

A meeting of the Council of the General Dental Council

13:45pm on Friday 27 October 2023 at the General Dental Council,

1 Colmore Square, Birmingham, B4 6AJ

Members:

Lord Harris (Chair)

Terry Babbs

Ilona Blue

Donald Burden

Anne Heal

Angie Heilmann MBE

Serbjit Kaur MBE

Sheila Kumar

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

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

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

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

Email: KSpears@gdc-uk.org

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

Public Council Meeting

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

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

PART ONE - PRELIMINARY ITEMS

1.	Welcome and apologies for absence	Toby Harris, Chair of the Council	13:45 – 13:50pm (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 22 September 2023	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 22 September 2023 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	For noting	13:50 – 14:10pm (20 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
8.	Costed Corporate Plan 2024-2026 and Budget 2024 Samantha Bache, Associate Director, Finance David Criddle, Head of Business Intelligence, Delivery & PMO	For decision	14:10 – 14:25pm (15 mins)	Paper
Comfort Break – 10 minutes – 14:25 – 14:35pm				
9.	Annual Retention Fees Regulations Clare Paget, Associate Director, Legal	To make regulations	14:35 – 14:45pm (10 mins)	Paper
10.	Equality, Diversity and Inclusion Strategy – 2024-2026 Planning Principles Richard French Lowe, Head of OD and Wellbeing	For discussion	14:45 – 15:15pm (30 mins)	Paper
11.	Chair & Chief Executive Objectives Setting 2024 John Middleton, Head of People Services	For approval	15:15 – 15:30pm (15 mins)	Paper

PART THREE - CONCLUSION OF BUSINESS

12.	Any Other Business	Toby Harris, Chair of the Council	15:30 – 15:35pm (5 mins)	Oral
13.	Date of Next Meeting Friday 7-8 December 2023 (Wimpole Street)			

**Minutes of the Meeting of the
General Dental Council
held at 10:30am on Friday 22 September 2023
in Open Session at 37 Wimpole Street, London**

Council Members present:

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

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Theresa Thorp	Executive Director, Regulation

Staff and Others in attendance:

Samantha Bache	Associate Director, Finance (item 9 only)
Rebecca Ledwidge	Deputy Head of Governance
John Middleton	Head of People Services (items 11 and 12)
Clare Paget	Associate Director, Legal
Joanne Rewcastle	Associate Director, Communications and Engagement
Katie Spears	Head of Governance (Secretary)

Others in Attendance:

Sir Ross Cranston	Chair of the Statutory Panellists Assurance Committee (SPC)
Timea Milovecz	Incoming Council Member (as observer)

Members of the public attended as observers.

Apologies

Lisa Marie Williams Executive Director, Legal and Governance

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including members of the public who had joined to observe, and noted apologies from Lisa Marie Williams, Executive Director, Legal and Governance. Clare Paget attended in her stead via MS Teams. The Council agreed with the Chair's suggestion that Sir Ross Cranston should be invited to attend the closed session of the Council.

2. Declaration of interests

- 2.1 The following declarations of interest were received:
- a. Item 10 – Committee Appointments and Appointment of the Senior Independent Council Member (SICM). All Council Members declared an interest and Terry Babbs declared an interest and agreed to step out of the meeting for the discussion on the SICM appointment.
 - b. Item 11 – Chair and Chief Executive Objectives Setting 2023. The Chair and Chief Executive and Registrar declared an interest.
 - c. Item 12 – Council Member and Associates Remuneration. All Council Members declared an interest in this item.

3. Questions Submitted by Members of the Public

- 3.1 No questions had been received.

4. Approval of Minutes of Previous Meeting

- 4.1 The full minutes of the public meeting and the abbreviated minutes of the closed meeting held on 23 June 2023 had been **approved via correspondence**.

5. Matters Arising and Rolling Actions List

- 5.1 The Council **noted** that there were no live actions at present.

6. Decisions Log

- 6.1 The Council **noted** that two decisions had been taken by correspondence since the last Council meeting:
- a. On 15 September 2023, the Council commissioned the recruitment process to appoint a new registrant Member of the Statutory Panellists Assurance Committee (SPC) to replace Serbjit Kaur, and a new independent Member of the Remuneration and Nomination Committee (RemNom) to replace Ann Brown in 2024.
 - b. On 20 September 2023, the Council had noted the Joint Regulators Whistleblowing Report.

7. Assurance Reports from the Committee Chairs

- 7.1 The Council heard from the Committee Chairs in respect of the assurance taken from work conducted in Committee since the last Council meeting.

Audit and Risk Committee

- 7.2 The Chair of the Audit and Risk Committee (ARC) updated the Council that the Committee had met once since the last Council meeting, had considered the Strategic Risk Register (SRR), and approved the internal audit recommendations and plans for the remainder of 2023. The Committee had also discussed the merits of using risk tolerance versus risk appetite, given certain long-standing risks and the external uncertainties, and whether the SRR fully captured the risk horizon.

Finance and Performance Committee:

- 7.3 The Chair of the Finance and Performance Committee (FPC) updated the Council that the Committee had met twice since the last Council meeting and had discussed the Costed Corporate Plan and Budget for 2024-2026. The Committee had scrutinised and provided feedback on the plans. This had been incorporated into the iteration of the work that was before the Council at its closed meeting later that day. The Committee would meet again shortly to review the final iteration of the work. The Committee had also conducted an in-depth review in respect of the Legal and Governance directorate and had noted that there had been no issues to report.

Remuneration and Nomination Committee

- 7.4 The Chair of the Remuneration and Nomination Committee (RemNom) informed the Council that the Committee had met once since the last Council meeting. The Committee had heard an update on the Workforce Development Plan and Total Reward Project and would receive more detailed update at its next meeting. The Chair of RemNom thanked Caroline Logan and Jeyanthi John for their service on the Committee.

Statutory Panellists Assurance Committee

- 7.5 The Chair of the Statutory Panellists Assurance Committee (SPC) informed the Council that the Committee had met once since the last Council meeting. The Committee had appointed two tranches of panellists and had appointed and reappointed legal advisors. The Committee had received and considered some useful diversity monitoring information and would use this to inform future appointments exercises. The Committee had also discussed a pilot exercise in respect of legally qualified Chairs within the confines of the existing legislation.
- 7.6 The Council **noted** the assurance reports.

Sir Ross Cranston left the meeting.

8. Remote Hearings

- 8.1 The Chief Executive and Registrar presented the paper outlining the plans to consult on moving to a position where remote hearings for the Dental Professionals Hearings Service cases was the default position for the GDC. Guidance to this effect had been in place since 2020 but this had been developed as an interim response to the pandemic and the GDC needed to adopt a long-term policy position. The Council heard that if this approach was adopted, parties would continue to be able to make representations as to the most appropriate hearings forum for their matter. This would be decided by a Panel Chair or Committee at a preliminary meeting.
- 8.2 This was a Registrar decision, and the Registrar was keen to understand the experience of the wider public of the existing approach, whether there were any issues that had not been hitherto identified and to establish if there were any equality, diversity or inclusion implications.

8.3 The Council **discussed** the following:

- a. There was merit in including an analysis of any potential benefits of moving to this policy position in the longer term (such as, accessibility, timeliness, costs savings or increased participation). This could include any learning from other sectors that had moved to mainly holding hearings remotely and the fairness of the proceedings would be a highly important consideration in weighing the appropriate approach to take.
- b. The consultation paper would benefit from a clearer timeline for when a decision might be taken, and when the Council will be informed of the outcome of the consultation exercise.
- c. It would be helpful to build in a review of any longer-term policy position at an appropriate juncture to analyse any impacts.
- d. Separate to the review of policy, there should continue to be a cross-analysis of how any policy position in this area impacted other strategic areas, such as the Estates Strategy and the EDI Strategy.

8.4 The Council **noted** the approach.

The Associate Director, Finance joined the meeting.

9. Reserves Policy

9.1 The Associate Director, Finance presented the paper seeking approval for the 2024 Reserves Policy. The paper had been detached from the wider discussion of the Costed Corporate Plan and drew out key considerations, such as uncertain economic assumptions, restricted use of contingency function and an increased likelihood of the organisation needing to draw on its reserves than in previous years.

9.2 The Executive Management Team (EMT) and FPC had discussed and recommended the policy to the Council for approval. Given the financial climate, it was also planned to bring the policy back to the Council for further review in early 2024. This would be in respect of both the range of reserves and target reserves level.

9.3 The Council **approved** the proposed policy and **noted**, for the next review, that it would be prudent to consider reasonably wide benchmarking data, and that which considered the direction of travel of other organisations (i.e., whether they were moving to a more, or less, cautious approach to reserves). The Council also noted that benchmarking data was useful but not determinative. Individual organisations had individual requirements and challenges.

The Associate Director, Finance and Terry Babbs left the meeting.

10. Committee Appointments and Appointment of the Senior Independent Council Member

10.1 The Chair of Council proposed the appointments of Council Members to the non-statutory Committees of the Council until 30 September 2025 and proposed the appointment of Terry Babbs as the Senior Independent Council Member (SICM) until 30 September 2024.

10.2 The Council **discussed** the following:

- a. Council Members should discuss their development needs and future ambitions in their appraisals or other conversations with the Chair of Council. These discussions helped inform future decisions about Committee composition,

Committee Chairing and the SICM appointments. The Chair welcomed these discussions.

- b. The mechanisms existed to express interest in these roles and the ongoing Board development work was designed to support Council Members in identifying their strengths, areas for development and building confidence to seek new opportunities whilst on the Council.
- c. There was useful learning to be gathered from the developmental Council Member role that had been created to broaden diversity on the Council.

10.3 The Council **approved** the appointments of Council Members to the following Committees, for the period of two years (until 30 September 2025):

- a. Audit and Risk Committee: Sheila Kumar (Chair), Serbjit Kaur, Simon Morrow, Laura Simons, Elizabeth Butler (independent Member).
- b. Finance and Performance Committee: Terry Babbs (Chair), Donald Burden, Anne Heal, Ilona Blue.
- c. Remuneration and Nomination Committee: Anne Heal (Chair), Angie Heilmann, Mike Lewis, Ann Brown (independent Member).

10.4 The Council also **approved** the appointment of Terry Babbs as the Senior Independent Council Member (SICM) until 30 September 2024.

Terry Babbs rejoined the meeting, and the Head of People Services joined the meeting.

11. Chair and Chief Executive Objective Setting 2023

11.1 The Head of People Services presented the paper that outlined the process for setting the objectives of the Chair and Chief Executive. The process had been reviewed and approved by the RemNom. The Council was also asked to approve the objectives for the Chief Executive for the remainder of 2023.

11.2 The RemNom terms of reference delegated review and approval of the process for objective setting, not review of the objectives themselves. These were proposed through the appraisal conversations between the Chief Executive and Chair (and Chair and SICM) and approved by the Council.

11.3 It had been agreed that in future the Chief Executive would give an update on progress against his objectives at each quarterly Council meeting and that a formal review would be tabled at the Council every six months. The objectives for the Chair and Chief Executive for 2024 would be tabled at the next Council meeting, to align with the approval point for the Costed Corporate Plan and Budget.

11.4 The Council **discussed** the following:

- a. The linking of the objectives to the Costed Corporate Plan and Corporate Strategy was a sensible approach, as was the cascading of the objectives to the organisation.
- b. For the 2024 objectives, they should be timebound and measurable where possible. For example, measuring the Council's understanding of something was difficult but the re-phrasing of the objective could allow it to be more measurable. e.g., 'the Council has the necessary data to scrutinise and challenge the Executive'. Additionally, it would be useful for the objectives to be higher-level and focused on outcomes.

- c. There was potentially merit in drawing a distinction between what was the 'business as usual' work of the Chief Executive and Chair – for which there was an implicit expectation that would be conducted effectively – and a short list of additional activities that were planned for delivery over a particular time frame. The objectives could also more explicitly reference the organisation's commitment to equality, diversity and inclusion.
- 11.5 The Council **noted** the approved process and **approved** the objectives for the Chief Executive for 2023.

12. Council Member and Associates Remuneration

- 12.1 The Head of People Services presented the paper which proposed no change to the remuneration of the Chair of Council, Council Members and the wider Associates group. The Council noted that benchmarking data from the other healthcare regulators suggested that the Chair's allowance was marginally below average. The allowance for Council Members was above average and the rates for the wider Associates group remained appropriate. It was recommended that no changes were made to the remuneration for these groups. The RemNom had scrutinised and recommended the proposals to the Council.
- 12.2 The Council **discussed** the following:
- a. Although remuneration rates had not changed since around 2014, the Council agreed that no change should be made to the remuneration levels at this time.
 - b. For the next full review of remuneration, consideration should be given to any impacts on attracting good quality candidates to these positions, wider benchmarking data across other sectors and whether there should be any changes to the additional remuneration for the Chairs of the non-statutory Committee (given their additional workload).
 - c. There could also be merit in using an independent reviewer to consider remuneration levels and to attaching the remuneration levels to a measure that moved slowly over time, rather than freezing levels for a significant period of time and then raising them sharply.
- 12.3 The Council **approved** the recommendations that there was no change to the remuneration of the Chair of Council, Council Members or Associates.
- The Head of People Services left the meeting.

13. Any Other Business

- 13.1 There was no other business. The Chair thanked outgoing Council Members, Jeyanthi John and Caroline Logan, for their service on the Council.
- 13.2 The meeting was closed at 11:50am.

**Minutes of the Meeting of the
General Dental Council
held at 13:25pm on Friday 22 September 2023
in Closed Session at 37 Wimpole Street, London**

Council Members present:

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

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Chief Operating Officer
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Theresa Thorp	Executive Director, Regulation

Staff and Others in attendance:

Samantha Bache	Associate Director, Finance (item 8 only)
David Criddle	Head of Business Intelligence, Delivery & PMO (item 8 only)
Rebecca Ledwidge	Deputy Head of Governance
Clare Paget	Associate Director, Legal
Joanne Rewcastle	Associate Director, Communications and Engagement
Ross Scales	Head of Upstream Regulation (item 10 only)
Katie Spears	Head of Governance (Secretary)

Apologies

Lisa Marie Williams	Executive Director, Legal and Governance
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1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted apologies from Lisa Marie Williams, Executive Director, Legal and Governance. Clare Paget attended in her stead via MS Teams.

2. Declaration of interests

- 2.1 All Council Members and staff present declared an interest in respect of the budgetary provision for salaries and fees contained within Item 8 – the Costed Corporate Plan 2024-2026 and Budget 2024. Registrant Council Members also declared an interest in respect of the impact of any budgetary discussions on the level of the Annual Retention Fee (ARF).

3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 23 June 2023 had been **approved via correspondence**.

4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** that there were no live actions.

5. Decisions Log

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

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

- 6.1 The minutes of the following non-statutory Committees were **noted** by the Council:
- a. The Audit and Risk Committee (ARC) meeting of 10 August 2023.
 - b. The Finance and Performance Committee (FPC) meeting of 20 July 2023. A supplementary assurance report was also tabled in respect of the defined benefit pension scheme.
 - c. The Remuneration and Nomination Committee (RemNom) meeting of 29 June 2023.
 - d. The Statutory Panellists Assurance Committee (SPC) meeting of 5 September 2023.
- 6.2 The Council **noted** the updates.

7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council in respect of international registration, legislative reform, engagement with Government Departments, and on Storage Point.
- 7.2 In respect of international registration and legislative reform, the Council heard that the section 60 Order for the General Medical Council was making slow progress. It was unlikely to be in force by the end of the year.
- 7.3 The Council **noted** the updates.
- The Associate Director, Finance and the Head of Business Intelligence, Delivery and PMO joined the meeting.

8. Costed Corporate Plan 2024-2026 (CCP) and Budget 2024

- 8.1 The Associate Director, Finance and Head of Business Intelligence, Delivery and PMO presented the paper setting out the first view of the proposed CCP for 2024-2026 for discussion, alongside the proposed Budget for 2024 and the Accounting Officer's advice. The Finance and Performance Committee had scrutinised this work. The next iteration of the work, which incorporated the Council's feedback, would be considered by the FPC in October before presentation to the Council for approval later the same month.
- 8.2 The Council heard that the CCP was driven by a set of EMT priorities which had been aligned to the Corporate Strategy. The portfolio and workforce plans had been refined – and reflected both business-as-usual activities and change projects. These plans set out the associated budget requested to deliver 'Must' and 'Should do' activities, with contingency and apportioned risk provisions against the reserves, where required.
- 8.3 The Chair of FPC set out that the Committee had scrutinised the most recent iteration of the plans and given feedback. The Committee was assured that the structure and process of developing the CCP was appropriate and was pleased to see that there was a greater emphasis on business-as-usual activities and core capabilities.
- 8.4 The Accounting Officer's advice was given and the CCP, Budget, reserves levels and Annual Retention Fees were discussed by the Council.

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

9. Communications Principles: Costed Corporate Plan and Budget

- 9.1 The Associate Director, Communications and Engagement presented the paper which asked the Council to discuss the communications principles in respect of its imminent decisions on the CCP, budget and Annual Retention Fee (ARF).
- 9.2 The Council **discussed** and indicated approval of the approach in the paper.
- The Head of Upstream Regulation joined the meeting.

10. Expectations for New Registrants: Consultation Response

- 10.1 The Head of Upstream Regulation presented the paper which outlined the outcome of the consultation on the GDC's expectations for UK dental education and training programmes that provide eligibility to apply for registration as a dental professional. This was referred to as the Safe Practitioner Framework (SPF). The Council was asked to review the consultation outcome report and approve the SPF for publication.
- 10.2 The Council **discussed** the following:
- a. The change in approach was welcome and.
 - b. The input from patients was useful and well delivered,
- 10.3 The Council noted that the primary audience for these documents would be education providers, rather than individual practitioners, as this would support providers in designing courses that would deliver the necessary learning outcomes to meet registration requirements. It was also not a re-articulation of the Scope of Practice, so should not have a material impact on the way in which Fitness to Practise operated.
- 10.4 The Council **approved** publication of the Safe Practitioner Framework and **noted** that the consultation outcome report would be published. This would take place in late October, to early November 2023.

The Head of Upstream Regulation left the meeting.

11. Any Other Business

11.1 There was no other business, and the meeting was closed at 15:35pm.

Audit and Risk Committee (ARC) Assurance Report

Since the last Council meeting, the ARC has met once on 9 October 2023.

The Committee:

- **Noted** an update from the Chief Executive on engagement with the Department of Health and Social Care, data access in Storage Point, and Interim Order hearings.
- **Received** a verbal update on progress with the Change Programme and Cultural Change Plan. The Committee recommended to the Council to establish clear reporting arrangements for the Change Programme and Cultural Change Plan to ensure there was appropriate oversight at programme level and for the respective Committees to receive assurance on the elements of the plans that fall within their remit.
- **Requested** some further changes to the Whistleblowing policy to reflect internal contact points and also requested that at the new review consideration be given to whether this should be changed to a policy on Freedom to Speak Up.
- **Scrutinised and discussed** the Strategic Risk Register (SRR) and Board Assurance Framework in detail. Discussions continued about whether the risks on the register reflected the strategic risk to the organisation. A recommendation was made for the EMT to consider a full refresh of the SRR to align it with the organisational objectives and the priorities set out in the Costed Corporate Plan for 2024-2026.

The Committee expressed concern about the level of strategic risk that was outside of appetite and recommended that the Council discuss how best to approach this at its annual Risk Appetite session when the Council should consider both the risks and appetite and tolerance.

- **Discussed** the Equality, Diversity and Inclusion (EDI) Strategy implementation report and the update on progress against the four priorities, which is to be superseded by a new EDI Strategy that is in development for 2024-2026. The Committee highlighted the need to co-produce the new strategy and noted the significant inter-dependencies with the cultural change piece and requested an update to be circulated on those planned activities which were not being taken forward.
- **Noted** the Internal Audit Progress Report from RSM.
- **Scrutinised and approved** the status of the Internal Audit Recommendations, **discussed** the In-House Internal Audit Quarterly Update and **noted** 2023 Internal Audit Plan.
- **Discussed** the current Independent External Auditor and the approach for future reviews. The Committee **approved** the formal contract extension to be delivered by haysmacintyre LLP for the period of two years.
- **Noted** the Significant Legal Developments update.

- **Conducted an in-depth review** into Financial risk and was assured that there was a robust internal control framework in place to manage operational risk. The Finance Team were congratulated for receiving substantial assurance on the New Finance System Audit. The COO was to have discussions with the CEO about more resilience being built into the Finance Team at senior level.
- **Noted** the Annual Reports on Declarations of Interest and Declarations of Gifts and Hospitality **and approved** minor policy amendments to the Gifts and Hospitality Policies for Staff and for Associates.

The next meeting of the ARC is on 23 November 2023 in person at Colmore Square.

Sheila Kumar, Chair of the ARC

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.

FPC met once since the last meeting of the Council on 12 October 2023 in Wimpole Street, London to discuss:

- Organisational Performance Reporting Update (Q2)
- Fitness to Practise Operational Update
- People and Organisational Development (OD) update
- Costed Corporate Plan (CCP) 2024-2026 and Budget- final draft
- Pensions Update
- Change Programme update
- In-depth review- Strategy

The discussions and actions are summarised below:

1. Organisational Performance Reporting Update

- The Committee received a verbal update on Q2 performance including Operational Delivery, CCP Portfolio Delivery, Workforce and People and OD and a Financial Summary.
- The Committee noted some the number of cases within Registration which had passed timeliness targets and heard these were largely due to timing and production of the report.
- The Committee heard that there were significant improvements to the portfolio in Q3 and requested that data should be shared via correspondence when available and that a forward look at portfolio health should be presented in future introductions to the report.
- In relation to the Hearings projects, the Committee heard that an IT plan was in place to secure resource within the next six months.
- The Committee discussed registration appeals and requested for a scenario plan detailing a scaled number of appeals and the resource required to be presented to the Committee.
- The Committee discussed Data Strategy project and requested a proposal on the timeline of implementation following EMT discussion.
- A summary paper containing the information provided as circulated to the Committee following the meeting.

