

A meeting of the Council of the General Dental Council

10:30am on Friday 24 June 2022 at the General Dental Council,

Via MS Teams

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

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

Lee Bird, Interim Head of Governance and Board Secretary, General Dental Council

Email: Lee.Bird@gdc-uk.org

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

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

Public Council Meeting

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

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

PART ONE - PRELIMINARY ITEMS

| | | | | |
|-----------|--|--------------------------------------|--------------------------------|-------|
| 1. | Welcome and apologies for absence | Toby Harris, Chair of the Council | 10.30 - 10.35am (5 mins) | Oral |
| 2. | Declarations of Interest | Toby Harris, Chair of the Council | | |
| 3. | Questions Submitted by Members of the Public | Toby Harris, Chair of the Council | | 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 1 April 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 1 April 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 | <i>For noting</i> | 10.35 - 10.55am (20 mins) | Paper |

| No | Item & Presenter | Tabled for? | Time | Status |
|-----|---|-----------------------|--------------------------------|--------|
| 8. | <p>Equality, Diversity and Inclusion Strategy Update</p> <p>Dawn Bettridge, Interim Executive Director, Organisational Development</p> <p>John Middleton, Head of Organisational Development and Inclusion</p> | <i>For discussion</i> | 10.55 - 11.15am (20 mins) | Paper |
| 9. | <p>Approach to Publishing Research Findings</p> <p>Stefan Czerniawski, Executive Director, Strategy</p> | <i>For approval</i> | 11.15 - 11.30am (15 mins) | Paper |
| 10. | <p>Regulatory Reform Update</p> <p>Os Ammar, Interim Head of Policy and Research</p> | <i>For discussion</i> | 11.30 - 11.45am (15 mins) | Paper |
| 11. | <p>Professional Standards Authority Annual Report</p> <p>John Cullinane, Executive Director, Fitness to Practise</p> | <i>To note</i> | 11.45am - 11.55pm (10 mins) | Paper |
| 12. | <p>Review of the Governance Framework</p> <p>Lisa Marie Williams, Executive Director, Legal and Governance</p> <p>Lee Bird, Interim Head of Governance</p> | <i>For approval</i> | 11.55 - 12.05pm (10 mins) | Paper |

PART THREE - CONCLUSION OF BUSINESS

| | | | | |
|-----|-----------------------------|--------------------------------------|-----------------------------|------|
| 13. | Any Other Business | Toby Harris, Chair of the Council | 12.05 - 12.10pm (5 mins) | Oral |
| 14. | Date of Next Meeting | Friday 23 September 2022 | | |

LUNCH BREAK - 12.10 - 1.00pm

Followed by the Closed Session of Council

**Minutes of the Meeting of the
General Dental Council
held at 10.00am on Friday 1 April 2022
in Open Session held in Colmore Square, Birmingham**

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 |
| Stefan Czerniawski | Executive Director, Strategy |
| Sarah Keyes | Executive Director, Organisational Development |
| Lisa Marie Williams | Executive Director, Legal and Governance |

Staff and Others in attendance:

| | |
|-------------------|--|
| Osama Ammar | Head of Public Policy (items 12) |
| Samantha Bache | Head of Finance and Procurement (item 9) |
| Lee Bird | Interim Head of Governance (throughout the meeting) |
| Clare Callan | Head of Case Progression (throughout the meeting) |
| Lucy Chatwin | Head of People Services (item 8) |
| Duncan Fyfe | Policy Manager (item 10) |
| Colin Mackenzie | Head of Nations and Engagement (item 11) |
| Agatha O'Donoghue | Governance Manager (throughout the meeting) |
| Joanne Rewcastle | Head of Communications and Engagement (throughout the meeting) |
| Ross Scales | Head of Upstream Regulation (item 10) |
| Katie Spears | Head of Governance (throughout the meeting) |

Others in Attendance:

Members of the public attended as observers.

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. The Chair also welcomed Ilona Blue who was attending her first Council Meeting. The Chair noted that her appointment to the Council - for a term of four years - had been approved by the Privy Council, alongside the reappointment of Simon Morrow as a Council Member, for a further term of three years.
- 1.2 The Council noted apologies from Sir Ross Cranston, Chair of the Statutory Panellists Assurance Committee (SPC), who had provided an assurance report from the Committee, and from John Cullinane, Executive Director, Fitness to Practise. Clare Callan, Head of Case Progression, attended in his stead.
- 1.3 The Chair noted that the Council was meeting in person for the first time in two years and that this was a welcome transition. The Chair also provided a short update on his recent stakeholder engagements, noted that the Overseas Registration Examination schedule had been able to recommence, and flagged recent GDC publications.

2. Declaration of interests

- 2.1 In relation to the substantive meeting agenda, all Council Members declared an interest in the Chair, Council Member and Associates Remuneration Review (item 8) and all registrant Council Members declared an interest in the Review of Upstream Regulation (item 10).
- 2.2 The Chair of Council and the Chief Executive and Registrar declared an interest in the Chair and Chief Executive Objective Setting Process (correspondence item C1).

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

The full minutes of the public meeting and the abbreviated minutes of the closed meeting held on 2 December 2021 had been **approved via correspondence**.

5. Matters Arising and Rolling Actions List

- 5.1 The Council **agreed** that the three actions that were marked as *'suggested complete'* could be considered completed.

6. Decision Log

- 6.1 The Council **noted** that there was one decision that had been taken by correspondence since the last meeting relating to the branding and design of the Dental Professionals Hearing Service.

7. Assurance Reports from Committee Chairs**Audit and Risk Committee**

- 7.1 The Chair of the Audit and Risk Committee (ARC) updated the Council on the work of ARC since the last Council meeting. The Committee had met once, with the Council Chair in attendance as an observer, and had considered the following key business:

- a. The Annual Report and Accounts (ARA) – the Committee had scrutinised the first draft document. Difficulties had been experienced in securing pensions data from third parties but the committee had noted that an important workaround had been secured in relation to the data that would help to ensure that the timeline for laying the ARA before the parliaments would be met.
- b. The Strategic Risk Register (SRR) – the Committee had flagged the need for additional updates on actions that were due or close to their due dates and highlighted areas of further consideration for the Executive. The iteration provided to the Committee was welcomed as it was more contemporaneous.
- c. A deep-dive on the Equality, Diversity and Inclusion action plan – the Committee was not yet able to provide Council with full assurance on the progression of the delivery of the EDI Strategy and this work would return to the Committee shortly with updates.
- d. Internal and external audit reports – the Committee had noted that certain internal audit reports had been submitted late by the provider and required additional time for scrutiny and consideration before the Committee would be able to provide the relevant assurances on those topic areas. An additional meeting had been planned in for Monday 4 April 2022 for this to take place. Remediation plans were in place with the internal audit providers.

7.2 The Council was informed that the ARC had scheduled two additional single-issue meetings for 2022 to discuss the External Internal Audit Reports from Mazars and to discuss the Annual Report and Accounts.

Finance and Performance Committee

- 7.3 The Chair of the Finance and Performance Committee (FPC) updated the Council. The Committee had met once and considered the following key business:
- a. The Q4 of 2021 Organisational Performance report – the Committee was able to provide assurance that the reports offered a fair summary of delivery of the Costed Corporate Plan (CCP) and budgetary position. The Committee had reviewed the operation of the scheme to allow payment of the Annual Retention Fee by instalments and noted that take up had increased but was still lower than originally envisaged. Similarly, current default rates were lower than originally anticipated. This would be kept under review. The Committee were content with the progress of the delivery of this scheme and had moved to review the work annually.
 - b. The CCP 2022-23 and “Could do” review – in line with its delegation from Council, the Committee had undertaken a review of the ‘on hold’ projects in line with the organisation’s financial position and moved three into the ‘should do’ category: developing the criminal enforcement strategy, software for Hearings and software for the empanelment process.
 - c. The Fitness to Practise (FtP) action plan – the Committee had heard that the FtP caseload was stable and had taken assurance that large scale recruitment and induction was in progress to address the ongoing issues in this business area. The new suite of Key Performance Indicators (KPIs) was being embedded and the Committee was monitoring progress against these new measures. Given the need to fully embed new staff, rapid improvements had not been seen in performance against KPIs and the Committee would continue to monitor this area closely. The Separation of Adjudication programme of work was on track. A positive report had been received on the delivery of the Dental Complaints Service, where a 42%

increase in enquiries had been dealt with effectively. The Council noted that this increase had not resulted in a significant increase in referrals to the Fitness to Practise teams.

- d. An in-depth review on the locations, structures and working patterns of the organisation - the Committee had encouraged the Executive to revisit the Estates Strategy, given the changed working landscape brought about by the pandemic, and the Committee would continue to hear updates on the New Ways of Working pilot scheme (which had been paused when Government guidance to work from home had been reinstated but had restarted in March 2022).

Remuneration and Nomination Committee

- 7.4 The Chair of the Remuneration and Nomination Committee (RemNom) updated the Council. The Committee had met once, with the Council Chair in attendance as an observer, and considered the following key business:
 - a. An update to the Council Member appointments process, and the induction plan for the new Council Member.
 - b. The Chair of Council and Chief Executive objective setting process – this had been separated from the appraisals process this year, given the appointment of a new Chair.
 - c. Succession planning for the Chief Executive and the Executive Management Team – the Committee had asked for additional detail around the succession planning for the Executive and this would return to the Committee in due course.
 - d. Remuneration for the Chair, Council Members and Associates, and the staff remuneration framework – the Committee had scrutinised and recommended the proposals before the Council today for approval.

Statutory Panellists Assurance Committee

- 7.5 The Chair of Council noted that the Chair of the Statutory Panellists Assurance Committee (SPC) had sent his apologies, and had provided the Council with a written update on the recent work of the Committee which had focused on panellist training and performance.
- 7.6 The Council **noted** the updates.

8. Chair, Council Member and Associates Remuneration Policy

The Head of People Services joined the meeting.

- 8.1 The Executive Director, Organisational Development and Head of People Services presented the papers and noted that the RemNom had recommended their proposals to the Council. No increase in the remuneration of the Chair or Council Members was proposed and benchmarking supported that approach. In relation Associates, a similar benchmarking exercise had been undertaken and the Council was asked to agree that:
 - a. There should be no change to the standard rate of Associate daily fees.
 - b. There should be no change to cancellation terms.
 - c. Payment should continue to be made for reading and preparation time on the current model and this should be applied consistently across all groups.
 - d. There should be a consistent payment for training days adopted across all Associate groups.

- e. The fee paid to legal advisors should be reduced (from £681.40 to £600 per day) and the remuneration to FtP Panel Chairs should be increased (by an additional half day's fee of £176.50 per 'booking', to reflect additional responsibilities held in comparison to other non-Chair panellists) from 1 January 2024.

- 8.2 The Council **discussed** that this approach would result in net overall savings for the organisation and **approved** the proposed approach and asked that a light touch review be conducted in 2023, in light of the likely rises in inflation.

Action: The Head of People Services to conduct a light touch review of the remuneration of the Chair, Council Members and Associates in 2023 and bring any proposed amendments back to the Council for approval.

The Head of People Services left the meeting.

9. Organisational Performance - CCP Quarterly Performance Report: Q4 2021

The Head of Finance and Procurement joined the meeting.

- 9.1 The Head of Finance and Procurement presented the quarterly performance report, and the Council noted that the organisation's operating surplus was £3.7m higher than budgeted but that did not include the end of year adjustments for the pension schemes. Largely this cost was deferred spend and the key variances were reported in the reports. Due to the likely rises in inflation, work conducted later would cost the organisation more than originally envisaged. The Council heard that the FPC had also scrutinised the reported underspend in relation to learning and development activities and, although some of this underspend related to the method of delivery of training changing during the pandemic, the Council noted that this could impact the long-term health of the organisation if it continued. The topic was due to be subject to an in-depth review at FPC in due course.
- 9.2 Delivery against the Costed Corporate Plan was on track. In relation to establishment figures, the organisation was 20.3 FTE below budgeted levels and recruitment activities had been commended to address this. Sickness absence in 2021 had increased compared to the previous year (861 versus 495 days) and this was largely due to the Covid-19 pandemic.
- 9.3 The Council **noted** the Q4 2021 Quarterly Performance Report.

The Head of Finance and Procurement left the meeting.

10. Review of Upstream Regulation: Scope of Practice and Principles of Professionalism

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

- 10.1 The Executive Director, Strategy presented the paper which outlined the proposed approach to consulting on the principles of professionalism and the Scope of Practice.
- 10.2 The Council **discussed** the following:
- a. There was broad support for the direction of travel of the work but there was also a need to ensure that any change in approach would be carefully monitored to avoid placing any additional stress on the Fitness to Practise process which was already fragile.
 - b. The consultation exercise should be meaningful and listen carefully to views of the public and professionals impacted by it.

- c. Specifically, the team was asked to consider; the sequencing of the consultation, how the external reference group should be constituted, how best to communicate with the public with clarity and whether there was any useful benchmarking information available to the team from other regulators around the implementation process.

10.3 The Council **approved** the proposed approach to consultation, subject to a further review to be undertaken at the Chair's group, and asked the team to bring the work back to the Council once consultation feedback had been collated and fully considered.

The Head of Upstream Regulation and the Policy Manager left the meeting.

11. CCP 2022-2024 Publication

The Head of Nations and Engagement joined the meeting.

11.1 The Head of Nations and Engagement presented the paper and whilst the Council noted that it would be helpful to re-iterate the key messaging around delayed spend and the appropriate timelines for publication of this work in future, it **approved** the proposed content for publication.

The Head of Nations and Engagement left the meeting.

12. Regulatory Reform Update

The Head of Policy and Research joined the meeting.

12.1 The Head of Policy and Research updated Council on the regulatory reform landscape, including:

- a. The international registration section 60 consultation had launched.
- b. The Department of Health and Social Care still appeared to intent that the General Medical Council regulatory reform legislation package would be consulted upon in 2022 but the exact dates were unclear. This would be a precursor for activities in relation to other regulators.
- c. There was a potential impact on the GDC arising from the Brexit Freedoms Bill. The Specialist List Regulations (SLRs) were retained EU legislation and this Bill would create greater powers for the amendment of EU retained legislation which would mean that there was the potential for another vehicle for change in the SLRs beyond a section 60 amendment.

12.2 The Council noted the extensive change landscape and the risk of 'planning blight'. It was assured that the team were monitoring matters closely and **noted** the update.

The Head of Public Policy left the meeting.

13. Any Other Business

13.1 The Chair noted that this was the last meeting for the Executive Director, Organisational Development and thanked her for her service in the organisation.

14. Items considered by correspondence

14.1 The Council **noted via correspondence** the:

- a. Chair and Chief Executive Objective Setting Process and Draft 2022 Objectives.
- b. Public Affairs, Policy and Media Update and Stakeholder Engagement Report.

- c. Preparing for Practice Review and
- d. Annual Report on the Use of the GDC Seal.

The meeting was closed at 11:35am.

**Minutes of the Meeting of the
General Dental Council
held at 12.00pm on Friday 1 April 2022
in Closed Session held in Colmore Square, Birmingham**

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 |
| Stefan Czerniawski | Executive Director, Strategy |
| Sarah Keyes | Executive Director, Organisational Development |
| Lisa Marie Williams | Executive Director, Legal and Governance |

Staff and Others in attendance:

| | |
|------------------|--|
| Osama Ammar | Head of Public Policy (items 7 and 9) |
| Samantha Bache | Head of Finance and Procurement (items 8 and 11) |
| Lee Bird | Interim Head of Governance (throughout the meeting) |
| Clare Callan | Head of Case Progression (throughout the meeting) |
| Colin Mackenzie | Head of Nations and Engagement (item 11) |
| Joanne Rewcastle | Head of Communications and Engagement (throughout the meeting) |
| Katie Spears | Head of Governance (throughout the meeting) |

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted apologies from John Cullinane, Executive Director, FtP, and welcomed Clare Callan, who was attending in his stead.

2. Declaration of interests

- 2.1 All Council Members and members of the Executive Management Team declared an interest in the Annual Report and Accounts (item 11) due to the disclosures in the Remuneration Report.
- 2.2 All registrant Council Members declared an interest in Corporate Strategy (item 9) and the Review of Fitness to Practise Internal Guidance (correspondence item C2).

3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 2 December 2021 had been **approved via correspondence**.

4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** that the one action marked as '*suggested complete*' could be considered completed.

5. Decision Log

- 5.1 The Council **noted** that there were three decisions taken by correspondence since the last meeting.

