

A meeting of the Council of the General Dental Council

10:00am on Friday 16 December 2022 at the General Dental Council,

37 Wimpole Street, London

Members:

Lord Harris (Chair)

Terry Babbs

Ilona Blue

Donald Burden

Anne Heal

Angie Heilmann MBE

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Laura Simons

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

If you require further information or if you are unable to attend, please contact Katie Spears (Board Secretary) as soon as possible:

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

Email: KSpears@gdc-uk.org

¹ Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business of Council and Committees 2022

Public Council Meeting

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

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

PART ONE - PRELIMINARY ITEMS

1.	Welcome and apologies for absence	Toby Harris, Chair of the Council	10:00 – 10:05am (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		Oral
4.	Minutes of Previous Meetings To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 21 October 2022	Toby Harris, Chair of the Council		Paper
5.	Matters Arising and Rolling Actions List To note any matters arising from the public meeting held on 21 October 2022 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
6.	Decisions Log To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Paper

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	For noting	10:05 – 10:25am (20 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
8.	Oral and Maxillofacial Surgeons – Policy Position Osama Ammar, Interim Associate Director, Policy and Research Alina Grossman, Head of Public Policy	For decision	10:25 – 10:45am (20 mins)	Paper
9.	Annual Review of Committee Effectiveness Lee Bird, Senior Governance Manager	For discussion	10:45 – 11:05am (20 mins)	Paper

PART THREE - CONCLUSION OF BUSINESS

10.	Any Other Business	Toby Harris, Chair of the Council	11:05 – 11:10am (5 mins)	Oral
11.	Date of Next Meeting Friday 24 February 2023 (Wimpole Street)			

BREAK – (20 mins) - 11:10 – 11:30am –
For tea and coffee before 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	Education Quality Assurance Decisions	Gail Fleming	Noting	Public	14 Dec 2022
2	Council Members' and Associates' Expenses Policy	Sam Bache	Decision	Public	14 Dec 2022
3	Governance Manual Policy Update – Code of Conduct	Lee Bird	Decision	Public	14 Dec 2022

**Minutes of the Meeting of the
General Dental Council
held at 12.30pm on Friday 21 October 2022
in Open Session at 37 Wimpole Street, London**

Council Members present:

Lord Harris	Chair
Terry Babbs	
Ilona Blue	
Donald Burden	
Anne Heal	
Angie Heilmann MBE	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
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
Lisa Marie Williams	Executive Director, Legal and Governance

Staff and Others in attendance:

Osama Ammar	Interim Associate Director, Policy and Research (items 7 - 8)
Samantha Bache	Associate Director, Finance (items 9 – 11, and 13)
Lee Bird	Interim Deputy Head of Governance (throughout the meeting)
Kristen Bottrell	Policy Manager (item 12)
David Criddle	Head of Business Intelligence, Delivery and PMO (items 9 – 10)
Tey Hassan	Principal Legal Advisor (item 11)
Joanne Rewcastle	Associate Director, Communications and Engagement (throughout the meeting)
Ross Scales	Head of Upstream Regulation (item 12)
Katie Spears	Head of Governance (Secretary) (throughout the meeting)

Others in Attendance:

Sir Ross Cranston Chair of the Statutory Panellists Assurance Committee (SPC)

Members of the public attended as observers.

Apologies

Dawn Bettridge Interim Executive Director, Organisational Development

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including members of the public who had joined to observe, and noted apologies from Dawn Bettridge, Interim Executive Director, Organisational Development.

2. Declaration of interests

- 2.1 All members and staff present declared an interest in item 9 – Costed Corporate Plan 2023-25 and Budget 2023. All registrant members declared an interest in item 11 – Annual Retention Fee Levels.
- 2.2 All registrant Council Members declared an interest in Item 12 – Promoting Professionalism.

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 and the abbreviated minutes of the closed meeting held on 23 September 2022 had been **approved via correspondence**.

5. Matters Arising and Rolling Actions List

- 5.1 The Council **agreed** that the action marked as 'suggested complete' could be considered completed. Committee Appointments letters had been issued on 28 September and the Chair had been in touch with the Governance team about updating the Council Member Appraisal form – this would come to the Remuneration and Nomination Committee (RemNom) in due course.

6. Decision Log

- 6.1 The Council **noted** that no decisions had been taken by correspondence since the last meeting of the Committee.

7. Corporate Strategy – Consultation Response

The Interim Associate Director, Policy and Research joined the meeting.

- 7.1 The Interim Associate Director, Policy and Research informed the Council that the consultation on the GDC's Corporate Strategy for 2023-2025 had closed on 6 September 2022 and that the organisation had received 291 responses. This was three times the level of responses to the previous consultation. The Council heard a broad outline of the responses to the consultation and noted that feedback had been taken on board to improve the Strategy, which would be considered in the following item.

- 7.2 The Council discussed that some responses to the consultation made clear that there remained work to be done to clarify the GDC's primary role to protect the public and promote public confidence in the professions. The Council noted that this role involved constructive engagement with the professions and that good regulation was in the interests of all; the public having confidence in the professions and the professions themselves.
- 7.3 The Council **noted** the report and approved the response to the consultation on the Corporate Strategy 2023-2025.

8. Corporate Strategy 2023-25

- 8.1 The Interim Associate Director, Policy and Research presented the Corporate Strategy to the Council. The Council heard that there had been some revisions, in light of the consultation responses, that appeared in the paper in tracked changes.
- 8.2 The Council **discussed** the following:
- a. From a presentation perspective, it would be useful to set the context of all of the organisation's regulatory activities earlier in the Strategy document. There was also merit in reconsidering and moving the passage referring to 'the vast majority of dental professionals...' into Strategic Aim Two, as this aim dealt with addressing concerns.
 - b. There was a natural tension between using precise language ('the Standards') and using language which was easy for the public - and those not directly involved in regulation - to understand ('high standards'). The Council agreed there was a balance to be struck and noted that, when explaining Strategic Aim One, 'high standards' was appropriate and using narrative such as, 'we set appropriate standards to ensure a high quality of care', would address that tension.
 - c. There was a need to be careful around how the organisation expressed its aims on equality, diversity and inclusion. The wording in the current iteration suggested that there might be discrimination in the GDC's regulatory functions, which was not what the evidence suggested, but it should be made clear that this was something the organisation wished to guard carefully against.
 - d. In relation to the reference to 'Promoting Professionalism' in Strategic Aim One – the wording should be amended to 'consult on' rather than 'consult and embed' as this suggested a pre-judgment of the consultation outcome.
 - e. In relation Strategic Aim Four – there was value in outlining the reform agenda in relation to the Hearings function.
- 8.3 With these drafting amendments addressed, the Council **approved** the Corporate Strategy 2023-2025.

The Interim Associate Director, Policy and Research left the meeting.

9. Costed Corporate Plan (CCP) 2023-25 and Budget 2023

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

- 9.1 The Chair, by way of introduction, noted that the Council had spent some considerable time discussing the CCP and Budget at an earlier meeting in September and in private session earlier in the day. The Finance and Performance Committee (FPC) had scrutinised five iterations of the work and had provided assurance to the Council that it recommended the three-year plan and budget for approval.

- 9.2 The Chief Operating Officer presented the final summary of the work and outlined that the portfolio plan was the organisation's plan for delivering its strategic objectives and the resource levels needed to deliver it resulted in the proposed budget and levels for Annual Retention Fees (ARF).
- 9.3 The Accounting Officer outlined his advice to the Council on:
- a. Income risk assumptions – there may be an issue with the organisation's income being affected by fluctuations in the register. This year no income caution had been applied and there was an assumption that the register would not grow. Any ongoing risks around the resilience of the professions had not crystallised in terms of a reduction in the registers. If this were to change within the course of the plan period, any resultant income shortfall would be likely to lead to a call on reserves.
 - b. Expenditure – there were various areas of uncertainty for the organisation in respect of expenditure. Workload was reactive, legislative change was necessary, the wider economic climate was unpredictable and there was a real inflation risk. If there was sustained inflation, there would be a steady increase in costs over the plan period and this would be offset by savings where possible. If this reached a level where it was not possible, the ARF would have to rise, but it would not rise higher than the Consumer Price Index.
 - c. The plan included costed risk provisions for areas of identified risk and the levels of reserves that the organisation needed to ensure prudent financial management and the delivery of its statutory functions. It was highly likely that calls on free reserves would need to be made over the plan period and the Accounting Officer strongly advised Council that the reserves should be replenished (to 4.5 months operating expenditure) if this were to take place.
 - d. The Accounting Officer's advice was that the plans and budget were robust and provided appropriate resource to deliver the strategic objectives.
- 9.4 The Chair of the FPC outlined the robust level of scrutiny that the Committee had undertaken to examine multiple iterations of this work and noted that the Committee had a high level of confidence in the plan and budget before the Council. The Committee supported the view of the Accounting Officer on reserves and noted that the Committee would conduct a regular review of opportunities to offset costs and it would scrutinise when and if financial risks were crystallising. The FPC recommended the plan and budget to the Council for approval.
- 9.5 The Council discussed the plan and budget and **noted** the Accounting Officer advice. Accordingly, the Council **approved** the Costed Corporate Plan 2023-2025, the approach to funding the CCP for this period (including the ARF for dentists and dental care professionals for 2023), and the 2023 Budget.

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

10. Reserves Policy

- 10.1 The Associate Director, Finance presented the Reserves Policy and invited the Council to approve the position. The Council agreed that the free reserves should sit at:
- a. a minimum of three months',
 - b. a maximum of six months' and
 - c. a target level of four and a half months' operating expenditure.
- 10.2 The Council **approved** the Reserves Policy.

11. Annual Retention Fee Level Regulations

The Principal Advisory Lawyer joined the meeting.

11.1 Following the approval of the 2023 budget, the Principal Advisory Lawyer invited the Council to approve and make fees regulations to include new application fee levels and annual retention fee levels for 2023.

11.2 The Annual Retention Fees were set at the following levels:

- a. For dentists - £690 (an increase of £10 or 1.5%)
- b. For dental care professionals - £114 (no change)

11.3 The Council accordingly **approved and made**:

- a. The General Dental Council (Dentists)(Fees) Regulations 2022
- b. The General Dental Council (Professions Complementary to Dentistry) (Fees) 2022.

11.4 Application fee levels were set as outlined in the published regulations. Both sets of regulations were then signed and sealed at the close of the public session of Council.

The Associate Director, Finance and the Principal Advisory Lawyer left the meeting.

12. Promoting Professionalism

The Head of Upstream Regulation and a Policy Manager joined the meeting.

12.1 The Head of Upstream Regulation outlined the proposed plans for consultation upon the GDC moving to a new 'principles-based' model of regulation in relation to the setting of Standards and provision of guidance for the dental team.

12.2 In October 2021, the Council had considered and approved in principle the proposal to develop of a set of 'Principles of Professionalism', which would sit alongside a suite of regulatory guidance and supporting materials. In April 2021, the Council has sought assurance about this framework and a deeper understanding of how they might be implemented in the GDC's Fitness to Practise (FtP) processes.

12.3 The team sought approval to consult on a proposed Framework for Professionalism and outlined an engagement plan to support the consultation.

12.4 The CEO advised Council that he could not, at this time, provide assurance that the organisation could deliver the proposed changes. He explained that the work to ascertain this would be complex and resource intensive. His advice was that before resources were applied to such work, stakeholder appetite for the broad proposal should be ascertained.

12.5 The Council discussed the following:

- a. Whilst intellectually there was a clear case for adopting this approach, the organisation was under no illusions that a move in this direction would be a significant and complex change and it would take a concerted effort from operational teams and individuals to embed this approach. Any consultation must be a genuine attempt to understand the appetite and willingness of the professions to engage with this approach and the organisation must be confident that people could understand and engage with the consultation materials.
- b. One area where there was potential risk was in relation to the application of these principles by panellists. The organisation would need to be mindful of unintended consequences, such as additional cost or delay, when considering the direction of this work at any implementation stage. This could be drawn out in consultation.

- c. Any consultation should also make clear that there were 'off ramps' where the GDC might choose not to follow the proposed approach if it became clear that implementation was not feasible.
 - d. It was important to be clear that this was likely to be a long-term process and the Executive was not yet able to provide the Council with assurance about the deliverability of the proposals. The consultation should be clear on this point.
 - e. Some Council Members expressed considerable reservations about the form and substance of the consultation document, both in relation to how the whole dental team could understand and respond to it, and in relation to the questions asked. The team was asked to consider re-framing the questions posed to start further back – for example, making clear that the organisation was beginning to develop thinking, rather than suggesting this model was a foregone conclusion. The documents should make clear that there was still considerable uncertainty about feasibility.
 - f. The current iteration of the work did not appear to speak to a wider public audience and the team were asked to consider how patient and public views might be canvassed on the topic.
- 12.6 The Council noted that there was a need to consult with the public and professions about any move to a 'principles-based' approach to regulation but that took the view that this work was not ready. The Chair noted that it would be valuable for the Chairs' Group to consider the direction of travel for this work in greater detail.
- 12.7 The Council agreed that the proposals around the Scope of Practice, Professional Indemnity and Reporting Guidance could be hived off from the wider work and the Council **approved these elements for consultation**.

ACTION: Governance Team to liaise with the Chair to place Promoting Professionalism on the agenda for the next meeting of the Chairs' Group.

13. Appointment of External Auditors

The Associate Director, Finance joined the meeting.

- 13.1 The Associate Director, Finance informed the Council that, following a procurement exercise, the Council was being invited to appoint haysmacintyre as external auditor for a contract period of up to five years, subject an annual effectiveness review with the Audit and Risk Committee (ARC). The ARC had scrutinised the proposals and had recommended the appointment to the Council.
- 13.2 The Council noted that it was content that it had assurance in relation to Value for Money and noted the constraints of the current government procurement frameworks as they were increasingly less commercially viable for suppliers.
- 13.3 The Council **approved** the appointment of haysmacintyre as external auditors in line with the proposed contract terms.

The Associate Director, Finance left the meeting.

14. Any Other Business

- 14.1 There was no other business, and the meeting was closed at 14:45pm.

**Minutes of the Meeting of the
General Dental Council
held at 10.30am on Friday 21 October 2022
in Closed Session at 37 Wimpole Street, London**

Council Members present:

Lord Harris	Chair
Terry Babbs	
Ilona Blue	
Donald Burden	
Anne Heal	
Angie Heilmann MBE	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
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
Lisa Marie Williams	Executive Director, Legal and Governance

Staff and Others in attendance:

Samantha Bache	Associate Director, Finance (item 8)
Lee Bird	Interim Deputy Head of Governance (throughout the meeting)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (item 8)
Joanne Rewcastle	Associate Director, Communications and Engagement (throughout the meeting)
Katie Spears	Head of Governance (throughout the meeting)

Apologies

Dawn Bettridge

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted apologies from Dawn Bettridge, Interim Executive Director, People and Organisational Development.

2. Declaration of interests

- 2.1 All Council Members and staff declared an interest in Item 8 – Costed Corporate Plan 2023-2025 (CCP) and Budget 2023 in respect of budgetary provision for salaries, fees, and pensions. All registrant Members declared an interest in respect of Annual Retention Fee (ARF) levels.

3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 21 September 2022 had been **approved via correspondence**.

4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** that there were no matters arising or rolling actions.

5. Decision Log

- 5.1 The Council **noted** that no decisions had been taken by correspondence since the last meeting.

6. Minutes of the meetings of the Non-Statutory Committees

- 6.1 The Council **noted** that the Finance and Performance Committee had considered the CCP and Budget by correspondence and would provide its assurance on that item as part of the main agenda. The Audit and Risk Committee had also met on 18 October 2022 to consider the appointment of external auditors and would provide its recommendation on that item in the main public agenda. There had been no other meetings of the non-statutory Committees held since the last meeting of the Council.

