

A meeting of the Council of the General Dental Council

9:00am on Thursday 5 December 2019 at the General Dental Council,
1 Colmore Square, Birmingham, B4 6AJ

Members:

William Moyes (Chair)

Anne Heal

Caroline Logan

Catherine Brady

Crispin Passmore

Geraldine Campbell

Jeyanthi John

Kirstie Moons

Margaret Kellett

Sheila Kumar

Simon Morrow

Terry Babbs

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

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

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

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

¹ Section 5.1 of the General Dental Council Standing Orders for the Conduct of Business 2017

² Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business 2017

Public Council Meeting

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

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

PART ONE – PRELIMINARY ITEMS

1.	Welcome and Apologies for Absence	William Moyes, Chair of the Council	09:00– 09:10am (10 mins)	Oral
2.	Declarations of Interest	William Moyes, Chair of the Council		
3.	Questions Submitted by Members of the Public	William Moyes, Chair of the Council		-
4.	Approval of Minutes of Previous Meetings <ul style="list-style-type: none"> the minutes of the meeting held on 3 October 2019 	William Moyes, Chair of the Council		Paper
5.	Matters Arising and Rolling Actions List <ul style="list-style-type: none"> To note any matters arising from the public meeting held on 3 October 2019 and review the rolling action list 	William Moyes, Chair of the Council		Paper
6.	Decisions Log To note decisions taken between meetings and under delegation (if any)	William Moyes, Chair of the Council		Oral

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Theme	Time	Status
7.	Adjudications Programme Tom Scott, Executive Director, Fitness to Practise John Cullinane, Head of Adjudications <i>For discussion and decision in principle</i>	Patients, Professionals, Partners, Performance	09:10 – 09:40am (30 mins)	Paper
8.	ARF Fees: Payment by Instalments Gurvinder Soomal, Executive Director, Registration and Corporate Resources Stefan Czerniawski, Executive Director, Strategy Rebecca Cooper, Head of GDC Policy and Research Programme <i>For discussion and decision in principle.</i>	Patients, Professionals, Partners, Performance	09:40 – 10:10am (30 mins)	Paper

No	Item & Presenter	Theme	Time	Status
9.	Regulations: Registration Application Fees Tim Wright, Head of Projects, Programmes and Portfolio Delivery Melissa Sharp, Head of In-House Legal Advisory Service <i>To discuss and approve scrutiny fee levels and make new fees regulations.</i>	Patients, Professionals, Partners, Performance	10:10 - 10:20am (10 mins)	Paper
10.	Council Member Accommodation Samantha Bache, Head of Finance & Procurement <i>For decision.</i>	Patients, Professionals, Partners, Performance	10:20 – 10:35am (15 mins)	Paper
11.	Moving Upstream 2020 Stefan Czerniawski, Executive Director, Strategy Colin MacKenzie, Interim Head of Communications & Engagement <i>For approval to publish.</i>	Patients, Professionals, Partners, Performance	10:35 – 10:55am (20 mins)	Paper
12.	Organisational Performance – Q3 Part A: Finance Review and Forecast Part B: Balanced Scorecard Gurvinder Soomal, Executive Director, Registration and Corporate Resources Samantha Bache, Head of Finance and Procurement David Criddle, Head of Performance Reporting and PMO <i>For discussion and noting</i>	Patients, Professionals, Partners, Performance	10:55 – 11:10am (15 mins)	
13.	Dental Complaints Service – Performance Report Q3 Tom Scott, Executive Director, FtP Transition Michelle Williams, DCS Head of Operations <i>For discussion and noting</i>	Patients, Professionals, Partners, Performance	11:10 – 11:20am (10 mins)	
	BREAK FOR REFRESHMENTS – for approximately 15 minutes			

No	Item & Presenter	Theme	Time	Status
14.	<p><u>Items for Approval:</u></p> <p>a. Appointment and Reappointment of Council Members – Process Lisa Marie Williams, Executive Director, Legal & Governance <i>For approval of process.</i></p> <p>b. Process for Annual Appraisals of Chair of Council, Council Members and Chief Executive. Sarah Keyes, Executive Director, Organisational Development <i>For approval of process.</i></p> <p>c. Review of Education – For Publication Stefan Czerniawski, Executive Director, Strategy <i>For approval to publish.</i></p> <p>d. Consultation on the Specialist Lists – Response for Publication Stefan Czerniawski, Executive Director, Strategy <i>For approval to publish.</i></p> <p>e. Revision Process for Specialty Curricula Stefan Czerniawski, Executive Director, Strategy <i>For approval.</i></p> <p>f. Patient and Public Survey Results and Action Plan – For Publication Stefan Czerniawski, Executive Director, Strategy <i>For approval to publish.</i></p> <p>g. Quality Assurance Decisions Stefan Czerniawski, Executive Director, Strategy <i>For decision on reporting process and for noting of published reports.</i></p> <p>h. Review of Financial Policies and Procedures Samantha Bache, Head of Finance & Procurement <i>For approval.</i></p>	Patients, Professionals, Partners, Performance	11:35 – 11:45am (10 mins)	Papers

No	Item & Presenter	Theme	Time	Status
	<p>i. 2020 Reserves Policy Samantha Bache, Head of Finance & Procurement <i>For approval.</i></p> <p>j. Investment principles and strategy review Samantha Bache, Head of Finance & Procurement <i>For approval.</i></p> <p>k. Anti-fraud and anti-bribery policy Samantha Bache, Head of Finance & Procurement <i>For approval.</i></p>			
15.	<p><u>Items for Noting:</u></p> <p>a. Estates Strategy Programme Update – with organisational chart Gurvinder Soomal, Executive Director, Registration and Corporate Resources</p> <p>b. Joint Whistleblowing Report Colin MacKenzie, Interim Head of Communications and Engagement</p> <p>c. Horizon Scanning and Stakeholder Engagement Reports Colin MacKenzie, Interim Head of Communications and Engagement</p>	Patients, Professionals, Partners, Performance	11:45 – 11:55am (10 mins)	Papers
16.	<p>Update Reports from the Council's Committees:</p> <p>1. Audit and Risk Committee 2. Remuneration Committee 3. Finance and Performance Committee 4. Policy and Research Board</p> <p><i>For discussion and noting</i></p>	Patients, Professionals, Partners, Performance	11:55 – 12:10pm (15 mins)	Oral

PART THREE – CONCLUSION OF BUSINESS

No	Item & Presenter	Theme	Time	Status
12.	Any Other Business	William Moyes, Chair of the Council	12:10 – 12:15pm (5 mins)	Oral
13.	Review of the Meeting	William Moyes, Chair of the Council	12:15 – 12:20pm	Oral

	<p>As part of the review, can the Council be satisfied that the organisation is well-governed and specifically that:</p> <ul style="list-style-type: none"> ➤ Time allocated to each paper ➤ Detail, balance, and level of information in papers ➤ Did papers make clear what happened at each Committee. ➤ The Council's work programme is appropriately prioritised and timetabled and balanced ➤ Any items in the Closed Session of Council that could have been considered in the Open Session? 		(5 mins)	
14.	<p>2020 Council Meeting Dates</p> <ul style="list-style-type: none"> • January 15 & 16, 2020 (Birmingham) TBC • March 18 & 19, 2020 (London) • June 2 & 3, 2020 (London) • July 29 & 30, 2020 (London) • October 21 & 22, 2020 (London) • December 16 & 17, 2020 (London) 			

Refreshments (lunch) served at approximately 12:20pm

**Minutes of the Meeting of the
General Dental Council
held at 11:45am on Thursday 3 October 2019
in Public Session
at 1 Colmore Square, Birmingham, B4 6AJ**

Council Members present:

William Moyes	(Chair)
Anne Heal	
Caroline Logan	
Catherine Brady	
Crispin Passmore	
Geraldine Campbell	
Jeyanthi John	
Kirstie Moons	
Margaret Kellett	
Sheila Kumar	
Simon Morrow	
Terry Babbs	

Executive in attendance:

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance
Tom Scott	Executive Director, FtP Transition
Sarah Keyes	Executive Director, Organisational Development

Staff in attendance:

Lucy Chatwin	Head of People Services (accompanying new Executive Director, Organisational Development)
Colin MacKenzie	Acting Head of Communications and Engagement
Ian Jackson	Director for Scotland
Samantha Bache	Head of Finance and Procurement (Items 9, 11 & 17)
David Criddle	Head of Performance Reporting & PMO (Items 9, 11 & 17)
Tim Wright	Head of Projects, Programmes and Portfolio Delivery (Item 10 only)
Melissa Sharp	Head of In-House Legal Advisory Service (Item 12 only)
Katie Spears	Interim Head of Governance (Secretary)
Paula Woodward Pfister	Governance Consultant

In attendance:

Members of the public.

PART ONE – PRELIMINARY ITEMS

1. Opening remarks and apologies for absence

- 1.1. The Chair welcomed everyone to the meeting and introduced Sarah Keyes, Executive Director, Organisational Development.
- 1.2. Apologies were received from Rebecca Cooper, Interim Executive Director, Strategy.

2. Declarations of interest

- 2.1. All registrant Council Members declared an interest in relation to the setting of the Annual Retention Fee levels. All staff declared an interest in relation to the Estates item.

3. Questions submitted by members of the public

- 3.1. No questions had been submitted by members of the public.

4. Approval of minutes of the previous meetings

- 4.1. The Council **noted** that the full minutes of the public meeting held on 25 July 2019 had been approved via correspondence and a final version had been circulated to Council members by email on 28 August 2019.

5. Matters arising from the public Council meeting held on 25 July 2019 and rolling actions list

- 5.1. The Council **noted** the actions list and that the single action thereon remained live.

6. Decisions log

- 6.1. The Council **noted** that there had been no decisions taken in between meetings.

PART TWO – ITEMS FOR DECISION AND DISCUSSION

7. Chief Executive's Report

- 7.1. The Chief Executive provided the Council with an update in relation to the laying of the Annual Report and Accounts (ARA). This update had also been provided to the Audit and Risk Committee at its recent meeting.
- 7.2. The ARA had not yet been laid. As outlined previously, there had been an issue raised by the Comptroller & Auditor General (C&AG), which had now been addressed, however, Parliament had stopped sitting in the meantime, preventing the document being laid.
- 7.3. On a review of the process undertaken, a further issue was noted in relation to an oversight surrounding the letters of assurance from the Executive team, which were usually provided to the Accounting Officer. This was in the process of being corrected. To prevent this issue arising again, the internal process had been amended to include the Accounting Officer countersigning the letters. This issue had not occurred before and had arisen as an oversight as part of the handover process where staff had left the organisation. The Chief Executive, as Accounting Officer, noted that he had no concerns about the substance of the letters, and was confident that the process change would prevent the oversight happening again.
- 7.4. It was anticipated that the ARA would be ready to be laid by the end of October. The Council **noted** this update.
- 7.5. The Chief Executive also provided the Council with an update in relation to the organisation's progress in relation to the achieving Professional Standards Authority (PSA) Standards.

- 7.6. The Chief Executive outlined that, in the PSA report of 2019, the organisation had achieved 22 of the 24 Standards. It did not achieve Standard 6, on Fitness to Practise timeliness, and did not achieve Standard 10, on information security. In relation to information security, there was a conflict between the expectations of the PSA in this area and the requirements of the Information Commissioner's Office. As the organisation was obliged to comply with the requirements of the ICO, the organisation was unlikely to be able to achieve Standard 10.
- 7.7. The Council discussed whether the organisation was on the right path to achieve the standard in relation to timeliness. It was noted that the move to Birmingham had impacted on the improvements implemented as part of the End to End Review of Fitness to Practise and that it was hoped that in 12 months' time performance reports would reflect the changes made.
- 7.8. In relation to this year's work, the review by the PSA had commenced on 7 May 2019 and on 12 August they had commenced a detailed review on a range of Standards. The PSA had asked 33 questions and been provided with a 45-page response. The next PSA panel meeting outcome was expected early in October. The PSA had announced a revision of Standards in July 2018, and trialled Standards 2, 4 and 5. It had been confirmed that the GDC had been adjudged to meet these piloted Standards. These new Standards would be implemented for the 2019-2020 assessment and the PSA would rely on the information gathered during the pilot exercise as the evidence base for that assessment. The organisation was working closely with the PSA in relation to its assessment for this year.
- 7.9. The Council **discussed** and **noted** the update.

8. Corporate Strategy 2020-22

- 8.1. The Chief Executive presented the paper seeking Council's approval for the publication of the Corporate Strategy 2020-2022 and the report of the responses to the consultation. The Corporate Strategy document had been revised to incorporate the responses from the consultation and the comments from Council provided at the Special Council meeting in September. The Council had been advised that the report had been reviewed, by Policy and Legal colleagues, to ensure that it accurately reflected the feedback given in the consultation.
- 8.2. The Council **discussed** the following:
- 8.2.1. The learning that the Executive had taken from the planning process in this first iteration of the Corporate Strategy and accompanying Costed Corporate Plan (CCP). The Committees of Council had been invaluable in helping shape the work and scrutinise the process. The process had been challenging in its first iteration but, as the organisation matured, it would get much easier.
- 8.2.2. The low level of responses in relation to the consultation was interesting and the Council discussed whether there were different methods of consulting that could be considered to enable deeper conversations with those who were interested in the work being proposed. The Council noted that the level of interaction with professional bodies was more productive now and that engagement was likely to increase as the words of the strategy, transformed into activities being delivered within the CCP. There was work to be done to ensure that the public had regular fora for contact with the organisation and were provided with a wider context about its work.
- 8.2.3. There was useful work to be done around the publications programme for 2020 and a discussion about how this work fits together. A Council workshop was planned for December 2019 on this topic.
- 8.3. The Council **approved** the publication of the Corporate Strategy 2020-2022 and the report on the response to the consultation.

9. Costed Corporate Plan 2020-2022 and Budget (CCP)

The Head of Performance Reporting and PMO and the Head of Finance & Procurement joined the meeting.

- 9.1. The Executive Director, Registration & Corporate Resources introduced the paper, with support from the Head of Performance Reporting and PMO and the Head of Finance & Procurement, seeking approval of the CCP and the Budget 2020.
- 9.2. The CCP was designed to give a consolidated view of the project and portfolio activity for the organisation over the next three years and was aimed at delivering the strategic aims in the Corporate Strategy. The Council were taken through the proposed costed corporate plan, including the budget, headcount and portfolio proposals. The SLT had reviewed the latest iteration of the work and confirmed that the activities were aligned to the aims of the Corporate Strategy.
- 9.3. The total budget envelope for the planning period was £121.6m. This was £1.4m less than the forecast level contained in the consultation. The budget envelope for 2020 was £40.43m. The Council were asked to approve the portfolio plan, budget and headcount.
- 9.4. The Council **discussed** the following:
 - 9.4.1. There had been a detailed discussion of this work at the Special Council meeting in September and the earlier iterations of this work had been commenced in March 2019. The feedback from Council had been incorporated.
 - 9.4.2. The Council heard from the Chair of the Finance and Performance Committee (FPC) and noted that the CCP and Budget had been the subject of considerable scrutiny within this Committee. This was the ninth iteration of the work. The FPC had formally challenged and scrutinised this work on four occasions and were confident to recommend it to Council.
 - 9.4.3. The Council discussed the extent to which earlier discussions of this work could have been conducted in public and agreed that there were competing and important priorities around transparency and the responsibility of the organisation to ensure that very early iterations of strategic planning were not publicly aired before they formed a considered part of the organisation's approach.
 - 9.4.4. The Council also noted the importance of communications around this type of work and the importance of communicating the framework this plan provided, whilst also enabling flexibility to respond to external factors.
 - 9.4.5. The Council also noted that this plan provided a framework of policies and strategies which set out its ambition. The programmes of work around Shifting the Balance, Moving Upstream and fees had happened alongside the review and overhaul of the ways of working within the organisation. The GDC had invested in IT, it had overhauled organisational design, moved people and location and transformed the way in which it recruited and retained people. There had also been a transformation in the way in which the organisation now planned, forecast and controlled its finances, and that hard work had allowed the organisation to set out its strategic ambitions, with their attendant costs, and explain the implications of that to those that were regulated by it.
 - 9.4.6. The Council noted that there had been robust assurance processes in the planning and budget setting work, which had also allowed a 6% reduction in operating expenditure for the draft 2020 budget.
- 9.5. The Council accordingly **approved** the contents of the CCP and Budget.

The Head of Performance Reporting and PMO and the Head of Finance & Procurement joined the meeting.

10. Registration Fees Policy Implementation

The Head of Projects, Programmes and Portfolio Delivery joined the meeting.

- 10.1. The Executive Director, Registration & Corporate Resources introduced the paper, with support from the Head of Projects, Programmes and Portfolio Delivery. They sought the Council's approval for the method of implementation of the fees policy around registration scrutiny fees and its approval of the preferred option in relation to the recovery of fees; Option 1, the recovery of only the direct costs of registration processing. If approved, the implementation date would be 2 January 2020.
- 10.2. The Council **discussed** the following:
 - 10.2.1. The Council had set a fees policy for the organisation some time ago and the introduction of these scrutiny fees had formed part of the consultation around that policy. This work would help address one of the key issues that the organisation faced at present, in that there was work being carried out on overseas applications to the registers which was effectively being subsidised by UK applicants, via their annual retention fees (ARF). This work served to help remove that element of cross subsidy, in line with the fees policy.
 - 10.2.2. The robust financial planning and organisational approach taken as part of the work around the Corporate Strategy and CCP, meant that there was scope for the Council to approve a reduction in the ARF. The organisation was not recouping that saving 'by the back door' with these fees. The fees were expected to generate around £2m across the planning period and the reduction in the ARF would amount to a saving of around £20.7m.
 - 10.2.3. The Council noted that one of the key drivers for introducing these fees was the application failure rate of around two in ten applications failing. To reduce cross subsidy, it was fairer for those applicants who were making the application to bear its costs, than to spread that cost over all registrants.
 - 10.2.4. The Council heard from the Chair of the FPC and noted that the Committee had scrutinised this work, to ensure that it was being carried out in line with policy decisions made by the Council. They were confident that this approach produced a fairer system.
 - 10.2.5. The Council discussed the communications piece around this work and the need to engage with its various registrant groups in a dynamic way. It was agreed that it would be useful to put together the information in tabular form as to how the fees would impact different registrant groups, so that the information was easily accessible to all.
 - 10.2.6. The Council also discussed the need to be confident that the proposed fees were not a barrier to entry or a restriction on the right to freedom of movement and were assured that the Executive had been very much alive to this consideration, had taken appropriate advice and were confident that this was a fair approach, bearing in mind the legal obligations.
 - 10.2.7. The Council discussed the changing landscape around EU Exit and the need to keep a watching brief on that position. It was important to provide stability for registrants and this policy implementation approach would be reviewed at the end of the planning period to ensure that it remained the most appropriate method of delivering on the Council's fees policy.
- 10.3. The Council thanked the team for their hard work on this item and noted that the analysis contained within the paper had been helpful.
- 10.4. The Council **approved** the approach to the implementation of the fees policy and **approved** the preferred option in relation to the recovery of fees; Option 1, the recovery of only the direct costs of registration processing. Draft fees regulations would be brought to Council in December and, if approved, would take effect on 2 January 2020.

The Head of Projects, Programmes and Portfolio Delivery left the meeting.

11. Annual Retention Fee Levels – Funding the CCP

The Head of Performance Reporting and PMO and the Head of Finance & Procurement joined the meeting.

- 11.1. The Executive Director, Registration & Corporate Resources introduced the paper, with support from the Head of Performance Reporting and PMO and the Head of Finance & Procurement, seeking approval of the proposed method of funding the CCP and the proposed level of annual retention fees for 2020.
- 11.2. The Council discussed that the forecast level of free reserves at the end of the planning period, December 2022, was 4.8 months operating expenditure. The range at the start of the planning period had been between 4 to 6 months operating expenditure and had been brought down to 4.5 months, as this was prudent for an organisation, with this risk profile, that was not seeking to build up excessive reserve levels.
- 11.3. The figures proposed represented a £20.7m reduction in operating expenditure, against a forecast income of around £2m from registration scrutiny fees. This represented almost £25m that the organisation was shaving off expenditure, without compromising on quality. This was a fundamental change in the organisational approach. If the organisation met its reserve target ahead of the end of the planning period, there was scope to consider a rebate in the next planning period. This would be a matter for Council, with advice from the Accounting Officer, and would need careful consideration.
- 11.4. The Council **approved** the proposed method of funding the CCP and **set the level of annual retention fees** for 2020 as follows:
 - 11.4.1. In relation to dentists, at £680 annually.
 - 11.4.2. In relation to dental care professionals, at £114 annually.
- 11.5. The Council rose for a lunch break between 13:15 and 13:45pm and invited any members of the public present at the meeting to join the refreshments.

The Head of Performance Reporting and PMO and the Head of Finance & Procurement left the meeting.

12. Annual Retention Fees Regulations

The Head of In-House Legal Advisory Service joined the meeting.

- 12.1. The Head of In-House Legal Advisory Service invited the Council to make the following sets of fees regulations, in line with their earlier decision on the level of annual retention fees set for both dentists and dental care professionals:
 - 12.1.1. The General Dental Council (Dentists) (Fees) Regulations 2019; and
 - 12.1.2. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2019.
- 12.2. The Council **approved** the draft regulations and accordingly **made the fees regulations** in the terms outlined above. They would come into force on 29 October 2019 when they were sealed. In December, new regulations would be brought before Council to incorporate the decision made earlier in the meeting around registration scrutiny fees.

The Head of In-House Legal Advisory Service left the meeting.

13. Estates Strategy Programme Update

- 13.1. The Executive Director, Registration & Corporate Resources presented the paper providing the Council with an update on the work recently undertaken within the Estates Programme.
- 13.2. In relation to Strand 1 of the programme, there was an end of project review and benefits realisation piece taking place which would be brought before Council in due course.

- 13.3. In relation to Strand 2, the Wimpole Street refit contract had been awarded to Wates Smart Space and the nine-week programme of works was due to commence the following week. There was a weekly communications exercise with staff to keep them informed about the progress of the works and their impact.
- 13.4. There was another cohort of staff leaving as part of Strand 2 in January 2020. These staff had been given access to outplacement support and over 70 people had accessed this service. 80% of the recruitment had now been completed and this had been done through minimal reliance on agencies.
- 13.5. The Council noted that there had been a deep dive on Estates with the Audit and Risk Committee (ARC) and a financial deep dive on the programme was planned for the FPC and the ARC.
- 13.6. The Council discussed the attrition rates for new staff and noted that it was lower than average but was being monitored. Work was ongoing to ensure that the GDC was a positive place to work and regular pulse surveys were planned to ascertain how new starters were finding the environment, induction and support.
- 13.7. The Council also discussed the importance of ensuring that roles were available to a wide section of the community, including those with caring responsibilities, and noted that the GDC's flexible working policy was attractive in this respect.
- 13.8. The Council discussed the need to ensure that these ambitious programmes were having the right impact on the culture of the organisation and noted that the staff survey would provide interesting material around testing the temperature of the staff in this respect. The Council heard that the staff survey had recently been considered at the Remuneration Committee and Council would be sighted on the work in response to the feedback from it in due course.
- 13.9. The Council requested that some thought be given to how Council could be assured that the culture of the organisation was consistent with its delivery ambitions and asked to be sighted on that initial thinking in the first part of 2020.
- 13.10. The Council **noted** the update.

Action: The Chief Executive and Executive Director, Organisational Development to consider how to provide the appropriate assurance to Council that the culture of the organisation was aligned with delivery ambitions.

14. Annual Customer Service Reports: Fitness to Practise

- 14.1. The Executive Director, FtP Transition presented the paper which re-presented the data in relation to the annual customer service reports for Fitness to Practise.
- 14.2. The Council **discussed** the following:
 - 14.2.1. The feedback from the survey outlined that there might be work to be done around the awareness of the witness support service and widening its access.
 - 14.2.2. From the actions log from the July Council meeting, the Council noted that it had been anticipating a different paper from that which was presented today as the interest had been to establish what the proposition would be for conducting this work in 2020, rather than a re-presentation of the data. It was outlined that work was being conducted to consider the best way in which to access greater levels of response, but no detailed action plans had been drawn up as this would require a resource commitment to a project that might produce quite sparse returns.
 - 14.2.3. The Council noted that there was work planned in the second phase of the End to End Review to pilot conducting proactive surveys and that this survey was not the only place from which feedback from participants was drawn. There were multiple stakeholder events as well.
- 14.3. The Council **noted** the paper.

Action: Executive Director, FtP Transition to consider the most suitable approach to obtaining customer service feedback for FtP and to bring those proposals back to Council in Quarter 1 of 2020.

15. Committee Appointments and Appointment of the Senior Independent Council Member (SIM)

- 15.1. The Chair introduced the paper which outlined the proposed appointments to the membership of the non-statutory Committees of the GDC and the appointment of the Senior Independent Council Member.
- 15.2. The Chair had discussed with Council members their preferences in relation to Committee membership and the outcome of those discussions had resulted in one suggested change, that was, for Jeyanthi John to move from the Policy and Research Board to become an additional member of the Remuneration Committee.
- 15.3. For each of the non-statutory Committees, the proposed terms of membership were as follows:
 - 15.3.1. The proposed term of office for all eligible Committee members was two years (to end on 30 September 2021).
 - 15.3.2. Three Council members were due to demit office in 2020. These were Geraldine Campbell, Kirstie Moons and Margaret Kellett. In relation to these Council members, the proposed term of office within their respective Committees was one year (to end on 30 September 2020).
 - 15.3.3. There were three Council members standing for reappointment in 2020. These were Sheila Kumar, Crispin Passmore and Caroline Logan. Their two-year proposed term of office would be subject to the Privy Council approval of their second term as Council members.
- 15.4. The proposed Committee appointments were as follows:
 - 15.4.1. **Audit and Risk Committee:** Crispin Passmore (Chair), Catherine Brady, Simon Morrow, Sheila Kumar and Rajeev Arya (independent member).
 - 15.4.2. **Finance and Performance Committee:** Terry Babbs (Chair), Margaret Kellett, Kirstie Moons and Anne Heal.
 - 15.4.3. **Remuneration Committee:** Geraldine Campbell (Chair), Anne Heal, Caroline Logan, Jeyanthi John and Ann Brown (independent member).
 - 15.4.4. **Policy and Research Board:** Kirstie Moons (Chair), Margaret Kellett, Catherine Brady, Simon Morrow, Caroline Logan and Geraldine Campbell.
- 15.5. It was also proposed that Terry Babbs to remain as the SIM for a further term of two years (to end 30 September 2021).
- 15.6. The Council **discussed** and **approved** the proposed Committee appointments and the appointment of the Senior Independent Council Member for the terms suggested.

Action: Interim Head of Governance to issue appointment letters to all relevant Committee members.

16. Appointment of Independent Member of the Remuneration Committee

- 16.1. The Executive Director, Legal & Governance, presented the paper which outlined the proposed appointment of Ann Brown as the Independent Member of the Remuneration Committee for the term of four years (to end 30 September 2023).
- 16.2. The Council **discussed** and **approved** the appointment of Ann Brown as the Independent Member of the Remuneration Committee for the term of four years (to end 30 September 2023).

Action: Interim Head of Governance to issue appointment letter to Ann Brown.

17. Organisational Performance: Finance Review and Balanced Scorecard for Q2 2019

The Head of Performance Reporting and PMO and the Head of Finance & Procurement joined the meeting.

- 17.1. The Head of Performance Reporting and PMO and the Head of Finance & Procurement introduced the paper outlining the finance review and balanced scorecard performance reports for the second quarter of 2019.
- 17.2. The Council **discussed** the following:
 - 17.2.1. The discussions that had taken place at the Council workshop on the preceding day indicated that there was a need to rethink the way in which performance was reported to Council to ensure that more high level and strategic indicators were being presented.
 - 17.2.2. The Council queried whether there were any issues with the control environment around adherence to purchase order policy as there had been an increase in invoices being received where a purchase order had not been raised. The Council noted that this data related to Quarter 2 and that the actions that had arisen from this had been picked up and addressed.
 - 17.2.3. The Council questioned whether there was any link between the level of data breaches and business continuity. The Council noted that there was nothing to suggest that the induction provided to new staff on data security was insufficient but there were often human errors where some of the most voluminous and sensitive information lay within the organisation.
 - 17.2.4. The issue of timeliness within Fitness to Practise remained a concern for Council and the Council discussed whether the performance indicators were currently the right measures of the what the Council needed to see to feel assured in this area. The Council were keen to see a roadmap for progress in this area. This matter was on the workplan for the FPC as well.
- 17.3. The Council **noted** the update.

Action: Executive Director, FtP Transition to consider how best to provide assurance to Council around the FTP performance indicators, particularly in relation to timeliness, and bring back a roadmap to Council in Q1 2020, after SLT and FPC.

18. Dental Complaints Service – Performance Report Q2 2019

- 18.1. The Executive Director, FtP Transition presented the paper which outlined the performance of the Dental Complaints Service (DCS) for the second quarter of 2019. The Council heard that there was work proposed, as part of the DCS Review – Phase 2, to develop a system wide handling of complaints across the different dental professions and to shape the evolution of that process.
- 18.2. The Council **discussed** the following:
 - 18.2.1. The interaction between those who used the DCS and their indemnity providers and the high level of case outcomes where a full refund was provided. The Council were keen to establish whether these outcomes were accompanied by evidence of insight and/or apology and it was outlined that the outcomes where a full refund was issued were generally accompanied by an apology from the registrant.
 - 18.2.2. The need for the reporting on this work to include early unfacilitated resolution because the data, as currently presented, appeared to suggest that there were high levels of enquiries that ended in no action or assistance being given.
 - 18.2.3. The need for accuracy in relation to the categorisation of certain categories of dental treatment within the grid displayed at paragraph 2.6.
- 18.3. The Council **noted** the update.

Action: The DCS Head of Operations to work with clinical colleagues to ensure accuracy of reporting in relation to the categories of dental work used in the tables in the report and to outline clearly the disposal of Level 1 complaints that were being actioned by the service.

19. Horizon Scanning and Stakeholder Engagement Reports

- 19.1. The Interim Head of Communications & Engagement presented the paper outlining an update on the current external environment to the GDC and an update on recent stakeholder engagement.
- 19.2. The Council **noted** that there had been a new ministerial appointment and that a meeting had been requested. The Council also noted that there had been 12 presentations to foundation dentists across the UK and were pleased that this had continued even whilst the Strategy team were depleted.
- 19.3. The Council **noted** the update.

PART FOUR - CONCLUSION OF BUSINESS

20. Any other Business

- 20.1. The Council noted that this was the last meeting for Ian Jackson, Director for Scotland, and thanked him for his support to Council, his hard work over the past 11 years and wished him a pleasant retirement.

21. Review of the meeting

- 21.1. The Council noted that the day had been quite a long session and energy levels had dropped somewhat in the afternoon but were pleased with the approach to considering whether papers could have been best tabled in the public session. Any concerns or thanks around papers had been raised as the items were tackled.

22. Close of the meeting

- 22.1. There being no further business, the meeting ended at 15:25pm.

Date of next meeting: 5 December 2019 (Birmingham)

Name of Chair: William Moyes

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
1	25 Jul 2019	Public Session	7.1.3	Annual Customer Feedback Reports - FtP	Executive Director, FtP Transition to prepare a proposal for the next Council meeting in October as to the course proposed to take in relation to this work next year, how response rates could be improved and alternative options for seeking engagement. Consideration is to be given to benchmarking against other regulators.	TS	20/08/2019	Suggest Complete	30/09/2019	TS	This work will need to go through SLT (03/09) and FPC (10/09) before Council (03/10).		Item was on the agenda for October Council. Suggest complete as superceded by action 5 below.
2	13/12/2018	Public	15.3	Amendment to Council Member Agreements and Code of Conduct	Council agreed the revised proposal that retiring Council members should normally not assume paid employment with the GDC within 1 year after demitting office. Governance to circulate amended Council Member Agreements and Code of Conduct	KS	27/12/2019	Suggest Complete	27/11/2019	KS	Item appeared on public agenda of Council on 25 July and requested amendments were made. KS circulated the amended Code of Conduct to Council Members and Independent Associates alongside the requests for their Declarations of interest on 27/11/2019. When Council Members are appointed/re-appointed, their new agreements will remain clear that there is an obligation to adhere the current Code of Conduct. KS has updated the Governance Manual (for CMs and for Independent Members) with the updated Code and a GDPR compliant DOI form - 08.10.2019		Suggest complete.
3	13/12/2018	Public	16.3	Non-Council Member Appointments (SPC)	Council approved the re-appointment of three members - Rosie Varley, Martyn Green, Nigel Fisher - Governance to formally notify the three members of their reappointment.	KS	27/12/2019	LIVE	TBC	KS	KS reviewed member folders. In a review of member folders, it is unclear whether Governance have formally informed the 3 members of their re-appointment in December 2018. KS will discussed Chair of SPC as to whether appointment letters were received and rectify if not. . Governance team reviewing agreements with Legal team and will re-issue in the abundance of caution.		Remains live. This action has been migrated from the wider review of actions from 2019.
4	03/10/2019	Public	13.10	Estates Strategy Programme Update	The Chief Executive and Executive Director, Organisational Development to consider how to provide the appropriate assurance to Council that the culture of the organisation was aligned with delivery ambitions.	IB/SK	30/01/2020	LIVE	TBC	IB/SK		To be incorporated into action plan following staff survey.	In hand.
5	03/10/2019	Public	14.3	Annual Customer Feedback Reports - FtP	Executive Director, FtP Transition to consider the most suitable approach to obtaining customer service feedback for FtP and to bring those proposals back to Council in Quarter 1 of 2020.	TS	30/01/2020	LIVE	TBC	TS	Item is on the forward workplan for SLT and FPC in February 2020 and for Council in March 2020.		In hand.
6	03/10/2019	Public	15.8	Committee Appointments and Appointment of the SIM	Interim Head of Governance to issue appointment letters to all relevant Committee members.	KS	17/10/2019	LIVE	TBC	KS	KS drafted appointment letters for all members and sent to Chair for review on 28/11/2019.		In hand.
7	03/10/2019	Public	16.2	Appointment of Independent Member of Remco	Interim Head of Governance to issue appointment letter to Ann Brown.	KS	17/10/2019	Suggest Complete	11/10/2019	KS	KS drafted appointment letter, it was approved by the Chair and issued on 11/10/2019.		Suggest complete.
8	03/10/2019	Public	17.6	Balanced Scorecard	Executive Director, FtP Transition to consider how best to provide assurance to Council around the FTP performance indicators, particularly in relation to timeliness, and bring back a roadmap to Council in Q1 2020, after SLT and FPC.	TS	30/01/2020	LIVE	TBC	TS	FtP Performance Indicators is on the forward workplan for SLT and FPC in February 2020 and for Council in March 2020.		In hand.
9	03/10/2019	Public	18.4	Dental Complaints Service - Performance Report Q2	The DCS Head of Operations to work with clinical colleagues to ensure accuracy of reporting in relation to the categories of dental work used in the tables in the report and to outline clearly the disposal of Level 1 complaints that were being actioned by the service.	MW	17/09/2019	Suggest Complete	22/10/2019	MW		DCS Head of Operations met with the Clinical Dental Advisors and will be incorporating additional changes to CRM going live in Q1. She also contacted some Council Members for feedback has has incorporated that which has been received.	Suggest complete

Separation of the adjudication function

Purpose of paper	To propose operational separation of the adjudication function, within the current legal framework
Status	Public session
Action	For approval
Corporate Strategy 2016-19	<p>Professionals - Objective 5: To take timely, fair and proportionate action through our fitness to practise process when dental professionals do not meet the required standards.</p> <p>Performance – Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.</p>
Decision Trail	The Chair's Strategy Group (CSG) exploration of options started in 2016 but was paused until key decisions had been implemented in relation to the Estates programme. The issue was discussed at the CSG in February, April, September and November 2019, where these proposals were finalised.
Recommendations	The Council is asked to approve the proposal to formally separate the GDC's adjudication function from the investigation and prosecution functions.
Authorship of paper and further information	<p>John Cullinane, Head of Adjudication, jcullinane@gdc-uk.org</p> <p>Tom Scott, Executive Director, FTP Transition, tscott@gdc-uk.org</p>
Appendices	<ol style="list-style-type: none"> 1. Policy context 2. Details of the arrangements at the MPTS and the HCPTS 3. Operational changes 4. Costs 5. Decision making and quality assurance in the GDC

1. Executive Summary

- 1.1. Since late 2016, the GDC has been further separating the adjudication function from the investigation and prosecution functions. The main benefits of a discrete adjudication function would be addressing the perception that the GDC is both prosecutor and judge, and securing cultural improvements to training, recruitment and how panellists make decisions.

- 1.2. Detailed and costed proposals for the establishment of an operationally discrete adjudication function have now been developed. These proposals are seen as the first part of a two-staged approach: a stepping-stone towards greater separation at a later stage should legislative change be available through a future Section 60 order. Without legislative change, the function must remain both in law and in terms of accountability and financial control, a part of the GDC.
- 1.3. To achieve this, the Council is invited to adopt new governance arrangements that provide the adjudication function with a discrete identity by:
 - Retaining the Statutory Panellists' Assurance Committee (SPC) with its current responsibilities for appointment of members and chairs of statutory committees; determining whether committee members should be disqualified from office; and removing or suspending committee members from office.
 - Appointing a Chair with knowledge and experience of judicial decision-making, who can advise the adjudications team on training, recruitment and culture
 - Agreeing the option of appointment or co-option of additional members with specific experience in recruitment, training and quality assurance who can help to improve the oversight of the current functions of the SPC and who can provide a source of advice to the adjudications function on their areas of expertise.
 - Approving the budget for the expected expenditure as set out in section 6.
 - Approving funding this expenditure from reserves, as it has not been incorporated into the CCP. On the basis of the forecast position at time of writing, this would reduce the current forecast for free reserves at the end of the planning period from 4.9 months to 4.8 months of operating expenditure; against our target level of free reserves of 4.5 months of operating expenditure. The level of free reserves, as adjusted for our assessment of financial risk, will remain at 3.1 months of operating expenditure, which is within the tolerance of the proposed Reserves Policy 2020.

2. Introduction and background

Adjudication and the Wider Regulatory Framework

- 2.1. The need for independent adjudication in fitness to practise proceedings has been the subject of attempts at reform since 2004, when the Shipman Inquiry recommended the establishment of a wholly independent tribunal, removed from the GMC. The background detail is set out for information in Appendix 1.
- 2.2. Other regulators have already made formal changes to their structures to underpin the independence of adjudication.
- 2.3. The General Medical Council (GMC) set up the Medical Practitioners Tribunal Service (MPTS) in 2012, which was placed on a statutory footing in 2016. The MPTS has an independent, judicially qualified chair and is managed on a day-to-day basis by an Executive Manager who takes direction from the Chair for operational management but who is accountable to GMC's Chief Operating Officer for effective use of resources.
- 2.4. The Health and Care Professions Council (HCPC) established a non-statutory Tribunal Advisory Committee (TAC) in 2017. Their Director of FTP continues to have overall responsibility for the adjudication function, which remains part of the FTP Department. FTP panel members and legal advisers are recruited, trained and appraised by the Partners team, part of the HR Directorate. TAC provides advice on the qualities, abilities and competencies required of panellists and Legal Advisers. The Head of Tribunal Services reports to the Director of FTP. Effectively this approach is similar to the GDC's present arrangements but with a stronger discrete identity for the adjudications function.

- 2.5. In addition, it should be noted that the adjudication function of the General Pharmaceutical Council (GPhC) sits under the Director of People, rather than under the Director of Fitness to Practise. The Director of People is responsible for the statutory panellists and is assisted by the Appointments Committee Chair and the Head of Adjudication. The Chair is contracted to work one or two days per week. The current Chair is not legally-qualified. The role of the Appointments Committee is broadly similar to the GDC's – selection, recruitment, training and performance reviews of committee members - but in practice, much of the work is done by the Chair and the members of the Committee, who lead in recruitment and training rather than having oversight as is the case at the GDC.
- 2.6. Further details of the arrangements at the MPTS and the HCPTS are attached for information as Appendix 2.

The GDC

- 2.7. The GDC's fitness to practise process is set out in the Dentists Act 1984 and the GDC (Fitness to Practice Rules) 2006, revised in 2016. Legislative change would be necessary to amend the Rules, which are very prescriptive. Part of the restrictive nature of the Rules is that there are few effective case management powers for Committee members. This limits the sanctions that Committees can impose on parties, for example if they fail to disclose material on time - the GDC currently has no legislative powers to enforce directions, nor does it have the Rules in place to impose orders for costs. Fully effective case management would require different powers for panellists, and so amendments to the Act and Rules.
- 2.8. The GDC has the power to delegate the appointment of panellists, which it has elected to exercise to create the SPC in making the GDC (Constitution of Committees) Rules Order of Council 2009. Those Rules provide that there shall be an Appointments Committee and that this Committee must perform the following functions:
- Appointment of members and chairs of statutory committees;
 - Determining whether committee members should be disqualified from office; and
 - Removing or suspending committee members from office.
- 2.9. Removing any of the current functions of the SPC, or abolishing it completely, would require an amendment to the 2009 Rules. While this is possible using powers under the Dentists Act, it would also require Privy Council approval. The estimate from the In-house legal advice team is that this would take between 18-24 months to achieve. Given the possibility of a Section 60 opportunity to amend the FTP rules, we do not propose to seek to introduce legislative change to this area at this time. However, should this proposal be adopted we will prioritise the drafting of new legislation for this area in case the Section 60 opportunity does not arise. In order to make any further meaningful changes to the separation of the adjudication function, the role and composition of the SPC would need to change. This is discussed further in Section 4 below.
- 2.10. The proposal to give the adjudication function operational separation is not new. The Chair's Strategy Group has been exploring the options available to the GDC in respect of delivering the adjudication function since 2016:

November 2016	CSG and EMT started exploring options available in respect of future delivery of the GDC's adjudication function.
July 2017	Chair's Strategy Group discussed a paper providing a high-level view of the procedural steps which would need to be taken in order to set up a tribunal function similar to the MPTS. Work focused on exploring the possibilities for operating the function at arms-length, through a contractual agreement for services with a Special Purpose Vehicle (SPV) established by the MPTS.
Between October	GDC discussed this option with the GMC and MPTS. Those discussions came to an end as it was not feasible within the timetable which estates

2017 & Jan 2018	considerations imposed upon the GDC, to reach the point at which in invitation to tender could be issued.
February 2018	Paper updated Council on the exploration of alternative adjudication options undertaken in 2017 and proposed next steps.
February, April, September & November 2019	In 2019 papers were presented to the CSG on four occasions. Initially they provided a high-level summary of the review activities undertaken to-date and set out the legal parameters of possible changes and invites views on next steps. A subsequent paper provided a number of options for adjudication reform for discussion. The final paper provided an update on the proposal to Council to give the adjudication function operational separation within the current legal framework. It set out the legal position regarding the role and status of the SPC and set out options for oversight of the separated function, including the appointment of a Chair with judicial experience.

- 2.11. This is an opportunity to move forward as far as possible within the current legislation in order to be able to take maximum advantage, in good time, of any future changes to the legislation. The proposal in this paper is not seen as the final position for the function, but an important staging post on the route toward a fully-independent hearings service.
- 2.12. Independence in adjudication has long been an important consideration for the GDC - and the organisation has made several changes over the last decade which have contributed to the adjudication function being more visibly and operationally separate. These include three significant changes:
- Independent appointments/oversight of panellists/decision makers through the creation of Appointments Committee (known as Statutory Panellists Assurance Committee, or SPC) in 2009;
 - Separation of prosecution and adjudication functions through the re-structure of the FtP and legal teams in 2017;
 - Independent oversight of the quality assurance of decision-making through the appointment of an external independent chair of DSG and the chair of QAG passing from FtP to the ED, Strategy - and currently to the Registrar (2017).

These three changes have laid the platform on which we can build further changes to enhance the separation of functions.

- 2.13. A working group to explore the development of a discrete adjudication function was set up in May 2019, tasked with developing costed proposals and indicative timescales for the implementation. The working group identified the issues that needed to be resolved including lines of accountability, IT, branding and business support. We have also worked closely with the Head of In-House Legal in order to understand the legislative framework around the SPC and the adjudications function, and the constraints on how this can be amended.

3. Potential benefits of a discrete adjudication function

- 3.1. There are potential benefits in appointing a Chair with a judicial or tribunal background, who could use their experience to offer more robust oversight to the remit of the SPC (although we need to be mindful that the delegated powers are to the committee rather than the Chair). In particular, they could offer insight into the culture and professionalism needed to operate an adjudication function, given their experience within the context of Hearings. This could include increased knowledge of training, recruitment and experience of making adjudication decisions. To quote Judge Pearl, first independent Chair of MPTS, 'There has been a major cultural change during my time at the MPTS. Tribunal members are now treated as professional decision makers rather than as members of a jury.'

- 3.2. While the function will remain within the same regulatory framework, given the very limited case management powers, it is anticipated that enhancements in training and culture will assist panels to manage cases by working with parties to establish clear directions, even if these are not legally enforceable. Implementing these enhancements will also mean the transition to an independent adjudications function and a culture of robust case management will be easier in the future.
- 3.3. There are potential reputational benefits for the GDC to be gained from the greater separation of the investigation and adjudication of fitness to practise cases. With a discrete identity, the separation of these functions would be publicly visible, which could in itself promote increased levels of confidence in the independence of decision making. It will make it very clear to the registrants and their defence teams that cases are scheduled by an adjudication service which is distinct from the enforcement function and that any applications for postponements will be treated impartially.
- 3.4. Currently the operational and administrative functions associated with the adjudication of fitness to practise cases are carried out by the Hearings Team, who sit within the FTP Directorate. All correspondence regarding a registrant's fitness to practise is sent by the GDC, and the adjudication function also shares the same website, logo and telephone contact numbers. This apparent lack of separation may lead to a reluctance on the part of registrants to engage in the final hearing process. A discrete identity could lead to an increase in engagement by registrants, who would be more likely to understand that they are not disclosing information to the prosecutor. This is particularly relevant at a time when a significant percentage of the registrants who are subject to a fitness to practise cases are unrepresented and/or do not attend. Their understanding that the adjudication service is a distinct function from the enforcement function is likely to increase confidence and promote fairness for unrepresented registrants and may mean that they are more likely to engage. This will, in turn, assist with the scheduling of cases.
- 3.5. Similarly, the public (complainants and witnesses) will understand that they are dealing with a distinct adjudication body rather than the 'prosecutor', which should increase their willingness to co-operate.
- 3.6. The establishment of an informal framework agreement between the adjudications function and the remainder of the GDC would set out the methods of communication for case matters. This should remove any impression of 'cosiness' between the two teams. It will make it clearer that the adjudication service does not take instructions from Prosecutions or FTP.
- 3.7. Finally, as noted above, several other healthcare regulators have already sought to make their adjudication functions distinct from the enforcement arms of the organisation. They have achieved this in different ways, depending on the legislative schemes they operate within. Section 4 sets out why the GDC is limited by its statutory framework as to how far we can create a distinct function. However, with a possible opportunity to amend our FTP rules being discussed, this would be a first step to on the path to a legislatively separate adjudications function

4. Proposal – oversight of the adjudication function

- 4.1. This proposal essentially consists of:
- revised governance arrangements for the oversight of the adjudication function in order to provide the adjudication service with a higher degree of transparency; and
 - administrative arrangements which are operationally separate from the remainder of the GDC and are seen to be so.
- 4.2. At the heart of the arrangements would be a body overseeing the adjudication function. The body would remain part of the GDC but at arm's length and with administrative arrangements which are (and are seen to be) operationally discrete from the remainder of the GDC.
- 4.3. The proposal is that, in terms of oversight, the GDC should

- Retain the SPC with its current responsibilities and consider an additional responsibility for the oversight of the implementation of quality assurance of decision-making of committees. Currently, there are two quality processes for decision-making – Quality Assurance Group and Decision Scrutiny Group. Both groups produce action plans for improvement, and SPC could ensure that these actions are fully developed throughout the adjudications process. (See Appendix 5 - Decision making and quality assurance in the GDC)
- Appoint a Chair with knowledge and experience of judicial decision-making, who can advise the adjudication team on training, recruitment and culture
- Agreeing the option of appointment or co-option of additional members with specific experience in recruitment, training and quality assurance who can help to improve the oversight of the current functions of the SPC and who can provide a source of advice to the adjudications function on their areas of expertise.