6. Chief Executive's Report

- 6.1 The Chief Executive provided an update to the Council on:

New Ways of Working (NWOW)

- 6.2 The pilot scheme had been suspended in December 2021, when revised Government guidance had encouraged home working due to the pandemic. It had restarted in March 2022. The EMT reviewed the pilot quarterly, with a formal mid-point review at six months. With the hiatus in the pilot, this midpoint would now fall at the end of May.

Covid-19

- 6.3 Covid-19 sickness levels in the organisation continued to be quite high. These higher levels were expected to continue for some time and the organisation was considering carefully how best to plan for further variants, changes in Government guidance and ensuring the safety of staff and the public who attend the GDC offices.

Regulatory Reform

- 6.4 The Chief Executives of the Healthcare Regulators had discussed the longer-term programme for regulatory reform with the Department of Health and Social Care (DHSC).

Adjudications Separation

- 6.5 This work was on track that was due to be launched in the summer.

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

7. International Registration Consultation Response

The Head of Policy and Research joined the meeting.

- 7.1 The Executive Director, Strategy presented the paper to Council for approval.
- 7.2 The Council noted that there was broad support for the proposed changes, and it was supportive of the consultation response.
- 7.3 The Council **approved** the proposed response to the consultation.
The Head of Policy and Research left the meeting.

8. Strategic Risk Register

- 8.1 The Chief Operating Officer presented the Strategic Risk Register, that had been remodelled since the Council had agreed a revised risk appetite. The Council noted that one new risk had been identified, none were recommended for dormancy and four risks were currently outside of risk appetite.
- 8.2 The Council noted that its ownership of the SRR meant that amending the SRR required Council approval. This tied finalisation of the SRR for Council to the governance and approval structures for Council papers with the unintended consequence that the EMT was somewhat constrained in presenting a fully updated picture of new and emerging risks. It was agreed that a new approach was now appropriate, and the Council discussed how best to tackle how it would take appropriate assurance on strategic risk.
- 8.3 The Council **approved** the SRR and **agreed** that
- a. The Council would set the strategic risk appetite for the organisation annually and review the SRR annually.
 - b. The ARC would continue to scrutinise, oversee and challenge the Executive on strategic risk and would report its assurance levels to the Council at each of its meetings.
 - c. The Executive and the ARC could also bring exceptional strategic risks to Council for consideration as appropriate.

Action: Chief Operating Officer and Head of Risk Management and Internal Audit to review and revise the risk management framework and policy in line with the revised approach from Council.

9. Corporate Strategy 2023-2025: Draft for Consultation

The Head of Policy and Research re-joined the meeting.

- 9.1 The Executive Director, Strategy presented the paper which outlined the draft consultation material in relation to the 2023-2025 Corporate Strategy and sought approval to publish the draft consultation.
- 9.2 The Council noted that it had not taken any decisions on the ARF for 2023 yet, nor had it decided how to treat any rises in inflation. The Chief Executive acknowledged this but reminded Council that at three yearly intervals, when a new Strategy was adopted, consultation on that strategy was necessary and had to run to a timetable which preceded the detailed CCP planning process.
- 9.3 The Council **asked** that the FPC scrutinise the appropriate ranges for the ARF that were to be communicated in the consultation document at its May meeting where the budget and corporate planning items were already on the Committee's agenda.
- 9.4 The Council was supportive of the tone and broad content of the consultation document and noted that the final iteration of the Strategy would be completed following the consultation feedback.

- 9.5 The Council **approved** the Corporate Strategy for publication for consultation **subject to the points raised above**.

The Head of Policy and Research left the meeting.

10. Communications and Engagement Strategy

- 10.1 The Head of Communications and Engagement presented the paper and noted that the portion of the paper which addressed future priorities and activities were for information only, and would be subject to scrutiny through the budget and corporate planning process in the usual way. The Council was invited to approve the strategy and note the activities proposed to deliver it.
- 10.2 The Council heard further information as to the work surrounding the improvements to the organisation's digital communications offering.
- 10.3 The Council **approved** the Communications and Engagement Strategy and noted that a package of activities proposed to deliver it would be developed and would go through the budget and corporate planning process.

11. Annual Report and Accounts 2021

The Head of Nations and Engagement joined the meeting.

- 11.1 The Head of Nations and Engagement presented the draft Annual Report and Accounts 2021, and the Council noted the level of work required to bring a comprehensive draft forward at this point in the year. The Council **agreed** that detailed feedback on the content could be provided to the Head of Nations and Engagement via email if necessary.
- 11.2 The Council **noted** the update.

The Head of Nations and Engagement and left the meeting.

12. Any Other Business

- 12.1 The Chair of ARC provided an update on the internal audit providers and the timeliness of the delivery of their audit reports. These reports were important to ensure that the assurance framework was robust and, whilst there were not currently issues that would impact the ability of the Accounting Officer to sign the ARA, it was vital that the existing concerns were tackled to ensure that this did not become a problem. The Council **noted** the update.

13. Items considered by correspondence

- 13.1 The Council **noted via correspondence** the:
- a. Education Quality Assurance Update;
 - b. Review of Fitness to Practise Internal Guidance; and
 - c. Annual Report on Significant Litigation

The meeting was closed at 15:25pm

Public Council Actions Log

| Action No. | Date of Meeting | Minute no. | Subject | Action | Due date | Owner | Update | Status |
|-------------------|------------------------|-------------------|----------------|--|-----------------|----------------|---|------------------|
| 26 | 23/09/2021 | 13.3 | EDI Strategy | The Executive Management Team to jointly review the reporting approach to this work before the next six-monthly implementation report. | 24/06/2022 | John Middleton | An update on the implementaiton of the EDI Strategy has been included on the June Council agenda. | Suggest complete |

Audit and Risk Committee (ARC) Assurance Report

Since the last Council meeting, the ARC has met three times, on the 4 April, on the 28 April and on the 9 June 2022.

The 4 April meeting was an additional meeting as the ARC had not been able to give proper scrutiny to the internal audit reports at the previous meeting and it was important that the consideration took place in time for the assurance report for the Annual Report and Accounts. At this meeting the Committee:

- **Noted** the internal audit reports which gave substantial assurance, the highest level, in all areas.
- Discussed in detail the service of the internal auditor providers and agreed to review the arrangements that were in place and tasked the Executive with making necessary arrangements to appoint new internal auditors urgently to ensure there was no gap in provision.

The 28 April meeting was focussed on the Annual Report and Accounts 2021. At this meeting the Committee:

- **Noted** that the new internal auditors had been appointed and the Committee was provided with the necessary assurances that the appropriate resources were in place to progress with the internal audit timetable as agreed by the Committee.
- Discussed in detail and scrutinised the first draft Annual Report and Accounts 2021, providing detailed comments and feedback prior to it returning to the Committee in June for recommendation to the Council.

At the 9 June 2022 meeting the Committee:

- Made further suggestions and recommendations of the final Annual Report and Accounts 2021 paper and **approved** for recommendation to the Council for its agreement, subject to the further relatively minor amendments and reviews.
- Was not assured by the deep dive into the Equality, Diversity and Inclusion action plan as a mitigation to the operational EDI risk. The Committee provided further feedback on the plan at its meeting and noted that the plan would return to the Council in June for discussion and in September for approval, subject to the Council's agreement. It was agreed that the action plan would return to the Committee following the Council's approval to seek the Committee's assurance that the revised plan was an effective mitigation to the various risks in which this was an element.
- **Approved** the Risk Management Framework which took into account the new process agreed at the previous Council meeting.

- **Approved** the Strategic Risk Register with a request for further discussion around the risk appetite assessment at the next ARC.
- **Noted** the progress of both the action log and the audit tracker and will continue to keep under review dates/actions that are not met.
- **Approved** the revised Internal Audit Annual Plan following the appointment of the new Internal Auditors.
- **Approved** the Review of Governance Process paper for presentation to the Council.
- **Received** its regular update on the GDC's significant litigation and the regular CEO report, the Committee noting how useful and important they find each of these reports.

Sheila Kumar, Chair of the Audit and Risk Committee

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 committee is content with current and planned actions by the executive.

FPC met, in-person, on 26th May 2022 and considered the following substantive items of business:

- Organisational performance reporting suite
- Wider economy considerations
- Costed Corporate Plan 2023-25-Planning round one-first draft budget
- Pensions update
- Fitness to practise (FtP) action plan update
- In-depth review: Estates Programme

The discussions and actions are summarised below:

1. Organisational Performance Reporting Suite

- £3.5m lower than budgeted due to budget profiling differences caused by the Payment by Instalments scheme for the Dentist ARF and it was expected that the variance would be corrected over subsequent quarterly collections.
- A question was raised by the Committee in relation to the age of some of the FTP cases coming through to the presentation teams and heard that there were some very old cases involving fraud allegations. A review of the cases would be undertaken by the legal team to explore what further steps could be taken.
- A cross-organisational approach underway to look at recruitment and retention

2. Wider Economy Considerations

- The Committee discussed the approval process of the consultation document and noted that the revised text, building in the Committee's decisions, would be shared with the Council, supported by Accounting Officer advice, for its approval ahead of the launch of the consultation.

3. CCP 2023-25 First draft budget

- The Committee received and discussed the first draft budget.
- There was no appetite from the Committee to change the approach set out in the GDC's reserves policy.
- The Committee discussed the CCP Financial Risks and Opportunities and suggested that further work should be undertaken to strengthen the opportunities and that a more robust approach to identifying and assessing the risks should be adopted as part of the next iteration of the CCP.
- It was agreed that the assumptions on which the legal costs were made would be revisited as part of the next stages of the planning.

4. Pensions update

- The Committee heard that it would take between 12 and 24 months to prepare the data to be of the insurer standard required towards a buy-out of the Defined Benefit pension scheme.
- The Committee agreed it wasn't affordable to the GDC to expedite the insurance buy-out at this time.

5. FtP action plan update

- The Committee was happy with the direction of travel. The number of incoming cases was relatively stable and that further recruitment had been undertaken to fill the vacant positions in the casework teams.
- Work was also underway on reviewing on job attraction, career pathways, development and culture within the teams.

6. Estates

- The Committee observed that the original Estates Strategy business case was robust and that the projected savings over the 15-year programme were on track. Some short term risks and long term strategic thinking had been identified and would be discussed with the Audit and Risk Committee ahead of discussion with the Council.

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 19th May 2022. At the meeting:

The Committee **noted**:

- Council Member appointments and Council Member reappointments.
The Committee heard that the Privy Council had approved the Council member appointments and reappointments for 2022.

The Committee **noted**:

- Staff Remuneration and Reward Framework
The Committee received an update on the Executive's current thinking around the staff reward and recognition framework; the Committee would have a further update and the opportunity for a detailed discussion at its next meeting in July.

The Committee is able to provide assurance to the Council on the:

- Executive Management Team (EMT) Succession Planning
The Committee scrutinised the arrangements for succession planning for the EMT and noted that – given the current volatility in the employment marketplace and the economic conditions - it was appropriate that it sought assurance more frequently than annually. It was agreed that the Committee would scrutinise Succession Planning again in six months.
- Chief Executive and Executive Management Team Remuneration
The Committee scrutinised the arrangements for the remuneration of the Chief Executive and the Chief Executive's arrangements for the remuneration for the members of the Executive Management Team. The Committee is able to provide its assurance to the Council that the arrangements are in accordance with the policy agreed by the Council.

The Committee agreed to **recommend** to the Council for its approval the:

- Statutory Panellists Assurance Committee Member Recruitment Plan
The Committee was provided with an overview of the recruitment plan for a member of the Statutory Panellists' Assurance Committee. The Committee scrutinised the proposed process approach to the recruitment and is recommending it to the Council for approval in due course.

The Committee will be meeting next on 21 July 2022

Anne Heal, Chair of the Remuneration and Nomination Committee.

GDC: SPC REPORT for Council at its 24 June 2022 meeting

1. The SPC met on 31 May 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. All but one SPC member was able to observe in person one of the training days

Adjudication separation

4. The SPC was very pleased to hear about progress of the adjudication separation programme,
5. *Case management improvements*
6. SPC was very pleased to hear that in accordance with its suggestions Specimen Charging Guidance and Admissions Guidance were being rolled out. It would receive regular reports on progress.
7. SPC was pleased to note (i) that with the approval of the CE the interim head of hearings had been able to promote one/move across two existing members of the team to strengthen the case management team; and (ii) that a case for additional appointments could be made on a case-by-case basis.

Panellists

8. SPC received reports on the training sessions which they had attended; they were impressed by the standard of training received and heard informally from attendees that GDC training compared well with other professional regulators.
9. SPC approved the appointment of two new chairs; one SPC member, an expert in HR, had observed the process. She reported positively while providing what the executive team regarded as helpful feedback.
10. Legal advisers. The SPC approved (i) term rather than indefinite appointments for advisers; and (ii) postponing the reappointment process until next year (which will give additional time to assess the requirements.)
11. Advisers retiring with panellists and any perception of a lack of independence: at the SPC's suggestion, ILPS and other stakeholders were consulted and seemed content. On that basis it was decided not to pursue the matter further at present.

Quality Assurance

12. SPC recommended that a breakdown of the background of panellists be prepared. This will be done and it will provide valuable background as regards diversity in future appointments.
13. The SPC has raised the issue of quality assurance as regards individual panellists, although it accepts that there are sensitivities as well as difficulties in obtaining reliable information (since panellist sit as one of three).

Equality, Diversity and Inclusion (EDI) Strategy update

| | |
|---------------------------|--|
| Executive Director | Dawn Bettridge, Interim Executive Director Organisational Development |
| Author(s) | John Middleton, Head of OD and Inclusion Wayne Sharpe, Organisational Development Partner (EDI) |
| Type of business | For discussion |
| Purpose | To provide an update to the Council on the EDI Strategy and Action Plan |
| Issue | ARC was not assured in its deep dive activity on the delivery of the EDI action plan and subsequently provided further feedback at its June meeting. Progress has been made on the EDI action plan but ultimately the plan needs major revisions to align to the Strategy more closely and provide clear outcomes to provide the necessary assurance of risk mitigation. |
| Recommendation | The Council is asked to note the issues which have arisen in relation to the implementation of the EDI Strategy and approve the suggested amendments to the delivery of the Strategy with a revised action plan to return to Council for approval in September. |

1. Executive Summary

- 1.1 The Council has taken the decision to focus on an EDI Strategy as a key part of its work. In 2020 it requested and approved a new EDI Strategy (the Strategy) and set parameters around updates against the delivery of that Strategy.
- 1.2 The implementation of the Strategy has not been as successful as planned, primarily as a result of significant turnover in key Organisational Development Directorate posts, and – partly as a consequence – a lack of a clear understanding within the business of how the work undertaken in different teams is contributing to the overall delivery of the Strategy.
- 1.3 This has been discussed by the Executive Management Team, with scrutiny provided by the Audit and Risk Committee (ARC) on two separate occasions.
- 1.4 The Executive Management team recommends that the EDI Action Plan (the Action Plan) is amended to address the issues which have arisen over the last two years.
- 1.5 The Council is asked to note the issues which have arisen in relation to the implementation of the EDI Strategy and approve the suggested amendments to the delivery of the Strategy, with a revised action plan to return to Council for approval in September.

2. Background

- 2.1 In December 2020, the Council approved the EDI Strategy, the key actions to deliver the strategic objectives, and the frequency of progress updates. It was agreed that the Council would receive six-monthly updates on the Strategy and progress of its delivery against the agreed action plan.

- 2.2 In February 2021, the Council also agreed the following vision for EDI:
The GDC will be a champion of equality, diversity and inclusion inside our organisation, with the sector we regulate and with the public.
The EDI vision was to be achieved through three key objectives:
Objective 1 – Ensure that our regulatory activity is fair, transparent and accessible to all.
Objective 2 – Ensure the public are able to engage effectively with our service.
Objective 3 – Embed an inclusive workplace culture at all levels in the GDC where all staff feel valued, welcome, integrated and included.
- 2.3 The Council received the first of its six-monthly updates on the Strategy in September 2021. It was agreed that the EMT would jointly review the reporting approach of the Strategy ahead of the next six-monthly implementation report to ensure that the Council receives the appropriate levels of assurance.
- 2.4 The discussion by the Council in September 2021 indicated that there was a lack of assurance in the delivery of the Strategy since its launch in January 2021. Therefore, it was proposed that this assurance and reporting mechanism was reviewed.
- 2.5 EMT concluded in May 2022 that the Action Plan was too complex and was not understood across the organisation, resulting in uncertainty regarding responsibilities and ownership. It was agreed that the Action Plan needed to be reviewed to more closely align to the Strategy.
- 2.6 A deep dive into the Strategy and Action Plan was undertaken by the Audit and Risk Committee (ARC) in March and in June 2022. ARC was not assured that the Strategy acted as an effective mitigation to the EDI operational risk. ARC highlighted further concerns that there was a shortfall in effective oversight of the performance of the Strategy. Feedback from ARC is outlined in 3.9.