2. Fitness to Practise (FtP) Operational Update

- The Committee received an update on the performance of the FTP Casework function and the performance of the team in addressing the caseload.
- The Committee noted a slight increase in concerns raised in Q3 which was a potential seasonal issue. Despite this increase, the team were continuing to reduce the number of older cases in the caseload.
- The Committee noted that there were different methods of utilising existing resource to build resilience.
- The Committee requested that a timescale should be developed for when a view could be taken on a sustainable caseload number which would feed into the Committee cycle.
- The Committee requested that the suite of metrics include data on individual and team productivity. The Associate Director, FtP would review caseload targets and present a detailed process paper and timeline as part of the next operational update.

3. People and Organisational Development (OD) Activity and Performance Update

- The Committee received an update on the progress of the People & Organisational Development function.
- The Committee noted that a key priority was to address capacity, and a continued focus on the delivery and sustainability of the function, which had largely been impacted by the Covid-19 Pandemic.
- The Committee noted that an Employee Experience Survey was planned from an external provider and the results would be available in 2024.
- The Committee was assured that the People Strategy remained current, and work was underway with IT enhancements, review of people policies and management training.
- The Committee raised concerns that the People Forum and Staff EDI Networks had not developed as anticipated. The Committee heard that support was being provided to reestablish the forum.

4. Costed Corporate Plan (CCP) 2024-2026 and Budget Setting – final draft plan

- The Committee received the final draft plan of the CCP 2024-2026 which detailed the budget, portfolio and workforce plans, including the 2024 annual budget ahead of presentation to the Council for approval.
- The committee noted that, contrary to usual practice, the paper did not include a change log recording changes made between each version of the draft. The Committee requested that this be produced and incorporated in future drafts submitted to FPC or Council.
- Following discussion around the risks and opportunities and the workforce plan, the Committee agreed that it could not endorse the CCP 2024-2026 draft plan and budget setting – final draft plan.
- The Committee agreed unanimously that Option 1 for a proposed 'rebate' of ARF should be pursued, so that it would not extend into the next strategy period.
- The Committee agreed that the Council could be assured that the draft plan and budget had been scrutinised and that the Accounting Officer and EMT were aware of the issues raised and would work to address them prior to the Council meeting.

5. Pensions Update

- The Committee received a progress update on the legacy pension scheme progression to insurer buyout.

6. Change Programme- update

- The Committee received an overview of the Change programme which identified projects within the CCP as having cross-organisational impacts and dependencies.
- The Committee noted the sequencing of the work and to ensure alignment between the committee chairs, committee agendas and forward plans.
- The Committee heard that the first set of focus groups on the Change Programme had taken place and had received a positive response.
- The Committee noted the importance for clear and continuous engagement from Internal Communications and to emphasise to staff that there were no predetermined outcomes in relation to the future of the organisation.

7. In-Depth Review – Strategy

- The Committee received a current overview of the performance of the Strategy Directorate. The in-depth review also included an annual report for 2022 and a mid-year report for 2023.

The next Committee meeting will be held on 16 November 2023 in Wimpole Street, London.

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 18 October 2023. At the meeting the Committee **discussed** the following:

- Update on Workforce Development Plan

The Committee received an update on the Workforce Development Plan which was expected to be finalised by November 2023 and would be aligned with the Change Programme and wider Costed Corporate Plan (CCP) projects. Assurance was sought and received that Equality, Diversity and Inclusion (EDI) considerations would be factored into the work and a more systematic approach was planned to assess training needs at role and individual levels.

- Development of the Cultural Change Blueprint

The Committee received a report on the development of the cultural change blueprint. External consultants T-Three had been commissioned to develop the Cultural Change Blueprint and refresh the GDC's values and behaviours to support cultural change. A request was made for a heatmap to be provided to show the inter-dependencies between projects, and a dashboard to keep the Committee informed on project delivery, EDI considerations and recruitment and retention rates.

- Update on Total Reward Project

An update was provided on the Total Reward Project, for which an external consultant had been commissioned to deliver an analysis of the 'as is' position, an options appraisal for pay and grading, and a proposal for the benefits package. The Committee welcomed the significant progress made in relation to the project.

- In-Depth Review of Associates

The Committee noted the outcomes of the in-depth review of Associates and the proposal to proceed with Option 1, to retain the current model of utilising Associates as self-employed contractors. Assurance was sought on the tax arrangements for self-employed associates, this would be provided to the Committee in due course.

- Council Member and Independent Governance Associates Expenses Policy

The Committee approved the Council Member and Independent Governance Associates Expenses Policy and made a recommendation to Council to approve the wider 2024 policy.

- Pensions Report

The Committee received a report on legacy pensions which had also been considered by the Finance and Performance Committee.

- Annual Review of Committee Effectiveness

The Committee discussed the draft report on its effectiveness in 2023.

- Associate Fees

The Committee heard that a review of the business requirement for an operating policy to support quarter day payments for Associates was to be undertaken and a proposal would be presented for approval in due course.

The next Committee meeting will be held on 1 February 2024, via MS Teams.

Anne Heal, Chair of the Remuneration and Nomination Committee.

Costed Corporate Plan 2024-26 Final Draft Plan

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Associate Director, Finance Dave Criddle, Head of Business Intelligence, Delivery & PMO Louise Piper, Business Planning and PMO Manager Patrick Chan, Senior Financial Planning & Analysis Manager
Type of business	For approval
Purpose	This paper represents the development of the three-year Costed Corporate Plan for 2024-26, detailing the governance review process and the content of the main papers.
Issue	To seek approval for the Costed Corporate Plan (CCP) 2024-26 which includes the portfolio, workforce and budget plans, which adhere to all CCP planning principles.
Recommendation	The Council is asked to: <ul style="list-style-type: none"> Discuss and to approve the CCP 2024-26 plan, the 2024 budget and the 2024 ARF fee levels.

1. Executive summary

- 1.1 The purpose of this paper is to present to the Council for approval, the Costed Corporate Plan (CCP) 2024-26 detailing the budget, portfolio and workforce plans, including the 2024 annual budget.
- 1.2 The CCP 2024-26 plan provides our annual update to the CCP 2023-25 plan, which Council approved on 21 October 2022. This approval was alongside of the Corporate Strategy 2023-25 and the 3-year review of Annual Retention Fees (ARF) which resulted in an increase to Dentist ARF by £10 to £690, with no changes made to the DCP ARF.
- 1.3 Whilst we consider the ARF level to apply over the 3-year strategic period as per the GDC Fees Policy, the Council formally agree and set the fee level each year alongside the annual budget.
- 1.4 The GDC fees result from the cost of regulation and delivery of our strategic objectives. Our fee setting policy aims to ensure that the fees we set adhere to the following principles:
 - a. Fee levels should be primarily determined by the cost of regulating each register group, where we seek to remove, as far as practicable, cross subsidy between different registrant groups.
 - b. The method of calculating fee levels should be clear.

- c. Supporting certainty for registrants and workability of the regulatory framework, where the outcome should not result in unacceptably high or variable costs for our registrants. We seek to achieve this by setting our fees over a three-year period.
- 1.5 We are not required to consult on the level of ARF we set, however, every 3 years we invite views on the strategic priorities and overall resourcing of our corporate strategy before approving it.
- 1.6 The plan has been developed through a series of planning rounds where the Senior Leadership Team (SLT), the Executive Management Team (EMT) and the Finance and Performance Committee (FPC) have developed and scrutinised the various iterations of the plan.
- 1.7 All planning has adhered to the set of CCP 2024-26 planning principles which were developed with the EMT and approved by the FPC.
- 1.8 The CCP 2024-26 plan is driven by a set of EMT priorities, which are aligned to the Corporate Strategy 2023-25. These provide the focus for both business-as-usual (BAU) operations and change projects in the plan, with the objectives to ensure that:
 - a. There is clarity for the business in the outcomes towards which to plan activity.
 - b. The organisation has resource with the capacity and capability to deliver.
- 1.9 The portfolio plan in **Appendix 1** represents the prioritised work to deliver the EMT priorities, with the budget and workforce plans in **Appendix 2** representing the resources needed for delivery. They set out the associated budget based on the known costs for Must and Should do activity, with contingency budget applied for events highly likely to occur, and provisions against reserves apportioned where required for business cases pending approval. Any decision requiring additional resource post the Council's approval of the plan in October would be treated as a call on reserves.
- 1.10 The plan requests additional resource of 26.6 FTE which is deemed to be the minimum necessary to provide capacity and capability to deliver the portfolio plan. Council members should note the risk that additional resource will prove necessary. 70% of these roles are planned to be fixed-term contracts and will have completed before the end of the planning period. These temporary roles are supporting necessary business change or provide short-term additional capacity to our core operations.
- 1.11 By the close of 2026, the organisation will have returned broadly to the size of our workforce in 2022, which retains the additional resourcing agreed for the Fitness to Practise function in late 2020. Whilst this additional FtP resourcing is expected to be retained through the life of this plan, the intention remains to keep this level resourcing under review as we become clearer on the resourcing requirements necessary to deliver steady state.
- 1.12 Our current approach to budgeting minimises the level of contingency budget we hold to avoid 'baking in' underspend. Accordingly, any activity that does not yet have an approved business case is held as a provision against the reserves. Draw down of these provisions is subject to approval by either the Council Chairs or Council, in line with the Council's agreed financial delegations.
- 1.13 We actively monitor the current economic environment and have updated the position on inflationary risks throughout planning to the most up to date projections available to us.
- 1.14 In 2022, during development of the CCP 2023-25 plan, the Finance and Performance Committee undertook a detailed discussion with the Executive looking at economic assumptions and the best way for the GDC to manage inflationary risk in the new strategic period (2023-25). This resulted in agreement of a planning principle that no

- inflation should be included in the baseline budget envelope, as this was too difficult to accurately forecast. Instead, mitigation of inflationary risk should be managed as a risk against reserves. Furthermore, in 2022 it was agreed that the GDC should use the Bank of England Monetary Report forecast model as the basis of setting the GDC's inflationary provision. We have retained these planning principles for the CCP 2024-26 plan.
- 1.15 We have again included the analysis provided from other statistical houses which are set out as part of our standard planning pack within the in the budgeting assumptions section of **Appendix 2**.
- 1.16 This data shows that for 2024-26, there remains a significant distribution variance across forecasters for future inflation. Of the 100 other forecasters whose predictions are disclosed by the Bank of England, 25 expect inflation to remain above 3% in Q2 2024. Variance across forecaster assumptions narrow as we look towards 2025 and 2026.
- 1.17 As per the CCP 2023-25 period, we have also included current CPI and RPI forecasts available to us through Statista, Office for Budget Responsibility (OBR) and His Majesty's Treasury (HMT) for Council's information.
- 1.18 There has not been a further update of the Bank of England Monetary report since Council's early review of the CCP 2024-26 plan in September 2023. The next version of the Bank of England Monetary Report will not be available until November 2023.
- 1.19 We believe that there is a risk of historical inflationary impact yet to hit the GDC as contracts were fixed. We have identified those material contracts and included an appropriate risk against reserves to mitigate the increase in costs through re-tendering action.
- 1.20 In relation to our income, we have used the available updated information on graduation data now available to us and can be more certain of the size of the likely Dentist register by the end of December 2023. As such, we have reduced the likelihood in income risk to medium, from medium/high as previously reported to Council.
- 1.21 The details supporting our income risk and opportunities assumptions, and the sensitivity in those assumptions, are provided in the financial risks and opportunities section of **Appendix 2**.
- 1.22 The CCP 2024-26 budget position indicates a requirement of £126.3m over the CCP 2024-26 cycle, which is an increase of £0.5m to the current budget envelope for 2023-25. There has been no change to the budget envelope since the Council's early review of the CCP 2024-26 in September.
- 1.23 This budget position, whilst retaining the level of ARF set in 2022, would present forecast free reserves at the end of 2026 equivalent to 7.1 months operating expenditure, which is **in excess of** the upper limit of the Council Reserves policy. When considering the deployment of our resources in meeting our statutory objectives of protecting patients and ensuring public confidence in dental services, our fees policy sets out that we will prioritise resources as follows:
- a. Ensuring the financial viability of the organisation
 - b. Compliance with our legal and other obligations
 - c. Investment in measures designed to improve public protection, including preventive measures, with a view to reducing, where we can, the costs and burden of enforcement action.

- 1.24 The CCP 2024-26 has been developed by the Executive using these allocation principles, and the resourcing sought in the plan is confirmed as necessary for ensuring we have the capacity to deliver EMT's priorities.
- 1.25 To ensure that we are in accordance with the Council Reserves Policy the ARF must be reduced for the remainder of the strategy period (2023-25). The CCP 2024-26 plan therefore presents Council with **two options to consider**, which both maintain forecast free reserves at the target level of 4.5 months of operating expenditure at the end of 2026 and provide appropriate reductions to the ARF levels.
- 1.26 Council are being asked to consider and approve the ARF level for 2024. The FPC assessed both options at their 12 October meeting, and endorsed 'Option A', a reduction to Registrants over 2024 and 2025, to keep any reduction within the current strategic period. Both the options are presented to Council below and indicate the intention of maintaining the reduced fee level for 2025:
- a. A reduction to ARF over the remainder of the current strategy period (2024 and 2025). This option would carry a risk of a more substantive increase to ARF when we formally revisit it alongside the Corporate Strategy 2026-28 as the modelling suggests the ARF would need to return to the existing fee levels in 2026. However, this option provides the benefit of not cutting across deliberations regarding the resourcing and ARF level in the next strategy period:
 - o Dentist ARF £621 (reduction of £69 – 10%)
 - o DCP ARF £96 (reduction of £18 – 15.8%)
 - b. A reduction to ARF based on the current 3-year projections with the ARF expected to remain the same for the planning period (2024-2026). This option would carry the least risk of a substantive increase to ARF when we formally revisit it alongside the Corporate Strategy 2026-28, whilst this does not bind the Council to holding the reduced fee level for 2026, it does assume that a proportion of the saving cross-cuts against Council's deliberations on resourcing for the next strategic period:
 - o Dentist ARF £646 (reduction of £44 – 6.8%)
 - o DCP ARF £99 (reduction of £15 – 13.2%)
- 1.27 Following the detailed planning and review by the senior management teams across the GDC, noting the risks and considerations set out within the plan, assurance is provided by the Executive Management Team (in **Appendix 1**) that their directorates are adequately resourced with appropriate budget and headcount to undertake the BAU and project activity detailed in the CCP 2024-26 plan.
- 1.28 In addition to the overall assurance provided, the Chief Operating Officer, is providing assurance that the income risk and income forecast levels set within the CCP 2024-26 plan, are the most appropriate levels based upon our current understanding of the economic climate and forecast assumptions and projections.
- 1.29 At the time of finalising the CCP 2024-26 there are potential developments, which as yet do not have sufficient clarity of scope or timescales to enable them to be included as costed risk provisions in the CCP 2024-26 plan. Should these, or other unforeseen external factors emerge during the plan period, they will require review of the work required, impact analysis on currently planned activity and capacity, review of the CCP prioritisation and a call on free reserves for funding the activity. Examples of known unknowns within this category are:
- a. The potential for introduction of Provisional Registration abilities.

- b. Changes to CPD legislation.
 - c. Changes in government policy on Appropriate Clinical Cover (indemnity).
 - d. Wider Government defined regulatory reforms.
- 1.30 **Appendix 1** provides the CCP 2024-26 portfolio plan summary of activity set out to deliver the EMT priorities, highlighting the supporting activities for these, as well as essential commitments.
- 1.31 **Appendix 2** provides the CCP 2024-26 budget and workforce plans alongside the assumptions, key considerations, risks, opportunities and planning uncertainties.
- 1.32 The CCP plan is accompanied by Accounting Officer advice supporting the detail.

2. Planning approach applied to the CCP 2024-26

- 2.1 Lessons learnt during planning and delivery in 2022 and 2023 have influenced the development of CCP 2024-26 and the additional stage of setting the EMT priorities.
- 2.2 In previous years of CCP planning, the portfolio was first compiled from business engagement and then prioritised by EMT, which meant evaluating strategic alignment of the plan was more challenging. Also, during the delivery of plans we have faced issues with the capacity to deliver projects, due to a combination of recruitment and retention challenges, coupled with unforeseen additional priority work emerging in year.
- 2.3 Taking the learning from these points, for 2024-26 EMT introduced an additional stage, at the commencement of the planning process, to consider and define their priorities as a leadership team. This has meant that the process has been slightly protracted but that the plan portfolio is smaller and more strategically focused than in previous plans, and that there is a better understanding of the resource implications both of the project portfolio and BAU.
- 2.4 The EMT priorities have provided clarity to the business, throughout evaluating the planning of activity, the resources required to deliver them and the associated budgets.
- 2.5 They have resulted increased assurance of the cohesive alignment across the plan, as well as providing regulatory resilience, through ensuring that we have the capacity to deliver the plan and preserve capacity to respond to important issues prompted by external events.
- 2.6 Additionally, we have also looked at our lessons learnt around historical budgetary underspend. Most notably our underspend has been driven by staff costs and legal budgets. The key actions we have taken to mitigate these below have resulted in a reduction of circa £6m in this plan:
- a. As mentioned in 2.2 above, not unlike many other organisations post the pandemic, the GDC has struggled to attract, recruit and retain staff and has experienced higher level of attrition. We have attempted to address this in the plan by taking a much less cautious approach on our baseline staff costs budget and improving our modelling on expected attrition levels.
 - b. Our legal expenditure has been impacted by the FtP case throughput, where historical trends regarding referrals have proved to be unreliable for forecasting purposes. In this area, we have taken a more robust approach by looking at current referral rates and work sitting in the earlier stages of case progression. We have moved to provide for any uptick in activity by using a costed risk provision.
- 2.7 Our current set of Strategic and Operational Risks mitigations have been assessed within planning to not be impeded by the EMT priorities. With the CCP being a forward-

looking strategic plan and the risks registers being current, the ongoing review of risks in relation to CCP priorities is performed through the regular risk management procedures in place.

- 2.8 Portfolio management and delivery monitoring processes are being expanded for 2024 to perform quarterly rolling planning reviews of the CCP. Delivery progress is already monitored monthly, and we will expand our quarterly CCP portfolio management reviews to ensure that:
- EMT priorities remain the right mix for the organisation,
 - that interdependencies, risks and any potential changes externally or internally are assessed and addressed in an agile manner,
 - that new requests for activity, resources and budget have their impacts on the CCP fully assessed by EMT,
 - that decisions made during the rolling quarterly planning flow directly into the annual CCP planning cycle, reducing the level of analysis required in the annual stages.

3. CCP 2024-2026 Planning Timetable

- 3.1 The table below details the governance review and approval stages for the development of the CCP 2024-26 plan:

Planning Stage	Governance Path
CCP 2024-26 Version 1 – First draft Budget	<ul style="list-style-type: none"> SLT – 26 April EMT – 11 May EMT workshop – 23 May
CCP 2024-26 Version 2 – First full draft Plan	<ul style="list-style-type: none"> SLT – 3 July EMT – 4 July FPC – 20 July
CCP 2024-26 Version 3	<ul style="list-style-type: none"> SLT – 2 August EMT – 8 August
CCP 2024-26 Version 4 – FPC Endorse	<ul style="list-style-type: none"> EMT workshop review – 4 September SLT – 6 September EMT endorse – 7 September FPC – 13 September Council - 22 September – Initial view
CCP 2024-26 Version 5 – Approval	<ul style="list-style-type: none"> EMT – 3 October FPC – 12 October Council - 27 October – Final approval

4. Legal, policy and national considerations

- 4.1 Legal considerations have been taken into account in the text of the paper.

5. Equality, diversity and privacy considerations

- 5.1 The Equality Act 2010 requires public authorities to comply with the public sector equality duty. This means that public authorities must have due regard to the need to achieve the following objectives:

- a. to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- b. to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c. to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.2 An Equality Impact Assessment (EIA) was carried out when the Corporate Strategy was developed. The CCP Plan for 2024-26 has been developed taking into account the EIA and with due regard to the objectives set out above.

5.3 The programmes and projects of work that are undertaken as a result of the creation of the plan will each undertake individual equality impact assessments as routine.

6. Risk considerations

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

7. Resource considerations and CCP

7.1 The development of the CCP Plan for 2024-2026 involves multiple reviews and is co-produced with PMO, Finance and People & Organisational Development working across the business. Consideration to financial and head count resource modelling will be integral to the process for delivery of the plan.

8. Monitoring and review

8.1 The development and review of the CCP 2024-2026 plan draft is iterative through stages of SLT, EMT, FPC & Council review, before final approval is sought from the Council at the 27 October meeting.

8.2 In addition to reporting at SLT, EMT, FPC and Council, the governance of the supporting framework will mean that the component parts of the CCP has reporting and monitoring systems to support effective management of delivery once the plan goes into delivery in 2024.

8.3 Following plan approval, the CCP delivery will be monitored through the monthly Organisational Performance reporting reviews held with EMT, and through the CCP Quarterly Performance reviews held with EMT and with FPC. An annual summary of CCP and Organisational Performance will be produced for the Council.

9. Development, consultation and decision trail

9.1 The stages of development and review leading up to requesting final approval at the Council meeting in October 2023 are detailed in section 3.

9.2 The Accounting Officer advice provides the key considerations regarding the assumptions and decisions made within the plan.

10. Next steps and communications

10.1 The 2024 CCP delivery plan will be developed and presented to EMT in December, outlining the operational delivery and ongoing monitoring for the CCP management.