The reasons for these proposals are set out below.

- 4.4. As mentioned earlier, removing the current functions of the SPC would require an amendment to the 2009 Rules which established it. As this will take 18-24 months, the proposal is to take a first step towards a fully-independent adjudication function in order to be in advanced position to do so when a legislative opportunity arises.
- 4.5. Other regulators have demonstrated various models for their adjudication function being independently chaired, to differing degrees depending on their legislative schemes. The Chair is often actively involved in process and cultural improvements, as well as leading on delivery of training, recruitment and performance rather than having an oversight role. The degree of involvement that would be possible at the GDC is limited by our current legislation and the Terms of Reference of the current SPC – for example, delivery of training and recruitment which is an executive function (so, answering to the Chief Executive). While a Chair could have an increased role in the development, planning and delivery of training and recruitment, they could not have responsibility for the direction or execution. A chair with a judicial background is likely to cost more than non-qualified, although there are likely benefits in improving culture and how panellists think about decision making. Based on the current proposal, this role is likely to require a commitment of two or three days per month. This is based on the time commitments of similar roles at MPTS and GPhC, the relative size of those organisations, and the difference in scope of these roles.
- 4.6. There are currently three members of SPC in addition to the Chair. There is provision for up to eight members to be appointed to SPC, and it might enhance the effectiveness of the Committee if specialists were appointed or co-opted who could assist the Chair to provide robust oversight on their areas of responsibility. In particular, given the current remit of the committee, expertise in recruitment, training and disciplinary procedures would help provide increased levels of assurance against the committee's remit.
- 4.7. There are also some operational changes which could be undertaken as part of the optical separation of the adjudication function. These are summarised in the table at Appendix 3.

5. Timelines

- 5.1. A working group consisting of senior staff from across the GDC considered the operational plan required to establish the distinct identity for the adjudications function. Once approved by Council it is anticipated by the working group these changes could be implemented between 12-18 months. This is to allow time for recruitment activity for the Chair and the operational changes.
- 5.2. A project relating to the separation of the adjudication has been incorporated in the CCP and staff time is available for the majority of the work needed to complete the project. However, timescales are not currently in the CCP and the phasing of these may need adjustment once

further scoping of work is done. Determining the Corporate Project resource required for Programme Management/Project Management also might change timescales.

6. Costs

- 6.1. There will be costs associated with the proposed changes. The costs could not be included in the budget for 2020 and no budget provision could be made in the CCP as this initiative has not yet been agreed by Council. Therefore, the costs of this activity in 2020 will constitute a call on the reserves. On the basis of the forecast position at time of writing, this would reduce the current forecast for free reserves at the end of the planning period from 4.9 months to 4.8 months of operating expenditure; against our target level of free reserves of 4.5 months of operating expenditure. The level of free reserves, as adjusted for our assessment of financial risk, will remain at 3.1 months of operating expenditure, which is within the tolerance of the proposed Reserves Policy 2020.
- 6.2. Much of the cost of this proposal is based on fees for the Chair. It should be noted that, if the proposal is approved, the costs of the Chair will be less in 2020 than in subsequent years (as they will not serve a full year in 2020); but that if there is legislative change which changes the nature of the role, then this cost is likely to increase as the Chair's role (and therefore time commitment) would increase.
- 6.3. Operational and capital of expenditure is estimated as follows:

First year costs	
Activity	Cost
Capital expenditure	£60,000
Operational costs	£108,800
Total costs for first year	£168,800

Subsequent years' additional costs	
Activity	Cost
Operational costs	£106,900

7. A full breakdown of costs is set out in Appendix 4.

Recommendations

- 7.1. The Council is invited to:
- 7.2. Adopt the new governance arrangements that provide the adjudication function with a discrete identity by:
 - Retaining the SPC with its current responsibilities for appointment of members and chairs of statutory committees; determining whether committee members should be disqualified from office; and removing or suspending committee members from office.
 - Appointing a Chair with knowledge and experience of judicial decision-making, who can advise the adjudications team on training, recruitment and culture.

- Agreeing the option of appointment or co-option of additional members with specific experience in recruitment, training and quality assurance who can help to improve the oversight of the current functions of the SPC and who can provide a source of advice to the adjudications function on their areas of expertise.
- Approving the budget for the expected expenditure as set out in section 6.
- Approving funding this expenditure from reserves, as it has not been incorporated into the CCP. On the basis of the forecast position at time of writing, this would reduce the current forecast for free reserves at the end of the planning period from 4.9 months to 4.8 months of operating expenditure; against our target level of free reserves of 4.5 months of operating expenditure. The level of free reserves, as adjusted for our assessment of financial risk, will remain at 3.1 months of operating expenditure, which is within the tolerance of the proposed Reserves Policy 2020.

2004	Shipman Inquiry: A wholly independent tribunal was one of the key recommendations made by Dame Janet Smith
2007	<p>Government White Paper <i>Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century</i></p> <ul style="list-style-type: none"> • The independence of the regulatory bodies is vital ‘to sustain the confidence of both the public and the professions through demonstrable impartiality’. • ‘The independence and impartiality of those who pass judgement on health professionals in fitness to practise proceedings is central to public and professional confidence in their findings and the sanctions they impose’
2008	The Health and Social Care Act established the independent Office of the Health Professions Adjudicator (OHPA)
2010	<p>A consultation by the Department of Health in 2010 recommended a greater separation between the investigation and adjudication of ftp cases.</p> <p>OHPA was intended to be entirely self-financing, charging fees from health and social care regulators to provide independent adjudications in a radically reformed system. It aimed to bring consistency of approach and outcome across professions and reduce costs for the regulators. OHPA was to be responsible for adjudicating GMC cases and those relating to the professions regulated by the General Optical Council, and potentially all other health professionals.</p> <p>2 December 2010 the coalition government came into power and abolished OHPA (little more than 10 months after it had become a corporate body) as part of its review into the number of quangos.</p>
2012	The GMC looked at what to do next and set up the MPTS, initially on a non-statutory basis
2014	<p>Law Commission published its review “Regulation of Health and Social Care Professionals” in April 2014. The Law Commission’s report made specific recommendations on the introduction of greater separation between regulators’ investigation and adjudication functions. It saw the primary benefit being increased confidence in regulation from perspective of the public and professionals alike.</p> <p>‘The Government should have regulation-making powers to introduce a separate adjudication system for any of the regulators, based on the Medical Practitioners Tribunal Service’.</p> <p>The Law Commission review included a draft Bill which would establish a common legal framework for the regulations of health care professionals across the UK.</p>
2015	The Government accepted the Law Commission’s key recommendations and indicated that legislation would be brought forward in due course. It stated: ‘Ensuring the impartiality of fitness to practise panels by increasing the separation between the regulatory body’s role as investigator and the panel’s role as adjudicator has been a long-term policy objective for this and previous Governments ... We agree that the Government should have a regulation making power to enable the regulatory bodies to adopt systems with a greater degree of separation (whether on the MPTS or other model) as appropriate.’

2016	MPTS set up on a statutory footing. It not only reports to GMC Council but also to Parliament.
2017	The Health and Care Professions Council followed the lead set by the GMC and set up a tribunal (HCPTS) but on a non-statutory basis
2017	Department of Health and Social Care carried out a second consultation exercise.
May 2018	The Professional Standards Authority's (PSA) Lessons Learned Review into the Nursing and Midwifery Council's handling of concerns about midwives' fitness to practise at the Furness General Hospital (Morecambe Bay NHS Foundation Trust) , which highlighted the need for greater transparency and better engagement with family members who have been affected by poor professional standards
June 2018	The Gosport Independent Panel Report , which identified a need for efficient and timely resolution of fitness to practise issues
June 2018	Professor Sir Norman Williams' Review of Gross Negligence Manslaughter in Healthcare , which identified the potential for professional regulation to do more to encourage openness and the development of a learning culture
June 2019	Professional Standards Authority for Health and Social Care published its response to the Williams Review. The Professional Standards Authority's response considers the concept of public confidence in fitness to practise proceedings and notes the differences between the nine healthcare professional regulators; it considers the themes across the professions, including the importance of consistency across regulators and the importance of diversity in order to ensure that the views of the public are represented. However, it also highlights the difficulty in having consistent decisions when the regulators each have their own legislation.
July 2019	<p>Department of Health and Social Care published the response to its consultation: <i>Promoting professionalism, reforming regulations</i>. It addressed the following areas:</p> <ul style="list-style-type: none"> Protecting the public: The consultation considered the role of professional regulation in protecting the public, and sought views on: <ul style="list-style-type: none"> How best to determine the appropriate level of regulatory oversight for professional groups; The architecture of professional regulation; and Which regulatory bodies should have oversight of which professions? Responsive regulation: "Increasing the responsiveness of professional regulation is not a new idea and some changes have already been made to the legislation that governs some regulatory bodies. More could be done to enable all regulators to respond quickly to changes in the way that healthcare is delivered." Efficient regulation: "The healthcare system is complex, and there is an opportunity, and indeed an expectation, for the regulatory bodies to work more effectively with one another and with other parts of the regulatory system. This includes sharing data (within the framework of current data protection legislation) and best practice to improve public protection.

Appendix 2

	Medical Practitioners Tribunal Service (MPTS)	The Health and Care Professions Tribunal Service (HCPTS)
Relationship between Tribunal and parent body	<ul style="list-style-type: none"> The MPTS is a statutory committee of the GMC and is accountable to the GMC Council and the UK Parliament. Independent in decision making; the MPTS operates separately from the investigatory role of the GMC. The MPTS works in dedicated facilities separate from the GMC. 	<ul style="list-style-type: none"> The HCPTS is the fitness to practise adjudication service of the Health and Care Professions Council (HCPC) and is part of the HCPC The HCPTS works in dedicated facilities separate from the HCPC.
Governance and management structure	<ul style="list-style-type: none"> The tribunal service is overseen by the MPTS Committee and its role is defined by legislation The Chair of the Committee is also Chair of the MPTS and is accountable to the GMC through the Chair of the GMC's Council. Is required to report to Council twice a year MPTS is managed day-to-day by an Executive Manager, with direction from the Chair for operational management. He is accountable to the GMC's Chief Operating Officer for effective use of resources In addition to reporting to the GMC, the MPTS is also required by statute to submit an annual report to Parliament, via the Privy Council. There is a GMC and MPTS Liaison Group. It supports the delivery of the hearing service and makes sure working arrangements operate effectively. It gives assurance to Council that the MPTS is delivering against its objectives. 	<ul style="list-style-type: none"> HCPTS is managed by the Executive Director of Regulation who manages Head of FTP, Head of Education and Head of Tribunal Services. Additionally, the tribunal service has a Tribunal Advisory Committee (TAC) which is a non-statutory committee of the HCPC, comprised of 6 six members; 3 of the Tribunal's Panel Chairs and 3 members who are independent of the Tribunal. The TAC reports directly to the HCPC Council.
Legal status	<ul style="list-style-type: none"> The MPTS is a Statutory Committee made up of 5 members, 2 of whom are medically qualified. 2 committee members are also tribunal members. The Committee is not legally separate from the GMC. 	<ul style="list-style-type: none"> Neither HCPTS nor the TAC are legally separate from the HCPC.
Role of Committee	<p>The MPTS committee's responsibilities include:</p> <ul style="list-style-type: none"> Providing a hearings service that separate from the investigatory role of the GMC. It oversees the delivery of the hearing service for doctors. It ensures the service meets its responsibilities under the Medical Act. 	<ul style="list-style-type: none"> The TAC's main role is to advise the Council on the recruitment, training and assessment of Tribunal panellists, panel chairs and legal assessors

	<ul style="list-style-type: none"> • The appointment of, training and assessment of tribunal members, legal assessors and case managers. • Ensuring high quality standards of decision-making by medical practitioners tribunals and interim order tribunals are maintained • Ensuring high quality standards of case management by case managers are maintained • The setting and maintenance of guidance for MPTS tribunals, case managers, and legal assessors, as required. 	<ul style="list-style-type: none"> • The TAC is also responsible for providing guidance to the Tribunal on practice and procedure. An important part of that function is issuing Practice Notes.
Funding	<ul style="list-style-type: none"> • MPTS has an operationally separate budget but this comes from GMC funding. • Reports are made to the GMC Finance Committee. 	<ul style="list-style-type: none"> • HCPTS budget is part of the FTP department budget.
Power of Appeal	<ul style="list-style-type: none"> • The GMC currently has right of appeal against Tribunal's decisions (under review) 	<ul style="list-style-type: none"> • The HCPC has no right of appeal against HCPTS decisions.
Benefits (as described by the GMC/HCPC)	<ul style="list-style-type: none"> • Provides a hearing service to the GMC that is efficient, effective and has the perception of independence from the investigatory role of the Standards and FtP Directorate within the GMC • Increases public confidence in the adjudication process • Removed tensions there had been in the old process when the Head of Adjudication and Head of Investigation had both reported to the Director of FtP. 	<ul style="list-style-type: none"> • Distinct identity of the HCPTS emphasises that hearings are conducted and managed by independent Panels which are at arm's length from the HCPC. • Provides a greater degree of transparent independence and ensures that there are sufficient guarantees to exclude any legitimate doubt about impartiality
Limitations	<ul style="list-style-type: none"> • Did take a long time to disentangle the two organisations – requires resources and commitment. 	<ul style="list-style-type: none"> • TAC is non-statutory, does not have its own rules, is only advisory and has 'struggled with the role' • The Executive Director of Regulation is responsible for both FTP and Tribunal Services • Sanctions Guidance still belongs to the HCPC whereas at the MPTS it is a joint GMC/MPTS document and carries both logos • HCPTS still has responsibility for an Investigating Committee.

Table of possible operational changes

Appendix 3

In order to help the discussion, the following table sets out the areas we will need to consider about making the adjudication function operationally and optically separate.

Operational changes		
WHAT	HOW	PURPOSE
New name/rebranding for the adjudication function	Rename the adjudication function; with new branding (letterheads, email addresses) etc	To publicly highlight the separation of the function from the GDC brand
Changes to job titles	Simple changes to Adjudication team job titles to accurately reflect identify and function	To publicly highlight the separation of the function from the GDC's ftp functions
Separate website for adjudication	To rebrand, design a logo, create a new independent website URL and reskin the website	To publicly highlight the separation of the function from the GDC brand
Define IT process, including CRM function	Data to be hosted on CRM but separate from the GDC data; and within the GDCIT Business Analysts will be used to define the current and future processes to ensure that relevant information is kept separate.	To publicly highlight the separation of the function from the GDC brand
Adjudication to issue notice of hearings	Adjudication function to issue notice of hearings – currently done by ILPS	Will publicly signify the change – adjudication function to not only control listing of cases but notifying participants – will significantly increase operational separation from GDC.
Independent legal advice	Appointment/contracting of separate legal adviser	Currently, legal advice comes from same team that advises the prosecution function – this will ensure that there is no conflict in the advice provided
Financial management	Create separate budget for the service (or maintain as separate cost centre). However, the Chief Executive and Registrar will continue to be responsible for managing the budget and systems of the function in their role as	To publicly highlight the separation of the function from the GDC's ftp functions

	Accounting Officer of the GDC.	
Process redesign	Preparation of guidance on processes/protocol to be followed by GDC and Adjudication function	

Costs

Appendix 4

First year costs

Activity	Cost
1. Capital expenditure	
New name/rebranding for the adjudication function	£20,000
Development of separate website for adjudication	£20,000
Project costs (opportunity cost of Programme and Portfolio manager at salary level 54, Market Rate, London – 1 day per week, including on-costs)	(£14,000)
Recruitment process for judicially qualified chair	£10,000
Sub-total	£64,000
2. Operational costs	
Website	£1,000
Provision of independent legal advice	£35,000
Additional salary for Judicially qualified chair	£10,000
Changes to all documentation including templates, both FtP and Hearings	£6,000
Changes to communications/issuing of notice of hearings	£32,400
Sub-total	£84,400
Total for first year	£148,400

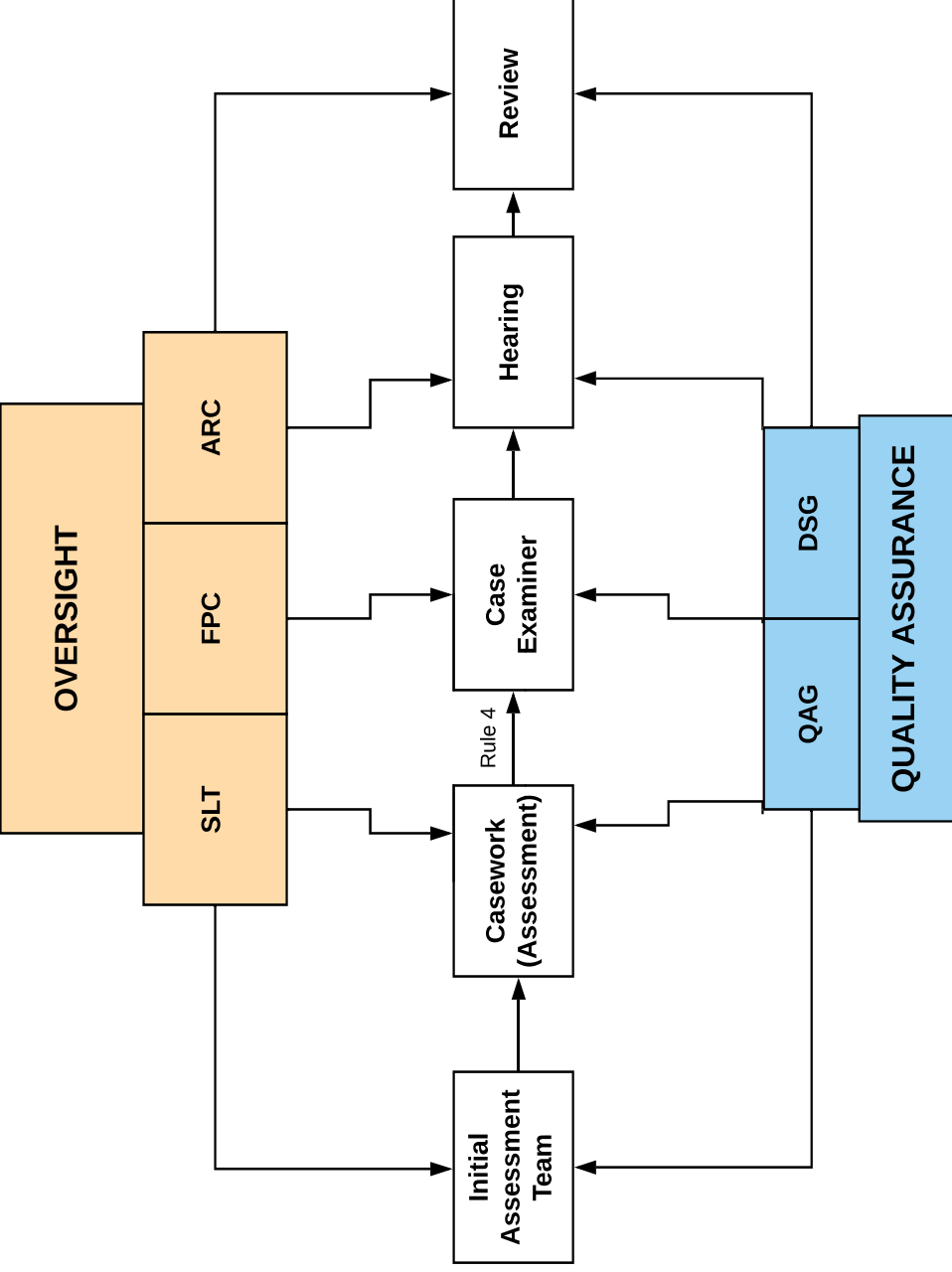
Subsequent years' additional costs

Operational costs	
Website	£1,000
Provision of independent legal advice	£35,000
Additional salary for Judicially qualified chair	£10,000
Increasing the size of the Appointments Committee (SPC) by 3 members	£22,500
Changes to all documentation including templates, both FtP and Hearings	£6,000
Changes to communications/issuing of notice of hearings	£32,400
Total	106,900

Further breakdown of activity costs	Costs
1. Capital expenditure	
New name/rebranding for the adjudications function It is essential that the new body has a separate identity in all aspects of its work – logo, literature (brochures, letterhead, email templates), premises. It is believed the smallest possible packages will start at around £800 GBP, but the cost can go up to £20,000+ for more significant work.	£20,000
Development of separate website for adjudication In addition, there are cost implications for the existing GDC website, particularly if cost is about to be incurred in redesigning the current one, plus the costs of stripping/editing of the existing GDC website. There are approximately 600 entries on the Hearings and Appeals part of the website. Estimate one week of a hearings officer's time to transfer the content lock, stock and barrel to a new website. However, staff time will also have to be spent on looking at the other parts of the FTP website where pages refer to Hearings, and on changing Governance pages re panellists.	£20,000
Project costs (opportunity cost of Programme and Portfolio manager at salary level 54, Market Rate, London – 1 day per week, including on-costs)	(£14,000)
2. Operational costs	
Website (on-going maintenance/development costs both technical and in keeping the content updated)	£1000
Provision of independent legal advice We are still scoping the expected volume of advice required – this will determine whether there is enough demand for a permanent role or whether we should have an external supplier from whom to seek advice when required. If permanent around £70,000 including on costs. Have costed pro-rata at 2.5 days a week	£35,000
Salary for Judicially-qualified chair Likely to require a commitment of two or three days a month in order to be fully effective (based on the time commitments at MPTS and GPhC and the relative size of those organisations). MPTS Chair role was advertised, in 2016, as a three-day/week role at a cost of £87,835 (£145,000 annual full-time equivalent salary) not including on-costs. Pro-rata £20,000. Already pay current Chair £10k so this amount has been deducted	£10,000 plus expenses
Increasing the size of the Appointments Committee (SPC) Specifically. in order to recruit members with expertise in recruitment, training and quality. The current provisions allow for up to eight members to be appointed to SPC If augment current 3 members with a further 3 at £7500 plus expenses each	£22,500 plus expenses
Changes to all documentation including templates, both FtP and Hearings Approximately £2000 of staff time + In addition, we estimate that we will need another month's equivalent (£4000) at least, for a full review of other teams' letters that refer to hearings	£6000

(e/g. Casework/CEs/Legal teams Case Review/Registration re Registration Appeals, as well as IMI European notifications)	
Changes to communications/issuing of Notice of Hearings Minimal costs; will involve some planning in how this operationally happens as GDC side will still need to supply notice of charge as Rule require this accompanies notice of hearing. Issuing of notices could be included in the Hearing Co-ordinator post (graded at 46 -range £ 27,584.00 -£ 32,450.00).	£34,800

Appendix 5
Decision making and quality
assurance in the GDC



Fees by instalments

Purpose of paper	This paper summarises the information we currently hold in relation to payment by instalments for dentists and DCPs to support decision making on the commissioning of a full feasibility study.
Action	For discussion.
Corporate Strategy 2016-19	Objective 1: To gain a full understanding of the implications for dental professionals, and current dental practice, of the regulatory decisions we take.
Business Plan 2019	Priority Three: Fees Policy
Decision Trail	<p>We obtained legal advice in 2018, which indicated that the legal risk of introducing a facility for dental professionals to pay the ARF by instalments was less significant than previously thought. The Council therefore requested that work be undertaken to explore the operational and financial impact.</p> <p>Some initial work was carried out in 2018, resulting in a proposal being put to CSG in early 2019 to commission an external provider to carry out a full feasibility study. That proposal was insufficient to enable decision making and more information was requested.</p> <p>A further discussion took place at CSG on 11 September, following which further work on benchmarking was requested in order to enable more accurate modelling.</p> <p>A further discussion took place at CSG on 5 November, at which it was agreed that the matter should go forward to the Council for a decision on whether to proceed with a full feasibility analysis.</p>
Next stage	Should the Council approve the release of the funds to enable a full feasibility analysis to be undertaken, a full specification for the work will be drawn up and procurement exercise conducted.
Recommendations	<p>The Council is asked to consider the information contained within the paper and:</p> <ul style="list-style-type: none"> i) Decide whether it considers that a feasibility analysis to determine fully the costs, risks and

	<p>other implications of introducing a facility for paying the ARF by instalments is desirable. If so, approve the release of funds to enable the procurement of services for that purpose.</p> <p>ii)</p>
Authorship of paper and further information	<p>David Roy, Senior Financial Planning and Reporting and Analysis Manager 020 7167 6054, droy@gdc-uk.org</p> <p>Patrick Kavanagh, Policy Manager 020 7167 6054, pkavanagh@gdc-uk.org</p> <p>Rebecca Cooper Head of GDC Policy and Research Programme 020 7167 6327 rcooper@gdc-uk.org</p> <p>Stefan Czerniawski, Executive Director, Strategy sczerniawski@gdc-uk.org</p>
Appendices	<p>Appendix 1: Fee-setting policy</p> <p>Appendix 2: Outline of expectations for feasibility study</p> <p>Appendix 3: Commercially confidential benchmarking material</p>

1. Executive Summary

- 1.1. Council have asked staff to investigate the legal and practical issues in introducing and operating a system of ARF payment by instalments. They also asked for some modelling around what impact offering such a system would have on the level of the ARF and the net income generated.
- 1.2. Staff concluded that the most robust and effective way of achieving this was to commission a full feasibility analysis by a third party with expertise in the area. In order to inform a decision regarding the application of GDC resource to this purpose, work has been undertaken to outline the likely cost implications and practical issues.
- 1.3. This paper summarises the legal position and financial modelling which sets out the range of risk.

2. Introduction and background

- 2.1. *Clear and certain: A new framework for fee-setting* gave stakeholders the opportunity to consider policy proposals for establishing fee levels in future. It addressed the following areas:
 - Our overall principles in setting fees.
 - How we will calculate the overall amount that needs to be raised.
 - How we will decide how much different groups and subgroups of registrants should contribute to that amount (essentially 'fee bands').
 - How we prioritise allocation of resources.
 - What we will consult on, what we do not propose to consult on, and why.
 - What we will do in exceptional circumstances.
- 2.2. One of the issues addressed in the consultation was paying by instalment (PBI). This has been requested by registrants and professional associations for some time. Previous legal advice indicated that while the Act expressly permitted the introduction of a facility to pay by instalments

for DCPs, the absence of a similar provision for dentists meant that there was so much power and that the legislation as drafted therefore prevented dentists from paying by instalments. We have since obtained updated legal advice which takes a less restrictive view of the legislation and indicates that there is in fact no legal impediment to allowing dentists to pay by instalments. The Accounting Officer considers that, whilst the legal position *is* ambiguous, the risks of proceeding on this basis are very low.

- 2.3. In light of the refreshed legal advice, we undertook to consider the feasibility of introducing an option for both dentists and DCPs to pay by instalments. We concluded that a pilot scheme to test it would not be possible under the legislation as there would be no way to offer the facility to a particular group of registrants, and that therefore third party advice on the implications would be beneficial. In order to give the Council the information needed to inform any decision to release funds for commissioning that advice, we undertook some initial benchmarking with other regulators to learn from their experiences and to provide an indication of whether there were any issues that would inform further exploration of this matter.
- 2.4. Council has been supplied with the outcome of our benchmarking activity on a “commercial in confidence” basis so this material has been circulated separately as a confidential annex.

3. Financial implications and scenario modelling for payment by instalments (PBI)

- 3.1. Any facility to enable registrants to pay by instalments must align with the Council's policy on fees (attached at annex 1). This would mean an initial assumption that, as far as is practicable, the costs of administering the scheme should be covered by those making use of it, so as to minimise cross-subsidy. The full range of assumptions is as follows:
 - 3.1.1. PBI would apply on full year ARFs only.
 - 3.1.2. Figures are modelled on ARF levels of £680 for dentists, £114 for DCPs.
 - 3.1.3. PBI would be a discretionary option, offered to all registrants.
 - 3.1.4. Only quarterly instalment plans will be offered, decreasing the overall financial risk. The reduced number of collection points also decreases the administration costs
 - 3.1.5. Registrants who default on payments will be required to leave the scheme.
 - 3.1.6. In whatever year this was introduced, the facility would commence in December for dentists and July for DCPs.
 - 3.1.7. The cost of providing this facility would be borne by those taking up the option. Additional costs would be met through a discrete instalment charge, payable in full with the first instalment.
 - 3.1.8. Registrant volumes are as per the CCP.
 - 3.1.9. There would be low levels of uptake and low levels of default. An uptake of 20% of registrants has been assumed. The paper models the impact of a scale of defaults between 1% and 15%.
 - 3.1.10. Only ongoing operational costs of maintaining the initiative are considered.
 - 3.1.11. This includes enforcement costs, as the GDC will pursue non-compliant registrants for outstanding payments and remove them from the scheme. If they default completely, they will be removed from the register. A charge for legal costs arising from debt recovery action is not contemplated; it is unlikely to be cost-effective for the GDC to pursue such action and it is not clear where the costs of doing so should fall. If applied to all scheme participants, compliant registrants would be subsidising non-compliant registrants for a cost that might not even arise. If charged to individuals to recoup costs as they fall, then any additional costs would fall outside the scope of the fee being considered here.

Internal processing costs

3.2. PBI would result in additional costs to the GDC being incurred in the following areas:

Registration operations:

- 3.2.1. Two additional staff at grade 44 to manage the increased administration and enforcement activity, at a current annual cost of £53,444 including employment on-costs. At very low levels of default, it is possible that this would prove to be an over-resourcing, but on the assumption that we would recruit to both additional posts we would need to reflect this cost in full. One additional post would be required even with no default but it would be imprudent to plan on that basis.
- 3.2.2. Processing costs for stationery, printing and postage; these are partly fixed (based on the assumed uptake of registrants) and partly variable according to the sliding scale of defaulters. Annual costs range from £12,920 to £24,680.

Finance

- 3.2.3. Frequency of collections: quarterly PBI creates eight collection points, compared to the current two peaks in ARF collection. More payment points would introduce disbenefits in the efficiency of collection and necessitate increased scrutiny of cashflow forecasts.
- 3.2.4. The additional administrative cost for a systems accountant at grade 49 would be £9,890 to manage the additional workload of one day per week. Whilst this would not necessitate any additional resourcing as work can be redistributed within the function, the cost should be hypothecated to the instalments scheme in order to avoid cross-charging to other income streams. It is an attributable and identifiable cost, necessarily incurred.
- 3.2.5. There would be an inherent increase in financial risk, whereby the current level of certainty the GDC has over its dentists' ARF payments at January each year would diminish from around 90% to 78%. This in turn reduces the confidence level the organisation has to pursue its business activities in full for the year.
- 3.2.6. To mitigate this risk and to fund the operating costs of maintaining the scheme, it would be necessary to introduce an upfront charge for participation. To determine the appropriate level of such a charge, the identified current costs and financial risks have been computed and are tabulated below.

Annual financial risk from payment defaults by percentage plus operating costs

Default rate	Cost of income foregone		Staff cost	Processing cost	Total	% of total ARF
	Dentists	DCPs				
1%	£28,970	£8,292	£63,335	£12,920	£113,517	0.30%
2%	£57,940	£16,584	£63,335	£13,760	£151,619	0.41%
3%	£86,910	£24,876	£63,335	£14,600	£189,722	0.51%
4%	£115,880	£33,169	£63,335	£15,440	£227,824	0.61%
5%	£144,850	£41,461	£63,335	£16,280	£265,926	0.71%
6%	£173,820	£49,753	£63,335	£17,120	£304,028	0.82%
7%	£202,790	£58,045	£63,335	£17,960	£342,130	0.92%
8%	£231,760	£66,337	£63,335	£18,800	£380,232	1.02%
9%	£260,730	£74,629	£63,335	£19,640	£418,335	1.12%
10%	£289,700	£82,921	£63,335	£20,480	£456,437	1.22%
11%	£318,670	£91,213	£63,335	£21,320	£494,539	1.33%
12%	£347,640	£99,506	£63,335	£22,160	£532,641	1.43%
13%	£376,611	£107,798	£63,335	£23,000	£570,743	1.53%
14%	£405,581	£116,090	£63,335	£23,840	£608,845	1.63%
15%	£434,551	£124,382	£63,335	£24,680	£646,948	1.74%

- 3.3. In order to defray these costs and mitigate financial risks, an upfront annual fee would be required from registrants participating in the PBI scheme. At the assumed uptake of 20% across all registrant groups, it is currently estimated that this fee would be as shown below:

Fee per registrant on scheme

Default rate	Fee
1%	£4.92
2%	£6.57
3%	£8.22
4%	£9.88
5%	£11.53
6%	£13.18
7%	£14.83
8%	£16.48
9%	£18.13
10%	£19.79
11%	£21.44
12%	£23.09
13%	£24.74
14%	£26.39
15%	£28.04

- 3.4. The modelling assumes default for half a year. Whilst it is important to recognise that default in a given year would lead to a removal from the register, which clearly has full-year implications for future years, it is envisaged that in almost every case defaulters would have failed to renew their retention fee and were simply using the scheme as a mechanism to lapse early.
- 3.5. Although default rates have been modelled up to 15% in order to demonstrate the maximum exposure to financial risk, the expectation of a default rate in excess of 10% is slight, whilst it would be imprudent to model a default rate below 4%. The full analysis will enable determination of an evidence-based default assumption and therefore the cost of administering the scheme, which would be passed on to registrants.

4. Next Steps

- 4.1. The estimated cost of commissioning a full feasibility analysis, based on current market knowledge, is approximately £100,000. The Council is invited to approve the release of funds for that exercise, following appointment of a suitable partner, we expect the actual fieldwork to take 3-6 months,
- 4.2. The partner will need access to relevant staff and systems, and this will be included in the specification
- 4.3. We are expecting the result of the work to be the provision of advice to Council on such matters as:
- The costs and benefits of the likely range of options
 - How income is to be stabilised with reference to the risk of defaults under the various options
 - The technological and operational solutions to identified issues
 - Equality implications
 - Methods of disincentivising defaults and options for post-default action.

- 4.4. We also expect the work to identify further operational policy and possibly legal issues on which the GDC will need to take a view. A (non-exhaustive) list of considerations is provided at appendix 2.
- 4.5. We expect advice to be formulated by SLT and considered by FPC before submission to Council with a recommendation as to whether or not to proceed, together with, if appropriate, a timetable for implementation.
- 4.6. Should the Council agree to the release of the funds, a full specification for procurement will be developed, requiring analysis to enable the GDC to answer the relevant questions (see appendix 2).

5. Recommendations

- 5.1. The Council is asked to consider the information contained in this paper and approve the release of funds to enable the procurement of services to undertake a full feasibility analysis.

6. Appendices

- 6.1. Fee-setting policy
- 6.2. List of matters for the feasibility study to explore

Appendix 1: Fee setting policy

Key principles

The system of professional regulation in dentistry is, and will continue to be, funded almost entirely from fees paid by registrants. We have a duty to our registrants **to minimise the burden on them by seeking efficiencies wherever possible**. We will incorporate and adhere to the following principles:

- **Fee levels should be primarily determined by the cost of regulating each registrant group:** we will seek to minimise the ways in which registrants fund regulatory activity that is not generated by them by removing, as far as practicable, cross subsidy between different groups. We will do this by allocating costs, as far as possible, where they fall. Where a degree of cross subsidy is necessary, we will explain this through our policy.
- **The method of calculating fee levels should be clear:** we will be open with registrants about how we allocate the income we receive from them and why, and provide sufficient information about cost drivers, giving them the opportunity to contribute to the debate. We will seek to show a clearer link between fee income and regulatory activity.
- **Supporting certainty for registrants and the workability of the regulatory framework:** we need to make sure that decisions on the allocation of costs do not lead to undesirable outcomes in the form of unacceptably high or variable costs for some groups of registrants. For example, in determining whether cross subsidy is necessary or desirable we will need to consider the impact on the volatility of fee levels (i.e. how much small changes in workload would cause the fee to change). This is likely to be of particular relevance to small registrant groups, where distribution of costs among small numbers of registrants has the potential to give rise to significant levels of volatility (and therefore uncertainty) and/or prohibitively high fees.

How we calculate the amount that needs to be raised

Parliament has set out the GDC's statutory objectives in the Dentists Act 1984 (as amended).

Our overarching objective, in common with all other healthcare professional regulators, is the protection of the public, in pursuit of which we must pursue the three following objectives:

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

Parliament has also set out four functions (our 'statutory functions') that we must carry out in pursuit of these objectives. They are:

- To maintain a register of dental professionals who are 'fit to practise.'
- To set standards for the dental team.
- To set standards for dental education.
- To investigate allegations of 'impaired fitness to practise' and take appropriate action where necessary.

However, the law leaves us with considerable discretion as to other activities that we may elect to carry out in pursuance of the objectives. For example, we invest significantly in engaging with the profession and other stakeholders; we investigate and prosecute illegal practice; and we run a resolution service for complaints about private dental care.

We will pursue activity that is designed to:

- Improve public protection, including through measures designed to prevent harm from occurring.
- Reduce the burdens of the regulatory system on registrants and make it fairer.
- Reduce the costs of regulation.

We will publish, maintain and update a rolling three-year corporate plan, which will be costed at programme/function level, and will outline clear objectives. The plan will set out:

- How we will deliver the obligatory functions that we must carry out.
- How we will use the discretion we have to fulfil our broad statutory objectives.

The plan will be accompanied by key assumptions, including those relating to our own efficiency gains and will set out the amount we seek to recover from fees over a three-year period.

In formulating the corporate plan, we will take full account of the impact of fees on registrants.

Every three years we will therefore invite views on the strategic priorities and overall resourcing of our corporate plan before approving it.

How we distribute the costs among different groups and subgroups of registrants

In distributing the costs among different groups and subgroups of registrants we will use the principles set out above to operate a system in which:

- Costs will be allocated as far as possible where they fall. We will set out in our corporate plan, where possible, the share of the costs for each item for each registrant group.
- We will seek to avoid cross subsidy between different groups and sub-groups of registrants. Where we consider a degree of cross subsidy to be necessary we will draw attention to it and explain the rationale.
- Where we implement measures that would increase the cost of administering a fee, for example payment of the ARF by instalments, we will do so based on a rigorous analysis of the legal, financial and operational constraints, and will determine and allocate those costs in line with the key principles underpinning this policy.

How we prioritise allocation of resources

We deploy all our resources to meet our statutory objectives of protecting patients and ensuring public confidence in dental services. In meeting that principle we will prioritise our resources as follows:

1. Ensuring the financial viability of the organisation: this means that we will ensure that we have appropriate cash flow and reserves, in line with the relevant policies and procedures, to operate the GDC as a going concern and to reduce the need for exceptional changes to the fees. We will benchmark the main financial parameters against a range of appropriate comparators.
2. Complying with our legal and other obligations, including meeting the PSA standards of good regulation.
3. Investing in measures designed to improve public protection, including preventative measures, with a view to reducing, where we can, the costs and burden of enforcement action.

After meeting these priorities, if we are confident that we can reduce fees while delivering our statutory objectives, we will do so.

What we consult on, what we do not consult on, and why

- We will consult every three years on the high-level objectives and associated expenditure plans which will underpin the annual retention fee. The consultation documents will be reasoned, costed and clear about the assumptions on which they are based, particularly in relation to efficiency gains.
- We will consult on our proposals for distributing the costs of achieving the objectives among different groups and subgroups of registrants, including on any proposed cross subsidy, and any steps that might be taken to minimise the impact on those groups and subgroups.
- While we will provide information on how our distribution plans affect fees payable by different groups and subgroups of registrant, we will not consult on the level of the fees. Nor will we consult on a detailed annual operational budget, although information about the budget will be made public as part of the Council's budget setting process. This is for two reasons:
 1. The costs of regulation are influenced by a wide range of factors that go considerably beyond the GDC's detailed annual budget.
 2. Consulting on a detailed annual budget introduces severe constraints on the GDC's ability to manage resources efficiently and effectively.

Exceptional circumstances

- Over any three-year period, we will seek to use reserves to smooth any in-year changes in cost. However, in exceptional circumstances we may need to increase fees to pay for significant unforeseen costs. We will not consult on such increases, although we will be clear about the reasons for them and will provide as much advance warning as possible about potential risks.

Appendix 2

The feasibility study will provide analysis to enable decisions on the following:

	Question	Option assumptions
1	Frequency of instalment (Dentist)	e.g. Quarterly or Monthly
2	Instalment dates (Dentist)	e.g. <u>Instalments quarterly</u> 15 Dec, 15 Mar, 15 Jun, 15 Sep <u>Annual</u> 01 Dec
3	Frequency of instalment (DCP)	e.g. Quarterly or Monthly
4	Instalment dates (DCP)	e.g. <u>Instalments quarterly</u> 15 Jul, 15 Oct, 15 Jan, 15 Apr <u>Annual</u> 01 Jul
5	Fees for speciality title renewals by instalment	e.g. Add in to payment by instalments
6	Window for payment by instalment declaration for next Registration cycle (Dentist)	e.g. 01-31 Dec
7	Which fees by instalments?	ARF, first registration fee?
8	Window for payment by instalment declaration for next Registration cycle (DCP)	e.g. 01-31 Jul
9	Instalment amounts (annual discount – yes / no?)	e.g. Annual full fee or Annual with % discount or Quarterly at 25% of total
10	Registration to date when paying by instalment	e.g. rolling 3 months or full 1-year registration
11	Instalment payment by direct debit only or Instalment payment by debit / credit card also	e.g. direct debit only instalments or DD & debit/credit card instalments
12	Recovery of administration costs	Flat rate or proportionate to ARF?
13	Removals process when instalment payment fails	e.g. offer x days grace window to pay instalment by card or immediately process as removal

		Consider legal power to remove for non-payment of instalment (as opposed to ARF_
14	Restoration fees when removed from Register	e.g. full restoration fee + remainder of current total instalments owed
15	New applications / new specialities while in payment by instalment cycle	e.g. collect as a one-off payment
16	Service management	e.g. manage payment services inhouse or outsource?
17	Inclusion of instalments facility for Dental Practices who pay on behalf of their employees?	<p>e.g. extend/exclude service for practice Dentists, or DCPs only or both:</p> <p>There are 2 methods for this currently:</p> <p>For Dentists and DCPs – The practice pays via direct debit to cover every Dentist & DCP they employ.</p> <p>For DCPs only – Practice can pay an annual bulk payment by BACs or cheque for all DCPs employed.</p>
18	Action on default	Position on whether and how to pursue costs from those who default on payments, as well as removing them from the register

**Registration Fees Implementation Programme:
Amendment to Fees Regulations to introduce
Registration Application Fees**

Purpose of paper	The paper seeks to provide finalised application fee levels for approval in line with the formally approved registration fees model and includes revised fees regulations (at annex 1 and 2) to be sealed for both Dentists and DCPs.
Action	To discuss and approve application fee levels and make new fees regulations.
Corporate Strategy 2016-19	<p>Corporate Strategy 2016 – 2019</p> <p>02 To improve our performance across all our functions so that we are highly effective as a regulator</p> <p>Costed Corporate Plan 2019 – 2021</p> <p>02 To improve our management of resources so that we become a more efficient regulator</p> <p>Corporate Strategy 2020 – 2022</p> <p>01 Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.</p> <p>05 Continue to develop an outcome-focused, high-performing and sustainable organisation</p> <p>Alignment to Strategic Planning Framework – Corporate Strategy 2020-2022</p> <p>Alignment to Strategic Planning Framework – Costed Corporate Plan 2020-2022</p>
Decision Trail	<ul style="list-style-type: none"> i. Fees policy effective from 1 January 2019 ii. Fees implementation project initiated Q1 2019 iii. Update to FPC on implementation plans 21 May 2019 iv. Update to FPC on implementation plans 17 July 2019 v. Review of Fees Model at SLT Workshop 12 Aug 2019 vi. Review and endorsement of Fees Model at SLT Meeting 3 Sep 2019

	<p>vii. Review and endorsement of Fees Model at FPC Meeting 10 Sep 2019</p> <p>viii. Review of Fees Model at Special Council 11 Sep 2019</p> <p>ix. Review and approval of fees model for registration fees policy implementation at Public Council 3 Oct 2019</p>
Next stage	This paper seeks approval of specified fee levels based on the approved model for registration fees implementation from the Council at its meeting on 3 October 2019 and seeks Council make and seal the revised fees regulations for both Dentists and DCPs.
Recommendations	The Council are asked to formally approve the specified application fee levels and to seal fees regulations (introducing application fees for Dentists and DCPs) for implementation on 2 January 2020.
Authorship of paper and further information	<p>Gurvinder Soomal, Executive Director, Registration and Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p> <p>Tim Wright, Interim Head of Programme & Portfolio Delivery twright@gdc-uk.org 020 7167 6262</p> <p>Ravjeet Pudden, Programme & Portfolio Manager rpudden@gdc-uk.org 0121 752 0071</p> <p>Rebecca Cooper, Head of Policy and Research Programme rcooper@gdc-uk.org 020 7167 6327</p> <p>David Roy, Senior Financial Planning and Analysis Manager droy@gdc-uk.org 020 7167 6283</p> <p>Melissa Sharp, Head of In-House Legal Advisory Service MSharp@gdc-uk.org 020 7167 6074</p>
Appendices	<p>Appendix 1: Drafted fees regulations for Dentists</p> <p>Appendix 2: Drafted fees regulations for DCPs</p>

1. Executive Summary

- 1.1. This paper sets out to provide finalised fee levels and regulation changes in line with the fees model that the Council approved at its meeting on 3rd October 2019 (when the Council reviewed the full fees model and approach that provided visibility of each of its components, as well as detailed breakdown of fees structures and calculations). Further information on the finalised fee levels is provided at section 3 of this paper.
- 1.2. This paper provides a summary of the approach taken to draft both Dentists and DCPs application fees regulations. The revised fees regulations are included at Appendix 1 and 2 were reviewed and approved by SLT in November 2019. Further information on the draft regulations is provided at section 4 of this paper.
- 1.3. The Registration Fees Programme Board have developed naming conventions and explanations for the processing fee and assessment fee components that make up the overall application fees. This naming will be used in the operational implementation of the fees to support clear and

consistent internal and external communications on the purpose of each aspect of the fees model. Further information on the naming conventions is provided at section 5 of this paper.

2. Introduction and background

- 2.1. Early work on registration application fees was presented to Council in 2016, when four indicative models for a potential approach to fee charging were reviewed.
- 2.2. GDC Fees Policy was developed through 2018 and came into effect from 1 January 2019 which included principles to guide the setting of registration scrutiny fees. During Q2 2019, the Strategic Planning Framework set 2 January 2020 as the implementation date for the introduction of new fees (processing and assessment fees).
- 2.3. The Registration Fees Implementation Programme Board was formed in June 2019. Programme board sponsorship and management has progressed this work through several discretionary management decisions. The assurance process has included formal review and discussion in monthly programme board meetings, as well as formal governance meetings; SLT workshop of 12 Aug 2019, SLT board meeting of 3 Sep 2019; FPC board meeting of 10 Sep 2019 and Council meeting of 11 Sep 2019. Ongoing feedback and recommendations have led to an FPC endorsed fees model.
- 2.4. Council formally approved the fees model (introducing processing and assessment fees) and specified fees levels in Public Council of 3 October 2019.

3. Naming convention and explanation of fees

- 3.1. Within the Strategic Planning Framework Board Meeting of 13 Nov 2019 an item discussing Communications and Engagement specific to the implementation of registration fees resulted in an action for Registration Fees Programme board to name and explain fees so that they can be easily interpreted and understood, internally and externally.
- 3.2. This terminology is intended to introduce clear and consistent operational terminology which will be commonly used to describe each component of the fee, as opposed to the technical language used in the regulations. In the development of the fees proposals, we have used terms such as 'scrutiny fee,' 'registration fee', 'assessment fee' and 'application fee' somewhat interchangeably and we are seeking to streamline the use of this terminology to make it consistent going forward.
- 3.3. The Registration Fees Programme Board agreed upon the following names including an explanation for each distinct fee;
 - 3.3.1. The Processing Fee is the non-refundable fee covering the cost of basic application processing. The cost of this processing is incurred on every application the GDC receives and therefore cannot be refunded.
 - 3.3.2. The Assessment Fee is the subsequent fee that covers the cost of complex application processing (for routes where a further assessment is required). This can be refundable only in exceptional circumstances or if it is immediately clear that an application will not be successful prior to any assessment work having commenced.
 - 3.3.3. The Application Fee is the overarching name that will be given to the overall fee that the applicant is asked to pay for their application to join the register to be considered. This will consist of the sum total of the Processing Fee and the Assessment Fee.
- 3.4. For reference, the terminology for existing fees that are already in use are:
 - 3.4.1. Registration Fee – the pro rata fee that a new registrant pays to have their name entered to the register for the first time.