3. Progress and challenges

- 3.1 Delivering the Strategy is an organisational responsibility, led by the Organisational Development Directorate. The approach put forward and agreed to deliver the Strategy was contained in the EDI Strategy Action Plan.
- 3.2 The Action Plan focused on a “bottom up” approach, setting out a list of 104 actions, with individual action owners across the GDC. The Plan named the owner or owners of each action and gave a timeline for delivery of the action, a progress report outlining the current status of the action and an intended deliverable of each action. The actions spanned the three objectives of the strategy and were designed in consultation with various stakeholders across the organisation and given a priority level (Must, Should, Could).
- 3.3 There has since been significant turnover in the posts critical to the success of the Action Plan. The previous OD Partner for EDI left the organisation in April 2021, with the Head of OD and Inclusion departing in February 2022. The replacement of the OD Partner for EDI was delayed due to the restructure of the OD directorate during this period and the new partner started in February 2022, with the new Head of OD and Inclusion starting in April 2022.
- 3.4 This has meant that, following the creation of the Action Plan, there was insufficient oversight of it and the organisation lacked a central point for those delivering actions to ask questions or report to, which has hindered its progression.
- 3.5 It has also become clear that, whilst the Action Plan was agreed, it was not disseminated in an effective manner. The issues are that some of the action owners were not aware that their action formed part of the Plan, whilst other action owners did not know the timescale or understand what needed to be delivered. Some action owners did not know they were action owners or what

the actions were. This gap in understanding and engagement has resulted in some of the actions not progressing to the agreed timeframe, as people were not clear what work needed to be completed or how their work is contributing to an organisational goal.

- 3.6 It is important to note that the issue is not that there is an absence of commitment to the strategy itself. Progress has been hindered by a lack of clear measures and outcomes in the Action Plan, along with insufficient dedicated EDI resource and oversight, not the culture of the organisation.
- 3.7 In terms of progress to date against the Action Plan, a summary of the work of the internal audit teams quarterly advisory review of progress on the implementation of the agreed actions indicated that 39 out of 104 actions were completed by 5 May 2022.
- 3.8 Table 1 shows the status of all the actions, taken from the May 2022 'EDI Actions Progress Report', conducted by the inhouse audit team. Since the 104 actions were agreed by council, 2 actions have been removed and an additional one added, resulting in 103 actions for the purposes of the advisory review.

Table 1 – EDI actions status as of May 2022

| Status of Action | Count |
|---|------------|
| Implemented | 39 |
| In Progress - Implementation date unknown | 5 |
| In progress - revised implementation date | 7 |
| Not implemented - implementation date unknown | 6 |
| Not implemented - revised implementation date | 3 |
| Upcoming Q2 2022 | 19 |
| Upcoming Q3 2022 | 13 |
| Upcoming Q4 2022 | 2 |
| Upcoming Q1 2023 | 3 |
| Upcoming Q4 2023 | 4 |
| Implementation date not determined | 2 |
| Grand Total | 103 |

- 3.9 In May 2022, the Executive Management Team agreed that the Action Plan was too complex and was not understood across the organisation, resulting in uncertainty regarding responsibilities and ownership. EMT recommended that the EDI action plan needed to be reviewed to more closely align to the EDI Strategy
- 3.10 ARC was not assured by the deep dive activity into the implementation of the EDI Strategy in March 2022, or in the re-submission in June 2022. ARC feedback is summarised below:
- We need to be clear about what success will look like.
 - There is no evidence from the deep dive that the action plan addresses the objectives in the strategy.

- With the actions that had been completed, there were no measurable changes or outcomes identified.
- Too much use of jargon.
- ARC commented on the lack of reference to unconscious and conscious bias in the Action Plan.
- The deep dive did not provide clarity on what the key issues are that need to be addressed or the risks we are trying to mitigate.
- ARC questioned if there were the right skills, capacity, and knowledge in the OD team to deliver the strategy.
- ARC suggested a focus and pace should be given to 3-5 priorities each year, along with quick wins and measurable and meaningful deliverables (performance indicators).
- An update will return to the ARC to determine whether the draft revised plan provides an appropriate level of assurance in relation to the EDI operational risk once the Council has approved the revised plan. .

4. Action taken and proposed amendments to the delivery of the Strategy

- 4.1 As set out above, new individuals are in critical posts and have a clear understanding of their roles in relation to the Strategy, as follows:
1. Dawn Bettridge, Interim Executive Director, Organisational Development – overarching responsibility for the operational delivery of the Strategy.
 2. John Middleton, Head of Organisational Development and Inclusion – operational lead in relation to the creation of the Action Plan, and communication with the organisation in order that the Strategy and Action Plan is understood.
 3. Wayne Sharpe, Organisational Development Partner (ED&I) – operational lead responsible for driving the delivery of the Action Plan with directorate leads across the organisation.
- 4.2 Since starting in February 2022, the OD Partner (EDI) commenced a review of the Action Plan. Working with the action owners, they reviewed which actions were completed and evidenced. The actions themselves were also reviewed in terms of their feasibility and whether they were still fit for purpose. This work is continuing with some actions yet to be reviewed.
- 4.3 The Head of OD and Inclusion will work on the re-draft the Action Plan with Heads of Service across all five directorates, ensuring that the business understands the importance of the Strategy, the vision it is trying to deliver, and their role in the implementation of that vision. This re-work will take into account the difficulties the organisation has encountered so far with the delivery of the Action Plan.
- 4.4 A timetable outlining the process of review is contained within Appendix 1
- 4.5 A communications plan will be developed in collaboration with internal comms to accompany the revised action plan. The aim of the comms plan will provide transparency of the action plan across the organisation but also ensure clarity and understanding for staff involved in delivering the action plan.
- 4.6 The revised Action Plan will be reviewed by the EMT in August. The Council will be asked to review and approve the new Action Plan to deliver the Strategy at their meeting in September. ARC will be asked to determine whether the draft revised plan provides an appropriate level of assurance in relation to the EDI operational risk in November. .

5. Legal, policy and national considerations

- 5.0 The Strategy takes account of current legislative frameworks and equality duties. Continuing compliance with the Equality Act 2010 and Public Sector Equality Duty (PSED) are the minimum that delivery of the strategy will ensure, in addition to the Equal Pay Act 1970, the Health and Safety Act 1974 and the Human Rights Act 1998.

In delivering the EDI Strategy, we aim to help the organisation utilise the robust data sets that the Research team are currently compiling. This should support the GDC responding effectively to PSA Standard 3 in the future.

6. Equality, diversity and privacy considerations

- 6.1 Any work that is undertaken as part of the action plan will have consideration for the impact it will have and if an EIA is required.

7. Risk considerations

- 7.1 The OD operational risk relating to EDI is 'EDI considerations and responsibilities are not known or understood throughout the GDC.' The EDI strategy and the accompanying actions are mitigations for this risk.

8. Resource considerations and CCP

- 8.1 At present the work undertaken is coordinated by one specialist EDI post in the OD directorate. Effective delivery of the action plan requires effective matrix project management across the organisation and should be assisted by the PMO and BI.

9. Monitoring and review

- 9.1 The audit advisory review will continue to provide quarterly updates on the status of the action plan. If the proposal to review the approach is agreed, then the Terms of Reference for the advisory reviews will be reviewed with consideration to expanding the remit to include the impact of the actions. This will be done in consultation with the in-house audit team.
- 9.2 It is proposed as part of the review, that an improved reporting method to supplement the advisory audit, will be constructed to provide EMT and other relevant committees with the appropriate oversight and assurance.

10. Development, consultation and decision trail

- 10.1 N/A

11. Next steps and communications

- 11.0 If the Council agrees to the recommendation to review the Action Plan, a revised plan and progress update will be brought to Council in September 2022.

Appendices

- 1 – Timetable for reviewing EDI Action Plan.

Wayne Sharpe, Organisational Development Partner for ED&I

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10 June 2022

Appendix 1

Proposed timeline for reviewing EDI action plan.

| | Action |
|--------------------------------|---|
| w/c 20 th June 2022 | -Council review proposal to change action plan (24 June) -OD complete review of outstanding actions -OD complete review of best practice and EDI action plan models. |
| w/c 27 th June 2022 | -Informal EMT on proposed method and approach to new action plan. -Consult with internal Comms on new approach -Consult with in-house legal on revising ToR of advisory review |
| w/c 4 th July 2022 | -Workshop(s) with key stakeholders and actions owners on objectives and actions relevant to their subject matter expertise. - Draft 1 st version of revised action plan |
| 11 th July 2022 | Circulate revised action plan to relevant Executive Directors and action owners |
| 18 th July 2022 | Review and refine following Executive Director and Action Owner feedback |
| 25 th July 2022 | Informal EMT for feedback on revised action plan and coms plan. |
| w/c 1 st August | Review and refine following informal EMT feedback Circulate revisions to action owners for comment and feedback. |
| 23 rd August | Revised Action Plan reviewed EMT Board (paper deadline 9 th Aug) |
| w/c 29 August | Make final revision following EMT Board and finalise Council Paper |
| 23 rd Sept | Revised action plan presented at Council (paper deadline 9 th Sept) |
| October | 'go-live' of revised action plan. Implement revised Comms and engagement plan. |
| 16 th Nov 2022 | Revised action plan presented at ARC |

Approach to publishing research findings

| | |
|---------------------------|--|
| Executive Director | Stefan Czerniawski, Executive Director Strategy |
| Author(s) | David Teeman, Head of Regulatory Intelligence |
| Type of business | For decision |
| Purpose | To formalise our approach to managing and publishing research commissioned by the GDC |
| Issue | <p>Our approach to publishing research was slower and more cumbersome than it needed to be. This paper presents the approach that has been in place since March 2020 where publication is the default and where decision making is proportionate to the nature of the research and its potential impact.</p> <p>This paper was originally intended for presentation at an earlier Council meeting that was cancelled because of the COVID-19 pandemic.</p> |
| Recommendation | The Council is asked to approve the publication protocol. |

1. Background

- 1.1 Before March 2020, we had a cumbersome and sometimes drawn-out approach to publishing the research we undertake, with the result that the gap between the completion of research and its publication could be many months. Since then, we have taken a more straightforward approach starting with the basic principle that when we commission research we expect to publish the results, unless there is a serious shortfall in its quality.
- 1.2 That new approach was reflected in a paper presented to Council for approval at the meeting due to be held in March 2020. Although the papers were circulated, the meeting itself was cancelled because of the imposition of the first pandemic lockdown. Regrettably, in the confusion of everything else going on at the time, the need to bring the paper to a subsequent meeting was overlooked. We have, though, been managing the research programme, and the approach to publication in particular, on the basis of the draft publication protocol set out here.
- 1.3 This paper has been updated in some points of detail and to set out the decision making roles more clearly, but the substance remains unchanged from the original proposal. With two years' experience of operating on this basis, we are the more confident that it is the right one.

2. Approach to publication

- 2.1 The proposed approach separates out decisions about publication of the research itself – with a strong presumption in favour of publication – from decisions about the exact timing of that publication and about any commentary or context setting GDC may wish to provide.
- 2.2 In developing the protocol, we drew heavily on the publication protocol published by Government Social Research, and have based our approach on five core principles:
 - a. **Principle 1: Research commissioned or undertaken by the GDC will be made publicly available** The primary purpose of the research we commission, and conduct is to inform decisions about policy and delivery, but it also plays a role in wider policy

debate. The presumption is therefore that products from our research will be published, in line with GDC's Information Governance Policy (2017), which states that, 'the GDC seeks to regulate in an open, transparent and proportionate manner.' No research will be published without an explicit decision to do so, taken at an appropriate level of seniority proportionate to the issues involved. Research will not be published if it is of inadequate quality or if publication is otherwise not in the public interest.

- b. **Principle 2: Research and analysis should be published promptly** Publication should follow as quickly as possible from the approval of the final research output and should normally be within 12 weeks. Within this period, the timing of the release can be planned to coincide with GDC announcements, decisions or events.
- c. **Principle 3: Research and analysis must be released in a way that promotes public and stakeholder confidence and trust** Research outputs should be clearly based on the data collected. They should reflect the issues they have been designed to investigate, but findings should not be influenced by GDC's concerns relating to those issues. Research products should be kept clearly distinct from GDC staff and/or Council views, although their release can be timed to coincide with GDC announcements.
- d. **Principle 4: The GDC will be transparent about the research projects it has commissioned and will publish high-level information about the research programme** Subject to exceptions explained in our Information Governance Policy, communication plans should be developed for all research that the GDC commissions and/or undertakes on its own behalf and the analysis we produce. Plans will be proportionate, reflecting the scope and nature of specific pieces of work. Owners of the research should indicate to colleagues and to the Council, at an early stage, intentions to publish in-house analytical outputs and also determine at an early stage whether the research under consideration is subject to any exemptions regarding transparency (for instance, taking into account our governance policy, FOI policy and legal frameworks).
- e. **Principle 5: Responsibility for decisions relating to the release of research and analysis must be clear.** The process for approving publication, which clearly delegates responsibilities, should be set out in an appropriate policy, approved by the Council.

2.3 The protocol is attached at **Appendix A**. Its aim is:

- a. to ensure that the potential risks and implications of publishing research findings are considered by the relevant individuals and teams at the appropriate time, enabling the GDC to respond in an informed and proportionate for each project (see process table in Appendix A).
- b. to enable preparation of a suitable response to any risks or implications identified.
- c. to enable us to determine, at an appropriate time, how we can and should use the findings from research.
- d. to ensure that publication of research is not hindered or delayed by consideration of the matters above by decoupling decisions on publication of research from detailed plans on how we use research findings.
- e. to enable timely publication of research findings.

2.4 The protocol therefore outlines:

- a. the actions and responsibilities associated with providing the necessary assurances to the EMT, the Council and relevant committees that the implications of research have been properly understood by the organisation
- b. the steps that need to be taken to obtain approval for publication of research.

- 2.5 Section 3 of the protocol sets out the key decisions and responsibilities through the life cycle of a research project, with the key stages summarised in the accompanying table. The Council will retain its strategic role of assuring the overall approach to research and the research programme as a whole and will also continue to be the decision maker about the timing and context of publication for research where there are particularly significant, sensitive or contentious.
- 2.6 Relevant business leads working with the Regulatory Intelligence team have a shared responsibility to ensure that the protocol is followed, and in particular to ensure Council and Committees are kept informed of the progress of research and plans for publication on a proportionate basis.

3. Keeping Council informed

- 3.1 Slightly separately from the formal decision-making processes, we also want to make sure that Council is properly sighted on all completed research. Currently, we include all significant publications in the round up of activity provided to Council members at the end of each week, so in practice typically a few days after the actual date of publication.
- 3.2 We propose to supplement that by sharing research reports shortly before publication, together with a brief summary of the intended approach to publication and an indication of how we expect to draw on the research findings in our future work.

4. Legal, policy and national considerations

- 4.1 Our revised protocol retains the assumption that we will publish research unless it is considered not to be in the public interest to do so. It builds more structure into how we approach working with others to plan research and consider implications for GDC and our response to it.
- 4.2 Any future changes to other policies referenced and related the content of this paper, such as the information governance policy, would require consideration and review.

5. Equality, diversity and privacy considerations

- 5.1 The Equality, Diversity and Inclusion strategy was informed by and informs the research action plan and EDI impact is considered in relation to our programme and individual projects. Our revised research publication protocol includes stages for the engagement of colleagues and stakeholders in our end-to-end research process, including publication.

6. Risk considerations

- 6.1 The protocol continues to enable the GDC to take a more proportionate and project-specific approach to how we publish our research and therefore places the GDC in a better position to consider risks during planning, research and publication phases.

7. Resource considerations and CCP

- 7.1 The revised protocol is designed to fit within existing resources and governance structures; therefore, we do not envisage a requirement for additional resources. The revised protocol seeks to more efficiently progress research publication, as well as to better harness the input of colleagues and others as part of BAU.

8. Monitoring and review

- 8.1 We will continue to monitor:
- a. the time it takes from the sign off of a final research report to its publication.
 - b. via communications and feedback, the effectiveness of our approach to internal communication of implications.

- c. via web-based analytics visits to and interaction with publications and accompanying outputs
 - d. via informal feedback and where possible other research, the impact of research publications across a range of audience groups.
- 8.2 The Head of the Policy and Research Programme and Head of Regulatory Intelligence will continue to review the operation of the protocol by considering whether the new process is achieving the aims set out in this paper and whether the process proposed is working and to what extent it has helped reduce delays in publishing reports.

9. Development, consultation and decision trail

- 9.1 The previous protocol was adopted in 2016. As a result of difficulties experienced with operating that protocol, we reviewed the process in Q4 of 2019. The protocol has been in place since March 2020.