Appendices

Appendix 1 - CCP 2024-26 portfolio plan

Appendix 2 – CCP 2024-26 budget & workforce plan

Gurvinder Soomal, Chief Operating Officer

Samantha Bache, Associate Director, Finance

David Criddle, Head BI, PMO & Delivery

CCP 2024-2026

Appendix 1 – Portfolio Plan



Contents

- Executive assurance statements
- EMT priorities summary
- Underpinning activities
- MoSCoW portfolio prioritisation criteria
- EMT priorities to activity plan details
- Essential statutory and maintenance activities
- Could do priorities

Executive assurance statements

Following the detailed planning and review by the senior management teams across the GDC, noting the risks and considerations set out within the plan and the Accounting Officer advice, assurance is provided by the Executive Management Team that their directorates are adequately resourced with appropriate budget and headcount to undertake the BAU and project activity detailed in the CCP 2024-26 plan.

The portfolio will be subject to ongoing monitoring and review with EMT, with quarterly review and reforecasting meetings held to monitor progress of CCP plans v's actual across the portfolio, headcount plans and budget plans, reviewing implications of change, potential risks and validate the existing prioritisation.

Endorsed by the EMT Board on:

Theresa Thorp Executive Director – Regulation	Stefan Czerniawski Executive Director – Strategy	Gurvinder Soomal Chief Operating Officer – Registration & Corporate Resources	Lisa Marie Williams Executive Director – Legal & Governance
Endorsed Date 24/10/2023	Endorsed Date 24/10/2023	Endorsed Date 23/10/2023	Endorsed Date 17/10/2023*

In addition to the overall assurance provided, Gurvinder Soomal, Chief Operating Officer, is providing assurance that the income risk and income forecast levels set within the CCP 2024-26 plan, are the most appropriate levels based upon our current understanding of the economic climate and forecast assumptions and projections.

*Confirmed position in EMT informal meeting on 17 October 2023, with no changes to the portfolio since that date for the Legal & Governance resourcing and planned activity.

EMT priorities and portfolio activity

EMT priorities summary

- The EMT priorities are labelled alphabetically for reference only – they are **not in ranked order**.
- The priorities provide focus for both BAU operations and change projects in the CCP plan, with the objectives to ensure that:
 - there is clarity for the business in the outcomes to plan activity towards.
 - the organisation has resource with the capacity and capability to deliver.
- The priorities are informed by and aligned to the Corporate Strategy 2023-25 and planning has adhered to the set of CCP 2024-26 planning principles, which were developed with EMT and approved by FPC.
- There are several underpinning activities (some discretionary and some non-discretionary) which provide the foundations and framework for delivery of the EMT priorities. These have been considered alongside the portfolio activities set out against the EMT priorities to ensure that their specific activity and resourcing needs are provisioned for in the delivery of the plan.
- Our current set of Strategic and Operational Risks mitigations have been assessed within planning to not be impeded by the EMT priorities. With the CCP being a forward-looking strategic plan and the risks registers being current, the ongoing review of risks in relation to CCP priorities is performed through the regular risk management procedures in place.
- The activity in the plan to deliver the EMT priorities are those deemed to be Must Do and Should Do, based on our specific MoSCoW definition criteria.
- Could do priorities are not budgeted for in the plan but are held in place for EMT to review during quarterly prioritisation.
- There are also essential statutory and maintenance activities that are not driven directly by EMT priorities but are listed in the portfolio plan as they are outside of day-to-day business as usual activity.
- Following approval of the CCP 2024-26 plan, delivery progress, prioritisation of activities and review of the EMT priorities will be monitored on a rolling basis quarterly, so that timely revisions can be addressed, approved and factored into the CCP reforecasts and annual reviews.

	EMT priority		Outputs	Outcome sought
A	Agree overarching strategic ambition and vision		Improvements in capability, trust and effectiveness which are recognised internally and externally.	We are a trusted, high-performing regulator. We provide an equal, diverse and inclusive environment for regulation and our working culture.
B	Organisational cultural change of GDC		Significant cultural change and improved performance.	
C	Change programme (Estates, Total reward, Workforce development)		Strategic plan for Estates, revised reward framework, effective workforce development programme in place.	Effectiveness and efficiency of the GDC is enhanced.
D	Improve planning and delivery of the portfolio		More effective and responsive project management and portfolio planning systems in place.	
E	Safeguard core operations	E.1. Registration – general	Caseload in steady state, sustained enhancements in quality and timeliness.	Registration of eligible individuals. Resource cost reduced.
		E.2. Registration – O/seas DCP	Application backlog removed, caseload in steady state.	Registration of eligible individuals. Resource cost reduced.
		E.3. FTP Casework	Caseload in steady state, sustained enhancements in quality and timeliness.	Effectiveness and perceptions of FTP system improved. Resource cost reduced.
		E.4. FTP Presentation & Hearings	Preventative work to avoid development of case backlog and process in advance of legal cost increases.	Timely and efficient completion of cases.
		E.5. Specialist List Assessed Application (SLAA)	Deliver assessment process in house.	Registration of eligible individuals. Resource cost reduced.
F	Improve core operations	F.1. Remove operational and policy obstacles to efficient regulation	Efficient paperless systems and wider process redesign. Revised CPD requirements in place.	Timely and efficient registration of eligible individuals. Resource cost reduced.
		F.2. Reinforce rigour of standards and assessment for admission to the register	Strengthened EQA to ensure consistent rigour in standards.	We can be confident in the integrity of the register.
		F.3. Apply new international registration legislation	Stable rigorous registration routes with predictable short waiting times for candidates.	We can be confident in the integrity of the register. We avoid registration process delays.
		F.4. Develop new routes to international registration		
		F.5. Effective data use	Improved data management and processing, enhanced security and efficiency.	We expand the ability for data to drive and measure organisational decision making.
G	Professionalism agenda	G.1. Updated professional guidance	Updated guidance required for professionalism principles and support for the four UK nations	We reinforce the shift from compliance to positive professionalism.
		G.2. Build up investment in engagement	Engagement regarding reforming international registration. Gather insight into the optimum way to provide standards and guidance and reach more dental professionals	Reach an increased proportion of our audiences to influence perceptions so that professionals and stakeholders take visible steps to engage with and act on the GDC's priorities
		G.3. Modernise internal and external digital channels	Embedded a shift to user-centred design to improve comms quality and delivery efficiency.	We can communicate clearly and effectively and reduce the costs of rework.
H	Influence regulatory reform		Develop more detailed GDC-specific reform model.	We are ready to get the fullest possible advantage from a once in a generation change.
I	Regulatory resilience		Improved flexibility and capacity to be consistently agile in prioritising and delivering new issues	We preserve capacity to respond to important issues prompted by external events.

Underpinning activities

Duties	Approach
Ensuring legislative and statutory duties are upheld	<ul style="list-style-type: none"> Policy reviews, on-going alignment and response to legislative changes Impact assessments undertaken and supported to mitigate and appropriately manage impacts surrounding; EDI, data, legal and business Legal and information governance advice informs change activities Ensuring all papers have the appropriate level of governance and approval through Boards, Committees and Council Ensuring data and system access is securely managed in accordance with GDPR Managing CPD appeals Monitoring and quality assurance of decisions in FTP as made through QAG and DSG
Equality, diversity and inclusion	<ul style="list-style-type: none"> Ensure registrants, witnesses and the public can all effectively engage with the GDC throughout all our statutory duties. Ensure our staff understand our statutory EDI obligations and what it means for them in their daily work. To attract and retain talented people to work at the GDC. Improve collection of quality assured EDI data across the business. Ensure EDI is fully embedded in professional and educational guidance and support EDI in all aspects of professional behaviour
Research & Evidence led activity	<ul style="list-style-type: none"> Evidence derived from the Research programme covering the themes of risks, sector, proportionality & inclusion will inform work being undertaken across all priorities through engagement with both business and project teams. The outputs of the research programme inform organisational strategies, policies and decisions Research activity throughout 2024-26 includes but is not limited to; early careers research, stakeholder research, population study, FtP evaluation, EDI data improvement, and support for learning outcomes, educational standards and QA. Research activity is forward looking, and involves horizon scanning and early identification of issues to enable the organisation to respond effectively The intelligence function also encompasses statistical and data analysis, which supports a wide range of project and business as usual activity
Strategic Communications & Engagement	<ul style="list-style-type: none"> Understand the GDC's latest position and manage a continually updated narrative to brief senior GDC staff for constant engagement with external stakeholders Define strategies to manage information flows to and from stakeholders, feedback insight to inform core GDC activities and continually improve the engagement Strategic advice on design and delivery of content, ensuring appropriate sequencing and consistency of internal and external key messages, managing reputational risk Monitor media and sector interest to identify reputational risks and devise strategies to mitigate, including rapid delivery of content and briefings for senior GDC staff
Portfolio monitoring and organisational performance management	<ul style="list-style-type: none"> Organisational performance reporting and analysis Delivery progress v's plan monitoring, addressing risks and issues with EMT steer and decision Prioritisation reviews on a quarterly basis Managing interdependencies and change Monitoring budget vs plan and forecasts Monitoring resource capacity vs plan and forecasts
Resource capacity management	<ul style="list-style-type: none"> Resource managers forecast capacity demand for both BAU plus project support with contingency capacity allowed Resources scheduled for change projects are committed to deliverables unless exceptional circumstances arise. Capacity issues are escalated for prioritisation decisions at the appropriate level of delegated authority.
Responding to queries & complaints	<ul style="list-style-type: none"> Monitoring and responding to external queries and complaints, including; Registrant and public queries, MP letters and correspondence, Corporate complaints

MoSCoW Portfolio prioritisation criteria

MoSCoW is used to ensure that all activity in the CCP is prioritised using common criteria.

- The CCP plan budgets for both the 'MUST DO' and 'SHOULD DO' activity and represents the work we are committed to do.
- 'COULD DO' priorities represent work we have not committed to do yet and their priority will be reviewed during each quarterly prioritisation review.
- 'WON'T DO YET' priorities are ideas retained in the CCP to be re-assessed in future review of portfolio planning.
- All projects are subject to appropriate level of business case approval for necessity / return on investment.
- EMT workshops are held in each CCP planning cycle to review and approve all portfolio priorities set.
- EMT perform ongoing monitoring of priorities and capacity for delivery. EMT will identify potential in year changes from 'COULD DO' and 'WON'T DO YET' priorities.
- FPC have delegated authority by Council to approve any in year revisions to priorities of projects being changed to 'SHOULD DO' priority, and as such EMT will propose changes to FPC for approval within the quarterly reviews of the CCP plan.

MUST DO

- MANDATORY – for regulatory or statutory compliance
- Critical for success in meeting performance targets for statutory objectives
- Critical for success of fulfilling strategic aims
- Activities formally mandated by Council

SHOULD DO

- Will deliver critical transformation agreed by EMT
- Will deliver significant savings and return on investment
- Work deriving from accepted audit recommendations
- Will cause significant impact if not undertaken

COULD DO

- Work deriving from known best practice
- Desirable to enhance current operating models but not essential
- Will improve processes which lead to some efficiency gains
- Potential legislative changes not yet confirmed

WON'T DO YET

- Desirable but not critical
- Desirable but not urgent to plan yet

Priority A	Agree overarching strategic ambition and vision	Outputs	Improvements in capability, trust and effectiveness which are recognised internally and externally.	Desired outcome	We are a trusted, high-performing regulator. We provide an equal, diverse and inclusive environment for regulation and our working culture.
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BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> EMT review of options and proposals. Council steer and decision required. 	Must	EMT	Q2 - Q4 2023
<ul style="list-style-type: none"> Develop strategy for 2026-2028. Initial analysis to commence in 2023 with the development to complete in Q3 2025. 	Must	EMT	Q2 2023 – Q3 2025

Priority B	Organisational cultural change of GDC	Outputs	Significant cultural change and improved performance.	Desired outcome	We are a trusted, high-performing regulator. We provide an equal, diverse and inclusive environment for regulation and our working culture.
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BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Further defining the role of SLT / EMT to reset organisational values and behaviours and progress towards living these in everyday life. The work will identify the golden threads which need to filter and ripple through the organisation 	Must	EMT	Q1 2023 - TBC

Priority C	Change Programme	Outputs	Strategic plan for Estates, revised reward framework, effective workforce development.	Desired outcome	Effectiveness and efficiency of the GDC is enhanced.
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Programme activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> The aim of the change programme is to enhance the effectiveness and efficiency of the GDC. The programme will effectively support the management, interdependencies, and governance across the deliverables and embed the change effectively. The programme is a critical enabler for delivery of the organisational cultural change in Priority B. Optimisation of GDC Estates: <ul style="list-style-type: none"> To ensure that the GDC estate is used effectively as a space for staff and core activities. To identify financial opportunities for the use of additional capacity. Total Reward: <ul style="list-style-type: none"> To ensure that the GDC has a fit for purpose and fit for the future employee pay and reward framework that supports the recruitment and retention of appropriately skilled staff. For the new pay and grading structure to be cost neutral in the longer term regarding the overall pay bill. Workforce development: <ul style="list-style-type: none"> To deliver a Workforce Development plan that will support the GDC to recruit and retain a motivated, committed, skilled and professional workforce, who share the ambition of delivering services in the public interest. 	Should	CR	2023 - 2026

Priority D	Improve planning and delivery of the portfolio	Outputs	More effective and responsive project management and portfolio planning systems in place	Desired outcome	Effectiveness and efficiency of the GDC is enhanced
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Project activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Improve planning and delivery of the CCP portfolio project: <ul style="list-style-type: none"> Develop target model for rolling CCP portfolio planning lifecycle Revise the project management lifecycle and governance approach Review current resource (capacity & capabilities) and system requirements towards target models. Developing systems for resource demand planning and analysis for across BAU and projects. 	Should	PMO	Q4 2023 – Q1 2025

Priority E	Safeguard core operations E.1 – Registration – General	Outputs	Caseload in steady state, sustained enhancements in quality and timeliness.	Desired outcome	Registration of eligible individuals. Resource cost reduced.
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BAU focused activity				Priority	Lead	Timescale
<ul style="list-style-type: none"> Reduce application backlogs and active processing times across the registration teams including more cross department upskilling to ensure we have the agility to respond to seasonal peaks in demand. 				Must	Registration	2023 – 2025
<ul style="list-style-type: none"> ORE - Managing existing tender extensions for ORE pt 1 & 2, ensuring provision of exam prior to the policy change work and ORE Part 2 tender which is being managed within Develop new routes to international registration 				Must	Registration	2023 - Ongoing

Priority E	Safeguard core operations E.2 – Registration – O/seas DCP	Outputs	Application backlog removed, caseload in steady state.	Desired outcome	Registration of eligible individuals. Resource cost reduced.
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BAU focused activity				Priority	Lead	Timescale
<ul style="list-style-type: none"> Two-year plan in place commencing to increase the size of the Registration Casework team by 15 FTE and increase the registration assessment panels from 3 to 5 a month to reduce the Intl DCP backlog within the 24-months. 				Must	Registration	Q3 2023 – Q3 2025

Priority E	Safeguard core operations E.3 – FtP Casework	Outputs	Caseload in steady state, sustained enhancements in quality and timeliness.	Desired outcome	Effectiveness and perceptions of FTP system improved. Resource cost reduced
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Project activity	Priority	Lead	Timescale	BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> • FtP decision making guidance: • Prioritised review and update of FTP decision making guidance. • Consultation and publishing of FTP decision making guidance. • Implement a centralised business area for the ongoing management of FTP decision making guidance. 	Should	Right touch regulation	Q3 2019 - Q2 2025	<ul style="list-style-type: none"> • FtP Core Operations • Caseload & resource management across IAT, Assessment, Rule 4 • Maintain caseload at Assessment to below 550 (target met July 2023) or reduce this further going forward • FtP to achieve KPIs and further improve performance and then refine KPIs further, to improve timeliness 	Must	FtP	2023 - 2026

Priority E	Safeguard core operations E.4. FTP Presentation & Hearings	Outputs	Preventative work to avoid development of backlog and process in advance of legal cost increases.	Desired outcome	Timely and efficient completion of cases.
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Project activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> • Software for empanelment and Hearing process: <ul style="list-style-type: none"> • To automate data and make information more manageable and accessible for reporting. • To create automatic reminders and tasks for the hearing team • To make the process of listing hearings effective and provide information across the department. 	Should	Hearings	Q2 2022 – Q1 2025
<ul style="list-style-type: none"> • Case Management and Operational Improvements project: <ul style="list-style-type: none"> • Ensure all work being undertaken by the appropriate person in the team and prevent duplication of effort • Ensure the CRM is updated to provide and efficient system for managing end to end processes and data. • Have clear definition of hearings teams KPIs which identify and document actual performance of the team. • Making sure SOPs are in place and improve knowledge resilience. 	Should	Hearings	Q1 2024 – Q4 2024

BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> • Provision of legal services in relation of FTP cases: <ul style="list-style-type: none"> • To deal with complex cases, manage risk and support the in-house prosecutions team with capacity. Ensure value for money and added value. New external suppliers (two) to be appointed by August 2024. 	Should	L&G	Q1 2024 – Q3 2024

Priority E	Safeguard core operations E.5. Specialist List Assessed Application (SLAA)	Outputs	Deliver assessment process in house.	Desired outcome	Registration of eligible individuals. Resource cost reduced.
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Project activity	Priority	Lead	Timescale	BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Specialist list assessed application project: <ul style="list-style-type: none"> Development of a plan and implementation for bringing assessed applications in house. Specialist assessed applications restarted (directly administered by the GDC) following the pause by the Specialist Advisory Committees and Royal Colleges. Pilot of specialist assessors providing assistance to the appeals panel once assessed applications restart. Develop and enact revised regulations governing the appeals process to place limitations on consideration of additional evidence at appeal. Effective policy and process for considering introducing and removing branches of dentistry from our list of specialties, which will consider the effect of revocation of retained EU legislation Ensuring this process becomes part of normal BAU operations 	Must	Strategy – Upstream Regulation	Q3 2022 – Q3 2024	<ul style="list-style-type: none"> Embedding Specialist list assessed application into BAU operations: <ul style="list-style-type: none"> Managing and monitoring the ongoing performance of the Specialist list assessed application process as part of core operations once initial project completed. 	Must	Registration	Q3 2024 - Ongoing

Priority F	Improve core operations F.1. Remove operational and policy obstacles to efficient regulation	Outputs	Efficient paperless systems and wider process redesign. Revised CPD requirements in place.	Desired outcome	Timely and efficient registration of eligible individuals. Resource cost reduced.
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Project activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Paperless Office in Registration programme: <ul style="list-style-type: none"> To deliver online paperless application processes to gain efficiency throughout the registration lifecycle of all application and CPD processes. 	Should	Registration	2023 – Q4 2026
<ul style="list-style-type: none"> Complaints Resolution: <ul style="list-style-type: none"> To improve our understanding of the experience of patients, the public, registrants, and others when making or facing complaints and understand the language they use. Improving the signposting the GDC provides throughout the dental complaints system. To make Equality, Diversity and Inclusion (EDI) central to our approach, including drawing on existing research projects. 	Should	Strategy – Right touch regulation	Q2 2021 – Q2 2024
<ul style="list-style-type: none"> Reviewing and updating the guidance on indemnity: <ul style="list-style-type: none"> To understand the risks associated with current indemnity models/products through research and engagement and assess whether we are using the current legal framework which sets out GDC’s role as a regulator in relation to indemnity requirements as effectively as possible to protect patients. 	Should	Strategy – Right touch regulation	Q2 2022 – Q1 2024
<ul style="list-style-type: none"> Outcome-focused model for lifelong learning <ul style="list-style-type: none"> Research to evaluate the current CPD scheme, consider changes to CPD practice. Draft model with external stakeholders and develop proposals for consultation. 	Should	Strategy – upstream regulation	Q3 2021 – Q4 2025
<ul style="list-style-type: none"> Registration improvements: <ul style="list-style-type: none"> To review registration policies and approaches with a view to improve the applicant experience and ensure our policies and processes are proportionate and fair. The work to align to user experience design improvement to be made within Paperless Office in Registration programme. 	Should	Strategy – Public Policy	Q1 2024 – Q3 2025
<ul style="list-style-type: none"> Regulating modern dentistry: <ul style="list-style-type: none"> Response to rapid dentistry changes, and consumer demand in order consider our regulatory approach to; remote care, non dental cosmetic treatments (injectables), cosmetic dentistry – where work is not clinically necessary 	Should	Strategy – Public Policy	Q1 2024 – Q3 2025
<ul style="list-style-type: none"> Improving Communications and Support in FtP: <ul style="list-style-type: none"> Ensure effective support for dental professionals that also meets the expectations of patients and the public. 	Should	FtP	Q4 2023 – Q4 2024
<ul style="list-style-type: none"> Implementing new Welsh Language Standards: <ul style="list-style-type: none"> This is work that will be required to ensure that the GDC meets the new Welsh language Standards requirements that have been issued for all health regulators, following a consultation by Welsh Government. The scope of work is yet to be fully determined and as such budget is held as a costed risk provision. 	Must	Strategy – Communications & Engagement	2023 – 2024

BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Regular reviews and updates of guidance, statements and advice to ensure relevance. 	Must	Public Policy	Ongoing

Priority F	Improve core operations F.2. Reinforce rigour of standards and assessment for admission to the register	Outputs	Strengthened EQA to ensure consistent rigour in standards.	Desired outcome	We can be confident in the integrity of the register.
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Project activity	Priority	Lead	Timescale	BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Expectations of a safe practitioner <ul style="list-style-type: none"> Review and update followed by the implementation and publishing of Preparing for Practice, embedding into the profession Develop and implement revised learning outcomes for dental professional education and training 	Must	Strategy – Education QA	Q4 2022 – Q1 2024	<ul style="list-style-type: none"> Increase in QA activity including inspections, monitoring and continuous improvement: <ul style="list-style-type: none"> Learning from stakeholder feedback of monitoring and inspection processes Implement revised standards for education Recruit, train and develop education associates Implement new learning outcomes Thematic review of dental nursing Develop QA process for quality assurance of specialty training Implement QA process for specialty training Annual review of education Provide additional external communications and engagement to explain the GDC's role and responsibilities within QA inspections more effectively. 	Must	Strategy – Education QA	Ongoing

