked to note the Annual Report.

1. Key considerations

- 1.1 The key purposes of the Committee, as defined in its Terms of Reference, are to *“provide assurance to the Council [by] scrutinising the process for the appointment of Statutory Committee members and of the legal, medical and professional advisors to the Statutory Committees”* and by *“scrutinising the process for the oversight of performance of the Statutory Committee members and providing advice on the oversight of the performance of the legal, medical and professional advisers to the Statutory Committees.”*
- 1.2 In September 2021, the Council approved a revised Terms of Reference for the Committee, which added to its key purpose a function to *“provide advice to the Executive in respect of: (1) the design parameters of an independent tribunal function; (2) the relevant performance metrics of a high performing panel, including behaviours of panel members; and (3) best practice in hearings case management.”*
- 1.3 The membership of the Committee throughout 2021 was Sir Ross Cranston FBA (Chair), Carol Ashton (lay member), Martyn Green (registrant member), Serbjit Kaur MBE (registrant member), His Honour Phillip Sycamore CBE (lay member).
- 1.4 The Committee has held meetings throughout 2021; on 24 February, 26 May, on 9 September and plans to meet on 8 December. Due to the outbreak of COVID-19, the February, May and September meetings were held remotely on MS Teams, and the Committee plan to meet in person in December.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2021 will be those relating to travel and subsistence of members for the December meeting, as all previous meetings were held remotely. The cost of holding a meeting in person is approximately £426, and therefore holding three Committee meetings remotely has resulted in financial savings for the organisation of approximately £1,279. This does not take into consideration the Members annual remuneration.

3. Appointments

- 3.1 In February 2021, the Committee heard that, following the extensive in-house exercise to **recruit panellists** that was conducted in 2020, there was no requirement to recruit panellists during 2021. However, there would be a need to review the cohort of panel Chairs and plan for any potential recruitment activity during 2022. The Committee discussed the planned approach to review the cohort of **panel Chairs** and the need for recruitment in 2022. The Committee noted that Chair Selection Days were being planned for Q4 2021 which would allow for current panellists to apply for panel Chair position.
- 3.2 Throughout 2021, the Committee undertook a review of the cohort of **legal advisors**. In May 2021, the Committee set a maximum term length for legal advisors which subsequently created a need to recruit an additional cohort in throughout 2022. In September 2021, the Committee discussed the approach to setting the **remuneration of legal advisors** that would be suggested to the Remuneration and Nomination Committee in Q1 2022, and it approved a timeline, project plan and role profile for the recruitment of the legal advisors.

4. Learning, Development and Training

- 4.1 Throughout 2021, the Committee received regular updates on the **learning and development programmes** for panellists. In February 2021, the Committee noted that the panellist training days would continue to be held remotely due to the ongoing pandemic containment restrictions. The Committee heard that the training would be designed to address the common themes that were being fed back from the Decision Scrutiny Group (DSG), the Quality Assurance Group (QAG), and from the Professional Standards Authority (PSA) Learning Points. Throughout the year, Members of the Committee observed and presented at a number of the panellist training days.
- 4.2 In September, the Committee undertook a review of the training days that had taken place and, using the feedback from the panellists and best practice amongst the healthcare regulatory sector, suggested improvements that were to be incorporated into the planned future training days. This work is also on the agenda for the December meeting.
- 4.3 In May 2021, the Committee discussed the performance review process for panellists and advisors, noting that the plan to commission an external HR professional to undertake the performance reviews of the panellists and Chairs on a biennial basis was still the preferred approach. The Committee agreed that the performance reviews would be undertaken in accordance with this approach.
- 4.4 In September 2021, following a horizon scan of training across the healthcare regulatory sector, the Committee discussed the high-level approach for the panellist training and development in 2022.

5. Quality Assurance Reporting

- 5.1 Throughout 2021, the Committee received quarterly reports from both the QAG and the DSG, which provided the Committee with oversight of the steps that had been taken to

quality assure decision making by the Statutory Committees. The Committee also regularly received a PSA Learning Points report which highlighted the learning points recommended by the PSA following their continuous review of decisions taken by the GDC.