7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council on the Nursing and Midwifery Council v Somerville case.
- 7.2 The Chief Executive also provided the Council with an update on a piece of research commissioned by the GDC to gain a broader understanding of people's experience of Fitness to Practise (FtP) at the GDC. This independent research had been carried out by Hull York Medical School between October 2020 and September 2021, it featured 70 interviews with people involved in the FtP process (from staff to registrants) and it was to be proposed for publication in November 2022.
- 7.3 The Council would be sighted on the research piece, plans for its publication and any proposed key messages in advance of any publication.
- 7.4 The Chief Executive also updated the Council on the outcome of the recent procurement exercise to secure new External Auditors. This item was due to be discussed in the public session of Council later in the day.
- 7.5 The Council **noted** the updates.
- The Associate Director, Finance and the Head of Business Intelligence, Delivery and PMO joined the meeting.

8. Costed Corporate Plan (CCP) 2023-25 and Budget 2023

- 8.1 The Chief Operating Officer, Associate Director, Finance and Head of Business Intelligence, Delivery and PMO presented the most recent iteration of the CCP and

Budget for discussion, ahead of the discussion in the public session of the Council later in the day.

- 8.2 The Council heard that the budget had been reviewed following the most recent announcement from the Chancellor
- 8.3 The Council noted that this budget was very lean and that items that arose in year that were not formally provided for within it would have to be funded from free reserves.
- 8.4 The Accounting Officer provided his advice in line with the papers and noted the challenge for the organisation in setting a budget in such an uncertain climate, the Council could, however, take assurance from the way in which the organisation had matured in this iteration of the planning process. He noted that the budget was robust and provided appropriate resource and capacity to deliver the organisation's strategic objectives.
- 8.5 The Council noted where the advice had been updated or was new:
- 8.6 The Chair of the FPC noted that this was the sixth budget that he had scrutinised during his tenure at the GDC, and it had been the most challenging one. He noted that it was highly likely that there would be calls on reserves, but the Committee had tightly scrutinised each iteration of the work and were confident in the advice of the Accounting Officer. The Committee was able to recommend the CCP and Budget to the Council for approval.
- 8.7 The Chair of the FPC noted that the Committee would continue to scrutinise the crystallisation of financial and performance risk, and the attendant issues or opportunities of it, in future Committee meetings.
- 8.8 The Council discussed and **noted** the work and that it intended to approve the CCP and Budget in the public session later in the day.
- The Associate Director, Finance and the Head of Business Intelligence, Delivery and PMO left the meeting.

9. Any Other Business

- 9.1 There was no other business, and the meeting was closed at 11:55am.

Public Council Actions Log								
Action No.	Date of Meeting	Minute no.	Subject	Action	Due date	Owner	Update	Status
28	24/09/2022	12.3	Committee Appointments	The Governance team to issue appointment letters to all Council Members and to the independent Member of the RemNom.	14/10/2022	Katie Spears/Lee Bird	Completed on 28 September 2022.	Suggest complete
29	21/10/2022	12.6	Promoting Professionalism	Governance Team to liaise with the Chair to place Promoting Professionalism on the agenda for the next meeting of the Chairs' Group.	04/11/2022	Katie Spears/Lee Bird	Completed on 24 October 2022	Suggest complete

Decisions Log - Public Council – 16 December 2022

Date decision taken (confirmed)	Decision taken by	Agenda Item	Purpose	Outcome
18/11/2022	Council – by correspondence	Research into FtP Experiences	To approve the approach to publishing and communicating this research piece.	The Council approved the approach to publication and communication.
21/11/2022	Council - by correspondence	Statutory Panellists Assurance Committee Appointment	To approve the appointment of a new Member of the SPC	The Council approved the appointment.
14/12/2022	Council - by correspondence	Education Quality Assurance Decisions	To note the report.	To be confirmed following the December Council meeting.
14/12/2022	Council - by correspondence	Council Member Expenses Policy	To approve the updates to the policy.	To be confirmed following the December Council meeting.
14/12/2022	Council - by correspondence	Governance Manual Policy Update – Code of Conduct	To approve the updates to the policy.	To be confirmed following the December Council meeting.

Audit and Risk Committee (ARC) Assurance Report

Since the last Council meeting, the ARC has met once on 16 November 2022.

At this meeting the Committee:

- Welcomed the new external audit team from Hays MacIntyre.
- **Approved**, and is able to **provide the Council with assurance on**, the **Strategic Risk Register and Board Assurance Framework**. The Committee discussed the risks associated with the resourcing in the Fitness to Practise directorate, and noted that this was work that was ongoing to address the risks and that the Finance and Performance Committee were briefed on the performance of the function. The Chair of the Committee has shared the outcome of this discussion with the Chair of the Finance and Performance Committee. The Committee noted its concern of the risk of case timeliness and, whilst steps were being taken to mitigate and manage the risk, the caseload was likely to remain a concern. The Committee raised its concern in this area to the Finance and Performance Committee.
- Advised the Council that the **Strategic Risk Register has been approved** and a the risk relating to the GDC's estates will continue to be monitored by the Committee.
- **Agreed and recommend to Council the new risk appetite dimensions**. Council should be appraised that the new appetite if agreed by Council will change the profile of certain risks on the register.
- Discussed the measures that have been introduced to ensure that the **EDI Action Plan** continues to act as an effective tool to deliver the EDI Strategy. ARC requested and received information on deliverables to the end of 2022 and took assurance that if the measures for Q1 were met they would be good indicators of progress on delivery of the strategy.
- **Approved the Anti-fraud, bribery and corruption policy for staff**.
- Noted the **Internal Audit Progress Report** from the external Internal Auditors, and is able to **provide with assurance that Internal Audit work is being delivered in accordance the plan**. The Committee also noted the benefit of the input of the internal auditors, RSM, into the wider discussions at ARC.
- The Committee **approved the Internal Audit plan** for 2023.
- Reviewed the **Internal Audit Recommendation tracker**. This is an item that consistently takes considerable time at ARC particularly on delivery dates that have been rescheduled. ARC provided some detailed comments on the actions and agreeing revised implementation dates and clarified the Committee's expectation of what should be provided by the Executive team to ARC by way of explanation.
- As a consequence of analysis of the internal audit tracker the Committee requested further work on internal audit.
- **Approved the amendments to the Governance Manual Policies**, and **recommends to the Council** that it approves the changes to the **Council Member and Independent Governance Associate Code of Conduct**.
- **Recommended to the Council the Committee's Annual Effectiveness Review**, following some final amendments that were provided by correspondence following the meeting.
- Discussed and noted the **Regulatory Reform deep dive**.

Finance and Performance Committee Assurance Report

The Council is asked to note that the Finance and Performance Committee (FPC) gives assurance that the items noted in this report have been scrutinised by FPC and that the Committee is content with current and planned actions by the executive.

FPC met once since the last meeting of the Council on 24 November 2022 in Colmore Square, Birmingham, to discuss:

- Fitness to Practise KPI Redesign
- Organisational Performance Reporting Suite Q3
- Fitness to Practise Operational Update
- Strategy Directorate Performance Reporting
- Pensions Update
- Financial Policies and Procedures
- Separation of Adjudications Project Update
- Recruitment and Retention – Impact on Organisational Performance
- In Depth Review – Organisational Development

The discussions and actions are summarised below:

1. Fitness to Practise KPI Redesign

- The Committee reviewed the new suite of FTP KPIs which had been designed to provide better insight into performance of the FTP Casework function.
- The Committee noted that the performance against the revised KPI targets would be reported as part of the Balanced Scorecard which will be made available to the FPC each quarter.
- The Committee approved the proposed approach and noted that any proposal to revise the KPIs would be presented back to the FPC.

2. Organisational Performance Reporting Suite Q3

- The Committee discussed the financial and other performance of the organisation for quarter 3 2022. The Committee noted that performance in key areas across the business continued to be affected by difficulty in recruitment and retention.
- The Committee requested that the structure of the organisational performance reporting suite be revised to ensure that it allowed effective scrutiny of the key areas of the organisation and included the Executive Management Team's (EMT) view on performance.
- The Committee noted that performance issues continued to be felt in the Fitness to Practise and Registration teams and sought assurance on the steps that were being taken to mitigate the concerns.

3. Fitness to Practise Operational Update

- The Committee received an update on the performance of the FTP Casework function and the performance of the team in addressing the caseload.
- The Committee noted that steps were being taken to ensure that there was an organisational-wide approach addressing the timeliness issues, and that this was being led by the EMT.

- The Committee noted that there was a focus on addressing both older cases and newer cases, and that the revised FTP KPIs would allow for a greater understanding of how this was being delivered.
4. Strategy Directorate Performance Reporting
 - The Committee discussed the mid-year performance report and provided feedback that would be incorporated into the year-end report.
 - The Committee requested to see previous year comparisons of the performance of the Strategy directorate included in the report.
 5. Pensions Update

The Committee reviewed the Annual Report of the Pension Trustee.
 6. Financial Policies and Procedures
 - The Committee reviewed and approved the updated Financial Policies and Procedures.
 7. Separation of Adjudications
 - The Committee received an update on the Dental Professionals Hearing Service project and, specifically, the performance of the Hearings function across 2022.
 - The Committee discussed the number of hearings that had been listed within nine months of referral and what steps were being taken to ensure that performance in this area was maintained.
 - The Committee was assured by the cross-organisational approach that was being taken to the project.
 8. Recruitment and Retention – Impact on Organisational Performance
 - Given the impact on the organisation’s performance on the recruitment and retention issues across the organisation, the Committee received an analysis of leaver data and the main causes of the issues that the organisation was facing.
 - The Committee also received an overview of the planned remedial work and agreed to keep a watching brief on this work.
 9. In Depth Review – Organisational Development
 - The Committee received an in-depth review of the work that had been undertaken since the appointment of the Interim Executive Director, Organisational Development (OD).
 - The Committee explored the issues that had been felt by the directorate across the recent months and reviewed the work that had been planned to address the concerns.
 - The Committee agreed that priority work for the team in the coming months should focus on HR IT systems, pay and reward (including learning and development), recruitment and retention and workforce planning.

Terry Babbs
Chair of the Finance and Performance Committee

Remuneration and Nomination Committee Assurance Report

Since the last Council meeting, the Committee has met once, on 27 October 2022.

At the meeting:

The Committee discussed the **Chief Executive Salary Benchmarking**. The Committee considered the benchmarking activity that had been undertaken and was assured that the approach in place remained appropriate.

The Committee **approved** and is able to provide assurance to the Council on the **Chief Executive and Executive Management Team Remuneration Policy**. The Committee reviewed the policy and recommended some minor amendments relating to the language used in it. The Committee is able to provide assurance to the Council that there is a suitable policy in place.

The Committee reviewed the **Remuneration and Nomination Committee Annual Report of Committee Effectiveness** and provided some additional comments regarding work the Committee had undertaken through 2022, specifically in relation to the Council Member appointment process and forward plan. The amendments were made, and the Committee approved the report by correspondence, recommending it to the Council

The Committee heard that, due to the discussions that had taken place regarding EMT Succession Planning, the Staff Remuneration Framework, and the role of Associates, the **2023 Workplan** would be amended to account for further updates in these areas. This was undertaken and the Committee is now able to recommend this to the Council.

The Committee will meet next on 2 February 2023.

Anne Heal, Chair of the Remuneration and Nomination Committee.

GDC: SPC REPORT for Council at its 16 December 2022 meeting

1. SPC met on 8 December 2022.
2. In addition to committee meetings there continue to be informal conversations between SPC members and between the chair and the Executive about implementation of the committee's priorities.
3. The Committee welcomed Jasvinder Matharoo, the incoming Member of the Committee, as an observer of the meeting.

Adjudication separation

4. The SPC was pleased to receive an update on the work being undertaken in relation to the separation of the adjudications function.
5. It was also pleased to hear of the steps being taken to improve the management of cases that are to be heard.
6. The SPC received a report on the rollout of Specimen Charging Guidance and Admission Guidance.

Panels and Panel Chairs

7. The SPC received a paper which set out options to extend to pool of Panel Chairs. It agreed to extend the terms of existing chairs by two years and approved a series of measures to recruit new chairs.
8. The SPC received a breakdown of the EDI profile of panellists. It will continue to monitor this and also its implications for recruitment of panellists and chairs.
9. The SPC also received an overview of the training and development activity that had been delivered throughout 2022 for panellists and Panel Chairs.
10. The SPC also received a report on how the Committee can provide assurance to the Council on the performance of individual panellists.
11. To provide greater assurance to Council, SPC had requested, and received information on statistical information on cases once they arrive at Hearings. This will be a regular feature of SPC meetings.

Ross Cranston

9 December 2022

GDC registration requirements for oral and maxillofacial surgeons and other healthcare professionals regulated by statute

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Alina Grossman, Head of Public Policy Osama Ammar, Interim Associate Director of the GDC Policy and Research Programme
Type of business	For approval
Purpose	Approval of draft position statement: Our legal framework allows for oral and maxillofacial surgeons (OMFS) and other professionals regulated by statute to undertake “medical tasks” without GDC registration, which may otherwise constitute the practice of dentistry. However, there is a lack of clarity around the circumstances in which this exemption applies. We aim to provide further clarity by revising our published policy position on this matter.
Issue	The draft of our revised policy position statement was first considered and discussed by Council in September 2022. It has subsequently been reviewed by the policy team This paper presents the draft to Council again, starting with a summary of review findings, followed by the key considerations in draft development.
Recommendation	The Council is asked to approve the proposed policy position and next steps.

1. Introduction

- 1.1 On 23 September 2022, the Council discussed a paper setting out a proposed updated policy on dual registration for oral and maxillofacial surgeons and certain other health professionals whose work includes aspects of dentistry.
- 1.2 The Council approved the approach set out in that paper, but asked for further consideration of the drafting:
 - i. To make clear when GDC registration is required.
 - ii. To ensure that the examples given provide the greatest possible clarity to support individual decision making.
- 1.3 Since the meeting, the policy team has reviewed the draft against those considerations and subsequently made changes to the structure for further clarity.
- 1.4 For the following reasons we have maintained the overarching policy position and content, and made only minor amendments to the wording:

- i. The Act has the effect that three conditions must be met for the medical task exemption to apply: the professional is registered with a statutory regulator; the professional is qualified to carry out the dental activity in question; and the professional is undertaking a medical task. The GDC would expect that the dental activity takes place as part of the delivery of wider clinical care.
 - ii. Were we to ask for the fulfilment of more than, or something other than, these conditions, our position would steer away from the legal requirements and/or unnecessarily restrict wider professional practice and access to care.
 - iii. In particular, to provide more than the existing level of detail around the requirement for a dental activity to take place as part of the delivery of wider clinical care (for example, a list of care situations which the GDC would always consider to be the practice of dentistry) is not practicable. This is because determining whether dental activity could be considered a medical task involves an understanding of the specific context of the activity in every case, which we cannot know. Our proposed approach allows professionals to make a judgement on a dental activity at the point of care delivery, based on their understanding of the specific care context. Within an approach centred around professional judgement, to prescribe any number of situations where GDC registration is required would mean sometimes obstructing or overriding the application of that judgement.
 - iv. In line with our overall approach, the practical examples in the final section of the draft are described in terms linked to the requirements in the Act. The paper has provided as much detail as possible, whilst demonstrating the GDC's openness to the possibility of any dental activity referred to being considered a medical task.
 - v. This position statement does not undermine the GDC's ability to consider allegations of illegal dental practice. Rather it places those considerations on a firmer legal basis. That has two advantages: the first being that instances of legitimate use of the medical task exemption will not attract enforcement activity, the second being that prosecutions will not be undermined by incorrect interpretation of the Dentists Act.
- 1.5 The remainder of this paper sets out the background to these matters and the key policy and legal considerations in development of the draft – in order to further inform Council's decision on whether or not to approve the position statement at **Appendix 1**.