Priority F	Improve core operations F.3. Apply new international registration legislation	Outputs	Stable rigorous registration routes with predictable short waiting times for candidates.	Desired outcome	We can be confident in the integrity of the register. We avoid registration process delays.
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Project activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Revised international registration processes: <ul style="list-style-type: none"> Continue further implementation of operational changes following the UK's exit from the EU from 1 January 2020. Obtain approval for and implement new Rules for dentists and DCPs by March 2024 Develop and implement a new fee model for the ORE to enable full cost recovery Explore additional capacity of ORE and target cost neutrality of the ORE Enhance understanding of demand and impact of changes to exam structures via statistical modelling Determine feasibility/desirability of further changes to the ORE, based on statistical modelling and evidence/intelligence 	Must	Strategy – Public Policy	Q1 2020 – Q4 2024
<ul style="list-style-type: none"> ORE Part 2 Tender: <ul style="list-style-type: none"> Tender to commence aligned to the revised international registration processes. 	Must	Registration	Q1 2023 - TBC

Priority F	Improve core operations F.4. Develop new routes to international registration	Outputs	Stable rigorous registration routes with predictable short waiting times for candidates.	Desired outcome	We can be confident in the integrity of the register. We avoid registration process delays.
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Project activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Further scope of Revised international registration processes: <ul style="list-style-type: none"> Develop a comprehensive framework of routes to registration for professionals who have qualified overseas, while maintaining the standards that protect the public. Explore additional capacity on ORE and target cost neutrality of the ORE Need to reach and work with new external stakeholders as the pool of suppliers expands, because it's likely to generate commercial interest and trade media 	Must	Policy / Registration	Q1 2022 – Q4 2025

Priority F	Improve core operations F.5. Effective Data use	Outputs	Improved data management and processing, enhanced security and efficiency.	Desired outcome	We expand the ability for data to drive and measure organisational decision making.
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Project activity	Priority	Lead	Timescale
<ul style="list-style-type: none">• SharePoint Document Management<ul style="list-style-type: none">• Centralise document management to enable automatic retention policy features available in SharePoint.• To embed the use of SharePoint across the GDC	Should	IT	Q2 2024 – Q3 2025
<ul style="list-style-type: none">• Review of Data Maturity to inform data improvements roadmap:<ul style="list-style-type: none">• In 2023 a proposal for procuring an external consultant to perform a Data Maturity Assessment (DMA) is to be evaluated to EMT for approval.• Subject to EMT approval the DMA will review gaps and opportunities within our current Data Management framework procedures, systems and roles supporting the lifecycle of data in the GDC.• The recommendations from the DMA will inform business cases for improvement activity and capabilities to be evaluated in 2024 by EMT.• As such specific activity is not yet defined and a costed risk provision is applied.	Should	Strategy – Research & Intelligence	Q3 2023 – Q4 2024

Priority G	Professionalism agenda G.1. Updated professional guidance	Outputs	Updated guidance required for professionalism principles and support for the four UK nations.	Desired outcome	We reinforce the shift from compliance to positive professionalism.
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Project activity				Priority	Lead	Timescale
<ul style="list-style-type: none"> Principles of professionalism <ul style="list-style-type: none"> Undertaking research to understand the nature of Professionalism in Dentistry using evidence in relation to the themes of risk, sector, proportionality, and inclusion. Production of the high-level principles and underpinning guidance framework. Consulting on principles and framework 				Must	Strategy – Upstream Regulation	Q3 2019 – Q1 2026
<ul style="list-style-type: none"> Revise the Standards for Education <ul style="list-style-type: none"> The standards are the regulatory tool used by the GDC to ensure that a programme of education/training is fit for purpose. Proposed changes to the Standards for Education will be consulted on and approved prior to implementation. 				Must	Strategy – Education & QA	Q2 2023 – Q4 2024

Priority G	Professionalism agenda G.2. Build up investment in engagement	Outputs	Engagement regarding reforming international registration. Gather insight into the optimum way to provide standards and guidance and reach more dental professionals	Desired outcome	Reach an increased proportion of our audiences to influence perceptions so that professionals and stakeholders take visible steps to engage with and act on the GDC’s priorities
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BAU focused activity				Priority	Lead	Timescale
<ul style="list-style-type: none"> To continue to build investment in BAU engagement: <ul style="list-style-type: none"> Explaining and building engagement in our activities to reform international registration Engagement to gather insight into the optimum way to provide standards and guidance Work is informed by and evaluated by evidence from across the Research programme 				Should	Comms & Engagement	2024 - Ongoing

Priority G	Professionalism agenda G.3. Modernise internal and external digital channels	Outputs	Embedded a shift to user-centred design to improve comms quality and delivery efficiency.	Desired outcome	We can communicate clearly and effectively and reduce the costs of rework.
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Project activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Replace the GDC's websites - The project is proposed to commence in Q1 2025 and will require additional capability and capacity adding to the Comms & Engagement team to deliver. A costed risk provision is held in the budget plan to allow respective business cases to be assessed for the project and resources: <ul style="list-style-type: none"> This project will deliver a new website that is fit for purpose and is aligned to our digital improvements programme. Objectives are: <ul style="list-style-type: none"> Improved functionality Improved accessibility Better user experience and customer journeys Support our ambition to improve the perception among our stakeholders Be more cost effective to maintain going forward 	Should	Comms & Engagement	Q1 2025 – Q1 2026
<ul style="list-style-type: none"> Review and improve the intranet: <ul style="list-style-type: none"> Ensure the intranet is an efficient and effective tool that provides the information that staff need to do their job. The intranet is an essential communication channel to deliver the internal engagement strategy. Agree and implement the intranet requirements, product and functionality we need for 2023-25 and beyond 	Should	Comms & Engagement	Q1 2023 – Q4 2024

Priority H	Influence regulatory reform	Outputs	Develop more detailed GDC-specific reform model.	Desired outcome	We are ready to get the fullest possible advantage from a once in a generation change.
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BAU focused activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> Deliver internally driven reform activity <ul style="list-style-type: none"> The set of internally driven reform activity planned no longer requires a programme structure to deliver. The activity can be delivered as distinct BAU improvements. The programme will be closed out. Activity planned: <ul style="list-style-type: none"> Transfer temporary registration workstream into international registration Transfer CPD workstream into professionalism/CPD Address issue re gap between end of training and registration for dental nurses Declarations to be part of registration improvement work (subject to agreement/resourcing) Policy work to explore desirability of powers in relation to businesses to continue as part of BAU 	Must	Strategy – Public Policy	TBC for the internally driven activity

Priority I	Regulatory resilience	Outputs	Improved flexibility and capacity to be consistently agile in prioritising and delivering new issues.	Desired outcome	We preserve capacity to respond to important issues prompted by external events.
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BAU focus activity	Priority	Lead	Timescale
<ul style="list-style-type: none"> EMT priorities setting Rolling quarterly review of CCP priorities and delivery progress. EMT review of the CCP plan and resourcing required to obtain assurance that preserve capacity to respond to important issues prompted by external events. Monitoring for and maintaining capacity for potential legislative developments. 	Must	EMT	Ongoing

Essential statutory and maintenance activities

Activities not driven directly by EMT priorities but are listed in the portfolio plan as they are outside of day-to-day business as usual activity

Activity proposed	Area leading	Priority	Start date	End date
Projects <ul style="list-style-type: none">• Applications fees review for strategy cycle• Banking provider tender• Implement new procurement and contract management process• SharePoint Upgrade• Windows 11 upgrade rollout• IT Hardware, infrastructure & peripherals upgrade• Digital communication improvements• Replace credit card processing system• CRM data quality review and clean up	Finance Finance Finance IT IT IT Strategy IT IT	Must Must Should Must Should Should Should Must Should	Q1 2025 Q1 2023 Q1 2020 Q3 2021 Q1 2023 Q3 2023 Q1 2022 Q4 2021 Q1 2024	Q4 2025 Q1 2024 Q4 2025 Q4 2024 Q1 2024 Q2 2024 Q2 2024 Q1 2024 Q3 2025
BAU Initiatives <ul style="list-style-type: none">• DB Pension scheme buyout• Operational review of finance system following system implementation• CCP planning process• CPD Audit• Annual Renewal - DCP and Dentist Annual renewal projects• Annual Report and Accounts (ARA)• Produce the whistleblowing reports - prescribed person and internal• PSA performance review• Tender of Facilities Management Contract• Review of Wide Area Network (WAN) Services	Finance Finance PMO Customer Service Ops Customer Service Ops Strategy Strategy Strategy Facilities IT	Must Should Must Must Must Must Must Must Should Should	Q1 2023 Q2 2024 Annual Annual Annual Annual Annual Annual Q1 2024 Q3 2024	Q4 2025 Q3 2024 Annual Annual Annual Annual Annual Annual Q3 2024 Q3 2025

Could Do priorities

Could do priorities represent work we have not committed to do yet and their priority is reviewed during each quarterly prioritisation.

EMT Priority	Activity	Lead
E. Safeguard core operations E.1 – Registration General	<ul style="list-style-type: none"> • CPD internally driven improvements – There are currently not any formal legislation reform changes or timescales to CPD confirmed. Therefore, there are two forms of improvement activity that can be performed prior to legislative change: <ul style="list-style-type: none"> • Short term actions we can take following CPD research outcomes • Medium term work that will require some resource to assist with making the current scheme work better, including potential for taking more liberal interpretation of the current rules. 	Strategy – Public Policy
G. Professionalism agenda G.1. Updated professional guidance	<ul style="list-style-type: none"> • Addressing sexual misconduct in the context of professionalism – Investigating all forms of misconduct cases is within our core remit in Fitness to Practise. This project specifically aims to reduce/eliminate sexual harassment and assault cases by dental professionals through promoting increased standards of professionalism which: <ul style="list-style-type: none"> • Raise awareness and encourage reporting • Ensure that resulting sanctions mitigate risk/act as a deterrent • Set standards and guidance for employers to manage issues • The project is currently assessed as Could Do priority as the existing FtP case investigation measures are felt to preclude there being significant impact if the project is not undertaken during the life of the 2024-26 plan. • Once an initial project (circa 12 months) was completed, enhancements would be embedded into BAU activity driven by the Strategy Policy team 	Strategy – Public Policy
I. Regulatory Resilience	<ul style="list-style-type: none"> • Respond to any changes in government policy on Appropriate Clinical Cover (indemnity) <ul style="list-style-type: none"> • There are currently not any formal legislative indemnity model changes or timescales confirmed. The project is therefore dependent on confirmed changes before operational changes can be explored, designed and implemented. 	Strategy – Right touch regulation
I. Regulatory Resilience	<ul style="list-style-type: none"> • Operationalise CPD Reforms: <ul style="list-style-type: none"> • There are currently not any formal legislative CPD changes or timescales confirmed. The project is therefore dependent on confirmed changes before operational changes can be designed and implemented. 	Strategy Policy / Customer Service Ops
Essential statutory and maintenance activities	<ul style="list-style-type: none"> • Review AI technology for Dynamics CRM <ul style="list-style-type: none"> • In addition to iterative expansion in use of AI features within the CRM, this project would explore in depth how Microsoft AI tools could be adopted for integrated case management, to produce a business case proposal for the benefits. 	IT

CCP 2024-2026

Appendix 2 - Budget & Workforce Plan



Contents

- CCP 2024-26 budget & workforce plan:
 - Budget categories
 - Operating Income
 - Budget summaries
 - Budget plan – planning assumptions
 - Workforce plan
 - Financial risks & opportunities
 - Business cases pending approval
 - Reserves and liquidity scenarios
 - Strategic aim costings
- 2024 budget views

Budget categories

The CCP budget plans are represented within these categories. Anything outside of these added following Council's approval of the CCP 2024-26 plan would be a call on free reserves.

Budget	
Operating Budget	<ul style="list-style-type: none">• All approved budget bids for ongoing activities and organisational overhead.• All approved project expenditure, supported by a business case.
Contingency	<ul style="list-style-type: none">• Dedicated 'ring-fenced budget', for events highly likely to occur and for which Council have delegated final budgetary approval responsibility to the Chief Executive
Capital	<ul style="list-style-type: none">• Required capital investment based on planned asset renewal, emergency replacement of plant and equipment and any known project related capital investment.

Business cases pending approval

- This is a budgetary planning provision for expenditure highly likely to be required and where a business case is in 'draft' awaiting final approval.
- Further approval from the Council **is required** to draw on this planning provision.

Risks

- Recognised financial risks faced by the organisation, which are rated by impact and likelihood of that risk materialising.
- Further approval from the Council **is required** to access this risk provision

These are costed provisions which will be drawn against free reserves should they materialise.

Registration Income Budget

Income Summary	Expected		2024 budget target (£)	2025 budget target (£)	2026 budget target (£)
	People	Income	Income	Income	Income
Dentist ARF Collection	43,969	27,304,749	27,304,749	27,591,030	30,970,650
Specialist List ARF Collection	4,283	308,376	308,376	314,568	320,832
Previous year DCP ARF Collection*	70,011	7,981,254	4,653,071	4,020,181	4,062,717
Current year DCP ARF Collection*	71,830	6,895,680	2,875,499	2,905,923	3,496,087
New Dentist Registrations	1,823	576,530	576,530	601,853	668,150
Previous year New DCP Registrations	3,153	100,128	100,128	96,496	110,086
Current year New DCP Registrations	1,976	156,144	45,488	43,104	51,730
Dentist Restorations	225	86,837	86,837	68,828	76,475
Previous year New DCP Restorations	553	18,272	18,272	17,872	21,223
Current year New DCP Restorations	387	30,752	9,080	8,864	10,526
Specialist List and TR	234	95,634	95,634	86,112	83,490
Dentist Application Fees	2,280	155,583	155,583	159,293	161,719
DCP Application Fees	6,868	549,137	549,137	579,659	571,260
ORE Part 1	1200	967,200	967,200	967,200	967,200
ORE Part 2	576	1,687,104	1,687,104	1,687,104	1,687,104
Total GDC Income Budget target			39,432,687	39,148,086	43,259,249

Notes:

- Registration income updates were completed in August 2023, using a mix of techniques between historical trend analysis and management consideration of the external operating environment.
- The register is predicted to have around a 1.0% general growth for DCPs and 1.0% general growth for Dentists, being in line with the average growth of the register over the last 6 years.
- The expected 'People' column sets out the number of registrants/applicants forecast for each income stream, with 'Income' being the funding this would raise.
- ORE income is modelled as per the budget provision of two Part 1 sittings and four Part 2 sittings.
- We are obliged under current accounting standards to allocate income to the period to which it relates.. The budget target columns takes into account the allocation of income where it falls across 2 financial years.
- The projected volumes in registrant numbers have been modelled in our assessment of liquidity and free reserves.
- Income has been modelled on the recommended level of ARF (option A), as set out in the Reserves & Liquidity section.

*DCP income Split = 41.7% (Aug -Dec) of 2024/25 ARF Collection & 58.3% (Jan-Jul) of actual collected income of 2023/24 ARF Collection

Budget summary

Key variances to CCP 2023-25 plan

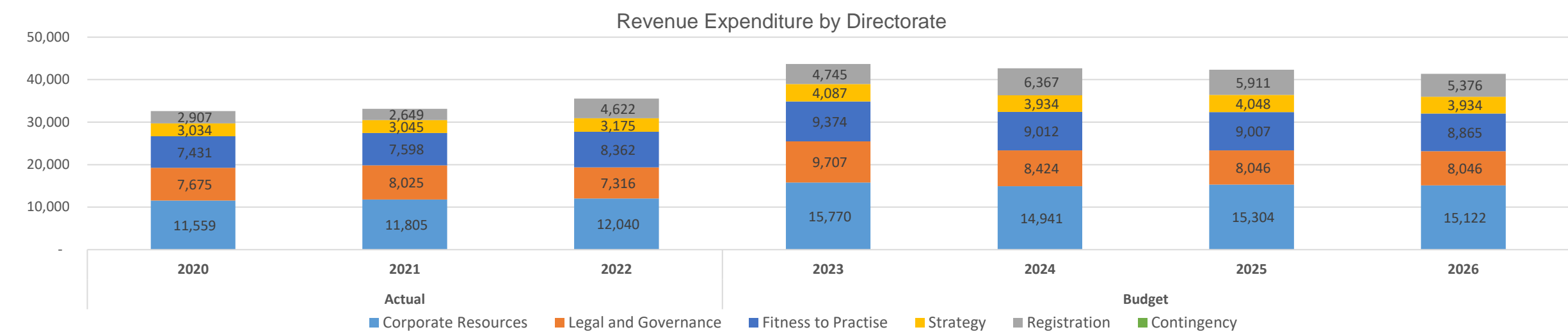
- Total net increase in budget of £0.5m, main details as per below:
 - ILPS and ELPS cases referred assumptions updated in the budget, and risks increased. Costs to reduce by **-£3.0m**.
 - Additional 17 Registration posts (2x posts for SLAA, 15x overseas DCP and application backlog), offset by external assessment provider **+£1m**.
 - Increase in Registration committee meeting expenses (associates costs) to meet the addition demand **+£1.8m**.
 - Attrition factor has increased based on current run rate **-£3.0m**.
 - Pay award provision to 6% from 3% **+1.9m**.
 - Increase in ORE Part2 examination costs **+£1.1m**.
 - Additional costs for Paperless Office in Registration Programme **+£0.7m**.

Budget plan summary

BUDGET (£'000) 2024-26			
	BUDGET CCP 2023-25 (Revised Feb FPC)	BUDGET CCP 2024-26	VARIANCE 2024-26 to 2023-25
2023	43,021	-	-
2024	41,909	42,679	770
2025	40,876	42,315	1,439
2026	-	41,343	--
Total	125,806	126,337	531

Key points:

- The CCP 2023-25 budget revised figures includes all Council approved calls on provision against reserves since October 2022 through to February 2023.
- Executive Directors and Heads of Service have submitted initial budget templates to support current ongoing activities and estimated demand. Financial risks, opportunities and business cases pending approval remain subject to further ongoing scrutiny throughout the delivery cycle.
- This 2024-26 budget position indicates a requirement of £126.3m over the CCP 2024-26 cycle, which is an increase of £0.5m to the current budget envelope for 2023-25.
- We are using updated registration forecasts for predicting the registration numbers and the impact to forecast free reserves in this pack.
- This budget does not include any costs relating to additional new headcount proposed for approval in the workforce plan and provisions for activity where business cases approval is pending. The impact of the above are listed as *business cases pending approval* with an appropriate provision being held against reserves.



Contingency costs have been included in Corporate Resources

Contingency budget

- Financial risks and uncertainty have been assessed to decide what should be provided for in contingency, and which risks will be drawn against reserves should they materialise.
- The level of contingency held is limited to costs **highly likely** to be required, with the remainder managed through risks against reserves. This enables us to ensure our plan mitigates any financial risk as part of maintaining our reserves in line with Council's policy.
- All financial risks and provisions which are included are assured by the relevant Executive Director and EMT through the planning cycle.

The indicative contingency budget proposed for the CCP 2024-26 plan is set out below:

Contingency	2024	2025	2026	Trigger point for assessment
	£'000	£'000	£'000	
CEO General Contingency	100	100	100	Quarterly Review
Other Temporary Pay Provision (1%) – supports maternity, long term sickness, other temporary cover arrangements.	216	215	213	Quarterly Review
Enabling provision for annual pay award (included at 6%)	1,077	1,369	1,324	February
Total	1,393	1,684	1,637	

Capital budget

- Required capital investment for the three-year plan is based on planned asset renewal, emergency replacement of plant and equipment and any known project related capital investment.
- The Council actively considers capital investment against options such as Software as a Service and leasing arrangements to ensure the most appropriate decision is taken.
- All capital investment is subject to internal business case approval and is procured in line with the Council Procurement Policy.
- Capital expenditure is reflected through depreciation budgets over useful economic life of the asset. It is the depreciation charge of any capital investment that is reflected in the level of ARF.
- Throughout the planning process we assure the capital plan to ensure delivers the requirements of the Council.

The capital budget proposed for the CCP 2024-26 plan is set out below:

Description of Capital Expenditure	Cost Service	2024	2025	2026	Three-year Capital Budget £'000
		£'000	£'000	£'000	
Rolling IT infrastructure upgrade	IT	250	300	200	750
Desktop hardware refresh programme	IT	200	50	100	350
Printer upgrades	IT	30	-	30	60
iPad Refresh	IT	20	60	20	100
iPhone Refresh	IT	-	25	-	25
Unplanned plant replacement (WS) Provision	Facilities	50	50	50	150
Furniture replacement Provision	Facilities	50	50	50	150
Internal decorations and refresh	Facilities	20	20	20	60
Empanelment software	FtP	100	-	-	100
Total		720	555	470	1,745

Budget plan – planning assumptions

High level budget assumptions/considerations

Staff costs assumptions

- **No new headcount resource have been added to the current establishment or payroll budget within the budget plan. The Council is first required to approve the new headcount under our delegations, which includes specific roles now determined by the Executive as being critical enablers for the delivery of the Costed Corporate Plan 2024-26.** The cost of the proposed new headcount requests are provided for currently as a financial risk to ensure proposal is reflected in the provision ARF and Reserves forecasts.
- All agreed headcount is budgeted at Market Rate and a 11.4% attrition factor has been applied as a central adjustment against salaries. This is in recognition of turnover, average length of carried vacancy, and development rate salary savings that are expected to be delivered in year and will be monitored through the quarterly budget reviews. This figure is based upon the 2023 year-to-date run rate. The baseline attrition of the GDC from pre-pandemic is 7%, with the highest level being seen post pandemic at around 15%. The 11.4% factor has been used as our current model estimate for the period 2024-26.
- 1% other pay provision is included in central contingency for temporary pay arrangements which will cover expenditure such as maternity leave, long term sickness and other temporary cover arrangements.
- The 15% salary differential continues for Birmingham salaries as per the existing policy for the full 3 year plan. This assumption will actively be reviewed as part of the Total Reward Project.
- Pay award provision is included in central contingency for the annual cost of living pay award for 2024 at 6%; the pay award for 2025 and 2026 is included in the Risk against Reserves at 3% for each year. The pay award provision is set with consideration to market comparatives, including those in wider public sector and the NHS. An additional 2% risk is included in the plan to cover the potential for inflationary impact resulting in a higher pay award in 2024.
- Members' remuneration is held at current levels (£55k/£18k/£15k), this remains subject to the bi-annual review (next review January 2024).
- Business cases for activity and headcount requests that are pending approval are not included in the current budget as remain subject to final Council scrutiny and approval.