10. Next steps and communications

- 10.1 Subject to Council approval, we will continue to apply the protocol to the publication of research completed.

11. Decision

- 11.1 Council is invited to approve the draft research publication protocol attached to this paper
- 11.2 Council is invited to note the proposed approach to sharing research results with Council members set out in para 3.2 above.

Appendices

- a. GDC Research Publication Protocol

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20 May 2022

GDC research publication protocol

1. Principles

1.1 This research protocol is based on the following five principles:

Principle 1: Research commissioned or undertaken by the GDC will be made publicly available The primary purpose of the research we commission and conduct is to inform decisions about policy and delivery, but it also plays a role in wider policy debate. The presumption is therefore that products from our research will be published, in line with GDC's Information Governance Policy (2017), which states that, 'the GDC seeks to regulate in an open, transparent and proportionate manner.' No research will be published without an explicit decision to do so, taken at an appropriate level of seniority proportionate to the issues involved. Research will not be published if it is of inadequate quality or if publication is otherwise not in the public interest.

Principle 2: Research and analysis should be published promptly Publication should follow as quickly as possible from the approval of the final research output, and should normally be within 12 weeks. Within this period, the timing of the release can be planned to coincide with GDC announcements, decisions or events.

Principle 3: Research and analysis should be released in a way that promotes public and stakeholder confidence and trust Research outputs should be clearly based on the data collected. They should reflect the issues they have been designed to investigate. Research products should be kept clearly distinct from GDC staff and/or Council views, although their release can be timed to coincide with GDC announcements.

Principle 4: The GDC will be transparent about the research projects it has commissioned and will publish high-level information about the research programme Subject to exceptions explained in our Information Governance Policy, proportionate communication plans should be developed for all research that the GDC commissions and/or undertakes on its own behalf and the analysis we produce. The GDC should determine at an early stage whether the research under consideration is subject to any exemptions regarding transparency (for instance, taking into account our governance policy, FOI policy and legal frameworks).

Principle 5: Responsibility for decisions relating to the release of research and analysis must be clear The process for approving publication, which clearly delegates responsibilities, should be set out in an appropriate policy, approved by the Council.

2. What is in scope and what is not

2.1 In scope

For the purposes of this protocol, 'research and analysis' is defined as systematic data collection exercises using scientific methods, whether qualitative or quantitative, designed to generate robust information on an issue, policy or group of the population. The definition includes research and analysis to clarify or quantify a policy problem or to evaluate a policy and/or its delivery at pilot or full roll out stage. This will include, but is not restricted to:

- a. Research and analysis of quantitative data for the express purpose of answering a specific policy question (e.g. strategy development, policy development, policy delivery). This will include the analysis and interpretation of administrative data, analysis of specifically designed ad-hoc surveys and secondary analysis of continuous surveys and registration and fitness to practise data (subject to GDPR and privacy constraints and requirements).
- b. Secondary quantitative data analysis involving the interpretation of data following the statistical release of the main findings.
- c. Outputs from the analysis of qualitative data. These are data generated by any recognised qualitative method to generate robust data on the population(s) under study.
- d. Outputs from the evaluation of policy/delivery initiatives/pilots and trials.
- e. Outputs from literature reviews, rapid evidence assessments and systematic reviews.

2.2 Out of scope

This protocol does not cover informal evidence gathering exercises which are not designed to generate robust data and reports based on analysis.

In order to ensure consistency on the treatment of outputs the Head of Regulatory Intelligence and the research team will provide advice on whether this protocol applies. Staff should seek advice from the research team where necessary.

Specifically, outside the scope of this publication protocol are:

- a. Responses to freedom of information requests (FOIs).
- b. Management information.
- c. Briefing for Council or EMT that draws on research and analysis but addresses a specific information requirement.
- d. Briefing for policy/delivery colleagues that draws on research and analysis but addresses a specific information requirement.
- e. Analysis investigating the potential effects of different policy options.
- f. Dipstick/informal information gathering. Ad-hoc and informal evidence gathering which does not constitute a robust picture.
- g. Informal stakeholder consultation. Consulting or discussing policy ideas or issues with stakeholders, for example trade unions, employer's groups, or pressure or interest groups whose views may contribute to a policy decision.
- h. Analysis of unpublished/confidential papers and documents.

3. Research lifecycle and decision making

Publication is one element of the whole research lifecycle. It is by establishing an overall research programme and priorities, informed selection of specific research activities to deliver those priorities and effective management of individual research projects that we minimise the risk of producing research which is not suitable for publication. The main decision points and responsibilities are:

- a. Council decides the overall research needs and priorities for GDC, based on a draft research strategy presented annually for approval.
- b. The Head of Regulatory Intelligence identifies and specifies research projects which will deliver the research strategy, in line with agreed priorities and budgets. For each research project, the specification is signed off by the Executive Director, Strategy and is then commissioned in line with GDC procurement rules.
- c. The Head of Regulatory Intelligence oversees all research projects and is responsible for ensuring that all externally commissioned research is managed to time, cost and quality.
- d. This process is designed to ensure that all commissioned research delivers outputs which are of publishable quality and, in line with the publication principles, the normal expectation is that they will be published promptly after completion. The decision to publish is made by the Executive Director, Strategy, on the advice of the Head of Regulatory Intelligence.
- e. The Head of Communications and Engagement is responsible for developing a communications plan for each publication, which includes the context for publication on the GDC website and the approach for wider communication to media and stakeholders.
- f. In most cases, GDC commentary on research reports will be based on existing policies and positions and will primarily highlight particularly significant or topical findings from the research. There may be occasions when the publication of research is linked to a change in the GDC's policy and position, decisions on which will be made in line with the GDC's wider governance processes, involving EMT or, exceptionally, Council as appropriate. In such cases, the timing of publication will be decided as part of the wider decision-making process.

The table below sets out the key stages in the research lifecycle, together with the decision-making responsibilities at each stage.

| | Scope | Define | Commission | Monitor | Assess | Publish | Apply |
|----------|---|--|---|---|--|--|---|
| What | Identify information gaps and research needs | Identify specific research requirement | Assign internal resource, procure external resource | Ensure research activity is monitored and any potential issues identified | Understand results and their implications. Decide whether publication is appropriate | Identify any need for GDC response or context setting. Decide how and when publication should take place | Ensure that research findings are embedded in policy and operational decision making |
| Who | GDC teams RI EMT | RI Business team | RI Business team Finance | RI Business team | RI Business team Comms | Comms RI Business team | Business team RI |
| Decision | What are our overall research needs and priorities? | What should the purpose, scale and scope of this project be? | Who should deliver the research, with highest VFM? | Is the research on track? Are emerging findings in line with expectations? | Is the research of requisite quality? Does it raise immediate issues requiring a GDC response? Are any/all emerging findings covered by GDC's publication policy exemptions? | When should the research be published? What context needs to be set for its publication? <i>Level of sign off dependent on the nature of any wider GDC statement</i> | What do we need to stop, start or do differently in the light of the research findings? <i>Relevant governance processes will apply to any subsequent work</i> |
| Sign off | Council | Business lead Head of Regulatory Intelligence ED, Strategy | In line with procurement rules | Head of Regulatory Intelligence | ED, Strategy | ED, Strategy or EMT or Council | EMT |

The first column in the table relates to the overall research programme, other columns relate to individual projects within the programme

Regulatory Reform – Update

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

1. Introduction

- 1.1 The long-held ambition to reform health professional regulation, which the GDC has supported throughout, continues to be framed by uncertainty on its scope and timetable. This paper provides the Council with an update on the activity currently underway to understand the scope and timetable for reform and manage the uncertainty.
- 1.2 In previous updates, the Council received an overview of the various efforts to make amendments to the Dentists Act 1984. Appendix one of the paper provides an updated tabulated summary of the effects and current timetable. This timetable is based on best available information at the time of writing and may be subject to change by the UK government.
- 1.3 The paper provides an update on:
 - a. **International registration reform:** The s.60 Order to amend the Dentists Act provisions on international registration and the Professional Qualifications Act (section two)
 - b. **Wider legislative reform:** preparation of a s.60 Order for the GDC to bring about wider reform (section three)
 - c. **Structural reform:** the review of the currently regulated professions and number of regulators and the Health and Care Act (section four)
 - d. **Regulatory reform programme:** the activities of the GDC's regulatory reform programme (section five)

2. International registration reform

- 2.1 A consultation from the Department of Health and Social Care (DHSC) on the international registration s.60 Order launched in February and closed in May 2022. The Council approved its response to the consultation at its April meeting, and the [response has been published](#) on the GDC's website.

- 2.2 The DHSC are currently analysing the responses and we anticipate further information on the timetable for any changes to the Dentists Act to come into effect to follow once the analysis is complete.
- 2.3 If the proposals consulted upon are taken forward, this will be the first step in work for the longer term (a period of years) to implement changes to embed a more effective model for international registration. In the short term (2022), the proposals would assist candidates who have been affected by the suspension of sittings of the ORE and whose time limits have expired, and remove the route for registration as a dental care professional for applicants solely with an international dental diploma. In the medium term (2023), the proposals have the potential to unlock the capacity restrictions on the ORE, following a consultation on new rules governing its operation and developing and implementing new relationships with suppliers.
- 2.4 The DHSC have also published information explaining that the period of near-automatic recognition known as “standstill” will not be reviewed or potentially fall away as quickly as previously indicated. The review of the standstill arrangement will start from 1st January 2023 and has a maximum duration of six months. Any changes to revoke the standstill period will take time to implement and require parliamentary approval. During that time, the standstill arrangement will remain in operation.
- 2.5 In addition to the proposals to amend the Dentists Act from the DHSC, the Department of Business, Energy and Industrial Strategy (BEIS) have been progressing legislation which has now received Royal Assent. [The Professional Qualifications Act](#) is primarily targeted toward professional regulators for professions outside of the health sector, which do not already have legal powers and duties to consider applications from internationally qualified applicants. However, the Act also gives powers to the UK government or devolved administrations to make regulations to implement mutual recognition agreements required or encouraged by a UK trade deal or authorise regulators to independently enter into mutual recognition agreements.
- 2.6 The timetable and scope for the preparation and making of regulations that would have affect on the GDC is not currently known. The GDC is engaging with the DHSC liaison with BEIS and BEIS directly to understand the timetable.

3. Wider legislative reform

- 3.1 The Department for Health and Social care held a consultation between March and June 2021 on high level proposals for reform of the regulators. The DHSC is still to report the outcomes of this consultation. The [GDC's response to this consultation](#) was published on 16th June 2021.
- 3.2 The high-level proposals set out a sequence of amendments to legislation for each regulator over an unclear timetable. The only clear commitment in the timetable is that the General Medical Council's legislative framework will be reformed before any other regulator and its legislation will form the common core for all regulators. The sequence of reform for the remaining regulators will be informed by the outcomes of a review of the number of regulators and a review of currently regulated professions (see section four).
- 3.3 The consultation on draft amendments to the GMC's legislation has been delayed again and is now expected to launch in Autumn of 2022. DHSC has now shared packages of draft legislation with the regulators for comments and at time of writing this paper the feedback is being collated for presentation to the regulatory reform programme board prior to submission to the DHSC.
- 3.4 The DHSC's timetable for reform of the GDC is unclear, but at the fastest possible pace it is unlikely that the Dentists Act will be considered by the DHSC until the very end of 2023 and most likely 2024. This means any resulting change would not take effect until 2025 at the earliest.

4. Structural reform

- 4.1 The Health and Care Act received Royal Assent in April 2022. The Act will bring significant reform to the organisation of health and social care in England. Included in the Act are amendments to the Health Act 1999 which now provides powers for the Secretary of State to make changes to professional regulation through secondary legislation that would previously have required primary legislation. The changes that can now be made through secondary legislation are:
- a. De-regulation of currently regulated professions
 - b. Regulation of groups not regarded as professions (such as managers in the NHS)
 - c. Abolition of regulators
- 4.2 In addition, the Act permits regulators to delegate statutory functions to another statutory regulator.
- 4.3 The DHSC's [consultation on deciding when statutory regulation is appropriate](#) has now closed. The consultation was solely on the criteria that would be used for making any future decisions on when statutory regulation is appropriate for professions or groups. The consultation indicates that there is currently no intent to use the powers that would derive from the Health and Care Act to change the configuration of the professions currently regulated by statute. Any decisions on changes to the configuration of the regulated professions would be made using the proposed criteria and would additionally require changes to legislation following consultation.
- 4.4 The DHSC continues to consider the report from KPMG on the review of the number of regulators and will be speaking to the governments and administrations in Scotland, Wales and Northern Ireland, as well as undertaking a cost benefit analysis of options. Any outcomes from that consideration which lead to a change in the configuration of the regulators will similarly require public consultation and parliamentary approval through the affirmative procedure.

5. Regulatory reform programme

- 5.1 The programme board continues to monitor information from the DHSC on the likely timetable and scope of reform to the GDC to manage impacts on the Costed Corporate Plan.
- 5.2 Since the Council's last update, the regulatory reform programme board has authorised work to develop and agree a clear policy ambition to frame any further work on reform. This work focuses on the problems that arise from the GDC's legal framework, ensuring they are clearly defined, and that there is a detailed assessment of their root causes and options for the resolution. The product of this work will be a comprehensive categorisation of the outcomes the GDC wishes to achieve through reform.
- 5.3 This work will lead to proposals that will be dependent on amendments to primary and secondary legislation and require the DHSC to progress with amendments to the Dentists Act. However, owing to the uncertain prospect of legislative reform the analysis includes the options that may be achievable without amendments to legislation to ensure that the effort being deployed now can be of value even in a scenario where there are delays to the DHSC plans.

6. Legal, policy and national considerations.

- 6.1 There is potential for profound change to the way that GDC operates as a result of the proposed amendments to GDC legislation. Draft packages of legislation for the GMC provide the opportunity to conduct a more comprehensive analysis of the future legal framework, its potential for flexibility, and any associated risks. Various teams in the organisation are undertaking this analysis, including the In-house Legal and Advisory Service, Policy team and teams responsible for statutory functions.

6.2 Regulation of some dental care professionals is a devolved matter to Scotland. While reform of the regulatory model is an ambition of the devolved administrations, the wider political context in which UK-wide change of regulation is being proposed may affect how each nation chooses to respond to the proposals.

7. Equality, diversity and privacy considerations

7.1 The proposals to amend GDC legislation will have a significant impact, potentially both positive and negative, on the organisation's ability to offer services equitably, eliminate discrimination, and foster inclusion. As and when legislation is prepared, there will be opportunities to feed into equality and diversity analysis conducted by the UK government and, before changes are made to GDC operations, equality and diversity impact analysis will be required, as well as consultation where the Act requires it.

7.2 The proposals set out in draft legislation or policy consultations preserve the protections on privacy of data, while also providing some enhancements to GDC's capability to share and require information in the course of protecting the public. If these proposals are carried forward to amendments to GDC legislation, data protection and privacy impact analysis will be required and undertaken. Again, the UK government will also be conducting its own analysis.

8. Risk considerations

8.1 The prospect for reform of the GDC's legislation is diminishing markedly as the Department's timetable slips and changes. This affects our capacity to plan and may lead to wasted investment of resources, or missed opportunities to identify and progress whatever interim changes can be addressed without changes to primary legislation. The staged approach to the initiation of the regulatory reform programme mitigates the risk of abortive work by only starting work in response to triggers which provide greater detail and certainty on the impact to the GDC. The staged approach also provides the opportunity to assess the likely timetable for changes to the GDC's primary legislation so that the EMT can make decisions about the effective use of the GDC's resources.

8.2 Alongside the uncertainty over the timetable is the risk that decisions on structural and legislative reform will occur with little forward notice. The regulatory reform programme has incorporated trigger points related to information becoming available on the direction of structural and legislative reform so that, as far as possible, a state of readiness can be maintained and the scope of work and its impact on the CCP can be reviewed through corporate planning process.

8.3 If legislative reform takes place, the scale of impacts across the organisation is both broad and deep. The timeframe over which the GDC will be expected to have adapted and be operating transitional arrangements is unclear. There may be significant costs of transition for which we would need to make provision.

8.4 The principle of consistent regulation across the regulators may lead to elision of important distinctive features of dental regulation that protect the public.

8.5 At a high level, the proposals place new emphasis on the GDC to make its own rules and operate through discretion, which will increase risk of challenge.

8.6 There is some risk that the new duties and governance arrangements may consume resources in their application, which will affect the GDC's ability to leverage the opportunities to improve the regulatory model during the period of implementation.