3.4.2. Annual Retention Fee – the fee that a registrant pays to retain their name on the register at each annual renewal period.

- 3.5. There will be clear communications around the refundable/non-refundable elements of the new fees and the circumstances in which this would be permitted have been described in an internally-facing refunds policy and an externally-facing refunds guidelines document. These have both been reviewed (subject to minor amends) in Registration Programme Board Meeting of 30 Oct 2019 and due for formal sign-off in board meeting of 28 November 2019.

4. Specified fees levels as per approved fees model (see annex 1)

- 4.1. The Fees Implementation Programme Board has used their discretion where necessary to make decisions to allow fees structuring to progress without undue delay.
- 4.2. With respect to the specified fees levels demonstrated within the fees model that was approved in Public Council 3 Oct 2019, it was recommended by the board that these final figures are rounded-up to the nearest 0 or 5 pence in order to provide cleaner figures for external communications (which is in line with the approach used for ARF fee setting).
- 4.3. The table overleaf at section 3.4 provides the unrounded application fee levels that were presented to the October Council meeting. The subsequent table at section 3.5 provides the rounded application fee levels, and these are the fee levels that are being requested for formal approval and sealing within the revised regulations.

4.4. Unrounded application fee figures demonstrated in the approved fees model paper (as of Public Council 3 Oct 2019):

REGISTRATION APPLICANT CATEGORY		PROCESSING FEES (WITH NO OVERHEADS CONTRIBUTION)				ASSESSMENT FEES (WITH NO OVERHEADS CONTRIBUTION)			APPLICATION FEES	IMPACT
		Part 1 DIRECT REG PROCESSING	Part 2 ASSOCIATED REG ACTIVITY	TOTAL Processing Fee	PROCESSING FEE BLENDED RATE	Part 1 COMPLEX ASSESSMENT	Part 2 ASSESSMENT PANEL COSTS	TOTAL Assessment Fee	PROCESSING FEE (BLENDED RATE) + ASSESSMENT FEE	% Applicants 2018
1	UK Reg Dentist	£7.86	£14.62	£22.48	£22.95	£0.00	£0.00	£0.00	£22.95	11.0%
2	Dentist Assessment Application	£7.86	£17.01	£24.87		£459.56	£202.83	£662.38	£685.34	2.0%
3	Dentist EEA Application	£7.86	£17.01	£24.87		£65.65	£0.00	£65.65	£88.61	4.5%
4	Dentist Overseas Application	£7.86	£17.01	£24.87		£65.65	£0.00	£65.65	£88.61	4.5%
5	UK Reg DCP	£7.86	£14.62	£22.48		£0.00	£0.00	£0.00	£22.95	51.0%
6	EEA DCP Assessment Application	£7.86	£17.01	£24.87		£317.10	£189.11	£506.21	£529.16	2.0%
7	Non-EEA DCP Assessment Application	£7.86	£17.01	£24.87		£317.10	£189.11	£506.21	£529.16	2.0%
8	Temporary Dentist Registration Application	£7.86	£17.01	£24.87		£79.27	£0.00	£79.27	£102.23	0.5%
9	EEA DCP Assessment Additional Titles	£7.86	£17.01	£24.87		£264.25	£189.11	£453.36	£476.31	0.5%
10	Non-EEA DCP Assessment Additional Titles	£7.86	£17.01	£24.87		£264.25	£189.11	£453.36	£476.31	0.5%
11	UK DCP Additional Titles	£7.86	£14.62	£22.48		£0.00	£0.00	£0.00	£22.95	3.0%

- 4.5. Rounded application fee figures, for request for formal approval within this paper: *(please note - fees banded in the vertical red boxes are those requested for approval, other figures are retained for reference to show original working breakdown but will no longer add up to the figures in the red boxes due to the application of rounding).*

REGISTRATION APPLICANT CATEGORY		PROCESSING FEES (WITH NO OVERHEADS CONTRIBUTION)				ASSESSMENT FEES (WITH NO OVERHEADS CONTRIBUTION)			APPLICATION FEES	IMPACT
		Part 1 DIRECT REG PROCESSING	Part 2 ASSOCIATED REG ACTIVITY	TOTAL Processing Fee	PROCESSING FEE BLENDED RATE	Part 1 COMPLEX ASSESSMENT	Part 2 ASSESSMENT PANEL COSTS	TOTAL Assessment Fee	PROCESSING FEE (BLENDED RATE) + ASSESSMENT FEE	% Applicants 2018
1	UK Reg Dentist	£7.86	£14.62	£22.48	£22.95	£0.00	£0.00	£0.00	£22.95	11.0%
2	Dentist Assessment Application	£7.86	£17.01	£24.87		£459.56	£202.83	£662.40	£685.35	2.0%
3	Dentist EEA Application	£7.86	£17.01	£24.87		£65.65	£0.00	£65.65	£88.60	4.5%
4	Dentist Overseas Application	£7.86	£17.01	£24.87		£65.65	£0.00	£65.65	£88.60	4.5%
5	UK Reg DCP	£7.86	£14.62	£22.48		£0.00	£0.00	£0.00	£22.95	51.0%
6	EEA DCP Assessment Application	£7.86	£17.01	£24.87		£317.10	£189.11	£506.25	£529.20	2.0%
7	Non-EEA DCP Assessment Application	£7.86	£17.01	£24.87		£317.10	£189.11	£506.25	£529.20	2.0%
8	Temporary Dentist Registration Application	£7.86	£17.01	£24.87		£79.27	£0.00	£79.30	£102.25	0.5%
9	EEA DCP Assessment Additional Titles	£7.86	£17.01	£24.87		£264.25	£189.11	£453.40	£476.35	0.5%
10	Non-EEA DCP Assessment Additional Titles	£7.86	£17.01	£24.87		£264.25	£189.11	£453.40	£476.35	0.5%
11	UK DCP Additional Titles	£7.86	£14.62	£22.48		£0.00	£0.00	£0.00	£22.95	3.0%

5. Fees regulations (see annex 2 and 3)

- 5.1. Council exercised its power to make fees rules and regulations to approved revised versions of the fees regulations in October, to implement the new Annual Retention Fees. The regulations have now been updated to include reference to the new registration fees. It was not possible to make all of the changes at the same time, as Council's approval of the registration fees model was required before the regulations could be drafted (this point was also referenced in the ARC paper 'Item 10: GDC Fees Regulations' on 19 June 2019, anticipating and recognising that it is likely to be necessary for the GDC to deliver two amendments to fees regulations within a short period of time). These revised versions are at Appendix 1 and 2 and, if approved, will replace those made in October.
- 5.2. The majority of the provisions are unchanged. The registration fees have been added to the existing draft, and the transitional provisions have been amended slightly to ensure that the registration fees will apply to DCPs from the start of 2020, and the new DCP ARF will come into force as planned on 1 August 2020.
- 5.3. The application fee related changes to the regulations were drafted by ILAS in accordance with a set of instructions provided by the Strategy team based on the Council approved fees model.
- 5.4. During this exercise further policy development around the complexity of DCP additional title applications was required to understand the different scenarios that exist within this route. This discussion clarified that one processing fee would be charged in the event that an application for entry onto the register under multiple DCP titles was received together on the same date, but that any subsequent receipt of an application for an additional title on a later date would be subject to another processing fee. This engagement was necessary to inform ILAS with clearer instructions to draft fees specific to DCP applications and adding of additional titles.

6. Review of Fees Policy Implementation

- 6.1. The Fees Implementation Programme Board has used their discretion where necessary to make several decisions to allow the work of fees policy implementation to progress without undue delay; aligning the fees model as practicably as possible with as many of the principles and key points of the GDC Fees Policy. Within these decisions, there were a number of types of registration activity that were ruled out of scope for the initial implementation of application fees, but where there we recognised that there would be a need to give further consideration in the future (for reference, Council were previously informed of this in section 3.2 of Fees Implementation Paper to the Public Council meeting of 3 October 2019).
- 6.2. To summarise, as part of programme close out, we will be reviewing the scope of all potential such activities that have been identified, to collect further data to support evidence-based decision making on activities that were deemed out of scope for this review. This will include the feasibility/suitability of whether; any routes other than those currently in scope may be considered for application fees in the future, whether application related indirect support team costs may be reflected into future fees, and whether; there will be any future requirement to review the need for the current separate fee for the entry of additional titles onto the register.

7. Risks and considerations

Communications

- Communications have been discussed alongside the work of the fees in programme board meetings as well as within forward-planning sub-group meetings.

<ul style="list-style-type: none"> A communications plan is currently underway to meet the communication and engagement requirements as a result of the work to implement new fees structure by 2 Jan 2020. This communications plan encompasses both communications and engagement related to the ARF and to application fees.
Equality and Diversity <ul style="list-style-type: none"> An Equality Impact Assessment was carried out in the work leading to the new fees policy effective from 1 January 2019. Work was carried out in September 2019 to update the Equality Impact Assessment to give updated consideration specifically to the implementation of the policy, and this was presented to the Council at its meeting on 3rd October 2019.
Legal <ul style="list-style-type: none"> The In-House Legal Advisory Service (ILAS) have been a key part of the programme team and have carried out the drafting of the revised fee regulations.
Policy <ul style="list-style-type: none"> The approved application fee model and the draft revised regulations have all been developed in line with the GDC fees policy that came into effect on 1 January 2019.
Resources <ul style="list-style-type: none"> Apart from staff resource and time which have been included in the financial update contained within the monthly programme board report, there are no additional costs or expenditure to be incurred.
National <ul style="list-style-type: none"> There is no recognised impact to the four countries within the UK as a result of this programme.
Risks on registers <p>This programme does not directly link to but has correlation with the following risks on the strategic risk register;</p> <ul style="list-style-type: none"> CP5; Uncertainty over constitutional changes following the referendum result to exit the EU CP13; Loss of MRPQ mean GDC options for registering European Dentists are dependent on DHSC action <p>The Fees Implementation Programme is continuing to liaise closely with the owners of these risks.</p>

8. Recommendations

- 8.1. The Council are asked to formally approve the specified application fee levels and to seal fees regulations (introducing application fees for Dentists and DCPs) for implementation on 2 January 2020.

9. Internal consultation

- 9.1. The following departments have membership on the programme board

Department	Board Member

Registration & Corporate Resources	Executive Director of Registration & Corporate Resources
IT	Head of IT
Registration Team	Head of Registration
Registration Operations	Head of Registration Operations
Policy & Research Programme	Head of GDC Policy and Research Programme, Policy Manager
Communications & Engagement	Head of Communications and Engagement, Head of Nations and Engagement
In-House Legal Advisory Service	Head of In-House Legal Advisory Service, Senior Advisory Lawyer
Finance and Procurement	Head of Finance and Procurement, Senior Financial Planning and Analysis Manager
Governance	Governance Manager

10. Appendices

- Appendix 1: Fees Regulations for Dentists
- Appendix 2: Fees Regulations for DCPs

The General Dental Council (Dentists) (Fees) (No.2) Regulations 2019

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) (No.2) Regulations 2019.

(2) These Regulations shall come into force on 1 January 2020.

(3) In these Regulations, “the renewal date” means 31 December in each year.

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: | £22.95 |
| (b) for the assessment of an application for entry of a person's name in the dental 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 £56.67 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 any period of twelve months: | £680 |
| (e) for the retention of a person's name in the dentists register during each period of twelve months following the renewal date: | £680 |
| (f) for the restoration of a person's name to the dentists register: | a fee equivalent to £56.67 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) This regulation shall not apply in respect of registration in the list mentioned in section 14(1A)(c) of the Dentists Act 1984.

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.

¹ 1984 c.24; 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

Section of the Dentists Act 1984 under which the application for registration is made	Assessment fee
Section 15(1)(b) and section 15(1) (c)	£65.65
Section 15(1)(b)(a)	£662.40
Section 17(1)	£79.30

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. - (1) 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 fee prescribed under regulation 2(1)(e); and
- (b) a warning that failure to pay that fee may result in that person's name being erased from the register.

(2) The notice and warning required to be sent to a person under paragraph (1) shall be sent to—

- (a) that person's address in the dentists register; or
- (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.

6. 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 7; or
- (b) constitute the grounds for the restoration of that person's name following erasure under regulation 7,

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

Erasure for failure to pay retention fee

7. Where a person fails to pay by the renewal date the fee prescribed under regulation 2(1)(e) the registrar may erase that person's name from the register, provided the notice and warning have been sent in accordance with regulation 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 dentist; or
- (b) an entry in respect of that person in the dentists register.

Revocation and savings provisions

9. The General Dental Council (Dentists) (Fees) Regulations 2019 are hereby revoked save that any fees due to the Council under or by virtue of those Regulations shall remain due to the Council as though they were payable under those Regulations and the powers contained in those Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of the General Dental Council on 5 December 2019.

William Moyes
Chair

Ian Brack
Registrar

DRAFT

The General Dental Council (Professions Complementary to Dentistry) (Fees) (No.2) Regulations 2019

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 1984¹.

Citation, commencement and interpretation

1. - (1) These Regulations may be cited as the General Dental Council (Professions Complementary to Dentistry) (Fees) (No.2) Regulations 2019.

(2) These Regulations shall come into force on 1 January 2020.

(3) In these Regulations -

“the renewal date” means 31 July in each year.

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

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:	£22.95
(b) for the assessment of an application for first entry of a person’s name in the dental care professionals register pursuant to subsection (3) or (4) of section 36C of the Dentists Act 1984:	£506.25
(c) for the assessment of any subsequent applications for entry of a person’s name in the dental care professional register under an additional title pursuant to subsection (3) or (4) of section 36C:	£453.40
(d) for the first entry of a person’s name in the dental care professionals register:	a fee equivalent to £9.50 for every month or part thereof from the first day of the month in which the entry is made until the next renewal date
(e) for a subsequent entry of a person’s name in the dental care professionals register under an additional title:	£12.00
(f) 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:	£114.00

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.

(g) for the restoration of a person's name to the dental care professionals register under a title or titles:

a fee equivalent to £9.50 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 professionals register are submitted together, only one fee is payable under sub-paragraph (1)(a).

(3) This regulation shall not apply in respect of registration in the list mentioned in section 36B(1A)(b) of the Dentists Act 1984.

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. - (1) 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 fee prescribed for retention under regulation 2(1)(f); and
- (b) a warning that failure to pay that fee 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.

(2) The notice and warning required to be sent to a person under paragraph (1) shall be sent to–

- (a) that person's address in the dental care professionals register; or
- (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.

5. 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 6; or
- (b) constitute the grounds for the restoration of that person's name following erasure under regulation 6,

provided the notice and warning have been sent in accordance with regulation 4.

Erasure for failure to pay retention fee

6. Where a person fails to pay by the renewal date the fee prescribed under regulation 2(1)(f) the registrar may erase that person's name from registration under 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 regulation 4.

7. The registrar may decide not to erase a person's name under regulation 6 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

8. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2019 are hereby revoked.

9. Until 31 July 2020 –

- (a) the fee due to the Council under or by virtue of regulation 2(1)(d) or (f) of these Regulations shall be £9.67 and £116 respectively (the amount prescribed under the corresponding provisions of the General Dental Council (Professions Complementary to Dentistry) (Fees) 2018 Regulations) ("the 2018 Regulations");

- (b) the fee due to the Council under or by virtue of regulation 2(1)(g) of these Regulations shall be £9.67 (a fee equivalent to 1/12 of the amount prescribed under the corresponding provision of the 2018 Regulations) for every month or part thereof from the first day of the month in which the entry is made until the renewal date;
- (c) any fees due to the Council under or by virtue of the 2018 Regulations 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 the General Dental Council on 5 December 2019.

William Moyes
Chair

Ian Brack
Registrar

Council Members' Expenses and Accommodation

Purpose of paper	This paper sets out the review of Council Members' expenses and accommodation for 2020.
Status	Public
Action	For decision
Corporate Strategy 2016-19	Performance Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan 2018	Not applicable
Decision Trail	<p>This paper was reviewed and considered by the Remuneration Committee at their September 2019 meeting where additional information was requested.</p> <p>Following the provision of additional information, the Remuneration Committee reconsidered this paper by circulation in November 2019.</p>
Next stage	Not applicable
Recommendations	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • Consider the contents of this paper; • Approve the purchase of a Corporate Membership with the RSM for 2020 (11-20 Members) with the stipulations set out in the paper.
Authorship of paper and further information	<p>Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal, Executive Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
Appendices	Appendix 1 – Reciprocal club brochure

1. Executive Summary

- 1.1. This paper sets out the results of the review of Council members expenses and accommodation, as phase one of the wider review of expenses policy for employees, Council members and Associates.
- 1.2. There will be an increased requirement for meetings and venues in 2020 for a number of events to be planned. In completing the Council member expenses and accommodation review we have considered this changing requirement and the benefits that could be provided by acquiring a Royal School of Medicine (RSM) corporate membership. As part of this exercise, RemCo has undertaken its annual value for money scrutiny of the Chair's existing personal membership of the RSM.
- 1.3. The benefits around free or heavily discounted venue hire, at a location within walking distance of our GDC London office, are additional to the other benefits membership would provide to overnight accommodation. These includes stronger collaboration and networking from having Council members co-located when staying overnight in Central London within accommodation with adequate facilities. The accommodation available at the RSM would be bookable in advance at a fixed rate cost, less than our 'maximum cost' set by our expenses policy.
- 1.4. Section 3 includes the results of the financial review of our current agreement to fund the Chair's personal membership to the RSM. This concludes that for 2018-19, an additional financial cost of £408.20 was borne by GDC in respect of our agreement to this arrangement.
- 1.5. Four options for 2020 were considered in respect of Council members expenses and accommodation, reflecting on our meeting room requirements in 2020, the potential changing shape of Council meetings structure and wider equality issues.
- 1.6. For each option, the paper details the advantages, disadvantages and financial assessment of each option. The other options considered, and relevant benchmarking information is also included in this paper.
- 1.7. This option appraisal has led us to recommend the purchase of a corporate membership with the RSM for 2020, with the following stipulations to be applied:
 - the RSM is used by the Chair and Council members in preference to any other London accommodation.
 - The accommodation to be booked should, wherever possible, be a double room, single occupancy at the Domus Medica. Rooms charge above the 'maximum cost' set out in our expenses policy (2019 - £180 per night), should not be booked.
 - The 'free' to book private dining spaces at the RSM Wimpole Street premises should be used in preference to any other London site.
 - The unallocated 'nominated staff' slots in the RSM membership should be allocated to 'frequent users' employees, kept regularly under review for usage and transferred between staff members as travel patterns change.
 - the use of the RSM is monitored and reviewed and reported to Remuneration Committee (Remco) in good time before the GDC renews any arrangement for 2021. (This review will be included on their annual work programme.)
- 1.8. The Council is asked to consider the contents of this paper and approve the purchase of corporate membership (11-20 members) for the RSM for 2020.

2. Introduction and background

- 2.1. Until 2013, the GDC paid for annual subscriptions to the RSM for Council members who were eligible for membership. However, this practice was ceased as part of the review of the Council member's expenses policy on the basis that it was discriminatory and did not provide a clear financial benefit.
- 2.2. A cost benefit review was completed by Finance in relation to whether to continue to provide RSM membership to the Chair of the Council, based on potential annual savings that might be achieved by the Chair being able to use the facilities at the RSM. That review concluded that annual savings in excess of £1,000 per annum were likely to be achieved.
- 2.3. As there was a clear financial benefit, an exception to the general Council members expenses policy was agreed by members of the Remco on condition that:
 - the RSM is used by the Chair in preference to any other London accommodation
 - the use of the RSM is monitored and the 'savings on the Chairs accommodation are ascertained and reported to Remco before the GDC pays or is committed to pay next year's membership fee.
- 2.4. Other Council members either book local hotel accommodation directly, and then recover the cost of that accommodation through expense claim submissions or use our contractual booking service.
- 2.5. In Remco's review in September 2018, of the savings achieved for 2016-17, concern was raised over the diminishing financial benefit of the provision of this membership and whether this offers value for money (£207 saving implied for 2016-17). Given the timing of the renewal for the Chair's RSM 2018-19 membership, and the wider consideration of the provision of RSM membership to all Council members, it was agreed to support the renewal of the Chair's membership for 2018-19.
- 2.6. It was also agreed to initiate a review of the GDC accommodation and expenses policy for Council members and Associates. This work has been split into two phases:
 - Phase 1 – review of Council member expenses and accommodation, as they comprise a small, discrete group for which the GDC has distinctive attendance requirements. This review incorporates the changing shape of the format of Council meetings going forward following recent discussions which suggest that workshop sessions should be alternated with a Council only dinner around each meeting. This format was applied in July 2019, which the Chair believed was very successful.
 - Phase 2 – wider review of expenses policies for all employees, Council members and Associates to ensure that the policies fit the needs of the evolving business, recognising the changing shape of requirement as a result of the Estates Strategy.

3. Review of members expenses – 1 September 2018 to 31 August 2019

- 3.1. A review has been completed for expenses covering the period 1 September 2018 to 31 August 2019. This review looked at the number of accommodation nights in Central London claimed by Council Members, and the corresponding cost and average costs per night. It is assumed that all costs analysed cover the cost of bed and breakfast.

Review of Chair's RSM membership 2018-19

- 3.2. The total cost for the period 1 September to 31 August 2019, are detailed in **table 1**. Total costs include the provision of continental breakfast and VAT.

Table 1: Chairman expenses

Council Member	Nights Stay	Cost £	Average cost per stay £
William Moyes	21	3,646.20	173.63

- 3.3. For 2018-19, the provision of RSM membership did not provide any actual monetary saving to the GDC. This is calculated on the basis that the 'maximum cost' in line with our expenses policy (£180 per night) is £3,780, total expenditure with the RSM on accommodation totalled £3,646.20 and the cost of provision of annual membership £542. The total implied additional charge to the GDC is £408.20.
- 3.4. While there is no implied saving for 2018-19, there have been other benefits to the GDC of the Chair staying overnight at the RSM. The RSM is based at 1 Wimpole Street, so the Chair incurs no additional expenses for travelling between his accommodation and the GDC's office. Similarly, the time that the Chair might spend travelling between his accommodation and the GDC's office is also saved allowing the GDC to make the best use of the time that the Chair is in London. We have also benefited from access to the private dining facilities which are available free of charge for members of the RSM. In July 2019, a Council only meeting was successfully held using these facilities.

Other council member expenses 2018-19

- 3.5. The total cost for the period 1 September to 31 August 2019 for other council members are set out in **table 2** and are assumed to all cover the cost of bed, breakfast and VAT.

Table 2: Other council member expenses

Council Member	Nights Stay	Total cost £	Average cost per stay £
Anne Heal	-	-	-
Crispin Passmore	1	161.99	161.99
Geraldine Campbell	8	1,317.05	164.63
Shelia Kumar	-	-	-
Terry Babbs	-	-	-
Caroline Logan	6	993.60	165.60
Catherine Brady*	2	50.00	25.00
Jeyanthi John	4	650.00	162.50
Kristie Moons	5	756.00	151.20

Margaret Kellett	3	457.00	152.33
Simon Morrow	8	1,195.08	149.39
TOTAL	37	5,580.72	150.83

*Catherine Brady claims Friends and Family allowance when staying in Central London

4. RSM membership

4.1. The annual cost of membership to the RSM for 2020 is set out in **table 3** below:

Table 3: RSM membership fees

Membership type	Annual cost: £
Fellow – for those with a medical qualification	542
Associate – for those working in the healthcare sector	245
Corporate Membership – ‘named’ membership (inc. VAT):	
1 – 5 nominated staff	£2,340
6 – 10 nominated staff	£3,384
11 – 20 nominated staff	£5,184

- 4.2. Those who are members of the RSM (either under personal membership, or as ‘nominated staff’ under a corporate membership), can book overnight accommodation at the Domus Medica members only hotel (Wimpole Street) or Chandos House (Queen Ann Street). The available accommodation at each location is set out in **table 4**.
- 4.3. Both properties are within immediate walking distance of our London office, offer an acceptable range of amenities and provide accommodation within the ‘maximum cost’ set in our expenses policy of £180 per night and are less sensitive to London events meaning less seasonal variation compared with other local hotels.

Table 4: RSM accommodation

Location	Amenities	Room Type	Price (includes continental breakfast and VAT) £
Domus Medica (47 rooms)	<ul style="list-style-type: none"> • Parking • Free Wi-Fi • Bar • Restaurant • Continental breakfast • En-suite bathroom • Climate control air conditioning • Flat screen TVs • Tea and coffee making facilities • Room safe • Laundry service 	Double Room (single occupancy)	£158
		Double Room (double occupancy)	£177
		Executive Double Room	£192
		Suite	£235

	<ul style="list-style-type: none"> • 24-hour reception • Luggage storage • Family rooms • Hypoallergenic pillows and duvets • Hairdryer • Interconnecting rooms • Sofa beds 		
Chandos House (17 rooms)	<ul style="list-style-type: none"> • Free Wi-Fi • En-suite bathroom • Flat screen TVs • Tea and coffee making facilities • Room safe • Laundry service • 24-hour reception • Luggage storage • Family rooms • Hypoallergenic pillows • Hairdryer • Interconnecting rooms • Noble Isle toiletries • Bottled water 	Double Room	£165
		Superior double	£265

4.4. Personal and corporate membership offers access to private dining rooms, and to RSM's members only restaurant and lounge bar:

- Private dining rooms – RSM members can book a dining room free of hire charge, on a first come, first served basis. There are two dining rooms available for hire: the Wimpole Room (6-24 guests) and the Hewitt Room (6-14 guests). Both rooms are away from the main restaurant and offer a one-to-one planning service through the RSM planning team. RSM members are welcome to invite guests (non-members).
- RSM's restaurant and lounge Bar - Exclusive to RSM members, both spaces offer a less formal place to have some food and drink, including coffee, afternoon tea, breakfast, lunch and dinner. RSM members are welcome to bring guests (non-members).

4.5. A corporate membership would also offer 15% discount off venue and meeting room hire at its Wimpole Street venue.

4.6. Personal RSM membership also provides access to a number of other benefits for the individual, which should the GDC agree to cover the cost of the membership, would result in the provision of a taxable benefit in kind.

5. Options considered for Council members expenses and accommodation 2020

5.1 Continue contribution to Chair RSM Membership

The past rationale for funding personal membership was that any potential personal benefits to the Chair were ancillary and the primary benefit to the GDC was a cost saving. This was true at the historic usage rates but the provision of a contribution to the Chair's personal membership has been diminishing in financial benefit to the organisation, and for 2018-19 resulted in a small additional cost to the GDC. Although there are a number of non-financial benefits to the GDC it is concluded that they do not offset the financial and potential reputational impacts of continuing this arrangement.

5.2 Contribute to individual RSM membership for Council Members

Advantages	Disadvantages
Accommodation with an adequate standard of facilities are available, within the constraints of the GDC expenses "maximum" limits.	Possibility of being fully booked, unless bookings made in advance.
Short walk from GDC London Office.	Dining room and planning would need to be arranged and paid for directly by the Chair or other Council members.
Rooms can be booked in advance due to fixed dates of meetings for the year ahead.	Other Council members would still need to make payment upfront and be reimbursed.
Accommodation booked by the Chair are paid for on his GDC credit card.	Council members will need to become familiar with a new process.
Access to private dining and RSM members only restaurant and bar for Council dinners.	Provides a personal taxable benefit in kind to the Chair and other Council members.
Council members can stay at one location, allowing ease to network and collaborate outside formal meetings.	
Financial assessment	
To deliver a financial benefit to the GDC, a member would be required to have a minimum of 23 stays (at £158 double room rate) to deliver an implied saving, over the contribution we would make to RSM membership (£542).	

5.3 Corporate membership RSM

Advantages	Disadvantages
Accommodation with an adequate standard of facilities are available, within the constraints of the GDC expenses "maximum" limits.	Possibility of being fully booked, unless bookings made in advance.
Short walk from GDC London Office.	Increased administration for the GDC.
Rooms can be booked in advance due to fixed dates of meetings for the year ahead.	Council members will need to become familiar with a new process.
Accommodation could be booked by the GDC and paid for on account.	
Access to private dining and RSM members only restaurant and bar for Council dinners.	
Council members can stay at one location, allowing ease to network and collaborate outside formal meetings.	
Dining room and planning could be arranged by the GDC.	
Access to 15% off room hire, should meeting room space be required outside of the GDC London office during or following the redevelopment works.	

If a membership for 11-20 nominated staff would apply. Additional 'nomination' spaces could be made available for GDC frequent flyers (employees with highest levels of dual office working) to increase financial benefit.	
No personal taxable benefit in kind to the Chair or other Council members.	
Provides access to use of reciprocal clubs across the UK, including clubs in Edinburgh and Belfast. (Appendix 1).	
Reduction in administration burden and cost of processing of claims (average claim processing time is 10 minutes per claim) to a simplified monthly invoice processing.	
Financial assessment	
Based on 2018-19 overnight stay data, and the use of the RSM corporate membership only for accommodation arrangements, this would result in an additional cost of between £2,108 (6-10 membership) and £3,908 (11-20 membership).	
Based on 4 Council only events suggested for 2020, which equates to an equivalent cost of £1,600 for hiring the Wimpole Room at the RSM. The free provision under the corporate membership would reduce the additional cost to between £580 (6-10 membership) and £2,308 (11-20 membership).	
Better financial benefit could be made of the 11-20 nominated membership should the spare slots be allocated to employee frequent users. (nb: membership is easily transferrable.) This would need to be managed very carefully by the GDC to ensure that maximum value for money is achieved. The GDC finance team are best placed to identify frequent travellers and if this option is chosen, we would recommend the Finance Team manage the administration of the membership.	
To achieve an implied saving, an additional 105 overnight stays need to be made per year, which is an average of 8.8 overnight stays a month. This would provide financial benefit if there were 8 GDC employees or associates staying regularly overnight in Central London, a minimum of 1-2 nights a month.	

5.4 Provide no RSM membership

Advantages	Disadvantages
Individuals have an active choice about where they wish to stay.	Accommodation with an adequate standard of facilities, within the constraints of the GDC expenses "maximum" limits, may not be available.
Financially, cost of accommodation is the cheapest option.	Available accommodation of a suitable standard may not be in walking distance of the GDC London Office.
No personal taxable benefit in kind to the Chair or other Council members.	Difficulty in finding suitable venue for Council only dinners, within reasonable distance from the GDC's London office and would incur additional charges.
	Council members not being able to stay in one location for overnight stays will prompt

	informal collaboration and working time together.
	Council members would still need to make payment upfront and be reimbursed.
Financial assessment	
<p>Based on 2018-19 overnight stay data, this is the option that delivers the best financial benefit to the organisation. However, a number of important non-financial benefits will be lost, such as collaboration of Council members, access to event venues such as informal dinners or off-site meetings and minimised travel time between accommodation and the GDC London office.</p> <p>Feedback received suggests that accommodation local to the GDC London office is often in excess of our maximum rate, and standards of accommodation locally within our rates can be poor due to high seasonal fluctuations in central London hotel accommodation.</p>	

6. RSM Membership size (6-10, 11-20 membership)

- 6.1. A Corporate RSM membership would provide access to several clubs across the UK that offer reciprocal access, as set out in appendix 1. This includes clubs in Edinburgh and Belfast.
- 6.2. To benefit from using reciprocal clubs in the nations for Council meeting would require all Council members to be named on our corporate membership. The RSM have however recently confirmed that their reciprocal club in Birmingham has closed, and they currently do not have a reciprocal club in Cardiff. This reduces the previously expected benefit of use of reciprocal arrangements for the GDC.
- 6.3. The period of corporate membership with the RSM would run from January to December 2020 and cover the appointment of 3 new Council Members in September. Whilst a smaller membership of 6-10 may be sufficient in the shorter term based on the current accommodation needs, we do not yet know who the new Council Members will be and what their accommodation requirements are. A larger corporate membership will future proof these arrangements for 2020 and will also enable maximum benefit from informal networking with all Council Members being able to stay in one single location.

7. Other options considered and benchmarking

- 7.1. We have previously considered the provision of a hotel corporate account with a reputable hotel chain. This option was discounted at an early stage due to our wider direction of sourcing a travel booking provider that would provide a competitive 'one stop shop' suitable for all travel and accommodation requirements for staff, Council Members and Associates.
- 7.2. To progress this option a fully competitive open procurement would have been required which presented the following risk/issues:
 - The necessity to tender the opportunity as a non-exclusive arrangement to prevent any tendering issues with procuring a travel booking provider for the organisation, and as a result disincentivise potential bidders due to commercial viability.
 - Procurement resources in the beginning of 2019 were limited against a large procurement pipeline which included a number of prioritised strategic contract re-tenders and there was not capacity to run this procurement.
- 7.3. The travel service provider project is now live, and we expect to have a supplier in place by Quarter 2 of 2020. As part of this project we are considering Council Member and associates requirements.
- 7.4. As part of considering whether the RSM offer for private dining provides value for money, a benchmarking exercise has been completed against other local establishments:

Venue	Location	Cost
RSM	One Wimpole Street	From £55 per person
Hutchison Room	Asia House, Marylebone	From £45 per person (minimum numbers of 18 people)
Pegasus Room,	Brasserie of Light, Selfridges, Oxford Street	From £60 per person
Les100 Taillevent	Cavendish Square	From £65 per person
The Ann Rylands Room	41 Portland Place	From £65 per person
Trishna	Blandford Street, Marylebone	From £80 per person (maximum number 12)
Tolli Room	Texture, Portman Street, Marylebone	From £100 per person

8. Risks and considerations

Communications

Any change in process would need to be communicated to Council members, and training and support provided to both Council members and any staff playing an administrative role.

Equality and Diversity

Equality and Diversity issues have been considered as part of the options appraised.

Legal

N/A

Policy

The decision made as a result of this recommendation would need to be incorporated into the 2020 Council members and associate's expenses policy.

Resources

Cost implications are set out in the option appraisals at section 5 of this paper.

National

N/A

Risks on registers

N/A

9. Recommendation

- 9.1. The Committee is asked to consider the contents of this updated paper and endorse the recommendation to proceed with a corporate membership (11-20 members) for the RSM for 2020 with the following stipulations applied:

- the RSM is used by the Chair and Council members in preference to any other London accommodation.

- The accommodation to be booked should, wherever possible, be a double room, single occupancy at the Domus Medica. Rooms charge above the 'maximum cost' set out in our expenses policy (2019 - £180 per night), should not be booked.
- The 'free' to book private dining spaces or event spaces at the RSM Wimpole Street premises should be used in preference to any other London site.
- The unallocated 'nominated staff' slots in the RSM membership should be allocated to 'frequent user' employees, kept regularly under review for usage and transferred between staff members as travel patterns change.
- the use of the RSM is monitored and reviewed and reported to Remco in good time before the GDC renews any arrangement for 2021. (This review will be included on their annual work programme.)



Africa

**Mombasa Club
Mombasa, Kenya**
www.mombasaclub.net
Tel: +254 41 2222061
admin@mombasaclub.net

**Kelvin Grove Club
Cape Town, South Africa**
www.kelvingrove.co.za
Tel: +27 (0) 21 658 4500
membership@kelvingrove.co.za
Access available via temporary
membership for R600.00
for one month

**Rand Club
Johannesburg, South Africa**
www.randclub.co.za
Tel: +27 (0) 11 870 4260
info@randclub.co.za

To visit a club you will need a letter of introduction from the Royal Society of Medicine:

- www.rsm.ac.uk/my-membership/reciprocal-clubs-members/letter-of-introduction-for-reciprocal-club/
- Email: membership@rsm.ac.uk
- Tel: +44 (0)20 7290 2991

Once you have your letter then all you need to do is make contact with the club directly to arrange accommodation. If you're just visiting for the day then take your RSM membership card and letter of introduction along.33

We continue to add new clubs so please visit
www.rsm.ac.uk for the latest information

Association of College and University Clubs (ACUC)

The Royal Society of Medicine is also a member of ACUC which provides RSM members with access to over 100 campus clubs worldwide including the USA, Canada, Europe and Australia.

Universities which are part of the ACUC include

- University of Chicago
- Columbia University Faculty Club
- Harvard University
- University of California at Los Angeles
- Stanford University
- Princeton University

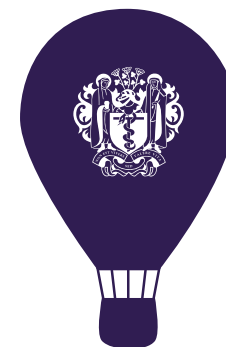
To view clubs available visit: www.acuclubs.org

To request a letter to gain access to ACUC clubs:

- www.rsm.ac.uk/my-membership/reciprocal-clubs-members/letter-of-introduction-for-reciprocal-club/
- Email: membership@rsm.ac.uk
- Tel: +44 (0)20 7290 2991

As well as the reciprocal club arrangements, RSM Members can also enjoy many benefits associated with travelling including:

- Discounted travel insurance with Hiscox
- Free membership of WEXAS Travel
- Discounts on specialist holidays with Jon Baines Tours
- Discounts on airport parking, airport lounges and airport hotels
- Business level rates of foreign exchange with FairFX




For more information about any
of the reciprocal clubs or other
travel benefits please contact
our Membership Department
or visit our website:

T: +44 (0)20 7290 2991

E: membership@rsm.ac.uk

www.rsm.ac.uk

The Royal Society of Medicine, 1 Wimpole Street London W1G 0AE
Charity no. 206219 • VAT reg no. 524 4136 71



Reciprocal clubs around the world

For RSM Members

In addition to the exclusive Members' only facilities in London, RSM members also have access to over 50 reciprocal clubs around the world.

Located in five different continents, why not take advantage of these clubs on your next holiday or business trip?

All that is required is a letter of introduction from the Royal Society of Medicine.

Asia

Hong Kong Academy of Medicine Hong Kong

www.hkam.org.hk
Tel: +852 2871 8888
hkam@hkam.org.hk

The Foreign Correspondents' Club Hong Kong

www.fcchk.org
Tel: +852 2521 1511
fcc@fcchk.org

The Chittagong Club Chittagong, Bangladesh

www.chittagongclubltd.com
Tel: +91 (0) 880 3162 0832
chittagongclub@gmail.com

Deccan Gymkhana Pune, India

www.deccangymkhana.co.in
Tel: +91 256 63970
deccangymkhana@gmail.com

PYC Hindu Gymkhana Pune, India

www.pycgymkhana.com
Tel: +91 20 2566 3006
info@pycgymkhana.com

Space Circle Club Kolkata, India

Tel: +91 332 529 6508

The Circle Club Kolkata, India

www.circleclubs.com
Tel: +91 332 573 8242
sppl@giasci01.vsnl.net.in

The Cricket Club of India Mumbai, India

www.thecricketclubofindia.com
Tel: +91 226 785 3600
info@cciclub.in

The HBN Country Club Punjab, India

www.hbnglobal.com/club
Tel: +011 25555302
club@hbnglobal.com

The Spring Club Kolkata, India

www.springclub.co.in
Tel: +91 332 251 7057
info@springclub.co.in

Tollygunge Club Kolkata, India

www.tollygungeclub.org
Tel: +91 33 2417 6022
tollygungecl@dataone.in

The Madras Club, Chennai, India

www.madrasclub.org
Tel: +91-44-2432 0727
office@madrasclub.org

The Yeshwant Club, Indore, India

www.yeshwantclub.in
Tel.: 2549522-23-24
yeshwantclub@gmail.com

Kobe Club Kobe, Japan

www.kobeclub.org
Tel: +81 78 241 2588
kobeclub@office.email.ne.jp

The Manila Club Manila, Philippines

www.manilaclub.org.ph
Tel: +63 (0) 917 983 7112
mc@manilaclub.org.ph

The Raffles Club Singapore

www.rafflestownclub.com.sg
Tel: +65 632 32323
membership@rtc.com.sg

The Hill Club, Nuwara, Eliya, Sri Lanka

www.hillclubsrilanka.lk
Tel: +94 52 2222 653
hillclub@sltnet.lk

The British Club Bangkok, Thailand

www.britishclubbangkok.org
Tel: +66 0 2234 0247
info@britishclubbangkok.org

Europe

The Athenaeum Liverpool, England

www.theathenaeum.org.uk
Tel: +44 0 151 709 7770
reception@theathenaeum.org.uk

The Bath and County Club Bath, England

www.bathandcountyclub.com
Tel: +44 0 1225 423732
secretary@bathandcountyclub.com

The Clifton Club Bristol, England

www.thecliftonclub.co.uk
Tel: +44 0 117 974 5039
membership@thecliftonclub.co.uk

The Norfolk Club Norwich, England

www.thenorfolkclub.co.uk
Tel: +44 0 1603 626767
generalmanager@thenorfolkclub.co.uk

The Stephen's Green Hibernian Club Dublin, Ireland

www.sghc.ie
Tel: +353 1 677 4744
info@sghc.ie

Der Kieler Kaufmann Kiel, German

www.der-kieler-kaufmann.de
Tel: +49 431 8889 6990
sekretariat@der-kieler-kaufmann.de

Malta Union Club Sliema, Malta

www.maltaunionclub.com
Tel: +356 2133 2011
info@maltaunionclub.com

Ulster Reform Club Ulster, Northern Ireland

www.ulsterreformclub.com
Tel: +44 (0)2890 323 411

Oporto Cricket and Lawn Tennis Club Oporto, Portugal

www.oportocricketclub.com
Tel: +351 226 052 720
reception@oportocricketclub.com

The Royal College of Surgeons Edinburgh, Scotland

www.tenhillplace.com
Tel: +44 (0) 131 662 2080
reservations@tenhillplace.com

The Royal Northern & University Club Aberdeen, Scotland

www.rnuc.org.uk
Tel: +44 0 1224 583 292
secretary@rnuc.org.uk

The Royal Scots Club Edinburgh, Scotland

www.royalscotscub.com
Tel: +44 0 131 556 4270
info@royalscotscub.com

The Western Club Glasgow, Scotland

www.westernclub.co.uk
Tel: +44 0 141 221 2016
secretary@westernclub.co.uk

Circulo Equestre Barcelona, Spain

www.circuloecuestre.es
Tel: +34 93 415 6000
club@circuloecuestre.es

Club Financiero Genova Madrid, Spain

www.clubfinancierogenova.com
Tel: +34 91 310 4900
info@clubfinancierogenova.com

Karolinska Institutet Stockholm, Sweden

www.ki.se
Tel: +46 852 480 000
registrator@ki.se

New Castle Club New Castle (NSW), Australia

www.newcastleclub.com.au
Tel: +61 (0) 2492 91224
reception@newcastleclub.com.au

Royal Automobile Sydney (NSW), Australia

www.raca.com.au
Tel: +61 (0) 282 732300
reception@raca.com.au

The Aetheneum Club Melbourne (VIC), Australia

www.athenaeumclub.com.au
Tel: +61 (0) 396 543200
concierge@athenaeumclub.com.au

Australia National University Canberra (ACT), Australia

www.anu.edu.au
Tel: +61 (0) 261 255111
accommodation.unihouse@anu.edu.au

United Service Club Brisbane (QLD), Australia

www.unitedserviceclub.com.au
Tel: +61 (0) 738 314433
membership@unitedserviceclub.com.au

University Of Melbourne Melbourne (VIC), Australia

www.unihouse.org.au
Tel: +61 (0) 383 445254
reception@uniclub.com.au

Australia and New Zeland

Canterbury Club Christchurch, New Zealand

www.canterburyclub.co.nz
Tel: +64 (0) 3365 0353
admin@canterburyclub.co.nz

Christchurch Club Christchurch, New Zealand

www.christchurchclub.co.nz
Tel: +64 3366 9461
reception@christchurchclub.co.nz

The Wellington Club Wellington, New Zealand

www.wellingtonclub.co.nz
Tel: +64 447 20348
info@wellingtonclub.co.nz

The Northern Club Auckland, New Zealand

www.northernclub.co.nz
Tel: +64 9379 4755
manager@northernclub.co.nz

North America

Century Club of Syracuse New York State, USA

www.centuryclubofsyracuse.com
Tel: +1 315 422 6161
info@centuryclubofsyracuse.com

Cornell Club New York City, USA

www.cornellclubnyc.com
Tel: +1 212 986 0300
frontdesk@cornellclubnyc.com

Harvard Club of New York City, USA

www.hcny.com
Tel: +1 212 840 6600
info@hcny.com

The Yale Club of New York City New York City, USA

www.yaleclubnyc.org
Tel: +1 212 716 2100
GuestRooms@yaleclubnyc.org

Rideau Club Ottawa, Canada

www.rideauclub.ca
Tel: +1 613 233 7787
lamsr@rideauclub.ca

Terminal City Club Vancouver, Canada

www.tcclub.com
Tel: +1 416 364 4121
members@tcclub.com

The National Club Toronto, Canada

www.thenationalclub.com
Tel: +1 416 364 3247
info@thenationalclub.com

Centro Libanes ac Club Mexico City, Mexico

www.centrolibanes.org.mx
Tel: +52 5668 6068
residencia@centrolibanes.org.mx

Moving Upstream 2020 – Cover Paper

Purpose of paper	<p>This paper explains the purpose of the Moving Upstream Report and how it supports the GDC's wider publications and reporting.</p> <p>It explains our aim to use the report to update on the progress made against the proposals set out in 'Shifting the balance: a better, fairer system of dental regulation' (STB) and to highlight outstanding work that has been integrated into the new corporate strategy and costed corporate plan.</p> <p>This will provide an effective end point for the STB work programme and support the change of brand and narrative to the new strategy.</p>
Action	Review and agree the proposed approach to the production of the Moving Upstream Report
Corporate Strategy 2016-19	<i>Performance 3:</i> To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach
Business Plan 2018	<u>Theme 2-</u> Developing our model of upstream regulation
Corporate Strategy 2020-2022	<u>Strategic aim 1</u>
Decision Trail	<ul style="list-style-type: none"> – Initial paper laying out the proposed approach for the Moving Upstream Report and Conference 2020 presented to SLT in July 2019. – Structure and content sections agreed by SLT and PRB in September 2019. – First draft reviewed by Council and SLT in September 2019. – Second draft reviewed by SLT in November 2019.
Next steps	Subject to the discussions and decisions made at Council's publications workshop and following the review of this paper, the final text of the Moving Upstream Report will be submitted to Council for sign off at their January meeting. The report will then be designed and published in advance of the Moving

	Upstream Conference on 12 February 2020.
Recommendations	<p>Council is asked to:</p> <ul style="list-style-type: none"> review and agree the proposed approach to the Moving Upstream Report
Authorship of paper and further information	<p>Daniel Knight, Stakeholder Manager T: 6443 dknight@gdc-uk.org</p> <p>Colin MacKenzie, Interim Head of Communications and Engagement T: 6135 E: CMackenzie@gdc-uk.org</p> <p>Stefan Czerniawski, Executive Director, Strategy T: 6322 E: Sczerniawski@gdc-uk.org</p>
Appendices	Not applicable

1. Executive summary

- 1.1 This paper explains the purpose of the Moving Upstream Report and how its production supports the GDC's wider publications and reporting.
- 1.2 Outlined below are the aims and objectives for the report, which are to update stakeholders on the progress made against the proposals set out in 'Shifting the balance: a better, fairer system of dental regulation' (STB). It will also identify the outstanding work that has now been integrated into the new Corporate Strategy 2020-2022 and Costed Corporate Plan 2020. The report will provide an effective end point for the STB work programme and support the change of brand and narrative supporting the new strategy.
- 1.3 From 2021 onwards, we expect Moving Upstream will be superseded by publications linked to the corporate plan which can both review the achievements of the previous year and look ahead to the plans for the year to come.

2. Introduction and background

- 2.1 In July 2019 SLT agreed that the Moving Upstream Report 2020 should replicate the structure of the 2019 report, that being to highlight the progress we have made in enabling and supporting the transformation of dental regulation, set against the backdrop of the emerging issues and challenges facing both us and the profession.
- 2.2 The outline structure and content sections were then agreed by SLT and PRB in September 2019. SLT and Council reviewed the first draft of the report at their September meetings and SLT reviewed the second draft at their meeting in November.
- 2.3 Feedback received during these meetings included the need to be clear of the purpose of the report, to describe how it supports our wider publications, and to highlight its context and background with regards to Shifting the Balance and our new Corporate Strategy and Costed Corporate Plan.
- 2.4 We have taken this feedback on board when creating the next version of the publication and will present this at the January 2020 Council meeting.