High level budget assumptions/considerations

Non-staff costs assumptions

- Provision for inflation has not been included into the current budget plan but has been assessed within risks against reserves due to the current volatility.
- Where inflation is already materialising in our expenditure, e.g., active retendering of services, increase in energy costs and notified changes to Birmingham office service charge, these are reflected in the budget plan.
- Activity planning for reforms work, either from internally driven initiative or from external reforms emerging will be factored formally into planning once known. These will require appropriate review of portfolio priorities and budgets.
- Capital expenditure has been included at £720k for 2024, £555k for 2025 and £470k in 2026.
- Provision for the International Registration reform and financial risk for the potential wider externally driven reform in the contingency budget has currently been removed as this was against 2023 only.

High level budget assumptions/considerations

Inflation – summary of current forecast data

Current CPI forecasts BoE August 2023 Monetary Report)	2024	2025	2026
	(Q2 Projection)	(Q2 Projection)	(Q2 Projection)
BoE projection (August 2023 Monetary Report)	3.1%	2.0%	1.9%
CPI Inflation (Average of other forecaster’s central projections) (August 2023 Monetary Report)	2.6%	2.1%	1.9%
CPI Inflation other forecasters distribution where (X) signifies probability distribution for range.	<0% (3) 0 – 1% (4) 1-1.5% (7) 1.5-2% (14) 2-2.5% (26) 2.5-3% (22) >3 % (25)	<0% (3) 0 – 1% (6) 1-1.5% (13) 1.5-2% (22) 2-2.5% (32) 2.5-3% (16) >3 % (8)	<0% (3) 0 – 1% (6) 1-1.5% (13) 1.5-2% (26) 2-2.5% (32) 2.5-3% (14) >3 % (6)

Current CPI forecasts – other forecasters	2024	2025	2026
	Annual	Annual	Annual
Statista (6 June 2023)	0.9%	0.1%	0.5%
Office for Budget Responsibility (August 2023)	0.9%	0.1%	0.5%
HMT – Independent Forecasters Average (August 2023)	3.0%	1.8%	2.0%

Current RPI forecasts – other forecasters	2024	2025	2026
	Annual	Annual	Annual
Statista (24 March 2023)	1.6%	1.0%	1.7%
Office for Budget Responsibility (August 2023)	1.6%	1.0%	1.7%
HMT – Independent Forecasters Average (August 2023)	4.5%	2.9%	2.8%

High level budget assumptions/considerations

Inflation – financial risk provision and sensitivity analysis based on current economic forecasts

- The financial risk for inflationary impact has been included at £1.2m in this budget plan, based on the average central forecast predictions.
- The below table indicates the level of GDC control over cost increases and potential financial impact across various sensitivity levels.

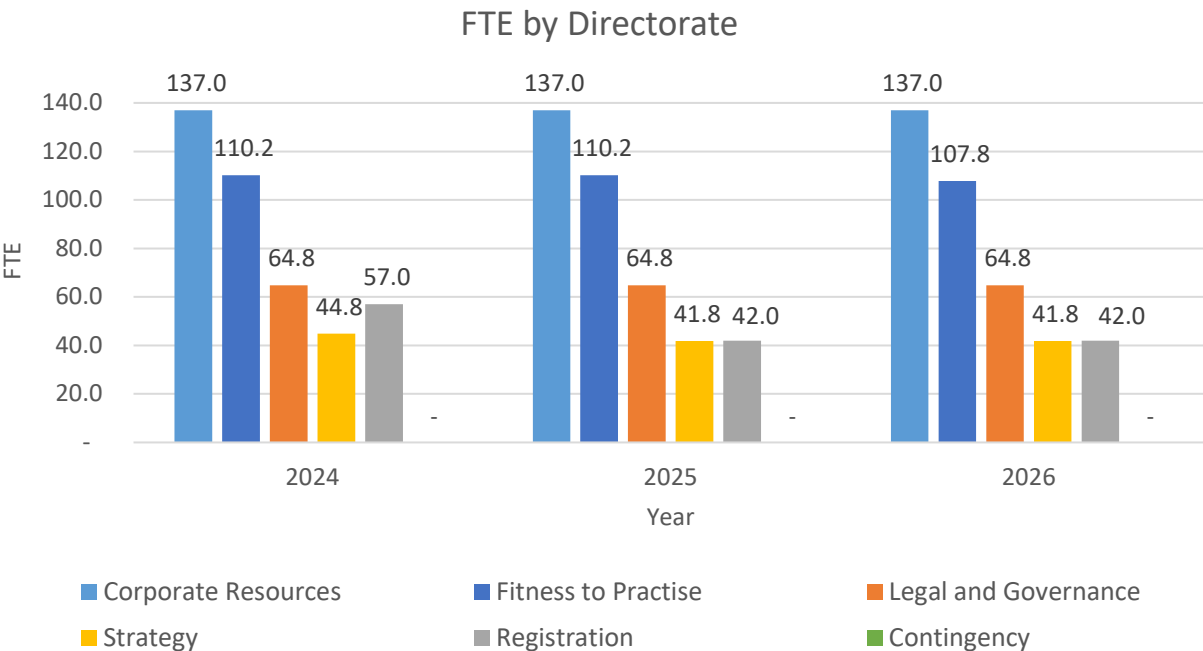
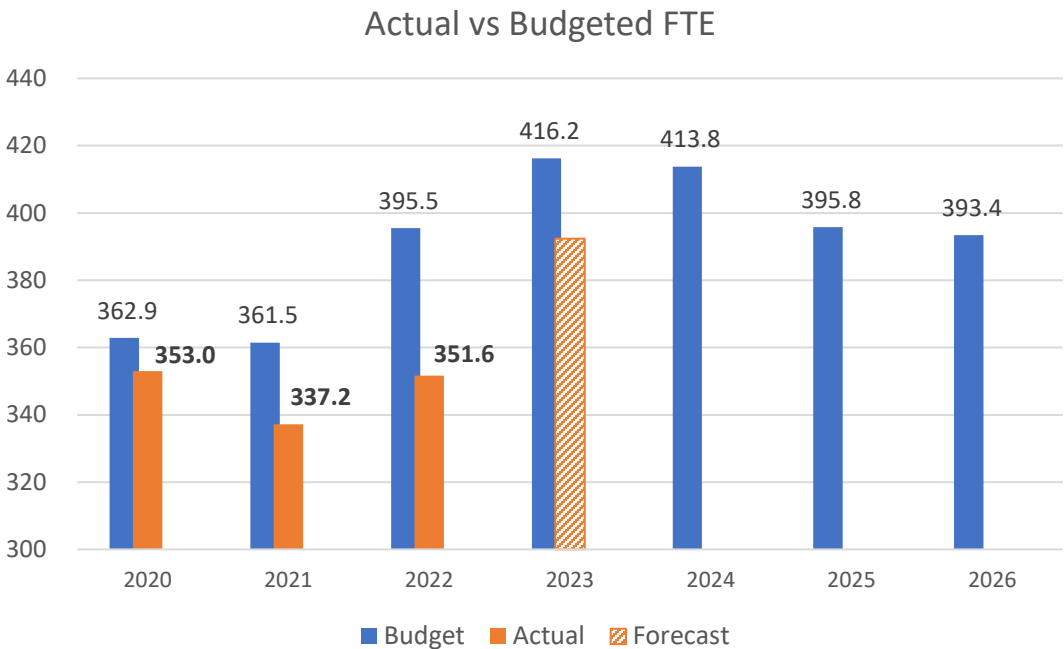
Cost expenditure area	Degree of GDC control	Sensitivity - 1% £'000	Sensitivity - 0.5% £'000	Risk Average Forecast £'000	Sensitivity + 1% £'000	Sensitivity + 2% £'000	Sensitivity + 3% £'000	Sensitivity + 4% £'000	Sensitivity + 5% £'000
Committee and Council meeting expenses	High	133	133	134	135	137	138	139	141
Legal and other professional fees	Med	518	519	525	529	535	540	545	550
Other staff costs	High	119	120	120	122	123	124	125	126
Communications Publications	Low	49	49	49	50	50	51	51	52
IT support & maintenance	Low	140	141	142	143	145	146	148	149
Accommodation and other operating expenses	Low	187	188	189	191	193	195	197	199
TOTAL		1,146	1,150	1,159	1,170	1,183	1,194	1,205	1,217

NB. The sensitivity analysis modelling is subject to rounding implications and will generate non-symmetric figures.

Workforce plan

Workforce plan – key details summary

- The FTE by directorate below **does not reflect** any additional headcount requests in this version of the plan, as they remain subject to Council’s approval.
- The FTE count is the snapshot taken on 31 Dec each year



*Forecast is 2023 September FTE.

Workforce plan – proposed new headcount (Projects)

- Council are invited to approve the headcount plan which are enabling elements over the overall Costed Corporate Plan.
- These roles have been identified as resourcing required to deliver new projects where existing capacity, capability and experience does not exist in the current workforce.
- Posts included on this list are underpinned by either full or in principle business case. These are supported by the Executive.
- Approval to recruit remains subject to further scrutiny and final approval by the relevant Chairs or Council as appropriate.

Role description	Contract Type	Rationale for change in headcount	Critical resourcing required for EMT Priority	Dir	Exp. Grade	FTE	3 Year cost £k
Senior Change Manager	FTC – 24mths	Critical and specialist dedicated resourcing that has been identified to facilitate and embed change within the organisation across the Change Programme and cultural change. (Potential exit costs have been accounted for within risks)	C – Change Programme (Estates, Total Reward and Workforce Development)	CR	B55	1.0	154
Change Manager	FTC – 24mths			CR	B51	1.0	110
Head of Internal Comms and Engagement	FTC – 24mths			STR	B54	1.0	142
		TOTAL				3.0	406

Financial risks & opportunities

Financial risk scoring matrix

- Our approach has been aligned with the existing wider organisation approach to risk management and the risk management framework and uses:
 - A 6 criteria approach to our measurement of likelihood.
 - A 5 criteria approach to our measurement of impact, and whilst risk provision is not weighted using this criteria, this provides transparency on the impact to the organisation should the risk materialise.
- When a financial risk materialises, the cost will be met by reserves. This could mean where a high impact risk materialises but has been provisioned as a likelihood of 1-4, a substantive call on reserves may be made above the level of provision.
- The accountability for ensuring the “estimated maximum financial exposure” of the identified financial risk, and the likelihood of it materialising resides with the Executive Team.
- Where a risk is identified as certain (Level 6), regardless of value, that risk should be included either within:
 - the operational directorate budget; or
 - If Council approval is required (e.g., headcount), into the contingency budget provision.
- Financial opportunities are measured using the same scoring matrix.
- Where a financial opportunity is identified as certain (Level 6), regardless of that value, the relevant opportunity should be exploited and the directorate budget reduced accordingly.
- Total weighted opportunities will be offset against total weighted financial risk in our measurement of free reserves.

Likelihood - definitions

1	Low	- Unlikely to occur except in rare or exceptional circumstances - May not have happened before
2	Low/Med	- Slight risk but could occur - Limited evidence of such risk occurring elsewhere
3	Med	- Possibilities of occurring in the near future - Limited evidence of immediate threat
4	Med/High	- More likely to occur than not - May become frequent
5	High	- Imminent or high probability - Has happened before and recently - May have occurred to many regulators
6	Certain	- Certain to happen - is currently happening

Impact - definitions

1	Low	<£49k
2	Low/Med	£50k - £99k
3	Med	£100k - £250k
4	Med/High	£250k - £499k
5	High	>£500k

Financial risk matrix

0%	25%	50%	75%	100%	Budget
Low	Low/Med	Med	Med/High	High	Certain
1	2	3	4	5	6
Likelihood					

Income risk & opportunities assumptions – Register size

- The income budget in the plan includes predicted register growth over the life of the plan. This uses a mix of techniques between historical trend analysis, graduation data, application queues and management consideration of the external operating environment.
- As the income budget is our best estimate and we cannot be certain, we seek to quantify the potential risk or opportunities to that income. In our consideration of risk and opportunities, we also look to where prior year data may be an outliers (for instance 2022 register data is unreliable due to the delay in Scottish Dentist graduates who were pushed back into 2022 due to the pandemic, and the known issues with Registration Team resourcing that skews that DCP data set).
- For 2024 Dentist renewals, we recognise there is a larger increase in EEA and Overseas applications processed year to date pending application have stabilised. We are actively monitoring trends and are not yet certain whether this year's data may prove to be outlier. Whilst a higher level of income has been included for 2024, based on our known data at this time, there remains this risk to this forecast. Our risk includes a sensitivity of around 200 applications.
- For 2024 DCP, there is potential for significant growth in the register as we progress through the backlog of overseas applications received for that route. A large proportion of the revenue for these applications has already been received in 2022 or 2023 via the application assessment fee. The route has now closed for overseas dentist to apply, which is expecting to see application numbers significantly reduce to the levels seen before Brexit. The risk includes a sensitivity of around 3,700 applications (including additional titles) tolerance. In addition, the level of removals for DCP have reduced to those of our historical expectations, which may represent a temporary increase to the register. Our data is too immature to assess if this is a likely change to trend, with the level of removals being at their lowest seen in 8 years.
- Over the course of the planning period, we have reduced the likelihood of a total of potential 1% renewal income risk (£1,139k) fully materialising from medium/high likelihood to medium likelihood, as we have reassessed the risk following the closure of the 2023 dentist graduate period. As a result, a potential weighted financial risk of £570k is now applied to the plan.
- For opportunities, we have looked over a longer period of trend based on pure register growth, excluding years deemed an exception, and have considered the potential that attrition levels within the register may persist at the lower volumes we have seen in 2023. This has resulted in a potential register growth of around 1.7% (compared to the 1% average demonstrated in our usual predictive modelling) which is 0.7% above the proposed income budget.
- We remain cautious around the likelihood of achieving a full 0.7% (£862k) opportunity on income as this would be heavily dependent on the more recent historical behaviour for the DCP registration group (not exiting the register) becoming a trend. We are also aware the backlog of overseas DCP applications that we will be progressing over the next 18 months and the impact that will arise to the register growth in that timeframe. As a result, the income opportunity has been rated as medium likelihood, with a potential weighted financial opportunity of £431k is applied to the plan.
- The net impact of our financial risk and opportunity assessment of the impact of the register size on future income is a remaining financial risk of £139k against reserves.

Budget plan – financial risks

Risks	Total financial exposure £'000	I	L	Risk weight %	Weighted financial risk £'000
Loss on financial investments over life of the plan (sustained at 10% drop from current valuation)	1,756	5	1	0%	0
Inflationary pressure provision	1,159	5	5	100%	1,159
Contractual review risk where risk arises from <u>historical</u> inflationary pressure:					
• Software Licences increase, specifically relating to Microsoft suite and usage	150	3	5	100%	150
• Facilities Management Services and Energy Provider for Wimpole Street)	145	3	4	75%	109
• Payment gateway (credit/debit card transactions) which may see an increase in contractual costs	150	3	3	50%	75
• Increase to ELPS third party contractual rates following re-procurement, from mid-August 2024.	720	5	5	100%	720
• Colmore Square rent review Oct 23	357	4	5	100%	357
• Colmore Square Service charge review	90	2	5	100%	90
Further 2% consolidated pay award provision for the period commencing April 2024 in relation to inflationary impact.	1,267	5	3	50%	634
Change in split between remote and in person hearings (75%/25% currently). Risk based on a potential increase to number of in person hearings granted by panels of 40% as the GDC do not control this, and the increase in associates' travel expenditure budgets.	150	3	3	25%	38
ILAS increase in registration appeals. Application quantity has increased, initial sample has shown an appeal rate of 30%, this is higher than the historical average of 10%. Expedited backlog changes profile of risk rather than risk exposure.	377	4	3	50%	189
This risk, if it materialises, will require addition internal resource of 1 x Assistant Advisory Lawyer and 2 x Paralegal.					
Implementation of new Welsh Language Standards due to the scope of work required is yet to be fully determined.	100	3	4	75%	75
CPD appeals approximately 80 additional Hearing days per year. Risk relates to increase panel/Associate fees and legal support costs. Proposed mitigation is greater use of wasted days and resourcing already available to the GDC	540	5	3	50%	270
Increased legal costs if ILPS caseload increase from 10 to 19 cases per month; and ELPS caseload increase from 3 to 5 cases per month	4,300	5	2	25%	1,075
Attrition rate drops to 7%, which was the pre-pandemic average for the GDC from the budgeted 11.4% factor.	2,425	5	3	50%	1,214
Exceptional FtP case received during the planning period	500	5	4	75%	375
Remedial substation enhancement works required for unplanned maintenance costs for Wimpole Street.	450	4	3	50%	225
Remedial replacement of heating and cooling system at Wimpole Street.	360	4	4	75%	270
Provision for premise dilapidations (Colmore and Wimpole). 20k sqft at £15/sqft, CS 10 years, WS 5 years.	270	4	3	50%	135
Subtotal financial risk					7,160

I = Impact, L = Likelihood

Budget plan – financial risks

Risks	Total financial exposure £'000	I	L	Risk weight %	Weighted financial risk £'000
	Carried forward				7,160
First Registration income risk 2%, risk identified to growth rate due to political uncertainties and uncertainty over supply of overseas qualified workers.	93	2	3	50%	47
ARF Income risk 1%, risk identified in relation to the UK continuing to be an attractive market for overseas registrants.	1,139	5	3	50%	570
Associates risk of being determined to meet the test for worker status and resulting liability for annual leave and pension costs. <i>The potential maximum financial exposure should this risk materialise cannot yet be estimated as the mechanism for doing so will be determined by Employment Tribunal judgements in the case of 'Sommerville v NMC'; these are due in December 2023 and early 2024. The £1.6m is our current best estimate of what is prudent to ring-fence in mitigation of this risk, given the high budgetary impact this would have on the GDC. Until the judgements relating to NMC have been made, we cannot calculate likelihood for the GDC.</i>	1,600	5	-	-	1,600
Total financial risk					9,377

Budget plan – opportunities

Opportunities	Total potential opportunity £'000	I	L	Opportunity weight %	Weighted financial opportunity £'000
Recovery of losses incurred on financial investments in 2022 due to economic environment over the life of the plan	3,729	5	2	25%	931
Potential opportunity to sub-let a quarter of Colmore Square footprint from 2024	220	3	2	25%	55
Opportunity for reduction in cost through a review of key operating contracts	1,500	5	2	25%	375
Legal - potential decrease to witness expenses should the default position be that hearings are remote.	80	2	3	50%	40
Reduction in FtP Headcount (5 FTE over 3 years), releasing some of the additional resources deployed for addressing the backlog.	327	4	1	0%	-
Utilisation of MS Teams for transcripts in Hearings rather than reliance on a dedicated third-party support contract.	100	3	3	50%	50
Utilisation of the apprenticeship levy from 2025, and reduced development budgetary requirements	155	3	5	100%	155
Paperless Office, reduction in reliance on third-party provider support contract to manage notices of removals and ARF reminders.	573	5	3	50%	287
Removal of sending physical Annual Practising Certificate to Registrants each renewal and the subsequent savings from the reduced work our third-party provider complete on our behalf.	475	4	3	50%	238
Contract Renewal (Facilities Management Services and Energy Provider at Wimpole Street) delivers a reduction in cost.	270	4	3	50%	135
Increased remote hearings, leading to a reduction in Associates' expenses. Budgeted 75% remote, however current run rate is 86%	100	3	3	50%	50
Successful appeal against Wimpole Streets rateable value increase applied during 2023.	150	3	2	25%	38
Attrition rate increases to 15% from budgeted 11.4%, with 15% being the highest level of attrition hit from rolling data.	2,425	5	2	25%	606
ORE cost neutral position from 2025 subject to consultation	716	5	4	75%	537
0.7% potential increase in Registration income over the planning period.	862	5	3	50%	431
I = Impact, L = Likelihood	Total financial opportunities				3,928

Business cases pending approval

Budget plan – Business cases pending approval

These are planning provisions for expenditure highly likely to be required and where a business case is in 'draft' awaiting final approval. Further approval from the Council **is required** to draw on this planning provision.