9. Resource considerations and CCP

- 9.1 The resources for the first stage of the regulatory reform programme have now been determined and impacts to the CCP in 2022 have been mitigated by the overall delay to the prospect of reform to the GDC. The regulatory reform programme board will continue to monitor the resource demands arising from regulatory reform and will refer to the Executive Management Team when impacts are significant enough to require a review of the CCP.

10. Next steps and communications

- 10.1 External stakeholders, particularly dental professionals, their employers and representatives will be affected by amendments to GDC legislation. The impact on patients and the public will be less direct but no less important.
- 10.2 For the GDC's stakeholders, and the GDC, attention in 2022 will be focused on the proposals for international registration and recognition of qualifications.
- 10.3 There will be continued engagement with the DHSC over the course of their work to consider the criteria for making decisions on when statutory regulation is appropriate and the configuration of the professional regulators.
- 10.4 Staff time, through the staged regulatory reform programme, will be directed to understanding the impact of the proposed common legal framework, monitoring the triggers that will provide further certainty, and effectively influencing the variety of legislative vehicles.

Appendices

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

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23 May 2022

Appendix one

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

| Legislation | Intended effects | Intended timetable |
|--|--|---|
| General reform proposals | | |
| Widespread amendments to the Dentists Act by a section 60 Order to bring about the bulk of the reform proposals (sponsored by the Department for Health and Social Care) | <ul style="list-style-type: none"> • New governance and accountability framework. • Elements of flexibility in specific areas of GDC functions. • Elements of inflexibility (eg three-stage fitness to practise process, common sanctions across regulators) | <ul style="list-style-type: none"> • Onward timetable for reform of GDC legislation to be determined by the UK government following the reviews of the number of regulators and currently regulated professions. • Consultation on revised GMC legislation now expected in Q3 2022. |
| Health and Care Act (sponsored by the Department for Health and Social Care) | <p>New powers in secondary legislation for the UK government to:</p> <ul style="list-style-type: none"> • close a regulator • remove professions from regulation <p>The government has indicated it does not currently have the intention to exercise powers to deregulate professions, and is considering options for the configuration of regulators, which includes no change.</p> <p>Permitting regulators to delegate statutory functions to another statutory regulator.</p> | <ul style="list-style-type: none"> • Royal Assent received and implementation of the Health and Care Act has commenced. However, it is unclear when the parts affecting configuration of regulators and regulated professions would be implemented. |
| Routes to international registration | | |
| Stand-alone amendments by a section 60 Order to increase flexibility for international registration (sponsored by Department for Health and Social Care) | <ul style="list-style-type: none"> • Lifting capacity restrictions on the ORE • Flexible framework for assessment of individual dentist and DCP applicants • Introducing cost recovery for international education quality assurance | <ul style="list-style-type: none"> • Consultation closed 6 May 2022 • Amendments likely to come into effect by Q3 of 2022 |

| | | |
|---|--|---|
| <p>Professional Qualifications Act (sponsored by Department for Business, Energy and Industrial Strategy)</p> | <p>Providing clear and consistent powers to:</p> <ul style="list-style-type: none"> • Individually negotiate recognition agreements with international competent authorities • Recognise qualifications through trade agreements made by the UK. | <ul style="list-style-type: none"> • Royal Assent intended towards Spring 2022 • Timetable for regulations to authorise the GDC to enter mutual recognition agreements is unclear, but not anticipated until mid-2022 at the earliest • Trade agreements may include additional timetables for establishment of systems of qualification recognition |
| <p>Review and potential revocation of the standstill arrangement (sponsored by the Department of Health and Social Care)</p> | <p>UK government decision on near-automatic recognition to specified European dentist, orthodontic and oral surgery qualifications.</p> | <ul style="list-style-type: none"> • The review will commence from 1st January 2023, and a report to be published within six months. • Legislation and Parliamentary approval for any change to take effect. |

Professional Standards Authority review of GDC performance 2020/21

| | |
|---------------------------|---|
| Executive Director | John Cullinane, Executive Director, Fitness to Practise |
| Author(s) | John Cullinane, Executive Director, Fitness to Practise Stefan Czerniawski, Executive Director, Strategy |
| Type of business | For noting |
| Issue | To provide the Council with an update on the PSA's performance review for 2020/21, which was published on 7 April 2022. |
| Recommendation | The Council is asked to note this paper. |

1. PSA's overall assessment of the GDC's performance in 2020/21

- 1.1 This report provides an update on the Professional Standards Authority's annual performance review of the GDC for 2020/21, which was published on 7 April 2022.
- 1.2 Following an evaluation process, including targeted reviews of eight performance standards spread across four of the five areas set out below, the PSA concluded that the GDC met 17 of 18 standards. This is an improvement from the previous review cycle, when the GDC met 16 standards. The standards met were:

- General standards 5/5
- Guidance and standards 2/2
- Education and training 2/2
- Registration 4/4
- Fitness to practise 4/5

- 1.3 Standard 15: *investigating cases in a fair, proportionate and timely manner* was not met. Standard 17, which concerns risk assessment and the interim order process in fitness to practise, was regained.

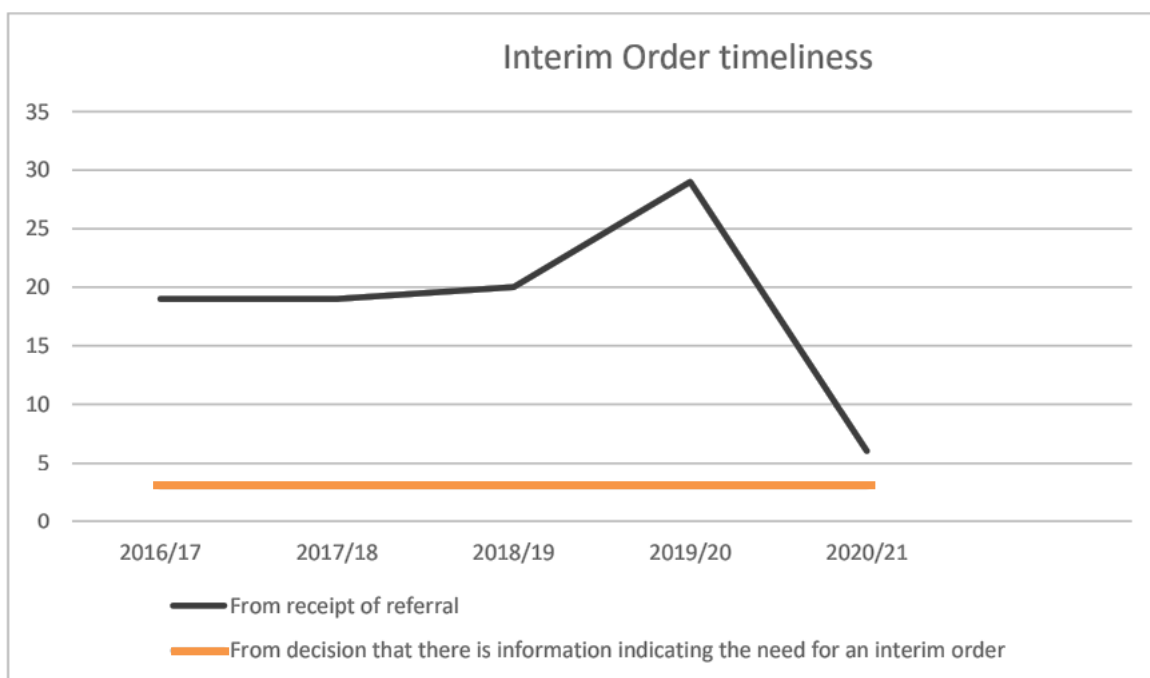
2. Standard 15

- 2.1 Standard 15 is a multi-factorial standard, being a combination of several of the fitness to practise standards from the PSA's previous standards framework. The standard is:

'The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process'

- 2.2 The PSA did not find any concerns about the GDC's processes for examining and investigating cases. However, they highlighted three areas about which they were concerned, and which they discussed in more detail. These were:
- Undercover investigations
 - Timeliness in fitness to practise
 - The number of older cases
- 2.3 **Undercover investigations:** In their previous performance review, the PSA reported on unfavourable media interest resulting from an undercover investigation undertaken by the GDC in 2017. The PSA noted that the GDC had issued two blogs on this subject, stating that the number of these investigations had reduced and that all such investigations were only conducted after review by a lawyer. The PSA said that they had not seen any evidence that the GDC had amended its processes, but also that it had not seen any evidence that investigations were being conducted inappropriately – perhaps not surprisingly since, as they went on to acknowledge, no such investigations took place during the period covered by the review. The PSA noted that they would continue to monitor the GDC's approach.
- 2.4 **Timeliness in fitness to practise:** This has been a long-standing issue, and the GDC has only attained the relevant standard once in recent years, when the standard was awarded on the basis of the direction of travel rather than achievement during the reporting period. In this review, the PSA remained concerned about the timeliness of fitness to practise cases. They noted that although the median time for cases from referral to case examiner decision had improved from 50 weeks to 46 weeks during the review period, medians for case examiner decision to final hearing (38 weeks to 42) and from referral to final hearing (107 to 109) had declined. They noted that COVID-19 had impacted on these timescales, because of the deferral of all hearings in the last quarter of the 2019/20 review period.
- 2.5 **The number of old cases:** The PSA noted that the number of cases over 52 weeks had increased from 400 to 468. They reported that the GDC expected to close increased numbers of older cases at assessment and case examiner stages, in particular some of the oldest cases which had been referred by the NHS.
- 2.6 The PSA noted that the GDC had undertaken several areas of activity to address the issues in fitness to practise. These included the revision of KPIs, an action plan, use of streaming and additional resourcing of the casework team.
- 2.7 In conclusion, the PSA recognised the issues the GDC have had in resourcing the fitness to practise team, and the work the GDC had undertaken to improve timeliness. However, because of the number of old cases and the time taken from referral to final hearing, they concluded that this standard was not met during the review period, but that they would continue to monitor the improvement work the GDC had in place.
- 3. Standard 17**
- 3.1 Standard 17 states that “the regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate”. In the previous review of the GDC's performance, the PSA had decided that his standard was not met because of an increase in the median time from receipt to referral to an Interim Orders Committee (IOC), and because the number of cases being referred by case examiners suggested that the casework team had not identified cases of enhanced risk.

- 3.2 The PSA noted the improvement in the median for referral to the IOC, as shown in the table below. They also noted that, once the need for referral had been identified, cases were presented to the IOC in an appropriate timescale (the second line in the chart).



- 3.3 The PSA also noted that the proportion of cases referred to the IOC by case examiners had fallen from 28% to 13%.
- 3.4 In conclusion, the PSA noted that the GDC had effectively addressed the issues raised during the previous review, by reducing the median times and proportion of cases referred by case examiners.
- 4. Other standards**
- 4.1 While the GDC retained the other 16 standards that had been met in the previous review period, the PSA noted several standards which they will continue to monitor closely.
- 4.2 In concluding that the GDC had met Standard 3 (understanding the diversity of service users and ensuring that processes do not disadvantage people with protected characteristics), the PSA encouraged the GDC to address the remaining gaps in its EDI data, notably around fitness to practise complainants and Council members, and to ensure that it is using that data to inform its work.
- 4.3 The PSA was satisfied that the GDC met Standard 5 (“The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants”). They had considered concerns raised by a registrant about compliance with a requirement that all dental devices require a Statement of Manufacture⁴ by an individual who is registered with the Medicines and Healthcare Products Regulatory Agency (MHRA). The PSA was reassured that the GDC works with stakeholders to address these issues but, in concluding that the GDC had met the standard, noted that they would continue to monitor the risks around dental devices.
- 4.4 With regard to Standard 11 (the process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions explained), the PSA noted that some of the performance data had declined. However, after reviewing the GDC’s explanations

(which included the effects of the pandemic), the PSA were satisfied that this standard was still met.

5. Legal, policy and national considerations

5.1 It is noted that whilst there are no legal, policy and national considerations arising out of this report.

6. Equality, diversity and privacy considerations

6.1 Other than the PSA's consideration of the GDC's performance on EDI matters noted above, there are no additional considerations emerging from their performance review.

7. Risk considerations

7.1 No unidentified risks have emerged from this review. The publication of the review received little comment from the profession or the dental press.

8. Resource considerations and CCP

8.1 Where appropriate, we have informed the PSA of resourcing considerations. For example, although the additional resource for FTP casework was approved outside of this review period, the PSA have noted this in the section regarding Standard 15.

9. Monitoring and review

9.1 The current performance review period concludes in June 2022, and we will be engaging with the PSA to address any questions or concerns from August 2022. Once that review is published, we will compile a summary for Council

10. Development, consultation and decision trail

10.1 The Executive Director, Strategy, has reviewed this paper.

11. Next steps and communications

11.1 N/A

Appendices

None

Authors

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08 June 2022

Review of the Governance Framework and Processes

| | |
|---------------------------|---|
| Executive Director | Lisa Mare Williams, Executive Director, Legal and Governance |
| Author(s) | Lee Bird, Interim Head of Governance Lisa Marie Williams, Executive Director, Legal and Governance |
| Type of business | For decision |
| Purpose | The Council is asked to agree the revised Terms of References of the non-Statutory Committees, and the new Standing Orders for the Finance and Performance Committee (FPC) and the Remuneration and Nomination Committee (RemNom). |
| Issue | The GDC requires a proportionate and effective governance framework to support the work of the Council and the non-Statutory Committees, following a review in March, discussed with the Council, amendments were suggested to the framework. Some of the proposed amendments need to be approved by the Council. |
| Recommendation | The Council is asked to: <ul style="list-style-type: none"> - Approve the revised Standing Orders - Approve the revised Terms of References for the Non-Statutory Committees to the Council - Approve the revised Board Effectiveness review cycle - Note the revisions to the governance processes following the discussion of the Council |

1. Key considerations

- 1.1 Previously the Council decided to consider its own effectiveness in a three-year cycle, with an internal discussion taking place in years one and two, and an external review in year three. The last external review took place in 2019.
- 1.2 The Audit and Risk Committee (ARC) Terms of Reference (TORs) give the Committee a role in relation to reviewing the governance framework and recommending any changes to the Council for decision. The ARC reviewed the documentation proposed to the Council at its meeting in June 2022, and it recommended that the Council make the proposal changes set out in this paper.
- 1.3 This paper suggests amendments to two parts of the governance framework, namely the Standing Orders and the TORs, and lists a number of suggested operational changes for noting. It also sets out a proposed change to the effectiveness review cycle.
- 1.4 Proposed amendments have arisen in relation to:
 - 1) The 2019 external Board Effectiveness Review (BER), which recommended reviewing the three Standing Orders for the Conduct of Business, with the purpose of producing a single document (this is the only outstanding recommendation from the review). See further Section two of this paper.
 - 2) The 2022 internal review discussion which took place at a Council workshop in March. At the workshop a number of amendments to further reduce duplication were proposed and

provisionally agreed to. Some of these require minor amendments to the TORs of the FPC and RemNom to implement.

1.5 The Council is asked to:

- **Approve** the revised Standing Orders to the Council
- **Approve** the revised Terms of Reference for the Non-Statutory Committees to the Council
- **Approve** the revisions to the Board Effectiveness Review cycle
- **Note** the revisions to governance processes following the discussion of the Council

2. Review of the Standing Orders

2.1 The final outstanding recommendation of the Board Effectiveness Review (BER) conducted in 2019 relates to creating a single Standing Orders document, from the current three documents. These are:

- a. The Standing Orders for the Conduct of Business, which relates to the way the Council conducts its business.
- b. The Standing Orders and Resolution of the Appointments Committee, which relates to the way the Statutory Panellists Assurance Committee conducts its business.
- c. The Standing Orders and Resolution of the Non-Statutory Committees of Council, which relates to the way the FPC, ARC and RemNom conducts its business.

2.2 Work has been undertaken to review and compare the three sets of Standing Orders, and a single version has been produced that combines the common areas of the individual documents and clarifies elements are specific or individual. A marked-up version of the combined set of the Standing Orders can be found at **Appendix 1**. A comparison document, that provides a high-level overview of where each section of the new Standing Orders relates to the previous versions, can be found at **Appendix 2**. The new draft has been subject to legal review.

2.3 Following the Council's discussion in its workshop in March, further additions have been made to the combined Standing Orders to allow for the Council to note papers in between meetings using the board portal system.

2.4 The ARC reviewed the combined set of the Standing Orders at its meeting, and recommended them to Council for decision.

2.5 **The Council is asked to approve the combined version of the Standing Orders.**

3. Review of the Committee Terms of Reference

3.1 Following the Council's discussion regarding the role of the Committees to provide assurance to the Council, and to avoid work being repeated, some minor amendments have been identified in respect of the Finance and Performance Committee (FPC) and Remuneration and Nomination Committee (RemNom) TORs. These small revisions will allow the Committees to *scrutinise and approve*, on the behalf of the Council, rather to *recommend* to the Council, a number of areas within their respective remits.