Background

- 1.6 For the purpose of public protection, under the Dentists Act 1984 (the Act) the practice of dentistry is reserved to GDC registered dental professionals, except under some specific exemptions.
- 1.7 Since 2005, the Act has provided a medical task exemption, at Section 37(1A), whereby suitably qualified and regulated professionals may undertake the practice of dentistry without GDC registration if that activity is performed as a "medical task". The Act is, however, silent on what constitutes a medical task, and thus provides no guidance on the scope of the exemption. As a result, there have been longstanding questions about the circumstances in which the exemption can apply for other regulated professions.
- 1.8 Oral and maxillofacial surgery (OMFS) is a recognised medical specialty, whose practice involves aspects of dentistry. Oral and maxillofacial surgeons (OMFSs) are qualified in both medicine and dentistry and OMFS is regulated by the GMC as a specialty.
- 1.9 It is recognised that OMFSs may need to undertake tasks that constitute the practice of dentistry as an integral part of their specialist medical practice, and that the Act allows for

OMFSs to perform such tasks without GDC registration via the medical task exemption. Outside the medical task context, though an OMFS may be trained and competent to perform dentistry, they are legally restricted from doing so unless they have GDC registration. They therefore need to understand the scope of the exemption and thus what does and does not fall within the definition of a “medical task”.

- 1.10 It is important that the situations where OMFSs require dual registration are clear. This is to prevent any misunderstanding causing disruption to the delivery of OMFS care to patients; and to limit inadvertent illegal practice, which in the case of regulated professionals has limited risk to the public but would nevertheless require the GDC to investigate. Furthermore, it would not be proportionate to overburden OMFSs with registration requirements where they are legally unnecessary and confer no associated benefit to patient safety in order to limit their risk of illegal practice prosecution.
- 1.11 For several years, the GDC has been in intermittent discussion with the British Association of Oral and Maxillofacial Surgeons (BAOMS) as the GDC’s policy position on dual registration requirements (originally set in 2008, then restated in 2014 and 2019 for clarification purposes) has resulted in an ongoing level of confusion and dissatisfaction amongst some OMFSs. This result may be partly because our past position statements have used terms which were not directly linked to what the Act stated. For example, linking dual registration requirements to the venue of care delivery in 2014 – which aligned with what had then been a BAOMS position.
- 1.12 We have therefore redeveloped our position with the intention of providing an enhanced level of understanding and clarity around what our legislation requires, with a focus on the medical task context.

2. Interpretation of the “medical task” exemption

- 2.1 In the interest of public protection and the safe, effective delivery of OMFS care, we consider it appropriate to interpret the medical task exemption as flexibly as possible within the confines of the legal framework. This is because the medical task exemption only applies to suitably qualified professionals who are regulated by statute, and are therefore subject to similar regulatory controls to the ones the GDC operates.
- 2.2 The definition of “medical task”, as provided in an Explanatory Memorandum to amendments to the Dentists Act, is *“a task carried out as a part of the delivery of clinical care for example assisting in an operating theatre or making a prosthesis”*. This implies that medical tasks require broader clinical context than the ‘usual’ practice of dentistry.
- 2.3 We have explored the pragmatic approach of using the OMFS specialty curriculum as a proxy for interpretation, whereby anything on the curriculum could be deemed a medical task. But since the exemption is expressed in terms of ‘tasks’, it cannot extend to the whole practice of a particular profession or specialty, or allow OMFSs to perform dentistry in all conceivable contexts.
- 2.4 Given the complexity of OMFS practice and the range in nature and complexity of patients’ care needs, our position on dual registration requirements is instead centred around an approach where OMFSs use their professional judgement to determine what is properly to be regarded as a medical task. This critically enables assessment of the broader clinical context and patient safety on a case-by-case basis; and is consistent with a regulatory approach that promotes professional judgement, rather than prescribing a list of tasks and situations in which the exemption applies.
- 2.5 We have clarified that the care setting should not form part of this assessment, as the location in which a task is performed is not relevant to the terms of the exemption. For the

benefit of patient access, neither would we wish to unnecessarily restrict where OMFS practice can take place.

3. Public protection and the GMC's regulatory approach

- 3.1 As a medical specialty, oral and maxillofacial surgery is principally regulated by the GMC. The GMC sets entry requirements to the OMFS specialist list, including dental education requirements. Their position is that GMC registration offers adequate protection and oversight for OMFSs, for all activity on the oral and maxillofacial surgery curriculum.
- 3.2 There is minimal risk to patient safety if an OMFS performs any dental skill taught under the oral and maxillofacial surgery curriculum within their competence. If there were fitness to practise concerns, the GMC's regulatory scope covers the full range of OMFS practice, including dental tasks. There is no regulatory gap which needs to be filled, meaning we do not hold public protection concerns around the specialist practice of OMFSs.
- 3.3 Nonetheless, legally, the requirement for GDC registration is contingent on whether activity is the practice of dentistry, as opposed to whether it is in the scope of a professional's practice. We therefore recognise that though our proposed position does not conflict with the GMC's approach, there is potential regulatory overlap.

4. Training context

- 4.1 With OMFSs regularly involved in teaching, the policy also aims to address the eligibility of OMFSs without GDC registration to teach dental students. In this context, we are concerned with protecting unregistered dental students, rather than OMFSs, from an inadvertent illegal practice offence.
- 4.2 If unregistered students are undertaking the practice of dentistry whilst on approved training, they must be supervised by an appropriate GDC registrant. However, if their training activity does not involve them performing dentistry, they do not need to be supervised by a GDC registrant. This means OMFSs involved in teaching may or may not require GDC registration depending on the nature of training activity.
- 4.3 We realise that OMFSs may also have teaching roles associated with dental training posts and programmes for qualified dentists (e.g. Dental Core Training). However, if a dental trainee is already a registrant, there is no legal requirement for supervision when practising dentistry as part of their training.

5. Consideration of other regulated professionals

- 5.1 Though the policy development process has been tailored to the case of OMFSs due to the unique nature of their specialty practice and scope of practice, any qualified person registered with one of the eight other healthcare professional regulators may rely on the medical task exemption in the Act.
- 5.2 As well as feedback via the BAOMS highlighting the impact of our position on OMFSs, the Institute of Maxillofacial Prosthetists and Technologists (IMPT) have also raised that our position may be relevant to the professional practice of some maxillofacial prosthetists and reconstructive scientists who may be registered as Clinical Scientists with the Health and Care Professions Council (HCPC). This is because maxillofacial prosthetists and reconstructive scientists may first qualify as dental technicians, before undertaking further training to register as clinical scientists.
- 5.3 Beyond this feedback, there are no reports or evidence to suggest that any other professional groups are particularly affected by GDC registration requirements in the course of their practice. Therefore, the proposed statement is predominantly focussed on OMFSs,

provides examples for both OMFSs and clinical scientists, but indicates that our approach would be consistent across other professions regulated by statute.

6. Stakeholder engagement

- 6.1 Given the marked professional relevance of these matters for OMFS care, during policy development we have engaged with the BAOMS and GMC to consider their views on the wider context of oral and maxillofacial surgery practice, commissioning and regulation. We have also engaged with the IMPT to consider the training and practice of maxillofacial prosthetists and reconstructive scientists.

7. Equality, diversity and privacy considerations

- 7.1 The approach taken in the position applies consistently to all healthcare professionals regulated by statute. Its flexibility is intended to be as fair as possible to professionals whose practice necessarily comprises elements of dentistry.

8. Risk considerations associated with final draft

Compliance with the Act

- 8.1 We have endeavoured to ensure that our position does not read in way which could imply that any dentistry within the scope of practice of oral and maxillofacial surgery (or any other type of regulated professional practice) is, by default, a medical task. Rather, as per the intention of the Act, we aim to draw attention to core features of the exemption, namely that the dentistry performed is a medical task that is part of clinical care undertaken by an appropriately qualified professional regulated by statute.
- 8.2 There is nothing in the Act which prevents adopting an approach where the GDC suggests OMFSs (or other regulated professionals) may rely on their professional judgement to determine when the medical task exemption applies. Despite the benefits of such an approach as outlined in section 2.4, we acknowledge that professional judgement is subjective and there may be instances where a professional's assessment of appropriate application of the exemption differs from the GDC's. To mitigate this, we have provided practical examples within the policy statement, which demonstrate how a professional may apply their judgement in line with the legislative requirement.

Stakeholder acceptance

- 8.3 To reduce the risks associated with a lack of acceptance of the position by stakeholders, we consulted the BAOMS and IMPT during the drafting process. Both provided written comments which have informed articulation of the position and the practical examples provided. Based on the latest feedback received, the BAOMS and IMPT appear reasonably satisfied with our position and the flexibility within the approach.
- 8.4 A meeting was also held with BAOMS representatives to discuss their feedback in more detail, explain the reasoning behind our approach, and demonstrate the effect of the position on OMFS care scenarios. Though the BAOMS did understand our explanation of the legal barriers which prevent it, they would ultimately have preferred a curriculum-based approach; therefore, we may still expect some level of dissatisfaction amongst a subset of the OMFS profession.
- 8.5 We have confirmed with the GMC and HCPC that our proposed position does not create tensions with their regulatory models.

9. Resource considerations and CCP

- 9.1 Until October 2022, staff time and resource have been allocated to this work via the Boundaries of Regulation project under the Regulatory Reform Programme, which has now been closed. The continuation of work on this position statement since September has been drawn from resources outside of plan.
- 9.2 Resolution of this matter will release staff time that has been deployed to managing an issue that predominantly affects OMFSs rather than dental professionals more generally. This will mean more policy staff time can be directed at subjects that directly affect broader groups of dental professionals.
- 9.3 There are potential impacts on the GDC's income derived from registration and retention fees as a result of the changes to this position, however, these are estimated to be limited. There are approximately 600 OMFSs registered with the GMC (there were 599 registrants with OMFS specialty status in 2021). The proportion of that group registered with the GDC is not held in GDC or GMC data but is reported by BOAMS as being c.370. Both the GDC's and GMC's current positions do not require dual registration for OMFSs to practise. There may be some limited change to the number of dentist registrants, but this is not anticipated to materially affect income or operations.

10. Monitoring and review

- 10.1 On publication, the effects of the position statement would be monitored via ongoing dialogue with the relevant professional bodies. The statement would be reviewed within policy team routine activity as required.
- 10.2 As part of policy ambition work under the Regulatory Reform Programme, we have already captured the policy challenge around our legal framework restricting the circumstances in which other regulated healthcare professionals may undertake reasonable overlaps with the practice of dentistry without GDC registration. We will continue to consider any opportunities that may be afforded by legislative reform to provide legislative clarity where there is potential for regulatory overlap.

11. Development, consultation and decision trail

- 11.1 The GDC does not have a statutory duty to consult upon the proposed statement. However, as part of the policy development process, we have undertaken targeted consultation activity with the BAOMS, IMPT, GMC and HCPC, as outlined in sections 8.3-8.5.
- 11.2 The Council considered and approved the boundaries of regulation framework, which has framed the policy analysis that informed this position statement, at its meeting in December 2021. It also initially considered the revised statement at its meeting on 23 September 2022.
- 11.3 The EMT considered the position statement at its meetings on 13 September and 6 December 2022.

12. Next steps and communications

- 12.1 Subject to approval by the Council, the position statement will be published on the GDC website and supersede any previous position or statement on this matter. Consideration has been given to how we can make this content as accessible and easily understandable as possible for those professionals affected, while not undermining the necessary precision in describing the legal framework.
- 12.2 Given the narrow application of this position statement, and therefore the limited interest and relevance for our broader audience, targeted dissemination will be sought in partnership with stakeholder organisations such as BAOMS and IMPT.

- 12.3 The position statement will be shared with the GMC and HCPC with accompanying explanation of how it may affect particular groups of their registrants.
- 12.4 We plan to manage subsequent stakeholder enquiries between Policy, Communications and CAIT teams.

Appendices

- 1. Draft Policy position on GDC registration requirements for oral and maxillofacial surgeons and other healthcare professionals regulated by statute

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22 November 2022

Appendix 1

Draft Policy position on GDC registration requirements for oral and maxillofacial surgeons and other healthcare professionals regulated by statute

Introduction

1. This policy position explains when registration with both the General Dental Council (GDC) and General Medical Council (GMC) is required for oral and maxillofacial surgeons. It is also relevant to other professions regulated by statute where dual registration may be required. Its purpose is to ensure that the appropriate regulatory safeguards are in place to protect patient safety, support effective patient care, and reduce the risk of harm.
2. To lawfully undertake the practice of dentistry¹ in the UK, a person must be registered with the GDC or be exempted from the requirement under the circumstances set out at Section 37 of the Dentists Act 1984. Any person who is not registered or who is not legally exempt from registration is at risk of prosecution.
3. This policy position explains the legal framework around the “medical task” exemption, supported by practical examples to demonstrate how requirements may apply to a professional’s practice. It also covers registration requirements for professionals involved in dental training or supervision.

The legal framework around exemption from the requirement for GDC registration

4. The Dentists Act 1984 specifies that the practice of dentistry shall not include a “medical task” performed by qualified people who are registered with one of the eight other statutory healthcare professional regulators². Therefore, professionals who are qualified and registered can perform medical tasks without GDC registration that would otherwise be the practice of dentistry.
5. The Act does not define “medical task”. However, the Explanatory Memorandum to the legislation³ that inserted Section 37 (1A) into the Act does state the following:

“Restriction on the Practise [sic] of Dentistry: A medical task under new sub-section 1A of Section 37 means *a task carried out as part of the delivery of clinical care for example assisting in an operating theatre or making a prosthesis.*”

¹ The practice of dentistry is defined in section 37 of the Dentists Act 1984 where it states: *“the practice of dentistry shall be deemed to include the performance of any such operation and the giving of any such treatment, advice or attendance as is usually performed or given by dentists; and any person who performs any operation or gives any treatment, advice or attendance on or to any person as preparatory to or for the purpose of or in connection with the fitting, insertion or fixing of dentures, artificial teeth or other dental appliances shall be deemed to have practised dentistry”*

² The nine statutory health regulators are: General Dental Council, General Medical Council, Nursing and Midwifery Council, General Optical Council, General Pharmaceutical Council, General Osteopathic Council, General Chiropractic Council, Health and Care Professions Council, Pharmaceutical Society of Northern Ireland. Collectively they register many professions who may be involved in surgery and emergency care related to the mouth such as doctors, nurses, paramedics, and clinical scientists.

³ Dentists Act 1984 (Amendment) Order 2005 (SI 2005 No. 2011)

6. The GDC considers that a qualified person who is registered with one of the other statutory healthcare regulators should use their professional judgement to determine whether it is appropriate for them to practise dentistry using the medical task exemption when not registered with the GDC. This should involve assessment of whether the dentistry to be delivered is a necessary part of wider clinical care. The GDC's expectation is that patient safety remains paramount.
7. For clarity:
 - the setting in which an activity is undertaken (e.g hospital department, private clinic) **does not** matter when considering whether it is a medical task.
 - the inclusion of an activity within a non-dental professional's curriculum or scope of practice **does not in itself** determine whether that activity is a medical task.

Application of the framework to oral and maxillofacial surgeons

8. The Medical Act 1983 has the effect that oral and maxillofacial surgeons must be registered with a licence to practise by the GMC before they can attend to patients' medical needs.
9. In order to register and achieve specialist status with the GMC, oral and maxillofacial surgeons must qualify as both a dentist and doctor and complete specialist training.
10. Oral and maxillofacial surgery (OMFS) is a complex and specialised branch of medicine and includes tasks that fall under the legal definition of dentistry. While OMFS contains aspects of oral surgery, oral medicine, orthodontics, and prosthodontics (amongst others), it is recognised as its own specific and uniquely constituted field, and not a specialised area within dentistry. Therefore, the GDC recognises that oral and maxillofacial surgeons may need to undertake tasks that would constitute the practice of dentistry. This raises the question of whether oral and maxillofacial surgeons need to be registered with the GDC before they can undertake certain aspects of their work.
11. Whilst an oral and maxillofacial surgeon may be able to rely on the medical task exemption for activities within their OMFS work, **the exemption does not apply to everything that an oral and maxillofacial surgeon may choose to do outside their medical practice.** Oral and maxillofacial surgeons are trained in a wide variety of dental techniques and may choose to practise certain dental techniques outside their role as an oral and maxillofacial surgeon. If that activity is not undertaken as part of a medical task, it is legally dentistry and GDC registration is required (see practical examples).