Business cases pending approval	Planning provision £'000
Rebuild of GDC websites (includes additional FTC resourcing). Proposed CCP project for 2024-26, subject to further development of a business case and delivery in 2026.	1,450
Intranet - improve the intranet project (existing CCP project). Additional third-party costs have been identified which were not in original scope/business case. (Recommended option total cost £711k - £849k)	754
Improve planning and delivery of the portfolio – potential PMO resources and system improvements required for delivery of this project subject to confirmation in business case of external consultancy and any additional resourcing requirements.	300
Provision for escalating the resolution of the FtP/Legal backlog, previous risk provisions have been released. Call on this planning provision for additional Hearings and ELPs costs, and any requested new headcount will depend on the activity commencing.	1,691
Pay Awards for 2025 and 2026, included as a provision 3% for each year.	1,771
Case Progression - Witness/registrant professional support, adopting similar model to which NMC currently use.	36
Requirement for third-party consultancy expertise for the Total Reward Project – implementation costs.	60
Effective data use. Improved data management and processing, enhanced security and efficiency; to expand the ability for data to drive and measure organisational decision making. Subject to EMT approval.	50
Expansion of Registration team (15x FTC) to further reduce the DCP backlog from 24 months to 18 months. Recruitment of additional panellist and increasing panels by 2 per month to 7 per month. Weighted to reflect resource requirement vs expedited resource opportunity.	1,300
Support the cultural change priority, incorporating the use of consultants, facilitators, delivery budget for embedding and any necessary evaluation work. (business case to be developed).	300
Workforce plan – proposed new headcount (BAU)* - Additional business critical resource requests identified for delivery of BAU activities and current demand. See page 16 for details.	2,133
Workforce plan – proposed new headcount (Projects)* - Additional business critical resource requests identified for project/programme delivery. See page 17 for details	406
Total provisioned as a risk against reserves	10,251

**Workforce plan figures do not include an adjustment for an attrition factor, as we do not allow for amendments to pay provisions. The offsetting of the two elements is an immaterial adjustment (£5k)

Reserves and liquidity scenarios

Free reserves

	£k
General Reserves at 31 December 2022	44,592
Reserves committed to fixed assets	(14,514)
Free reserves at 31 December 2022	30,078
Pensions buy-out reserve (2 years at Council's agreed £600k p.a.)	(1,200)
Capital investment 2023-26	(2,365)
Depreciation 2023-26	3,126
Adjustment for anticipated 2023 operating surplus	6,187
Over (under) recovery of income against expenditure plan 2024-26	(4,497)
<i>Movement over planning period</i>	<i>1,250</i>
Forecast free reserves at 31 December 2026	31,328
Free reserves expressed as number of months of current annual operating expenditure	9.1
<u>In consideration of financial risks:</u>	£k
<i>Current assessment of financial risks</i>	<i>(9,377)</i>
<i>Business cases yet to be approved provisioned as a risk against reserves</i>	<i>(10,251)</i>
<i>Current assessment of financial opportunities</i>	<i>3,928</i>
Total financial risk 2024-26	(15,700)
Free reserves as adjusted for financial risk	15,628
Adjusted free reserves expressed as number of months of annual operating expenditure	4.5
Target level of free reserves, expressed as number of months of current annual operating expenditure	4.5

Reserves review assumptions:

- Forecast free reserves is calculated with the assumption that ARF levels are maintained through the 3-years of the rolling plan, to enable us to forecast the likely position at the end of the period.
- ARF level for 2026 continue to remain subject to formal revaluation during 2025 alongside our work on the new corporate strategy.

Reserves review outcomes:

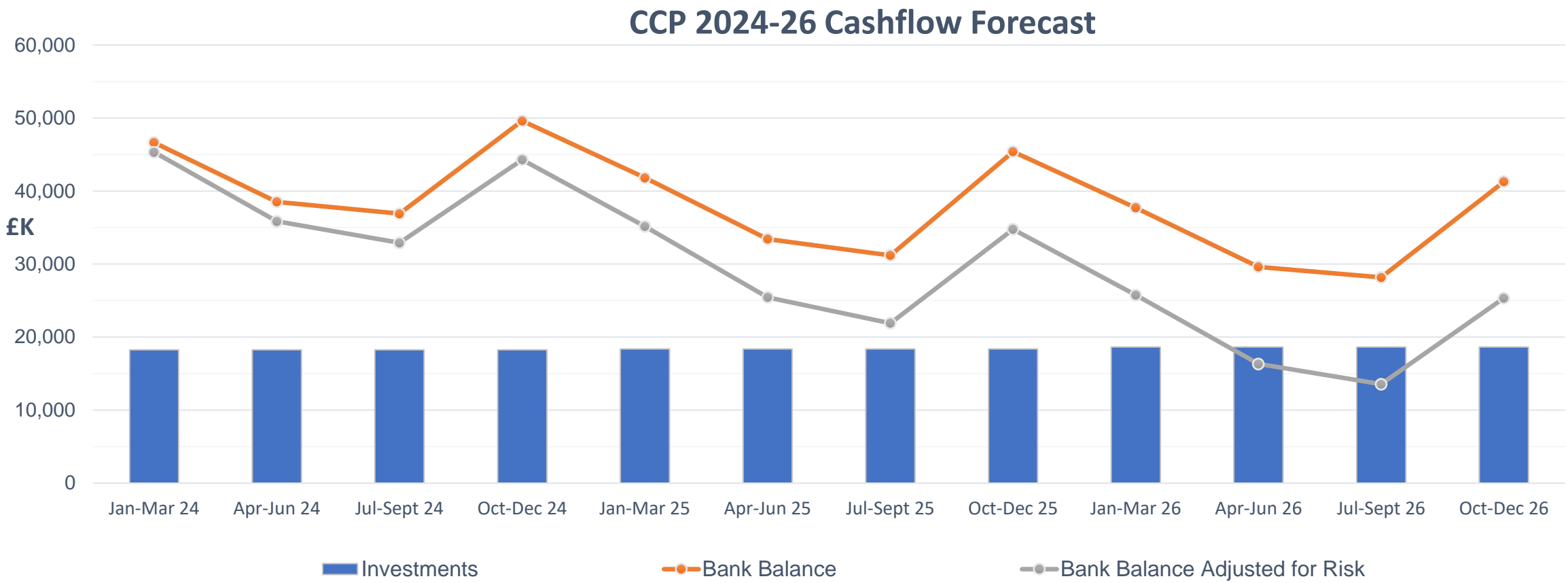
- The presented budget position, whilst retaining the level of ARF set in 2022, would present forecast free reserves at the end of 2026 equivalent to **7.1 months operating** expenditure, which exceeds Council's Reserves Policy.
- An amendment to the ARF is proposed for 2024 and 2025 to retain free reserves at Council's agreed target of **4.5 months** of annual operating expenditure at the end of 2026.
- Following an adjustment to future income, free reserves, as adjusted for financial risk, are forecast to then be **£15.7m** at the end of the planning period.
- This is the equivalent to **4.5 months** of annual operating expenditure at the end of 2026.
- There are two options for reducing the ARF for 2024, and intention of maintaining that fee for 2025, set out on the following page for Council Decision.

ARF options

The following options have been assessed which could reduce the forecast free reserves level

No.		Impact	Considerations				
A	ARF rebate for delivered over 2024 and 2025.	<div>RECOMMENDED</div> <div>Reduce for the current strategy period (2024 and 2025)</div> <table><tr><td>Dentist ARF</td><td>£621 (10.0% reduction)</td></tr><tr><td>DCP ARF</td><td>£96 (15.8% reduction)</td></tr></table> <div>ARF is predicted through the modelling to return to current level for 2026.</div>	Dentist ARF	£621 (10.0% reduction)	DCP ARF	£96 (15.8% reduction)	<div>A rebate of ARF over the remainder of the current strategy period (2024 and 2025).</div> <div>This option would carry a higher risk of a substantive increase to ARF when we formally revisit it alongside the Corporate Strategy 2026-28 as the modelling considers the ARF would return to the existing fee level in 2026.</div> <div>This option provides the benefit of not cutting across deliberations regarding the resourcing and ARF level in the next strategy period</div> <div>The ARF remains subject to formal consideration alongside the Corporate Strategy 2026-28 and may include impacts of other plan changes required to support the strategy at that time.</div>
Dentist ARF	£621 (10.0% reduction)						
DCP ARF	£96 (15.8% reduction)						
B	ARF rebate for delivered over CCP 2024-26.	<table><tr><td>Dentist ARF</td><td>£646 (6.4% reduction)</td></tr><tr><td>DCP ARF</td><td>£99 (13.2% reduction)</td></tr></table> <div>ARF is forecasted in this model to remain at the reduced level for 2026, however, this does not preclude Council's reassessment of fee levels for the new strategic period.</div>	Dentist ARF	£646 (6.4% reduction)	DCP ARF	£99 (13.2% reduction)	<div>A rebate based on the current 3-year projections with the ARF expected to remain the same for the planning period (2024-2026).</div> <div>This option would carry the least risk of a substantive increase to ARF when we formally revisit it alongside the Corporate Strategy 2026-28, whilst this does not commit the GDC to holding the reduced fee level for 2026, it does pre-determine that a proportion of the saving cross-cuts against Council's deliberations on resourcing for the next strategic period.</div> <div>The ARF remains subject to formal consideration alongside the Corporate Strategy 2026-28 and may include impacts of other plan changes required to support the strategy at that time.</div>
Dentist ARF	£646 (6.4% reduction)						
DCP ARF	£99 (13.2% reduction)						

2024-26 CCP cash forecast

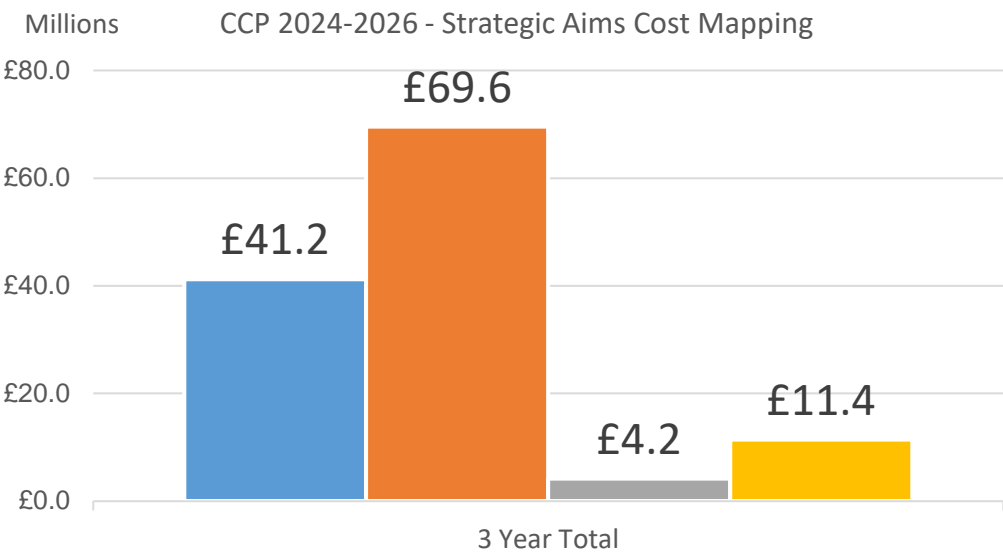


Key points:

- The forecast cash flow remains subject to approval of the budget.
- We have modelled future cash flow over the planning period using the proposed budget and ARF levels (option A) which meet Council reserves target of 4.5 months.
- Forecast CPI has been applied to investment asset valuations.
- An adjustment tracking if all financial risk was to materialise (on a linear basis) has been added for illustration purposes.
- Working on an assumption is that register growth is sustained around 1%, we would have the lowest risk adjusted cash balance between July to September 2026 of £28.1m.

Corporate Strategy 2024-26 Draft - Strategic Aim Costings

Strategic aim costings



2023-25 Strategic Aims	
Strategic aim 1: Dental professionals reach and maintain high standards of safe and effective dental care	
Strategic aim 2: Concerns are addressed effectively and proportionately to protect the public	
Strategic aim 3: Partnership working addresses sector challenges impacting on public safety and wellbeing	
Strategic aim 4: Dental professional regulation adapts to the changing external environment	

Strategic Aim	Strategic Aims – Detail	2024 £k	2025 £k	2026 £k	3 year costs £k	CCP 3 Year Percentage
1	Dental professionals reach and maintain high standards of safe and effective dental care	14.0	13.9	13.3	41.2	33%
2	Concerns are addressed effectively and proportionately to protect the public	23.0	23.4	23.1	69.6	54%
3	Partnership working addresses sector challenges impacting on public safety and wellbeing	1.6	1.3	1.3	4.2	4%
4	Dental professional regulation adapts to the changing external environment	4.0	3.7	3.6	11.4	9%
TOTAL		42.6	42.3	41.3	126.3	

CCP 2024-26 budget has been mapped to the strategic aims in the 2023-25 Corporate Strategy.

2024 budget views

2024 Expenditure Budgets

Operating Expenditure Budget

	Actual 2019 £k	Actual 2020 £k	Actual 2021 £k	Actual 2022 £k	Budget 2023 £k	Budget 2024 £k	Variance 2024 v 2023 £k
Panel Expenditure*	5,669	3,469	3,971	3,992	4,039	4,144	2.6%
Council Fees And Expenses	0	0	0	0	624	647	3.6%
Legal Fees	6,761	4,810	5,094	6,698	4,823	3,601	-25.3%
Other Professional Fees	0	0	0	0	3,875	4,595	18.6%
Staff Costs	17,667	18,667	18,028	18,460	20,746	19,940	-3.9%
Other Staff Costs**	1,005	535	485	615	1,890	1,624	-14.1%
Communications And Publications	494	496	567	415	604	648	7.3%
IT Support & Maintenance	1,305	1,089	1,518	1,688	1,871	2,157	15.2%
Estates***	1,543	1,450	1,608	1,816	1,964	2,059	4.8%
Other Operating Expenses	600	574	592	653	434	501	15.4%
Non-Cash Expenditure	1,155	1,516	1,259	1,179	2,151	2,765	28.5%
Total	36,199	32,606	33,122	35,516	43,021	42,679	-0.8%

Capital Expenditure Budget

	Actual 2019 £k	Actual 2020 £k	Actual 2021 £k	Actual 2022 £k	Budget 2023 £k	Budget 2024 £k	Variance 2024 v 2023 £k
Facilities	611	172	16	95	120	120	0.0%
IT	481	-31	150	341	530	500	-5.7%
Fitness to Practise	-	-	-	-	100	100	0.0%
Total	1,092	141	166	436	750	720	-4.0%

* Panel expenditure includes Associate Fees, Expenses and any other panel overhead expenditure.

** Other staff costs include learning and development, expenses, staff welfare and other non-payroll staff cost overhead expenditure.

*** Estates include estates running costs, such as service charge, energy, rates, maintenance and repairs.

2024 Expenditure Budgets

Headcount Summary

	Actual Dec 2020 FTE	Actual Dec 2021 FTE	Actual Dec 2022 FTE	Budget Dec 2023 FTE	Budget Dec 2024 FTE	Variance 2024 v 2023 £k
Fitness to Practise	91.2	94.6	107.0	112.6	110.2	-2.1%
Legal and Governance	74.8	62.6	58.3	65.8	64.8	-1.5%
Registration	28.8	24.8	36.0	57.0	57.0	0.0%
Strategy	34.3	36.7	35.2	44.8	44.8	0.0%
Corporate Resources	123.9	118.5	115.1	136.0	137.0	0.7%
Total	353.0	337.2	351.6	416.2	413.8	-0.6%

Budget Contingencies

	Budget 2024 £k	Review Point
CEO General Contingency	100	Quarterly Review
Other Temporary Pay Provision (1%) – supports maternity, long term sickness, other temporary cover arrangements.	216	Quarterly Review
2024 Pay Award (6%)	1,077	February
Total	1,393	

Dentists and Dental Care Professionals Fees Regulations 2023

Executive Director	Lisa Marie Williams, Legal & Governance, Executive Director.
Author(s)	Clare Paget, Senior Counsel and Associate Director, Legal. Tey Hassan, Principal Advisory Lawyer
Type of business	To make regulations
Purpose	This paper encloses the revised fee regulations for both dentists and dental care professionals. The regulations have been revised to include the new annual retention fee levels.
Issue	The Council has approved a Costed Corporate plan and a budget, and amendments to the Fees Regulations are required to implement those changes.
Recommendation	The Council is asked to approve the Dentists and Dental Care Professionals Fees Regulations 2023, in order that they can be sealed by the Chair and Registrar.

1. Executive Summary

- 1.1 This paper encloses the revised fees regulations for Dentists and Dental Care Professionals to be approved and sealed.
- 1.2 The Council has the power to set retention fee levels by making Regulations (sections 19 and 36F of the Dentists Act 1984).
- 1.3 Following the Council's approval of the Costed Corporate Plan ('CCP') 2024-2026, the 2024 budget and the annual retention fee level, the changes to the fees are reflected in the revised fees regulations at **Appendix 1 and 2**.
- 1.4 The Council is asked **to approve and make** the General Dental Council (Dentists)(Fees) Regulations 2023 and General Dental Council (Dental Care Professionals) (Fees) Regulations 2023. If approved, they will then be signed by the Chair of Council and Chief Executive and sealed.
- 1.5 The General Dental Council (Dentists)(Fees) Regulations 2023 and General Dental Council (Dental Care Professionals) (Fees) Regulations 2023, if approved, will come into force on the date set out in paper titled Costed Corporate Plan 2024-2026' and Budget 2024 prepared by the Associate Director, Finance and Head of Business Intelligence, Delivery & PMO.

2. Legal considerations

- 2.1 We understand that the review of the annual retention fee by Finance has been carried out in

accordance with the GDC's fees policy and financial reserves policy.

- 2.2 The In-House Legal Advisory Service has drafted the revised fees regulations in accordance with instructions from Finance and, if Council consents, will complete the Regulations with the relevant information following Council's decision.

3. Equality, diversity and privacy considerations

- 3.1 We understand that equality and diversity considerations have been considered for the development of the CCP. These Regulations, and the reduction in the retention fee, follow on from Council's decisions on the CCP and do not raise any separate or additional issues for consideration.

4. Risk considerations

- 4.1 Changes to fee levels give rise to reputational and legal risks. These risks, and their mitigations have been set out in paper titled 'Costed Corporate Plan 2024-2026' and Budget 2024 prepared by the Associate Director, Finance and Head of Business Intelligence, Delivery & PMO, already considered by Council.

5. Next steps

- 5.1 The Regulations will be published in line with the agreed communications plan.

Appendices

- a. Appendix 1: The General Dental Council (Dentists) (Fees) Regulations 2023
- b. Appendix 2: The General Dental Council (Professions Complementary to Dentistry) (Fees) 2023.

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11 October 2023

The General Dental Council (Dentists) (Fees) Regulations 2023

The General Dental Council make the following Regulations in exercise of their powers conferred by section 19(1) and (2) and section 52(1A) and (1B) of the Dentists Act 1984¹.

Citation and commencement

1. (1) These Regulations may be cited as the General Dental Council (Dentists) (Fees) Regulations 2023 and are made on XXX.

(2) These Regulations shall come into force on XXX.

(3) In these Regulations -

“instalment date” means the date each instalment falls due;

“renewal date” means 31 December in each year;

“retention fee” means the fee due under Regulation 2(1)(e);

“Swiss dentist” means a qualifying applicant who had not before Implementation Period completion day made a registration application (other than an application for registration under Schedule 4 to the Dentists Act 1984).

Fees

2. (1) The Council hereby prescribe the following fees for the purposes of section 19 of the Dentists Act 1984 (Fees) -

- | | |
|--|---|
| (a) for the processing of an application for entry of a person's name in the dentists register: | £ 36.33 |
| (b) for the assessment of an application for entry of a person's name in the dentists register, where applicable: | a fee set out in Regulation 3 |
| (c) for the first entry of a person's name in the dentists register: | a fee equivalent to £ XX for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made. |
| (d) for the entry of a person's name in the dentists register on the basis of temporary registration during such period as specified by a Direction made under Section 17: | a fee calculated by the following formula, where A is the length of the directed period in calendar days, B is the fee payable under regulation 2(1)(e) and C is 365: $(A \times B)/C = \text{fee}$ in pounds sterling. |
| (e) for the retention of a person's name in the dentists register during each period of twelve months following the renewal date: | £XX |

¹ 1984 c24; section 19 (1) was amended by S.I. 2007/3101; section 19(2) was amended and section 52(1A) and (1B) were inserted by S.I. 2005/2011.

(f) for restoration of a person's name to the dentists register:

a fee equivalent to £xx for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made.

(2) A person may, with the agreement of the registrar, pay the prescribed fee under regulation 2(1)(e) in such instalments and by such means of payment as the registrar may determine.

(3) For the purpose of sub-paragraph (2) the registrar may determine -

- (a) the amount of each instalment and the date by which each instalment is to be paid, and
- (b) that payment will be made by direct debit.

(4) When a person is erased for failure to pay the retention fee-

- (a) under regulation 8, or
- (b) under regulation 7 of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2023,

they are disqualified from entering into an agreement under sub-paragraph (2) in respect of the retention fee that falls due on the subsequent two annual renewal dates.

Assessment fees

3. This regulation sets out the prescribed fee for the assessment of an application for entry of a person's name in the dentists register.

Section of the Dentists Act 1984 under which the application for registration is made.	Assessment fee
Section 15(1)(b) ² – Swiss Dentists Section 15(1)(c)	£66.50
Section 15(1) (ba) ³ - Swiss Dentists	£662.40
Section 17	£66.50

Refusal to make an entry etc.

4. The registrar may refuse to make in or restore to the dentists register any entry until a fee prescribed by these Regulations has been paid.

Notice of retention fee

5. The registrar shall send to each person registered in the dentists register no less than 28 days before the renewal date -

- (a) notice of the retention fee, and
- (b) a warning that failure to pay either -
 - (i) the first instalment by the instalment date and the retention fee by the renewal date, or

² To the extent that it continues to apply to Swiss Dentists by virtue of the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019/593 (as amended by) the European Qualifications (Health and Social Care Professions) (EFTA States) (Amendment etc) (EU Exit) Regulations 2020 S.I. 2020/1349.

³ Same as above.

(ii) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,
may result in that person's name being erased from the dentists register.

6. The notice and warning required to be sent to a person under regulation 5 shall be sent-
- (a) to that person's address in the dentists register,
 - (b) to their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person, or
 - (c) by electronic means with the consent of that person.