3. Purpose of the Moving Upstream Report 2020

- 3.1 The purpose of the Moving Upstream report and how it supports our wider suite of publications will be discussed by Council as part of their workshop on Wednesday 4 December 2020.
- 3.2 The aim of the previous Moving Upstream Report, which garnered widespread support from the profession when published in January 2019, was to update on progress made against the proposals set out in 'Shifting the balance: a better, fairer system of dental regulation' (STB). The report was structured around, and provided key updates for work on, the four pillars of STB.
- 3.3 The report also facilitated and encouraged discussion and debate among the professions as to how we can work together to support the development of upstream regulation and move the focus of our work from intervention to prevention. This was a key focus of the Moving Upstream Conference 2019 and now forms part of our wider engagement strategy.
- 3.4 Therefore, we believe there is significant benefit in replicating this approach with the Moving Upstream Report 2020. This information has not been produced elsewhere and without a final report some of the significant progress made will go unreported to dental professions, patient representatives and key stakeholders.
- 3.5 In following years, the situation will be different. As we begin to report against the new corporate plan and demonstrate progress towards our strategic aims, the need for a separate free-standing publication on Moving Upstream will fall away.
- 3.6 The Moving Upstream Report 2020 therefore provides the opportunity to draw STB to a close, while also providing a clear understanding of our work programme and priorities moving forward in our new Corporate Strategy. In summary, our overall objective for the report is to:
 - Report the significant progress made against the proposals set out in STB and demonstrate how ongoing workstreams have been incorporated into our new Corporate Strategy, so that stakeholders have a clear understanding of our progress and work programme.

4. Audience

- 4.1 The Moving Upstream Report 2020 has been developed for the following target audiences:
 - Dental professionals, students and their representative bodies
 - Education, training and CPD providers
 - Dental indemnifiers, and
 - Other relevant regulatory bodies.

5. Key messages

- 5.1 We propose the Moving Upstream Report 2020 should again be structured around, and highlight progress made against, the four pillars of STB:
 - Moving upstream,
 - First-tier complaints,
 - Working with partners and
 - Refocusing fitness to practise.
- 5.2 Progress made against these areas will be used to indicate how we have continued to develop the plans laid out in STB.
- 5.3 We will also detail how any outstanding work is being integrated into the new corporate strategy and explain how we plan to report progress on the costed corporate plan.

6. Risks and considerations

Communications

Risk – Poor product / lack of pick-up

- The final report will be closely scrutinised by our partners and critics, so it is imperative that we produce a high-quality product.

Mitigation

- The Interim Head of Communications and Engagement and Executive Director, Strategy is over-seeing the report's development and monitoring and reviewing progress.
- An internal stakeholder group has been created to ensure quality of content.
- Council will have sight of the final draft of the report before it is signed off.

Equality and Diversity

- We have not carried out equality impact assessment (EIA).

Legal

- We do not believe there are any legal implications
- This paper does not relate to something you can do under the Dentists Act 1984 (as amended).

Delegations

- EMT
- The Chair

Policy

- Not aware that this proposal will impact GDC policy decision-making, or existing policies.

Resources

- The cost implications for this proposal are:
 - Design and print costs
- There is funding allocated in the communications budget for this activity.

National

- The report will be UK-wide in its ambit.

Risks on registers

- Not aware of any link to risks on either the strategic or an operational risk register.

7. Recommendations

Council is asked to:

- review and agree the proposed approach to the Moving Upstream Report

8. Appendices

Not applicable

Quarter 3 Finance Review and Forecast

Purpose of paper	<p>To report on:</p> <ul style="list-style-type: none"> the GDC's financial performance for the nine months to 30 September 2019. the Quarter 3 financial forecast.
Status	Public
Action	For noting.
Corporate Strategy 2016-19	<p>Objective 2: To improve our management of resources so that we become a more efficient regulator.</p> <p>Objective 3: To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach.</p>
Business Plan 2018	Not applicable
Decision Trail	The Finance and Performance Committee considered the contents of this paper as part of the Quarter 3 Bridging Paper and Quarter 3 Financial Forecast paper at their November 2019 meeting.
Next stage	Not applicable
Recommendations	The Council are asked to note and discuss the contents of the paper.
Authorship of paper and further information	<p>Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal, Executive Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
Appendices	None

1. Executive Summary

- 1.1. This paper is to report on the GDC's financial performance for the nine months ending 30 September 2019. At the end of September, the GDC's operating surplus was £3.5m higher than budgeted at £20.1m.
- 1.2. Income was £0.7m higher than budgeted due to a mix of unbudgeted income received from investments, additional dentists renewing their registration in December 2018 than planned and additional income from DCPs due to a timing difference in budgeting.
- 1.3. Expenditure was £2.7m lower than budgeted of which, (£62,000) is a result of recurring savings, £1.12m are cumulative Q1, Q2 and Q3 'one-off' savings achieved in 2019, and £1.66m are savings resulting from timing differences. The key drivers for expenditure being lower than budgeted are included in section 4 to this report.
- 1.4. In October 2019, based on the Q3 outturn, a detailed review of income and expenditure for the remainder of 2019 has indicated that the budgeted operating surplus of £4.4m could improve to a forecast surplus of £7.8m by the end of the financial year. The detailed analysis supporting the change in financial forecast is included in section 5 to this report.
- 1.5. Council are asked to discuss and note:
 - the GDC's financial performance for the nine months to 30 September 2019.
 - the GDC's Quarter 3 financial forecast.

2. Income and expenditure account for nine months to 30 September 2019

- 2.1. At the end of September, the GDC's operating surplus was £3.5m higher than budgeted at £20.1m, and £1.3m higher than forecasted at the end of Q2. Actual income is £0.7m higher than budgeted and expenditure is £2.7m lower than budgeted for the period.
- 2.2. The table below summarises the income and expenditure account for the nine months ending 30 September 2019.

	Year to Date					Full Year		
	Actual	Forecast	Budget	Variance to Forecast	Variance to Budget	Forecast	Budget	Variance to Budget
	£000	£000	£000	£000	£000	£000	£000	£000
Income								
Fees	45,912	45,798	45,645	113	266	45,897	45,747	151
Investment income	441	367	38	74	403	477	50	427
Exam income	1,593	1,599	1,588	(6)	5	1,599	1,588	11
Miscellaneous income	11	11	5	1	7	12	6	6
Total Income	47,957	47,775	47,276	182	681	47,985	47,390	595
Expenditure								
Meeting fees & Expenses	4,222	4,360	5,165	138	943	5,682	6,551	869
Legal & Professional	5,398	5,653	5,995	256	596	7,649	7,619	(30)
Staffing costs	14,403	14,679	15,154	276	751	19,570	20,390	820
Other staff costs	730	1,021	1,131	291	402	1,345	1,534	189
Research & Engagement	347	470	585	123	238	711	741	31
IT costs	1,015	1,020	1,027	5	11	1,349	1,333	(16)
Office & Premises costs	734	731	518	(3)	(216)	2,128	1,750	(378)
Finance costs	258	268	167	10	(92)	372	245	(127)
Depreciation costs	873	873	888	1	16	1,141	1,175	34
Contingency	(65)	0	0	65	65	1,549	1,662	113
Total Expenditure	27,916	29,076	30,630	1,160	2,714	41,494	43,001	1,507
HMRC Refund	(108)	(107)	0	(0)	108	(107)	0	107
OPERATING SURPLUS / (DEFICIT) BEFORE TAXATION	20,149	18,807	16,646	1,342	3,503	6,598	4,390	2,209

2.3. Income was £0.7m higher than budgeted due to the following:

- Additional unbudgeted income generated from bank interest and investments totalling £0.4m, as a result of the decision to deposit £15m with our investors being reached after the 2019 budget had been set.
- 82 more dentists and 14 more specialists renewing their registration than budgeted in December 2018, generating an addition £0.1m of revenue.
- Additional income from DCPs to that budgeted of around £0.2m relating to a timing difference in the budget profile following the application of IFRS 15, which requires us to spread income over the period to which the registration relates.

2.4. Expenditure was £2.7m lower than budgeted of which, (£62,000) is a result of recurring savings, £1.12m are cumulative Q1, Q2 and Q3 'one-off' savings achieved in 2019, and £1.66m are savings resulting from timing differences.

3. Staff headcount at 30 September 2019

3.1. At the end of September 2019, the total GDC headcount was:

Contract type	June 2019 FTE	Sept 2019 FTE	Movement FTE (-)/+
Permanent	321.6	314.8	(6.8)
Fixed Term Contract	50.2	35.6	(14.6)
Temporary Staff	5.0	10.0	5.0
Total	376.8	360.4	(16.4)

3.2. This is 16.4 FTE less than was reported at the end of June 2019, mainly as a result of the dual running of FtP posts under the Estates Programme coming to a close and 36.3 FTE fewer than budgeted as at the end of September 2019.

4. Summary key driver' expenditure variance actual v budget

4.1. The key drivers for expenditure being £3.5m lower than budgeted were as follows:

- **Recurring savings/(overspend):** higher or lower than budgeted 2019 expenditure that results from a permanent change in the GDC's circumstances and, as such, savings/overspends are expected to persist throughout this financial year and will impact on the budget requirements for future years.
- **'One off' savings/(overspend):** these are only expected to occur in 2019. Costs are expected to return to budgeted levels in future years.
- **Savings/(overspend) due to timing differences:** these arise when activities are brought forward or postponed, and related expenditure occurs earlier or later than projected in the budget.

Recurring' savings/(overspend)	£000s
People Services/Estates: The recruitment budgets are underspent in both Estates (£160,000) and People Services (£82,000) as we try to lead the recruitment process ourselves as part of our recruitment strategy. The expectation is for the underspend to continue however this may be at a reduced rate if we incur costs for external recruitment where we struggle to fill any vacant roles. The recurring savings element of the recruitment	231

budget has been assessed by looking at the results of the Q3 forecasting, to eliminate variances we believe relate to timing differences.	
Estates: The overspend is as a result of the Colmore Square rent budgeted on the basis that the rent holiday would be spread over a five-year period. However, aligned to accounting policy IFRS16, the rent holiday must be spread over the life of the lease. Therefore, the budget for 2019 is understated.	(202)
Finance: Investment management fees not budgeted for in 2019.	(91)
	(62)
'One-off' savings/(overspend)	
ILPS: There has been an increase in the travel to Birmingham to support the FtP teams based in Birmingham whilst they transition the service to Birmingham.	(14)
CEO & Executive Directors: Increased travel to Birmingham now the organisation is located over two regional sites, as well as increased presence in Birmingham as services transition.	(22)
Estates: The service charge for Colmore Square relates back to September 2018, where the Q4 2018 expense was not accrued in 2018.	(45)
Estates – exit provision: The 2018 exit provision has been adjusted down to reflect known leavers under strand 2 at 30 September 2019. The reduction is as a result of successful redeployment of staff to other roles, or where the individual has chosen to exit the organisation early. Whilst we have adjusted the provision down, there are a small number of posts where a decision is still to be made, this may result in an additional charge before the end of the financial year.	128
Estates – Other staff costs: savings made on travel and subsistence to September 2019, which is now unlikely to be required.	62
People Services: Legal defence budget was provided for in 2019, however this function is now the responsibility of our In-House Legal Advisory Services team. The learning and development budget activity has been delayed. This has led to the budget requirement being reduced by £110k, with the remaining activity to be completed next year.	181
People Services: Pension advise is overspent against budget as a result of additional expenditure incurred by the Trustee in regards to the closure of the DC14 pension scheme. We are working with the Trustee to better understand likely scheme expenses in the forthcoming years to improve forecasting.	(65)
Education QA: The original budget was based on 60 meetings costed at £353 per day, however the budget should have been based on 11 people completing multiple meetings in one day and claiming £353 per day. Inspections budget was were also higher than actual recorded. This is partly offset by increase in travel and subsistence required for some of the team now located in Birmingham.	39
Staff costs: Vacant posts across the organisation which are in the process of being recruited to but have not yet been filled (net saving of £494k when considering any temporary staff cover). In addition, several the new Birmingham posts have been recruited below market rate, which had generated a saving of around £106k at the end of the half year.	833
Dental Complaints Service: There has been reduced accommodation and meeting venue hire due to lower number of panels required year to date.	34
FtP Management: The overspend on consultancy and professional fees and project costs, all relate to the End to End review. The project cost was for a corporate video and	(15)

consultancy support. The provision for this work is held in an E2E enabling provision in contingency.	
People Services - Other staffing costs: Overspend due to one off Severance pay for senior member of staff that wasn't budgeted for	(50)
Facilities: Rent for Baker Street (January 2019) that was incorrectly omitted during budget setting (£10k). General rates were budgeted lower than the rates charges issued by City of Westminster (£44k).	(54)
Contingency: Contingency reserve increased due to a substantive review of accruals and releasing accruals no longer required in relating to prior financial years	65
Governance: savings achieved in member recruitment, meeting venue hire and consultancy expenditure to that planned.	38
	1,115
Savings/(overspends) from timing differences	
Hearings: 285 lost and wasted days in the first three quarters has resulted in lower productive days than that budgeted year to date. Hearing days deferred are increasing the forecast in Q4, with an impact also expected in the first half of 2020.	695
Education QA: Inspections which were due to have taken place by 30 September 2019, but which are now planned for Q4.	52
People Services: The budget profiling of Life Assurance due for payment later in October.	44
FtP Staff costs: The budget overspend on staff costs relate to parallel running costs for the transfer of the function to the Birmingham office under the Estates Strategy, which had not been profiled to the FtP budget during the budget setting process.	(82)
People Services: Expenditure on Learning and Development has not taken place according to the original budget profile. Courses budgeted to take place in the first three quarters have now been rescheduled to Q4 and the next financial year.	112
Estates: The profiling of expenditure on recruitment external adverts is due later in the year for the recruitment of roles in Birmingham transitioning from London	11
Finance: Profiling difference in relation to bank charges, which fluctuate accordingly with income received.	(19)
Research: There has been delays in commissioning of research projects, in particular around the Seriousness Review, which is a joint procurement with the NMC, and the Accessibility in the Complaints Handling research.	192
In-House Appeals & Criminal Services: There has been lower than budgeted illegal practice cases, the budget was evenly profiled over the year. The budget is expected to be spent in the latter part of the year and costs are reactionary.	11
In-House Legal Advisory Service: The budget is for appeals and external miscellaneous legal advice that is hard to plan for. The budget is expected to be spent in the latter part of the year.	71
ILPS: 164 new referrals were budgeted to be allocated to the in-house legal prosecution service (ILPS) between January and September 2019, 177 new referrals were allocated over the period, however referrals in Q4 2018 were lower than expected, resulting in lower than budgets costs year to date. Q4 will see an arc in the current cost profile, with an impact also on costs in the first half of 2020.	369

ELPS: Although referrals to ELPS YTD are 18 above budget, referrals in Q4 2018 were lower than forecast, resulting in lower than budgeted external legal costs. The impact of higher level of referrals than budgeted will impact on costs in Q4 and the first half of 2020.	163
Casework: More instances of medical advice sought because of improved processes which are now embedded.	(15)
Communications: Release of previous duplicated accruals causing a variance against budget year to date, however this budget is expected to be utilised in full during Q4.	33
Not analysed	24
	1,661
Total expenditure variance to budget	2,714

5. Q3 2019 Forecast

- 5.1. A detailed review of forecast income and expenditure for 2019 has been undertaken in October 2019.
- 5.2. The forecast reflects the following:
- the outcome of the Q3 review of each of the Directorates;
 - actual income from the 2019 Dentist and 2019/20 DCP ARF collection;
 - budget holders' latest estimates of time to recruit to all known vacant positions.
- 5.3. It shows that the budgeted operating surplus of £4.4m could increase by £3.4m to a surplus of £7.8m:

	2018 Actual £000	2019 Budget £000	2019 Q1 Forecast £000	2019 Q2 Forecast £000	2019 Q3 Forecast £000	Q3 Forecast Variance	
						Variance Budget £000	Variance 2018 Actual £000
INCOME							
FEES	45,416	45,747	45,858	45,832	46,011	264	595
INVESTMENT INCOME	293	50	433	487	551	501	258
EXAM INCOME	1,589	1,588	1,597	1,597	1,593	5	4
MISCELLANEOUS INCOME	14	6	8	9	13	7	1
TOTAL INCOME	47,312	47,390	47,896	47,925	48,167	777	855
EXPENDITURE							
MEETING FEES & EXPENSES	5,674	6,551	6,423	5,684	5,755	796	(81)
LEGAL & PROFESSIONAL	6,798	7,619	7,762	7,649	7,510	110	(712)
STAFFING COSTS	21,574	20,390	19,672	19,570	19,118	1,272	2,456
OTHER STAFF COSTS	977	1,534	1,498	1,345	1,145	389	(168)
COMMUNICATION & ENGAGEMENT	381	741	771	711	467	274	(86)
IT COSTS	1,305	1,333	1,336	1,349	1,361	(28)	(56)
OFFICE & PREMISES COSTS	1,956	1,750	1,916	2,128	2,095	(345)	(138)
FINANCE COSTS	259	245	359	372	369	(124)	(110)
DEPRECIATION COSTS	1,061	1,175	1,192	1,139	1,138	37	(78)
HMRC Refund	0	0	(107)	(107)	(107)	107	107
<i>Budget Contingency</i>	0	1,662	1,612	1,549	1,497	165	(1,497)
TOTAL EXPENDITURE	39,985	43,000	42,433	41,387	40,347	2,653	(362)
OPERATING SURPLUS/(DEFICIT)	7,327	4,390	5,463	6,538	7,820	3,430	493

- 5.4. The £3.4m variance to the budgeted surplus is due to the following:

Income	£000s
Fees: Updated for: More Dentists renewing their registration and more Specialist initial registrations than budgeted. Recognise timing difference to budget profile for DCP income in relation to the first-time adoption of IFRS15, which requires us to spread DCP income over the period to which the registration relates (August – July).	264
Investment Income: Additional unbudgeted income generated from bank interest and investments is now included in the forecast. This wasn't included within the original budget profile due to the timing on our decision to invest being post 2019 budget approval.	501
Not analysed:	12
Increase in income forecast	777
Expenditure	
Hearings: A reduction in legal assessors and members fees as we had 285 unutilised days during the first 3 quarters. Where cases have closed early, these may have incurred professional costs. FtP and Legal reviewed themes relating to the hearings closing early and have identified issues with witness evidence, however there is no overall single driver. Whilst costs are forecast to increase during Q4 (£100k increase on Q2 forecast) not all costs budgeted will have been incurred by the end of the financial year, with the throughput impacting 2020.	651
Dental Complaints Service: A reduced forecast in the number of panel meetings required for 2019.	40
ELPS: The forecast reflects an increase in the number of projected referrals to that budgeted year to date. In the third quarter of the year 19 cases were referred compared to the 12 cases budgeted. At the end of Q3, 56 cases were transferred to ELPs against a budget of 38.	(75)
FtP Management: The forecast for End to End spend on consultancy, professional fees and project costs all relate to the End to End review and are in line with the work planned at project stage. The reported variance is in relation to the allocation of costs against a budget held in central contingency.	(25)
Finance: The investment management fee had not originally been included in the budget for 2019 due to the timing of our decision to invest. The forecast has been updated to include the annual fee (£124,000). Off set by bank charges and depreciation, which have been reforecast based on current trend of spend (£37,000)	(87)
IT: Software licenses and software licences support forecast have been reprofiled based on requirements over the two sites and as a result of dual working. IT cloud Hosting has also been reprofiled based on current expenditure.	(28)
Estates – office premises: Following the 2018 end of year audit, a review identified that the accounting standard IFRS16 should be applied in the account for rent and the rent-free period on the Colmore Square accommodation. As a result, the rent-free holiday has been spread over the life of the lease and the forecast has been updated to reflect this update. Additionally, accommodation service charges had not been included in the original budget at the rate being charged.	(280)
Estates - recruitment: The recruitment forecast expenditure has been reduced as we continue to lead the recruitment process ourselves as part of our recruitment strategy.	164

Estates – exit provision: Following the completion of the Estates consultation for phase 2, we have reviewed the provision made at the end of 2018 and adjusted for agreed departures post 1 October 2019. This release relates to the people being at risk either being successfully redeployed to other posts within the organisation or where they choose to leave early and therefore redundancy was not due.	158
Estates – Other Staff expenses – savings where travel and subsistence budget has not been required and is unlikely to be utilised before the end of the financial year.	103
Staffing costs: Savings in staffing costs are forecast across the GDC due to both vacant existing and budgeted new posts where recruitment is either on hold or has been delayed. Offset by the cost of using of temporary staff.	1,091
Other staffing costs – travel and expenditure: Increase in travelling costs across the organisation as a result of operating from dual locations for our Executive (£28,000). Forecast for travel and expenditure in People Services and Governance, which were missed in error in the 2019 budget setting process (£44,000)	(72)
HMRC Refund: Recovery over and above the level expected in relation to tax and national insurance overpayment for Associates expenses in 2010/11.	107
ILPS: The forecast recognises an increased arc in expenditure for throughput anticipated in Q4, bringing back to previously budgeted levels. However, there has been a lag in referrals throughout the first 9 months of the year resulting in this budget area being continuously underspent year to date. The forecast has been updated to reflect performance to date and budgeted levels for Q4.	210
In-House Appeals and Criminal Services: Counsel fees increased due to additional rule 9 workstream internal review FTP allegations – external registration appeals.	(24)
In-House Legal Advisory Service: Increase in forecast costs due to a pending case appeal against a restoration committee, offset by various realignment of forecasts in reactionary legal costs. Costs and activity have increased in areas such as registrant Employment Tribunal claims and on some significant procurement exercises but still is a net decrease to the annual budget set.	39
Information Governance: Additional cost due to running a review and disposal project on the GDC's approach to archiving.	(8)
People Services – Learning and Development: A reduction to L&D expenditure due to: reprofiling the timing of the implementation of the coaching procurement framework; all staff conference being postponed; appointment of staff to deliver training in house.	84
People Services – Legal and Professional Fees: Unrequired Legal defence budget that is budgeted and managed within In-House Legal Advisory Service (93k), which is offset by higher than expected Trustee professional fees in relation to our closure of the DC2014 pension scheme.	41
People Services – Group income protection: Increase in the annual premium for group income protection for 2019.	(10)
People Services – External Recruitment: Decrease in the forecast in external adverts due to leading the recruitment process ourselves as part of our recruitment strategy.	128

Facilities: Rent forecast increased in relation to the Baker Street rent due for January 2019 which wasn't budgeted for in error and an update in forecasts for general rates increases from the City of Westminster.	(62)
Research: The research forecast has been updated based on the projects that are planned and the milestones that are expected to be achieved by the year end. The projects forecasted for quarter 4 are the Public and Patients Panel, FTP data review and The Concept of Seriousness in Fitness to Practice Cases. Due to the supplier market, those interested in delivering are a small pool largely focused around universities. As such, only one tender can be out in the marketplace at any one time (with the exception of the public and patient panel) to avoid failed procurements.	265
Education QA: There has been a reduced forecast for the number of meetings to be held in the year and the calculation of the number of days payable to the associates. Offsetting this slightly is an increase in the travel forecast of £31k based on current year to date expenditure.	74
Contingency: Proportionate adjustment for a reduction in contingency required, and the adjustment to release prior period accruals no longer likely to materialise.	165
Not analysed:	4
Total decrease in expenditure	2,653
Total decrease in operating expenditure	3,430

- 5.5. The biggest forecast movement is in relation to staffing costs. The latest forecast returns from teams assumes headcount of 364.2 FTE by December 2019, compared with an anticipated 372.3 FTE in the original budget. The variance to the budget can be analysed as follows:

Business Area	FTE Variance to Budget	Comments
Fitness to Practice Directorate	5.2	Reduction of posts within FTP relates to the End to End review, taking into account the reduced number of cases and headcount required. There have also been posts reduced because efficiencies related to streamlining of work practices.
In-House Legal Presentation Service (ILPS)	(4.2)	Increase in Posts by 4.2 FTE. The ILPS Backlog business case request asks for additional interim internal resources to assist with the presentation of "FTP backlog" cases at hearings stages. These posts were recruited for 18-month fixed term contracts.
Legal Management	2.0	Legal Management have reduced by two posts since the original 2019 budget was set.
Governance	2.0	2 posts have been moved to directorate budgets to align with the areas for which they support.

Other Legal and Governance	1.0	1 vacancy in Corporate Legal as a result in a reduction in requirement since the original budget setting.
CEO	(1.0)	Increase in Executive Director posts from that budgeted for 2019, with the creation of the Executive Director of Governance and Legal role.
Registration	(3.0)	Increase in posts to deal with increase in applications received.
IT	5.0	IT are reducing headcount by the end of the year as they are tapering off the fixed term contracts early due to the FTP end to end review closing earlier than forecast. The other 2.0 FTE relates to deferred backfilling of leavers.
Finance and Procurement	(3.0)	An additional 3 roles have been agreed to support the procurement function in delivery of the procurement pipeline and the Procurement Target Operating Model project.
Corporate Resources	(1.0)	Forecast adjusted to represent the current vacancy held in the team, which will now be recruited to in the next financial year.
Organisational Development	3.5	The function of the Compliance Team is transferring to the Registration and Corporate Resources Directorate, so the team are reducing FTE completely by December 2019. The overall net reduction to the GDC in FTE is 2.0.
Not analysed	0.6	Other movements less than 1.0 FTE.
Total forecast reduction in posts at 31 December 2019	8.1	

6. Recommendations

- 6.1. The Council are asked to note and discuss the contents of this paper.

7. Appendices

- None

Balanced Scorecard – Q3 2019 Performance

Purpose of paper	To present the Council with the balanced scorecard covering the Q3 2019 performance period.
Action	For discussion and decision.
Corporate Strategy 2016-19	<p>Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.</p> <p>Objective 2: To improve our management of resources so that we become a more efficient regulator.</p> <p>Objective 3: To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach.</p>
Decision Trail	<p>SLT Board – 5 September 2019</p> <p>FPC – 20 September 2019</p>
Recommendations	<p>Council is asked to:</p> <ul style="list-style-type: none"> • Discuss and note the main report.
Authorship of paper and further information	<p>Gurvinder Soomal Executive Director, Registration and Corporate Resources GSoomal@gdc-uk.org 020 7167 6333</p> <p>David Criddle Head of Performance Reporting & PMO DCriddle@gdc-uk.org 0121 752 0086</p>
Appendices	<p>Appendix 1 – Q3 2019 Balanced Scorecard</p> <p>Appendix 2 – GDC Performance Indicators Master List</p>

1. Executive summary

- 1.1. This paper presents the balanced scorecard covering the Q3 2019 performance period, which is available at Appendix 1.
- 1.2. Council is asked to discuss and note the main report.

2. Introduction and background

- 2.1. A project was carried out during 2016 to redevelop the existing version of the balanced scorecard report which is reported to EMT and the Council.
- 2.2. The newly proposed balanced scorecard framework was approved at the meetings of FPC and Council in September 2016 and October 2016 respectively.
- 2.3. At the EMT board meeting in December 2016, a final list of performance indicators was reviewed and approved for inclusion in the first version of the report in the new format. The first version of the report was subsequently presented to EMT and FPC at their respective February 2017 board meetings and the Council at their March 2017 meeting. Each board approved the new format for future reporting.
- 2.4. At the EMT meeting in February 2017, an approach to carrying out a supplementary deep dive activity focusing on different areas of the organisation on a rotational basis was discussed and approved, and this approach was subsequently approved by FPC at its February meeting.
- 2.5. Following the initial sign-off of performance indicators by EMT at the December 2016 board meeting, the PMO have developed a change control log that will be used to track proposed amendments and provide visibility of them to EMT for their approval. This is provided at Appendix 2.

3. Q3 2019 balanced scorecard report

- 3.1. Key performance headlines are presented within the executive summary of the main report in Appendix 1. For ease of reference, matters noted in the key successes and issues section are detailed below:

Key successes in Q3

- 3.2. UK DCP active processing time remained green through the academic graduation period, receiving 70% more applications received in Q3 (1945) compared to 1144 in Q2. Applications completed were also 55 higher than forecast (1,313).
- 3.3. In FtP there are further reductions in Rule 4 work at Case Examiners stage, with at the end of Q3 a total of 98 cases with 68 at Rule 4, which is a reduction from a total of 172, with 113 in Rule 4 at the end of Q2.
- 3.4. There were no Major ICO impacts in Q3 requiring reporting to the ICO. 2 DSI's were categorised as major in July for GDC Impacts. One related to data being disclosed to the incorrect recipient and one related to data integrity being compromised.

Key Issues in Q3

- 3.5. In the FtP timeliness summary for Q3, overall timeliness has fallen by 5% to 11%, which can be attributed to September performance where all 14 cases failed to meet the 15-month target. Prosecution timeliness decreased by 8% to 57% where out of 44 cases, 19 missed the 9-month target and 3 cases took over 20 months to complete. Receipt to Assessment Decision has fallen two quarters in a row, with Q3 at 26%, with Q2 37% and Q1 at 51%. The majority of cases completed in Q3 had already passed the 17-week target when assessed and as the Birmingham team grows the team continue to conclude the older cases which is skewing the performance for an interim period.

- 3.6. Q3 saw natural staff turnover increased by over 4% to 6.7% moving this from green in Q2 to red in Q3. There were 24 voluntary leavers – 9 had less than 12 months service, 5 were on FTC and 2 left during probation.
- 3.7. In Illegal Practice 3 out of 12 cases in receipt to charging missed the 9 month target, which meant Q3 performance was red at 75% in Q3. This was mainly due to 2 of the cases being Scottish cases which often have operational delays with investigators. Initial Paralegal Review dropped from 99% (Q2) to 88% (Q3) as 28 out of 150 cases were not able to be assessed within 5 working days.

Report administration

- 3.8. Details are shown on Slide 10 of the main Q3 Balanced Scorecard report in Appendix 1 and all amendments were approved by SLT at the meeting held on 5 November 2019:
- 3.9. The Registration performance indicator PI/REG/019 – Minimum Acceptable Productivity is to be removed. The performance of the UK Registration Team is managed separately via the monthly Registration and Process Quality (RPQ) meetings attended by the Corporate Operations Manager, Head of Registration, Head of Registration Operations, and Executive Director of Registration and Corporate Resources. This is the appropriate forum for discussion of staff performance management and as such the indicator is no longer required on the balanced scorecard.
- 3.10. The Strategy performance indicator PI/STR/012 – ‘Proportion of inspections that require re-inspection’ is to be removed. This is no longer reportable as the GDC are no longer doing reinspection.
- 3.11. The Strategy performance indicator PI/STR/008 – ‘Standards Perception’ is to be removed. This has been a placeholder awaiting to be defined and it is no longer felt the most appropriate indicator. Following SLT approval the Strategy directorate will work with the PMO to design new replacement performance indicators.
- 3.12. The Information Performance Indicators in section 3.2 of the main report are now introduced into the quarterly version for Q3 2019. These 6 new Information Governance indicators have been added based on new classifications of ICO and GDC scoring of DSIs which were approved in the June 2019 SLT board meeting. These indicators replaced PI/FTP/025 Serious Data Breaches and PI/FTP/026 Non-Serious Data Breaches.

EMT Actions

- 3.13. Updates to EMT actions for the last 4 quarters are detailed on slides 8 and 9 of the main Q3 Balanced Scorecard report in Appendix 1.
- 3.14. New EMT actions added from the SLT review meeting on 5 November 2019 are shown on slide 4.

4. Recommendations

- 4.1. Council is asked to:
 - Discuss and note the main report.

5. Internal consultation

Department	Date and consultee name
All data contributing departments	Established data leads from each department – July 2019

SLT	SLT Board – 5 September 2019
FPC	FPC – 20 September 2019

6. Appendices

- 6.1. Appendix 1 – Q3 2019 Balanced Scorecard
- 6.2. Appendix 2 – GDC Performance Indicators Master List

GENERAL DENTAL COUNCIL

Balanced Scorecard Report Review of Q3 2019 Performance

Project Management Office

Balanced Scorecard Report
Review of Quarter 3 2019 Performance

Index

- 1.1 Executive Summary**
- 1.2 Key Performance Indicators – Dashboard**
- 1.3 Key Performance Indicators Referenced Sheet - Rationale For Priority Status**
- 1.4 RAG Summary and Performance Framework Links**
- 1.5 Tracking of Previous EMT Actions**
- 1.6 Proposed Reporting Criteria Amendments**

Annex A – Full performance report

Key Performance Successes	Key Performance Issues
<ol style="list-style-type: none"> UK DCP Processing Time remains stable: There were 70% more applications received in Q3 compared to the 1,144 received in Q2, this was due to academic graduation period. Applications completed were also 55 higher than the forecast (1,313). Despite the increased volumes Average Active Processing Time still remained within green target level and only increased by 2 calendar days in comparison to Q2. Average Overall Processing Time remained in Amber target level and only increased by 1 calendar day compared to Q2. (See <i>section 1.3 Registration Performance Indicators – Process Dashboard</i>). Reductions in Rule 4 work at Case Examiners: Total Case Examiner cases at the end of Q3 is 98 with 68 at Rule 4, which is a reduction from a total of 172, with 113 in Rule 4 at the end of Q2. (See <i>section 2.1 FTP End-to-End Process – Performance Indicators Dashboard</i>) No Major ICO DSI’s in Quarter 3: There were no Major ICO impacts in Q3 requiring reporting to the ICO. 2 DSI’s were categorised as major in July for GDC Impacts. One related to data being disclosed to the incorrect recipient and one related to data integrity being compromised. (See <i>section 3.1 Information Performance Indicators</i>) 	<ol style="list-style-type: none"> FtP Timeliness Summary: Overall timeliness has fallen in Q3 by 5% to 11%, which can be attributed to September performance. A monthly breakdown of the quarter shows that timeliness was at 11% in July, 27% in August and 0% in September. All 14 cases in September did not meet the 15 month KPI. Prosecution timeliness decreased by 8% to 57% in Q3. Out of 44 cases, 19 missed the 9 month target. 3 cases took over 20 months to complete, the remaining 16 were completed within 20 months. Despite a 3% increase in Investigation Timeliness Receipt to Assessment Decision has now fallen two quarters in a row. Q1 was at 51%, Q2 was at 37% meaning a total drop of 25 percentage points to 26% in Quarter 3. However majority of cases completed in Q3 had already passed the 17 week target. As the Birmingham team grows the team continue to conclude the older cases which are skewing the performance slightly. (See <i>section 2.1 FTP End-to-End Process – Performance Indicators Dashboard</i>) Staff Turnover (Natural) increase this quarter: Q3 saw staff turnover increase by over 4% to 6.7%. This moved target from green in Q2 to red in Q3. Quarter 3 saw 24 voluntary leavers – 8 in Legal & Governance, 7 in Registration & Corporate Resources, 6 in FtP, 1 in OD and 1 EMT. (See <i>section 4.2 – HR Performance Indicators – Resources</i>) Illegal Practice timeliness Summary: Receipt to charging dropped from 88% in Q2 to 75% in Q3 moving target achievement from amber to red. During Q3 2019, 3 out of 12 cases missed this PI. Initial Paralegal Review dropped from 99% (Q2) to 88% (Q3) moving the target achievement from green to red. In Q3 132 out of 150 cases were assessed within 5 working days for this PI. Administrative Review dropped marginally from 97% (Q2) to 95% (Q3), however despite the fall green target level was still achieved. (See <i>section 3.3 Illegal Practice Performance Indicators</i>)

1.1 Executive Summary - Looking Forward and Planned Actions

Looking Forward

- Corporate Strategy 2020-2022 launch:** The Corporate Strategy was approved by Council on 3 October. Detailed development is in progress for external facing version of the Corporate Strategy aligned to CCP publication, both for publishing end of November.
- CCP 2020 – 2022 launch and 2020 delivery planning:** like the Corporate Strategy the CCP 2020-2022 was approved by Council on 3 October. Detailed external communications planning is being aligned to that of the Corporate Strategy. The 2020 Operational Planning is in progress for the delivery of the year 1 activity and the 2020 Operational Plan will be reviewed with SLT at the December meeting.

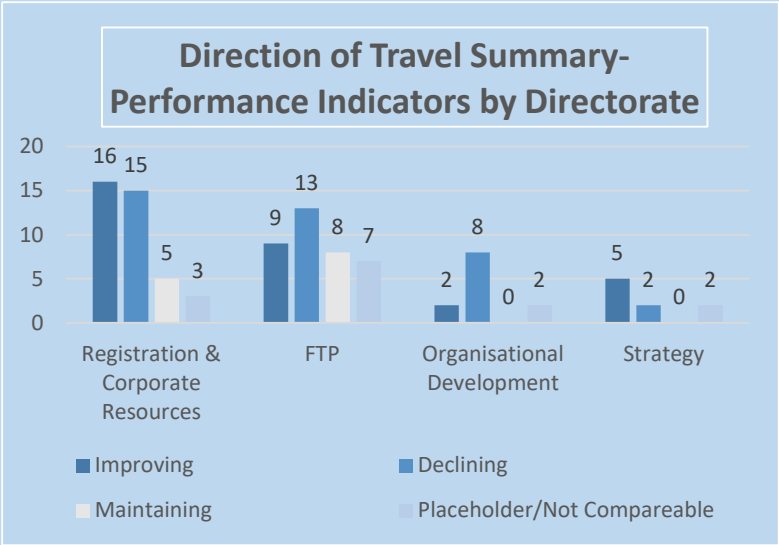
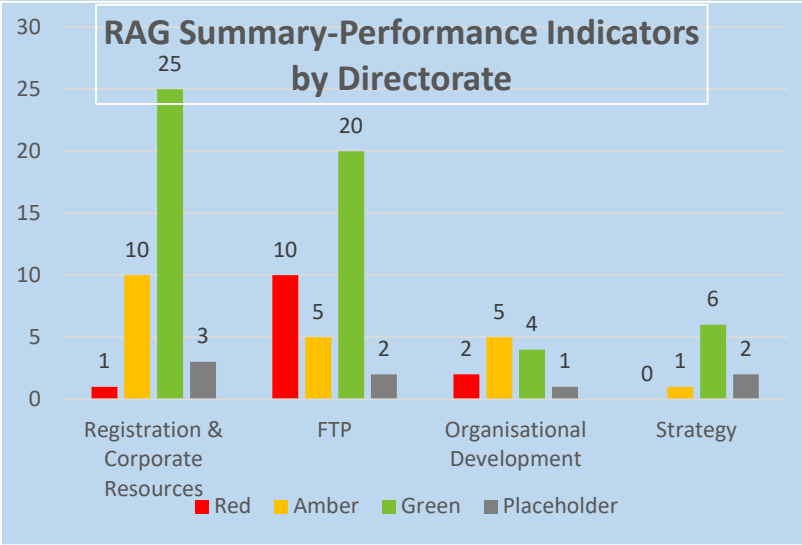
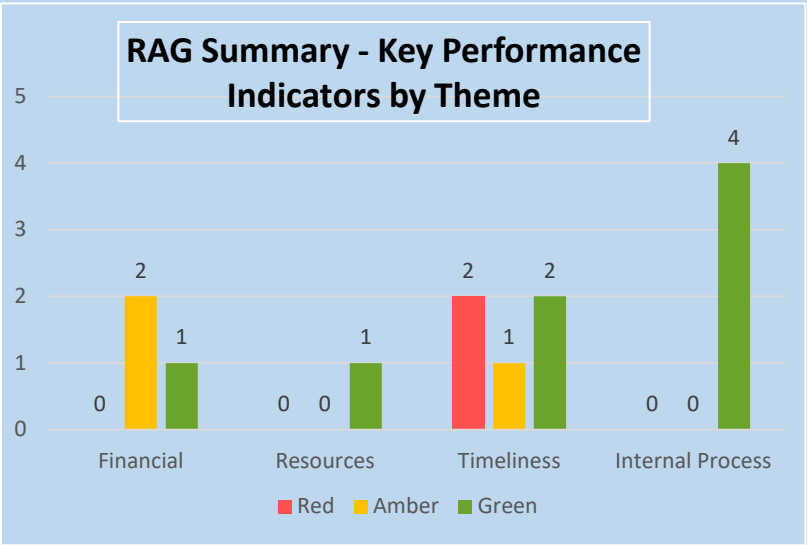
Actions Planned by EMT

- FtP consider additional performance indicators for timeliness:** The current FtP timeliness indicators provide a blanket view to 100% all cases, which does not provide visibility to the range of possible constraints on timeliness. The action is for additional performance indicators / data views to be considered and proposed to SLT, which provide a more granular view on timeliness. This is formally committed to the FtP action plan.
- OD consider alternative to turnover measures:** Retention was discussed as a more effective staff measure than turnover as it takes into account a healthy 'refresh' rate of staff. The action is for OD to consider replacing turnover measures with retention measures within their Employee Lifecycle suite of performance indicators currently in design.
- Maintain regular sight of ongoing performance report development activities:** There is an ongoing roadmap of review and development for the balanced scorecard and bridging paper to ensure the report remains current and effective. The substance of the performance report is including in the bridging paper and detail level in the balanced scorecard. This action is for SLT to be kept updated on the development activities status through the EMT action updates.

FINANCIAL			RESOURCES	
<div>KPI/FCS/001 - Organisational Income</div> <div>THIS PERIOD: 101% to budget PREVIOUS PERIOD: 101% TARGET: 100% <small>Further info: Annex A – 1.1</small></div> <div><ul style="list-style-type: none">Total income is higher than budgeted by £0.7m for 2019. This is largely due to the following:Higher than budgeted Fees income (£266k).Investment income higher than budgeted for the period (£403k), due to returns from bank interest and S&W investments.</div>	<div>KPI/FCS/002 - FTP Expenditure</div> <div>THIS PERIOD: 93% of budget PREVIOUS PERIOD: 94% TARGET: 100% <small>Further info: Annex A – 1.1</small></div> <div><ul style="list-style-type: none">FtP expenditure was £635k lower than budgeted year to date. This is largely due to a favourable variance of £695k on Hearings meeting fees and expenses where year to date we have registered 285 lost and wasted days.</div>	<div>KPI/FCS/003 - Non-FTP Expenditure</div> <div>THIS PERIOD: 94% of budget PREVIOUS PERIOD: 90% TARGET: 100% <small>Further info: Annex A – 1.1</small></div> <div><ul style="list-style-type: none">Overall, non-FtP expenditure year to date was £1.9m lower than budgeted for Quarter 3.Staffing costs overall are 0.9m lower than lower than budgeted due to delays in recruiting to vacant posts and recruiting roles in Birmingham at lower than budgeted market rate.</div>	<div>KPI/HRG/004 - Staff Sickness</div> <div>THIS PERIOD: 1.5 average days PREVIOUS PERIOD: 1.59 days TARGET: Average within 2 days <small>Further info: Annex A – 3.2</small></div> <div><ul style="list-style-type: none">Of those staff sick in Q3, 2.65% were long term and the remaining 97.35% were short term sickness.There were 536 days lost in totalWhen compared against Q2, while there has been a decrease in LTS and an increase in STS, overall sickness has reduced by 17 days.</div>	
TIMELINESS			INTERNAL PROCESS	
<div>PI/REG/001 & 002 UK Dentist</div> <div>THIS PERIOD: 11 days PREVIOUS PERIOD: 9 days TARGET: 14 days <small>Further info: Annex A – 1.5</small></div> <div><ul style="list-style-type: none">After receiving a high volume of Dentist applications in Q2 from Dental school graduates, Q3 has normalised.186 applications is a 79% decrease of applications in Q3 compared to the 895 received in Q2.</div>	<div>KPI/REG/003 & 004 UK DCP</div> <div>THIS PERIOD: 14 days PREVIOUS PERIOD: 12 days TARGET: 14 days <small>Further info: Annex A – 1.5</small></div> <div><ul style="list-style-type: none">There was a high volume of DCP applications due to academic graduation period.There were 70% more applications received in Q3 compared to the 1,144 received in Q2.</div>	<div>KPI/FTP/014 - IOC Timeliness - Registrar and Case Examiner Referrals</div> <div>THIS PERIOD: 89% PREVIOUS PERIOD: 100% TARGET: 95% <small>Further info: Annex A – 2.3</small></div> <div><ul style="list-style-type: none">17 of 19 cases were heard within 21 working days.Both cases were delayed and approved by GDC due to registrant holiday and registrant request after obtaining legal representation.</div>	<div>KPI/FCS/009 - GDC Website and Online Register Availability</div> <div>THIS PERIOD: 100% availability PREVIOUS PERIOD: 99.9% TARGET: 99.7% <small>Further info: Annex A – 1.3</small></div> <div><ul style="list-style-type: none">100% uptime was achieved across the whole of Q3.</div>	<div>KPI/FCS/010 - Dynamics CRM Availability</div> <div>THIS PERIOD: 100% availability PREVIOUS PERIOD: 99.9% TARGET: 99.7% <small>Further info: Annex A – 1.3</small></div> <div><ul style="list-style-type: none">100% uptime was achieved across the whole of Q3.</div>
<div>KPI/FTP/005 - Timeliness: From Receipt to Case Examiner Decision</div> <div>THIS PERIOD: 18% PREVIOUS PERIOD: 15% TARGET: 75% <small>Further info: Annex A – 2.1</small></div> <div><ul style="list-style-type: none">Q3 has seen a slight rise in performance, up by 3%.The Assessment team are still working on reducing the backlog of older cases and cases which have been delayed at the Rule 4 stage, this will continue to affect performance against this KPI.The majority of cases completed in Q3 had already passed the 17 week target.</div>	<div>KPI/FTP/008 - FTP Timeliness: Overall Prosecution Case Length</div> <div>THIS PERIOD: 11% PREVIOUS PERIOD: 16% TARGET: 75% <small>Further info: Annex A – 2.1</small></div> <div><ul style="list-style-type: none">This indicator is a combined metric that depends on performance throughout the entire process and improvement of each of the underpinning performance indicators will lead to improved performance in this indicator overall.Overall timeliness has fallen in Q3, which can be attributed mainly to 0% of cases meeting the 15 month KPI in September.</div>	<div>KPI/FTP/006 - Proportionate Split of Internal/External Prosecution Referrals</div> <div>THIS PERIOD: 20 external referrals PREVIOUS PERIOD: 19 referrals TARGET: 21 or fewer referrals <small>Further info: Annex A – 2.1</small></div> <div><ul style="list-style-type: none">During Q3 2019, 20 external referrals were made compared to the budgeted level of 21.As of Q3, 24%/56 cases were transferred to ELPS.</div>	<div>PI/LEG/001 – Major ICO Impacts</div> <div>THIS PERIOD: 0 breach PREVIOUS PERIOD: 1 breaches TARGET: 0 breaches <small>Further info: Annex A – 3.6</small></div> <div><ul style="list-style-type: none">Of the total number of 26 DSIs in Q3, 0 were categorised as major ICO</div>	

<div>FINANCIAL</div> <div><div>Organisational Income Collected</div><div>Rationale for priority status: Seasonal inclusion of this measure following the Q4 Dentist ARF collection, to provoke discussion of whether the level of income collected has a bearing on planned activity/performance for 2017.</div></div> <div><div>Forecast FTP Expenditure</div><div>Rationale for priority status: The delivery of FTP activity within budgeted levels is a key organisational priority and is be included to provide ongoing board visibility of cost control in this area.</div></div> <div><div>Forecast Non-FTP Expenditure</div><div>Rationale for priority status: The delivery of Non-FTP activity within budgeted levels is a key organisational priority and is included to provide ongoing board visibility of cost control in this area.</div></div>			<div>HR</div> <div><div>Staff Sickness</div><div>Rationale for priority status: Sickness levels were above desirable levels for Q2/3 2016, therefore are included to provide visibility of whether this trend is continuing or ceasing.</div></div>
<div>TIMELINESS</div> <div><div>UK DCP Active Processing Time</div><div>Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).</div></div> <div><div>Restoration Active Processing Time</div><div>Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).</div></div> <div><div>FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about IOC timeliness and is included to assist ongoing board monitoring of timeliness to support the attainment of standard four.</div></div>			<div>INTERNAL PROCESS</div> <div><div>GDC Website and Online Register Availability</div><div>Rationale for priority status: Included due importance of GDC website availability for public access to key GDC information, and in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public.</div></div> <div><div>Dynamics CRM Availability</div><div>Rationale for priority status: Included due to importance of Dynamics CRM system availability due to the need for approximately 200 members of staff to have the system available to undertake work on key processes.</div></div>
<div><div>FTP Timeliness: From Receipt to Case Examiner Decision</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about casework timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.</div></div> <div><div>FTP Timeliness: Overall Prosecution Case Length</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about full case timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.</div></div>			<div><div>FTP: Proportionate Split of Internal and External Legal Referrals</div><div>Rationale for priority status: This measure has been identified as a key driver of organisational cost and is included for ongoing scrutiny of cost control in this area.</div></div> <div><div>Serious Data Breaches</div><div>Rationale for priority status: This KPI relates to the question in the PSA dataset about ICO referrals and is included to assist ongoing board monitoring of data breach volumes to support the attainment of standard ten.</div></div>

1.4 RAG summary and links with wider performance framework



Links to Strategic Risk

Work has been carried out to cross-reference the balanced scorecard key performance indicators with current live risks on the strategic risk register.