- 5.2 At each of the Committee's meetings, it received a report from the QAG on the cases referred to it by the FtP or Internal Audit and Risk teams. Referrals can be made in respect of decisions at each stage of the FtP process. The Committee noted any themes and patterns that emerged in the types of decisions referred and discussed the learning opportunities that this presented.
- 5.3 The Committee also received, at each of its meetings, a report from the DSG. The DSG undertakes randomised reviews of decisions from each stage of the FtP process. The reports provided the Committee with assurance of the quality assurance processes. In May 2021, Chair of the DSG attended the meeting of the Committee and provided an overview of the history, process and impacts of the group, and its interaction with the Committee.
- 5.4 The Committee received reports summarising the PSA learning points, which outlined feedback from the PSA on decisions it had reviewed. The Committee was assured that, in relation to the cases that the PSA had reviewed and provided feedback, lessons learned exercises were undertaken and feedback was provided to panellists as part of their ongoing learning and development.
- 5.5 At its September meeting, the Committee received an update regarding the Interim Order Committee. The Committee heard that there were two major areas of focus with regards to the IOC decision making that were being brought to their attention so that changes could be made to training and development. These were Committees adjourning and postponing cases without sufficient cause, and its assessment of risk with regards to cases involving allegations of sexual harassment and inappropriate personal conduct. The Committee will hear further on this item at its December meeting and will continue to monitor the suggested improvements to the panellist training and development plans.

6. Hearing Improvements

- 6.1 Following the recruitment of a legally qualified Chair of the Committee in 2020, the Committee began hearing and giving advice and support on operational initiatives that were being undertaken to improve the GDC's Hearings function.
- 6.2 In February 2021, the Committee received a comprehensive update on the exploration work to **separate the adjudications function** administratively from the presentation function of the GDC. Following this, the Committee added a standing item onto its agenda to review the improvements relating to the Hearings function.
- 6.3 In July 2021, Committee Members attended a workshop of the Council to discuss the role and remit of the Committee, particularly in relation to the monitoring of the Hearings operational improvements and the adjudication separation programme. In September 2021, the Council took the decision to amend the Committee's Terms of Reference to adopt a two-phase approach to the remit of the Committee.
 - a. The first phase concentrated on the core assurance function of the Committee, with a broadened remit around the oversight of the continuing development of the Statutory Committee Members, which included the provision of advice to the Executive on the development of independent tribunal function, relevant performance metrics of a high performing panel and on best practice in respect of hearings case management.

- b. The second phase depended on the legislative change around the formation of a legally separate Adjudication function and would only be enacted if this was achieved.

7. Committee's Adherence to its Terms of Reference

- 7.1 The Committee fulfilled its functions as set out in its Terms of Reference up until September 2021, when the council took the decision to revise the role and function of the Committee.
- 7.2 The Committee will hold its first meeting under its revised Terms of Reference (which can be found at **Appendix 1**) in December 2021.

8. Governance

- 8.1 The Committee reviewed and noted its workplan at each meeting. The workplan was revised following the adoption of the new terms of reference and the Committee agreed the plan for 2022 by correspondence in November 2021 prior to recommending it to the Council in December for approval.

Appendices

Appendix 1 - Statutory Panellists Assurance Committee Terms of Reference

Appendix 2 - Statutory Panellists Assurance Committee Forward plan for 2022

Lee Bird, Interim Deputy Head of Governance (Secretariat)