7. The fact that the notice and warning required to be sent to a person under regulation 5 have not been received by them shall not -

- (a) prevent the registrar from erasing that person's name under regulation 8, or
- (b) constitute the grounds for the restoration of that person's name following erasure under regulation 8,

provided that notice and warning have been sent in accordance with regulation 5 and 6.

Erasure for failure to pay retention fee

8. Where a person fails to pay either -

- (a) the first instalment by the instalment date and the retention fee by the renewal date, or
- (b) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

the registrar may erase that person's name from the dentists register, provided that notice and warning have been sent in accordance with regulations 5 and 6.

9. The registrar may decide not to erase a person's name under regulation 8 where there is an outstanding issue concerning-

- (a) that person's fitness to practise as a dentist, or
- (b) an entry in respect of that person in the dentists register.

Revocation and transitional provisions

10. The General Dental Council (Dentists)(Fees) Regulations 2022 are hereby revoked.

11. Any fees due to the Council under or by virtue of the General Dental Council (Dentists) (Fees) Regulations 2022 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of General Dental Council.

Lord Toby Harris

Chair

Ian Brack

Registrar

The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2023

The General Dental Council make the following regulations in exercise of their powers conferred by section 36F(1) and (2) and section 52(1A) and (1B) of the Dentists Act 1984.¹

Citation and commencement

1. (1) These Regulations may be cited as the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2023 and are made on XXX.

(2) These Regulations shall come into force on XXX.

(3) In these Regulations -

“application” means an application for entry of a person’s name within the dental care professionals register under a single title;

“instalment date” means the date each instalment falls due;

“renewal date” means 31 July in each year;

“retention fee” means the fee due under Regulation 2(1)(h);

“Swiss dental care professional” means a qualifying applicant who had not, before Implementation Period completion day, made a registration application (other than an application for registration as a visiting dental care professional).

Fees

2. (1) The Council hereby prescribe the following fees for the purposes of section 36F of the Dentists Act 1984 (Fees) -

(a) for the processing of an application for entry of a person’s name in the dental care professionals register:	£36.33
(b) for the assessment of an application from a Swiss dental care professional ² for first entry of a person’s name in the register:	£506.25
(c) for the assessment of an application for first entry of a person’s name in the dental care professionals register pursuant to subsection (4) of section 36C:	£512.76
(d) for the assessment of any subsequent applications from a Swiss dental care professional for entry of a person’s name in the dental care professionals register under an additional title:	£453.40
(e) for the assessment of any subsequent applications for entry of a person’s name in the dental care professionals register under an additional title pursuant to subsection (4) of section 36C:	£340.40

¹ 1984 c.24; section 36F was inserted by S.I. 2005/2011; section 36F(1) was amended and (1A) inserted by S.I. 2007/3101

² Pursuant to changes enacted by S.I. 2020/1394, inserting S35A into S.I. 2019/593 or section 35A inserted into S.I. 2019/593 by S.I. 2020/1394.

(f) for the first entry of a person's name in the dental care professionals register:	a fee equivalent to £XX for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.
(g) for a subsequent entry of a person's name in the dental care professionals register under an additional title:	£12.00
(h) for the retention of a person's name in the dental care professionals register under a title or titles during each period of twelve months following the renewal date:	£XX
(i) for the restoration of a person's name to the dental care professionals register under a title or titles:	a fee equivalent to £XX for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.

(2) Where two or more applications for entry in the dental care professions register are submitted together, only one fee is payable under sub-paragraph (1)(a).

(3) A person may, with the agreement of the registrar, pay the retention fee in such instalments and by such means of payment as the registrar may determine.

(4) For the purpose of sub-paragraph (3) the registrar may determine -

- (a) the amount of each instalment and the date by which each instalment is to be paid, and
- (b) that payment will be made by direct debit.

(5) When a person is erased for failure to pay the retention fee-

(a) under regulation 7, or

(b) under regulation 8 of the General Dental Council (Dentists) (Fees) Regulations 2023 they are disqualified from entering into an agreement under sub-paragraph (3) in respect of the retention fee that falls due on the subsequent two annual renewal dates.

Refusal to make an entry etc.

3. The registrar may refuse to make in or restore to the dental care professionals register any entry until a fee prescribed by these Regulations has been paid.

Notice of retention fee

4. The registrar shall send to each person registered in the dental care professionals register no less than 28 days before the renewal date -

(a) notice of the retention fee, and

(b) a warning that failure to pay either -

(i) the first instalment by the instalment date and the retention fee by the renewal date, or

(ii) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

may result in that person's name being erased from registration under all titles under which that person is registered in the dental care professionals register.

5. The notice and warning required to be sent to a person under regulation 4 shall be sent to-
- (a) that person's address in the dental care professionals register,
 - (b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person, or
 - (c) by electronic means with the consent of that person.
6. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not-
- (a) prevent the registrar from erasing that person's name under regulation 7, or
 - (b) constitute the grounds for the restoration of that person's name following erasure under regulation 7,
- provided that notice and warning have been sent in accordance with regulations 4 and 5.

Erasure for failure to pay the retention fee

7. Where a person fails to pay -
- (a) the first instalment by the instalment date and the retention fee by the renewal date, or
 - (b) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,
- the registrar may erase that person's name from registration all titles under which that person is registered in the dental care professionals register, provided that notice and warning have been sent in accordance with regulations 4 and 5.

8. The registrar may decide not to erase a person's name under regulation 7 where there is an outstanding issue concerning -
- (a) that person's fitness to practise as a member of a profession complementary to dentistry, or
 - (b) an entry in respect of that person in the dental care professionals register.

Revocation and transitional provisions

9. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2022 are hereby revoked.

10. Any fees due to the Council under or by virtue of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2022 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of General Dental Council.

Lord Toby Harris
Chair

Ian Brack
Registrar

EDI Strategy 2024-26: Planning Principles

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Richard French-Lowe, Head of Organisation Development & Wellbeing Constantinos Kypridemos, Senior Operations Manager
Type of business	For Discussion
Purpose	To provide an update to the Council on the planned approach to the development of the Equality, Diversity, and Inclusion Strategy for the 2024-26 period.
Issue	In February 2021, the Council agreed the Equality, Diversity & Inclusion (EDI) Strategy 2021-2023, which is due to conclude at the end of 2023.
Recommendation	To discuss the planning principles and planned timeline.

1. Introduction

- 1.1. This paper provides an overview of principles and plans to review and develop the Equality, Diversity, and Inclusion (EDI) Strategy for the 2024-26 period.

2. Background

- 2.1. In February 2021, the Council agreed the Equality, Diversity & Inclusion (EDI) Strategy 2021-2023, with a vision that the GDC will be a champion of diversity, equality, and inclusion inside our organisation, with the sector we regulate and with the public.
- 2.2. In June 2022 the Council, advised by the Audit and Risk Committee (ARC), concluded that the EDI Action Plan did not provide assurance of risk mitigation. The Council noted the issues that had arisen in relation to the implementation of the EDI Strategy and approved the suggested amendments to the delivery of the Strategy with an additional requirement that an update be provided on current activities. The Council required a prioritised action plan and requested that the executive also reported on the EDI deliverables over the last year.
- 2.3. In September 2022, Council approved a set of four priorities for the delivery of the Equality Diversity and Inclusion (EDI) Strategy. The priorities were:
 - Priority 1 - Our people understand our statutory EDI obligations and what it means for them in their daily work.
 - Priority 2 - Registrants, witnesses and the public can all effectively engage with the new hearings service.
 - Priority 3 - To attract and retain talented people to work at the GDC.
 - Priority 4 - Complete the improvement of data collection of quality assured EDI data across the business.
- 2.4. An update on the implementation of the current EDI Strategy 2021-23 was presented to the Council in June 2023, with confirmation that a refreshed EDI Strategy for 2024-2026 was anticipated to be presented to Council before the end of the year.

3. Planning Principles

- 3.1. Over the last 12 months substantial work has been undertaken across the organisation in support of the current EDI Strategy and the linked Framework and Action Plan following presentation of the new prioritised Framework to Council at their September 2022 meeting.
- 3.2. In the next EDI Strategy 2024-26 greater emphasis is required on how EDI can be embedded into the organisation across the GDC's structures, priorities, and approaches.
- 3.3. It is suggested that a single point of accountability will be agreed for any EDI Framework and/or Action Plan. In line with project management methodology in place across the organisation, a single Executive Sponsor would enable a consistent and holistic progress review of the EDI Framework and Action Plan against the Strategy.
- 3.4. As part of a new EDI Strategy 2024-26, outcomes, outputs and actions across the Strategy and Framework must adhere to SMART principles. Enabling the Executive Sponsor to provide assurance to the Council that the Strategy is progressing, identifying its impact, and where appropriate take timely remedial or mitigating action should risks be identified.
- 3.5. Aligned to SMART based goals, consideration will also be given to the roles and responsibilities of key stakeholders and how effective and efficient reporting will be managed and maintained as part of the new Strategy. This will support the strengthening of the controls in place to manage associated operational risks in this area.
- 3.6. The next EDI Strategy 2024-26 will also consider and align to the Professional Services Authority (PSA) future approach towards their EDI standard, with an updated PSA Standard 3 expected from our next reporting year on 1 October 2023, with the first assessments against the 2023-24 indicators not expected until after March 2024.
- 3.7. Future iterations of any EDI Framework and Action Plan will require a cross check with ongoing activity and a gap analysis undertaking to identify what additional actions we may need to take so that we can evidence that GDC is meeting the requirements of the PSA in respect of EDI which remains 'The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics'.
- 3.8. During 2023, RSM undertook an external audit of EDI actions and the four priority areas, giving an independent view whether the framework and action plan were able to sufficiently support both the EDI Strategy and the wider corporate objectives, with the risk being that there is a misalignment between the EDI priorities and the organisational strategy, leading to potential gaps.
- 3.9. The outcome and recommendations of the external audit are expected to be confirmed during Autumn 2023, allowing for their inclusion and consideration as part of the review and drafting of the new EDI Strategy 2024-26.
- 3.10. Table 1 provides a high-level plan of key/milestone dates leading to the confirmation of a new EDI Strategy 2024-26.
- 3.11. It is suggested that across the end of Q3 to Q4 2023, the work to deliver a new EDI Strategy is aligned to three distinct phases:–
 - (i) agreement of these planning principles by the end of September 2023,
 - (ii) review and development of a draft Strategy including socialisation of the draft with key stakeholders by the end of December 2023, and
 - (iii) finalisation and approval of the new Strategy by December 2023.

Table 1 - Milestone timeline for the development of the EDI Strategy 2024-26

Milestone date	Milestone
7 September 2023	EMT Board: EDI Strategy 2024-26 Planning Principles
September 2023	Review RSM audit recommendations to incorporate into new Strategy
September 2023	Review current EDI Strategy 2021-23 – identifying strengths, weaknesses, gaps. Whilst also understanding what best practice looks like across other healthcare regulators
September 2023	Informal EMT workshop on future EDI Strategy
September/October 2023	Draft EDI Strategy 2024-26 developed
September/October 2023	Draft EDI Strategy 2024-26 socialised informally with key strategic stakeholders across EMT, ARC & Council
September/October 2023	Draft EDI Strategy 2024-26 socialised informally with People Forum and the Staff Networks.
TBC October 2023	ARC: EDI Strategy 2024-26 Planning Principles
27 October 2023	Council: EDI Strategy 2024-26 Planning Principles
7 November 2023	EMT Board: Draft EDI Strategy 2024-26
23 November 2023	ARC: Draft EDI Strategy 2024-26
8 December 2023	Council: Draft EDI Strategy 2024-26
January 2024	New EDI Strategy 2024-26 launched

- 3.12. Socialisation of the draft Strategy will seek to gain feedback from key strategic stakeholders including the Executive Management Team, Audit & Risk Committee, and the Council.
- 3.13. As part of our wider stakeholder engagement strategy, it is suggested that greater emphasis is placed on seeking and understanding feedback and insights from our staff networks. This includes the staff-elected People Forum representatives, and the employee networks including Rainbow, REACH, GET, and Enable.
- 3.14. Primarily focused on feedback and socialisation of the draft Strategy, our staff networks may also provide key insights into how to effectively embed EDI across the organisation.

4. Legal, policy and national considerations

- 4.1. The EDI Strategy is intended to ensure compliance with the Equality Act 2010 and our Public Sector Equality Duty (PSED), but the objectives go beyond our minimum legal obligations.
- 4.2. In delivering the next EDI Strategy 2024-26, the organisation will continue to utilise the robust data sets that the Research team are compiling during the EDI Strategy 2021-23 Action Plan. This will ensure the GDC is able to respond effectively to the PSA's new EDI focused standard.

5. Equality, diversity, and privacy considerations

- 5.1. The EDI Strategy covers the promotion and delivery of the EDI priorities across the GDC. The development of the new Strategy 2024-26 will be undertaken in line with the principles outlined in Section 3.

- 5.2. In the development of the new Strategy or its implementation, any personal data, specifically information relating to protected characteristic will be handled in line with the General Data Protection Regulations.
- 5.3. Any work that is undertaken as part of a new action plan will have consideration for any EDI impact and an Equality Impact Assessment will be developed.

6. Risk considerations

- 6.1. The People & Organisational Development operational risk register confirms that 'EDI considerations and responsibilities are not known or understood throughout the GDC' and 'appropriate actions and processes are not identified and implemented throughout the GDC to support EDI requirements and best practice'. The EDI Strategy 2024-26 and the accompanying framework to deliver the strategy will continue to act as mitigation and controls.

7. Resource considerations and CCP

- 7.1 From August 2023, the People & Organisational Development team again has dedicated and experienced EDI subject matter experts in post.
- 7.2 Under the current EDI Action Plan, work was coordinated by the Organisational Development team until January 2023, and subsequently by the wider Corporate Resources directorate. As part of the future EDI Strategy 2024-26, roles and responsibilities of key stakeholders will be documented enabling effective resource planning.
- 7.3 EDI activity has previously been funded by the organisation/corporate learning and development budget. Moving forward, the corporate learning and development budget can provide a suitable source for the agreed work. However, the first deliverables of Team Work Package Workforce Development project are expected from 2024 and interdependencies between the Strategy and project should be considered going forward.

8. Monitoring and review

- 8.1 The draft EDI Strategy will return to Council for consideration in December 2023.

9. Development, consultation, and decision trail

- 9.1 The decision trail is as set out above.

10. Next steps and communications

- 10.1 The milestone timeline, at Table 1, will continue to ensure that a new EDI Strategy for 2024-26 is proposed to Council at the 8 December 2023 meeting.
- 10.2 A communications and engagement plan will be developed to support the launch of the new EDI Strategy 2024-26, and the linked Framework and Action Plan.

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19 October 2023

Chair and Chief Executive Objectives 2024

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	John Middleton, Head of People Services
Type of business	For Approval
Purpose	<p>The Remuneration and Nomination Committee (RemNom) is tasked with scrutinising and approving the process for setting the objectives of the Chair of Council and the Chief Executive and Registrar.</p> <p>The RemNom scrutinised and approved the objective setting process in June 2023, and this was presented to the Council in September 2023 to note.</p> <p>The Council is responsible for approving the objectives for the Chair of Council and Chief Executive and Registrar.</p> <p>The 2024 objectives for the Chair and Chief Executive and Registrar are presented to the Council for approval.</p>
Issue	The approval of the 2024 objectives for the Chair of Council and the Chief Executive and Registrar.
Recommendation	The Council is asked to approve the 2024 objectives for the Chair of Council and the Chief Executive and Registrar

1. Introduction

- 1.1. In June 2023, in line with its Terms of Reference, the Remuneration and Nomination Committee (RemNom) scrutinised and approved the objective setting process for the Chair of Council and Chief Executive and Registrar. The changes were noted by the Council in September 2023.
- 1.2. The Council is responsible for approving the objectives of the Chief Executive and Registrar, and the Chair of Council. The 2023 objectives for the Chief Executive and Registrar were agreed at Council in September 2023.
- 1.3. The Chair of Council and Chief Executive objective setting process will be reviewed again in 2024 in advance of the objective setting for 2025. It is proposed that the annual objectives setting process is aligned with the development and approval points of the Costed Corporate Plan.
- 1.4. The Council is asked to **approve** the 2024 objectives for the Chair of Council and the Chief Executive and Registrar.

2. Objectives

- 2.1. The objectives for the Chair and Chief Executive must reflect the objectives set out in the Costed Corporate Plan (CCP) and consequently deliver the strategic aims of the organisation. They will sit alongside the CCP.
- 2.2. The purpose of the objective setting process is to ensure there are robust goals in place to measure progress and to enhance the overall performance of the GDC.
- 2.3. The Chair of Council's objectives for 2024 have been developed in conversation with the Chief Executive and Senior Independent Council Member, in line with the approved the process. A full copy of the objectives is provided in **Appendix 1**.
- 2.4. The Chief Executive's objectives for 2024 have been developed in conversation with the Chair in line with the approved the process. A full copy of the objectives is provided in **Appendix 2**.

3. Equality, Diversity and Privacy Considerations

- 3.1. The objectives for both the Chair and Chief Executive should reflect their respective responsibilities for delivery of the GDC's obligations around Equality, Diversity and Inclusion.

4. Risk Considerations

- 4.1 Without robust, measurable and timebound objectives in place for these key roles, there is a risk to the delivery of the Costed Corporate Plan and Corporate Strategy as the objectives will be cascaded to the wider organisation to drive delivery and performance.

5. Resources and CCP considerations

- 5.1 This work is met within business-as-usual activities.

6. Monitoring and Review

- 6.1 Progress against objectives will be regularly reviewed during meetings between the Chair and Senior Independent Council Member and the Chair and the Chief Executive. The Council will receive formal updates at six monthly intervals and progress updates via the Chief Executive's quarterly report to the Council.

7 Next Steps and Communication

- 7.1 If approved, the objectives will be cascaded accordingly, and progress will be reviewed as outlined above.

Appendices

Appendix 1 – The Chair of Council Objectives 2024

Appendix 2 – The Chief Executives Objectives 2024

John Middleton

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19 October 2023

Appendix 1 - Chair Objectives for 2023/2024

	Objectives	Content	Timescale	Measures
1	Oversee the implementation of the Corporate Plan through effective working relationships with the Chief Executive and the Executive Team	<ul style="list-style-type: none"> Continue weekly meetings with CE Monitor CE's delivery of his objectives Continue regular meetings with each member of the EMT and with other staff Have periodic meetings with CEO and the whole ET especially prior to Council meetings Monitor ET's delivery of the Corporate Plan 	Throughout 2023/2024	<ul style="list-style-type: none"> Meetings take place regularly and are purposeful
2	Continue to develop and oversee the GDC's relationships with external stakeholders so that the step change in the nature and quality of those relationships is consolidated	<ul style="list-style-type: none"> Continue to meet regularly with CDOs in each of the four nations Continue to meet regularly with representatives of the various professional associations, dental education providers, and other groups including the ADG and bodies representing patients' interests Engage with the chairs of other regulators and with the PSA Participate in meetings of the Dental Leadership Network Encourage arrangements for other Council members to meet external stakeholders as ambassadors for the GDC 	Throughout 2023/2024 – on either a six-monthly or annual cycle	<ul style="list-style-type: none"> Productive relationships are in place with a wide range of relevant stakeholders and that this is seen as a key part of the way in which the GDC operates and is reflected in the way in which stakeholders engage with GDC initiatives (such as the Dental Leadership Network). Arrangements for other Council members to meet external stakeholders as ambassadors of the GDC should be in place by March 2024.
3	Oversee consideration of the structure of the GDC and senior succession planning	<ul style="list-style-type: none"> Consider the future structure of the GDC on a regular basis with the CE and with the Committee Chairs 	Throughout 2023/2024	<ul style="list-style-type: none"> Decisions on the future structure of the GDC and on succession planning issues are taken in a timely fashion and on

		<ul style="list-style-type: none"> Review arrangements for succession planning within the GDC at senior level 		a consensual basis as far as possible
4	Oversee improvements in the GDC's governance arrangements and the way in which the Council functions	<ul style="list-style-type: none"> Continue to engage with external consultants to develop the ways of working of the Council and the EMT Oversee the induction of the new Council members and the recruitment process to be conducted to the Council in 2024 	Further Board Development Session to be held in December 2023 with additional follow-up work during 2024.	<ul style="list-style-type: none"> Progress is made on ensuring that the EMT operates more collectively with a report back from the consultants engaged to demonstrate this Progress is made in ensuring that the Council and the EMT work together in an harmonious and productive way with mutual respect as demonstrated via feedback from Council members and EMT members
5	Support work to improve GDC performance in respect of FtP and registration	<ul style="list-style-type: none"> Meet regularly with CE and ED to discuss FtP and registration performance Discuss performance with Committee Chairs 	Throughout 2023/2024	<ul style="list-style-type: none"> Progress continues to be made in improving GDC performance on FtP and registration and that this is demonstrated via FPC assurance.
6	Oversee development of the GDC's Estates Strategy as part of the wider Corporate Strategy	<ul style="list-style-type: none"> Discuss the development of a new Estates Strategy for the GDC on a regular basis with CE and COO Ensure Council have an opportunity to feed into this process and that appropriate consultation takes place with staff and with stakeholders 	Consensus on way forward to be achieved by spring 2024	<ul style="list-style-type: none"> A consensus is developed on the way forward on Estates and that this is integrated into the Business Plan and the budgetary process
7	Give overall lead on equality, diversity and inclusion for the GDC	<ul style="list-style-type: none"> Act as visible lead for GDC on EDI issues as appropriate 	Throughout 2023/2024	<ul style="list-style-type: none"> A revised EDI strategy is adopted by March 2024 and its principles are incorporated in

		<ul style="list-style-type: none"> • Oversee work of CE and EMT on these matters and ensure progress is reported and monitored regularly • Consider additional training needed for Council and EMT on EDI issues 		<p>internal and external activities and communications</p> <ul style="list-style-type: none"> • Council has regular opportunities to receive assurance on the progress being made
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Chief Executive Objectives for 2024

Following feedback from Council, note that

- The objective are directly linked to GDC Statutory Objectives.
- These objectives relate to time-specific activities: operational, 'throughout the year' activities are not detailed here. Corporate reporting and BAU activities such as budget setting are built into the Governance timetable.
- Detailed timelines relating to discrete projects will be incorporated into the Corporate plan.
- Discrete CEO-led corporate initiatives will be subject to timetables agreed with Council.