The key performance indicators have been mapped against current strategic risks to understand the RAG rating for each. This is being maintained and monitored as part of the GDC’s risk management framework.

Links to Business Plan

The following three projects have Closed within the business plan portfolio for this period:

- SPF - Strategic Planning Framework: - The project close out report is complete and was approved by the SPF Programme board on 8 October. For BAU continuation, the PMO will work with Communications and Internal Communications team to align further internal communications of the SPF framework with the Corporate Strategy and CCP communications plans and work is underway with People Services to design 2020 Staff Objectives process to be aligned to the CCP and Corporate Strategy.
- STB -Student Engagement Plan: - The Close out report has been approved by the Programme Board. Ongoing post-pilot student engagement work will continue post project closure.
- STB -Evolving Learnings Outcomes: - The Evolving Learning outcomes project is now closed following the publication of the Learning outcomes review process on the GDC website. The project close out report is complete and has been approved by the STB Programme board on 10th October.

Actions Planned by EMT – Q3 2018 Report

- The Registration Management team have developed an action plan to minimise performance interruption in Q4.** The team will particularly be focusing on measures to prioritise the progression of the oldest live applications during this period, to avoid the development of a processing backlog occurring during the transfer from London to Birmingham. **COMPLETED Q4 2018**
- EMT will continue to monitor FTP timeliness and focus on improving red timeliness performance indicators.** A number of improvement activities that will help to improve timeliness have now either been delivered or are close to delivery as part of the FTP End-to-End Review (including: introduction of team based tasking, introduction of case front-loading and the improvement of IAT, Rule 4 and hearing listing processes). Early benefits of these measures, as well as focused day-to-day management activity, have helped to reduce IAT and Assessment backlogs evident in Q2. With backlogs now reduced and improvement projects delivered/delivering, the management team expect the manifestation of improvement & backlog reduction work to translate into measurable timeliness improvements over forthcoming quarters. **STATUS Q3 2019 – SUPERSEDED BY Q1 2019 ACTIONS – SEE UPDATE IN Q1 2019 SECTION**
- Action is being taken to address red Governance performance indicators (PI/HRG/010 & 012).** A new Head of Governance has been appointed who will start work in November, which will fill the main recent resourcing gap referred to in section 3.1 of the report. They will lead on work to encourage improvement in timely paper completion by paper authors across the organisation, and review some current software issues in the paper uploading process. An exercise has been carried out to revise sequencing arrangements for 2019 to assist paper authors in managing the flow of EMT, sub-committee and Council between board meeting dates. **STATUS Q3 2019 – SUPERSEDED BY Q2 2019 ACTIONS – SEE UPDATE IN Q2 2019 SECTION**
- Development work is being planned by EMT in relation to several areas of the Balanced Scorecard.** Organisational Turnover measures are being reviewed to give better visibility of organisational stability in the context of current organisational priorities/challenges. Internal Communications measures are being reviewed to consider whether more appropriate measures of employee engagement can be introduced. Quality Assurance measures will be reviewed to give greater insight into the outcomes of work in this area. **STATUS Q3 2019 – ONGOING – FULL SUITE OF INDICATORS FOR ORGANISATIONAL DEVELOPMENT IN TEST TO TRACK WITH PEOPLE SERVICES TEAM. GOVERNANCE REPLACEMENT KPIS ARE IN REDESIGN Q4 2019. IACE & ILAS KPIS ARE ALSO IN REVIEW IN Q4 2019.**

Actions Planned by EMT – Q4 2018 Report

- For the RED Governance performance indicators (PI/HRG/010 & 012) action is being taken.** The team are working to develop a workplan to identify and prioritise improvement initiatives for 2019. Additionally, there are plans to evaluate potential solution options of a document sharing system to replace the current 'lannotate' ipad method of distributing board papers, with the objective being to improve the workflow and timeliness of papers. **STATUS Q3 2019 – SUPERSEDED BY Q2 2019 ACTIONS – SEE UPDATE IN Q2 2019 SECTION**
- Some aspects of probation procedures and probation measurement will be reviewed.** Performance indicators will be redesigned to avoid a skew by removing fixed term contract workers from the calculation. Further granularity will give insight into directorate specific probation success levels, and further narrative will be considered to provide analysis of broad themes arising from exit interviews. Additionally, a review is planned to consider the how the GDC can make best use of the probation period, to see whether there are merits in considering; a possible amendment to allow flexibility to the current probation sick pay policy, a possible gradation upwards of notice periods during probation based on seniority of the post; and, a possible means to confirm probation success for people who has significant/expert experience coming into role and who quickly demonstrate their capability and suitability when in role. **STATUS Q3 2019 – THE OD EMPLOYEE LIFECYCLE KPIS PLAN TO HAVE PROTOTYPE TESTED BY END OF Q1 2020 AND TO IMPLEMENT NEW KPIS TO THE BALANCED SCORECARD IN Q2 2020. THE CURRENT STATUS IS THAT THE PEOPLE SERVICES TEAM ARE CHECKING THE DATA AVAILABLE TO MEASURE THESE AND TO TRACK THE DATA.**
- EMT will continue to focus closely on FTP performance.** EMT will continue to closely review FTP performance in light of the downturn in timeliness noted this quarter and will have a focussed discussion in this area at each monthly meeting. Additionally, EMT have discussed considering ways to bring to Council attention some of the monthly narrative which they review that is not currently exposed by quarterly reporting. For example, the October EMT scorecard noted that Prosecutions Timeliness (PI/FTP/009) was the best monthly performance in 2018 at 93% and the November EMT scorecard noted that there had been improvements in all Hearings indicators (considering utilisation, adjournment and outcomes). Consideration will be given to how supplementary data/narrative can be provided to the Council to summarise some of EMT's monthly reviews and insights. Additionally, some additional data and amendments to amber bandings will be implemented to the scorecard from the start of 2019 to better inform the Council of emerging improvements/concerns **STATUS Q3 2019 – SUPERSEDED BY Q1 2019 ACTIONS – SEE UPDATE IN Q1 2019 SECTION**

1.5 Tracking of previous EMT actions

Actions Planned by EMT – Q1 2019 Report

1.

Hearings completed without adjournment will be monitored.

As a result of the 12 out of 42 hearings in Q1 2019 being adjourned, from February an ‘unexpected outcomes’ working group has been formed with representation from FtP and Legal & Governance to assess prevention and responsive measures to either avoid cases ending this way and/or find other cases to fill the gap. EMT will monitor the feedback from this group and the results ongoing. **STATUS Q3 2019 – THE GROUP HAVE FURTHER EVALUATED SOME OF THE ROOT CAUSES OF THESE ISSUES AND HAVE INCORPORATED THESE INTO THE FTP END TO END REVIEW PHASE II PROGRAMME THAT WILL COMMENCE NEXT YEAR. THE NUMBER OF ADJOURNMENTS SINCE Q1 HAS RETURNED TO PREVIOUS LEVELS (NOT AS A RESULT OF SPECIFIC ACTION). NOTWITHSTANDING THIS FACT THE LEARNING AROUND THIS WILL BE INCORPORATED INTO THE IMPROVEMENT PROGRAMME.**
2.

EMT continual focus closely on FTP timeliness.

EMT acknowledged some positive improvements in FtP timeliness through Q1 2019 but as levels are still significantly below target levels. April and May monthly performance levels show fluctuations in performance. EMT discussed in June SLT board meeting in depth options of additional resource levels, with the acknowledgement of risks for sustaining timeliness during the FtP team handover from London to Birmingham. EMT will continue to review ongoing and address options for resourcing. **STATUS Q3 2019 – THE FTP MANAGEMENT TEAM ARE PREPARING AN ACTION PLAN TO TACKLE TIMELINESS THAT WILL ENCOMPASS Q4 2019 AND Q1 2020 ACTIVITY AND PERFORMANCE. THIS IS TO BE SHARED WITH FPC AND COUNCIL.**

Actions Planned by EMT – Q2 2019 Report

1.

Registration monitoring of workload and capacity:

At 2 July 2019 SLT meeting, SLT noted the increase and sustained workload of Registration application volumes within DCP Casework. Several mitigations has been put in place including an additional resource request for DCP Casework, which is a route particularly affected. SLT will continue to monitor the workload, capacity and related performance indicators on a monthly basis, so that effectiveness of current mitigations and any further options can be evaluated regularly. **STATUS Q3 2019 - ONGOING - RECRUITMENT FOR REGISTRATION ASSESSMENT PANELLIST & DCP CASEWORKER ARE COMPLETE. ACTION REMAIN OPEN FOR SLT TO MONITOR.**
2.

Governance Performance Indicators immediate review:

Following EMT action 3 in Q3 2018 action is review the entire suit of Governance Performance Indicators as a priority to evaluate if the correct indicators are being used to measure performance, design any performance indicator amendment and address any issues in data collection and reporting. **STATUS Q3 2019 - AN INITIAL WORKSHOP BETWEEN PMO AND GOVERNANCE WAS HELD ON 29 AUGUST. PROPOSALS FOR KPIS REDESIGN AND PROCESS TO TRACK DATA WILL BE DEFINED INTO A PAPER TO BE FORMALLY SUBMITTED TO SLT BY END Q4 2019.**

DISCUSSED AND APPROVED AT 5 NOVEMBER 2019 SLT MEETING

There are 2 amendments to reporting criteria formally approved at the 5 November SLT meeting:

1. The Registration performance indicator PI/REG/019 – Minimum Acceptable Productivity is requested to be removed from the Balanced Scorecard reporting. The performance of the UK Registration Team is managed separately via a more detailed process in the monthly Registration and Process Quality (RPQ) meetings attended by the Corporate Operations Manager, Head of Registration, Head of Registration Operations, and Executive Director of Registration and Corporate Resources. RPQ meetings address individual and team performance across the registration function. This is considered to be the appropriate forum for discussion of staff performance management. As such, the indicator is no longer required on the balanced scorecard. EMT Sponsor: Gurvinder Soomal (STATUS – APPROVED AND COMPLETED)
2. The Strategy performance indicators PI/STR/012 – Proportion of inspections that require re-inspection and PI/STR/008 – Standards Perception are both requested to be removed from the Balanced Scorecard reporting. PI/STR/012 is no longer reportable as under the risk based process the GDC are no longer doing reinspection. PI/STR/008 has been requested to remove as this PI has been a placeholder awaiting to be defined and it is no longer felt the most appropriate indicator. Following SLT approval for removal of these indicators the Strategy directorate will work with the PMO to design new replacement performance indicators. EMT Sponsor: STEFAN CZERNIAWSKI (STATUS – APPROVED AND COMPLETED)

The following updates are for noting only:

- The Information Performance Indicators in section 3.2 listed below (which were approved by SLT for introduction into the Balanced Scorecard from the July 2019 report) are now introduced into the quarterly version. These new Information Governance indicators have been added based on new classifications of ICO and GDC scoring of DSIs which were approved in the June 2019 SLT board meeting. These replace PI/FTP/025 Serious Data Breaches and PI/FTP/026 Non-Serious Data Breaches. The indicators added are listed below and detailed in section 3.2 Information Performance Indicators: (STATUS – COMPLETED)
 - I. PI/LEG/001 – Major ICO Impacts – This replaces PI/FTP/025 on the 1.2 Key Performance Indicators Dashboard
 - II. PI/LEG/002 – Significant ICO Impacts
 - III. PI/LEG/003 – Minor ICO Impacts
 - IV. PI/LEG/004 – Major GDC Impacts
 - V. PI/LEG/005 – Significant GDC Impacts
 - VI. PI/LEG/006 – Minor GDC Impacts
- Trendlines on charts in section ‘2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking’ have been amended from linear for all to use either linear, curved (polynomial) or no trend line based on the appropriate pattern of the data.

ANNEX A

Registration and Corporate Resources Directorate Performance Indicators

- 1.1 Finance Performance Indicators***
- 1.2 IT Performance Indicators***
- 1.3 Registration Process Performance Indicators Dashboard***
- 1.4 Registration Process Dashboard Reference Information***
- 1.5 Registration Performance Indicators – Process Dashboard – Historic Tracking***
- 1.6 Supplementary Registration Performance Indicators***
- 1.7 Facilities Performance Indicators***

KPI/FCS/001 – Organisational Income

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget.</i>	<div>THIS PERIOD: 101% PREVIOUS PERIOD: 101%</div>	<ul style="list-style-type: none">Total income is higher than budgeted by £0.7m for 2019. This is largely due to the following:Higher than budgeted Fees income (£266k), of which £102k is as a result of more dentists and specialists renewing their registration in December 2018 than we had budgeted.Investment income higher than budgeted for the period (£403k), due to returns from bank interest and S&W investments.
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% to budget	
	Green when: 100% +	
	Amber when: 98% to 99.9%	
	Red when: 97.9% or lower	
DESIRED OUTCOME		
Total ARF income received by the GDC is sufficient to fund its operations.		

KPI/FCS/002 – FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total forecast annual operating expenditure by the FTP directorate (inc FtP Commissioning) compared with budget</i>	<div>THIS PERIOD: 93% PREVIOUS PERIOD: 95%</div>	<ul style="list-style-type: none">This KPI compares the quarter 3 year to date actual results for FtP operating expenditure to the agreed quarter 3 budget.FtP expenditure was £635k lower than budgeted year to date. This is largely due to a favourable variance of £695k on Hearings meeting fees and expenses where year to date we have registered 285 lost and wasted days.
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% to budget	
	Green when: 98% to 102%	
	Amber when: Below 98% OR 102.1% to 105%	
	Red when: Above 105%	
DESIRED OUTCOME		
The costs of running FTP operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.		


KPI/FCS/003 – Non-FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget</i>	<div>THIS PERIOD: 94% PREVIOUS PERIOD: 90%</div>	<ul style="list-style-type: none">Overall, non-FtP expenditure year to date was £1.9m lower than budgeted for Quarter 3.Non-FtP Legal & Professional fees were £606k lower than budgeted. The majority came from ILPS £369k and ELPS 163k underspend, due to the impact of a lower number of referrals than expected in Q4 2018.Non-FtP Meeting fees & expenses were £215k lower than budgeted with £140k of the underspend relating to strategy where the budget for Education QA meetings had been incorrectly overstated.Staffing costs and other staff costs overall are 0.9m lower than lower than budgeted due to delays in recruiting to vacant posts and recruiting roles in Birmingham at lower than budgeted market rate, as well as profiling differences with the budget on Estates Recruitment agency and advert fee's.
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% to budget	
	Green when: 98% to 102%	
	Amber when: Below 98% OR 102.1% to 105%	
	Red when: Above 105%	
DESIRED OUTCOME		
The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.		


PI/FCS/004 – Pension Scheme Funding Position

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities</i>	<div>THIS PERIOD: Surplus of £0.4m (101%) PREVIOUS PERIOD: Surplus of £0.3m (101%)</div>	<ul style="list-style-type: none">The triennial valuation as at 1 April 2019 was prepared by the pension scheme's actuary.The valuation showed a surplus of 0.4m comparing to 0.3m last period.This KPI is updated annually when we receive the Pension Scheme accounts from the external provider.
CORPORATE STRATEGY LINK	TARGET LEVEL: 100% or greater	
	Green when: Less than £2m shortfall	
	Amber when: Between £2m and £5m shortfall	
	Red when: Greater than £5m shortfall	
DESIRED OUTCOME		
The GDC DB pension scheme assets are sufficient to meet the scheme's liabilities and, where this fails to be the case, the scheme is fully funded to avoid a call on the employer for further contributions.		

PI/FCS/005 – Financial Reporting Timeliness


KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline.</i>	<div>THIS PERIOD:  1 out of 3 Months within deadline</div> <div>PREVIOUS PERIOD: 2 out of 3</div>	<ul style="list-style-type: none">July month end reporting was on time. August was one day late and September 2 days late. The delay was due to resourcing issues in the finance team and supporting the completion of our internal audit.Processes are currently being reviewed to improve efficiency and temporary staff have are supporting the Finance function in Q3/4.Recruitments are ongoing to ensure resources in place soon as possible.								
CORPORATE STRATEGY LINK	Performance Objective 2: Management of resources/efficiency									
DESIRED OUTCOME	<table><tr><th>TARGET LEVEL:</th><td>3 out of 3 months to deadline</td></tr><tr><td>Green when:</td><td>3 out of 3 months</td></tr><tr><td>Amber when:</td><td>2 out of 3 months</td></tr><tr><td>Red when:</td><td>1 out of 3 or fewer</td></tr></table>	TARGET LEVEL:	3 out of 3 months to deadline	Green when:	3 out of 3 months	Amber when:	2 out of 3 months	Red when:	1 out of 3 or fewer	
TARGET LEVEL:	3 out of 3 months to deadline									
Green when:	3 out of 3 months									
Amber when:	2 out of 3 months									
Red when:	1 out of 3 or fewer									
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports										

PI/FCS/006 – Fees and Expenses Payments Timeliness


KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines</i>	<div>THIS PERIOD:  Fees – 86%, Expenses – 100%</div> <div>PREVIOUS PERIOD: Fees – 79%, Expenses – 82%</div>	<ul style="list-style-type: none">86% of fees were paid on time, improved from 79% last period.100% of expenses were paid within deadline, against a target of 95%. Improved from 82% last period.Late payment of fees was due to a delay in the claims being sent through to the finance team. Reminders have been sent out to the Lead contacts, to encourage earlier submissions of claims.								
CORPORATE STRATEGY LINK	Performance Objective 2: Management of resources/efficiency									
DESIRED OUTCOME	<table><tr><th>TARGET LEVEL:</th><td>95% processed within deadline</td></tr><tr><td>Green when:</td><td>95% +</td></tr><tr><td>Amber when:</td><td>85% to 94%</td></tr><tr><td>Red when:</td><td>84% and lower</td></tr></table>	TARGET LEVEL:	95% processed within deadline	Green when:	95% +	Amber when:	85% to 94%	Red when:	84% and lower	
TARGET LEVEL:	95% processed within deadline									
Green when:	95% +									
Amber when:	85% to 94%									
Red when:	84% and lower									
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.										

(Note for 2019 to date only the associates fees & expenses timeliness data is available and staff expenses data shall be incorporated from Q4.)

PI/FCS/007 – Invoices and Refunds Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Proportion of invoices and refunds that are processed in line with recognised deadline</i>	<div>THIS PERIOD:  AVERAGE: 94% Invoices: 93% Suppliers: 89% Refunds: 100%</div> <div>PREVIOUS PERIOD: AVERAGE: 86% Invoices: 95% Suppliers: 96% Refunds: 70%</div>	<ul style="list-style-type: none">Q3 performance for invoices is 93%, which is 3% above the target of 90%.The number of suppliers paid within our 30 days payment terms is 89%, 1% below target. Delay was mainly caused by resource constraint Finance team experienced in Q3.100% refunds were paid on time against the target of 90%. Performance has much improved from 70% last time.								
CORPORATE STRATEGY LINK	Performance Objective 2: Management of resources/efficiency									
DESIRED OUTCOME	<table><tr><th>TARGET LEVEL:</th><td>90% processed within 30 days</td></tr><tr><td>Green when:</td><td>90% +</td></tr><tr><td>Amber when:</td><td>75% to 89%</td></tr><tr><td>Red when:</td><td>74% and lower</td></tr></table>	TARGET LEVEL:	90% processed within 30 days	Green when:	90% +	Amber when:	75% to 89%	Red when:	74% and lower	
TARGET LEVEL:	90% processed within 30 days									
Green when:	90% +									
Amber when:	75% to 89%									
Red when:	74% and lower									
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.										

PI/FCS/008 – Adherence to Purchase Order Policy

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Value of invoices where a purchase order has not been raised at the point of commissioning the service/product</i>	<div>THIS PERIOD:  £44.7k</div> <div>PREVIOUS PERIOD: £63.4k</div>	<ul style="list-style-type: none">£44.7k of invoices were not compliant in the past period, which is £105.3k below the £150k target.£20.4k of invoices were related to various recruitment agencies sending invoices without POs. Finance team staff have contacted the relevant vendors and clarified GDC Purchase Order policy with them, and received feedback for vendors they shall look to improve this going forwards.								
CORPORATE STRATEGY LINK	Performance Objective 2: Management of resources/efficiency									
DESIRED OUTCOME	<table><tr><th>TARGET LEVEL:</th><td>Less than £150k non invoiced spend</td></tr><tr><td>Green when:</td><td>Below £150k</td></tr><tr><td>Amber when:</td><td>Between £150k and £400k</td></tr><tr><td>Red when:</td><td>Above £400k</td></tr></table>	TARGET LEVEL:	Less than £150k non invoiced spend	Green when:	Below £150k	Amber when:	Between £150k and £400k	Red when:	Above £400k	
TARGET LEVEL:	Less than £150k non invoiced spend									
Green when:	Below £150k									
Amber when:	Between £150k and £400k									
Red when:	Above £400k									
GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.										

PI/FCS/019 – Organisational Efficiencies		ORGANISATIONAL INDICATOR
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The actual realisation of planned organisational efficiencies in comparison to budgeted levels</i>	<div><div>↑</div><div>THIS PERIOD: 101%</div><div>PREVIOUS PERIOD: 98%</div></div>	<ul style="list-style-type: none">Overall efficiency savings as at end of Q3 was £1.7m compared to target of £1.7m.<ul style="list-style-type: none">ILPS continuing to take the majority of the cases referred to prosecution.The implementation of Case Examiners which continue deliver savings.Increased savings realised from favourable up to date payroll spend on Clinical Advisors and DCS staff costs.£0.4m savings in Hearings’ venue hire costs due to a reduction in the number of external venues used.Overall savings is off-set by costs relating to STB & Estates.
CORPORATE STRATEGY LINK		
Performance Objective 2: Management of resources/ efficiency	<div>TARGET LEVEL:<div>For efficiency savings to be equal to or greater than the budgeted level</div></div>	
DESIRED OUTCOME	<div>Green when:<div>Forecast yearly efficiency savings at 100% or greater of budgeted level</div></div> <div>Amber when:<div>Forecast yearly efficiency savings at 95% to 99% of budgeted level</div></div> <div>Red when:<div>Forecast yearly efficiency savings at less than 80% of budgeted level</div></div>	
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports.		

KPI/FCS/009 – GDC Website and Online Register Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the GDC website is available.</i>	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 99.9%</div>	<ul style="list-style-type: none">100% uptime was achieved with no issues recorded during the period with GDC Website and Online register available for all users continuously during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public) and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	<div>Green when: 99.7% to 100%</div> <div>Amber when: 97% to 99.69%</div> <div>Red when: 0% to 96.99%</div>	

PI/FCS/010 – eGDC Site Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the eGDC website is available.</i>	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div>	<ul style="list-style-type: none">100% uptime was achieved with no issues recorded during the period and with the eGDC site continuously available for applicants and registrants to make online service interactions during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	<div>Green when: 99.7% to 100%</div> <div>Amber when: 97% to 99.69%</div> <div>Red when: 0% to 96.99%</div>	

KPI/FCS/011 – Dynamics CRM Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the Dynamics CRM organisational database is available.</i>	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 99.9%</div>	<ul style="list-style-type: none">100% uptime was achieved with no issues recorded during the period with GDC Dynamics CRM being continuously available for all users during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.	<div>Green when: 99.7% to 100%</div> <div>Amber when: 97% to 99.69%</div> <div>Red when: 0% to 96.99%</div>	


PI/FCS/012 – GDC Exchange Email Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that GDC Exchange Email is available.</i>	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div>	<ul style="list-style-type: none">100% uptime was achieved with no issues recorded during the period .GDC email has been available for all users continuously during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.	<div>Green when: 99.7% to 100%</div> <div>Amber when: 97% to 99.69%</div> <div>Red when: 0% to 96.99%</div>	


PI/FCS/013 – IT Service Desk Timeliness

DEPARTMENTAL
INDICATOR















PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS: <ul style="list-style-type: none">Performance has decreased by 1% in Q3 2019 with 97% processed within the service level agreement.1,922 service desk requests were completed over this period, 41 less than Q2 2019.This performance indicator is a composite measure taking into account all IT service desk requests carried out across IT support, web and database services.Target response times range from an hour to 24 hours depending on the nature of the request.The average resolution time for IT helpdesk tickets raised is 5 working days.
<i>The proportion of IT support/development requests that are processed within service level agreement timeframes.</i>	<div> THIS PERIOD: 97% <i>PREVIOUS PERIOD: 98%</i></div>		
CORPORATE STRATEGY LINK			
Performance Objective 1: Improve performance across all functions			
DESIRED OUTCOME			
The IT team provide timely and effective IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.			
	TARGET LEVEL:	95% within deadline	
	Green when:	95% to 100%	
	Amber when:	90% to 94.99%	
	Red when:	0% to 89.99%	

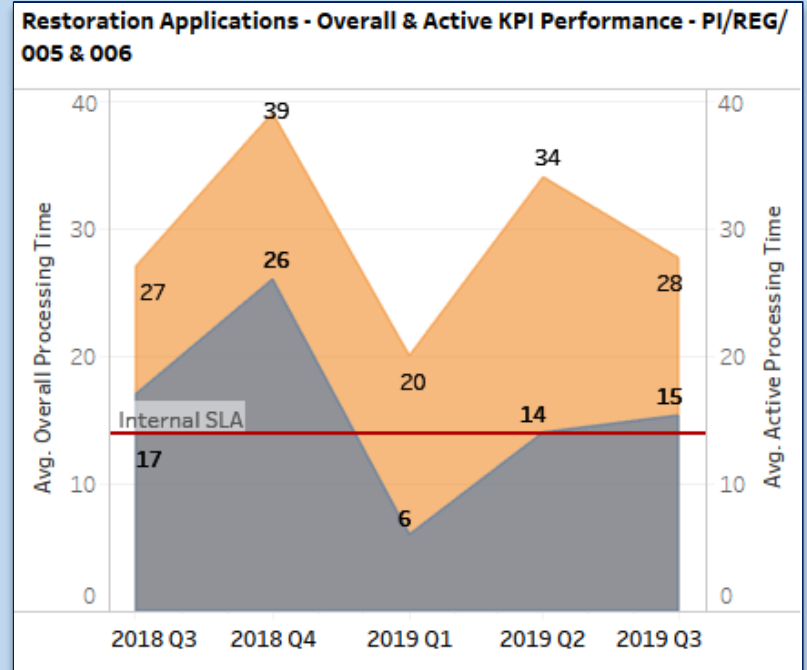
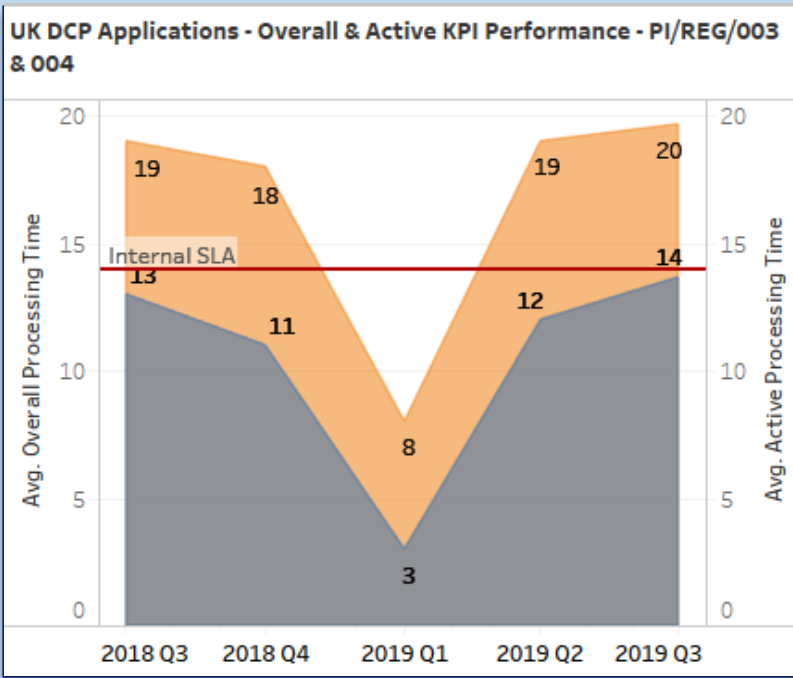
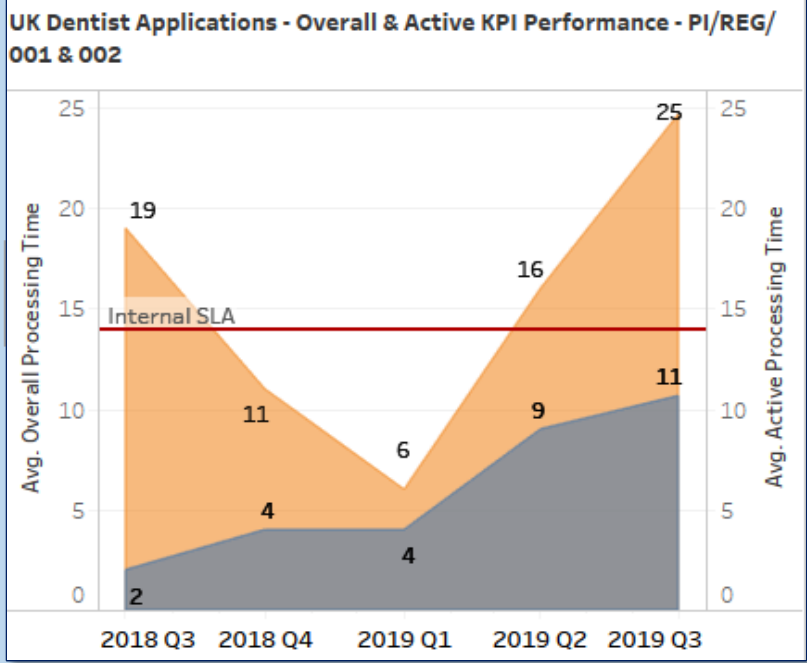
PI/FCS/014 – IT Customer Service Feedback

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS: <ul style="list-style-type: none">98% of users rated their service as good or very good thus remaining in target for Q3 2019. 482 surveys were completed.The IT customer survey operates in the manner of a ‘pulse’ survey – users are sent a link after every completed service desk request to enable that specific interaction to be assessed.
<i>The proportion of customer survey feedback received in the ‘satisfactory’ category.</i>	<div><p>THIS PERIOD: 98%</p><p>PREVIOUS PERIOD: 100%</p></div>		
CORPORATE STRATEGY LINK			
Performance Objective 2: Cost reduction/efficiency			
DESIRED OUTCOME			
The IT team provide a good level of customer service in the effective provision of IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.			
	TARGET LEVEL:	95% satisfactory	
	Green when:	95% to 100%	
	Amber when:	90% to 94.99%	
	Red when:	0% to 89.99%	

'Active' Processing time = Time only where the ability to process the application is in the control of the GDC.

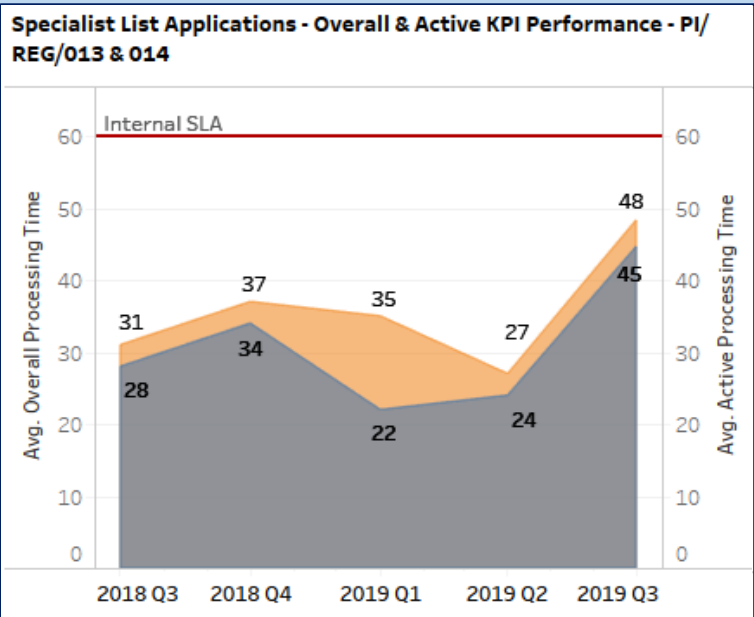
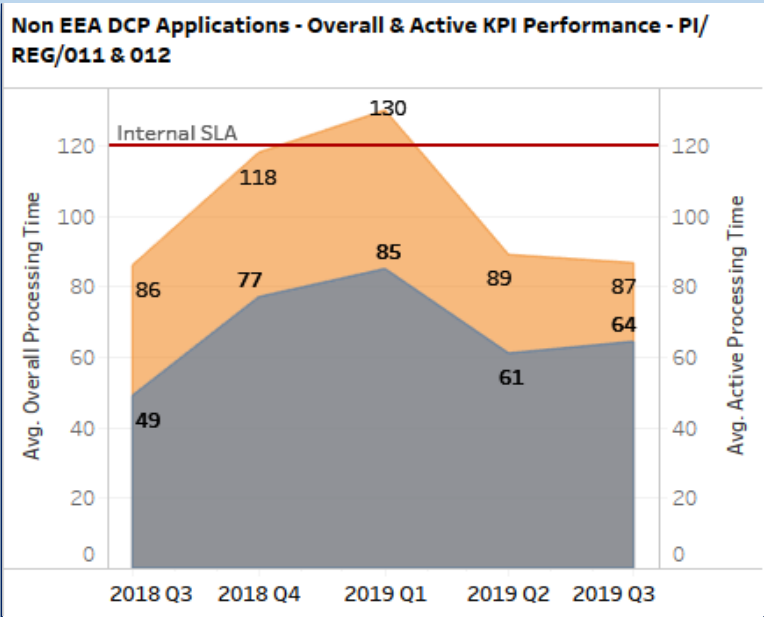
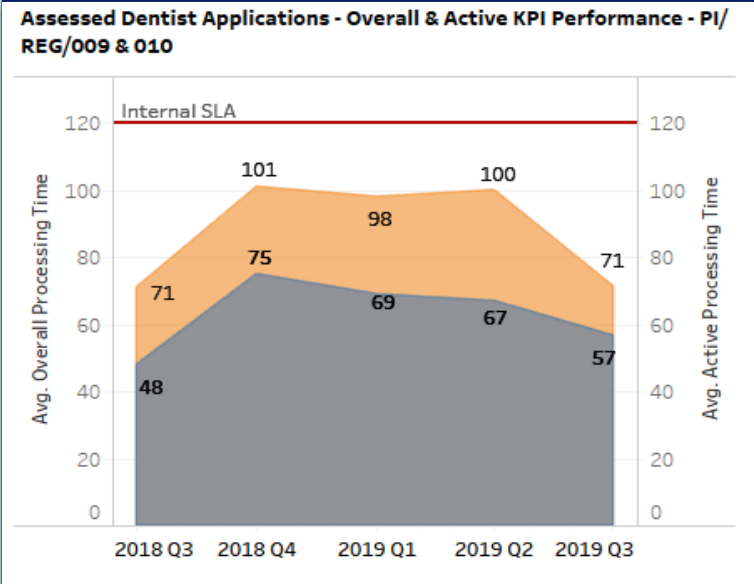
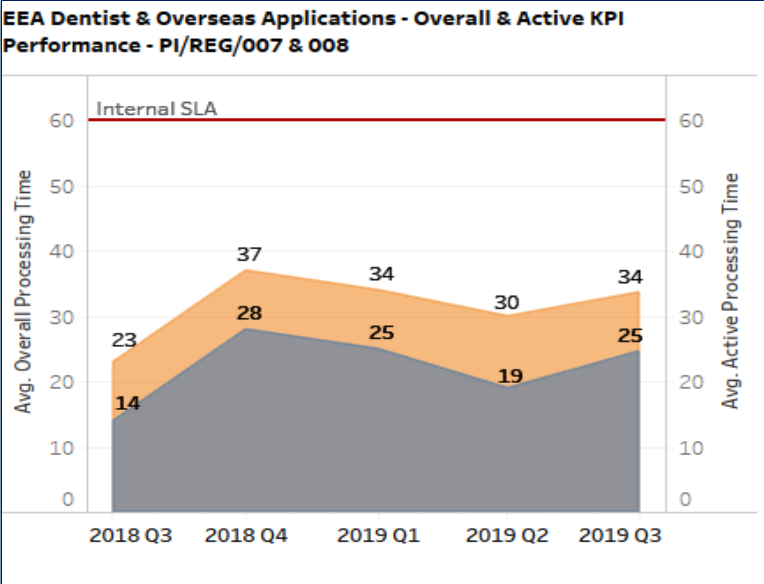
		PI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	KPI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA & Overseas Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
A. Average Overall Processing Time		THIS PERIOD  25 Calendar Days	THIS PERIOD  20 Calendar Days	THIS PERIOD  28 Calendar Days	THIS PERIOD  34 Calendar Days	THIS PERIOD  71 Calendar Days	THIS PERIOD  87 Calendar Days	THIS PERIOD  48 Calendar Days
		PREVIOUS PERIOD 16 Calendar Days	PREVIOUS PERIOD 19 Calendar Days	PREVIOUS PERIOD 34 Calendar Days	PREVIOUS PERIOD 30 Calendar Days	PREVIOUS PERIOD 100 Calendar Days	PREVIOUS PERIOD 89 Calendar Days	PREVIOUS PERIOD 27 Calendar Days
B. Average Active Processing Time		THIS PERIOD  11 Calendar Days	THIS PERIOD  14 Calendar Days	THIS PERIOD  15 Calendar Days	THIS PERIOD  25 Calendar Days	THIS PERIOD  57 Calendar Days	THIS PERIOD  64 Calendar Days	THIS PERIOD  45 Calendar Days
		PREVIOUS PERIOD 9 Calendar Days	PREVIOUS PERIOD 12 Calendar Days	PREVIOUS PERIOD 14 Calendar Days	PREVIOUS PERIOD 19 Calendar Days	PREVIOUS PERIOD 67 Calendar Days	PREVIOUS PERIOD 61 Calendar Days	PREVIOUS PERIOD 24 Calendar Days
C. Contextual Measures	Incoming	186 applications received	1,945 applications received	560 applications received	311 applications received	51 applications received	174 applications received	78 applications received
	Processed	564 applications completed	1,382 applications completed	273 applications completed	182 applications completed	26 applications completed	38 applications completed	48 applications completed
	Work In Progress	4 live applications at quarter end	410 live applications at quarter end	223 live applications at quarter end	85 live applications at quarter end	18 live applications at quarter end	107 live applications at quarter end	37 live applications at quarter end
D. Insights		<ul style="list-style-type: none">After receiving a high volume of Dentist applications in Q2 from Dental school graduates, Q3 has normalised.186 applications received is a 79% decrease of applications in Q3 compared to the 895 received in Q2.The total number of applications completed was 19% lower than forecast during Q3 (693).	<ul style="list-style-type: none">There were 70% more applications received in Q3 compared to the 1,144 received in Q2.There were 79% more live DCP applications at the end of Q3 compared to the 229 live applications in Q2.The applications completed were 5% higher than forecast (1,313).	<ul style="list-style-type: none">Restorations completed were 36% lower than forecast (429).Applications received were 99% higher than the 281 received in Q2.There were 153% more live applications in Q3 compared to the 88 in Q2.11% were Dentist Restorations whereas 89% were DCPs.	<ul style="list-style-type: none">There were 67% more applications received in Q3 than the 186 applications received in Q2.There were 13% more live applications in Q3 compared to the 75 live applications in Q2.182 EEA & Overseas Dentist applications were completed during Q3, which was 63% higher than forecast (112).	<ul style="list-style-type: none">There were 12% less applications received compared to 58 applications received in Q2.There were 54% less live applications in Q3 compared to the 39 live applications in Q2.26 applications were completed during Q3, which was 86% higher than forecast (14).	<ul style="list-style-type: none">Applications received in Q3 were 5% more than the 166 in Q2.The number of applications completed were 171% above forecast(14).There were three more live applications in Q3 compared to the 104 live applications in Q2.	<ul style="list-style-type: none">78 applications were received during Q3 which is 39% higher than the 56 received the previous quarter.There is one more live application in Q3 compared to the 36 live applications in Q248 applications were completed which is 78% higher than forecast(27).



Registration Processing Times


Overall


Active



Registration Processing Times

Overall Active


PI/REG/015 – Call Centre Availability			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR: <i>The proportion of inbound calls from members of the public that are answered by the Customer Advice and Information Team (CAIT).</i>	ACTUAL PERFORMANCE THIS PERIOD: 95% PREVIOUS PERIOD: 92% 	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">23,598 out of 24,974 offered calls were handled during Q3 2019.The number of calls received has increased by 92% compared to the 13,039 received in Q2 2019.	
CORPORATE STRATEGY LINK Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME The majority of customer service calls can be answered by CAIT in a timely fashion prior to the caller ceasing to wait in the call queue.			
	TARGET LEVEL: 85% + calls are answered		
	Green when: 85% +		
	Amber when: 65% to 84%		
	Red when: 64% or lower		

PI/REG/017 – Registration Applications Processed			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR: <i>The year to date number of additions to the Register compared to budgeted levels.</i>	ACTUAL PERFORMANCE THIS PERIOD: 100% to budget PREVIOUS PERIOD: 99% 	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">The income generated from applications is in line with the forecast for Q3 2019.2,513 applications were completed against the 2,605 forecast in Q3 2019 . Of the applications completed:<ul style="list-style-type: none">55% were UK DCP applications.22% were UK Dentist.11% were Restoration.7% were EEA Dentist and Non-EEA Dentist.2% were Specialist.2% were Overseas DCP.1% were Dentist assessed	
CORPORATE STRATEGY LINK Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME Volume of applications coming in to the GDC remains in line with the levels expected when the budget is set to help maintain expected income position. Once arrived, applications are processed at the rate expected to maintain product processing expectations.			
	TARGET LEVEL: 100% of expected registrations		
	Green when: 95% +		
	Amber when: 85% and 94%		
	Red when: 84% or less		

1.6 Supplementary Registration Performance Indicators

PI/REG/016 – Registration Customer Satisfaction

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>Combined % of respondents either strongly agreeing or agreeing with the statement “I was satisfied with the customer service I received from the GDC”.</i>	<div></div> <div>THIS PERIOD: 94%</div> <div>PREVIOUS PERIOD: 89%</div>		
CORPORATE STRATEGY LINK			
Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME			
Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.	TARGET LEVEL:	80% or above	
	Green when:	80% +	
	Amber when:	60% to 79%	
	Red when:	59% or lower	

PI/REG/018 – Registration Audit Pass Rate

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of Registration applications that pass audit inspection.</i>	<div>THIS PERIOD: N/A</div> <div>PREVIOUS PERIOD: 90.37%</div>		<ul style="list-style-type: none">No data or insights was provided this quarter
CORPORATE STRATEGY LINK			
Performance Objective 1 & 2: Highly effective regulator and management of resources			
DESIRED OUTCOME	TARGET LEVEL:	90% pass rate	
All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.	Green when:	90% and 100%	
	Amber when:	80% and 89%	
	Red when:	79% or lower	

PI/FCS/014 – Health & Safety Incident Occurrence

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	<div>THIS PERIOD: 0 incidents</div> <div>PREVIOUS PERIOD: 0</div>	<ul style="list-style-type: none">During Q3 2019, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.
CORPORATE STRATEGY LINK	TARGET LEVEL: No incidents occur	
	Green when: No incidents occur	
	Amber when: 1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)	
	Red when: 1 or more prohibition notice	
DESIRED OUTCOME		
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.		

PI/FCS/015 – Serious Accident Occurrence

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	<div>THIS PERIOD: 0 accidents; 0 Near Miss</div> <div>PREVIOUS PERIOD: 0 accidents, 0 near misses</div>	<ul style="list-style-type: none">No serious accidents and no near misses were recorded in Q3 2019 that met this definition.
CORPORATE STRATEGY LINK	TARGET LEVEL: No accidents occur	
	Green when: No accidents occur	
	Amber when: 1 or more internally recognised near miss	
	Red when: 1 or more serious accident	
DESIRED OUTCOME		
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.		

PI/FCS/016 – Staff Satisfaction – Working Environment


DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey.</i>	<div>THIS PERIOD: N/A</div> <div>PREVIOUS PERIOD: 62%</div>	<ul style="list-style-type: none">Due to the move to Birmingham this survey is on hold.GVA Acuity were engaged to carry out a workstyle study.
CORPORATE STRATEGY LINK	TARGET LEVEL: 75% or above	
	Green when: 75% +	
	Amber when: 50% to 74%	
	Red when: Below 49%	
DESIRED OUTCOME		
Facilities team are recognised to provide a good level of customer service in all aspects of the day to day running of the GDC estates.		

PI/FCS/017 – Wimpole Street Lift Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service.</i>	<div>THIS PERIOD: 4</div> <div>PREVIOUS PERIOD: 7</div>	<ul style="list-style-type: none">This is a composite measure which captures the number of hours where one of either the main Wimpole Street lift (serving the basement floor up to floor 5), or the rear Wimpole Street Mews lift (serving the basement floor up to Mews floor 2) are out of action.During Q3 2019 there was only 1 call out due to a minor fault to the main lift.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% availability (8 hours)	
	Green when: 8 hours or less	
	Amber when: 8.1 hours to 15.9 hours	
	Red when: 16 hours +	
DESIRED OUTCOME		
Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.		

PI/FCS/018 – External Contractor Performance			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>Number of jobs completed by external contractors within their given priority SLA</i>	<div> THIS PERIOD: 88.6% <i>PREVIOUS PERIOD: 93.79%</i></div>		
CORPORATE STRATEGY LINK	TARGET LEVEL:	95% within SLA	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when:	95% +	
DESIRED OUTCOME	Amber when:	70% and 94%	
The Facilities team are aware of the areas of the working environment that matter most to staff and staff have a mechanism for feeding back on the working environment.	Red when:	69% or less	
			<ul style="list-style-type: none">This performance indicator is based on the jobs completed by GVAAcuity, the GDC’s external contractor. Jobs are either reactive or planned and performance is reported as inside or outside the SLA. This SLA changes depending on the priority level given to the task.The target level for jobs to be completed within SLA has been set as 95% (GDC).GVAAcuity logged 176 jobs during Q3 2019 of which 88.6 % were within SLA of the combined Reactive and Planned Jobs.

Fitness to Practise Directorate Performance Indicators

2.1 FTP Process Performance Indicators Dashboard

2.2 FTP Process Performance Indicators Dashboard Reference Information

2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking

2.4 Interim Orders Committee Timeliness Performance Indicators

2.5 Interim Orders Committee Compliance Performance Indicators

2.6 Dental Complaints Service Performance Indicators

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

Please see the narrative on FTP timeliness in the executive summary (1.1) and specific narrative regarding KPI/FTP 005, 006 & 008 in the organisational key performance indicators page (1.2).