3.2 These revisions are indicated in the version of the TORs at **appendix 3**.

3.3 On review of the ARC TORs it was noted that they were drafted widely enough to accommodate any further proposed changes.

3.4 Minor amendments will be made the footnotes of the full suite of TORs to ensure that cross-references to the new set of Standing Orders are updated.

3.5 **The Council is asked to approve the amendments to both the FPC and RemNom TORs.**

4. Board Effectiveness Review

- 4.1 As set out above, the Council had previously decided on a three-year effectiveness cycle with two years of internal review followed by an external review in the third year. As 2022 was due to be an external review year, preparatory work was undertaken with Council in 2021 to identify the areas for that review and provision made in the budget to support the work.
- 4.2 At the March 2022 internal effectiveness review workshop session, the Council was asked to confirm whether it was still appropriate to seek an external view in 2022 and, if so, were the areas previously identified still the correct ones. Following discussion, the Council suggested that an external review was not appropriate during 2022, due to the further proposed changes.
- 4.3 Additionally, it was suggested that the Council had now reached a level of maturity such that, it could have open and honest conversations about its own performance and identify where further work would need to be undertaken. Therefore, an external review would not provide value for money at this time.
- 4.4 It was proposed that Council have an effectiveness discussion in 2023, focusing on performance, reviewing how the Council were spending their time, and identifying any areas for improvement. Provision will be made in the Governance budget to ensure that this conversation can be externally facilitated to ensure maximum effectiveness and to ensure both the Council and the Executive can participate.
- 4.5 **The Council is asked to approve the proposed amendment to the effectiveness review cycle.**

5. General Governance Process Improvements

Assurance

- 5.1 At its March workshop, the Council discussed the approach to Committees providing assurance to the Council on various items of business. Currently Committee Chairs provide a verbal update to the open session of Council on the business the Committee has discussed, approved, taken assurance on (on behalf of the Council) and is recommending to the Council as part of its agenda.
- 5.2 In the future, and included as part of this meeting, Committee Chairs, in consultation with the Committee Secretary, will produce a Committee Assurance Report to provide the appropriate assurances to the Council. This will help to ensure the business of the Council continues to be conducted as transparently as possible and in public.
- 5.3 Further, an agenda item will also be added to the Closed Council session, which would allow Committee Chairs to raise items which are confidential in nature and which it would not be appropriate to discuss in the Public session. It is expected that discussions in the Closed session will be by exception only.

Clarity of purpose

- 5.4 Work has also been undertaken to the review the Council and Committee annual workplans to ensure that Council's time is focused on the items it needs to discuss and agree. Further clarity was also requested in relation to the distinction between items for noting and items which are for information only.
- 5.5 It was noted at the March workshop that there was a substantial amount of business, usually in the form of annual or quarterly reports, that had made its way to Committees and Council that was either an operational function or was being double reported through the normal performance mechanisms.

- 5.6 In future items for information will be uploaded to the Diligent Boards portal when they are ready, and Council Members notified that they are there. Only items for decision, discussion or for formal noting will be included on meeting agendas.
- 5.7 On the review of the workplans, and following the discussion by the Council, a number of changes have been made for 2023. A summary of these changes can be found at **appendix 4**. Workplans for the remainder of 2022 are in the process of being amended and will be presented to the next round of Committee meetings.

Meeting schedule

- 5.8 In line with the review of Council and Committee business, the meeting schedule has been reviewed to ensure that the Council and Committees are meeting as often as it required by the business demands, and that meetings are not being held unnecessarily. This review has resulted in the following recommendations:
- a. The Council holds six, one-day meetings per year to be held in February, April, June, September, October and December. This includes a single-issue meeting to be held in October to discuss the CCP and Budget.
 - b. The Audit and Risk Committee meet five times per year to be held in January, March, May, August and November. This includes a single-issue meeting to be held in March to discuss the Annual Report and Accounts.
 - c. The Finance and Performance Committee meet six times per year to be held in February, May, July, September, October and November. This includes a single-issue meeting to be held in October to discuss the CCP and Budget.
 - d. The Remuneration and Nomination Committee meet four times per year to be held in February, May, June and October. This includes a single-issue meeting to be held in May to discuss the Chief Executive and Executive Management Team remuneration.

Meeting support

- 5.9 The technological infrastructure in both the Wimpole Street and Colmore Square boardrooms is in the process of being upgraded to improve the sound and video quality of hosting hybrid meetings for both the Council and Committees. This will allow Committee Chairs to continue to take a view on whether to hold meetings in person, remotely, or a combination of in person and remote.
- 5.10 **The Council is asked to note the general governance process improvements.**

6. Legal, policy and national considerations

- 6.1 The revisions to the Standing Orders and the Terms of Reference for the RemNom and FPC were reviewed by the In-house Legal Advisory Service prior to their recommendation to the Committee.

7. Equality, diversity and privacy considerations

- 7.1 There are no adverse EDI or privacy considerations identified.

8. Risk considerations

- 8.1 Due to the amendments to the Terms of References of the FPC and RemNom to allow the Committees to take decisions on behalf of the Council, and for the Committees generally to act on behalf of the Council in specific areas, there is a risk that the Council is not sighted on key issues or concerns, or that decisions are taken in silo by the Committees. In order to mitigate this risk, three steps are being, or already have been, taken:

- a. access to the Committee papers has been provided to all members of the Council through the Board Portal;
- b. the minutes of the Committee meetings will be tabled with the papers of the closed sessions of Council meetings; and
- c. a formal assurance report will be tabled from the Committee Chairs to the Council in the open session of Council meetings.

9. Monitoring and review

- 9.1 The revised approach will be reviewed by the Council in 2023, and any further amendments will be made as a result of this review.

10. Development, consultation and decision trail

- 10.1 The revisions to the governance approach that are outlined in this paper have been developed in consultation with the Council at its workshop held in April 2022.
- 10.2 The Council Delegations are due for review later this year and these will return to the Audit and Risk Committee and the Council in October for approval.

11. Next steps and communications

- 11.1 Following the Council's approval, the Standing Orders and the Terms of References will be updated and published on the GDC website. All other changes are in the process of being implemented.

Appendices

1. Standing Orders
2. Standing Orders Comparison Document
3. Terms of Reference
4. Summary of Changes to Committee Workplans

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25 April 2022

Standing Orders for the Conduct of Business of the Council and Committees

Introduction/Preamble

The Council is governed by the Dentists Act 1984. Schedule 1, paragraph 8A of the Act gives the Council the power to regulate its own procedures and the procedures of its Committees by Standing Orders subject to any provision of the Act or rules made under the Act. This means that the Standing Orders must comply with the Act and any rules.

Standing Orders are made by the Council and can be amended by the Council.

Index

Part 1 - General Application

1. Application, commencement and interpretation
2. Structures
3. Membership
4. Arrangements for meetings
5. Public accessibility of Council meetings
6. Quorum
7. Declarations of interest
8. Rules of debate and decision making
9. Urgent actions or decisions between meetings
10. Publication of agendas and papers
11. Minutes
12. Roles
13. Member attendance, education and training
14. Conduct
15. Provisional suspension of members
16. Common Seal
17. Revocation

Part 2 - Terms of References

18. Audit and Risk Committee Terms of Reference
19. Finance and Performance Committee Terms of Reference
20. Remuneration and Nomination Committee Terms of Reference
21. Statutory Panellists Assurance Committee Terms of Reference

Part 1

1. Application, commencement and interpretation

1.1. These Standing Orders contain the procedures by which the Council and its Committees conduct their business and functions and shall come into force on 24 June 2022.

Commented [LB1]: Council SO 1.1 and NSC 1.1 and SC SO 1.1

1.2. In these Standing Orders:

Commented [LB2]: Council SO 1.2, NSC 1.2 and SC SO 1.2

“Act” means the Dentists Act 1984;

“Appointments Committee” means the committee established pursuant to rule 3 of the Constitution of Committees Rules 2009;

“Appointments Committee Chair” means the Chair of the Appointments Committee;

“Appointments Committee Member” means a member of the Appointments Committee;

“Chair” means the Chair of the Council, the Non-Statutory Committees or the Appointments Committee;

“Code of Conduct” means the Code of Conduct for Members and Associates, as amended from time to time and included in the Governance Manual;

“Committee” means all those committees of the Council other than Statutory Committees;

“Committee Chair” means the Chair of the Non-Statutory Committees or the Appointments Committee;

“Committee Meeting” means a meeting of a Committee;

“Constitution of Committees Rules 2009” means the General Dental Council (Constitution of Committees) Rules Order of Council 2009 (as amended);

“Constitution Order 2009” means the General Dental Council (Constitution) Order 2009 (as amended);

“Council Chair” means the Chair of the Council;

“Council Meeting” means a meeting of the Council;

“Council Member” means a member of the Council;

“Data Protection Legislation” means the Data Protection Act 2018, the General Data Protection Regulation ((EU) 2016/679) (the “EU GDPR”), the EU GDPR as it forms part of the law of England and Wales by virtue of section 3 of the European Union (Withdrawal) Act 2018 (“the UK GDPR”);

“Delegated Authority” means the authority to make decisions as defined by the Council;

“External Member” means a member of a Committee who is not a Council Member;

“Lead Director” means the Executive Director with primary operational responsibility for the matters overseen by the Committee;

“Live Streaming” means a live broadcast of an event via the internet;

“The Managing Interests Policy” means the Managing Interests Policy for Members and Associates, as amended from time to time and included in the Governance Manual;

“Member” means a member of the Council, the Non-Statutory Committees or the Appointments Committee;

“Non-Statutory Committees” means the committees listed at standing order 2.1;

“Non-Statutory Committee Chair” means the Chair of a Non-Statutory Committee;

“Non-Statutory Committee Member” means a member of the Non-Statutory Committees;

“Officer of the Council” means any member of GDC staff;

“Partner Director” means the Executive Director with secondary operational responsibility for the matters overseen by the Committee;

“Provided” means sent by post or by email or any other electronic means or published on an electronic device provided to Members by the General Dental Council;

“Registrar” means the Chief Executive and Registrar;

“Secretary” means the Registrar or Officer of the Council appointed by the Registrar to act as Secretary to the Council or a Committee;

“Signed” includes by electronic signature provided that the signature is verified by a method agreed by the Secretary in advance;

“Statutory Committees” means all those committees of the Council referred to in section 2 of the Act, namely the Investigating Committee, the Interim Orders Committee, the Professional Conduct Committee, the Health Committee, the Professional Performance Committee and the Registration Appeals Committee;

“Vote” means a formal expression of opinion or choice, either positive or negative, made by a Member when a question is put in accordance with these Standing Orders. It does not include abstentions. Voting is to be understood accordingly; and

“Written” means in writing including by email or any other electronic means. Write and writing are to be understood accordingly.

1.3. Unless otherwise states, terms used in these Standing Orders have the same meaning as the Act.

Commented [LB3]: Council SO 1.5, NSC 1.3 and SC 1.3

1.4. Where a dispute as to the interpretation of these Standing Orders arises, the Council Chair, having consulted the Registrar and the Secretary, where different, and taking into account the Code of Conduct, may give a view as to the correct interpretation of these Standing Orders. The Council Chair’s view on this shall be final.

Commented [LB4]: Council SO 1.4, NSC 1.6 and SC 1.4

1.5. The Council may, for the purpose of any particular meeting, suspend any of these Standing Orders other than those which reflect legislative provision, by resolution carried by a Vote of no fewer than two thirds of the Council Members present and voting.

Commented [LB5]: Council SO 1.5

2. Structures

2.1. The Council shall continue to establish the following Non-Statutory Committees:

a. Audit and Risk Committee;

- b. Finance and Performance Committee; and
 - c. Remuneration and Nomination Committee.
- 2.2. The Council shall continue to establish the Appointments Committee, which shall be known as the Statutory Panellists Assurance Committee.
- 2.3. The role and remit of the Committees shall be in line with the Terms of References in **Part 2**. Any proposed changes to the Terms of Reference of a Committee must be approved by the Council.
- 2.4. The Council may, from time to time, establish Working Groups.
- a. Working Groups do not make decisions.
 - b. Proposals for the creation of Working Groups and their terms of reference must be approved in advance by the Council.
 - c. These Standing Orders shall apply to a Working Group as if a Committee.
- 2.5. All Committees are directly accountable to the Council.
- 2.6. No Committee is to carry out any activity requiring expenditure beyond that which has already been approved by the Council.
- 2.7. Each Committee shall report after each meeting outlining any decisions taken under Delegated Authority and any recommendations to the Council; this shall be a Written report if possible.
- 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.
3. **Membership**
- 3.1. The membership of the Council comprises shall comprise of six registrants and six lay members, appointed in accordance with the Constitution Order 2009.
- 3.2. The membership of Non-Statutory Committees shall be:
- a. A Non-Statutory Committee Chair and at least two Council Members, of whom at least one must be a registrant Council Member and at least one must be a lay Council Member; and
 - b. If the Non-Statutory Committee so decides, and with the approval of the Council, an External Member appointed under standing order 12.10 who must have recent and relevant experience.
- 3.3. The Appointments Committee Chair and the Appointments Committee Members shall be appointed by the Council pursuant to the Constitution of Committees Rules 2009.
- 3.4. After considering the generic competencies for Non-Statutory Committee Chairs and Non-Statutory Committee Members, the Council Chair will make proposals at a public Council Meeting for the appointment of Council Members as Non-Statutory Committee Chairs and as Non-Statutory Committee Members.

Commented [LB6]: NSC SO 13 and 14

Commented [LB7]: NSC SO 8

Commented [LB8]: Council SO 2

Commented [LB9]: NSC Res. 1.2, 2.2 and 3.2

Commented [LB10]: NSC SO 2.1

3.5. The Council Chair shall not be a member of the Remuneration and Nomination Committee, the Audit and Risk Committee or the Appointments Committee and may only attend Committee Meetings at the invitation of the Committee Chair.

3.6. Council Members may, with the agreement of the relevant Chair, attend meetings of Committees of which they are not members but may not take part in Committee discussions except with the permission of the Committee Chair and may not take decisions or Vote.

3.7. The relevant Chair may invite individuals from outside the Council to attend the relevant Council Meetings or Committee Meetings. Such individuals will have the right to receive relevant papers. They may take part in the discussion, including giving advice, but may not make decisions or Vote.

Commented [LB11]: NSC SO 4.1 - 4.3 and SC SO 5.1

4. Arrangements for meetings

4.1. The Council shall hold meetings no fewer than four times in each calendar year and at such other times as the Council Chair shall decide.

Commented [LB12]: Council SO. 3.1

4.2. Meetings will only be held when the relevant Chair is satisfied that the amount of business or the urgency of business justifies calling a meeting.

Commented [LB13]: NSC SP 5.1 and SC 6.1

4.3. At the discretion of the relevant Chair, with respect to their relevant meeting, the meeting may take place by audiovisual and/or telephone conference. If the relevant Chair decides that all or some Members may attend the meeting by audiovisual or telephone conference, they shall instruct the Secretary to put in place such arrangements as the relevant Chair considers appropriate to allow participation by those Members.

Commented [LB14]: NSC SO 5.5 and Council SO 3.2

4.4. Except in cases of an emergency or where circumstances make it impractical to do so, a notice of a meeting, including the time, date and location, along with any accompanying papers, shall be Provided to Members 5 working days' before the meeting. Failure to provide notice of a meeting to a single Member shall not, of itself, invalidate that meeting.

Commented [LB15]: SC SO 5.2 and 5.3 and Council SO 3.3 and SC 6.2 and 6.3

4.5. A special or emergency Council Meeting may be convened by the Secretary under the following circumstances:

a. By decision of the Council at a Council Meeting or upon Written request Signed by the Council Chair or by any four Council Members. A Written request for a special Council Meeting to be held shall include details of the business to be transacted at that meeting. A special Council Meeting shall take place as soon as reasonably practicable after receipt by the Secretary of the Written request for the Council Meeting to be held.

b. Where a decision must be made by the Council before its next Council Meeting because the Council will be unable to discharge its statutory functions or will be exposed to a significant level of risk if urgent action is not taken.

c. Upon Written request Signed by the Council Chair, the Chair of the Audit and Risk Committee or by any four Council Members. A Written request for an emergency Council Meeting to be held shall include details of the business to be transacted at that meeting. An emergency Council Meeting shall take place as soon as possible after receipt by the Secretary of the Written request for the Council Meeting to be held.