Application of the framework to other healthcare professionals

12. Although it is recognised that the medical task exemption is most relevant to oral and maxillofacial surgeons, it applies in the same way to any healthcare professional regulated by statute whose practice may comprise aspects of dentistry. For example, appropriately qualified clinical scientists (such as maxillofacial prosthetists or reconstructive scientists) who are registered with HCPC (see practical examples).

Education and training of dental students

13. Healthcare professionals who are involved in the education and training of dental students (e.g. oral and maxillofacial surgeons) may need to have GDC registration. This is because unregistered dental students must be both recognised by a dental authority and supervised by a GDC registered dental professional if they are to lawfully perform dentistry as part of their training. Therefore, the requirement for a professional to be registered with the GDC will depend on their training role and the training activity the unregistered dental student is engaged in (see practical examples below).

Designated supervisor for dentists with temporary registration

14. Dentists with temporary registration will have a designated supervising consultant, who must be a GDC registrant, attached to their post. Therefore, any professional in this specific supervisory role will require GDC registration.

CPD and revalidation requirements

15. Professionals must meet the CPD and/or revalidation requirements of each regulator they are registered with. The GDC's CPD requirements do not vary for its registrants if they are also registered with another regulator.

Practical examples

The following examples are designed to support professionals consider how they may apply their judgement to determine whether they could rely on the medical task exemption. In practice this will always depend on the particular scenario and case specific circumstances.

Please note that because care settings are not relevant to the requirement for dual registration, they have not been specified. The examples apply in any care setting and for any type of care (e.g. NHS or private care).

- As part of a wider course of medical clinical care, an oral and maxillofacial surgeon carries out an extraction on a patient. They do not need GDC registration as the extraction has been undertaken as a medical task.
- Unexpected medical complications arise whilst a dentist is undertaking an extraction on a patient, so the dentist hands over care to an oral and maxillofacial surgeon mid-procedure. The oral and maxillofacial surgeon does not need GDC registration as the ongoing clinical care is delivered as a medical task.
- An oral and maxillofacial surgeon operates an implant clinic. Dual registration will be required if implant procedures are not undertaken as part of wider medical clinical care.
- A dentist refers a patient to an oral and maxillofacial surgeon when specialist OMFS practice is needed for their care. The oral and maxillofacial surgeon does not require dual registration to manage the referred patient.
- An oral and maxillofacial surgeon performs restorative dental procedures which are not part of wider medical clinical care. GDC registration is required.

- An unregistered dental student is observing an oral and maxillofacial surgeon as part of their training. The student does not need to be supervised in that setting by a registered dental professional, as they are not providing dental treatment to patients.
- An unregistered dental student is undertaking dental practice under the joint supervision of a GDC registered dental professional and a GMC registered oral and maxillofacial surgeon. The oral and maxillofacial surgeon does not need dual registration because the legal supervision requirement for the unregistered student has been met by the GDC registered supervisor.
- An appropriately qualified clinical scientist, who is registered with HCPC (such as some maxillofacial prosthetists or some reconstructive scientists), plans a surgical procedure, assists with a surgical device in theatre, and makes or fits a facial prosthesis or obturator that may include artificial teeth. They do not need GDC registration as these activities are delivered as medical tasks.
- An appropriately qualified clinical scientist, who is registered with HCPC (such as some maxillofacial prosthetists or some reconstructive scientists), makes dentures for a patient. If these dentures are not delivered as part of wider clinical care (e.g. as part of a multidisciplinary care plan), GDC registration will be required.
- An appropriately qualified clinical scientist, who is registered with HCPC (such as some maxillofacial prosthetists or some reconstructive scientists), is directed by an oral and maxillofacial surgeon to take an intra-oral impression for a maxillary obturator. They do not require GDC registration as the impression is delivered as part of wider medical clinical care.

When deciding if you can rely on the medical task exemption or if you require dual registration, consider:

- Am I registered with a statutory regulator?
- Am I appropriately qualified?
- Does the specific dental activity take place **as part of** the delivery of wider clinical care?

Annual Reports on Committee Effectiveness

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 clause 2.8 of the General Dental Council Standing Orders for the Conduct of Business for the Council and Committees 2022, 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 an overview of the work of its Committees for 2022 and to provide assurance on their effectiveness.
Recommendation	The Council is asked to discuss and note the contents of the reports.

1. Key considerations

- 1.1 The annual reports of the following groups are appended to this cover paper:
 - a. Audit and Risk Committee – **Appendix 1**
 - b. Finance and Performance Committee – **Appendix 2**
 - c. Remuneration and Nomination Committee – **Appendix 3**; and
 - d. Statutory Panellists Assurance Committee – **Appendix 4**.
- 1.2 The reports were prepared by the secretariat support for each group and have each been discussed and recommended to the Council by the respective Committees at their final meetings for 2022. The Council also has copies of the Terms of Reference and proposed forward workplan for each Committee appended to their annual reports.
- 1.3 The Council is invited to discuss and **note** the contents of the reports.

Katie Spears, Head of Governance
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25 November 2022

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

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Ermelinda Bajrami, Governance Manager
Type of business	For approval
Purpose	In accordance with the General Dental Council Standing Orders for the Conduct of the Council and Statutory Committees 2022, clause 2.8, 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 to the Council.

1. Key considerations

- 1.1 The key purpose of the Audit and Risk Committee (ARC) is to scrutinise the General Dental Council's Annual Report and Accounts, risk management systems and internal control framework. The ARC will also scrutinise the assurances provided by the internal audit functions and the arrangements in place for raising concerns in relation to fraud, whistleblowing and special investigations.
- 1.2 The Terms of Reference (ToR) are appended to this paper at **Appendix 1** and include the ARC's delegated powers.
- 1.3 Throughout 2022, the membership of the ARC was Sheila Kumar (Chair and lay Council member), Angie Heilmann MBE (registrant Council member), Simon Morrow (registrant Council member) and Elizabeth Butler (Independent Committee member).
- 1.4 This year, the Committee held seven meetings. The Committee held five meetings via MS Teams and met once in Wimpole Street and once in Colmore Square. There was full attendance at each Committee meeting, with the exception of the 28 April single-issue meeting, which Angie Heilmann was unable to attend.

2. Expenditure

- 2.1 Holding five of the Committees' meetings remotely resulted in savings in the Committee's expenditure throughout the year. The only costs associated with the Committee was £959.16 for travel and subsistence.

3. Scrutiny of Financial Reporting

Annual Report and Accounts 2021

- 3.1 In March 2022, the Committee scrutinised the key content proposals for the **Annual Report and Accounts (ARA) 2021**. The Committee also reviewed the proposed financial assumptions and the draft governance statement.
- 3.2 In April, the Committee scrutinised and provided feedback on the full draft ARA 2021, the external Audit Report and management letter, and the National Audit Office's (NAO) Audit Report.
- 3.3 In June, the Committee made further suggestions and recommendations to the final ARA 2021. It also received the audit findings report, the draft audit certificate, the draft letter of representation and recommend the suite to the Council for approval. Following the Council's approval and signature, the 2021 ARA was laid (using remote laying processes) in the UK and Scottish Parliaments on 13 July 2022.
- 3.4 In September the Committee reviewed and scrutinised the planning approach for the ARA 2022. The Committee was content with the approach to aim for an earlier laying and publication date but noted that the shortened timetable could be challenging particularly with the change of the internal and external auditors.

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 relation to the **New Ways of Working Pilot, Legislative Reform and inflation and budgeting risks**.
- 4.2 Throughout the year, the Committee received and scrutinised a number of annual reports for 2021-2022, including the **Information Governance Annual Report, Gifts and Hospitality and Declarations of Interest Annual Reports**.
- 4.3 The GDC's Principal Advisory Lawyer presented quarterly overviews and developments in relation to **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

- 4.4 The ARC scrutinised the **Strategic Risk Register (SRR)** and the **Board Assurance Framework (BAF)** at each meeting in 2022. In June 2022, the Council agreed that, going forward, it would take assurance from the Audit and Risk Committee that appropriate oversight and scrutiny of risks was being provided.
- 4.5 The Committee considered the risks associated with the resourcing concerns in the Fitness to Practise directorate and the effectiveness of the steps being taken to manage these. The Committee informed the Finance and Performance Committee of its discussion in this area.
- 4.6 At the September and November meeting, the ARC discussed in detail the process of setting the risk appetite and recommended appetite levels to the Council.

Risk Assurance deep dives

- 4.7 The in-depth reviews undertaken by the Committee are a method of gaining assurance on the control mechanisms across the organisation and to gain assurance on the mitigations in place on specific strategic risks.
- 4.8 The Committee conducted in-depth reviews, to explore any gaps in assurance, in relation to the following topics in 2022: Equality, Diversity and Inclusion (EDI), IT Cyber Security, Procurement and Contracts, and Legislative Reform. Each review focused on the current risk landscape and background in relation to strategic, operational, programme and projects risks.
- 4.9 The Committee undertook a deep dive into the effectiveness of the EDI Action Plan as a mitigation to the risk of EDI across the organisation. The Committee was unable to take assurance on the work at its first look, but revisited the work throughout the year and, in September, was able to recommend that the Council take assurance on the revised Action Plan. The Committee was content with the measures that had been established to determine the progress of the EDI Action plan.

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 March and April 2022, the ARC reviewed the **Annual Internal Audit Report** for 2021 which gave substantial assurance, the highest level, in all areas. The Committee also scrutinised the service of the internal auditor provider, including the quality of the reports produced. In March 2022, the Committee decided to procure for a new internal audit provider and in April 2022, it held a special meeting to appoint the new internal auditor, **RSM**. The Committee provided assistance, throughout the appointment process, to ensure that the new provider had the appropriate expertise and experience to provide the appropriate assurances and to ensure that that appropriate resources were available to progress with the agreed internal audit timetable.
- 5.4 In relation to the Internal Audit Recommendation Tracker, the Committee monitored the implementation dates closely throughout the year and, in November 2022, encouraged the Executive to consider the process of reviewing and agreeing to changes to these dates. In particular the Committee carefully examined the reasoning and trends behind rescheduling of dates. This will continue to be a focus, with those trends also informing requests for deep dives.
- 5.5 In November 2022, the Committee reviewed the **Global Audit Plan** for 2023.

External Audit

- 5.6 In September 2022, the Committee undertook a procurement activity to secure a new external audit provider. The Committee noted the difficulties in the auditor procurement due to industry pressure and the requirements of the GDC.
- 5.7 In October 2022, the Committee held a special meeting to discuss the procurement and the issues that had been experienced. At this meeting, the Committee was able to recommend to the Council the appointment of Haysmacintyre as the External Auditors.

- 5.8 In November, the Committee reviewed the **Audit Planning Reports** from the National Audit Office.

6. Review and oversight of whistleblowing, fraud and investigations

Whistleblowing and Anti-fraud, Bribery and Corruption

- 6.1 In June, the Committee noted that the whistleblowing case had closed and that some process issues had been identified as a result. It was agreed that a review of the whistleblowing policy would be undertaken to ensure it remained fit for purpose.
- 6.2 In November, the Committee reviewed and approved the Anti-fraud, Bribery and Corruption Policies for GDC staff and its Council Members and Independent Governance Associates.

7. Committee's Adherence to its Terms of Reference

- 7.1 Throughout 2022, the Committee focused on the key business contained within its Terms of Reference. The Committee ensured focused on the business needs, the risks to the organisation and identifying any gaps in assurance.
- 7.2 Throughout 2022, 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 In September 2022, the Committee discussed the GDC's Estates Programme, following an in-depth review conducted by the Finance and Performance Committee.

8. Governance and next steps

- 8.1 The Committee reviewed the workplan at each meeting and noted the draft 2023 workplan at the meeting in September 2022.
- 8.2 At each substantive meeting, the Committee held a private session with the professional advisors from the internal and external auditors.
- 8.3 As noted above, the Committee met in person twice in 2022, and was able to convene at short notice where there were urgent matters for consideration. The Committee has also met outside of its formal meetings for development sessions on risk and going concern. These sessions will continue in 2023 and the Committee will continue to assess its effectiveness at each meeting.
- 8.4 The Council is asked to **note** the ARC's 2022 annual report.

Appendix 1 – ARC Terms of Reference

Appendix 2 – ARC Work Programme for 2023

Ermelinda Bajrami, Governance Manager
ebajrami@gdc-uk.org

12 October 2022

Audit and Risk Committee Terms of Reference

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.

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

¹ GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 12.10

² GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

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 judgmental 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

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.

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.

⁴ Same process to be followed as in the footnote above.

Audit and Risk Committee 2023 Workplan					
Meeting Date	Tue 24 January 2023	Thu 16 March 2023	Thu 18 May 2023	Thu 31 August 2023	Thu 23 November 2023
Location	Online	Online	Wimpole Street	Online	Colmore Square
Committee Dates	EMT - 10 January 2023 Council - 24 February 2023	EMT - 7 March 2023 Council - 21 April 2023	EMT - 9 May 2023 Council - 23 June 2023	EMT - 8 August 2023 Council - 22 September 2023	EMT - 7 November 2023 Council - 8 December 2023
Governance, Risk Management and Internal Control	Annual Report and Accounts - First Draft For approval	Annual Report and Accounts - Final Draft For recommendation to Council			Annual Report and Accounts - Timetable For approval
	Risk Assurance Deep Dive - Recruitment and Retention For approval		Risk Assurance Deep Dive - Board Effectiveness and Governance of the Council For approval	Risk Assurance Deep Dive - TBC For approval	Risk Assurance Deep Dive - TBC For approval
	Strategic Risk Register and Board Assurance Framework For approval		Strategic Risk Register and Board Assurance Framework For approval	Strategic Risk Register and Board Assurance Framework For approval	Strategic Risk Register and Board Assurance Framework For approval
				Risk Management Framework and Risk Appetite For discussion	Risk Management Framework and Risk Appetite For recommendation to Council
	Significant Litigation Report For discussion		Significant Litigation Report For discussion	Significant Litigation Report For discussion	Significant Litigation Report For discussion
	Mitigating the Risks of Associates For discussion	Equality, Diversity and Inclusion Update For discussion			Equality, Diversity and Inclusion Update For discussion
	Equality, Diversity and Inclusion Update For discussion		Review of Governance Process and Procedures For recommendation to Council		Anti-Fraud, Bribery and Corruption Policy Review For approval
	Whistleblowing Update To note		Whistleblowing Update To note	Whistleblowing Update To note	Whistleblowing Update and Policy To approve
Internal and External Audit	RSM Internal Audit 2022 Annual Report and 2023 Annual Plan For approval		RSM Internal Audit Progres Report For approval	RSM Internal Audit Progres Report For approval	RSM Internal Audit Progres Report For approval
	In House Internal Audit Recommendation Tracker Update (incl 2023 IHIA plan) For approval		In House Internal Audit Recommendation Tracker Update For approval	In House Internal Audit Recommendation Tracker Update For approval	In House Internal Audit Recommendation Tracker Update For approval
				External Audit Review For approval	External Audit Planning Reports For approval
Governance	Forward Plan For approval		Forward Plan For approval	Forward Plan For approval	Forward Plan 2024 For approval
					Annual Review of Committee Effectiveness For recommendation to Council
Items to note (to be provided when available)	Information Governance Reports (Quarterly and Annual) Corporate Complaints Annual Report Annual Report on Declatations of Interest Annual Report on Gifts and Hospitality Case Examiner Feedback (Exception) Joint Regulatory Whistleblowing Disclosure Report Health and Safety Annual Report				
KEY	Organisational Development	Fitness to Practise	Legal & Governance	Registration and Corporate Resources	Strategy

Annual Report on Committee Effectiveness – Finance and Performance Committee (FPC)

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Sarah Scott, Governance Manager
Type of business	For noting
Purpose	In accordance with the General Dental Council Standing Orders for the Conduct of Business of the Council and Committees 2022, clause 2.8, each Committee shall report annually to the Council on its expenditure, its progress made against the work programme for that year and its planned work programme for the following year.
Recommendation	The Finance and Performance Committee is asked to discuss and recommend the Annual Report for 2022 to the Council.