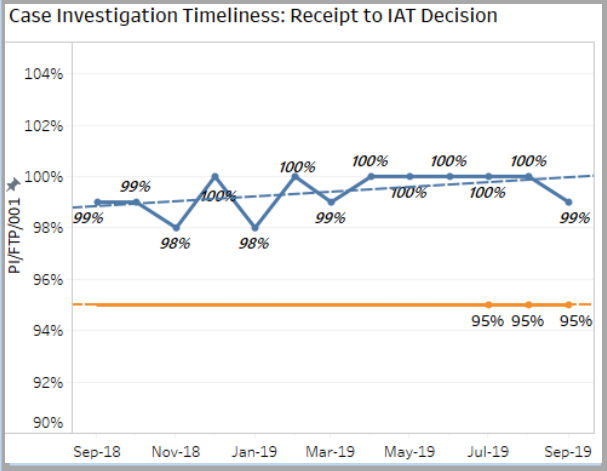
A summary relating to supportive indicators is noted below:

- PI/FTP/001 – The Initial Assessment Team (IAT) average timeliness remained at 100% in Q3.
- PI/FTP/002 – The majority of cases completed in Q3 had already passed the 17 week target. As the Birmingham team grows and the team continue to conclude the older cases, but equally progress the newer matters more quickly, it is hoped performance against this KPI will return to between 50-60% by the last quarter of 2019.
- PI/FTP/003 – Assessment referral to Case Examiner completion has increased significantly from 9% to 25%
- PI/FTP/004 – Q3 has seen performance against the 7 day initial decision target slightly decrease to 96%.
- PI/FTP/009 – Q3 saw the percentage of cases against this PI fall from 65% to 57%. Out of 44 cases, 19 missed the 9 month target. 3 cases took over 20 months to complete, the remaining 16 were completed within 20 months. The reasons were due to: needing to find a new expert, registrant having health issues not being made known till engagement, first available date for part of 5 registrant case, late GDC disclosure, postponement to dispute medical evidence, defence unable to get an expert or not available, registrant engaged late and instructed defence team, joint case and unsuccessful VR application.
- PI/FTP/010 – ILPS disclosure timeliness slightly decreased to 92% in Q3.
- PI/FTP/011 – 43 out of 47 cases were completed without adjournment in Q3.
- PI/FTP/012 – Performance against this PI slightly increased to 100%.
- PI/FTP/028 – ELPS disclosure timeliness rose from 56% to 78%. 1 case in September was not disclosed on time as there delays experienced in obtaining records and radiographs from the NHS. The investigation was previously delayed due to the personal circumstance of the probity expert. 2 cases fell to be disclosed in July, but one was not disclosed due to issues obtaining evidence from the CQC.
- PI/FTP/029 – As of Q3 2019, 72% of hearing days were delivered, 1024 days have been scheduled and 739 days were used. Days were lost due to successful Rule 6E applications and nothing to list in there place and cases being postponed. The wasted days were mainly due to hearings finishing early and no cases listed for panels.

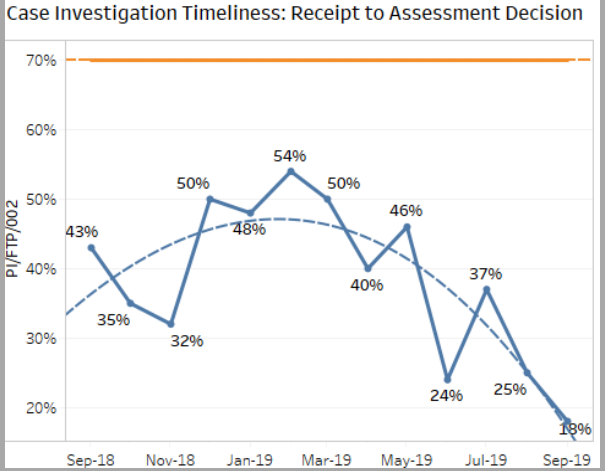
*Note - Work In Progress is a closing period count and not intended to reflect previous period work in progress plus those incoming and minus processed.

DEPARTMENTAL INDICATORS		KPI/FTP/Ref IAT	KPI/FTP/Ref Assessment	KPI/FTP/Ref Case Examiners	KPI/FTP/Ref ILPS	KPI/FTP/Ref ELPS	KPI/FTP/Ref Hearings
A. Headline Timeliness Performance Indicators	PI/FTP/008 The proportion of cases that reach an initial hearing within 15 months of receipt TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO6]*						
	PI/FTP/005 The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*				PI/FTP/009 The proportion of prosecution cases heard within 9 months of referral for prosecution TARGET: 80% + on time Green: 80%+ Amber: 70 - 79% Red: <70% (PO 1 & PO 5)* [DO6]*		
B. Supportive Measures	PI/FTP/001 The proportion of cases to clear IAT within 20 working days of receipt TARGET: 95% + on time Green: 95%+ Amber: 85 - 94% Red: <85% (PO 1 & PO 5)* [DO1]*		PI/FTP/002 The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt TARGET: 70% + on time Green: 70%+ Amber: 60 - 69% Red: <60% (PO 1 & PO 5)* [DO2]*		PI/FTP/003 The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*		PI/FTP/006 The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions TARGET: 7 or fewer ELPS referrals per month Green: 21 or fewer Amber: 22 – 25 Red: 26+ (PO 2)* [DO4]*
							PI/FTP/010 The proportion of ILPS cases to be disclosed within 98 working days of referral TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*
							PI/FTP/028 The proportion of ELPS cases to be disclosed within 98 working days of referral TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*
(PO)* Objectives							PI/FTP/011 The proportion of initial hearings to be completed without adjournment TARGET: 85% Green: 85%+ Amber: 80 - 84% Red: <80% (PO 2)* [DO8]*
							PI/FTP/012 The proportion of cases heard at initial hearings to have facts proved TARGET: 80% Green: 80%+ Amber: 70 - 79% Red: <70% (PO 5)* [DO9]*
[DO]* Desired Outcome							PI/FTP/029 The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted TARGET: 90% hearing days delivered Green: 90% or above Amber: 80 – 90% Red: <80% (PO 2)* [DO10]*
	DO1: Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.						

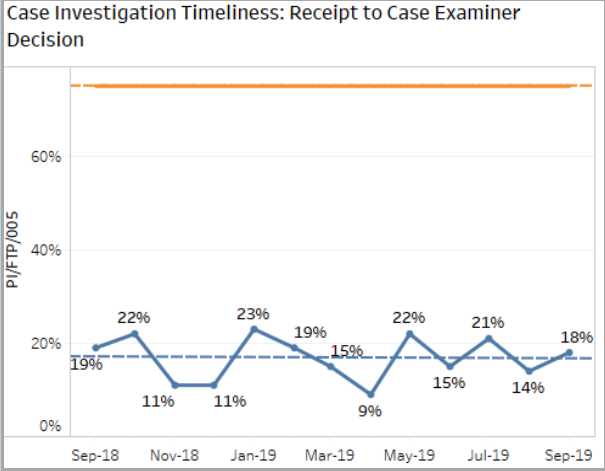
27



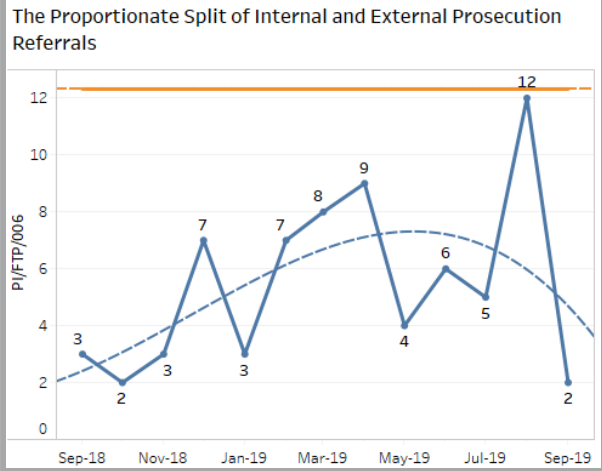
Target = 95% within 20 days



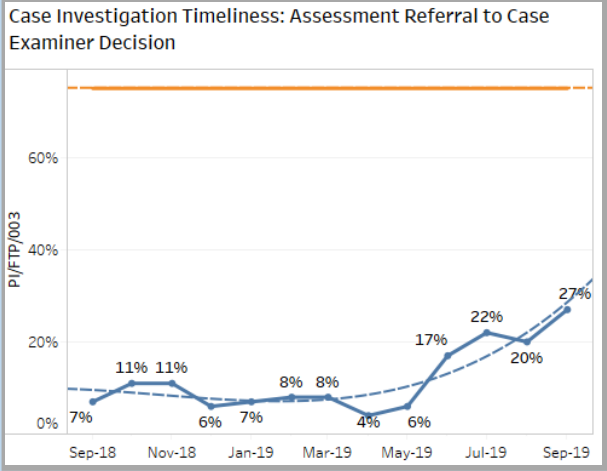
Target = 70% within 17 weeks



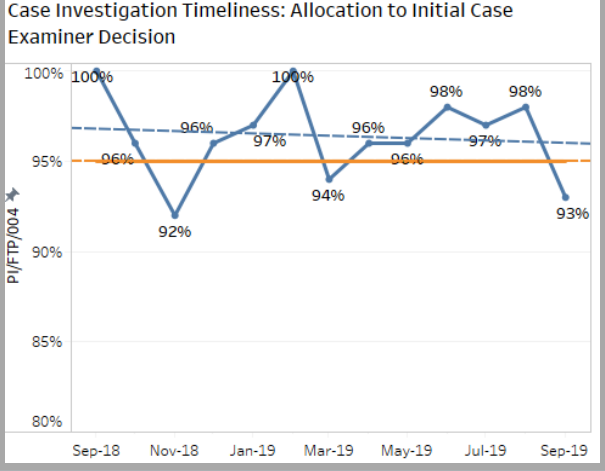
Target = 75% within 6 months



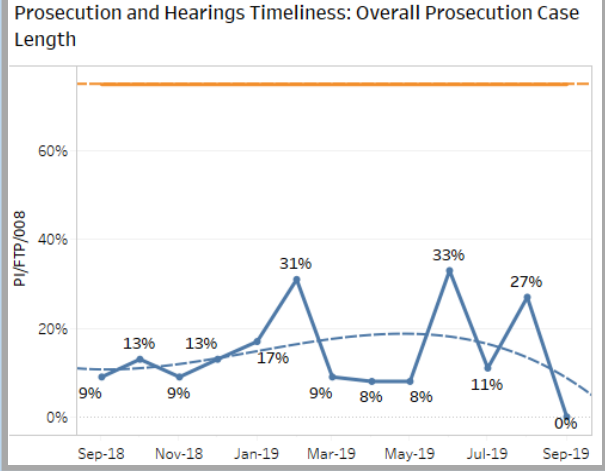
Target = 21 or fewer cases referred externally per quarter



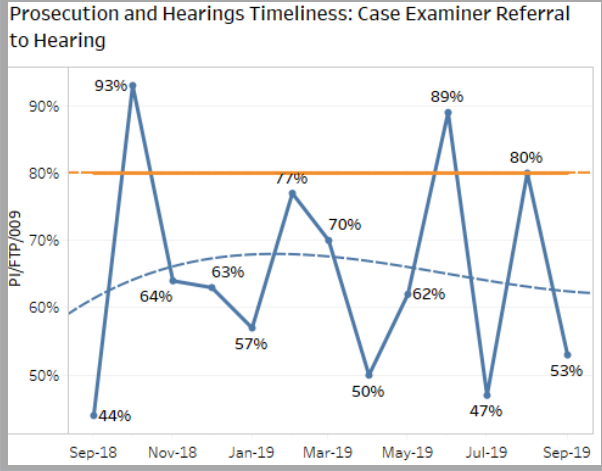
Target = 75% within 9 weeks



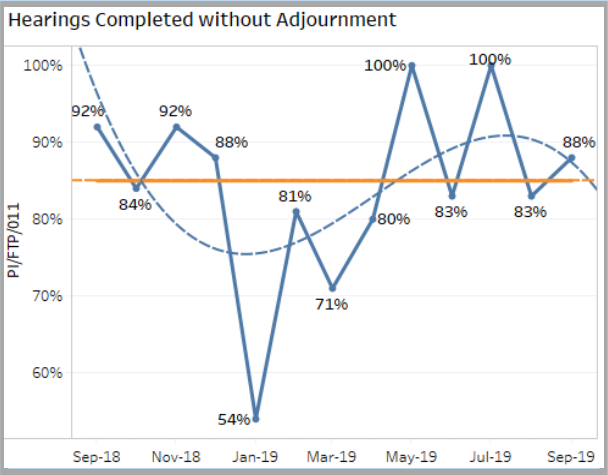
Target = 95% within 7 days



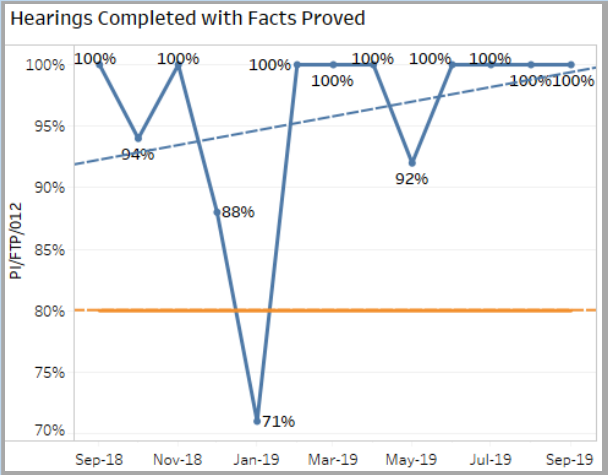
Target = 75% within 15 months



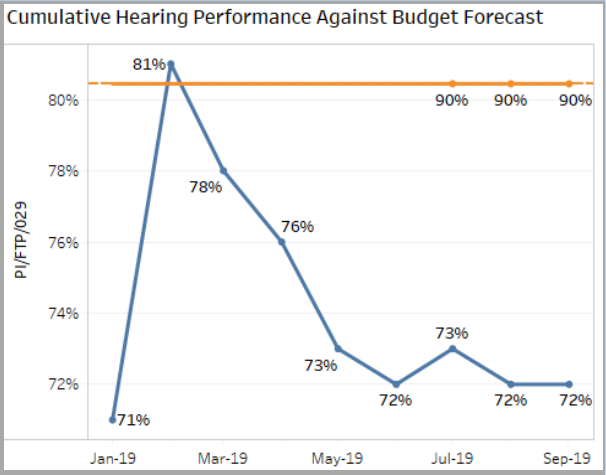
Target = 80% within 9 months



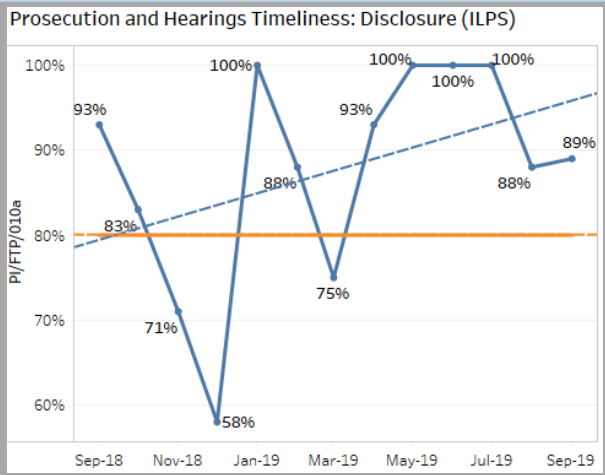
Target = 85%



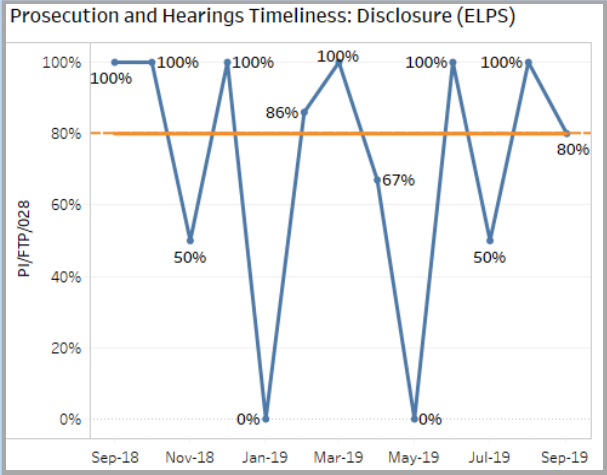
Target = 80%



Target = 90% hearing days delivered (YTD)




Target = 80% of cases disclosed within 98 days



Target = 80% of cases disclosed within 98 days

KPI/FTP/014 – IOC Timeliness: Registrar and Case Examiner Referrals		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR: <i>The proportion of initial IOC cases to be heard within 21 working days of referral by Registrar or Case Examiner.</i>	ACTUAL PERFORMANCE <div><div>THIS PERIOD: 89%</div><div>PREVIOUS PERIOD: 100%</div></div> <div><div>↓</div></div>	PERFORMANCE INSIGHTS: <ul style="list-style-type: none">17 of 19 cases were heard within 21 working days.1 case was initially listed for 21 August 2019 – 16 days after referral. But was moved at the registrants request as they were on holiday on this date, it was not opposed by the GDC and was relisted for 5 Sept 2019.The other case was initially listed for 2 September 2019 – 18 days after referral. Moved to 13 September at the registrants request after they obtained legal representation. GDC did not object.
CORPORATE STRATEGY LINK Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.		
DESIRED OUTCOME Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.		
TARGET LEVEL: 95% + on time		
Green when:	95% +	
Amber when:	85 - 94%	
Red when:	<85%	


PI/FTP/015 – IOC Timeliness: IAT Referrals			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR: <i>The proportion of initial IAT IOC cases to be heard within 28 working days from receipt.</i>	ACTUAL PERFORMANCE <div><div>THIS PERIOD: 100%</div><div>PREVIOUS PERIOD: 50%</div></div> <div><div>↑</div></div>		PERFORMANCE INSIGHTS: <ul style="list-style-type: none">1 cases contributed to this PI in Q3 2019.An additional addition to Decision Made has been added as ‘Refer for Assessment and IOC (information/consent requested and obtained)’.
CORPORATE STRATEGY LINK Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.			
DESIRED OUTCOME Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.			
TARGET LEVEL: 95% + on time			
Green when:	95% +		
Amber when:	85- 94%		
Red when:	<85%		


PI/FTP/016 – IOC Timeliness: IAT Referrals (following consent chase)		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of initial IAT IO cases requiring consent chase to be heard within 33 working days from receipt.</i>	<div></div> <div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div>	<ul style="list-style-type: none">There was 1 case which were referred by IAT following consent chase and both met the PI.
CORPORATE STRATEGY LINK		
Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.		
DESIRED OUTCOME		
Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.		
TARGET LEVEL:		95% + on time
Green when:		95% +
Amber when:		85- 94%
Red when:		<85%


PI/FTP/017 – Resumed Order Statutory Compliance: Jurisdiction		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.</i>	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div> <div></div>	<ul style="list-style-type: none">No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q3 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/FTP/018 – Interim Orders Statutory Compliance: Statutory Reviews		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of review interim order hearings to be heard within the stated statutory deadlines.</i>	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div> <div></div>	<ul style="list-style-type: none">No review IOC hearings were heard after expiry of orders during Q3 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/FTP/019 – Interim Orders Statutory Compliance: High court extensions		
DEPARTMENTAL INDICATOR		
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of High Court extension orders to be made before expiry of interim order.</i>	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div> <div></div>	<ul style="list-style-type: none">No High Court Extension orders were made after expiry of an order in Q3 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/STR/001 – Timeliness of DCS Enquiry Handling			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
<i>The proportion of DCS enquiries that are completed within 48 hours.</i>	<div><div>THIS PERIOD: 98%</div><div>PREVIOUS PERIOD: 93%</div><div></div></div>	<ul style="list-style-type: none">In total 917 out of 934 enquiries were dealt with within 48 hours.	
CORPORATE STRATEGY LINK			
Performance objective 1: Improve performance across functions so we are highly effective as a regulator			
DESIRED OUTCOME			
DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe.			
	TARGET LEVEL:	80% or above	
	Green when:	80%+	
	Amber when:	75% to 79%	
	Red when:	< 75%	

PI/STR/002 – Timeliness of DCS Case Resolution			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of DCS cases that are completed within 3 months.</i>	<div></div> <div>THIS PERIOD: 84%</div> <div>PREVIOUS PERIOD: 85%</div>		<ul style="list-style-type: none">There has been a decline in case timeliness for 2 reasons: A 40% increase in new enquiries has been seen this year with between 93%- 98% being processed within 2 days, this increase in workload with limited resources has a knock-on effect with case progression. In addition to this DCS have tried to facilitate 12 difficult cases since May following a practice going into administration. Due to the registrants not putting the patients continuing care first, 8 of these cases are being referred to FTP in Q4. The other 4 cases eventually had their money reimbursed by their credit card providers.
CORPORATE STRATEGY LINK	TARGET LEVEL:	80% or above	
Performance objective 1: Improve performance across functions so we are highly effective as a regulator	Green when:	80% +	
DESIRED OUTCOME	Amber when:	75% to 79%	
DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner.	Red when:	< 75%	


PI/STR/003 – DCS Customer Service Feedback			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of feedback received which falls into the categories of 'good' or 'excellent'.</i>	<div></div> <div>THIS PERIOD: 99%</div> <div>PREVIOUS PERIOD: 83%</div>		<ul style="list-style-type: none">• This indicator measures the average percentage across several key categories within the DCS customer service feedback forms.• Breakdown of the responses:<ul style="list-style-type: none">• Panellist feedback – post panel meeting: 0 responses• Patient feedback: 17 responses• Patient feedback – post panel meeting: 0 responses• Dental Professional feedback: 0 responses• Dental Professional – post panel meeting: 0 responses
CORPORATE STRATEGY LINK			
Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach			
DESIRED OUTCOME			
DCS service users are left with a positive perception of their experience of engaging with the DCS process.			
	TARGET LEVEL:	90% or above	
	Green when:	90% +	
	Amber when:	85% to 89%	
	Red when:	< 85%	


Legal & Governance Directorate Performance Indicators


3.1 Governance Performance Indicators


3.2 Information Performance Indicators

3.3 Illegal Practice performance Indicators

PI/HRG/010 – Council/Committee Paper Circulation Timeliness			ORGANISATIONAL INDICATOR
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines.</i>	<div></div> <div>THIS PERIOD: 70%</div> <div>PREVIOUS PERIOD (Q1): 79%</div>		<ul style="list-style-type: none">There were 11 meetings held in this period, compared with 7 meetings in Q1. The performance data is only available in relation to 10 of the 11 meetings, due to staff turnover in the team and processes not being followed by staff that have since departed the organisation. This issue has been addressed as new processes have been implemented.122 papers were submitted to Governance for this quarter, compared with 125 papers in Q1. Of the 122 papers submitted, 24 papers were late (20%), the bulk of which related to the FPC meeting of 10 September due to a tight turnaround between meetings (SLT on 3 Sept).Of the 122 papers submitted, 85 were uploaded on time (70%). The bulk of the delay in the remaining 30% related to the need for papers to be re-written/amended during the QA process (62%).
CORPORATE STRATEGY LINK			
Performance Objective 1: Good governance/strong leadership			
DESIRED OUTCOME			
Providing papers to Council members and the Executive with adequate time to consider content supports good evidence based decision-making.			
	TARGET LEVEL:	90% within deadline	
	Green when:	90% to 100%	
	Amber when:	70% to 89%	
	Red when:	0% to 74%	

PI/HRG/011 – Council/Committee Paper Quality			ORGANISATIONAL INDICATOR
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results.</i>	<div></div> <div>THIS PERIOD: Nil Return</div> <div>PREVIOUS PERIOD: Q2 Nil Return</div>		<ul style="list-style-type: none">Governance PIs are not available for Q3 2019 due to insufficient accurate data being available to report.New proposed KPIs are being drafted to ensure that a qualitative/quantitative capture of data in this area can be properly reported on.
CORPORATE STRATEGY LINK			
Performance Objective 1: Good governance/strong leadership			
DESIRED OUTCOME			
Council members need to be appropriately informed and have good information to make evidence based decisions.			
	TARGET LEVEL:	75% satisfaction	
	Green when:	75% to 100%	
	Amber when:	50% to 74%	
	Red when:	0% to 49%	

PI/HRG/012 – Council/Committee Minutes Circulation Timeliness			ORGANISATIONAL INDICATOR
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines.</i>	<div></div> <div>THIS PERIOD: 7</div> <div>PREVIOUS PERIOD (Q1): 8</div>		<ul style="list-style-type: none">Of the 10 reported meetings which took place in this quarter, 3 sets of minutes were submitted to the lead Director on time.Minutes are expected to be with the lead Director within four working days of the meeting.The process adopted for the drafting and approval of minutes has been amended and the team will be drafting new proposed KPIs to account for this change and best reflect team performance in this area.
CORPORATE STRATEGY LINK			
Performance Objective 1: Good governance/strong leadership			
DESIRED OUTCOME			
Providing minutes to Directors on time ensures points discussed in meetings are sufficiently and correctly recorded, and can then be forwarded to the Chair for further scrutiny.			
	TARGET LEVEL:	Less than 2 late	
	Green when:	0-2 sets of minutes over a day late in period	
	Amber when:	3-4 sets minutes over a day late in quarter	
	Red when:	5+ sets minutes over a day late in quarter	

PI/HRG/013 – Corporate Complaints Timeliness			DEPARTMENTAL INDICATOR
KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of corporate complaints responded to within the 15 working day deadline.</i>	<div></div> <div>THIS PERIOD: Nil Return</div> <div>PREVIOUS PERIOD (Q2): 92%</div>		<ul style="list-style-type: none">Governance PIs are not available for Q3 2019 due to insufficient accurate data being available to report.A new process has been devised for capturing this data and it is anticipated that data for Q4 will be available.
CORPORATE STRATEGY LINK			
Performance Objective 1: Good governance/strong leadership			
DESIRED OUTCOME			
All corporate complaints are responded to within the 15 working day deadline.			
	TARGET LEVEL:	100% within deadline	
	Green when:	85% - 100%	
	Amber when:	75% to 84%	
	Red when:	0% to 74%	


34

PI/FTP/023 – Freedom of Information Statutory Compliance			ORGANISATIONAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div> <div></div>	<ul style="list-style-type: none">All 40 requests were responded to within the statutory deadline.	
CORPORATE STRATEGY LINK			
Performance Objective 3: Transparency about our approach			
DESIRED OUTCOME	TARGET LEVEL:		
Requests for information under the Freedom of Information Act are processed within statutory timeframes.	Green when:		
	Amber when:		
	Red when:		
	100% compliant		
	100%		
	91% – 99%		
	<=90%		

PI/FTP/024 – Data Protection Act Statutory Compliance			ORGANISATIONAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
The proportion of Subject Access Requests to be responded to within 30 calendar days (incl. extension timeframes)	<div>THIS PERIOD: 100%</div> <div>PREVIOUS PERIOD: 100%</div> <div></div>	<ul style="list-style-type: none">All 40 SAR requests in Q3 were responded to within the 30 day target.	
CORPORATE STRATEGY LINK			
Performance Objective 3: Transparency about our approach			
DESIRED OUTCOME	TARGET LEVEL:		
Subject Access Requests under the Data Protection Act are processed within statutory timeframes	Green when:		
	Amber when:		
	Red when:		
	100% compliant		
	100%		
	91% - 99%		
	<=90%		

PI/LEG/001 – Major ICO Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of incidents where there is a likely risk to the data subject's rights and freedoms which require formal review and/or referral to Information Commissioner's Office (ICO).</i>	<div><div>THIS PERIOD: 0</div><div>PREVIOUS PERIOD: 1</div><div></div></div>		<ul style="list-style-type: none">Of the total number of 26 DSIs in Q3, 0 were categorised as major.
CORPORATE STRATEGY LINK			
Performance Objective 1: Improve performance across our functions			
DESIRED OUTCOME			
No incidents required formal consideration of notification to the ICO, and no incidents referred to ICO.			
	TARGET LEVEL:	Zero	
	Green when:	0	
	Amber when:	N/A	
	Red when:	1 or more	

PI/LEG/002 – Significant ICO Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of incidents where there is no likely risk to the data subject's rights and freedoms. Personal or special category data has been disclosed to one or more people and may or may not have been recovered.</i>	<div>THIS PERIOD: 8</div> <div>PREVIOUS PERIOD: N/A</div>		<ul style="list-style-type: none">Of the total number of 26 DSIs in Q3, 8 were categorised as significant.3 were emailed to the incorrect recipient.3 were failure to redact data.2 were other. (incidents that don't fit into the list of categories)
CORPORATE STRATEGY LINK			
Performance Objective 1: Improve performance across our functions			
DESIRED OUTCOME			
No incidents involving special category data were reported.			
	TARGET LEVEL:	Zero	
	Green when:	0-6	
	Amber when:	7-9	
	Red when:	10 or more	

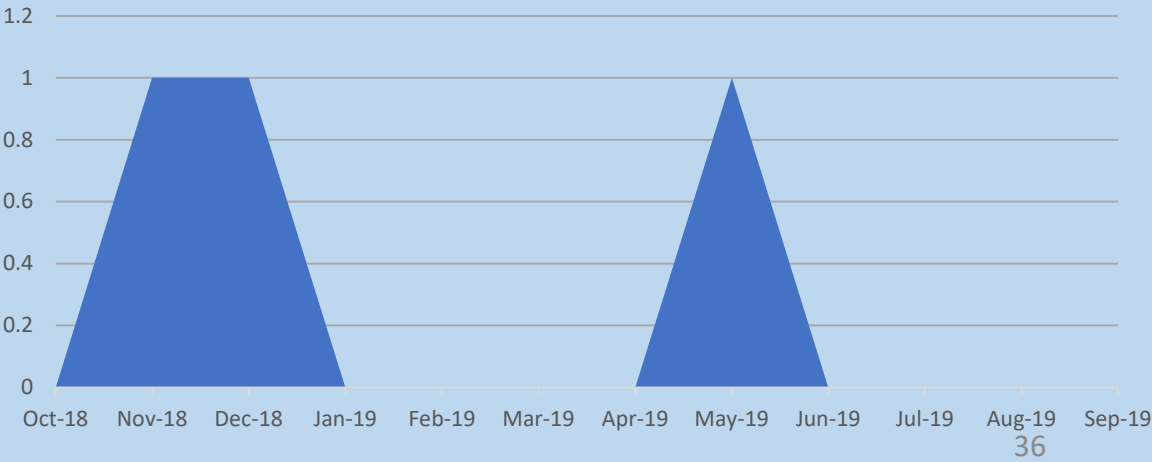
PI/LEG/003 – Minor ICO Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of incidents where there is no risk to the data subject’s rights and freedoms. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered.</i>	<div>THIS PERIOD: 16</div> <div>PREVIOUS PERIOD: N/A</div>		<ul style="list-style-type: none">Of the total number of 26 DSIs in Q3, 16 were categorised as minor.9 were emailed to the incorrect recipient.3 were failure to store safely.2 were other. (incidents that don’t fit into the list of categories)1 was posted to the incorrect recipient.1 was accidental document enclosure.
CORPORATE STRATEGY LINK			
Performance Objective 1: Improve performance across our functions			
DESIRED OUTCOME			
No incident’s involving personal data were reported.			
	TARGET LEVEL:	Zero	
	Green when:	0-16	
	Amber when:	17-29	
	Red when:	30 or more	

ICO - Major Security Incident 12 Month Trend

ICO INDICATOR



PI/LEG/004 – Major GDC Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of incidents that will have a GDC impact. Personal or special category data disclosed to one or more people and has not been recovered. For example, whistle blower name sent to registrant or health information about employee to external stakeholder.</i>	<div>THIS PERIOD: 2</div> <div>PREVIOUS PERIOD: N/A</div>		<ul style="list-style-type: none">Of the total number of 26 DSIs in Q3, 2 were categorised as major.1 was emailed to the incorrect recipient.1 related to data integrity being compromisedIn both incidents a member of the registrations admin team, logging incoming correspondence/applications, overwrote the data of an existing registrant contact with that of a new contact. This led to a combination of things happening, including the new applicant being able to access the EGDC record of the existing registrant and the existing registrant receiving notifications in relation to the new applicant.
CORPORATE STRATEGY LINK			
Performance Objective 1: Improve performance across our functions	TARGET LEVEL:	Zero	
DESIRED OUTCOME	Green when:	0	
No incidents involving the GDC notifying any other organisation, no compensation payments required and no need to record new risk to strategic risk register.	Amber when:	N/A	
	Red when:	1 or more	

PI/LEG/005 – Significant GDC Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of incidents where there is a likely GDC impact. Personal or special category data may have been disclosed to one or more people and may or may not have been recovered. For example, Case Examiner referral letter sent to incorrect registrant and recipient will not confirm if it has been deleted.</i>	<div>THIS PERIOD: 4</div> <div>PREVIOUS PERIOD: N/A</div>		<ul style="list-style-type: none">Of the total number of 4 DSIs in Q3, 4 were categorised as significant.2 were emailed to the incorrect recipient.1 was failure to redact data.1 was other.
CORPORATE STRATEGY LINK			
Performance Objective 1: Improve performance across our functions	TARGET LEVEL:	Zero	
DESIRED OUTCOME	Green when:	0-6	
No incidents resulting in an impact on the case or stakeholder relationship reported and/or no corporate complaints received.	Amber when:	7-9	
	Red when:	10 or more	

PI/LEG/006 – Minor GDC Impacts

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The number of incidents where there is no likely GDC impact. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered. For example, initial complaint letter sent to wrong defence representative but retrieved from file secure before it was downloaded.</i>	<div>THIS PERIOD: 18</div> <div>PREVIOUS PERIOD: N/A</div>		<ul style="list-style-type: none">Of the total number of 26 DSIs in Q3, 18 were categorised as minor.9 were emailed to the incorrect recipient.3 were failure to store safely.2 were failure to redact data.2 were other.1 was accidental document enclosure.1 was posted to the incorrect recipient.
CORPORATE STRATEGY LINK	TARGET LEVEL:	Zero	
Performance Objective 1: Improve performance across our functions	Green when:	0-16	
DESIRED OUTCOME	Amber when:	17-29	
No incidents resulting in an impact on the case or stakeholder relationship reported.	Red when:	30 or more	

DEPARTMENTAL INDICATOR

PI/FTP/020 – Illegal Practice Timeliness: Receipt to Charging

PERFORMANCE INDICATOR:

The proportion of IP cases to have a charging decision made within 9 months of receipt.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

Illegal Practice cases are concluded in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 75%

PREVIOUS PERIOD: 88%

TARGET LEVEL:

90% + on time

Green when:

90% +

Amber when:

85 - 89%

Red when:

<85%

PERFORMANCE INSIGHTS:

- During Q3 2019, 3 out of 12 cases missed this PI.
- 2 of the 3 cases were Scottish cases. There is normally a delay between instructions being sent and taking final action. This is often due to operation difficulties with Scottish investigators.
- 1 case was put on hold due to operational difficulties.

DEPARTMENTAL INDICATOR

PI/FTP/021 – Illegal Practice Timeliness: Administrative Review

PERFORMANCE INDICATOR:

The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.

ACTUAL PERFORMANCE

THIS PERIOD: 95%

PREVIOUS PERIOD: 97%

TARGET LEVEL:

95% + on time

Green when:

95% +

Amber when:

90 - 94%

Red when:

<90%

PERFORMANCE INSIGHTS:

- 242 out of 255 enquiries were reviewed within 3 working days.

DEPARTMENTAL INDICATOR

PI/FTP/022– Illegal Practice Timeliness: Initial Paralegal Review

PERFORMANCE INDICATOR:

The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.

ACTUAL PERFORMANCE

THIS PERIOD: 88%

PREVIOUS PERIOD: 99%

TARGET LEVEL:

95% + on time

Green when:

95% +

Amber when:

90 - 94%

Red when:

<90%

PERFORMANCE INSIGHTS:

- 132 out of 150 cases were assessed within 5 working days.
- Attributed to the new trainee solicitor needing time to embed into the work of the team. When he first joined the team at the beginning of September the team's paralegal was on annual leave so training was delayed and will have inevitability resulted in the KPIs being missed.

Organisational Development Directorate Performance Indicators

4.1 HR Performance Indicators – Recruitment

4.2 HR Performance Indicators – Resources

4.3 HR Performance Indicators – People Planning, Engagement and Development

PI/HRG/001 – Recruitment Campaign Timeliness			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks	<div>THIS PERIOD: 78%</div> <div>PREVIOUS PERIOD: 88%</div> <div></div>	<ul style="list-style-type: none">In Q3 we made 32 appointments across both sitesOverall: 25 out of 32 (78%) campaigns were completed within 6 weeks.This is a decrease on the previous period as recruitment activity reduced (32 appointments down from 74)In London: 19 out of 21 posts were filled within 6 weeks (90%)In Birmingham: 6 out of 11 posts were filled within 6 weeks (57%)3 of the 7 roles which were not filled within 6 weeks, were specialist IT Roles which can be harder to fill.	
CORPORATE STRATEGY LINK			
Performance Objective 1: High quality recruitment			
DESIRED OUTCOME			
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	TARGET LEVEL:	90% within deadline	
	Green when:	90% to 100%	
	Amber when:	70% to 89%	
	Red when:	69% or lower	

PI/HRG/002 – Recruitment Campaign Cost			DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
The average cost per employee recruitment	<div>THIS PERIOD: Average Cost: £1456.67</div> <div>PREVIOUS PERIOD: £973.14 Average Cost</div> <div></div>	<ul style="list-style-type: none">There has been an increase in the average cost per hire in Q3 2019 when compared with Q2 2019.25% of the recruitment costs for the quarter can be attributed to the filling of two hard to source IT Roles.Agency usage continues to be minimal and used in only 3 out of 32 of appointments (9%)This quarter two agency temps have secured permanent roles, therefore the cost of their placement has also been incorporated – this accounts for 32% of this quarters recruitment costs.	
CORPORATE STRATEGY LINK			
Performance Objective 2: Cost reduction/efficiency			
DESIRED OUTCOME			
The costs of recruiting new staff are not excessive and remain within budgeted/target levels.	TARGET LEVEL:	Average cost below £2500	
	Green when:	100% or lower than target	
	Amber when:	101% to 120%	
	Red when:	120% +	

KPI/HRG/003 – Recruitment Right First Time			ORGANISATIONAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
The proportion of roles recruited to first time.	<div>THIS PERIOD: 97%</div> <div>PREVIOUS PERIOD: 87%</div> <div></div>	<ul style="list-style-type: none">97% of campaigns completed this quarter were recruited for during the first attempt.1 Birmingham based PMO role was not recruited to during the first attempt. This role was offered and accepted, however the candidate withdrew prior to their start date.	
CORPORATE STRATEGY LINK			
Performance Objective 1: High quality recruitment			
DESIRED OUTCOME			
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	TARGET LEVEL:	90% of employees	
	Green when:	90% + of campaigns filled first time	
	Amber when:	70% to 89% of campaigns filled first time	
	Red when:	69% or fewer campaigns filled first time	

KPI/HRG/018 – Recruitment Probation Success			
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:	
Percentage of employees who passed probation in this quarter	<div>THIS PERIOD: 75%</div> <div>PREVIOUS PERIOD: 82%</div> <div></div>	<ul style="list-style-type: none">41 employees were due to complete their probation in Q3 2019.10 failed to complete their probation (8 resignations and 2 Dismissals within probation)6 of the employees who resigned were from Registration and Corporate Resources, 1 from FTP and 1 from Organisational Development.The 2 Dismissals within probation were from Reg.	
CORPORATE STRATEGY LINK			
Performance Objective 1: High quality recruitment			
DESIRED OUTCOME			
Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	TARGET LEVEL:	90% of employees	
	Green when:	90% + of employees meet criteria	
	Amber when:	70% to 89% of employees meet criteria	
	Red when:	69% or less of employees meet criteria	

PI/HRG/004 – Staff Sickness

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The average number of employee sickness days for all GDC staff</i>	<div>THIS PERIOD: 1.50 Days Average</div> <div>PREVIOUS PERIOD: 1.59 Days Average</div>	<ul style="list-style-type: none">The average sickness figures are based on both long-term (LTS), and short-term sickness (STS)For reference, long-term sickness is based on absences of 20 days or moreOf those staff sick in Q3, 2.65% were LTS and the remaining 97.35% were STS.There were 536 days lost in totalLTS accounted for 86 days (16% of the total)STS accounted for 450 days (84%)When compared against Q2, while there has been a decrease in LTS and an increase in STS, overall sickness has reduced by 17 days.When compared against Q3 2018, there has been a 13.68% (85 day) decrease in total days lost.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	<i>Within 2 Days Average</i>	
DESIRED OUTCOME	<div>Green when: Average 0 – 2 days</div> <div>Amber when: Average 2.1 – 3.0 days</div> <div>Red when: Average 3.1 days +</div>	
For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels		

PI/HRG/005 – Staff Turnover : Natural

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The natural rate of organisational GDC turnover</i>	<div>THIS PERIOD: 6.7% Turnover</div> <div>PREVIOUS PERIOD: 2.6% Turnover</div>	<ul style="list-style-type: none">Q3 saw 24 voluntary leavers – Legal & Governance 8, Registration & Corporate Resources x7, FTP x6, OD x1, EMTx19 of the 24 leavers had less than 12 months' service5 of the 24 leavers were on a FTC but left before it ended.2 of the 24 voluntary leavers completed the exit questionnaire. Amongst the reasons for leaving both referred to the relationship between employees and management.2 leavers were based in Birmingham and left during their probation. It is to be expected that a proportion of employees joining as part of a set-up would leave, as employees go through a "settling-in" period and decide whether the role and/or organisation is right for them.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	<i>Within 2.6% Turnover</i>	
DESIRED OUTCOME	<div>Green when: 0% to 2.6%</div> <div>Amber when: 2.7% to 5%</div> <div>Red when: 5.1% +</div>	
For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

PI/HRG/006 – Staff Turnover : Overall

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The overall level of organisational turnover</i>	<div>THIS PERIOD: 17.1% Turnover</div> <div>PREVIOUS PERIOD: 8.9% Turnover</div>	<ul style="list-style-type: none">Q3 saw 61 leavers in total, of which 37 were not identified under natural turnover:3 dismissal during probation1 dismissal outside probation period9 due to fixed-term contract ending24 compulsory redundancies relating to the Birmingham relocationIf the 24 compulsory redundancies and 8 of the end of fixed term contracts (which can be attributed to the estates project) were excluded, the turnover for this period would be 8.1%.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	<i>Within 3.7% Turnover</i>	
DESIRED OUTCOME	<div>Green when: 0% to 3.7%</div> <div>Amber when: 3.8% to 5.9%</div> <div>Red when: 6.0% +</div>	
For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

PI/HRG/014 – Staff Engagement

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Average engagement scores from staff taken from a six monthly staff survey</i>	<div>THIS PERIOD: 61%</div> <div>PREVIOUS PERIOD: N/A%</div>	<ul style="list-style-type: none">The 2019 staff survey took place between June and July. 61% of staff (232 staff) responded to the survey.Focus Groups took place in August to further drill down into key themes and help identify areas for action. The results were published to staff in September.The overall engagement score is based on the percentage of staff indicating that they want to continue their career at the GDC for the foreseeable future.Discussions around the survey findings are taking place at team level, with the ideas for actions being fed into a central plan. This plan will be discussed with SLT in October.Many of the themes for action are already incorporated into existing workstreams of the People & OD Strategy. How these need to be updated or reprioritised will be discussed with the incoming ED OD and Head of People Services.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Talent management	<i>70% or above</i>	
DESIRED OUTCOME	<div>Green when: 70% +</div> <div>Amber when: 50% to 69%</div> <div>Red when: 49% or less</div>	
Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.		

PI/HRG/015 – Internal Opportunities

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
Quarterly percentage of roles filled by internal staff compared against external recruitment	<div><div></div><div>THIS PERIOD: 50%</div><div>PREVIOUS PERIOD: 52%</div></div>		<ul style="list-style-type: none">16 out of 32 vacancies (50%) were recruited to by internal candidates.Of the 16 roles filled internally 15 (94%) were London based roles.15 of the 21 vacancies (75%) filled in London were filled by internal candidates1 of the 11 vacancies (9%) filled in Birmingham were filled by internal candidates. <p>Whilst it doesn't form part of this metric, this quarter we celebrate our first successful employee referral.</p>
CORPORATE STRATEGY LINK			
Performance Objective 1: Talent management			
DESIRED OUTCOME			
Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.	TARGET LEVEL:	50% or above	
	Green when:	50% +	
	Amber when:	30% to 49%	
	Red when:	29% or less	

PI/HRG/016 – Key Roles with Identified Successor

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS: <ul style="list-style-type: none">Effective succession planning reduces the risk that business critical roles are left vacant at short notice, thus safeguarding business continuity.Effective successors/deputies increase capacity in key roles, as well as providing development opportunities that can improve engagement and staff retention.Organisational Design (Workforce Planning) project commenced in 2018, including work with consultants on review of resourcing approach.Work on business critical roles continues as part of the workforce planning project. We had hoped that data might be available in 2019 but it is now unlikely to be available before Q3 2020. Even then, the format of this measure might need to be updated as the project evolves.
Percentage of key roles in the organisation that have an identified successor in place	PLACEHOLDER AWAITING AVAILABILITY OF DATA		
CORPORATE STRATEGY LINK			
Performance Objective 1: Talent management			
DESIRED OUTCOME			
An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.			
	TARGET LEVEL:	95% or above	
	Green when:	95% +	
	Amber when:	75% to 94%	
	Red when:	74% or less	

PI/STR/006 – Internal Communications - Awareness of Organisational Priorities

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities.	<div><div></div><div>THIS PERIOD: 40%</div><div>PREVIOUS PERIOD: 44%</div></div>		
CORPORATE STRATEGY LINK			
Performance objective 1: People management and strong leadership.			
DESIRED OUTCOME			
GDC staff members have opened the staff newsletter and as a result are well informed and engaged with key organisational priorities. This supports the wider GDC commitment to transparency (corporate value in 4Ps) and improving the GDC's engagement with all of our audiences (objective in comms and engagement strategy).			
	TARGET LEVEL:	60%	
	Green when:	50% or above	
	Amber when:	40% to 49%	
	Red when:	39% or under	

- As staff have been leaving the GDC through Strand 2 across Q2 and Q3, we would expect some fall off in engagement rates.
- Moving into 2019 Q4 as things settle, would expect to see the engagement levels rise again.
- Moved onto a new bulk email system in August which will hopefully allow us to create more engaging publications for staff, moving forward.
- We will investigate whether the new system can identify the open rates for Colmore Square vs Wimpole Street and identify any local factors that could increase engagement.

PI/STR/007 – Internal Communications – Understanding of the External Environment

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.</i>	<div><div></div><div>THIS PERIOD: 25%</div><div>PREVIOUS PERIOD: 30%</div></div>		
CORPORATE STRATEGY LINK			
Performance objective 1: People management and strong leadership.			
DESIRED OUTCOME			
Staff are more aware and have a better understanding of factors and events in the external environment that will/could have an effect on the GDC.			
	TARGET LEVEL:	40%	
	Green when:	40% or above	
	Amber when:	25% to 40%	
	Red when:	24% or under	

Strategy Directorate Performance Indicators

5.1 Communications Performance Indicators

5.2 QA Performance Indicators

5.3 Strategy Performance Indicators

PI/STR/013 - GDC newsletter engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professionals and stakeholders.

DESIRED OUTCOME

More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.

ACTUAL PERFORMANCE

THIS PERIOD: 45.4%

PREVIOUS PERIOD: 21.28%

TARGET LEVEL:

>50%

Green when:

>50%

Amber when:

40% - 49%

Red when:

<40%

PERFORMANCE INSIGHTS:

Average open rate for the 3 newsletters in Q3 2019 was 45.4%. The highest rate in Q3 with an 51.8% open rate was the July Newsletter, which focused on annual renewal time, recruitment of Registration Assessment Panellists and CQC MythBusters

Average click-through rate for the 3 newsletters in Q3 is 3.5%

Most popular topics and their open rate, following click-through were:

Annual renewal for dental care professional 40.8%

Read about developments in specialty training 54.4%

We are recruiting Registration Assessment Panellists (Dentists and DCP) 19.3.

PI/STR/005 - External face-to-face engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of face to face engagement events with they GDC's key stakeholders.

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professional and stakeholders.

DESIRED OUTCOME

Awareness and understanding of the GDC's strategic priorities and progress increases amongst all our stakeholder groups including dental professionals, students, partners, professional bodies and the public, across the four nations. This supports the wider GDC commitment to using engagement as a regulatory tool and improving the GDC's engagement with all of our audiences.

ACTUAL PERFORMANCE

THIS PERIOD: 71

PREVIOUS PERIOD: 73

TARGET LEVEL:

>60 engagements

Green when:

>60 engagements

Amber when:

50-59 engagements

Red when:

<49 engagements

PERFORMANCE INSIGHTS:

Between August and September we provided four induction presentations to BDS students and nine induction presentations to foundation dentists. We engaged with over 470 students dentist and 663 registrants dentists.