	Strategic Aim	Objective	Content	Timescale	Measure
1	Dental Professionals reach and maintain High Standards of safe & effective Dental Care	The Organisation proceeds with the elements of the Strategic Professionalism Agenda, supported by Stakeholder engagement	Professionalism Agenda is delivered to timetable across 2024	End Q2 and end 2024	Progress at half year and year end is proceeding to schedule
2	Concerns are addressed effectively and proportionately to protect the public and support professional learning	Internal systems enable GDC to respond in a timely and proportionate manner to concerns	Swift and effective action is taken to identify and remedy the causes of any persistent issues affecting the handling of concerns	End 2024	<ul style="list-style-type: none"> • FTP active caseload maintained at sustainable run-rate • FTP case age profile has shown sustained improvement • FTP casework timeliness is showing sustained improvement • PSA annual review acknowledges that FTP timeliness is being successfully addressed
3	Risks affecting the public's safety and wellbeing are dealt with by the right organisations	GDC has in place systems and processes to: <ul style="list-style-type: none"> • Clearly communicate the GDC's powers and remit • signpost the public to appropriate bodies • refer cases to other bodies as appropriate 	External facing information is reviewed over year to inform planned refresh of website	End 2024	<ul style="list-style-type: none"> • External facing information is checked for currency and clarity. • Signposting information is updated and revised where necessary
			Review of MoU arrangements regarding referral of cases is undertaken	End Q3 2024	<ul style="list-style-type: none"> • Existing arrangements are reviewed for currency • Executive has considered whether any additional arrangements are needed

4	Dental professional regulation is efficient and effective and adapts to the changing external environment	(a) The organisation's statutory duties and strategic objectives underpin its planning, budgeting, and the management of workforce and performance.	Council has a clear understanding of the Executive' short, medium and long term operational plans	End Q2 2024	Council understands direction of travel for organisation and is informed on significant plans or proposals in development
			Structure, processes and management of organisation are focused on efficient and effective delivery of Statutory and Strategic priorities	End Q1 2024	Phased transfer of functions to Regulatory Directorate is complete.
			<ul style="list-style-type: none"> The GDC develops and maintains an organisational culture that: appropriate for an independent public sector regulatory body Enables and supports good performance and value for money 	End 2024	<ul style="list-style-type: none"> Project to revitalise operational culture continues throughout year Council has been regularly briefed on progress Council consider there to have been discernible improvement in culture EMT (programme of facilitated workshops and discussions) SLT (collaborating with EMT to identify and develop better ways of working) Key working groups (facilitated development work)
				End Q2 2024	Training to improve staff understanding of public sector financial obligations and wider context of GDC financial controls has been incorporated into staff development and staff induction programmes.
		(b) The organisation is financially secure and maintains appropriate and effective financial controls	The organisation's budget, forecasting systems and processes are robust	End 2024	Forecast models have been reviewed and, where necessary, revisions have been made to the forecasting procedures – either by revising models or ensuring a post-modelling review and moderation phased is adopted.

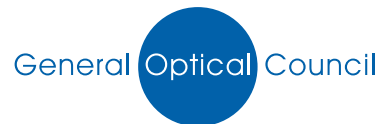
			Budgets proposed to the Council are based on realistic and informed assumptions	End Q3 2024	Lessons learned from any unbudgeted expenditure in 2023 are, where appropriate, incorporated into budget for 2024
	(c) The organisation's design, systems and operations are fit for purpose		Changes to systems and structures are undertaken in a coherent, transparent and effective manner	End 2024	<ul style="list-style-type: none"> • Corporate Change Programme delivered to timetable and elements scheduled for completion in 2024 are successfully achieved • Executive ensures that Council and Committees have appropriate reports to ensure that they are able to exercise stewardship and scrutiny functions in relation to the GDC's systems and operations
			Flexible working arrangements to improve recruitment and retention are appropriately designed and managed	End Q2 2024	<p>In depth review of flexible working is undertaken to identify whether arrangements:</p> <ul style="list-style-type: none"> - are being implemented as planned - are achieving expected impacts regarding recruitment and retention - are not impacting negatively on productivity or performance - are in need of revision
			The organisation provides the best possible value for money in delivering its mission and the Council's strategic priorities.	Q4 2024	Consideration is given to whether a permanent or temporary reduction is necessary in relation to the ARF in 2025
			The wider systems and procedures of the organisation are appropriate and robust	End 2024	Internal auditors report satisfactory assurance at end of audit plan for 2024
			Equality, Diversity and Inclusion considerations are given appropriate emphasis in the	End 2024	<ul style="list-style-type: none"> • The revised EDI Strategy is kept under regular review and revised as necessary • Council has sufficient information to take assurance that EDI is given appropriate emphasis

			operations and procedures of the GDC		
			The executive is appropriately skilled and operates in the most effective manner to support delivery of the statutory mission and the wider strategic objectives, (collaborating as necessary with stakeholders and partners)	End 2024	<ul style="list-style-type: none"> externally facilitated EMT development work continued throughout 2024 EMT effectiveness and collective performance have improved over year.
					<ul style="list-style-type: none"> management decisions and action are delegated by EMT to SLT where appropriate SLT development work has continued throughout year
			Swift and effective action is taken to identify and remedy the causes of any persistent performance issues	End 2024	<ul style="list-style-type: none"> exception of overseas qualified DCPs) Longer term options for streamlining and improving Registration have been actively explored and proposals are being developed Overseas-qualified DCP caseload is reducing to plan
		The organisation is operationally effective and continues to improve in the number of PSA targets obtained, securing all possible standards by the close of 2022	Progress towards securing a complete set of achievable PSA standards is monitored regularly	End 2024	Performance against PSA Standards is improved compared to 2023.

Whistleblowing disclosures report 2023

Health and social care
professional regulators

This report has been produced by the health and
social care professional regulators



General
Medical
Council

General
Dental
Council



General
Pharmaceutical
Council



nmc
Nursing &
Midwifery
Council



Contents

2	About the report
5	General Chiropractic Council
6	General Dental Council
9	General Medical Council
11	General Optical Council
13	General Osteopathic Council
15	General Pharmaceutical Council
17	The Health and Care Professions Council
19	Nursing and Midwifery Council (NMC)
21	Social Work England

About the report

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

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

Department for Business, Energy and Industrial Strategy (2017)

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

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

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

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

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

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

The reporting period includes activity between 1 April 2022 and 31 March 2023.

General Chiropractic Council

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

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

Number of disclosures received

From 01 April 2022 to 31 March 2023 the General Chiropractic Council received no disclosures of information.

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of over 115,000 members of the dental team, including over 43,000 dentists and 72,000 dental care professionals (DCPs).

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

Our primary purpose is:

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

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

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

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

Number of disclosures received

From 01 April 2022 to 31 March 2023 the General Dental Council received 82 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	60
No action - not enough information	22
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The number of disclosures received has increased from 61 last year to 82 this year. This rise is partially the result of an increased number of conduct concerns received around dental professionals' behaviour, both in and outside the workplace. This is also a return to the level of disclosures we received in previous years, indicating that last year may have been an outlier.

All 82 disclosures were made directly to the Fitness to Practise team. In 60 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases. These opened cases could lead to a range of resolving actions determined by a statutory practice committee. These include removal (erasure) from the Register, suspension from the Register, conditions for a determined period, or the conclusion that fitness to practise is not impaired and the case can be closed, with no further action.

Of the 82 whistleblowing concerns we received:

- 31 cases were closed with no further action. Of these 31 cases, nine were merged with other live cases, and 22 were closed with no further action as there was not enough information provided to progress further.
- 9 cases have been referred to the Case Examiners.
- 42 cases are still at Assessment stage.

Of the 82 cases received, 47 were received from dental professionals, 16 were from non-registrants (who were employed in dentistry) and 19 were anonymous.

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

Learning from disclosures

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

The way initial concerns are reviewed through the initial assessment process has enabled us to identify whistle blowing complaints earlier and reduced the number of complaints we could not progress due to insufficient information, with only six falling into this category in 2022-2023.

Of the whistleblowing concerns received during this reporting period, we identified that conduct concerns appear in 70 of the 82 disclosures made to the GDC. This increased number of conduct concerns around dental professionals' behaviour, in and outside the workplace, may suggest that the standard dental professionals and those who work in dentistry hold the profession to, is higher than that of the general population.

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

We have also continued to review our processes and procedures for the identification of whistle blowers and have a more robust process for this identification at the point a concern is received, with support from internal legal services.

General Medical Council

We're the independent regulator of doctors in the UK. We work with doctors, their employers, their educators and others to:

- set the standards of patient care and professional behaviours doctors need to meet.
- make sure doctors get the education and training they need to deliver good, safe patient care.
- check who is eligible to work as a doctor in the UK and check they continue to meet the professional standards we set throughout their careers.
- give guidance and advice to help doctors understand what's expected of them.
- investigate where there are concerns that patient safety or the public's confidence in doctors may be at risk, and take action if needed.

Number of disclosures received

From 01 April 2022 to 31 March 2023, the General Medical Council received 48 whistleblowing disclosures.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Regulatory action taken	47
No action – not enough information	0
Onward referral to an alternative body	1

The majority (47 out of 48) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and one was received by Registration and Revalidation. Of all the disclosures we received, 24 were made by doctors, 11 were made by other healthcare professionals and 13 were made anonymously.

Of the 47 disclosures that were assessed by our fitness to practise team:

- 36 were closed after an initial assessment
- 11 resulted in either a preliminary or full investigation – 5 of these are still going through the investigation process and 6 have been closed

Of the 42 disclosures that closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- The disclosure was or had already been handled locally
- Advice was given to the discloser
- The disclosure was outside of our remit to deal with e.g. a local employment dispute

No concerns were found from the information provided.

Our Registration and Revalidation directorate received one disclosure, that resulted in an outward referral to an alternative body.

Update on disclosures from previous years

34 disclosures that we received prior to 1 April 2022 were concluded.

Learning from disclosures

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

As with previous years, complaints covered a wide-variety of allegations – from staffing structures at particular locations, professional misconduct to individual dishonesty.

The number of anonymous complaints has fallen slightly compared with the previous year's report (14 in 2021-22, 13 in 2022-23). There has also been a reduction in the number of total whistleblowing complaints (62 in 2021-22, 48 in 2022-23 – a 23% decrease).

15 complaints were incorrectly labelled as meeting the criteria for whistleblowing, we continue to provide training and support for staff on how to recognise and act on whistleblowing disclosures.

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

General Optical Council

We are the regulator for the optical professions in the UK. Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions:

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

Number of disclosures received

From 01 April 2022 to 31 March 2023, the GOC received 15 disclosures of information. These were all via Fitness to Practise (FTP).

There was nil return from our Education and Legal team.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	3
Onward referral to alternative body	2
Regulatory action taken	4
No action – not enough information	6
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

All 15 disclosures that we received in 2022-23 were placed into our FTP system for formal assessment. Of these 15 disclosures, 11 cases were closed with no further action being taken. Our decisions are outlined below:

- Six cases were closed as either consent was not given by the referrer for us to progress further, we were not provided with sufficient information to identify the referrer to obtain relevant evidence or the evidence collated did not support the allegation being raised;
- Two cases did not meet our acceptance criteria for onward referral:
- Two cases were referred for consideration by another body:
- One case was considered outside our jurisdiction as a regulator; and
- Four investigations were opened with three ongoing, one was closed at case examiner stage.

Learning from disclosures

There was a 50 percent increase in the number of disclosures received during 2022-2023, however these still account for just 3 percent of our total receipts for the year and may be a slight over-estimation due to our cautious approach when identifying if the matter is a qualified disclosure.

Identifying a qualifying disclosure can be difficult when they come through fully anonymously, rather than a registrant seeking anonymity in the submission of their complaint. Proportionate investigation is still a priority and so, although an anonymous qualified disclosure is almost very challenging to investigate, we are satisfied that there was no direct impact on our ability to perform our regulatory functions.

There have been some difficulties with complainants withdrawing or not providing consent for fear of reprisal, and we have made some proactive steps to share the Speaking Up guidance where this had been raised, along with access to our Governance team. This is a difficult barrier to overcome, and we will need to consider if there is more proactive work we can do to emphasise this across our wider registrant population on an annual basis rather than to those who come through fitness to practise. We have shared our Speaking Up guidance at our annual student events but we will consider a wider annual refresh to ensure that there is less hesitation when raising issues that may give rise to a regulatory concern.

As noted previously, we have no powers of inspection or intervention and although we have powers under the Opticians Act 1989 to demand information, this is challenging in the absence of a discloser who can advise as to the relevant information to be sought. We remain mindful not to undertake activity that could be considered fishing for a complaint and that we are confident that we have identified the correct registrant before pursuing further enquiries against them.

General Osteopathic Council

We are the statutory regulator of osteopaths in the UK and it is our overarching duty to protect the public.

We use a range of different ways to work with the public and osteopathic profession to promote patient safety including:

- setting, maintaining and developing standards of osteopathic practice and conduct;
- investigating serious allegations of misconduct which calls into question an osteopath's fitness to practise;
- assuring the quality of osteopathic education and ensuring that osteopaths undertake continuing professional development.

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

Number of disclosures received

From 01 April 2022 to 31 March 2023, we received four disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
No action - not enough information	3

Summary of actions taken

Two disclosures were considered by a screener and closed under our Initial Closure Procedure. One of these was referred to us by an ambulance control room, another by a student on an osteopathic course.

Another disclosure was considered by a screener and was closed as it did not meet our threshold criteria. The matter related to an osteopath allegedly failing to pay staff salaries.

The fourth disclosure, received from a lecturer at an osteopathic education provider, is currently ongoing and waiting to be considered by a screener.

The Initial Closure Procedure (ICP)

If we consider that there is insufficient relevant, credible and detailed supporting material to enable

the screener to make a decision, we will refer the case to the screener under this procedure with a recommendation for closure. If the screener agrees with the recommendation, the case will be closed.

If the screener disagrees with a recommendation, the case will not be closed and the screener will go on to consider whether the allegation falls within section 20(1) of the Osteopaths Act 1993 instead.

Learning from disclosures

The concerns received have not impacted on the General Osteopathic Council's ability to perform its regulatory functions or meet its objectives during the reporting period.

Following a general review of our Whistleblowing Policy in 2022, we published an updated version with practical changes to make it more accessible to those seeking to raise a concern with us. The updated policy was published in January 2023.

We continue to consider anonymous disclosures on a case-by-case basis and, where applicable, provide the complainant with appropriate detail of the fitness to practise process, so that they can make an informed decision as to whether they wish to engage with the process.

We also continue to provide a free and confidential support service, the Independent Support Service, to all those involved in our fitness to practise proceedings, as a result of previous learning and feedback.

General Pharmaceutical Council

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

What we do:

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

Number of disclosures received

From 01 April 2022 to 31 March 2023 General Pharmaceutical Council received 21 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	5
Closed with no action taken	1
Onward referral to alternative body	3
Regulatory action taken	12
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Out of the disclosures made we concluded our enquiries on 16 with a further five still under review.

We also concluded three qualifying disclosures that were raised during the previous reporting period.

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

Twelve cases were concluded by sharing information with inspection colleagues for follow-up action. Three were signposted to another organisation. The remaining concern was investigated and concluded with no further action.

Of the three concerns from the previous reporting period, all were concluded with no further action.

Learning from disclosures

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

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

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

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

The Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001.

We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

Number of disclosures received

From 01 April 2022 to 31 March 2023 the HCPC received seven disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	1
Closed with no action taken	1
Onward referral to alternative body	4
Regulatory action taken	1
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Seven whistleblowing disclosures were made to the Health and Care Professions Council (HCPC) during the financial year 2022/23. Four were made to the Policy and Standards Department and three were made to the Education Department.

The disclosures came from employees and former employees of referenced organisations. HCPC registrants from two professions made disclosures, physiotherapists, and paramedics. We also received one anonymous disclosure.

The disclosures to the Policy and Standards Department were all received via email and raised concerns about:

- an ongoing workplace investigation
- unsafe handover arrangements
- lack of training necessary to carry out new duties being requested by an employer
- a potential conflict between operational guidelines and HCPC standards.

In response to these disclosures we provided appropriate advice and guidance, and where relevant signposted the discloser to organisations that could further support them in raising a concern with their employer, including professional bodies, trade unions and in one case 'Protect' the whistleblowing organisation ([Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk)).

For the three reports received by our Education Department:

- One referenced a concern with the running of a department. This was addressed directly with the education provider and is currently under investigation. We will be following up with the provider in future education quality assurance activity.
- One raised a concern regarding several organisational issues, including staffing levels and resourcing. We addressed this directly with the organisation. We decided that a full review was not required at this time, but that the organisation needed to reflect on the issues raised in preparing for its next performance review.
- One was raised anonymously and raised concerns about programme delivery, including its complaints process, assessment moderation and staff suitability. We addressed this directly with the organisation via our triage process and concluded that the provider was performing as required.

Learning from disclosures

We regularly review disclosures to see whether we need to improve any of our publicly available information, including guidance on our standards.

Since last years' report we have continued to implement our Whistleblowing module in induction eLearning for all new employees, which showcases how employees are protected by our policies and the law, the correct procedure to follow to maintain protection and what to do if employees feel that they have suffered because of the whistleblowing disclosure.

We are currently consulting on revising our Standards of Conduct, Performance and Ethics (SCPEs), and will use the insights gained from disclosures in shaping the new Standards which are likely to be implemented later this year or early in 2024.

Nursing and Midwifery Council

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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

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

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

Number of disclosures received

From 01 April 2022 to 31 March 2023 the Nursing and Midwifery Council received 137 disclosures we reasonably believed met the criteria and were 'qualifying disclosures'.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Regulatory action taken	167
Sharing information with another body	47

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and sharing information with another body.

Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 128 disclosures were managed by our Professional Regulation Fitness to Practise team.
- Three disclosures were managed by our Professional Regulation Registration and Revalidation team
- 16 disclosures were managed by our Education team
- 16 disclosures were shared with our Employer Link Service team who engaged with employers in respect of the issues raised
- Two disclosures were handled by our Safeguarding Lead
- Two disclosures were handled by our Communications and Engagement team

We have shared information with Care Inspectorate Scotland, Care Quality Commission, General Medical Council, Healthcare Safety Investigation Branch, Health and Safety Executive, Healthcare Inspectorate Wales, Mental Welfare Commission for Scotland, Office for Standards in Education, Children's Services and Skills (Ofsted), Regulation and Quality Improvement Authority.

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

We still acted on many disclosures where we did not consider that the 'qualifying disclosure' criteria were met. We either took regulatory action or shared information with a range of other bodies including the Advertising Standards Authority, Care Inspectorate Scotland, Care Quality Commission, Health and Safety Executive, Healthcare Improvement Scotland, Healthcare Safety Investigation Branch, and Medicines and Healthcare products Regulatory Agency.

Learning from disclosures

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

The number of 'qualifying disclosures' we received decreased from 152 last year (2021-2022) to 137 this year (2022-2023). Despite this our intelligence sharing activity has increased by 147% since last year (2021-2022: 19 to 2022-2023: 47).

The most common themes of these disclosures were: patient safety and care; unprofessional behaviour (including bullying, intimidation or harassment of colleagues) and health and safety.

Social Work England

Social Work England is the specialist statutory regulator of social workers in England. Our purpose is to protect the public and raise standards across social work in England, so that people receive the best possible support whenever they might need it in life.

Social Work England was established by the Children and Social Work Act 2017 and The Social Workers Regulations 2018 (as amended). Our overarching objective is to protect the public. We do this by (all of the following):

- Setting profession-specific standards for, and approving, courses of initial education and training to enable registration as a social worker.
- Setting professional standards for social workers, including those for proficiency, conduct and ethics.
- Maintaining a register of social workers in England.
- Running a proportionate and efficient fitness to practise process to deal with concerns raised about those on our register.
- Assessing continuing professional development, which promotes continuing fitness to practise.
- Approving post-qualifying courses.

Number of disclosures received

From 15 December 2021¹ to 31 March 2023 Social Work England received two disclosures which we reasonably believe met the criteria of a 'qualifying disclosure'.

¹ Social Work England was added to the list of prescribed persons on 15 December 2022

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	2
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	0
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

We received 2 qualifying disclosures between the time we were added to the list of prescribed persons and the end of the reporting period. Both disclosures were made by social workers. Of the 2 disclosures we received, one came into our fitness to practise team and one to our registration and advice team via our general enquiries line.

No decisions on what action to take in respect of these 2 disclosures were made within the reporting period.

Learning from disclosures

Prior to becoming a prescribed person in December 2022 we created new eLearning content for all our employees to assist them in identifying potential qualifying disclosures, as well as specific guidance for decision makers. We also published our [whistleblowing policy](#) on our website.

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

General Chiropractic Council

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

General Dental Council

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

General Medical Council

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

General Optical Council

10 Old Bailey, London, EC4M 7NG
www.optical.org

General Osteopathic Council

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

General Pharmaceutical Council

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

The Health and Care Professions Council

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

Nursing and Midwifery Council

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

Social Work England

1 North Bank, Blonk Street, Sheffield, S3 8JY
www.socialworkengland.org.uk

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