1. Key considerations

1.1 The key purposes of the FPC are to:

- Challenge and monitor the Executive on financial and other performance, to work with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions, and to provide scrutiny and challenge to the Executive on major operational matters.
- Work 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:

- Approve the assumptions and objectives to be used in the planning cycle.
- Approve the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.
- Approve the GDC's financial and banking policies, procedures and arrangements.
- 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.

1.3 The full Terms of Reference as approved by Council in June 2022 are appended to this paper (**Appendix 1**).

- 1.4 The membership of the FPC in 2022 was Terry Babbs (lay Chair and Senior Independent Council Member), Ilona Blue (from April 2022) (lay Council Member), Donald Burden (registrant Council Member) and Anne Heal (lay Council Member).
- 1.5 In 2022 the Committee held four substantive meetings; three of which were held in Wimpole Street and the fourth in Colmore Square. Two single issue budget meetings took place in July and August for the Committee to discuss the second and third iterations of the **Costed Corporate Plan (CCP) 2023-2025 and 2023 Budget**.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2022 were those relating to travel and subsistence for members, which amounted to £2,226.

3. Financial Performance and Policy

- 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.
- 3.2 In February 2022, the Committee was updated on the progress of the facility for registrants to pay the **Annual Retention Fee (ARF) by instalments** and discussed uptake and performance. It was **agreed** that, going forward, the Committee would receive annual, rather than quarterly updates as the initial business case was based on the three-year planning period.
- 3.3 Throughout 2022, the Committee received regular updates on the **pensions provisions** and supported the Executive's steps to de-risk the Defined Benefit Pension Scheme.
- 3.4 The Committee undertook reviews of the **Financial Policies and Procedures** throughout the year, including reviewing the Ethical Investment Policy in February 2022 and the wider banking and financial arrangements in November 2022.

4. Organisational-Wide Performance

- 4.1 The Committee provided in-depth scrutiny of the organisational performance by receiving the Balanced Scorecard and Financial Forecast reports each quarter. In June 2022, the Council took a decision to delegate the responsibility for scrutiny of these reports to the FPC and tasked the Chair of the FPC to provide a written assurance report to the Council.
- 4.2 The Committee provided ongoing scrutiny of the performance of the Fitness to Practise (FTP) Casework function and received updates on the action plan at each of its meetings. It also provided scrutiny of the project to separate the adjudications function of the GDC.
- 4.3 In November 2022, the Committee approved the new suite of **FTP Key Performance Indicators** that would allow for more effective scrutiny of the performance of the function. It also received a mid-year report on the performance of the Strategy directorate.
- 4.4 The Committee provided scrutiny of the organisation's recruitment and retention performance, particularly considering the New Ways of Working pilot. In September 2022, the Committee received the six-monthly review of the pilot and requested that the Executive provide an analysis of the effects on the performance of staff against the pilot of the year-end report. In September 2022, the Committee also received an update on the Learning and Development plans for the organisation and encouraged further work to be planned in this area for 2023.

5. In-depth reviews

- 5.1 In February 2022, the Committee received the first in-depth review for 2022 on **Future Working Locations, Structures and Working Patterns**.
- 5.2 In May 2022, the Committee received an in-depth review on the **Estates Programme**. This provided an overview of the estates and outlined potential future options for the GDC. The Committee recommended that the risks associated with this work be considered by the Audit and Risk Committee.
- 5.3 In November 2022, the Committee undertook an in-depth review of the **Organisational Development** directorate.

6. Costed Corporate Plan (CCP) and Budget

- 6.1 In May 2022, the Committee discussed the **Wider Economy Considerations** which raised matters to be considered in relation to the **CCP 2023-2025** with regards to the wider economy, including plans for managing potential inflation increases.
- 6.2 A substantive part of the workplan of the Committee in 2022 was the scrutiny and oversight of the **CCP 2023–2025 and Budget for 2023**. At its meeting in May 2022, it reviewed the first draft and provided feedback on the direction of travel. The Committee held two single-issue budget meetings in July and August to review and provide direction on second and third iterations. In September and October, the Committee held additional reviews of the work by correspondence before recommending the **CCP 2023-2025 and 2023 Budget** to the Council for approval.
- 6.3 In February 2022, the Committee undertook a review of the GDC's income following the Dentist Annual Retention Fee collection and recategorised three "Could do" projects as "Should do".
- 6.4 In August, the Committee reviewed the MoSCoW definitions of the projects that had been included in the CCP and confirmed that it would retain the authority to switch projects on should the funding become available.

7. Wider Performance Reporting

- 7.1 In February 2022, the Committee noted the **Dental Complaints Service (DCS)** Annual Report which reported on the performance of the DCS during 2021.
- 7.2 Throughout 2022, the Committee received quarterly reviews on **Contracting Compliance Management** and an annual **Procurement Report** for 2021 in May.
- 7.3 In May, the Committee noted the **GDC Insurance Review** for 2022.
- 7.4 In September, 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.
- 7.5 Throughout 2022, the Committee noted **Education Quality Assurance reports**. The reports updated the Committee on the education team's quality assurance activity, issues arising from engagement with key education stakeholders and the plan to review the **Standards for Education** in 2023. In November, the Committee also noted the draft **Review of Education 2021/2022** which provided a summary of education quality assurance activity over the last academic year.

8. Committee's Adherence to its Terms of Reference

- 8.1 Throughout 2022, the Committee focused on the key business contained within its Terms of Reference.

8.2 The 2023 workplan will also align with the revised Terms of Reference for the Committee.

9. Governance

9.1 The Committee's Terms of Reference were last reviewed and approved by the Council in June 2022.

9.2 The Committee reviewed the forward plan at each meeting and approved the **2023 Forward Plan** at its meeting in November 2022.

Appendices

- **Appendix 1** - FPC Terms of Reference
- **Appendix 2** – FPC Forward Plan 2023

Sarah Scott, Governance Manager

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24 October 2022

Finance and Performance Committee Terms of Reference

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 in relation to the organisational finances and performance 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 business 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 financial and banking policies, 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 capacity and funding is available.

Functions and Duties

Financial Strategy

To scrutinise and report on the levels of assurance or concerns in the following key areas:

F8. The development of the three-year Costed Corporate Plan and annual budget to

¹ GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 1.1

² GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

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.

Finance and Performance Committee 2023 Workplan						
Meeting Date	Thu 16 February 2023	Thu 25 May 2023	Wed 19 July 2023	Wed 13 September 2023	Thu 12 October 2023	Thu 16 November 2023
Location	Wimpole Street	Wimpole Street	Online	Online	Wimpole Street	Wimpole Street
Papers deadline	02 February 2023	11 May 2023	05 July 2023	30 August 2023	28 September 2023	02 November 2023
Committee Dates	EMT - 7 February 2023 Council - 24 February 2023	EMT - 9 May 2023 Council - 23 June 2023	EMT - 4 July 2023	EMT - 7 September 2023 Council - 22 September 2023	EMT - 3 October 2023 Council - 27 October 2023	EMT - 7 November 2023 Council - 8 December 2023
Reporting Quarter	2022 Q4	2023 Q1		CCP and Budget Setting - Final Draft For discussion	2023 Q2	2023 Q3
Financial Strategy	CCP Income Review and "Could do" Review For approval	CCP and Budget Setting - First Draft For discussion	CCP and Budget Setting - Second Draft For discussion	CCP and Budget Setting - Final Draft For discussion	CCP and Budget Setting - Final Draft (incl. Reserves Policy and CFM) For recommendation to Council	
	Pension Plan - Annual Review of Funding and Annual Report of the Chair of Trustees For noting	DB Pension Buy Out Update For approval				Pensions Update and Annual Report For approval
		Insurance Review For approval	Payments By Instalments Review For approval			
		Procurement Annual Report For discussion				Financial Policies and Procedures Review For approval
	Financial Risk Crystallisation - Review For discussion (Council Action October 2022) * Check with Terry for frequency/format *	Financial Risk Crystallisation - Review For discussion (Council Action October 2022) * Check with Terry for frequency/format *	Financial Risk Crystallisation - Review For discussion (Council Action October 2022) * Check with Terry for frequency/format *			
Organisational Performance Reporting	Q4 Performance Reporting For approval	Q1 Performance Reporting For approval			Q2 Performance Reporting For approval	Q3 Performance Reporting For approval
	2022 Organisational Performance Annual Report For recommendation to Council	People and OD Strategy Update For discussion			People and OD Strategy Update For discussion	
	FTP Action Plan For approval	FTP Action Plan For approval	FTP Action Plan For approval		FTP Action Plan For approval	FTP Action Plan For approval
					Strategy Performance Reporting Suite For approval	
Projects and Operational Performance Reporting	Separation of Adjudications Project For approval	Separation of Adjudications Project For approval	Separation of Adjudications Project For approval		Separation of Adjudications Project For approval	Separation of Adjudications Project For approval
	In Depth Review - Registration For discussion	In Depth Review For discussion	In Depth Review For discussion		In Depth Review - Strategy KPIs For discussion	In Depth Review For discussion
		Equality, Diversity and Inclusion Update For approval			Equality, Diversity and Inclusion Update For approval	
					Estates Project For discussion	
	New Ways of Working Pilot Review For discussion		Education Quality Assurance For approval			
Governance	Forward Plan For approval	Forward Plan For approval	Forward Plan For approval			Forward Plan For approval
						Annual Review of Committee Effectiveness For recommendation to Council
Items to note (to be provided when available)	Dental Complaints Service Annual Report Fitness to Practise Customer Service Annual Report Registration Customer Service Annual Report Contract Compliance Report (Quarterly or Annual) Fees Exception Reporting (by exception)					
KEY	Organisational Development	Fitness to Practise	Legal & Governance	Registration and Corporate Resources	Strategy	

Annual Report on Committee Effectiveness - Remuneration and Nomination Committee

Executive Director	Dawn Bettridge, Interim Executive Director, Organisational Development
Author(s)	Lauren Anderson, Governance Manager (Secretariat)
Type of business	For noting
Purpose	In accordance with the General Dental Council Standing Orders for the Conduct of the Council and Committees 2022, clause 2.8, 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 2022.
Recommendation	The Council is asked to note the Remuneration and Nomination Committee Annual Report 2022.

1. Key considerations

- 1.1 The key purposes of the Remuneration and Nomination Committee are:
 - Oversight of the appointments processes for Council Members, Independent Governance Associates and the Chief Executive and Registrar.
 - 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 2022, the Committee was comprised of Anne Heal (Chair and lay Council Member), Caroline Logan (registrant Council Member), Jeyanthi John (registrant Council Member), Laura Simons (lay Council Member), Ann Brown (Independent Committee Member) and Mike Lewis (from October 2022) There was full attendance at every Committee meeting.
- 1.4 In 2022, the Committee held four substantive meetings on 3 February, 19 May, 21 July, and 27 October. Three of the Committee's meetings were held remotely on MS Teams, and one was held in person at Wimpole Street.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2022 were £185.19 relating to travel and subsistence for the Committee. Holding the majority of Committee meetings remotely has resulted in financial savings for the organisation.

3. Chief Executive and Executive Management Team

- 3.1 In February 2022, the Committee was informed about, and approved, the objective setting process for the Chair of the Council and the Chief Executive.
- 3.2 The Committee discussed the succession planning arrangements for the Chief Executive and was assured by the Chief Executive's plan for the succession planning of the Executive Management Team (EMT).
- 3.3 In July 2022, it was noted that the approach to the Chief Executive's appraisal would be to hold regular conversations about performance and delivery with the Chair of Council. The Committee was supportive of the approach proposed.
- 3.4 In October 2022, the Committee discussed the remuneration policy arrangements in place for members of the Executive Management Team (EMT) and the Chief Executive, the Committee discussed and approved the remuneration level for the Chief Executive and noted the arrangements for the members of the Executive Management Team.

4. The Council, Chair of Council and other non-executives

- 4.1 In relation to Council Member recruitment, in September 2021, the Council had approved the proposed approach (recommended by the Committee) and, in February 2022, the Committee received an update on the ongoing recruitment process.
- 4.2 Once the recruitment process had been concluded, in July 2022, the Committee conducted an in-depth review of the process, considered any lessons learned and heard from both the incoming Council Member on her experience of the process and the Independent Member (who had served on the Selection Panel).
- 4.3 One of the areas that the Committee explored was whether the time commitment required for incoming Council Members was deterring candidates that were in the earlier stages of their careers. The Committee reiterated its commitment to seeking to improve diversity on the Council and agreed to recommend a proposal to the Council – a Council role that initially did not involve Committee attendance – in order to attract a more diverse field that would be incorporated into the next round of Council Member recruitment.
- 4.4 In February 2022, the Committee discussed the need to continue to review the induction process annually, and it was noted that while there were important 'standard' elements of the induction process, it was also helpfully tailored to reflect the more specific needs of the incoming Members.
- 4.5 The Committee heard that the Chair and Council Member remuneration was last reviewed in July 2020 and the recommendation was that there should be no change to the rates. The Committee was assured that whilst the remuneration rate had not changed for eight years, the benchmarking had provided assurance that the rates remained competitive.
- 4.6 In July 2022, the Committee reviewed the reappointment process, noting that it would be for the Council to discuss and decide whether to recommend the individual members for a second term, it was agreed that the Committee's scope was to approve the process only.
- 4.7 In July 2022, The Committee discussed the Chair objective setting process, noting that, due to the Chair being relatively newly appointed, new objectives would not be proposed until 2023.

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 In February and July 2022, the Committee received an update on the staff remuneration and reward framework. The Committee undertook a workshop in the reward framework and was assured of the arrangements in place. At the request of the Committee, it was agreed that it would receive future updates on the ongoing work, as required.
- 5.3 Throughout 2022, 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.
- 5.4 The 2023 workplan is aligned with the Terms of Reference for the Committee.

6. Governance

- 6.1 The Committee reviewed and noted its workplan at each meeting and noted the draft 2023 workplan at the meeting on 27 October 2022.

Appendices

- a. Remuneration and Nomination Committee Terms of Reference
- b. Remuneration and Nomination Committee Forward Plan for 2023

Lauren Anderson, Governance Manager
LAnderson@gdc-uk.org

11 October 2022

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 and approving 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 and approving the process for the **appointment** for the Chief Executive and Registrar, Council Members (including the Chair) and Independent Governance Associates.
3. Scrutinising and approving 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.

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 for the Conduct of Business of the Council and Committees 2022, 12.10

³ GDC Standing Orders for the Conduct of Business of the Council and Committees 2022, 6.2

Functions and Duties

Nominations and evaluation

R8. To scrutinise and approve, in order provide assurance to the Council:

1. The processes for recruiting the Chief Executive and Registrar, and on the process around their annual appraisal.
2. The process of appointment and reappointment in relation to both Council Members and Independent Governance Associates.
3. The approach to appraisal for Council Members (including the Chair of Council) and Independent Governance Associates.
4. The process for setting the objectives of the Chair of Council and Chief Executive and Registrar

R9. Scrutinise, in order to provide assurance to Council, 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.

Remuneration and Reward

Chief Executive and Registrar and the Executive Management Team

R10. Scrutinise and approve, in order to provide assurance 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.

R11. 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.

R12. 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.