Engagement by partner type is broken down as follows:

Defence Union0Dental School0

Education18Government10

NHS3Patient group2

Professional body4Profession wide7

Registrant DCP0Registrant Dentist5

Regulator8Student Dentist/DCP9

Other5

The breakdown of engagement by country:

UK16

England25

Scotland21 (mainly 1-1 meetings)

Wales5

Northern Ireland2

International2

PI/STR/004 - Media engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of items of media coverage generated by proactive efforts from the GDC

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professionals and stakeholders.

DESIRED OUTCOME

The GDC is able to ensure that its key messages are effectively communicated to dental professionals through the media publications that are most appropriate to them. The GDC is able to effectively respond to third party comment on our role as a regulator.

ACTUAL PERFORMANCE

THIS PERIOD: 42

PREVIOUS PERIOD: 28

TARGET LEVEL:

>35

Green when:

>35

Amber when:

20 – 34

Red when:

<19

PERFORMANCE INSIGHTS:

42 pieces of coverage driven by proactive media work

Coverage mainly focussed on the 2020-2022 Corporate Strategy consultation, our CPD consultation, the DCP annual renewal and a reminder for dentists to check they had completed 10 hours of CPD in two years.

16 media enquiries responded to within deadline.

PI/STR/014 - Digital engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The level of engagement we have through our website

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professional and stakeholders.

DESIRED OUTCOME

More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.

ACTUAL PERFORMANCE

THIS PERIOD: 343,874

PREVIOUS PERIOD: 348,716

TARGET LEVEL:

>330k

Green when:

>330k

Amber when:

280k – 330k

Red when:

<280k

PERFORMANCE INSIGHTS:

Percentage of returning visitors vs new visitors to the website was 31% returning and 69% new.

Most visited website pages were:

1.Registration

2.Press releases

3.eGDC

4.Annual renewal

5.ORE

Most used search terms when on our website were:

PDP; scope of practice; CPD; standards; register

There were 138,600 GDC impressions (opportunity to view) on Twitter.

Note: new website went live on 16 August.

PI/STR/009 – Education providers - Proportion meeting
'Protecting Patients' Standards for Education

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards</i>	<div><div>THIS PERIOD – 2018/19 – 96% met, 4% partially met, 0% not met</div><div>PREVIOUS PERIOD – 2017/18 – 67% met, 27% partially met, 6% not met</div></div>	<ul style="list-style-type: none">There is a 29% increase in proportion of Protecting Patients standards have been fully met in 2018/19 than in 2017/18, with a 6% decrease in the proportion not met.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME	<div><div>TARGET LEVEL: 70% met and less than 10% not met</div><div>Green when: 70% met and less than 10% not met</div><div>Amber when: One of criteria not met</div><div>Red when: Both criteria not met</div></div>	
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		

PI/STR/010– Education providers - Proportion meeting
'Governance' Standards for Education

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards</i>	<div><div>THIS PERIOD – 2018/19 – 84% met, 16% partially met, 0% not met</div><div>PREVIOUS PERIOD – 2017/18 – 55% met, 41% partially met, 4% not met</div></div>	<ul style="list-style-type: none">A 29% increased proportion of Governance standards have been fully met in 2018/19 inspections than in the 2017/18 year, with a 4% decrease in the proportion not met.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME	<div><div>TARGET LEVEL: 50% met and less than 20% not met</div><div>Green when: 50% met and less than 20% not met</div><div>Amber when: One of criteria not met</div><div>Red when: Both criteria not met</div></div>	
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		

PI/STR/011 – Education providers - Proportion meeting
'Student Assessment' Standards for Education

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards</i>	<div><div>THIS PERIOD – 2018/19 – 83% met, 16% partially met, 1% not met</div><div>PREVIOUS PERIOD – 2017/18 – 58% met, 32% partially met, 10% not met</div></div>	<ul style="list-style-type: none">There has been an 25% increase in the proportion of Student Assessment standards that were judged to be fully met in 2018/19 than the 2017/18 year, with a 9% decrease in the proportion not met.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME	<div><div>TARGET LEVEL: 50% met and less than 10% not met</div><div>Green when: 50% met and less than 10% not met</div><div>Amber when: One of criteria not met</div><div>Red when: Both criteria not met</div></div>	
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		

SECTION 1 - BALANCED SCORECARD CONTROL LOG									
Formal change control to balanced scorecard definitions commenced following the publication of the first report. EMT approved amendments to definitions since this point are listed below.									
Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
11	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting V local reporting. Subsequent contact has led to Lisa-Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	ILPS Staff Productivity	Lisa-Marie Roca (Principal Legal Advisor), Mark Caprio (Legal Operations Manager), Peter Day (Head of FTP QA & Monitoring)	*All target and RAG levels to remain unchanged. * Amendment to be made to definition and therefore also the method of measuring actual performance * Previous definition - The proportion of ILPS staff to reach annual time recording targets by team role * New definition - Actual amount of overall billable team time recorded as a proportion of the overall target time * Rationale of change - FTP legal team view that the revised indicator is a more pertinent measure on the basis that staff holidays will generally skew the % of staff target and what's more important is that regardless of the number of people, what matters is that we have met the number of hours of work that the team need to complete each month	EMT board meeting - 03/05/2017	Q1 2017 scorecard
12	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting V local reporting. Subsequent contact has led to Lisa-Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	Prosecution Timeliness - Disclosure Time Taken	Lisa-Marie Roca (Principal Legal Advisor) & Mark Caprio (Legal Operations Manager)	* Measure to be split in two to give better visibility of the ILPS team and ELPS team in performing to this target. * Target levels and RAG levels for both measures to match originally defined indicators. * Rationale of change - Need to give greater visibility of whether adverse/positive performance in this area is driven by ILPS or ELPS as they are managed by the business as distinct entities	EMT board meeting - 03/05/2017	Q1 2017 scorecard
13	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/004	HR	Staff Sickness	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to remain unchanged at 2 days * Green band to remain unchanged at 2 days or lower * Amber band to be amended from 2.1-6 days to 2.1-3.0 days * Red band to be amended from 6.1 days+ to 3.1 days+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational sickness levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
14	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/005	HR	Natural Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to be changed from 1.05% turnover to 2.6% turnover * Green band to change from 0%-1.05 to 0%-2.6% * Amber band to be amended from 1.06%-4.5% to 2.7%-5% * Red band to be amended from 4.6 days+ to 5.1+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
15	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/006	HR	Overall Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to be changed from 3% turnover to 3.7% turnover * Green band to change from 0%-3% to 0% to 3.7% * Amber band to be amended from 3.1%-5% to 3.8% to 5.9% * Red band to be amended from 5.1%+ to 6.0%+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
21	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/007	HR	Staff Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
22	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/008	HR	Leadership Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
23	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/009	HR	Leadership Behaviour Survey Results	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
25	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Removal of performance indicator	PI/HRG/013	Governance	Governance Meeting Costs	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to this being outside of the control of the team.	EMT board meeting - 31/10/2017	Q3 2017 scorecard
27	A) Finance & Performance Committee and Council discussion at November and December 2017 board meetings which queried the usefulness of this performance indicator B) Request from Executive Director, FTP Transition to remove performance indicator	Removal of performance indicator	PI/FTP/027	FTP	Case Repatriation - Triage and Assessment Referrals to NHS	Tom Scott (Executive Director, FTP Transition)	Performance indicator to be removed due to target being an absolute figure and the type of incoming cases the GDC receives being outside of our control. Analysis of case plans has shown that no referrals are being missed.	EMT board meeting - 12/02/2018	Q4 2017 scorecard
28	Request from Executive Director, Organisational Development for Compliance performance indicator to be removed	Removal of performance indicator	PI/REG/021	Compliance	Compliance Audit Findings	Bobby Davis (Executive Director, Organisational Development)	Performance indicator to be removed from report while consideration is given to how the Compliance team is reported on alongside the Internal Audit function. Revised performance indicators across Compliance and Internal Audit will be considered in 2019 reporting.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
29	Request from Council to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/001	FTP	IAT Timeliness: Receipt to IAT Decision	Tom Scott (Executive Director, FTP Transition)	Target level to be adjusted to 20 days following Council request.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
30	Request from Executive Director, FTP Transition and Principal Legal Advisor to split performance indicator	Post-go-live amendment to performance indicator	PI/FTP/010	FTP	ILPS Timeliness: Disclosure Time Taken	Tom Scott (Executive Director, FTP Transition), Lisa-Marie Williams (Principal Legal Advisor)	Performance indicator to now focus solely on ILPS performance.	EMT board meeting - 30/07/2018	Q2 2018 scorecard
32	Request from Executive Director, Registration and Corporate Resources for PMO performance indicator to be removed.	Removal of performance indicator	PI/REG/020	Registration and Corporate Resources	PMO Engagement Survey Results	Gurvinder Soomal (Executive Director, Registration and Corporate Resources)	Performance indicator to be removed from the report due to the changing nature of the PMO's role and how business planning is now embedding into business as usual rather than being considered as one-off activity on an annual basis.	EMT board meeting - 30/07/2018	Q2 2018 scorecard
33	Request from Executive Director, FTP Transition and Principal Legal Advisor to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/014 PI/FTP/015 PI/FTP/016	FTP	IOC Timeliness Measures	Tom Scott (Executive Director, FTP Transition)	All cases that are being relisted for an IOC, to be excluded from the cohorts of cases measured within these indicators.	EMT board meeting - 24/11/2018	Q3 2018 scorecard
34	Request from the Executive Director FTP Transition to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/013	FTP	Hearings Lost & Wasted Days	Tom Scott (Executive Director, FTP Transition)	Hearings Lost & Wasted Days' is retitled to 'Hearing Days Utilised. This follows EMT discussion about changing the emphasis of this indicator in line with other FTP indicators (with the target level set at the aspiration to meet desirable levels, rather than to avoid undesirable levels) and the change is provisionally made in this version of the report with a target level of 80% or above, amber range of 76% to 79% and red of less than or equal to 75%. This criteria is the inverse measurement of the previous levels set when the emphasis of the measurement was focused on lost/wasted rather than productive days.	SLT board meeting - 17/12/2018	Q4 2018 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
35	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	All FTP performance indicators with the exception of PI/FTP 017, 018 & 019	FTP	All FTP indicators other than those relating to Interim Orders Committee	Tom Scott (Executive Director, FTP Transition)	All FTP performance indicators that measure performance in percentages* are to be amended so that the amber bands are consistently span a range running to 10% below the existing target/desired performance level. This change is proposed so that so that they can act as an early warning signal for improving or deteriorating performance. At present the narrow bands mean that performance is prone to switching from red to amber or vice versa with very little warning It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards. *With the exception of Interim Orders Compliance Indicators 017/018/019 which will all continue to have no amber band.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
36	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	On the FTP End to End Dashboard in the 'Contextual Measures' section, it is agreed to start expressing volumes of work incoming and in progress at each stage, with supplementary data on the number of weeks/months it will take to clear that work based on standard processing times to give a better indication of whether backlogs are starting to emerge. It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (implemented) Monthly version - January 2019 (implemented)
37	Request from Executive Director Strategy and Organisational Development	Move of performance indicators section	PI/STR/006 PI/STR/007	STR to OD	Internal Communications - Awareness of Organisational Priorities and Understanding of the External Environment	Bobby Davis (Executive Director, Organisational Development)	Performance indicators to be moved from section 4.1 Communication & Engagement Performance Indicators to Section 3.4 HR Performance Indicators - People Planning, Engagement and Development	SLT board meeting - 12/02/2019	Q4 2018 scorecard
38	Request from Executive Director Legal & Governance	Removal of performance indicator	PI/FTP/007	Legal	ILPS Staff Productivity	Lisa-Marie Williams (Executive Director, Legal & Governance)	Performance indicator to be removed. The rationale for removing this indicator is that it measures individual employee performance which is more a matter for operational management team reporting rather than for SLT/FPC Council attention. At the time that the Balanced Scorecard was introduced in 2017, staff productivity in ILPS was a particular area of attention in line with several aspects of ILPS performance that were recognised to need improvement at that time. This is no longer the case, and this measure is now routinely reported as green hence removal.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - February 2019 (implemented)
39	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0023	Information	Freedom of Information Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
40	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0024	Information	Data Protection Act Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
41	Request from Executive Director, FTP Transition	Post-go-live amendment to supplementary FTP indicators	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	FTP End to End Dashboard is proposed to have the Contextual measures section of the dashboard redeveloped to provide a balance sheet for each case stage. Thereby for each case stage the Opening Caseload + New Incoming - Processed - Cancelled will all be included and reconcile to provide the Closing Caseload for the end of the period.	SLT board meeting - 12/02/2019	Pending - Data required is pending further development

SECTION 2 - GDC PERFORMANCE INDICATORS MASTER LIST - ORGANISATIONAL DEVELOPMENT DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/HRG/001	HR	Recruitment Campaign Timeliness	The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks	Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	Performance Objective 1: High quality recruitment	90% within deadline	90% to 100%	70% to 89%	69% or lower	Departmental	Quarterly	PI
PI/HRG/002	HR	Recruitment Campaign Cost	The average cost per employee recruitment	The costs of recruiting new staff are not excessive and remain within budgeted/target levels.	Performance Objective 2: Cost reduction/efficiency	Average cost below £2500	100% or lower of target cost	101% to 120% of target cost	Higher than 120% of target cost	Departmental	Quarterly	PI
PI/HRG/003	HR	Recruitment Right First Time	The proportion of roles recruited to first time and the employee subsequently passes probation	Both of the following factors are successfully achieved: 1) Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant. 2) Subsequent probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	Performance Objective 1: High quality recruitment	90% of employees	90% + of employees meet both criteria	70% and 89% of employees meet both criteria	69% or less of employees meet both criteria	Organisational	Quarterly	PI
PI/HRG/004	HR	Staff Sickness	The average number of employee sickness days (per quarter) for all GDC staff	For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 2 Days Average	Average 0 - 2 days	Average 2.1 - 3 days	Average 3.1 days +	Organisational	Quarterly	KPI
PI/HRG/005	HR	Staff Turnover : Natural	The natural rate of organisational GDC turnover (per quarter)	For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 2.6% Turnover	0% to 2.6%	2.7% - 5%	5.1%+	Organisational	Quarterly	KPI
PI/HRG/006	HR	Staff Turnover : Overall	The overall level of organisational turnover (per quarter)	For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 3.7% Turnover	0% to 3.7%	3.8% to 5.9%	6.0% +	Organisational	Quarterly	PI
PI/HRG/014	HR	Staff Engagement	Average engagement scores from staff taken from a six monthly staff survey	Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.	Performance Objective 1: Talent management	70% or above	70% +	50% to 69%	49% or less	Organisational	Half Yearly	PI
PI/HRG/015	HR	Internal Opportunities	Quarterly percentage of roles filled by internal staff compared against external recruitment	Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.	Performance Objective 1: Talent management	50% or above	50% +	75% to 94%	29% or less	Organisational	Quarterly	PI
PI/HRG/016	HR	Key Roles with Identified Successor	Percentage of key roles in the organisation that have an identified successor in place	An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.	Performance Objective 1: Talent management	95% or above	95% +	75% to 94%	74% or less	Organisational	Quarterly	Placeholder awaiting data
PI/HRG/018	HR	Recruitment Probation Success	Percentage of employees who passed probation in this quarter	Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	Performance Objective 1: High quality recruitment	90% of employees	90% +	70% - 89%	69% or less	Organisational	Quarterly	PI
PI/STR/006	Internal Communications	Internal Communications - Awareness Of Key Organisational Priorities	The percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities	GDC staff members feel well informed and engaged with internal communications activities. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: People management and strong leadership	60%	50% or above	40% to 59%	39% or under	Organisational	Quarterly	PI
PI/STR/007	Internal Communications	Internal Communications - Understanding of the External Environment	The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.	Staff are more aware and have a better understanding of factors and events in the external environment that will/could have an effect on the GDC.	Performance objective 1: People management and strong leadership	40%	40% +	25% - 40%	24% or less	Organisational	Quarterly	PI

SECTION 3 - GDC PERFORMANCE INDICATORS MASTER LIST - STRATEGY DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/STR/004	Communications	Media Engagement	The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work	The GDC is able to plan effectively in order to positively influence and shape media coverage and to reduce the volume of reactive media coverage to the lowest possible level. This supports the wider GDC commitment to transparency and improving the GDC’s engagement with all of our audiences.	Performance objective 1: Improve our communication with dental professionals and stakeholders	35> (proactive)	>35 (proactive)	20-34 proactive	Less than 20	Organisational	Quarterly	PI
PI/STR/005	Communications	External Face-To-Face Engagement	The number of face to face engagement events with they GDC’s key stakeholders.	An increasing number of Registrants are able to hear GDC messaging in face to face updates, to enable the delivery of key messages. This supports the wider GDC commitment to transparency and improving the GDC’s engagement with all of our audiences.	Performance objective 1: Improve our communication with dental professionals	>60 engagements	>60 engagements	50-59 engagements	Less than 50	Organisational	Quarterly	PI
PI/STR/009	Quality Assurance	Education providers - Proportion meeting 'Protecting Patients' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Protecting Patients standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	70% met and less than 10% not met	70% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/010	Quality Assurance	Education providers - Proportion meeting 'Governance' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Governance standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 20% not met	50% met and less than 20% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/011	Quality Assurance	Education providers - Proportion meeting ' Student Assessment Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Student Assesment standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 10% not met	50% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/013	Communications	GDC newsletter engagement	The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.	More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.	Performance objective 1: Improve our communication with dental professionals and stakeholders.	>50%	.>50%	40-49%	<40%	Organisational	Quarterly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/001	UK Registration	UK Dentist Overall Processing Time	The average overall time taken to process all UK Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	90 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/002	UK Registration	UK Dentist Active Processing Time	The average time taken with days on-hold removed to process all UK Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/003	UK Registration	UK DCP Overall Processing Time	The average overall time taken to process all UK DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/004	UK Registration	UK DCP Active Processing Time	The average time taken with days on-hold removed to process all UK DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/005	UK Registration	Restoration Overall Processing Time	The average overall time taken to process all Restoration Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/006	UK Registration	Restoration Active Processing Time	The average time taken with days on-hold removed to process all Restoration Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/007	Dentist Casework Registration	EEA Dentist Overall Processing Time	The average overall time taken to process all EEA Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/008	Dentist Casework Registration	EEA Dentist Active Processing Time	The average time taken with days on-hold removed to process all EEA Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/009	Dentist Casework Registration	Assessed Dentist Overall Processing Time	The average overall time taken to process all Assessed Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/010	Dentist Casework Registration	Assessed Dentist Active Processing Time	The average time taken with days on-hold removed to process all Assessed Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/011	DCP Casework Registration	Assessed DCP Overall Processing Time	The average overall time taken to process all Assessed DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 120 Days	121 Days (Statutory Time Limited Level) +	Departmental	Monthly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/012	DCP Casework Registration	Assessed DCP Active Processing Time	The average time taken with days on-hold removed to process all Assessed DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81-120 Days	121 Days (Statutory Time Limit Level) +	Departmental	Monthly	PI
PI/REG/013	Dentist Casework Registration	Specialist List Overall Processing Time	The average overall time taken to process all Specialist List Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/014	Dentist Casework Registration	Specialist List Active Processing Time	The average time taken with days on-hold removed to process all Specialist List Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/015	Customer Advice & Information team	Call Centre Availability	The proportion of inbound calls from members of the public that are answered by the Customer Service and Information team	The majority of customer service calls can be answered by the customer service team in a timely fashion prior to the caller ceasing to wait in the call queue.	Performance Objective 1 & 2: Highly effective regulator and management of resources	85% + calls are answered	85% +	65% to 84%	64% or lower	Departmental	Monthly	PI
PI/REG/016	Cross Directorate	Registration Customer Satisfaction	Combined % of respondents either strongly agreeing or agreeing with the statement “I was satisfied with the customer service I received from the GDC”.	Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.	Performance Objective 1 & 2: Highly effective regulator and management of resources	80% or above	80% +	60% to 79%	59% or lower	Departmental	Monthly	PI
PI/REG/017	Registration	Registration Applications Processed	The year to date number of additions to the Register compared to budgeted levels	Volume of applications coming in to the GDC remains in line with the levels expected when the budget is set to help maintain expected income position. Once arrived, applications are processed at the rate expected to maintain product processing expectations	Performance Objective 1 & 2: Highly effective regulator and management of resources	100% of Expected Registrations	95% +	85% and 94%	84% or less	Departmental	Monthly	PI
PI/REG/018	Cross Directorate	Registration Audit Pass Rate	The proportion of Registration applications that pass audit inspection	All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.	Performance Objective 1 & 2: Highly effective regulator and management of resources	90% pass rate	90% and 100%	80% and 89%	79% or lower	Departmental	Monthly	PI
PI/FCS/001	Finance	Organisational Income	Total income received by the GDC from all registrant types compared with budget	Total ARF income received by the GDC is sufficient to fund its operations	Performance Objective 2: Management of resources/ efficiency	100% + to budget	100% +	98% to 99.9%	97.9% or lower	Organisational	Quarterly	KPI
PI/FCS/002	Finance	FTP Expenditure	Total forecast annual operating expenditure by the FtP directorate compared with budget	The costs of running FTP operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organiaational	Quarterly	KPI
PI/FCS/003	Finance	Non-FTP Expenditure	Total forecast GDC annual operating expenditure (excluding the FtP directorate), compared with budget	The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organisational	Quarterly	KPI
PI/FCS/004	Finance	Pension Scheme Funding Position	The DB pension scheme funding position: the value of the DB pension scheme’s assets compared to the value of its liabilities	The GDC DB pension scheme assets are sufficient to meet the scheme’s liabilities and, where this fails to be the case , the scheme is fully funded to avoid a call on the employer for further contributions.	Performance Objective 2: Management of resources/ efficiency	100% or greater	Less than £2m shortfall	Between £2m and £5m shortfall	Greater than £5m shortfall	Organisational	Quarterly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/005	Finance	Financial Reporting Timeliness	The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline	The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports	Performance Objective 2: Management of resources/ efficiency	3 out of 3 months delivered to deadline	3 out of 3 months	2 out of 3 months	1 out of 3 or fewer	Departmental	Quarterly	PI
PI/FCS/006	Finance	Fees and Expenses Payments Timeliness	Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines	The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	Performance Objective 2: Management of resources/ efficiency	95% processed within deadline	95% +	85% to 94%	84% and lower	Departmental	Quarterly	PI
PI/FCS/007	Finance	Invoices and Refunds Timeliness	Proportion of invoices and refunds that are processed in line with recognised deadline (Note: RAG rating driven by the weaker performing out of the two factors)	The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	Performance Objective 2: Management of resources/ efficiency	90% processed within 30 days	90% +	75% to 89%	74% and lower	Departmental	Quarterly	PI
PI/FCS/008	Finance	Adherence to Purchase Order Policy	Value of invoices where a purchase order has been raised at the point of commissioning the service/product	GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.	Performance Objective 2: Management of resources/ efficiency	Less than £150k non invoiced spend	Below £150k	Between £150k and £400k	Above £400k	Organisational	Quarterly	PI
PI/FCS/019	Finance	Organisational Efficiencies	The actual realisation of planned organisational efficiencies in comparison to budgeted levels	For efficiency savings to be equal to or greater than the budgeted level	Performance Objective 2: Management of resources/ efficiency	For efficiency savings to be equal to or greater than the budgeted level	Forecast yearly efficiency savings at 100% or greater of budgeted level	Forecast yearly efficiency savings at 95% to 99% of budgeted level	Forecast yearly efficiency savings at less than 95% of budgeted level	Organisational	Quarterly	PI
PI/FCS/009	IT	GDC Website and Online Register Availability	The proportion of time that the GDC website is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (including the online register and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/010	IT	eGDC Site Availability	The proportion of time that the eGDC website is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI
PI/FCS/011	IT	Dynamics CRM Availability	The proportion of time that the Dynamics CRM organisational database is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/012	IT	GDC Exchange Email Availability	The proportion of time that GDC Exchange Email is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI
PI/FCS/013	IT	IT Service Desk Timeliness	The proportion of IT support/development requests that are processed within service level agreement timeframes	The IT team provide timely and effective IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.	Performance Objective 1: Improve performance across all functions	90% within deadline	95% to 100%	90% to 94.99%	0% to 89.99%	Departmental	Monthly	PI

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FTP/001	Casework	IAT Timeliness: Receipt to IAT Decision	The proportion of cases to clear triage within 20 working days of receipt	Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% +within 20 days	95% +	85-94%	<85%	Departmental	Monthly	PI
PI/FTP/002	Casework	Assessment Timeliness: Receipt to Assessment Decision	The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt	Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	70% within 17 weeks	70% +	60 - 69%	<60%	Departmental	Monthly	PI
PI/FTP/003	Case Examiners	Case ExaminerTimeliness: Assessment Referral to Case Examiner Decision	The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral	Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% +within 9 weeks	75% +	65 - 74%	<65%	Departmental	Monthly	PI
PI/FTP/004	Case Examiners	Case Investigation Timeliness: Allocation to Case Examiner Decision	The proportion of cases that reach the Case Examiner stage to have an initial Case Examiner decision within 7 working days of allocation from Case Examiner Support	Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + within 7 working days	95% +	85- 94%	<85%	Departmental	Monthly	PI
PI/FTP/005	Casework	Case Investigation Timeliness: Receipt to Case Examiner Decision	The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within six months of receipt	Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% + within 6 months	75% +	65 - 74%	<65%	Departmental	Monthly	KPI
PI/FTP/006	Prosecution (ILPS/ELPs)	The Proportionate Split of Internal and External Prosecution Referrals	The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions	ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels	Performance Objective 2: Management of resources/ efficiency	7 or fewer per month (ELPs); ILPS the remainder. Overall, 84 in budget year (ELPs); ILPS the remainder	7 or below	8 to 9	10 or greater	Departmental	Monthly	KPI
PI/FTP/008	Casework/Case Examiners/Prosecution/ Hearings	Full Case Timeliness: Overall Case Length	The proportion of cases that reach the prosecution stage that reach an initial hearing within 15 months of receipt	Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% + within 15 months	75% +	65 - 74%	<65%	Departmental	Monthly	KPI
PI/FTP/009	Prosecution	Prosecution Timeliness: Case Examiner Referral to Hearing	The proportion of prosecution cases heard within 9 months of referral for prosecution	Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + within 9 months	80%	70 - 79%	<70%	Departmental	Monthly	PI
PI/FTP/010	Prosecution/Hearings	Prosecution and Hearings Timeliness: ILPS Disclosure	The proportion of prosecution cases to be disclosed within 98 working days of referral	Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + on time	80% +	70 - 79%	<70%	Departmental	Monthly	PI
PI/FTP/011	Hearings	Hearings Completed without Adjournment	The proportion of initial hearings to be completed without adjournment	Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process	Performance Objective 2: Management of resources/ efficiency	85% + without adjournment	85% +	75 - 84%	<75%	Departmental	Monthly	PI
PI/FTP/012	Hearings	Hearings Completed with Facts Proved	The proportion of cases heard at initial hearings to have facts proved	Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate	Professionals Objective 5: Timely, fair and proportionate FTP action	80% + with facts proved	80%	70 - 79%	<70%	Departmental	Monthly	PI

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FTP/014	Casework/Case Examiners/Prosecution/ Hearings	Interim Orders Timeliness: Registrar and Case Examiner Referrals	The proportion of initial IO cases to be heard within 21 working days of referral by Registrar or CE	Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	85 - 94%	<85%	Departmental	Monthly	KPI
PI/FTP/015	Casework/Prosecution/ Hearings	Interim Orders Timeliness: Triage Referrals	The proportion of initial Triage IO cases to be heard within 28 working days from receipt	Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Triage referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	85 - 94%	<85%	Departmental	Monthly	PI
PI/FTP/016	Casework/Prosecution/ Hearings	Interim Orders Timeliness: Triage Referrals (following consent chase)	The proportion of initial Triage IO cases pending consent to be heard within 33 working days from receipt	Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Triage referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	85 - 94%	<85%	Departmental	Monthly	PI
PI/FTP/017	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: Jurisdiction	The proportion of Resumed cases to be heard without loss of jurisdiction	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100 %	n/a	<100%	Departmental	Monthly	PI
PI/FTP/018	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: Hearing Before Expiry	The proportion of review interim order hearings to be heard before expiry of interim order	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100%	n/a	<100%	Departmental	Monthly	PI
PI/FTP/019	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: High court extensions	The proportion of High Court extension orders to be made before expiry of interim order	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100%	n/a	<100%	Departmental	Monthly	PI
PI/FTP/028	Prosecution/Hearings	Prosecution and Hearings Timeliness: ELPS Disclosure	The proportion of prosecution cases to be disclosed within 98 working days of referral	Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + on time	80% +	75 - 79%	<75%	Departmental	Monthly	PI
PI/STR/001	DCS	Timeliness of DCS enquiry handling	The proportion of DCS enquiries that are completed within 48 hours	DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe	Performance objective 1: Improve performance across functions so we are highly effective as a regulator	80% or above	80% +	75 - 79%	<75%	Departmental	Quarterly	PI
PI/STR/002	DCS	Timeliness of DCS case resolution	The proportion of DCS cases that are completed within 3 months	DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner	Performance objective 1: Improve performance across functions so we are highly effective as a regulator	80% or above	80% +	75 - 79%	<75%	Departmental	Quarterly	PI
PI/STR/003	DCS	DCS Customer Satisfaction Level	The proportion of feedback received which falls into the categories of 'good' or 'excellent'	DCS service users are left with a positive perception of their experience of engaging with the DCS process	Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach	90% or above	90% +	85% to 89%	<85%	Departmental	Quarterly	PI
PI/FTP/029	Hearings	Cumulative Hearings Performance Against Budget Forecast	The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted			90% or above	90% +	80% to 90%	<80%	Departmental	Monthly	PI
Additional FTP information to be provided in the 'FTP process flow' section for each route process stage for the following fields: <i>Incoming, cases ,Processed, cases , Referral rate, Work In Progress.</i> These are being classified as 'contextual measures' rather than 'Key Performance Indicators'												

SECTION 6 - GDC PERFORMANCE INDICATORS MASTER LIST - LEGAL, GOVERNANCE & INFORMATION DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/HRG/010	Governance	Council/Committee Paper Circulation Timeliness	The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines	Providing papers board members with adequate time to consider content ahead of meeting supports good evidence based decision making.	Performance Objective 1: Good governance/strong leadership	90% within deadline	90% to 100%	75% to 94%	0% to 74%	Organisational	Quarterly	PI
PI/HRG/011	Governance	Council/Committee Paper Quality	The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results	Board members need to be appropriately informed and have good information to make evidence based decisions.	Performance Objective 1: Good governance/strong leadership	90% Satisfaction	75% to 100%	50% to 74%	0% to 49%	Organisational	Quarterly	PI
PI/HRG/012	Governance	Council/Committee Minutes Circulation Timeliness	The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines	Providing minutes to directors on time ensures points discussed in meetings are sufficiently and correctly recorded, and can then be forwarded to the Chair for further scrutiny.	Performance Objective 1: Good governance/strong leadership	Less Than 2 Sets Of Minutes Late Per Quarter	0-2 sets of minutes over a day late in period	3-4 sets minutes over a day late in quarter	5+ sets minutes over a day late in quarter	Departmental	Quarterly	PI
PI/HRG/013	Governance	Corporate Complaints Timeliness	The number of corporate complaints responded to within the 15 working day deadline	All corporate complaints are responded to within the 15 working day deadline.	Performance Objective 1: Good governance/strong leadership	100%	85% - 100%	75% - 84%	0% - 74%	Departmental	Quarterly	PI
PI/FTP/020	Illegal Practice	Illegal Practice Timeliness: Receipt to Charging	The proportion of IP cases to have a charging decision made within 9 months of receipt.	Illegal Practice cases are concluded in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Performance Objective 1: Improve performance across our functions	90% + on time	90% +	85 - 89%	<85%	Departmental	Monthly	PI
PI/FTP/021	Illegal Practice	Illegal Practice Timeliness: Administrative Review	The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.	Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly	Performance Objective 1: Improve performance across our functions	95% + on time	95% +	90 - 94%	<90%	Departmental	Monthly	PI
PI/FTP/022	Illegal Practice	Illegal Practice Timeliness: Initial Paralegal Review	The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.	Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly	Performance Objective 1: Improve performance across our functions	95% + on time	95% +	90 - 94%	<90%	Departmental	Monthly	PI
PI/FTP/023	Information	Freedom of Information Statutory Compliance	The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes)	Requests for information under the Freedom of Information Act are processed within statutory timeframes	Performance Objective 3: Transparency about our approach	100% compliant	100%	91 to 99%	<91%	Organisational	Monthly	PI
PI/FTP/024	Information	Data Protection Act Statutory Compliance	The proportion of Subject Access Requests to be responded to within 30 calendar days (incl. extension timeframes)	Subject Access Requests under the Data Protection Act are processed within statutory timeframes	Performance Objective 3: Transparency about our approach	100% compliant	100%	91 to 99%	<91%	Organisational	Monthly	PI
PI/LEG/001	Information	Major ICO Impacts	The number of incidents where there is a likely risk to the data subject's rights and freedoms which require formal review and/or referral to Information Commissioner's Office (ICO).	No incidents required formal consideration of notification to the ICO, and no incidents referred to ICO.	Performance Objective 1: Improve performance across our functions	Zero self reports	0	n/a	1 or more	Organisational	Monthly	KPI
PI/LEG/002	Information	Significant ICO Impacts	The number of incidents where there is no likely risk to the data subject's rights and freedoms. Personal or special category data has been disclosed to one or more people and may or may not have been recovered.	No incidents involving special category data were reported.	Performance Objective 1: Improve performance across our functions	Zero	0 -5	6-13	14 or more	Organisational	Monthly	PI

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	RATIONALE FOR PRIORITY STATUS	ESCALATION DECISION DATE	DE-ESCALATION DECISION DATE (Where applicable)	DE-ESCALATION DECISION RATIONALE (Where applicable)
KPI/FCS/001 - Organisational Income Collected	Rationale for priority status: Seasonal inclusion of this measure following the Q4 Dentist ARF collection, to provoke discussion of whether the level of income collected has a bearing on planned activity/performance for 2017.	December 2016 EMT Board		
KPI/FCS/002 - Forecast FTP Expenditure	Rationale for priority status: The delivery of FTP activity within budgeted levels is a key organisational priority and is be included to provide ongoing board visibility of cost control in this area.	December 2016 EMT Board		
KPI/FCS/003 - Forecast Non-FTP Expenditure	Rationale for priority status: The delivery of Non-FTP activity within budgeted levels is a key organisational priority and is included to provide ongoing board visibility of cost control in this area.	December 2016 EMT Board		
KPI/HRG/004 - Staff Sickness	Rationale for priority status: Staff sickness levels across the organisation is recognised to be of key importance to help to provide capacity for the organisation to deliver its business plan and business as usual activities.	December 2016 EMT Board		
KPI/HRG/005 - Natural Turnover	Rationale for priority status: Staff retention across the organisation is recognised to be of key importance to the help to provide capacity for the organisation to deliver its business plan and business as usual activities.	December 2016 EMT Board	July 2018 EMT Board	No longer to be reported as a KPI as it has been accepted that the target level will not be met for the considerable future due to the Estates Strategy and the office move to Birmingham.
KPI/REG/004 - UK DCP Applications Active Processing Time	Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	December 2016 EMT Board		

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	RATIONALE FOR PRIORITY STATUS	ESCALATION DECISION DATE	DE-ESCALATION DECISION DATE (Where applicable)	DE-ESCALATION DECISION RATIONALE (Where applicable)
KPI/REG/006 - Restoration Applications Active Processing Time	Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	May 2018 EMT Board	July 2018 EMT Board	PI to be replaced by KPI/REG/002 - Dentist Applications Active Processing Time due to this being a key seasonal measure for Q2 2018.
KPI/FTP/014 - FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals	Rationale for priority status: This KPI relates to the question in the PSA dataset about IOC timeliness and is included to assist ongoing board monitoring of timeliness to support the attainment of standard four.	December 2016 EMT Board		
KPI/FTP/005 - Timeliness: From Receipt to Case Examiner Decision	Rationale for priority status: This KPI relates to the question in the PSA dataset about casework timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.	December 2016 EMT Board		
KPI/FTP/008 - FTP Timeliness: Overall Prosecution Case Length	Rationale for priority status: This KPI relates to the question in the PSA dataset about full case timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.	December 2016 EMT Board		
KPI/FCS/009 - GDC Website and Online Register Availability	Rationale for priority status: Included due importance of GDC website availability for public access to key GDC information, and in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public.	December 2016 EMT Board		
KPI/FCS/010 - Dynamics CRM Availability	Rationale for priority status: Included due to importance of Dynamics CRM system availability due to the need for approximately 200 members of staff to have the system available to undertake work on key processes.	December 2016 EMT Board		

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	RATIONALE FOR PRIORITY STATUS	ESCALATION DECISION DATE	DE-ESCALATION DECISION DATE (Where applicable)	DE-ESCALATION DECISION RATIONALE (Where applicable)
KPI/FTP/006 - FTP: Proportionate Split of Internal and External Legal Referrals	Rationale for priority status: This measure has been identified as a key driver of organisational cost and is included for ongoing scrutiny of cost control in this area.	December 2016 EMT Board		
KPI/FTP/025 - Serious Data Breaches	Rationale for priority status: This KPI relates to the question in the PSA dataset about ICO referrals and is included to assist ongoing board monitoring of data breach volumes to support the attainment of standard ten.	December 2016 EMT Board		
KPI/REG/002 - UK Dentist Applications Average Active Processing Time	Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	July 2018 EMT Board	November 2018 SLT Board	After the seasonal conclusion of the graduate dentist peak period for 2018 it was agreed that this indicator be de-escalated and replaced by PI/REG/006 Restoration Applications Active Processing Time for the next report, as it is now the seasonally busier route.
KPI/REG/006 - Restoration Applications Active Processing Time	Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	November 2018 SLT Board		

NOTE: Please note, it has been identified during February 2019 that on the Q3 2018 Balanced Scorecard the Registration indicators that were shown on the escalated measures dashboard on the report were KPI/REG/002 (UK Dentist Active Applications) & KPI/REG/006 (Restoration Active Applications) due to an administrative error in report completion. In actual fact, the indicators that should have shown on the escalated dashboard (in line with the above escalation tracking) should have been KPI/REG/002 (UK Dentist Active Applications) and KPI/REG/004 (UK DCP Active Applications). UK DCP Applications were reported on in section 1.3 of the report accurately as normal, with actual performance being green meeting target at 13 calendar days.

Dental Complaints Service – Performance Report Q3 of 2019

Purpose of paper	To report on the performance of the Dental Complaints Service (DCS) for quarter 3 (Q3), 2019
Status	Public
Action	To Note
Corporate Strategy 2016-19	Patients: Objective 4 – To direct patients who have concerns to the most appropriate organisation, so that problems can be resolved quickly, fairly and cost effectively. .
Business Plan 2019	Continue to raise awareness of the service and drive down the number and age of complaints.
Decision Trail	None
Next stage	Not applicable.
Recommendations	The Council is asked to note the paper.
Authorship of paper and further information	Michelle Williams DCS Head of Operations mwilliams@dentalcomplaints.org.uk T: 020 8253 0811
Appendices	None

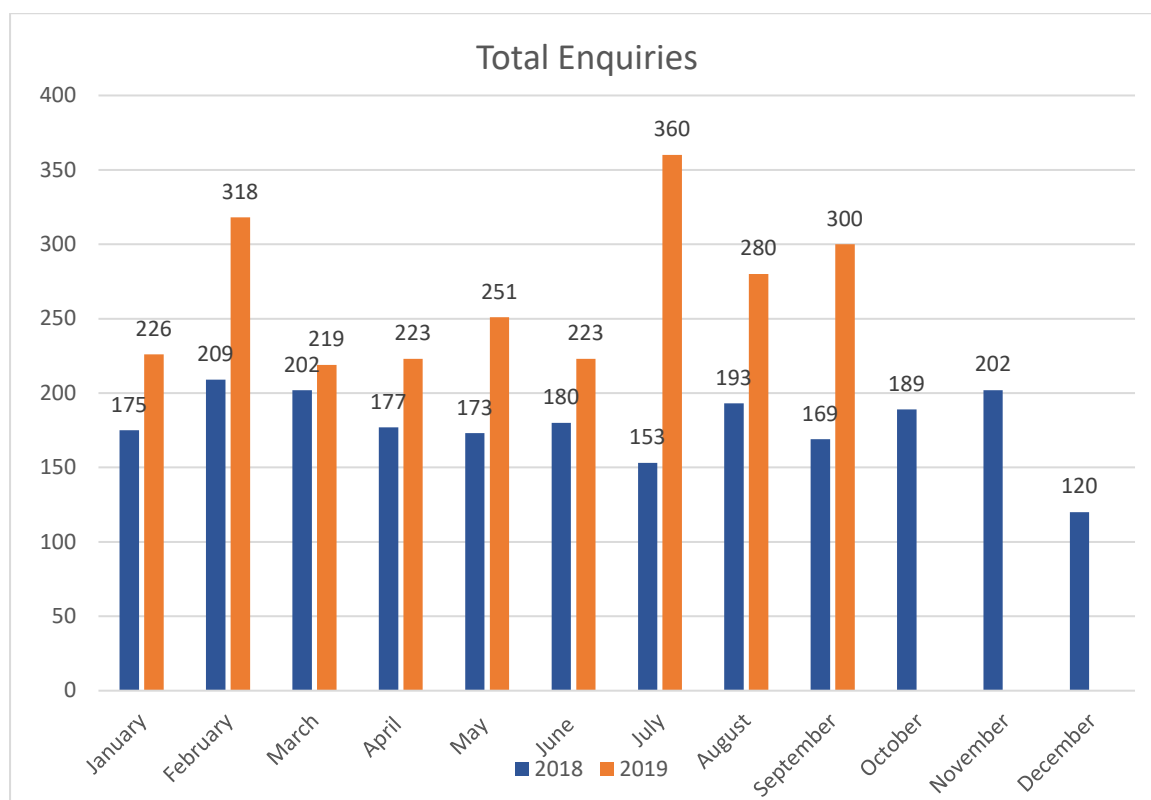
1. Executive summary

- 1.1. DCS performance has been impacted across quarter 3 of 2019 by the on-going increase in enquiries that we have experienced throughout the year.
- 1.2. We continue to explore how we might build and strengthen the offer and, to that end, have been reviewing feedback received from a recently completed independent survey of registrants who have participated in the service. This, together with the review of 2015-18 indicates a service that is valued by those who use it, becoming better established as a distinct offer and has clarity vis-à-vis its relationship with Fitness to Practise.
- 1.3. Within the DCS Review Phase II project, part of Shifting the balance, we have made progress in evaluating the current DCS offering against the broader system-wide handling of complaints to explore how there might be the opportunity to modify the offering to better complement the whole landscape. We are also preparing to test different operational delivery models and have created an objective evaluation framework to support this analysis.

2. Analysis of Performance

Incoming enquiries

- 2.1. During Q3, 940 enquiries were received. 98% (921) were responded to within 2 days, an improvement from 84% in Q2.
- 2.2. The average number of enquiries for 2019 has risen to 267 per month in comparison to 186 in 2018, an increase of 43%. In part this has been driven by two exceptional events in February and July with large numbers of complaints for a single registrant however DCS are currently working with the Senior Research Analyst to identify other possible drivers for the general observed increase in enquires over the last 9 months.



- 2.3. Of the 940 enquiries logged in Q3, 103 cases were opened of which 14 referrals to FTP were made (1.4% against enquiries). All enquires are signposted to their dental

professional to seek local resolution and if appropriate to the relevant organisation which enables the patient to resolve their concerns appropriately. Private patients are advised they can contact DCS again should local resolution fail. A more detailed breakdown of contact types is provided below:

Signposted to	Total	Signposted to	Total
NHS England	161	Dental Professional requesting complaints advice	0
NHS NI	3	Dental Professional requesting leaflets	1
NHS Scotland	9	Patient not engaging	1
NHS Wales	5	Outside of time remit	26
Advice on accessing records	1	Patient does not wish to pursue	26
Clinical Advice	12	Patient pursuing independently	173
Dental Professional raising staff issues	9	Request for compensation ¹	33
Outside of geographical remit	4	Request for conduct investigation- not high risk	7
GDC process enquiry	11	Denplan	10
Contractual issue	39	Nonregistered staff	3
Debt collection	7	Other	286
Dental Professional not registered	10	Sub-total	837
		DCS Cases	103
		Total	940

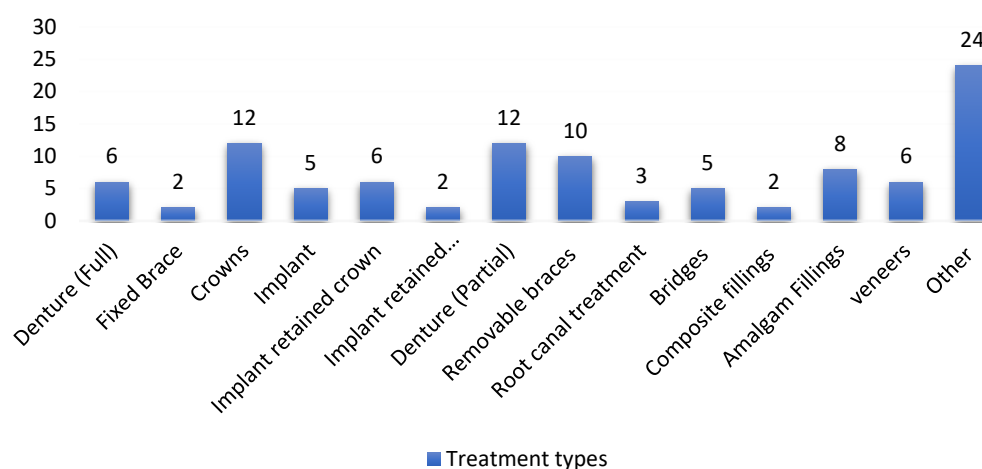
Complaint issues

- 2.4. The most dominant issues raised in Q3 by complainants were a perceived failure of treatment (83).

Treatment types

- 2.5. Main treatment types relating to complaints raised:

Treatment types giving rise to complaint



¹ Note: The DCS remit is only to recover the full cost, or equivalent treatment, for patients – we are not able to engage with requests for compensation beyond the cost of treatment.

- 2.6. During Q3 there were 2 complaints regarding fixed braces, 10 regarding removable braces. 6 complaints regarding implant retained crowns, 5 implant retained full dentures, 2 implant retained partial dentures and 5 regarding the actual implant. 86% (88) of the complaints raised related to the more costly forms of treatment such as dentures, braces, bridges, crowns and implants.

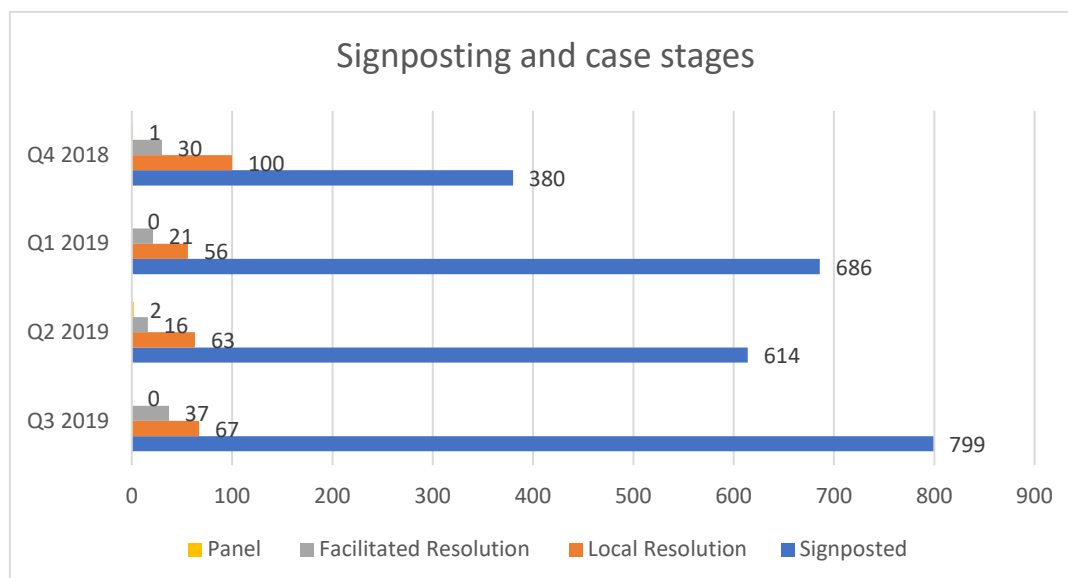
Geography of complaints

- 2.7. The geographic region that private complaints predominately arose from over the last 12 months is London. London is consistently the highest region that generates complaints this is due to the high concentration of private dental practices within the area coupled with higher expectations, particularly for the most expensive treatments/providers.
- 2.8. The number of complaints raised in each country is reported below. Across the United Kingdom this equates to approximately 1.5 complaints per million people raising a complaint in relation to private treatment.