Commented [LB16]: Council SO 3.5 - 3.7

4.6. Following discussion with the Lead Director, Partner Director and the relevant Chair, the Secretary shall, by agreement, determine the content of the agenda, taking account of competing priorities.

Commented [LB17]: NSC SO 5.4 and SC 6.4

4.7. No decision may be taken at a meeting on an item of business which does not appear on the agenda for that meeting, however the relevant Chair may agree to the discussion of business which is not on the agenda.

Commented [LB18]: Council SO 4.1 and 4.2

4.8. A Council Member may propose a motion for discussion at a Council Meeting by providing Written notice to the Registrar, Signed by at least two other Council Members, no later than 10 working days in advance of the Council Meeting in question. The Secretary shall notify Council Members of the terms of the motion by providing a copy of the motion as soon as possible after receipt.

Commented [LB19]: Council SO 4.3

4.9. The relevant Chair may with respect to their respective meetings and with the agreement of the Council or Committee, adjourn any item on the agenda to the next Council Meeting or Committee Meeting.

Commented [LB20]: Council SO 4.4

4.10. Where there is insufficient business to convene a Council Meeting or Committee Meeting, the relevant Chair may, with the agreement of the Registrar, cancel the Council Meeting or Committee Meeting. All matters due to have been considered at that meeting will be referred to the next.

Commented [LB21]: Council SO 4.5

5. Public accessibility of Council meetings

5.1. For the avoidance of doubt, this standing order 5 shall only apply to Council Meetings.

5.2. Subject to the remaining provisions of this standing order 5, all Council Meetings shall be accessible to the public by permitting the public to attend in person and/or by Live Streaming.

5.3. The Secretary shall publish the notice of all Council Meetings, including the agenda and accompanying papers on the Council's website in advance of each Council Meeting (unless such papers or parts of papers are not to be made public pursuant to standing order 5.8, standing order 10.2 or not to be made public until after the Council Meeting). The notice will state how the public may gain access to the Council Meeting, for example by inviting attendance at a specific location or by providing the link to the Live Streaming.

5.4. Failure of Live Streaming for technical reasons shall not, of itself, invalidate that meeting.

5.5. If there is an invitation to attend the Council Meeting under standing order 5.3, members of the public may attend the meeting of the Council Meeting but may not participate. Attendance is subject to the terms and conditions set out in the notice, published under standing order 5.3 and to these Standing Orders.

5.6. The Council Chair may decide that an agenda item be considered in private session, where to do otherwise would lead to the inappropriate disclosure of:

- a. personal data or special category data (within the meanings given to them in Data Protection Legislation);
- b. information relating to an employee or office holder, former employee, or applicant for any post or office;
- c. the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
- d. legally privileged information and any issue or papers relating to legal proceedings which are being contemplated or instituted by or against the Council;
- e. action being taken to prevent or detect crime or to prosecute offenders;
- f. information given to the Council in confidence; and/or

g. any other matter, the public disclosure of which would or would be likely to prejudice the effective discharge of the Council's functions.

5.7. Where the Council Chair is considering whether an item should be considered in private, he or she should consult with the Registrar.

5.8. Items to be discussed in private session will not be disclosed to the public or the media, and papers, documents and information relating to them will not be posted on the Council website, and may, at the Council Chair's discretion, remain confidential after the meeting has taken place. Where the Council Chair so decides, there may be an abbreviated public minute of items considered in private session indicating, where appropriate the broad nature of the subject and the decision reached.

5.9. The paper supporting the item of business considered in private session will set out the rationale for the item being considered in private and, if possible and appropriate, state a date when the information will be released to the public.

5.10. Members of the public shall be excluded from that Council Meeting or part of a Council Meeting during which an item of business is to be dealt with in private session.

5.11. If, during the discussion of a particular item of business it becomes apparent that there are grounds for the item to be discussed in private session, the Council Chair may decide to do so, or a motion to do so may be moved.

5.12. If a member of the public interrupts the proceedings at any Council Meeting, including by use of any method of recording the Council Meeting, the Council Chair may order that person to be removed from the Council Meeting or may order the part of the room which is open to the public to be cleared.

Commented [LB22]: Council SO 5

6. Quorum

6.1. In accordance with the Constitution Order 2009, the quorum of the Council shall be seven Council Members.

Commented [LB23]: Council SO 6.1

6.2. The quorum of a Non-Statutory Committee shall be two Council Members.

Commented [LB24]: NSC Res. 5.1

6.3. The quorum of the Appointments Committee shall be three Appointments Committee Members.

Commented [LB25]: AC TOR 4

6.4. If a quorum is not present within 1 hour of the time appointed for a meeting to commence, all business which should have been transacted at that meeting shall be held over until the next meeting.

6.5. If a meeting becomes inquorate the relevant Chair may suspend business, postpone the consideration of an item of business or adjourn the meeting. If the meeting is adjourned, all remaining business will be adjourned to the next meeting.

Commented [LB26]: Council SO 6.2 and 6.3

7. Declarations of interest

7.1. Members shall be under a duty to declare their interests in the Register of Members' Interests in accordance with the Managing Interests Policy and to ensure that the details of their interests set out in it are accurate and up to date.

7.2. A Member who has an interest in any matter under consideration at a Council Meeting or Committee Meeting, whether or not declared in the Register of Members' Interests, shall promptly disclose that interest to the meeting.

- 7.3. A declaration of interest relevant to an item on the agenda, if not already declared to the meeting, should be made at the start of the discussion of the item to which it relates and should be recorded in the minutes. In the event of a Member not appreciating at the beginning of a discussion that an interest exists, he or she should declare such an interest as soon as he or she becomes aware of it.
- 7.4. Subject to standing order 7.8, in any case of doubt the Member should openly declare the possibility of an interest and the relevant Chair will decide whether it is a prejudicial interest, in accordance with standing order 7.6 below.
- 7.5. Subject to standing order 7.8, if a Member believes that another Member present has an interest in an item for discussion and that interest has not been declared, they should inform the relevant Chair. The relevant Chair will establish whether or not there is an interest which should have been declared, and will if necessary make a ruling in accordance with standing order 7.7 below.
- 7.6. For the purposes of this standing order a Member has a prejudicial interest where the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest.
- 7.7. If the relevant Chair decides that a Member's interest in a matter is a prejudicial interest and that he or she needs to withdraw (the relevant Chair's ruling on this shall be final), the Member shall leave the room for the duration of the discussion on that matter.
- 7.8. Where the relevant Chair has declared an interest under standing order 7.3 or is believed to have an interest pursuant to standing order 7.5, the Members shall decide whether that interest is prejudicial. If the Members decides that the interest is prejudicial and that the relevant Chair needs to withdraw (and the Members' ruling on this shall be final) the relevant Chair shall leave the room for the duration of the discussion of that matter and a different Chair shall be appointed under standing order 12.4 for the purposes of that discussion.
- 7.9. Members who have a prejudicial interest in relation to a particular item of business shall not count towards the quorum for the meeting whilst that item is under consideration and shall not, even if not required to withdraw under standing order 7.7, Vote on the particular item.
8. **Rules of debate and decision making**
- 8.1. A Vote at a meeting shall be decided by a simple majority of the Members present (including the relevant Chair) and voting subject to where otherwise provided in these Standing Orders.
- 8.2. Decisions will be reached by Vote on the following occasions:
- when the relevant Chair determines that no clear consensus has emerged;
 - when a Member present at the meeting requests a Vote to be taken and this is supported by at least one other Member;
 - when a Member has a prejudicial interest in the matter under discussion; the Member with the prejudicial interest shall not Vote on the matter; and/or
 - in any other circumstance where the relevant Chair concludes that a Vote should be taken.
- 8.3. If an equality of Votes occurs there will be further debate and a second Vote shall be taken. If, following a second Vote, there remains an equality of Votes, the relevant Chair shall have a second, casting Vote.

Commented [LB27]: Council SO 7, NSC 6 and SC SO 7

8.4. The minutes of the meeting shall record the results of voting.

Commented [LB28]: Council SO 8, NSC 11 and SC SO 12

8.5. A ruling by the relevant Chair on any question of order, whether or not provided for by these Standing Orders, shall be final unless the ruling concerns the relevant Chair in which case the Council or the Committee shall make the ruling by a majority of Votes.

8.6. If, in the opinion of the relevant Chair, a Member has persistently disregarded a ruling or has behaved in a manner which is obstructing the business of the meeting, the relevant Chair may order that Member to withdraw from the whole or part of the remainder of the meeting.

8.7. In the event of a disturbance which, in the opinion of the relevant Chair, prevents the orderly conduct of business, the relevant Chair may adjourn the meeting for such period as they consider appropriate.

Commented [LB29]: Council SO 9

9. Urgent actions or decisions between meetings

Chair's Action

9.1. In the event that a decision or action is required urgently on a matter that would normally be considered at a meeting, and it is not practical to convene an emergency meeting, the relevant Chair may take a decision or action on behalf of the Council or Committee between meetings.

9.2. In such circumstances, the relevant Chair having first consulted the Registrar or their nominated deputy, should use best endeavours to obtain the support of a majority of Members by email. Where the Registrar has a conflict of interest, the Chair should consult the chair of the Audit and Risk Committee.

9.3. Where urgent decisions or action needs to be taken between meetings the Governance team will assist the relevant Chair and Registrar by keeping a record of all emails in order to establish an audit trail. Any such decisions or actions will be notified to Members by email and reported at the next Council Meeting or Committee Meeting.

Commented [LB30]: Council SO 10.1 - 10.3 and NSC SO 7.1 - 7.3 and SC SO 8.1 - 8.3

9.4. This procedure may not be used for any matter reserved to the Council, or to revoke or vary these Standing Orders.

Commented [LB31]: Council SO 10.4

Decisions via correspondence

9.5. The relevant Chair may decide, as an alternative to holding an additional meeting or taking a Chair's Action, to seek a decision by correspondence. When deciding whether to use this procedure, the relevant Chair will consult with the Registrar or their nominated deputy.

9.6. A decision via correspondence shall be supported by a paper on the matter, prepared and approved in the usual way.

9.7. In order for a decision to be taken under this procedure, a decision via correspondence must be considered and consented to by a simple majority of Members as if it had been proposed at a meeting duly convened and held for that purpose.

9.8. For a decision to be validly taken under this procedure, a quorate number of Members must indicate whether they consent to the proposed recommendation, object to it, or wish to abstain. They must convey their decision to the Head of Governance, or their nominated deputy, by email or through the board portal mechanism.

Commented [LB32]: Council SO 10.5 - 10.8 and NSC SO 7.4 - 7.6 and SC SO 8.4 - 8.8

9.9. The decisions via correspondence procedure may not be used to revoke or vary these Standing Orders.

Commented [LB33]: Council SO 10.9

9.10. Decisions taken using this procedure will be reported to the next Council Meeting or Committee Meeting and will be recorded in the minutes of that meeting.

Commented [LB34]: Council SO 10.10 and NSC 7.7 and SC SO 8.8

9.11. The Council or Committee may note or receive papers for information in between meetings through the board portal mechanism. Any items that are required to be noted will be reported to the next Council Meeting or Committee Meeting and recorded in the minutes of that meeting.

Commented [LB35]: Addition

10. **Publication of agendas and papers**

10.1. Subject to the remaining provisions of this standing order 10, all Council and Committee agendas and accompanying papers shall be published on the electronic device provided to Members by the General Dental Council in advance of each meeting.

10.2. The relevant Chair, having consulted the Secretary and also the Registrar if so advised, may decide that all or any part of the agenda and/or accompanying papers shall not be disclosed to the public where publication would lead to the inappropriate disclosure of:

- a. personal data or special category data (within the meanings given to them in Data Protection Legislation);
- b. information relating to an employee or office holder, former employee, or applicant for any post or office;
- c. the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
- d. legally privileged information or any issue or papers relating to legal proceedings which are being contemplated or instituted by or against the Council;
- e. action being taken to prevent or detect crime or to prosecute offenders;
- f. information given to the Council in confidence; and/or
- g. any other matter, the public disclosure of which would or would be likely to prejudice the effective discharge of the Council's functions.

Commented [LB36]: NSC SO 9 and SC SO 10

11. **Minutes**

11.1. The Secretary shall be responsible for the production of a minute which shall include a record of the Members and any invitees present at that meeting. When read in conjunction with the papers presented to the meeting, the minute shall provide an accurate and authoritative record of the meeting and shall be sufficiently detailed to provide an audit trail of issues discussed by the Council or the Committee, and the decisions taken.

11.2. At the next Council Meeting or Committee Meeting after the minutes have been Provided to Members, the relevant Chair shall move that those minutes be approved as a correct record. No discussion shall take place except upon the accuracy of the record. When the minutes have been approved, they shall be marked as confirmed by the Secretary.

11.3. Unless in accordance with standing order 5.8, minutes of Council Meetings shall be published on the website.

11.4. Minutes of Committee Meetings will not be published on the website, but will be tabled for noting at the next Council Meeting following the Committee Meeting.

Commented [LB37]: Council SO 11 and NSC SO 12 and SC SO 13

12. **Roles**

Role of the Chair

Commented [LB38]: Addition

- 12.1. The Chair, when chairing a meeting, shall:
- a. at the end of each item of business, state the decision that has been made;
 - b. preserve order and ensure that Members have sufficient opportunity to express their views on all matters under discussion;
 - c. determine in which order Members and officers should speak;
 - d. determine if the existence of a prejudicial interest requires a Member to withdraw from the room during discussion of an agenda item; and
 - e. seek the advice of the Registrar or other Officers of the Council where necessary.

12.2. The Council Chair may resign the office of chair at any time by giving notice in writing addressed to the other Council Members.

Commented [LB39]: Council SO 12

12.3. Committee Chairs shall be responsible for providing an assurance report at Council Meetings on the items received by their relevant Committee since the last Council Meeting.

Commented [LB40]: Addition

Temporary and deputy chair

12.4. Without prejudice to standing order 12.5, if the Council Chair is absent from some or all of a Council Meeting, by reason of standing order 7.8 or otherwise, the Council Members present shall nominate one of their number to serve as a temporary chair during his or her absence at that meeting.

Commented [LB41]: NSC SO 10 and Council SO 13.1 and SC SO 11

12.5. If, for any reason –

- a. the Council is on notice that the Council Chair is likely
 - i. to be absent for more than one Council Meeting, or
 - ii. to be unavailable to perform the duties of a chair for more than one month, or
- b. the office of chair of Council is vacant,

the Council may nominate a deputy chair, in accordance with article 10 of the Constitution Order 2009, to serve as chair during the absence or unavailability of the Council Chair or the vacancy.

12.6. The process under this standing order 12 for nominating and electing a temporary chair or a deputy chair of the Council shall be:

- a. the Registrar shall act as chair at the beginning of the meeting or in the Council Chair's absence and invite nominations;
- b. a Council Member may nominate him or herself or any other Council Member present;
- c. if no more than one Council Member is nominated, that Council Member shall be elected chair for the period of the Council Chair's absence;
- d. if more than one Council Member is nominated, the Registrar shall ask the Council Members present at the Council meeting, if electing a temporary chair, or all Council Members if electing a deputy chair, to elect by Vote one of the Council Members nominated;
- e. in the event of an equal number of Votes being cast there shall be a further Vote or Votes if necessary until a Council Member is elected as chair with a simple majority;

- f. an election may be suspended at any stage if the Council Members nominated can, between themselves, reach agreement on which one of them shall act as chair;
- g. if the Registrar knows, before the date of the meeting that the Council Chair will not be attending or will be absent for some part of the meeting, the Registrar may, in advance of the meeting, invite nominations to chair.

12.7. Where a temporary chair or deputy chair chairs some or all of a Council Meeting, all references to the Council Chair in these Standing Orders shall apply to that Council Member as if he or she were the Council Chair.

Commented [LB42]: Council SO 13.2 - 13.3

Senior Independent Council Member

12.8. The Council may choose to appoint one of the Council Members as the Senior Independent Council Member.

12.9. The Senior Independent Council Member shall:

- a. be a conduit between Council Members and the Council Chair to communicate any major concerns Council Members have to the Council Chair;
- b. lead the process of appraising the performance of the Council Chair and take advice from the Council and the Remuneration and Nomination Committee around whether to seek the views of external stakeholders (including Government);
- c. investigate any complaints (from Council Members, Officers of the Council or any other parties) about the Council Chair's conduct; and
- d. occasionally deputise for the Council Chair at external events or internal meetings.

Commented [LB43]: Council SO 14

External Members

12.10. If a Committee wishes to appoint an External Member, it must seek the prior approval of the Council. External Members must be appointed in accordance with the 'Process for appointing non-Council members to Committees of the Council'.

12.11. An External Member:

- a. may take part in discussions;
- b. may vote on matters under consideration by the Committee to which they are appointed; and
- c. will not be counted in the quorum of the Committee to which they are appointed.