Lee.Bird@gdc-uk.org

17 October 2021

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

SPC	1	2	3	4
Meeting Date	16 February 2022	27 April 2022 - TBC	08 September 2022	30 November 2022
Location	Teams? Wimpole Street?	Teams? Wimpole Street?	Teams? Wimpole Street?	Teams? Wimpole Street?
Papers deadline	02 February 2021	11 April 2022	24 August 2022	16 November 2022
	EMT - 08 February Council - 1 April	EMT - 7 April Council - 24 June	EMT - 23 August Council - 23 September	EMT - 08 November Council - 16 December
MAIN PIECE OF BUSINESS (if appropriate)	Reporting Period - Q4 2021	Reporting Period - Q1 2022	Reporting Period - Q2 - 2022	Reporting Period - Q3 2022
ITEMS	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>	<i>Item, For discussion/noting/decision, Paper Author, Governance Pathway, Timing</i>
Recruitment and Appointment			Panellists Recruitment Proposals (for 2023/2024 appointment) For discussion	Panellists Recruitment Proposals (for 2023/2024 appointment) For decision
	Appointment of FtP Chairs To approve	Appointment of FtP Chairs To approve	Appointment of FtP Chairs To approve	Appointment of FtP Chairs To approve
	Legal Advisor Recruitment update For discussion	Legal Advisor Recruitment update For discussion	Appointment/Reappointment of Legal Advisors For decision	
Learning and Development	Learning & Development Update For discussion	Learning & Development Update For discussion	Learning & Development Update For discussion	Learning & Development Update For discussion
		Panellists and Advisor Performance Review Update For discussion		Panellists and Advisor Performance Review Conclusions To note
Statutory Committee Quality Assurance	Annual 2021 QAG Report For discussion	Q1 2022 QAG Report For discussion	Q2 2022 QAG Report For discussion	Q3 2022 QAG Report For discussion
	Annual 2021 DSG Report For discussion	Q1 2022 DSG Report For discussion	Q2 2022 DSG Report For discussion	Q3 2022 DSG Report For discussion
	PSA Learning Points For discussion	PSA Learning Points For discussion	PSA Learning Points For discussion	PSA Learning Points For discussion
Key strategic areas of focus	Adjudication Separation - Design parameters of an independent tribunal function For discussion	Adjudication Separation - Design parameters of an independent tribunal function For discussion	Adjudication Separation - Design parameters of an independent tribunal function For discussion	Adjudication Separation - Design parameters of an independent tribunal function For discussion
	Hearings case management and Panel Culture For discussion	Hearings case management and Panel Culture For discussion	Hearings case management and Panel Culture For discussion	Hearings case management and Panel Culture For discussion
Governance				
	Forward Workplan To note	Forward Workplan To note	Forward Workplan To note	Forward Workplan To note
				Committee Annual Report For discussion

Research and intelligence update

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	David Teeman, Head of Regulatory Intelligence
Type of business	To note
Issue	To provide an update of research and intelligence activity, progress and planning
Recommendation	The Council is asked to note this update

1. Introduction and background

- 1.1 The Research and Intelligence Team work with colleagues across the GDC to understand and meet evidence needs. We use a combination of commissioned research, in-house research and data analysis to establish an evidence base to inform and support decision making.
- 1.2 Our research programme, is designed to support delivery of the Council's corporate strategy, and focuses on:
- Gathering evidence and intelligence to inform our upstream agenda
 - Gathering and analysing information about our fitness to practise powers and how we deploy them
 - Informing our approach to the development of our legal and policy framework.
- 1.3 This paper provides an update on the research priorities and activity for 2020-21, and an outline of planned activity for 2022.

2. Report on 2020-2021

- 2.1 2020 presented very significant, sudden and obvious challenges for the GDC as a professional regulator in a sector that was profoundly impacted by the pandemic. In response, the research team, in conjunction with key business leads, made a rapid assessment of the GDC's evidence and analysis needs, and adapted the research plan and programme to meet them.
- 2.2 A significant part of the research activity across 2020 was therefore focused on understanding the impacts of the pandemic on the public, on professionals and on the sector. That research found:
- That the pandemic was making existing health inequalities worse, especially for people from minority ethnic groups/communities.
 - That the pandemic was likely to lead to system overstretch, increasing challenges in both the demand for and supply of dental services.

- 2.3 Our analysis of our and others' data helps us understand the economic impact of the pandemic on demand, supply and on dental professionals' working patterns and income.
- 2.4 We have recently initiated further research with the public and professionals to explore change over time; the focus being to look at the impact on demand and supply, and the implications for public safety and confidence.
- 2.5 To support more effective use of evidence, the CCP includes a project to develop a coherent data strategy for the organisation, involving Strategy, IT, PMO and Information Governance.. In line with the GDC's equality, diversity and inclusion strategy (EDI), and the EDI research plan that we presented to the Council in early 2020, we have also woven consideration of EDI into all our research work, including, in particular, the work to understand the impact of the pandemic. This has brought to light issues that require further investigation as there appears to be some correlation between ethnicity, complaints and investigation processes. High quality data is key to understanding correlations between EDI research and discrimination. Our work to better understand EDI in the dental sector supported the development of revised forms for capturing EDI data from registrants.

Upstream

- 2.6 In support of the GDC's upstream agenda, we commissioned work on "human factors" and particularly on professionals' mental health, to better understand the impact on the public and professionals. The study found evidence that dentists face mental health problems, including stress, anxiety and burnout, but that there was little information about the mental health of dental care professionals. The study was inconclusive in respect of the impact on the provision of care, but there was some evidence that poor mental health leads practitioners to be less clinically confident, thereby affecting decision making.
- 2.7 Key to developing our approach to communication and engagement with professionals is to understand their current perceptions, so we followed up on work undertaken in 2018 to provide intelligence about current stakeholder perceptions. Generally speaking, stakeholders were less positive than had been indicated by the 2018 study, with the pandemic and the GDC's response to it being cited as the primary reasons for that change. The work also showed that views of the proportionality of fitness to practise remain negative, but that perceptions of fairness in the process are positive. In terms of perceptions among different groups/categories of professional, students were the most positive, and registrants the least, with negative perceptions increasing with time on the register.
- 2.8 We continued to work with colleagues to maximise the use of our fitness to practise data to inform our upstream activity. This work is aimed at improving our understanding of what fitness to practise data tells us so that we can use it to reduce risk to the public, through our work on professionalism.