Council Members, specified Associates and Others

R13. 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.

R14. 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.

Remuneration and Nomination Committee 2023 Forward Plan				
Meeting Date	Thu 02 February 2023	Thu 11 May 2023	Thu 29 June 2023	Wed 18 October 2023
Location	Online	Wimpole Street	Wimpole Street	Online
Papers deadline	18 January 2023	26 April 2023	15 June 2023	04 October 2023
Committee Dates	EMT - 10 January 2023 Council - 24 February 2023	EMT - 9 May 2023 Council - 23 June 2023	EMT - 6 June 2023 Council - 22 September 2023	EMT - 3 October 2023 Council - 27 October 2023
Nominations and Evaluation	Council Member Appointment Update To note	Council Member Appointment Update To note	Council Member Recruitment Process For approval	Council Member Recruitment Review For discussion
	Council Member Induction Process For approval		Council Member Reappointment Process For approval	
			Chair and Chief Executive Objective Setting Process For approval	
	Chair and Council Member Appraisal Process For approval			
	Independent Governance Associate Recruitment Policy Review For approval			
	Chief Executive and Executive Management Team Sucession Planning For discussion	Chief Executive and Executive Management Team Sucession Planning For approval		
Remuneration and Reward		Chief Executive Remuneration Review For approval		
		Executive Management Team Remuneration Review To note		
	Review of Associates Framework For discussion	Associates Framework For discussion		Council Member and IGA Expenses Policy (incl. CE and Chair approval process) For approval
	Staff Reward Framework For discussion	Council Member and Associates Remuneration Light Touch Review For recommendation to Council	Staff Reward Framework For discussion	Staff Reward Framework For discussion
Governance	Forward Plan For approval		Forward Plan For approval	Forward Plan For approval
				Annual Review of Committee Effectiveness For recommendation to Council
Items to note (to be provided when available)	Annual Remuneration Report for the Annual Report and Accounts			
KEY	Organisational Development	Legal & Governance	Registration and Corporate Resources	Fitness to Practise
				Strategy

Annual Report on Committee Effectiveness - Statutory Panellists Assurance Committee

Executive Director	John Cullinane, Executive Director, Fitness to Practise
Author(s)	Lauren Anderson, Governance Manager
Type of business	For approval
Purpose	In accordance with the General Dental Council Standing Orders for the Conduct of Council and Committees 2022, clause 2.8, 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 2022.
Recommendation	The Statutory Panellists Assurance Committee is asked to review and recommend the 2022 Annual Report to Council for noting.

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 advisors 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:
 - a. the design parameters of an independent tribunal function;
 - b. the relevant performance metrics of a high performing panel, including behaviours of panel members; and
 - c. best practice in hearings case management.”
- 1.3 The membership of the Committee throughout 2022 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 four meetings throughout 2022: on 16 February, 31 May, 8 September and 8 December. All meetings were held in person at Wimpole Street, London.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2022 were those for £3013.80 relating to travel and subsistence for the Committee.

3. Appointments

- 3.1 Throughout 2022, the Committee received updates on the approach to the **appointment of a cohort of legal advisors**. The Committee discussed setting a cap on the maximum term of legal advisors and agreed to explore the most effective term limit. The outcome of the recruitment and reappointment exercise would return to the Committee for decision in 2023.
- 3.2 In May 2022, following a Panel Chair assessment day, the Committee approved the **appointment of two Panel Chairs**.
- 3.3 In February 2022, the Committee agreed, subject to the agreement of the panellists, to **extend the second term of a cohort of panellists** from a four-year to a five-year term to alleviate the pressure on the recruitment and appointment processes and to retain experience on panels. The Committee further agreed to reengage with the reserve pool of panellists that had been identified during the 2020 recruitment to determine their willingness to join the panel.
- 3.4 In September 2022, the Committee received an overview of the **diversity breakdown of the pool of panellists**. The Committee requested that further analysis be undertaken on the data, and it returned to the Committee in December 2022 for further discussion.

4. Learning, Development and Training

- 4.1 Throughout 2022, the Committee received regular updates on the **learning and development programmes** for panellists. In February 2022, the Committee received an update on the plans for the training days due to be held in 2022. The Committee noted that key issues that would be focused on as part of the training were the role of Legal Advisors on the panels, undertaking risk assessment for Interim Order Committee, and Panel Chair Training.
- 4.2 In May, the Committee received a **mid-year point report of the training** that had taken place in the first half of the year and noted that the focus had been on feedback that had been provided through the quality assurance mechanisms. The Committee received the plans for the remaining half of the year.
- 4.3 Each member of the Committee had observed sessions of training, development or selection activity that had taken place throughout the year.

5. Quality Assurance Reporting

- 5.1 Throughout 2022, the Committee received **quarterly reports from both the Quality Assurance Group (QAG) and the Decision Scrutiny Groups (DSG)**, which provided the Committee with oversight of the steps that had been taken to quality assure decision making by the Statutory Committees.
- 5.2 In February 2022, the Committee heard that the QAG had focused primarily on issues that had arisen at the hearings stage, which was reflective of greater assurance that correct decisions were being taken at the casework stage of the FTP process. The Committee did note, however, that the QAG had highlighted that there needed to be further training undertaken on the consideration of risk for the Interim Order Committee.
- 5.3 In May, the Committee noted that further training would be provided to panellists on determining the subjective element of dishonesty following feedback from the PSA. The

Committee also explored the reasons why there was difference between the number of cases referred by the GDC Registrar to the Professional Standards Authority (PSA), and the number of cases on which the PSA had taken any further action and discussed the criteria of referring cases to the PSA.

- 5.4 In September 2022, the Committee discussed the need for it to consider the performance of individual panellists in order to provide the appropriate assurances to the Council, and in December the Committee received a first iteration of this work.

6. Hearings Case Management Improvements

- 6.1 Throughout 2022, the Committee received a comprehensive update on the **case management improvements** that had been progressing. It was noted that the **Specimen Charging Guidance** had been approved and was being rolled out, and that the **Admissions Guidance** had been approved and would be rolled out following discussions with the relevant defence firms.
- 6.2 In September 2022, the Committee heard that, since the launch of the **Dental Professional Hearings Service (DPHS)**, there had been good feedback from stakeholders and positive coverage in the dental press. The Committee noted that continuous improvements would be made to the case management processes and, in December, the Committee received further updates on the work that had been undertaken.

7. Committee's Adherence to its Terms of Reference

- 7.1 The Committee fulfilled its functions as set out in its Terms of Reference, which can be found at **Appendix 1**.
- 7.2 The 2023 workplan is aligned with the Terms of Reference for the Committee.

8. Governance

- 8.1 The Committee reviewed and noted its workplan at each meeting and noted the draft 2023 workplan at the meeting on 8 December 2022.

Appendices

Appendix 1 - Statutory Panellists Assurance Committee Terms of Reference

Appendix 2 - Statutory Panellists Assurance Committee Forward Plan 2023

Lauren Anderson, Governance Manager (Secretariat)

LAnderson@gdc-uk.org

14 October 2022

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

Statutory Panellists Assurance Committee 2023 Forward Plan						
Meeting Date	Wed 08 March 2023		Wed 07 June 2023		Tue 05 September 2023	Thu 09 November 2023
Location	Wimpole Street		Wimpole Street		Wimpole Street	Wimpole Street
Papers deadline	22 February 2023		23 May 2023		21 August 2023	26 October 2023
Committee Dates	EMT - 7 Feb 2023 Council - 21 April 2023		EMT - 9 May 2023 Council - 23 June 2023		EMT - 8 August 2023 Council - 22 September 2023	EMT - 3 October 2023 Council - 8 December 2023
Appointments	Legal Advisor Recruitment Plan For approval		Legal Advisor Recrutiment Update For discussion		Legal Advisor Appointments For approval	
	Panellist Recruitment Update For discussion		Panellist Recruitment Update For discussion		Panellist Recruitment Update For discussion	Panellist Recruitment Update For discussion
					Panellist EDI Profile Report For discussion	
			Appointment of Panel Chairs For approval		Appointment of Panel Chairs For approval	
Oversight of Performance	Learning and Development Update For discussion		Learning and Development Update For discussion		Learning and Development Update For discussion	Learning and Development Update For discussion
	Annual Quality Assurance Reports (PSA, QAG, DSG) For discussion					
	Q4 Quarterly Assurance Reports (PSA, QAG, DSH) For discussion		Q1 Quarterly Assurance Reports (PSA, QAG, DSH) For discussion		Q2 Quarterly Assurance Reports (PSA, QAG, DSH) For discussion	Q3 Quarterly Assurance Reports (PSA, QAG, DSH) For discussion
Guidance and Advice	Adjudication Separation and Case Management Improvements For discussion		Adjudication Separation and Case Management Improvements For discussion		Adjudication Separation and Case Management Improvements For discussion	Adjudication Separation and Case Management Improvements For discussion
Governance	Forward Workplan To note		Forward Workplan To note		Forward Workplan To note	Forward Workplan To note
						Committee Annual Report For approval
Items to note (to be provided when available)						
KEY	Organisational Development	Legal & Governance	Registration and Corporate Resources	Fitness to Practise	Strategy	

Council 2023 Workplan												
Meeting Date	Fri 24 February 2023		Fri 21 April 2023		Fri 23 June 2023		Thurs and Fri 13 and 14 July 2023	Fri 22 September 2023	Fri 27 October 2023		Fri 08 December 2023	
Location	Wimpole Street		Colmore Square		Wimpole Street		Colmore Square	Wimpole Street/MS Teams	Wimpole Street		Wimpole Street	
Papers deadline	10 February 2023		05 April 2023		09 June 2023		29 June 2023	08 September 2023	13 October 2023		08 December 2023	
Committee Dates	ARC - 24 Jan 2023 RemNom - 2 Feb 2023 FPC - 16 Feb 2023		SPC - 8 March 2023 ARC - 16 March 2023		RemNom - 11 May 2023 ARC - 18 May 2023 FPC - 25 May 2023 SPC - 7 June 2023			RemNom - 29 June 2023 FPC - 19 July 2023 ARC - 31 Aug 2023 SPC - 5 Sept 2023 FPC - 13 Sept 2023	FPC - 12 Oct 2023 RemNom - 18 Oct 2023 NEW COUNCIL MEMBERS' FIRST MEETING		SPC - 9 Nov 2023 FPC - 16 Nov 2023 ARC - 23 Nov 2023	
Session	CLOSED	PUBLIC	CLOSED	PUBLIC	CLOSED	PUBLIC	STRATEGY AWAY DAYS	CLOSED	CLOSED	PUBLIC	CLOSED	PUBLIC
Performance and Business Reporting		Annual Organisational Performance Report From FPC For approval	Annual Report and Accounts - Sign Off From ARC For approval EMBARGOED UNTIL PUBLICATION		DB Pensions Scheme Buy Out From FPC For approval	Annual PSA Report For approval		Communication Principles for CCP, ARF, Budget and Reserves For discussion	Communication Principles for CCP, ARF, Budget and Reserves For approval	CCP and Budget Setting - Final Draft (incl. Reserves Policy, CMF and AO Advice) From FPC For approval	Pension Plan - Annual Review of Funding and Annual Report of the Chair of Trustees Sam Bache. EMT /FPC /Council QU - EMBARGOED UNTIL ARA PUBLISHED	Strategic Risk Appetite From ARC For approval
								CCP and Budget Setting - Final Draft (incl. Reserves Policy, CMF and AO Advice) From FPC For discussion				Research Programme Update For noting
												Council Member and Associates Expenses Policy From RemNom For approval
Strategy and Strategic Reporting	Promoting Professionalism For approval to consult	Costed Corporate Plan Publication For approval to publish	Promoting Professionalism For discussion of consultation response (TBC)	Equality, Diversity and Inclusion Strategy Update From ARC For approval	Promoting Professionalism For discussion of consultation response (TBC)	Expectations for New Registrants Consultation Response For discussion of consultation and approval to publish final expectations		Joint Regulators Whistleblowing Report For noting	Estates Strategy From FPC For discussion			Equality, Diversity and Inclusion Strategy Update on 2023 delivery and 2024-2026 approval From ARC on update For approval
	Review of Specialty Curricula For noting update on SC approved by the Registrar	Regulatory Reform Update For discussion		Regulatory Reform Workshop For discussion	Comms and Engagement Strategy For discussion and review 2022 strategy	Regulatory Reform Business Case For discussion (date TBC - may bring forward)		Lifelong Learning Plans For noting update		Regulatory Reform Update For discussion		Regulatory Reform Update For discussion
		Research Programme Update For discussion and approval		Comprehensive Complaints Resolution Model For noting update								Education Quality Assurance Decisions For approval These are then sent to Privy Council, Council only as these are Registrar decisions.
	International Registration: Consultation on ORE Rules For approval to consult							Scope of Practice For discussion of consultation response			International Registration: Consultation on ORE Rules For discussion of consultation response	
Governance	Chief Executive's Report To note	Committee Assurance Reports From Committees For approval	Chief Executive's Report inc. New Ways of Working To note	Committee Assurance Reports From Committees For approval	Chief Executive's Report To note	Committee Assurance Reports From Committees For approval		Committee Assurance Reports From Committees For approval	Chief Executive's Report To note	Committee Assurance Reports From Committees For approval	Chief Executive's Report To note	Committee Assurance Reports From Committees For approval
	Minutes of Non-Statutory Committees For discussion		Minutes of Non-Statutory Committees For discussion	Board Effectiveness Review For approval	Minutes of Non-Statutory Committees For discussion	Governance Manual and Framework From ARC For approval		Chief Executive's Report To note	Minutes of Non-Statutory Committees For discussion	ARF Regulations To make regulations (if required)	Minutes of Non-Statutory Committees For discussion	Annual Review of Committee Effectiveness Reports and forward workplans From Committees For discussion
	Board Development For decision			Annual Report on the Use of the Seal. Council only. For noting.	Council Member Appointments For approval			SICM Appointment For approval			Council Member Reappointments - decision * Confidential report*	
					Council Member Remuneration From RemNom	Associates Remuneration From RemNom						
Items to note (to be provided when available)	Public Affairs, Policy and Media Update (Quarterly) Stakeholder Engagement Report (Quarterly) Annual Report on Significant Litigation (April) Education Quality Assurance Annual Update Joint Regulatory Whistleblowing Report (June) Annual Report on the Use of the Seal (April)											
KEY	Organisational Development	Fitness to Practise	Legal & Governance	Registration and Corporate Resources	Strategy							

Potential Additions:
- People Strategy

Strategy day:
- Council lessons learned/development discussion/facilitated chat

2024:
Corporate Strategy - pathway
Review Standing Orders/Committee TORs
Committee Appointments
Appointment of Ind Member of RemNom
Scheme of Delegations - 1 Sept ARC
Specialists Lists Consultation - timing TBC
Education Quality Standards - to Council for approval in Q1 of 2024
Lifelong Learning Plans - Feb 2024

Education Quality Assurance Decisions

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Amy Mullins-Downes, Operations and Development Quality Assurance Manager Gail Fleming, Head of Education Quality Assurance
Type of business	For noting
Purpose	This paper outlines the Registrar's decisions under delegated authority of Council for the period Jan 2021 – November 2022 (inclusive).
Issue	To ensure Council are aware of all approval decisions regarding education and training programmes.
Recommendation	The Council is asked to note the decisions made in relation to Education Quality Assurance in in 2021 and 2022.