Commented [LB44]: NSC Res. 7

The Registrar

12.12. The Registrar shall be the Accounting Officer of the Council.

12.13. The Registrar shall hold office for the period determined by the Council.

12.14. The Registrar may delegate to staff members the power to perform such of the Registrar's functions as the Registrar may from time to time think fit.

12.15. Reference in these Standing Orders to the Registrar shall, where powers or duties have been delegated to another staff member to act in his or her absence, be deemed to be a reference to that staff member.

12.16. The Registrar shall be entitled to attend and speak at all meetings of the Council unless they have a prejudicial interest in a matter under consideration, in which case standing order 7 shall apply as if the Registrar were a Member.

Commented [LB45]: Council SO 15

Secretary and advisors

12.17. The Registrar is the Secretary to the Council and Committees save the Audit and Risk Committee and the Appointments Committee.

Commented [LB46]: NSC SO 3.1 and SC SO 4

12.18. The Registrar may appoint the Head of Governance, or, in the Head of Governance's absence another Officer of the Council, as appropriate, to act as Secretary to the Council and Committees.

Commented [LB47]: Council SO 16.1 and NSC 3.2

12.19. The Registrar shall appoint any Officer of the Council to act as the Secretary to the Audit and Risk Committee and the Appointments Committee.

Commented [LB48]: NSC SO 3.3 and SC SO 4

12.20. The relevant Chair may invite any person to speak at their respective meeting, to give advice and to answer questions through the relevant Chair.

Commented [LB49]: Council SO 16.2

13. Member attendance, education and training

13.1. The Council Chair may refer a Council Member to the Privy Council for consideration under article 6 of the Constitution Order 2009 (removal of members from office) if they attend less than 65% of meetings in a one-year period.

Commented [LB50]: Council SO 18.1

13.2. The Council Chair may refer a member of the Appointments Committee to the Council for consideration if they attend less 65% of meeting in a one-year period.

13.3. For the purposes of standing order 13.1, "meeting" does not include Council Workshops and additional meetings of Council Members though this figure may include, at the Council Chair's discretion, other meetings which the member is obliged to attend (e.g. Committee Meetings).

13.4. The Council shall direct that the Secretary arrange for Members to undergo training to assist them in the performance of their duties.

13.5. The Council shall establish standards of performance of Members, including a system of regular performance appraisal.

13.6. Members shall comply with the standards of attendance and performance and attend the training established by the Council under this standing order 13.

Commented [LB51]: Council SO 18.2 - 18.5

14. Conduct

14.1. Members shall comply with the policies and procedures provided to them governing their conduct which are approved by the Council from time to time.

14.2. The relevant Chair's ruling on any question of conduct raised at a meeting shall be final unless the ruling concerns the Chair, in which case the Council or Committee shall make the ruling. Rulings shall be made in accordance with the provisions of the Constitution Order 2009, these Standing Orders and the policies and procedures Provided to Members governing their conduct.

Commented [LB52]: Council SO 19

15. Provisional suspension of members

15.1. The Constitution Order 2009 sets out the mechanisms for appointment, removal and suspension of Council Members and the Council Chair.

15.2. The Council may resolve that a Council Member be provisionally suspended from office until such time as the Privy Council has reached a decision on whether to suspend or remove the Council Member under the Constitution Order 2009.

15.3. If a Council Member has been provisionally suspended, the Council Chair shall notify the Privy Council in writing of the provisional suspension as soon as is reasonably practicable.

15.4. Where the Privy Council decides not to suspend a Council Member or not to remove a Council Member from office, the Council must terminate the provisional suspension as soon as reasonably practicable.

15.5. A Council Member who is provisionally suspended shall not be entitled to attend or otherwise participate in meetings of the Council or to exercise any other function of a Member.

Commented [LB53]: Council SO 20

15.6. The Council may resolve to recommend to the Privy Council, with reasons, that a Council Member's suspension is lifted.

15.7. The decision on whether a suspension is to be lifted can only be taken by the Privy Council and any suspended Council Member shall not attend or otherwise participate in Council Meetings or to exercise any other function of a Council Member until confirmation has been received from the Privy Council.

Commented [LB54]: Council SO 21

16. Common Seal

Commented [LB55R54]:

16.1. The Common Seal of the Council shall be kept in safe custody by the Registrar or a person appointed by the Registrar.

16.2. Where the Common Seal is affixed to a document, that document shall also be signed by the Chair and by the Registrar or a person appointed by the Registrar or by the Chair.

16.3. A report on the use of the Common Seal will be presented on an annual basis to the Council.

Commented [LB56]: Council SO 17

17. Revocation

17.1. The General Dental Council Standing Orders for the Conduct of Business 2020, the General Dental Council Standing Orders and Resolution for the Non-Statutory Committees of Council 2020 and the General Dental Council Standing Orders for Appointments Committee 2020 are hereby revoked.

Commented [LB57]: Council SO 22, NSC SO 15 and SC SO 14

| Proposed New Standing Orders | Modifications from Standing Orders for the Conduct of Business | Modifications from Standing Order and Resolution for the Non-Statutory Committees of Council 2020 | Modifications from Standing Order for the Appointments Committee |
|---|--|--|--|
| 1. Application, Commencement and Interpretation | Definitions have been removed and added in Annex 1. Date of Order commencement updated. | Definitions have been removed and added in Annex 1. Date of Order commencement updated. | Definitions have been removed and added in Annex 1. Date of Order commencement updated. |
| 2. Structures | No comparable order. | Standing Orders 8, 13 and 14. | No comparable order. |
| 3. Membership | Standing Order 2. | Standing Orders 2 and Resolution 1.2, 2.2 and 3.2 | Standing Order 5 |
| 4. Arrangements for Meetings | Standing Order 3, omitting 3.8 as covered elsewhere. Standing Order 4 | Standing Order 5 | Standing Order 6 |
| 5. Public accessibility of Council meetings | Standing Order 5 | No comparable order and not relevant. | No comparable order and not relevant. |
| 6. Quorum | Standing Order 6 | Resolution 5.1 | Terms of Reference Ap.4 |
| 7. Declarations of Interest | Standing Order 7 | Standing Order 6 | Standing Order 7 |
| 8. Rules of Debate and Decision Making | Standing Order 8 (Decision Making and Voting) Standing Order 9 (Rules of Debate) | Standing Order 11 (Committee decisions) No comparable order for Rules of Debate but included for consistency. | Standing Order 12 No comparable order for Rules of Debate but included for consistency. |
| 9. Urgent actions or decisions between meetings | Standing Order 10.1 - 10.4 (Chair's Action) Standing Order 10.5 - 10.10 (Decision via correspondence) Provisions relating to revoking Standing Orders or any matters reserved to Council are retained. | Standing Order 7.1 (Chair's Action) Standing Order 7.4 - 7.6 (Decisions via correspondence) | Standing Order 8.1- 8.3 (Chair's Action) Standing Order 8.4 - 8.8 (Decision via correspondence) |
| 10. Publication of agendas and papers | No comparable order but included for consistency. | Standing Order 9 | Standing Order 10 |
| 11. Minutes | Standing Order 11 | Standing Order 12 | Standing Order 13 |

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| 12. Roles | Standing Order 12 (Role of the Chair of Council or Committee) Standing Order 13 (Temporary and Deputy Chair) Standing Order 14 (Senior Independent Council Member) Standing Order 15 (The Registrar) Standing Order 16 (Secretary and advisors) | No comparable order for Role of Committee Chair, Senior Independent Council Member or Registrar, but included for consistency. Standing Order 10 (Absence of the Committee Chair) Standing Order 3 (Secretary) | No comparable order for Role of Committee Chair, Senior Independent Council Member or Registrar, but included for consistency. Standing Order 11 (Absence of the Committee Chair) Standing Order 4 (Secretary) |
| 13. Member attendance, education and training | Standing Order 18 | No comparable order by included for consistency. | No comparable order by included for consistency. |
| 14. Conduct | Standing Order 19 | No comparable order by included for consistency. | No comparable order by included for consistency. |
| 15. Provisional suspension of members | Standing Order 20 | No comparable order by included for consistency. | No comparable order by included for consistency. |
| 16. Common Seal | Standing Order 17 | No comparable order and not relevant. | No comparable order and not relevant. |
| 17. Revocation | Standing Order 22 | Standing Order 15 | Standing Order 14 |

Appendix 2 to the Resolution

Terms of Reference: **Finance and Performance Committee**

Key purpose

F1. To provide assurance to the Council by carrying out the following functions on its behalf:

1. Challenging and monitoring the Executive on financial and other performance.
2. Working with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions.
3. Providing scrutiny and challenge to the Executive on major operational matters with a material financial impact for the organisation.
4. Working with the Executive in developing the GDC's financial strategy. This will include scrutinising the development and delivery of the three-year rolling Costed Corporate Plan, scrutiny of the annual budget setting process and of the organisation's delivery against budget, and providing to the Council the assurance it needs to approve the budget and Costed Corporate Plan.

Composition and Quorum

F2. The Committee shall consist of a Chair and at least two members of the Council (of whom at least one must be a registrant member of the Council and at least one must be a lay member of the Council). If the Committee so decides, and with the approval of Council, an external member may be appointed in line with the requirements of the GDC Standing Orders.¹

F3. The quorum of the Committee shall be two Council members.²

Delegated Powers

- F4. Approval of assumptions and objectives to be used in the planning cycle.
- F5. Approval of the budgeting approach and annual targets for efficiency in accordance with the Council's strategy.
- F6. Approval of the GDC's 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 funding is available.

Functions and Duties

Financial Strategy

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

¹ GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r1.2.

² GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

- F8. The development of the three-year Costed Corporate Plan and annual budget to ensure that they are robust and aligned to delivery of the Corporate Strategy.
- F9. The impact of the three-year Costed Corporate Plan and annual budget on the setting of the Annual Retention Fees, registration application fees, fees for the Overseas Registration Exam and the reserves policy.
- F10. The financial reporting data used to ensure that the organisation is delivering against budget. This scrutiny should include:
- the challenge of the Executive in relation to the organisation's financial performance.
 - any amendments to the current year budget
 - any virements (transfers of budget allocation) between directorates that exceed agreed limits
 - any calls on reserves
 - any necessary borrowing or
 - other material financial matters about which the Council ought to be made aware.
- F11. The coherence and rigour of the financial modelling underlying the fees strategy of the organisation, with a view to enabling the Council to approve any changes to the Annual Retention Fees, any other relevant fees and the reserves policy of the organisation.
- F12. The adherence to and robustness of the treasury, investment and financial procedures policies of the organisation.
- F13. The adequacy of the insurance arrangements of the Council.
- F14. The actuarial assumptions, financial viability, performance, and other relevant implications of the GDC Pension Schemes. The Committee will communicate:
- Advice received, to facilitate decision making in this area, to the Council and
 - Any material risk that arises in this area to the Audit and Risk Committee.

Organisational Performance

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

- F15. The operational delivery against the Costed Corporate Plan and the reliability and appropriateness of a suite of performance indicators around organisational performance.
- F16. The annual and exception reports on procurement activities.

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 ~~as approved by Council~~.

R6. Approving the policy for authorising claims for expenses from the Chief Executive and Registrar and the Chair of the Council.

R7. Where necessary, the Committee is authorised by the Council to obtain external legal or other professional advice, but only within budgetary limits.

¹ Registration and Fitness to Practise panellists, ORE associates, clinical and legal advisers at hearings, and education associates.

² GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r2.2.

³ GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, r.5.1

Functions and Duties

Nominations and evaluation

R8. Scrutinise ~~and approve, and in order to~~ provide assurance to the Council, ~~on~~ the processes for recruiting the Chief Executive and Registrar, and on the process around their annual appraisal.

R9. Scrutinise ~~, in order to and~~ provide assurance to Council, ~~on~~ the arrangements for succession planning for the Chief Executive and Registrar and provide assurance to the Council that plans are in place in respect of the rest of the Executive Management Team.

R10. Scrutinise and ~~approve, provide assurance,~~ in order to ~~recommend provide assurance~~ to the Council, ~~on~~ the process of appointment and reappointment in relation to both Council Members and Independent Governance Associates.

R11. Scrutinise and ~~provide assurance approve,~~ in order to ~~recommend provide assurance~~ to the Council, the approach to appraisal for Council Members (including the Chair of Council) and Independent Governance Associates.

R12. Scrutinise and ~~approve, in order to~~ provide assurance to Council, ~~on~~ the process for setting the objectives of the Chair of Council and Chief Executive and Registrar.

Remuneration and Reward

Chief Executive and Registrar and the Executive Management Team

R13. Scrutinise and ~~approve, in order to provide assurance recommend~~ to the Council, an appropriate reward policy for the Chief Executive and Registrar, and the Executive Management team. This will be:

- consistent with organisational objectives,
- within the overall budget agreed by the Council and
- any approval of the overall reward, benefits package and terms of service for the Chief Executive and Registrar by the Committee, under its delegated power above, must be within the terms of the agreed policy.

R14. On behalf of Council, propose amendments to the reward of the Chief Executive, within the agreed policy, including in relation to the terms of any special severance arrangements applying in the event of any required and unplanned early termination of employment of the Chief Executive, having regard to relevant guidance, best practice and contracts of

employment. ~~Any proposed changes that would fall outside of the agreed policy should be escalated to the Council.~~

R15. Scrutinise and provide assurance to Council that changes made by the Chief Executive to Executive reward, including in relation to any special severance arrangements, are within the agreed policy. ~~Any proposed changes to Executive reward that would fall outside of the agreed policy should be escalated to the Council.~~

Council Members, specified Associates and Others

R16. Scrutinise and recommend to the Council an appropriate reward and expenses policy for:

- Council Members (including the Chair of Council)
- Independent Governance Associates
- Decision making panellists (in relation to Fitness to Practise and Registration)
- ORE Associates
- Clinical and legal advisors at Hearings and
- Education Associates.

R17. Scrutinise and provide assurance to Council that there is a reward framework in place for GDC staff, that policies are reviewed at regular intervals and benchmarked against the market, if and when, appropriate.

Appendix 4

| Committee | Report/Item | Change |
|-----------------------------------|---|--|
| Audit and Risk Committee | Strategic Risk Register and Board Assurance Framework | Executive Management Team to report to the ARC. ARC provides assurance to the Council. Council receive an annual SRR update. |
| | Annual Report and Accounts | ARC oversees drafting and recommends final version to the Council. |
| | Significant Litigation Update | To be provided to the Committee as a substantive item. |
| | Risk Management Framework | ARC oversees the setting of the framework and recommends to the Council the risk appetite annually. |
| | Information Governance Report | To be provided to the Committee for its information outside of the Committee cycle. |
| | Governance Processes | ARC provides annual review and recommends any necessary changes to the Council as appropriate. |
| | Corporate Complaints Annual Report | To be provided to the Committee for its information outside of the Committee cycle. |
| | Declaration of Interests and Gifts and Hospitality Annual Reports | To be provided to the Committee for its information outside of the Committee cycle. |
| Finance and Performance Committee | Organisational Performance Reporting | FPC provides quarterly scrutiny and recommends Annual Performance Report to the Council. |
| | Financial Policies and Procedures | FPC approves the policies and provides assurance to the Council (apart from Fees and Reserves Policies, which will continue to be approved by the Council) |
| | Quarterly Contract Compliance Reporting | To be provided to the Committee for its information outside of the Committee cycle. |
| | Payment by Instalment update | FPC to review annually. |
| | Separation of Adjudications project | FPC provides scrutiny and provides assurance to the Council. |
| | Education Quality Assurance | FPC to receive an annual report. |

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|---------------------------------------|--|---|
| | Customer Service Reports (Registration and Fitness to Practise) | To be reported by exception. |
| | Insurance Review | To be reviewed and approved by the FPC annually. |
| | Strategy Directorate Performance Reporting Suite | FPC provides scrutiny annually and provides assurance to the Council. |
| | Annual Report of the Project Management Office | To be reported by exception. |
| Remuneration and Nomination Committee | Chair and Chief Executive Objective Setting Process | RemNom to scrutinise, approve and provide assurance to the Council. |
| | Chief Executive and Executive Management Team Remuneration Policy | RemNom to scrutinise, approve and provide assurance to the Council. |
| | Appointment and Reappointment Processes of Council Members and Independent Governance Associates | RemNom to scrutinise, approve and provide assurance to the Council. |
| | Chair, Chief Executive, Council Member and Independent Governance Associates Appraisal Processes | RemNom to scrutinise, approve and provide assurance to the Council. |
| | Chair and Chief Executive Objective Setting Process | RemNom to scrutinise, approve and provide assurance to the Council. |