Fitness to practise

- 2.9 In order to understand the impact of the fitness to practise process on those involved with it, and to gather intelligence to support improvements to it, we commissioned an evaluation of fitness to practise, which is currently ongoing. The researchers are exploring the experiences and perceptions of all those involved in FtP cases, including informants, witnesses and GDC staff, and the evaluation will provide systematic and robust evidence to inform our FtP improvement plans. .
- 2.10 The GDC is also keen to ensure that it is deploying its fitness to practise powers on appropriate cases, and that outcomes from investigations support achievement of our public

protection aims. In order to assist our understanding of that we commissioned, jointly with the NMC, and with the involvement of several other professional healthcare regulators, a research study to understand the concept of seriousness within fitness to practise investigations and decisions. The research has highlighted both similarities and differences across regulators in how they approach the definition and use of the concept of seriousness, and therefore in their approach to addressing misconduct through fitness to practise outcomes. Understanding those differences provides a useful basis for testing our confidence in our own approach and in the longer term may help to identify where there is scope for establishing some commonality of standards across the healthcare regulators. The research has recently been completed and is due to be published early next year.

Supporting regulatory reform and broader policy development

- 2.11 One of the GDC's key priorities following the UK's exit from the EU is the development of provisions for enabling overseas qualified professionals to register in the UK, including the potential for mutual recognition arrangements. In support of this, we commissioned a study to understand the comparability of basic dental training within the EU. While there were challenges in sourcing information, the findings indicate continued variation between and within countries of the EU, in the provision of dental education, and little evidence that ambitions for harmonisation between Member States have been achieved. Variation was also found in how dental education was quality assured, and the extent to which outcomes could be mapped to the UK learning outcomes for dentists. The review has been published.
- 2.12 We also began to develop our evidence base as to the risks presented by the emergence of remote treatment, and specifically remote orthodontics, to inform our approach to regulation in this new area. Further work is needed on this, and will be incorporated into the future research programme.

3. Research priorities for 2022 and beyond

- 3.1 Our research plan for 2022 has been developed to continue to support the organisation's strategic aims and priorities, and includes continuation of some existing activity as well as initiation of new work. We will continue to focus on the impact of the pandemic on the public and professionals, and use that to inform the GDC's emerging strategy for 2023-25. The development of that strategy is taking place in an uncertain and changing environment. We will therefore be focusing research activity on seeking to evidence and inform the GDC's understanding of the impacts on the sector of external factors and shocks, thereby helping to reduce some of the uncertainty the dental sector is experiencing in order to support the development of an effective strategy.
- 3.2 We will also be focusing on improving our understanding of the risk faced by the public in relation to dental services in order that the organisation can maximise its effectiveness in reducing those risks.

4. Publication and dissemination

- 4.1 Our research publication protocol assumes that we publish all completed research. Reports are available on our website.

5. Risks and potential barriers to delivery

- 5.1 This section describes the obstacles that we need to avoid or overcome in order to deliver our research programme effectively, and what we are doing to mitigate their impact.

- a. **Data quality and access:** we have identified a range of issues in the quality of the data that the GDC holds, particularly in relation to EDI data. We are working very closely with colleagues from across the business on data capture improvements and the development of the data strategy, which will sustainably address these issues in the medium and longer term.
- b. **Establishing research evidence requirements at the right time:** it can be difficult to fully anticipate evidence needs prior to initiating research. We have worked with PMO colleagues and business leads to ensure incorporation of evidence gathering into project timelines. We have also sought to minimise “surprises” by maintaining the alignment of our work to the corporate strategy and the resulting policy priorities. We reduce the likelihood of failing to anticipate foreseeable events through effective horizon scanning, although as with the pandemic, there will occasionally be unforeseeable events that we need to respond to.

6. Resources

- 6.1 Research activity is managed via the Strategy Team Work Package and incorporated into the costed corporate plan for 2022. There are no further resource implications.

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27 October 2021