1. Introduction

- 1.1 The work undertaken by the Education Quality Assurance (EQA) team falls within the GDC Strategic aim 1:
"Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate, which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience"
- 1.2 The Registrar has overall responsibility for Education Quality Assurance and is required to confirm sufficiency and approval for all dental education programmes that lead to registration with the GDC or inclusion in GDC Specialist lists. This includes:
 - New programmes - review of submission and inspections
 - Monitoring – annual and targeted. Targeted monitoring was undertaken to gain assurance that students were getting an adequate length and breadth of clinical experience during the restrictions in place during the COVID-19 lockdown. Targeted monitoring has now come to an end and the EQA Team have moved back to a more business as usual approach, with new interim annual monitoring arrangements.
 - Risk based inspections
 - Specialty baseline QA of training and assessment providers
- 1.3 A full description of our activity is provided in the Review of Education.
- 1.4 Since the last report, the EQA Team has carried out all planned inspection activity, in addition to the targeted monitoring and inspection activity that was designed and implemented in response to the COVID-19 pandemic.
- 1.5 This report outlines:

- Overall summary of Registrar decisions
 - Breakdown of Registrar decisions by category, namely new programmes, risk-based inspections and specialty baseline QA.
 - Planned inspection activity planned for the forthcoming/ current academic year and new programme submissions under review.
- 1.5 Annual and targeted monitoring does not require a Registrar decision as it is a means of identifying risks to ongoing compliance with the Standards for Education which would be investigated further through inspections.

2. GDC Education Quality Assurance decisions

- 2.1 Since December 2020, the Registrar has taken seven decisions to confirm sufficiency or continuing sufficiency for BDS/ BChD programmes and 16 decisions to approve or confirm continuing approval of Dental Care Professional (DCP) programmes. All decisions have been made with reference to the GDC Standards for Education. In addition, the Registrar has approved six Specialty education providers as having met the GDC Standards for Specialty Education.
- 2.2 The GDC Education Quality Assurance inspection reports have been published and can be found at [Latest inspections \(gdc-uk.org\)](https://www.gdc-uk.org/latest-inspections).
- 2.3 The following is a list of programmes that have been subject to inspection activity across both academic years. The tables reflect the provider, the programme, and the inspection type.

Table 1: Inspections for the academic year 2020/2021

Provider/Awarding body	Programme	Inspection Type
University of Liverpool	BDS (new curriculum)	New programme Inspection
University of Liverpool	BSc (Hons) Dental Therapy	New programme Inspection
University of Manchester	BSc (Hons) Oral Health Sciences (Hygiene and Therapy)	Risk Based Inspection
University of Highlands and Islands	BSc (Hons) Oral Health Science (Hygiene Therapy)	Risk Based Inspection
Teesside University	Hygiene Therapy (BSc)	Risk Based Inspection
Orthodontic Team Training	Orthodontic Therapy	New programme Inspection
City of Liverpool College (OU)	Foundation Degree in Dental Technology	Risk Based Inspection
University of Portsmouth	Hygiene Therapy (BSc)	New Programme Inspection
University of Leeds	Hygiene Therapy (BSc)	New Programme Inspection
Greater Manchester School for DCPS	Diploma in Dental Hygiene and Diploma in Dental Therapy	Risk Based Inspection
University of Manchester	BDS	Risk Based Inspection
University of Central Lancashire	BDS	Risk Based Inspection
King's College London	BDS	Risk Based Inspection
Sheffield University	BDS	Risk Based Inspection
Newcastle University	BDS	Risk Based Inspection
University of Leeds	BChD	Risk Based Inspection

Table 2: Inspections for the academic year 2021/2022

Provider/Awarding Body	Programme	Inspection Type
QMUL	BSc Oral Health	New programme Inspection
UCLAN	BSc (Hons) Dental Technology	New programme Inspection
University of Birmingham	BSc (Hons) Dental Hygiene & Therapy	Risk Based inspection
University of Bristol	BSc (Hons) Dental Hygiene and Dental Therapy	New Programme Inspection
University of Portsmouth	Diploma Cert of Higher Ed	Risk Based inspection
Eastman Dental Institute	BSc (Hons) Dental Hygiene and Dental Therapy	Risk Based inspection
Glasgow Caledonian University	BSc Oral Health Science (Hygiene Therapy)	Risk Based inspection

3. New submissions

- 3.1 In the previous 2020 paper, it was reported that the Registrar had approved five new DCP Programmes. Since then, a further 13 have been approved, 11 of which are brand new programmes, rather than curriculum changes for existing ones.
- 3.2 The GDC is seeing an increase in the amount of new programme submissions. As DCP programmes have developed, education providers are now starting to see the benefit of running more programmes that lead to a professionally recognised qualification. The EQA Team is working with organisations such as the Institute of Apprenticeships to make these qualifications more accessible and achievable but at all times remaining compliant with the GDC standards. Recently the team has supported the Institute in the development of newer qualifications such as a dental T-Level. This may lead to a further future increase in new providers of dental education.
- 3.3 If an education provider plans to run a new dental programme, they must first submit an outline of the proposed programme to the GDC, that clearly demonstrates how it will meet the learning outcomes within the Standards for Education. The programme is then granted provisional approval. If this is a new provider or new type of programme for an existing provider, this is an increased risk which will require closer and more frequent quality assurance.
- 3.4 The Registrar's decision of 'sufficiency' or 'approval' is provisional pending full inspection. This is detailed on the GDC website, and providers may accept students onto the programme. A letter from the Registrar is sent to the provider. Full approval is not granted until the first graduating cohort has completed their studies and examinations, or assessments and the programme has undergone a full inspection by the GDC. New programme inspections will take place usually in the final year before the first cohort of students graduate.
- 3.5 The table overleaf shows 13 programmes that have been approved since January 2020

Table 3: Programmes that the GDC Registrar has approved since January 2020

Provider	Programme
University of Liverpool	BDS (Curriculum Change)
Newcastle University	BDS (Brunei students)
University of Dundee	BDS (Curriculum Change)
Kings College London	BSc Dental Hygiene and Therapy
University of Dundee	Oral Health Sciences BSc
Eastman Dental Hospital	BSc Dental Therapy
Eastman Dental Hospital	BSc Dental Hygiene
Teesside University	BSc Dental Hygiene
Teesside University	MSc Dental Therapy
Bangor University	Level 3 Diploma in Dental Nursing
Bangor University	Dip HE in Dental Hygiene
NCFE/CACHE	Dental Nursing T Level
City & Guilds	L3 Extended Diploma in Dental Nursing (Apprenticeship)

Current New Programme Submissions Pending Approval

- 3.6 The team is currently considering a new programme submission from the College of Medicine and Dentistry for a BSc Hygiene Conversion course.

New Programme Submissions which have been declined for approval

- 3.7 The two submissions listed below were reviewed by our education associates who advised that they did not provide sufficient evidence of meeting the Standards for Education to be approved. Advice was provided to both providers including additional evidence which would be required to meet the standards. The updated submissions have not yet adequately demonstrated that the standards have been met. As a result, both programmes were not approved by the Registrar.

Table 4: Programme submissions which have not been approved

Provider	Programme
Turret	Diploma in Orthodontic Therapy
New College of Lanarkshire	Diploma in Dental Hygiene

4. Targeted Inspection Activity

- 4.1 Targeted monitoring activity was designed, implemented and conducted in response to the COVID-19 pandemic. All BDS and Hygiene and Therapy programmes were subject to specific scrutiny of how they were meeting Requirements 13 and 15, directly relating to students' clinical experience through their learning.

Targeted monitoring in 2020/2021

- 14 BDS programmes were monitored. Of these, 6 required an inspection. All were subsequently approved by the Registrar.
- 19 HT programmes were monitored. Of these, 4 required an inspection. All were subsequently approved by the Registrar

Targeted monitoring in 2021/ 2022

- 16 BDS programmes were monitored. None required inspection.
- 16 HT programmes were monitored. Of these, one required an inspection and was subsequently approved by the Registrar.

5. Postgraduate Specialty Training

- 5.1 In 2019 the GDC introduced a new quality assurance process to assess how providers of postgraduate speciality training and assessment that lead to the award of the CCST comply with the GDC Standards for Specialty Education.
- 5.2 This baseline assessment is intended to be formative and a collaborative approach was taken to design a quality assurance model that would be robust and proportionate. The initial model was a desktop review of evidence of meeting the Specialty Standards for Education. However this led to an increase in time spent interpreting submitted data and queries between the GDC and the training providers and therefore a significant delay in being able to get reports finalised and approved by the Registrar.
- 5.3 We have been sharing our experience of specialty quality assurance with the GMC. The GMC currently quality assures medical specialty curricula and training provision, but not examinations. The GMC is intending to shadow one of our forthcoming Royal College inspections.
- 5.4 The table below outlines the completed specialty quality assurance to date.

Table 5: Completed quality assurance of specialty training and assessment

Provider/Awarding Body	Training/Examination Provider	Date of Publication
NHS Education for Scotland (NES)	Training Provider	March 2021
HEE London Kent Surrey and Sussex	Training Provider	April 2022
Health Education and Improvement Wales	Training Provider	July 2022
Northern Ireland Medical and Dental Training	Training Provider	October 2022
HEE Yorkshire and Humber	Training Provider	November 2022
HEE South West Thames Valley and Wessex	Training Provider	November 2022
Royal College of Surgeons (Edinburgh)	Examination Provider	November 2022

6. Future Quality Assurance Activity

- 6.1 The GDC currently has 65 active programmes, excluding specialty that are subject to quality assurance. The number of programmes is increasing year on year. There is a clear upwards trend in the number of providers seeking approval for DCP programmes.
- 6.2 The EQA Team undertakes two types of inspections; risk based and new programme inspections. Risk based inspections are planned in response to risks being identified, most commonly through the annual monitoring process but also from other sources such as Fitness to Practise concerns being raised, or information provided by students or faculty staff.
- 6.3 Some risks result in specific actions to remedy an issue being required of an education provider, for example a new process or policy being designed and then embedded. In these instances, the

time required will mean that although an inspection is risk based, an inspection may not take place for up to a year to allow tangible and impactful progress to take place.

- 6.4 Inspections that are planned for 2023 are shown in the table below. It is also likely that there will be further inspections arising from 2022/23 annual monitoring which is currently underway.

Table 6: BDS and DCP Inspections Planned for 2022/23

Provider/Awarding Body	Programme	Inspection Type
LDS	LDS Award	Risk Based October 22 and March 23
University of Northampton	Diploma in Dental Nursing	Risk Based November 2022
University of Bristol	Diploma in Orthodontic Therapy	Risk Based Inspection Academic year 2023/24
University of Teesside	Diploma in Dental Nursing	Risk Based November 2022
University of Aberdeen	Diploma of higher Education Dental Technology	Risk Based May 2023 (Exams)
University of Dundee	BSc Dental Hygiene and Dental Therapy / BDS	New Programme March 2023
NEBDN	Diploma in Dental Nursing	Risk Based February 2023
City and Guilds	Diploma in Dental Nursing	Risk Based March 2023
Cardiff Metropolitan University	Dental Tech x 2 Foundation Degree and BSc	Risk Based February 2022
Bolton University	FD/BSC Dental Tech	Risk Based November 2022
Bangor University	Diploma in Dental Nursing	New Programme March 2023
Eastman Dental Institute	BSc (Hons) Dental Hygiene and Dental Therapy	New Programme July 2023
Kings College London	BSc Hygiene Therapy	New Programme January 2023
Yorkshire Orthodontic Therapy Course (YOTC)	Diploma in Orthodontic Therapy	Risk based planned inspection for 2023
University of Manchester	BSc (Hons) Oral Health Sciences (Hygiene and Therapy)	Planned risk based inspection for 2023.

Table 7: Baseline specialty inspections and reports planned from December 2022 - 2023

Provider/Awarding Body	Training/Examination Provider	Progress and Expected Date of Completion
HEE North East	Training Provider	Inspection being scheduled for December 2022. Completion due by February 2023
HEE North West	Training Provider	Inspection being scheduled for December 2022. Completion due by February 2023
HEE Midlands and East	Training Provider	Inspection complete and report is in final draft stages. January 2023

Royal College of Physicians and Surgeons Glasgow	Examination Provider	Inspection complete and panel is reviewing newly submitted data. Report to be finalised by end of January 2023
Royal College of Surgeons England	Examination Provider	Inspection scheduled for beginning of January 2023.
Royal College of Pathologists	Examination Provider	Inspection scheduled for beginning of January 2023.
Royal College of Radiologists	Examination Provider	Inspection complete and report is in final draft stages. January 2023

Gail Fleming, Head of Education Quality Assurance
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23 November 2022

Council Members and Associates Expenses Policy 2023

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Associate Director, Finance
Type of business	For decision
Purpose	This paper is presented to the Council in respect of its role of approving an appropriate expenses policy for Council Members and Associates.
Issue	<p>To present the draft 2023 Council Members and Associates Expenses Policy for approval.</p> <p>On 25 November 2022, in line with its Terms of Reference, the Remuneration and Nomination Committee recommended the policy for approval.</p> <p>On 28 November 2022, in line with its Terms of Reference, the Finance and Performance Committee noted the proposed amendments to this financial policy.</p>
Recommendation	The Council is asked to approve the Council Members and Associates Expenses Policy 2023.

1. Background

- 1.1 The financial policies and procedures are reviewed annually to ensure that all related policy documentation reflects the GDC's latest requirements, arrangements, and controls, including correct terminology.
- 1.2 The Council Members and Associates' expenses policy was last approved by the Council in December 2021.
- 1.3 The Remuneration and Nomination Committee (RemNom) has:
 - a. approved the policy for authorising claims for expenses from the Chief Executive and Registrar and the Chair of the Council.
 - b. scrutinised and made a recommendation to Council that the wider policy should be approved by the Council.
- 1.4 The Finance and Performance Committee (FPC) has noted the proposed changes to the policy, in line with its broader oversight of financial policy within the organisation.

2. Annual benchmarking

- 2.1 We have refreshed our benchmarking data. The key points for the Council to note are:
 - a. Since our last review, the GMC have increased their rates for accommodation in:
 - London: from £157 per night to £175 per night
 - Manchester: from £100 per night to £106 per night

- b. The NMC has not updated its publicly available policy and has not responded to a request to share information. As such, their policy has not been considered in this year's benchmarking exercise.
- c. The GMC have noted that they continually review their expenses policy. They won't be making any changes to their policy specifically linked to cost-of-living increases but noted some secondary effects on hotel rates in London.

Table 1 Benchmarking data

	GDC £	GMC £	GOC £	GCC £	HCPC £	GOsC £
Accommodation (inc. breakfast)						
- London	180	175	180	192	180	150
- Manchester/ Major Cities	-	106	-	-	150	-
- Other	125	130	120	168	130	120
Breakfast	10	10	-	10	10	-
Lunch	10	10	10	10	10	15
Dinner						
- London	30	30	24	30	25	30
- Outside London	30	30	24	30	25	25
- Take away/supermarket	-	15	-	-	-	-

- 2.2 The GDC has, similar to the GMC's experience, noticed some secondary effects on hotel rates in central London.
- 2.3 The level of queries received by Finance has increased regarding finding suitable hotel accommodation within the rates. On each occasion, a suitable hotel has been able to be located. This has required wider internet searches and direct contact with hotels in the local area. Overall, however, the level of total queries being received has remained low.
- 2.4 It has been noticed that there is a particular issue arising in the ability to meet the "per night rate" for multi-night stays.
- 2.5 The benchmarking data does not suggest that GDC Council Member and Associates are disadvantaged relative to those similar appointments across healthcare sector peers, and we are therefore **not recommending any change to the current rates**. However, given the observations set out above we are making some other recommendations for 2023; contained within section 3 of this paper.

3. Policy changes

- 3.1 The policy at **Appendix 1** has been updated (with tracked changes) to reflect the following:

Table 2 Summary of policy changes

Section	Proposed change	Current policy
Hotel accommodation (3.21)	For multiple night stays, we will accept the average nightly cost to facilitate staying in one location.	Accommodation is a rate per night.

Section	Proposed change	Current policy
Hotel accommodation (3.22)	Introduce more detailed guidance on when we will reimburse the cost of overnight accommodation.	Guidance is limited to “when the stay is necessary from a business perspective” which has been open to interpretation.
Exceeding the rates (3.25)	Policy clarified to outline the need for the Executive Director of the relevant business area to support any request to go outside of policy.	Policy directing the business directly to the COO for approval.

- 3.2 Whilst we are recommending no uplift to our policy limits for 2023, we are recommending that given the current economic impact, hotel rates should be continuously monitored throughout 2023. If necessary, we would seek to update the policy ahead of the usual annual review.

4. Legal, policy and national considerations

- 4.1 The GDC is required to fully comply with HMRC legislation. HMRC 480's '*Expenses and benefits for directors and employees – a tax guide*', includes any Council Member that has been determined by HMRC to be an office holder and any Associate who may meet employment status. This legislation has been considered in the updating of this policy to ensure our compliance.
- 4.2 There is no national impact by the introduction of this policy as will affect Council Members and Associates from any of the nations in the same way.

5. Equality, diversity and privacy considerations

- 5.1 The policy has been reviewed to consider equality, diversity, and privacy considerations.
- 5.2 A provision is made within the policy for any Council Member or Associate that requires a reasonable adjustment to the policy and the process to follow to apply for that adjustment.

6. Risk considerations

- 6.1 This policy considers and documents the financial controls which will apply in mitigation of paying the wrong person or paying for expenditure not in line with our policy. This relates to operational risk FP2 'Overpayment of suppliers'.
- 6.2 The submission of any fraudulent claim is a serious breach of the Code of Conduct and will lead to a complaint being considered under the relevant policy.

7. Monitoring and review

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

8. Next steps and communications

- 8.1 On 25 November 2022, the RemNom:

- a. approved the policy for authorising claims for expenses from the Chief Executive and Registrar and the Chair of the Council.
- b. scrutinised and made a recommendation to Council that the wider policy should be approved by the Council.

8.2 The Finance and Performance Committee has noted the proposed policy updates.

8.3 The policy is due to become live on 1 January 2023.

Appendices

- a. Appendix 1 - Council Members and Associates Expenses Policy 2023 – tracked version

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29 November 2022

Council Members and Associates Expenses Policy 2023

Reference: FIN/CP04/v.001

Version: ~~2.13.0~~

Status	Approved Final draft - awaiting approval		
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 Associate Director, Finance	Effective date: 01 Feb 202201 Jan 2023	
Last reviewed/revised: 01/02/202217/12/2022	Review frequency: Every 1 years	Next review due by: 01/01/202331/12/2023	

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~~ public 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 ~~an~~ complaint against you ~~investigation 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~~ required 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~~ Every 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 ~~has all appropriate insurances in place~~ 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) ¹
Accommodation ^{2*}	London	£180, per night
	Other UK	£125, per night

¹ For multiple night stays, we will accept the average nightly cost to facilitate staying in one location

² 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.

	Staying with friends and family	£25, per night
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~~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. We will reimburse the cost of overnight accommodation in the following circumstances:

- For the night preceding your engagement, if the start time means you would have to leave home before 6.00 a.m.
- For the night following your engagement, if the finish time means you would arrive home after 9.00 p.m.
- For multiple nights during the course of any engagement.
- For night(s) between successive engagements where the accommodation cost is evidenced as being equal to or less than the cost of travel. The cost of overnight accommodation and provision of meals on a Saturday will not be reimbursed.
- In the event of industrial action impacting public transport availability where attendance is necessary to support the engagement (with prior approval from the Chief Operating Officer).

~~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.

~~3.22~~

Staying with friends and family

~~3.23~~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

~~3.24~~3.25 If you are unable to secure appropriate accommodation at a cost within the guide prices provided, you should seek agreement from the Executive Director in the relevant business area. ~~Executive Director, who will seek the necessary approval from the Chief Operating Officer.~~ -This must be completed- prior to making any booking and ~~and note the~~ reasons must be included on the expenses claim form.

Subsistence

~~3.25~~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	£30

Meals	Description	Rate (Inc. VAT)
	<p>your receipt total before submitting any claim.</p> <p>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.</p>	

~~3.26~~3.27 All claims will be paid on the basis of actual expenditure on production of fully itemised receipts.

Alcohol

~~3.27~~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

~~3.28~~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

~~3.29~~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.

~~3.30~~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

~~3.31~~3.32 Additional allowances and expenses necessarily and reasonably incurred, may be claimed as follows:

Childcare or baby-sitting expenses

~~3.32~~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.

~~3.33~~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

~~3.34~~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

~~3.35~~ ~~To support Council Members and Associates with short or long term~~ short- or long-term health conditions, we will consider what further support can be offered, including making reasonable adjustments to ensure you can fulfil the requirements of the role. Please contact the Chief Operating Officer for assistance with this matter. ~~To enable a Council member or Associates 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.~~

~~3.36 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

~~3.37~~3.36 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.

~~3.38~~3.37 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

~~3.39~~3.38 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~~2023
- **FIN/ICP05/v.001** Employee Expenses Policy ~~2022~~2023

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 internal process, in keeping with the approved policy.	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

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.

Claimant's 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 (For Council Members and Independent Governance Associates Only)

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 compliancey with this policy.

Finance Team responsibilities (For all other Associate Groups)

The Finance Team will:

- Check claim has been submitted with supporting receipts forward for review to the relevant Committee Secretary.

- Check all relevant sections of the expenses claim form have been correctly completed ahead of processing.
- Complete a review of 10% of all claims to be paid on the weekly BACS payment run for ~~compliance~~compliance y with this policy.

Committee Secretary responsibilities

The Committee Secretary will:

- Check your attendance record for the dates being claimed
- Complete a detailed review of 100% of all claims submitted and provide authorisation to Finance they can be passed for payment on the next available payment run.

Payment of claims

Claims will be reimbursed within 14 days of the claim being received. 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) ³
Accommodation ^{4*}	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.~~

³ For multiple night stays, we will accept the average nightly cost to facilitate staying in one location

⁴ 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 expenses 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.

Governance Manual: Update to Code of Conduct

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Katie Spears, Head of Governance Lee Bird, Interim Deputy Head of Governance
Type of business	For approval
Purpose	The Council retains responsibility for the approval of any changes to the Code of Conduct for Council Members and Independent Governance Associates ('the Code of Conduct').
Issue	<p>The Council approved a new Governance Manual for Council Members and Independent Governance Associates (IGAs) on 23 September 2021.</p> <p>On that date, it agreed the approval pathways for various policies contained with the Governance Manual.</p> <ul style="list-style-type: none"> • It retained approval over certain policies – including any changes to the Code of Conduct. • It delegated approval over certain policies to the Audit and Risk Committee (ARC) – which has oversight of the organisation's governance framework. • Operational matters remain within the remit of the Executive to review and approve. <p>There is a proposed change to the Code of Conduct to address how Council Members and IGAs should handle acting as a witness in Fitness to Practise proceedings. This change has been recommended by the ARC.</p>
Recommendation	<p>The Council is asked:</p> <ul style="list-style-type: none"> • To approve the updates to the Code of Conduct. • To note that the ARC has approved updates to the Managing Interests Policy, Gifts and Hospitality Policy and Anti-Fraud, Bribery and Corruption Policy for Council Members and Associates. These policies will be updated in the Governance Manual and made available to Council Members and IGAs. • To note that the EMT has approved updates to the Social Media Guidance. The ARC has noted this update. This Guidance will be updated in the Governance Manual and made available to Council Members and IGAs.

1. Key considerations

- 1.1 The Governance Manual for Council Members and Independent Governance Associates (IGAs) is a collection of policies and procedures that apply to those groups of individuals. In September 2021, a new approach to the Manual was approved by the Council (with recommendation by the

ARC) and a thorough review of most of the policies and procedures contained within it was undertaken.

2. Amendments to the policies and rationale

The Code of Conduct update

- 2.1 A light-touch review of the Code of Conduct has taken place to respond to the need for guidance for Council Members and IGAs who are called as witnesses in Fitness to Practise proceedings.
- 2.2 A summary of the changes is as follows:
 - a. The policy has been updated to refer to the new set of Standing Orders for the Conduct of the Council and Committees 2022, which was approved by the Council earlier in 2022.
 - b. The Code of Conduct (**Appendix 1**) has been updated to formalise the requirement to seek advice from the Executive Director, Legal and Governance before Council Members or IGAs should agree to act as a witness in Fitness to Practise proceedings. This change has been cascaded to the internal and external legal teams to ensure that appropriate advice is sought in these rare occasions.
- 2.3 The ARC reviewed these proposed updates at its November 2022 meeting and recommended them to the Council. The Council is, accordingly, invited **to approve** the proposed update to the Code of Conduct.

3. Other Policy Reviews

- 3.1 The Council has delegated authority to approve changes to the policies below so is asked **to note** the updates set out following approval by the ARC in November 2022. Copies of the updated policies will be made available via updates to the Governance Manual and circulated.
- 3.2 The Managing Interests and Gifts and Hospitality Policies for Council Members and IGAs were reviewed in line with initial audit findings from the in-house Internal Audit team, the views of the Chair of Council, and with best practice guidance in mind.
 - a. In line with its risk profile, the Managing Interests Policy has been updated to require Council Members to undertake half-yearly declarations, instead of quarterly declarations, alongside the requirement to make declarations as and when conflicts of interest might occur.
 - b. The Gifts and Hospitality Policy has been updated to clarify that Council Members and IGAs should only declare offers of gifts and hospitality when they are, or could reasonably be perceived to be, offered in line with their role or position at the GDC. This is in response to the organisation receiving declarations of gifts and hospitality which related to roles outside of the GDC and is proposed in line with internal audit recommendations for declarations to be proportionate.
- 3.3 The Anti-Fraud, Bribery and Corruption Policy for Council Members and IGAs was updated in line with changes to the staff and wider Associates group policy, following an external audit by RSM. The updates are to clarify definitions and update references to job titles and recent legislation.
- 3.4 Social Media Guidance for Council Members and IGAs was reviewed upon request of the Remuneration and Nomination Committee, as part of their work to oversee Council Member recruitment processes. The guidance has been updated to remind Members to be considerate of the potential reputational impact on the GDC of posting comments and opinions online. The EMT has approved these updates.

4. Legal, policy and national considerations

- 4.1 The In House Legal Advisory Service provided recommendations on the Social Media Guidance as part of the review.
- 4.2 These policies were reviewed in line with the equivalent policies for staff and Associates.

5. Equality, diversity and privacy considerations

- 5.1 Declarations of interests and declarations of gifts and hospitality for Council Members and IGAs are made publicly available on the GDC website for the purposes of transparency.
- 5.2 The policies have been revised in line with the EDI Strategy objectives.

6. Risk considerations

- 6.1 The updates to the policies have considered the risks that were outlined in the internal audits into the Managing Interests and Gifts and Hospitality processes.

7. Monitoring and review

- 7.1 The Governance Manual policies are all due for review at least every two years. If any changes are required in the interim period, these will be undertaken, and additional proposals will be made to the relevant approval forum.

8. Development, consultation and decision trail

- 8.1 The In-House Internal Audit team conducted audits into the Managing Interests and Gifts and Hospitality processes and the changes to the policies have considered the audit recommendations.
- 8.2 The People Services team has also been consulted on the review of the Managing Interests and Gifts and Hospitality policies to ensure any changes are consistent with the staff policies, where appropriate.
- 8.3 The In House Legal Advisory Service and the Communications and Engagement Team have been consulted on the revisions to the Social Media Guidance.
- 8.4 The Executive Management Team reviewed the revisions to the policies and recommended the changes for approval.
- 8.5 The ARC reviewed and approved the changes to the policies outlined above at its November 2022 meeting.

9. Next steps and communications

- 9.1 Following the Committee's approval, the updated policies and guidance will be added to the Governance Manual group of policies on Board Intelligence. Council Members and IGAs will be informed of the updates.

Appendices

- 1. Code of Conduct for Council Members and Independent Governance Associates – tracked changes

Katie Spears, Head of Governance
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17 November 2022

Code of Conduct for Council Members and Independent Governance Associates

Version: 2.0

Status	Final draft - awaiting approval		
Policy Owner	Governance		
Applicable to (tick all that apply)	<input type="checkbox"/> EMT only <input type="checkbox"/> Staff only (not EMT) <input checked="" type="checkbox"/> Council Members <input checked="" type="checkbox"/> Independent Governance Associates	<input type="checkbox"/> Statutory Committee Members <input type="checkbox"/> Associates <input type="checkbox"/> Third Parties (state who)	
Approving forum (tick all that apply)	<input type="checkbox"/> Chief Executive/Registrar/Accounting Officer <input checked="" type="checkbox"/> Executive Management Team (EMT) <input type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Head of Function <input type="checkbox"/> Senior Information Risk Owner	<input checked="" type="checkbox"/> Audit & Risk Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> Remuneration & Nomination Committee <input type="checkbox"/> Statutory Panellists Assurance Committee <input checked="" type="checkbox"/> Council	
First Published: 2013	Reviewed by: Deputy Head of Governance		Effective date: 16 Nov 2022
Last reviewed/revised: 16/11/2022	Review frequency: Every 2 years		Next review due by: 16/11/2024

1. Purpose and scope

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

2. Framework – Member Responsibilities

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

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

3. Definitions

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

4. Confidentiality

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

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

5. Equality, Diversity and Inclusion

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

6. Induction and Development

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

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

7. Attending meetings

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

8. Preparation for meetings and provision of information

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

9. Taking a decision

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

10. Collective responsibility

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

11. Demitting office

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

12. Relationship with registrants

- 12.1 The actions of Council Members can undermine public confidence in the regulation of dentists and dental care professionals and failure to act appropriately can lead to their suspension or removal.
- 12.2 In particular, Council Members must ensure that they do nothing to compromise themselves or the GDC by doing anything which could influence or may be perceived as influencing the GDC's fitness to practise proceedings on behalf of an individual registrant. If any other matter is raised with a Member by an individual registrant, they should bear in mind their obligations under this Code and the Managing Interests' Policy, and if necessary, should discuss the matter with the Chair of Council.

13. Managing interests and making gifts and hospitality declarations

- 13.1 Council Members are required to be familiar with and adhere to the GDC's policies on managing interests, gifts and hospitality and on anti-fraud, anti-corruption and anti-bribery.
- 13.2 Council Members must be aware that the GDC is funded by registrants' fees, and they have a duty to use the GDC's resources prudently.
- 13.3 Council Members must not receive any financial or non-financial benefit relating to their position as a Member that is not explicitly authorised in their appointment letter/agreement (e.g. fees for attending meetings/training and incurred expenses).
- 13.4 If Council Members are offered payment for speaking as agreed on behalf of the GDC they should notify the Chair of Council and turn down the fee. Council Members are able to claim expenses for attending such an engagement either from the third party or the GDC.

14. Dealing with stakeholders

- 14.1 Public statements made by Council Members are likely to be construed by the public as the opinion of the GDC. The term 'public statement' may cover a wide range of circumstances, including but not limited to, speeches, media articles, press statements and postings on social media.
- 14.2 Council Members should not make public statements relating to the Council or the topics in the GDC's field of interest without authority from the Chair to do so. While

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

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

15. Interaction with staff and colleagues

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

16. Raising concerns

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

17. Complaints, concerns, or capability

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

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

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

18. Related policies and procedures

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

19. Related legislation and other supporting information

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

20. Monitoring and review

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

21. Appendices

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

Council members and conflicts of interest in FTP matters

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

General dos and don'ts

You should never:

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

You should:

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

Approaches about a current or potential FTP cases

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

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

then you should:

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

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

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

If you are approached by [In-House](#) or [External Legal Presentation Services](#) to give evidence in an FTP case, then you should:

- [Seek immediate advice from the Executive Director, Legal and Governance](#)

- If you are required to give evidence, Council Members are reminded that they are not representing the Council when doing so and this should be clearly explained to the relevant panel.

Approaches about concluded FTP Cases

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

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

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

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

Approaches and complaints about the FTP process

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

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

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

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

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

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

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

- Raise them with the Chief Executive.

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