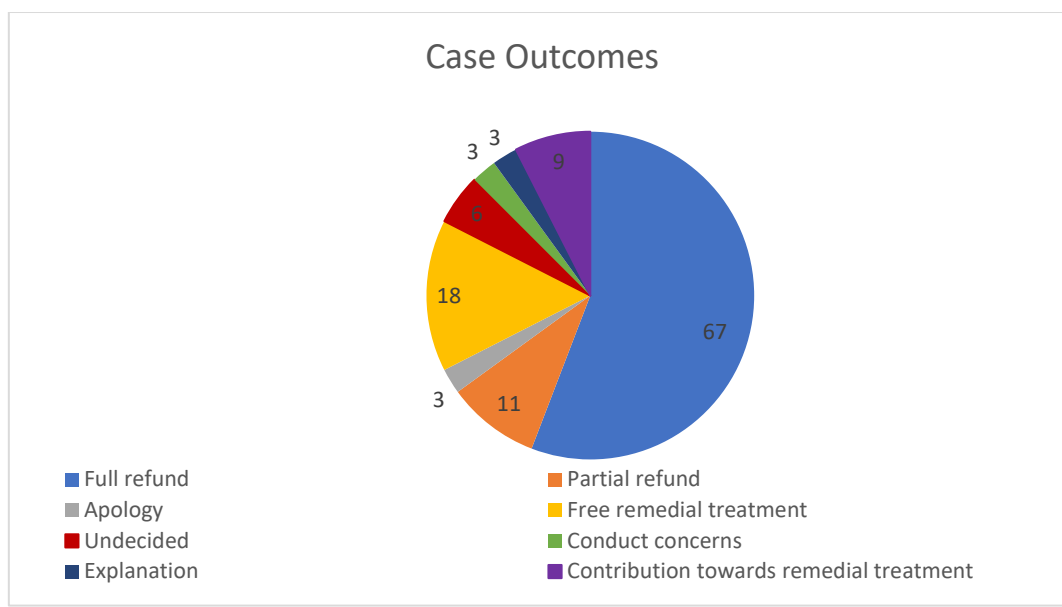
Country	Complaint (cases) Numbers Q3	People in each country (M)	Complaints per M population	Registrants in Each country	Complaints per 000 Registrants
England	98	56.6	1.7	94,388	1.04
Scotland	3	5.45	0.6	11,685	0.26
N Ireland	0	1.8	0	3,976	-
Wales	2	3.18	0.6	5,259	038
Chanel Islands	0	0.16	0	464	-
Total cases	103	67.5	1.5	111,796	0.92

Outcomes

- 2.9. In Q3 2019, 112 cases concluded 84% of all cases resolved within 3 months. The average resolution time for Q3 was 47 days. We continue to resolve the overwhelming majority of cases we open.
- 2.10. 60% of complaints were resolved at local resolution, 33% at the facilitated resolution stage and 7% of cases were referred to a panel, transferred to FtP or closed as the patient chose to pursue alternative mechanisms for resolution.



- 2.11. For resolved cases the most common outcome is to obtain a refund to enable the patient to have their treatment completed by another dental professional. 60% of the resolved cases were resolved following a full refund by the dental professional. During Q3 this amounted to £62,426 from the £76,889 initially requested.
- 2.12. Free remedial treatment was the second most common outcome with 16% of complaints resolved followed by 8% of complaints being resolved by way a partial refund. When assessing a complaint, the complaints officer will detail each outcome the patient is seeking, often a dental professional will apologise for the distress or need for the patient to complaint without request. It could be considered that by the dental professional apologising for the upset that may have been caused by the need to complain, without prompting, makes the patient feel they have been listened to and received a sincere and authentic apology and therefore do not need to pursue this further as an outcome.



Note: Patients can raise more than 1 complaint/issue and outcome for each aspect of the complaint.

FtP Referrals

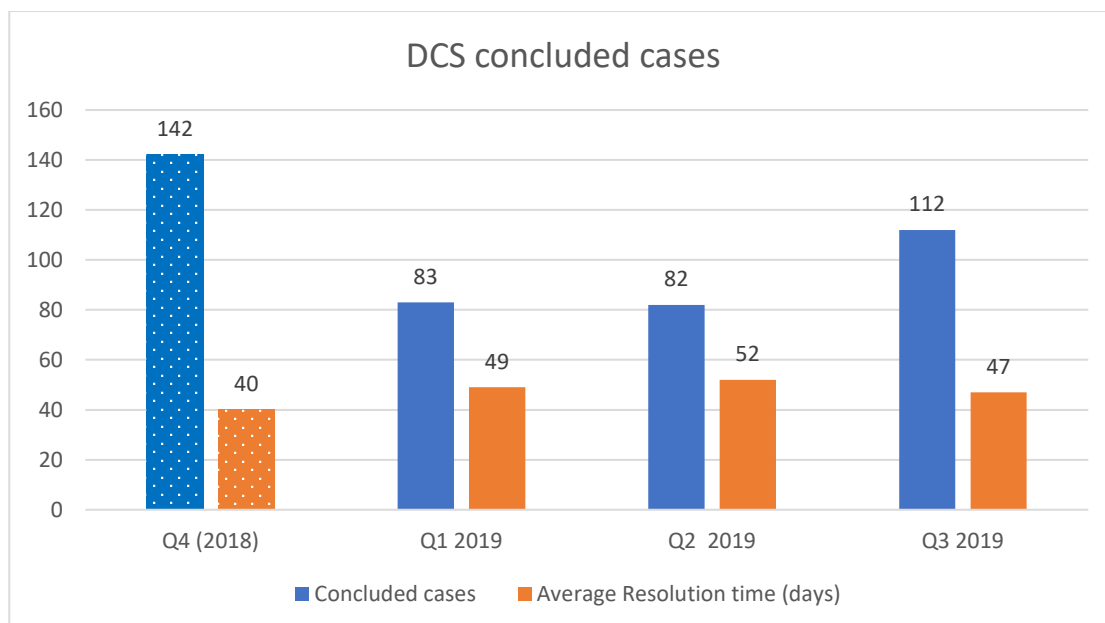
- 2.13. There were 14 FTP referrals representing 1.4% of enquiries in Q3. Of these, 12 were subsequently moved forward to Casework Assessment for investigation.

Illegal Practice Referrals

- 2.14. 3 referrals were made from DCS to the In-House Appeals and Criminal Enforcement team during Q3 these were in relation to tooth whitening and online orthodontics.

Performance

- 2.15. The number of cases concluded by DCS in Q3 are set out below in figure 6. The average resolution time has dropped to 47 days at the end of Q3. This is an improvement of 5 days in comparison to Q2. During Q3 DCS have been assisting with a single complex case arising at the end of the quarter involving multiple patients where a discussion regarding liability between the current practice owner, the previous owner (the practice went into administration), a registrant who has remained with the practice and the respective indemnity organisations. This has resulted in extended communications with patients seeking redress and will impact the Q4 performance. Following no progression of the cases as neither party would take ownership of the complaints, the decision was made at the start of Q4 to refer 8 cases to FTP in the interest of the public.



- 2.16. Concluded cases are complaints that have closed at any of the four operational stages. No cases were progressed to the panel meeting stage during Q3.
- 2.17. When cases are closed, feedback forms are sent to patients and dental professionals to obtain feedback on the service that they have received. In Q2, the overall level of customer satisfaction showed 83% of respondents found the service they received to be good or excellent. This has improved to 100% satisfaction in Q3. All feedback is fed back into the DCS Review to enable the DCS to fulfil its objectives where possible.

NHS Complaints signposting

- 2.18. Following signposting to the NHS by DCS feedback is sought as to the outcome of complaints resolution within the NHS. 20 Automated feedback requests were sent by DCS during Q3. With only 1 response received during this period, the patient reported that the matter with the dental professional was still unresolved.

DCS Review Phase 2

- 2.19. During the period DCS completed their independent survey with dental professionals. This work enabled DCS to gain a clear understanding of the Dental Professionals' experience of the service and see where we can improve. Initial findings are that despite some concerns regarding the DCS as a 'patient champion' all aspects of the service had a net favourable score. The full findings will be published in Q4.
- 2.20. We are now preparing to evaluate alternative delivery models against assessment criteria developed in conjunction with the project team mapping the system wide handling of complaints to ensure that any future provision can provide the requisite service. The analysis will also incorporate a Social Return on Investment (SROI) evaluation.

3. Recommendations

- 3.1. The Council is invited to note the performance of DCS in Q3 of 2019.

Council member recruitment 2019/2020

Purpose of paper	To set out the process for the Council member recruitment for 2019/2020.
Action	For approval
Costed Corporate Plan 2019-2021	This work described in this paper is considered Business As Usual (BAU) and therefore is not set out in the CCP.
Decision Trail	The Remuneration Committee reviewed and suggested amendments to the proposed process in accordance with their Terms of Reference at their meeting in September 2019.
Next step	<p>The Remuneration Committee will receive updates on the recruitment process.</p> <p>The Council will be asked to take a decision on whether to propose individuals for appointment and reappointment to the Privy Council.</p>
Recommendations	<p>The Council is asked to:</p> <p>Review and approve the proposed process for appointment and reappointment of Council members in 2019/2020.</p>
Authorship of paper and further information	<p>Katie Spears Interim Head of Governance</p> <p>Lisa Marie Williams Executive Director, Legal and Governance</p>
Appendices	<p>Appendix 1 – Categories of Information for Confidential Report</p> <p>Appendix 2 – Summary timeline for reappointment</p> <p>Appendix 3 – Summary timeline for appointment</p>

1. Executive Summary

- 1.1. In accordance with the GDC's legislative framework, the Privy Council (PC) makes appointments to the General Dental Council. The framework sets out the number of Council members (12), and the criteria which must be satisfied in making appointments, including having at least one Council member from all four nations of the UK and the requirement for both lay and registrant members. The legislation also puts a limit on the length of term of office for Council members.
- 1.2. The GDC is responsible for managing the process of recruitment, and for providing the names of suggested appointees to the Privy Council. In accordance with section 25C of the Health and Social Care Act (2012), the Professional Standards Authority (PSA) provides assurance to the Privy Council in relation to the robustness of the process for suggested appointments used by all of the healthcare regulators, including the GDC.
- 1.3. In 2020, three Council members will demit office after completing two terms as Council members (the maximum number of years' service is eight, and this is typically served in two terms).
- 1.4. Three further Council members will complete their first term of office in 2020. All three individuals have confirmed that they would wish to complete a second term, subject to a reappointment process. The GDC will therefore need to run both an appointment and reappointment process in 2019/20.
- 1.5. The Remuneration Committee Terms of Reference require the Committee to review – but not approve - the process for the recruitment of new Council members and the reappointment of existing Council members. A paper went to the Committee in September, and feedback was given on the proposed timelines, with a request to move the reappointment process forward.
- 1.6. Council is asked to:
 - **Approve** the proposed process for appointment and reappointment of Council members in 2019/20.

2. Overview of the Council member reappointment process

- 2.1. As set out above, the Privy Council makes reappointments to the Council, and will seek the assurance of the PSA in relation to the reappointments process. The PSA has published "*Good practice in making council appointments*" (the Guidance) which includes guidance on the process.
- 2.2. The Guidance sets out that, if there are candidates eligible for reappointment, their views on continuing in their role should be sought early enough to allow an open competition to be run, if necessary.
- 2.3. The three Council members who will come to the end of their first time in 2020 are: Crispin Passmore (Council member and Chair of ARC), Sheila Kumar (Council and ARC member), and Caroline Logan (Council, Remco and PRB member). In August

2019, the Chair of Council approached each member individually and all have confirmed that they would be interested in continuing on the Council.

- 2.4 The Guidance makes it clear that reappointments cannot be automatic, but do not require an open competition to be run if an individual's performance during their first term has been satisfactory and their skills and experience continue to meet the Council's needs. If there is more than one reappointment proposed, candidates must all be treated equally.
- 2.5 In order to provide assurance, a number of steps have already been or will be taken, including seeking the views of Council members, the Chief Executive and Registrar and any relevant third parties. Appraisals will be held in December and a confidential report on each Council member will be brought to the January Council meeting for decision on whether to recommend the reappointment.
- 2.6 A detailed timeframe of the work involved in this process is set out at **Appendix 2**.

3. Overview of the Council member appointment process

- 3.1 As set out above, three Council members: Geraldine Campbell (lay, Council and PRB member and Remco Chair), Kirstie Moons (registrant Council and FPC member and PRB Chair), and Margaret Kellet (registrant Council, FPC and PRB member) will demit office in 2020. All three terms will end on 30 September 2020. The PSA provides assurance on the open competition process required to appoint new Council members to the Privy Council.
- 3.2 In order to fulfil the requirements of the Dentists Act 1984 and subordinate legislation in relation to the composition of Council, the GDC will need to seek one further lay and two registrant members. Further, we will need to seek one new member who lives or works, wholly or mainly in Wales and one who fulfils this requirement for Northern Ireland to replace Kirstie and Geraldine respectively.
- 3.3 It is proposed that to support this work, we will procure the support of a professional search firm (as was used in 2017), and to also work closely with our Stakeholder and Engagement team to ensure we are making the most of every interaction with the profession and the public to find three new members.
- 3.4 The Head of Governance (supported by the Executive Director of Legal and Governance) will lead this work, supported by the Executive Director of Organisational Development, Head of Communications and Stakeholder Engagement, and Head of OD and Inclusion.
- 3.5 The PSA Guidance sets out four stages to appointments, as follows:
 1. planning;
 2. Advance Notice scrutiny;
 3. implementation; and
 4. recommendation, scrutiny, and appointment.

We are currently in the planning phase, which will require the development of the following:

- a publicity/advertising strategy;

- details of how candidates will be selected – against what criteria and by whom;
- how equality and diversity considerations will be considered;
- how the process will reflect that the regulator is a UK-wide body;
- how the panel will manage conflicts of interests; and
- the full range of due diligence activities to be undertaken.

It is proposed to circulate a draft Advance Notice to Remco by email (as the December meeting was postponed due to availability of Committee members), for review and comment. The Advance Notice will be submitted to the PSA.

3.6 The PSA suggests that, from the submission of the Advance Notice, it takes roughly five months to get to appointment stage. The high-level timetable for the recruitment would be to advertise in January 2020, review candidates in February and March, submit the recommendations of the panel to Council on 3 June 2020 and to ask the Privy Council to make the appointments in time for the October Council meeting. A detailed timeframe can be found at **Appendix 3**.

3.7 An induction would be delivered in September 2020 so as to avoid the summer period. Proposals for that induction would be taken to either the May or June 2020 Remco for review and discussion.

4. Recommendations

4.1 The Council is asked to:

- Review and approve the proposed process for appointment and reappointment of Council members in 2019/20.

Appendix 1.

Summary of information for Confidential Report

From Governance:

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

From the Chair

- Confirmation that the Council member wishes to be reappointed and can give time to the role;
- A review of the competencies used when the Council member was appointed;
- An assessment as to whether the Council member continues to meet the competencies and is performing at the required level. This assessment would take account of information from the Council members previous appraisals and the appraisal in December 2019;
- The outcome of the skills audit and an assessment of whether the Council member will be able to meet the anticipated future needs of the Council;
- For registrant members only – whether any Fitness to Practise concerns have been raised;
- An overview of feedback from other Council members, third parties and the Chief Executive and Registrar;
- An overall conclusion as to whether or not the Council member should be recommended for reappointment.

Appendix 2

Stage	Lead	Date
Discuss reappointment with candidate	Chair of Council	Completed
Assess skills matrix	Chair of Council with support from Head of Governance	November 2019
Seek views of candidates from Council, Chief Executive and third parties	Chair of Council with support from Head of Governance	November/December 2019
Appraisal of candidates	Chair of Council	December 2019
Preparation of confidential report	Chair of Council with support from Head of Governance	January 2020
Council to take a decision regarding recommendation for re-appointment	Chair of Council	16 January 2020
Submit Notice of Reappointment Recommendation to PSA Three weeks needed	Head of Governance	February 2020
Privy Council to consider and make the reappointment Two weeks needed	Head of governance	March 2020
Notify candidates, Council and organisation of results	Chair of Council	March/April 2020

Appendix 3

Task	Lead	Date
Phase one – Planning		
Advise the Privy Council and PSA of the timetable for recruitment	Head of Governance	Complete
Publish ITT to procure professional search firm	Executive Director, Legal and Governance	Complete
Draft Advance Notice and circulate to Remco	Head of Governance	November/December 2019
Evaluate bids	Executive Director, Legal and Governance, Head of Governance, Executive Director, OD	December 2019
Phase two – Advance Notice scrutiny		
Advance notice (and supporting documentation) to appoint submitted to the PSA	Head of Governance	December 2019
PSA clearance (takes three weeks)	PSA	Three weeks
Phase three – Implementation		
Launch (four-week application window)	Procured search firm	20 January 2020
Application deadline	N/A	Sunday 16 February 2020
Application sift	Procured search firm	17-19 February 2020
Longlisting pack available to the panel	Procured search firm	20-21 February 2020
Longlisting scoring due back from panel	Panel members	10 am 26 February 2020
Longlisting meeting	Head of Governance to coordinate	28 February 2020
Preliminary interviews of longlisted candidates with consultant	Procured search firm	2 – 13 March 2020
Shortlisting pack available to the panel	Procured search firm	19 March 2020
Shortlisting meeting	Head of Governance to coordinate	25 March 2020

Due diligence (GDC) including collection of references	Head of Governance to coordinate	26 March – 10 April 2020
Shortlisted candidates to have telephone conversation with CEO (if requested)	Head of Governance to coordinate	9 – 10 April 2020
Interview packs available to the panel	Procured search firm	15 April 2020
Interviews	Head of Governance to coordinate	28 and 29 April 2020
Phase four – Recommendation, scrutiny and appointment		
Recommendation to the Council	Head of Governance and Chair of Council	3 June 2020
Notification to the Privy Council and PSA	Head of Governance	4 June 2020
Submission of the IPM report to the PSA.	Independent member of the panel to provide	
PSA scrutiny	PSA	Three weeks 26 June 2020
Privy Council approval	PC	Two weeks 10 July 2020
Appointments confirmed and announced		
Follow up		
Induction programme for new Council members	Head of Governance	September 2020
Term of office begins	N/A	1 October 2020
First Council meeting	N/A	21/22 October 2020
Paper to Remco – review of recruitment process	Head of Governance	3 December 2020

Appraisal Processes for Chair of Council, Chief Executive and Registrar and Council Members

Purpose of paper	To set out the proposed appraisal process for the Chair of Council, Chief Executive and Registrar and Council Members.
Action	For discussion and approval
Corporate Strategy 2016-19	<i>Performance: Objective 1</i> - To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2018	Priority 1 – Continue to build a cost effective and efficient organisation.
Decision Trail	The Remuneration Committee received the proposed appraisal process for the Chair of Council, Chief Executive and Registrar and Council Members at its meeting on 26 September 2019 and made suggested amendments.
Next stage	Appraisals will be carried out in Q4 of 2019 and Q1 of 2020.
Recommendations	The Council is asked to discuss and approve: <ul style="list-style-type: none"> the appraisal processes for Chair of Council, Chief Executive and Registrar and Council Members the draft objectives for the Chair of Council and Chief Executive and Registrar
Appendices	Appendix 1 – Chair of Council – Self-assessment form Appendix 2 - Chair of Council – Draft Objectives 2020 Appendix 3 – Chief Executive and Registrar – Draft Objectives 2020 Appendix 4 – Council Member Self-Assessment Form Appendix 5 – Matrix of peer review
Authorship of paper and further information	Lucy Chatwin Head of People Services lchatwin@gdc-uk.org Sarah Keyes Executive Director, Organisational Development

1. Executive Summary

- 1.1. This paper sets out the proposed appraisal process for the Chair of Council, Chief Executive and Registrar, and Council Members. It also includes the draft objectives for the Chair of Council and Chief Executive and Registrar for 2020.
- 1.2. In accordance with the Remuneration Committee Terms of Reference, a draft of the appraisal processes was reviewed and commented on by the Committee on 26 September 2019. Suggested amendments to the process have been included in this paper and its appendices.
- 1.3 Council is asked to discuss and approve:
 - the appraisal processes for Chair of Council, Chief Executive and Registrar and Council Members; and
 - the draft objectives for the Chair of Council and Chief Executive and Registrar for 2020.

2. Introduction and background

- 2.1. The appraisal process for the Chair of Council (the Chair) was agreed in July 2015 by the Council. At this time, it was undertaken by a person independent of the GDC and consisted of peer feedback by the then Committee Chairs (lay), a number of registrant Council members and the Executive Management Team (EMT).
- 2.2. Following the appointment of a Senior Independent Council Member (SICM) in October 2017, the Chair's appraisal was then undertaken by the SICM and the process was modified to include peer review by Council members, feedback from the Chief Executive and Registrar (the CEO) and views from external stakeholders. This process was agreed by the Council in December 2017. The same process was followed in 2018.
- 2.3. The appraisal process for the CEO is undertaken by the Chair. The appraisal consists of a self-assessment against performance objectives, followed by an assessment by the Chair.
- 2.4. New performance objectives are discussed at both the Chair and CEO's appraisals together with proposed assessment measures and these are approved by the Council each year. This year they were approved at the Council meeting in January 2019.
- 2.5. The appraisal process for Council members was agreed in July 2015 by the Council and consisted of a three-stage process comprising of self-reflection, peer feedback and an appraisal meeting with the Chair. Some minor amendments were made to the process in 2018 which included discussing development and support not just training needs. These amendments were agreed at the Remuneration Committee in September 2018.
- 2.6. Three Council members are due for reappointment in 2020. These appointments seek the assurance of the PSA who have published guidance on the process entitled the "*Good practice in making council appointments*." This guidance states that Council members performance must be satisfactory, and their skills and experience must continue to meet the Council's needs. An effective appraisal is one way of demonstrating evidence that the requirements have been met, as outlined in the guidance. A separate paper has been submitted to Council outlining an amended process for those who are standing for reappointment.

- 2.7. On 26 September 2019, the Remuneration Committee considered the draft appraisal processes and suggested the following amendments:
- external feedback for the Chair should be trialled as this is considered best practice. Specifically, feedback should be focussed on the leadership of the organisation, including the CEO, and could be obtained from those who took part in the Council's visits to Wales and Scotland.
 - unattributed feedback for Council members was not useful for the individual conducting the appraisal and should be attributed in future to provide helpful context.
 - a matrix should be prepared for the Council members' peer review to avoid overly burdening any particular members with this process. It was agreed that, moving forward, peer review of Council members should include the Chair of one Committee (upon which they sit) and one other Council member, who was not a Committee Chair.
 - the CEO should continue to provide feedback for each Committee Chair. The Lead Executive Director for the Committee to which they were attached should also provide feedback for the Committee members. The EMT as a collective would provide feedback for each Council member. It was recommended the SICM should speak to people directly around feedback for the Chair of Council.
- 2.8. The Remuneration Committee provided the following advice in relation to the CEO's appraisal:
- the feedback for the CEO should also be attributed to provide helpful context to the appraiser (the Chair).
 - the peer review form should re-labelled as a 'colleague review' form.
 - the appraisal and objective setting should expressly exclude Accounting Officer (AO) activities as, for those, the AO was accountable to the Privy Council.
 - there should be a substantive split between the collation of feedback from EMT colleagues and from Council members as there is a qualitative difference in the context of this feedback on the CEO.
- 2.9. Template forms, which support the process, were reviewed by the Remuneration Committee in September 2019.
- 2.10. The Remuneration Committee suggested that the Executive Assistant for the Chair would manage the appraisal and objective setting process for the Chair. The process for Council members will be managed by the Governance team.
- 2.11. The Remuneration Committee also agreed the draft objectives of the Chair and CEO should be presented to Council in December for review and approval (Appendix 1 and 2).

3. The Chair of the Council's appraisal process

- 3.1. An outline of the proposed process is set out below:
- 3.1.1 The Executive Assistant to the Chair will send the Chair a self-assessment form to return at least two weeks prior to the meeting for review by the SICM. The Chair will also be asked to self-assess achievements against objectives for 2019.

- 3.1.2 The Executive Assistant to the Chair will send Council members the peer feedback form and a copy of the Chair's objectives for 2019. They will be asked to complete the form, which will provide the opportunity to give written feedback. Members are also invited to speak to the SICM if they feel it would be helpful. The Executive Assistant to the Chair will also ask the CEO to provide feedback on the Chair on behalf of EMT.
- 3.1.3 Attributed feedback will be provided to the SICM and the Chair in advance of the appraisal meeting by the Executive Assistant to the Chair.
- 3.1.4 Feedback will be sought from external stakeholders (including government) by the Head of Communications and Engagement and will be provided to the SICM prior to the appraisal. External stakeholders will be asked to provide their objective feedback in relation to how the GDC is performing as an organisation and the leadership as opposed to feedback on individual performance as it is acknowledged it is difficult for external stakeholders to comment specifically on this. If feedback is not received from external stakeholders, relevant feedback from third parties during the previous 12 months will be used such as feedback obtained from Council's visits to Wales and Scotland.
- 3.1.5 The SICM will conduct the Chair's appraisal in January 2020 and completed paperwork will be sent to the Governance team for retention on the electronic personal file.
- 3.1.6 Draft objectives for the Chair have been developed and the Council is invited to approve them (Appendix 1).
- 3.1.7 When progression against objectives is due to be reviewed, the objectives form will be used to monitor progress.

4. The Chief Executive and Registrar's appraisal process

- 4.1. An outline of the proposed process is set out below:
 - 4.1.1 The Executive Director, Organisational Development, will ask the CEO to self-assess achievements against objectives for 2019 to return at least two weeks prior to the meeting for review by the Chair.
 - 4.1.2 The Executive Director, Organisational Development will send the Chair, Council Members and EMT the colleague feedback form for completion and a copy of the CEO's objectives for 2019. The colleague feedback form provides the opportunity to give written feedback, however members are also invited to speak to the Chair if they feel it would be helpful.
 - 4.1.3 Attributed feedback will be provided to the Chair and the CEO in advance of the appraisal meeting by the Executive Director, Organisational Development.
 - 4.1.4 The Chair will conduct the appraisal meeting in January 2020 and completed paperwork will be sent to the Head of People Services for retention on the electronic personal file.
 - 4.1.5 Draft objectives for the CEO have been developed and the Council is invited to approve them (Appendix 2).
 - 4.1.6 The CEO's appraisal and objective setting will expressly exclude Accounting Officer (AO) activities as, for those, the AO is accountable to the Privy Council.
 - 4.1.7 When progression against objectives is due to be reviewed, the objectives form will be used to monitor progress.

5. The Council Members appraisal process

- 5.1. An outline of the proposed process for all Council members who are not standing for reappointment in 2020 is set out below. There is an amended process for those who are standing for reappointment, and that process is set out in a separate paper.
- 5.1.1 The Governance team will send the Council Member the self-assessment form (Appendix 3) to return at least two weeks prior to the meeting for review by the Chair.
- 5.1.2 The Council Member will be prompted to reflect specifically on their contribution as a Committee member and/or Committee Chair, whether they have skills that might be useful on that or another Committee and whether or not they wish to become a Chair of a Committee in the future. They will also be asked to self-reflect on their development which will help inform the Board development programme and support the Board effectiveness review together with considering how well they feel they have understood the issues facing the GDC over the last year.
- 5.1.3 The Governance team will provide details of a Council member's attendance at Council and Committees together with the self-assessment form to the Chair prior to the appraisal meeting.
- 5.1.4 The Remuneration Committee have suggested that feedback on Council Members is sought from:
- the Chair of one Committee upon which they sit
 - one other Council member who is not a Committee Chair
 - the CEO, who will provide feedback on all Committee Chairs
 - the Lead Executive Director for Committee to which they are attached to provide feedback for Committee members.
 - EMT, who as a collective will provide feedback for each Council member

A matrix of who will provide feedback for each Council member is set out at Appendix 4.

- 5.1.5 The Council are asked to consider whether they agree with the above parties providing feedback on Council members and are also asked to discuss what feedback would be most useful to them.
- 5.1.6 The Chair will conduct the appraisal meetings across January and February 2020 which have been organised by the Executive Assistant to the Chair of Council. The dates for these meetings are also set out in Appendix 4.
- 5.1.7 A copy of the finalised appraisals should be sent to the Governance team for retention on the electronic personal file.

6. Risks and Considerations

Communications

The Chair, CEO and Council members will receive email communications advising them when the appraisal paperwork needs to be completed and returned.

Equality and Diversity An Equality Impact Assessment (EIA) will be completed when the appraisal process has been finalised and approved.
Legal The Chair of Council's appraisal is a requirement of the Standing Orders.
Policy N/A.
Resources N/A.
National N/A.

7. Recommendations

7.1 The Council is asked to approve:

- the appraisal processes for Chair of Council, Chief Executive and Registrar and Council Members
- the draft objectives for the Chair of Council and Chief Executive Officer and Registrar.

8. Internal Consultation

Department	Date and consultee name
Governance	April 2019 – Council Members
Chair of Council	August 2019 – William Moyes
Legal	September 2019 – Lisa Marie Williams
Chief Executive's Office	September 2019 – Ian Brack
Governance	September 2019 – Remuneration Committee

9. Appendices

Appendix 1 – Chair of Council – Self-assessment form

Appendix 2 - Chair of Council – Draft Objectives 2020

Appendix 3 – Chief Executive and Registrar – Draft Objectives 2020

Appendix 4 – Council Member Self-Assessment Form

Appendix 5 – Matrix of peer review

Self-appraisal: Chair of Council appraisal preparation (self-assessment)

This form is to be completed by the Chair of the Council in advance of the appraisal meeting with the Senior Independent Council Member (SICM) and returned, together with any peer review feedback, by an agreed date to the Secretariat. This is to enable the SICM to prepare for the meeting.

Name:		Review Period:
1	Contribution <ul style="list-style-type: none"> - Describe how you have made a meaningful contribution in your role as a Council Chair - What might you do differently going forward? 	
2a	Relationships - internally <ul style="list-style-type: none"> - Describe your relationships with your Council and Committee colleagues and the Executives. In what ways are they effective and appropriate? - To what extent are you content with the level and style of challenge and support that you and the Council in general provide for the Executive? - What might you do differently? 	
2b	Relationships – externally <ul style="list-style-type: none"> - Describe your relationships with external stakeholders. What is going well and what could be improved? 	

Self-appraisal: Chair of Council appraisal preparation (self-assessment)

3	Leadership behaviours <ul style="list-style-type: none"> - Describe how you have demonstrated the Council's leadership behaviours in your role - Which areas do you consider you need to focus more on going forward? 	
4	Feedback on how well you feel you have demonstrated the GDC's values <ul style="list-style-type: none"> - Fairness; - Transparency; - Responsiveness; - Respect. 	
4	Success and challenges <ul style="list-style-type: none"> - Please outline any further successes and challenges in addition to those already mentioned above. 	
5	Learning <ul style="list-style-type: none"> - What are the top three things that you have learnt so far as a Council and Committee member? - What further development might you need going forward? 	
6	Anything else? Anything else that you would like to mention at this stage?	

Self-appraisal: Council member appraisal preparation (self-assessment)

This form is to be completed by the Council member in advance of the appraisal meeting with the Chair and returned, together with any peer review feedback, by an agreed date to the Secretariat. The Governance team will ensure a pack is created for the Chair to enable them to prepare for the meeting.

Name:		Review Period:
1	Contribution <ul style="list-style-type: none"> - Describe how you have made a meaningful contribution in your role as a: <ul style="list-style-type: none"> o Committee Chair (as appropriate); Committee member; Council member. - What specific skills do you bring to each/all of these roles? - What might you do differently going forward? - What skills do you have that could prove useful on other Committee(s)? - Do you have an aspiration to sit on other Committee(s) that would benefit from a discussion with the Council Chair? - What have you enjoyed the most and least? - How well do you think you have understood the organisational and business issues facing the GDC over the last year? - What support do you need or what changes could be made to enable you to better understand these issues? 	

Self-appraisal: Council member appraisal preparation (self-assessment)

2	Relationships <ul style="list-style-type: none"> - Describe your relationships with your Council and Committee colleagues, the executive and other stakeholders? In what ways are they effective and appropriate? - To what extent are you content with the level and style of challenge and support that you and the Council in general provide for the executive? - What might you do differently? - How well do you feel supported by the Chair/Executive? 	
3	Leadership behaviours <ul style="list-style-type: none"> - Describe how you have demonstrated the Council's leadership behaviours in your role: <ul style="list-style-type: none"> o Demonstrating trust and respect; o Promoting collaboration; o Raising performance; o Clarifying the vision; o Positive leadership. - Which areas do you consider you need to focus more on going forward? - How have you upheld the recognised principles of public life? - How have you shown a commitment to equality, diversity and inclusion? 	
4	Feedback on how well you feel you have demonstrated the GDC's values <ul style="list-style-type: none"> - Fairness; - Transparency; - Responsiveness; - Respect. 	

Self-appraisal: Council member appraisal preparation (self-assessment)

5	Successes and challenges <ul style="list-style-type: none"> - Please outline any further successes and challenges in addition to those already mentioned above. 	
6	Learning and Development <ul style="list-style-type: none"> - What are the top three things that you have learnt so far as a Council and Committee member? - What further development might you need going forward? <ul style="list-style-type: none"> o Specific skills training; o Time with key staff to develop knowledge; o Support; o Mentoring o Buddying. 	
7	Anything else? Anything else that you would like to mention at this stage?	

Council Member Feedback Matrix

Council member	Date of appraisal	Chair Review	Peer Review	Lead ED (for Chairs only)	EMT	Third parties
Council Chair						
Bill Moyes	Thursday, 30 th January 2020		All Council Members	N/A	N/A	LMR to draft wording for this
Committee Chairs (not seeking reappointment)						
Terry Babbs	Thursday, 30 th January 2020	Ian Brack	Margaret Kellet (FPC link)	Gurvinder Soomal		N/A
Kirstie Moons	Wednesday, 5 th February 2020	Ian Brack	Jayanthi John (PRB link)	Rebecca Cooper		N/A
Geraldine Campbell	Wednesday, 19 th February 2020	Ian Brack	Anne Heal (Remco link)	Sarah Keyes/Lucy Chatwin		N/A
Council members (not seeking reappointment)						
Catherine Brady	Wednesday, 26 th February 2020	Crispin Passmore – ARC	Caroline Logan (PRB link)	N/A		N/A
Simon Morrow	Monday, 17 th February 2020 (Edinburgh)	Kirstie Moons – PRB	Shelia Kumar (ARC link)	N/A		N/A
Jeyanthi John	Wednesday, 26 th February 2020	Kirstie Moons – PRB	Simon Morrow (PRB link)	N/A		N/A
Margaret Kellet	Wednesday, 19 th February 2020	Terry Babbs – FPC	Cathie Brady (PRB link)	N/A		N/A
Anne Heal	Wednesday, 22 nd January 2020	Geraldine Campbell – Remco	Anne Heal (FPC link)	N/A		N/A
Committee Chairs seeking reappointment						
Crispin Passmore	Wednesday, 11 th December 2019	Ian Brack	All Council members	Gurvinder Soomal		Internal and external auditors, independent member of ARC
Council members seeking reappointment						
Shelia Kumar	Tuesday, 17 th December 2019	Crispin Passmore – ARC	All Council members	N/A		Internal and external auditors, independent member of ARC
Caroline Logan	Wednesday, 11 th December 2019	Geraldine Campbell – Remco	All Council members	N/A		N/A

Review of Education

Purpose of paper	This paper presents a draft version of the review of education for discussion and approval by Council.
Action	For discussion and approval to publish .
Corporate Strategy 2020-22	Strategic aim 1: operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.
Decision Trail	<ul style="list-style-type: none"> • Since 2012 the GDC has published biennial education reports and this will be the fourth version, covering the period 2016 - 2018. • In June 2019, the proposed changes to the style and content of the document were presented to the Policy and Research Board (PRB) and they were welcomed at that forum. • In October 2019, a draft of the Review of Education was discussed and approved at the SLT Board, with minor suggested amendments (which have since been included).
Next stage	If approved by Council, the team will aim to publish the document at the end of 2019, or January 2020 (in advance of Moving Upstream). Work will also be conducted to ensure that the document is accessible to its intended audiences.
Recommendations	Council is asked to approve the review of education for publication.
Authorship of paper and further information	Manjula Das Head of Education Quality Assurance Mdas@gdc-uk.org 020 7167 6113
Appendices	1: Draft review of education 2016 - 2018

1. Introduction

- 1.1 Since 2012, the GDC has published three iterations of the Annual Review of Education. The review is biennial and the 2016 – 2018 version of the report is appended at **Appendix 1**.
- 1.2 The aim of the Review of Education is to update on the findings of quality assurance activities and education developments.
- 1.3 Previous iterations were very detailed, with a limited audience. The style and content of this review has been revised to attempt to reach a wider audience.
- 1.4 This paper is designed to update the Council on the changes proposed and reasons for this, seeks feedback and the approval of the latest version for publication.

2. Background

Previous iterations of the Annual Review of Education

- 2.1 To date there have been three iterations of the Annual Review of Education 2012 - 2013, 2013 – 2014 and 2014 - 2016. These can be found here <https://www.gdc-uk.org/professionals/education>.
- 2.2 Previous iterations have been between 50-70 pages in length and gave detailed accounts of the quality assurance (QA) activity undertaken, included policy developments and organisational information, including lists of the QA Inspectors and team members. All have included recommendations, which were developed further to the findings from the most recent round of inspections.
- 2.3 Due to the depth of the analysis the main audience for the reports was limited to mainly the education providers. In the past, the team have received some positive feedback on parts of the review by the education providers.

The rationale for change

- 2.4 In 2018, the team decided to take a different approach. In line with the changes and developments happening in the education and quality assurance landscape and closer working relationships with stakeholders including students and registrants in training, it was hoped that the review of education would:
 - 2.4.1 Appeal to a wider audience – the education sector as a whole, not just dental. We think that other stakeholders, including other regulators would be interested in our findings and messages relating to education and training.
 - 2.4.2 Have a redefined purpose. By using information and learning from the QA and education development work from the 2016/7 and 2017/8 academic years to highlight themes, issues and considerations to the education sector. Previously the report also served to update on a range of development areas and next steps, but we have decided to take this content out, and share this in different formats, targeted at specific audiences, so the report will be less narrative and list-like.
 - 2.4.3 Use the content and themes arising from QA activity to drive considerations relating to the education providers' courses and for the sector. In the past we have not named specific institutions, but we thought that the use of case studies and vignettes would help to highlight where there have been issues, what some have done to turn things around, aiming to foster a learning culture within the sector.

- 2.4.4 Have a different style. A shorter, punchier, less wordy document, with a better use of graphics would help us appeal to a wider audience and highlight the key messages.

The development process

- 2.5 Informed by comments and feedback from the Strategy Management Team, we took a new approach to the development of the review of education. We went back to basics, back to the original reports of the 2016 - 2018 period, stripping back the content to focus on the key messages arising from the QA activity and started to include named examples of where concerns had arisen, and where areas of good practice had been identified. The Council is asked to consider whether this new approach is welcome. We wrote the content in a more concise and targeted manner, being objective and evidence-led. We have been more clear and stronger in the messages we want to highlight including those around our powers relating to education, training and quality assurance.
- 2.6 We have taken out the general recommendations, as under the new risk-based approach to QA we are being more focussed and targeted towards the specific needs of each education provider. Where there are common themes, we will address this through our thematic QA work.
- 2.7 There will be messages that the education providers might not wish to hear, but it important for us to use this platform to be very clear that when things are not working well we will work with key stakeholders to try and support improvements to be made, and if improvements are not made then we will use our powers to enforce change. What is paramount to us is patient and public safety and that the education providers that we QA are developing registrants who are fit and safe to practice. We intend for the education and QA voice to be stronger than it has been, going forward.
- 2.8 We have been in close liaison with the Communications and Engagement team, members of whom have greatly supported its development, and agreed early on that this will remain a separate review to the Moving Upstream Reports. Going forward we will review and revise this as appropriate.
- 2.9 We have and continue to feed into the development of the Moving Upstream Report regarding developments and next steps in the education and QA arena.
- 2.10 We will take into account learning from this report (and previous iterations) when we revise the Learning Outcomes in 2020 and the Standards for Education in 2021.
- 3. Actions and next steps**
- 3.1 Council is asked to **approve for publication** the content of the Review of Education found in **Appendix 1**.
- 3.2 Further to approval from Council, we will develop the format and style for online publication.
- 3.3 We aim to publish in December 2019/early January (in advance of the Moving Upstream Report, which is due to be published late January).

Appendix 1: Review of Education 2016-8

Executive Summary

Under *Shifting the Balance* we increased the emphasis and set out the agenda for upstream regulation, including education and quality assurance going forward. Since 2018 we have moved towards a risk and thematic quality assurance based approach, so that we can be more alert to the needs of the individual education providers and responsive to the wider themes that emerge from our internal and external intelligence. Our *2020-22 Corporate Strategy* details the actions we are committed to carry out over the coming three years.

We are clear that it is our role and responsibility, as set out in our statutory powers, in relation to education and quality assurance that the GDC:

- Set the learning outcomes and standards for education which are the basis for all undergraduate curricula leading to a registerable award and where appropriate at other levels of education and training
- Carry out the quality assurance of education providers, including the scrutiny of submissions for new programmes, to ensure that those education providers are fulfilling their quality assurance roles.

By doing so, the education and QA function plays its part within the GDC of protecting, promoting and maintaining the health, safety and well-being of patients and the public.

We are highlighting the roles and responsibilities of education providers to ensure that they can evidence that individuals who join our registers are fit and safe to practice at the point of registration. This means turning ordinary members of the public into caring, competent and compassionate professionals who put patients at the centre of all they do.

Under the new **risk-based process** we will be evidence led. Revisions to the monitoring processes are enabling us to identify specific areas of concern with individual providers and carry out enhanced monitoring and determine the level of inspections activity required. They enable us to carry out focussed, targeted inspections and to deploy our resources more effectively when concerns are raised. We will rigorously follow up provider actions to ensure they are being addressed robustly. In the event that a provider fails to address our recommendations or that concerns are raised at any point during the quality assurance process, we will take robust action to ensure patient protection is maintained. Where appropriate, this can include the removal of approval, which means that students will not be able to apply for registration. We do not take such decisions lightly, but it is essential for the protection of patients and the public that education providers comply with our standards and only those who are safe beginners are able to graduate and register with the GDC. Where relevant we are also keen to identify and share areas that are working well.

We are also working very closely with teams throughout the organisation, particularly the intelligence and research function, which is helping us to identify and prioritise areas for greater scrutiny through the **thematic review process**. This year we are

looking at the Preparedness to Practice of UK graduates and in 2020 we will commence work on the admissions of those into the dental professions. We review all new programme submissions and only those that are deemed likely to meet the Standards for Education will gain provisional approval, pending a full programme inspection of the first graduating cohort of students.

Review of Education

This is our fourth Review of Education, reporting our education quality assurance (QA) activity for the academic years 2016–18 and highlighting the direction for education policy going forward. We give an overview of the activity and highlight key challenges for education providers as well as some areas of notable practice

From the five (out of six) DCP groups that were inspected over this period, the hygiene and therapy courses met more requirements within our standards than the other groups. We are looking to work closely with DCP education providers to better understand what challenges they face and to support them as appropriate.

From the inspection activity between 2016-8 across the 23 programme providers inspected, requirements under Standard 1, relating to protecting patients, were met more readily than Standards 2, relating to quality evaluation and review of the programme, and then Standard 3, relating to student assessment. Requirement 17, relating to the use of feedback to inform the assessment process, was the greatest challenge and we are specifically going to investigate why education providers consistently struggle to meet this. Our new risk-based QA approach, in particular the revised monitoring form and our more robust scrutiny and follow up, will aim to address the shortcomings identified at these inspections.

The 2014-2016 Review of Education highlighted a number of improvement actions to be addressed across all education providers. This review shares analysis of how providers have performed against these recommendations. Where poor compliance has been identified, this will be followed up through the revised monitoring process or during a risk-based inspection in the coming academic year.

The next steps

In Shifting the Balance we indicated our intention to engage with a range of stakeholders involved with the delivery of dental education. That engagement has supported a number of initiatives, including:

- Student engagement: Workshops have been taking place with first and final year BDS students to share information about the role of the GDC and the importance of professionalism in the healthcare environment.
- Education provider events: Workshops with education providers from a range of registration categories have taken place to improve mutual understanding of processes, developments and areas of concern. We want to work with education providers to improve their understanding of our, and their roles and develop guidance and support for them, and where appropriate and relevant, share what is working well. More widely this has also led to the GDC's establishment of a tripartite education and training group in 2019.

- Thematic review on Preparedness for Practice: this involves a wide range of evidence gathering, which will lead to a conference with key stakeholders at the end of 2019 and due to report in earl 2020.
- Development on specialty education and training: the development of the Specialty Working Group in 2017; the commencement of the QA of specialty training in early 2019; the consultation on specialist listing due to report at the end of 2019; the commencement of two working groups looking into the mediated entry process and the revision of specialty curricula in 2019.
- As part of its programme of work to promote the importance of professionalism in behaviour and decision-making, the GDC will seek views from education providers, students and new registrants, alongside other stakeholders, in 2019 and 2020. Their views, as well as those of the public, dental patients and other registrants will be reflected in co-produced 'Principles of Professionalism'. These principles will influence many areas of the GDC's work, including the learning outcomes in Preparing for Practice.

The GDC is committed to working more closely with undergraduate and postgraduate education providers and other relevant stakeholders to further improve education, to ensure that students and registrants receive the best possible training, for the benefit of patients and the public.

Overview of QA activity

Number of Inspections These enable us to carry out focussed, targeted inspections and to deploy our resources more effectively when concerns are raised.	2016 - 17	2017 - 18
DCP programmes	14	9

During the period 2016-2018, a total of 23 education programmes were inspected. Of these, two were new programme inspections, both of which achieved ongoing approval on completion of the process.

Until the 2018 decision to commence risk-based quality assurance, the we carried out inspections on a five-year cycle. As all BDS programmes had been inspected between 2012-5, none were inspected (except re-inspections) in the 2016-8 period.

The DCP categories inspected were:

- Dental nursing (three programmes)
- Dental technology (seven programmes)
- Clinical dental technology (one programme)
- Orthodontic therapy (two programmes)
- Hygiene and therapy (ten programmes).

Meeting the standards

[insert pie chart/or other options showing how standards 1, 2 and 3 have been met overall]

% met standard 1
% met standard 2
% met standard 3

DRAFT

Meeting the requirements

Dental hygiene and dental therapy programmes have tended to meet more of the requirements of the Standards for Education than programmes offering qualifications for other DCP groups.

One programme, University of Sheffield's diploma in dental hygiene and dental therapy, was judged to have met all 21 requirements. Two other programmes, both dental hygiene and dental therapy, at the University of Plymouth and University of Essex, fully met 20 out of 21 requirements.

For hygiene and therapy, 90 per cent of programmes were either meeting or partially meeting all requirements within the Standards.

For other DCP programmes, only 23 per cent were achieving this. Our new risk-based QA processes which were introduced in 2018/9 aim to ensure that these programmes are highlighted to us and have focused scrutiny of the areas where development is required at an earlier stage. For programmes that are unable to comply with GDC standards and the recommendations we impose, resulting in a risk to patient safety and students being unable to graduate as safe beginners, approval for registration with the GDC will be removed.

One programme, the Pearson awarded diploma in dental technology delivered at Sheffield College, failed to meet any of the 21 requirements set out in the Standards for Education. For this school, all requirements are either 'part met' or 'not met'. Following this inspection immediate action was taken with the provider and awarding body to implement a robust interim process that ensured only students who had demonstrated competence at the level of a safe beginner were permitted to graduate and apply for registration. This programme was subject to a re-inspection during the 2018-2019 academic year. During the re-inspection improvements were noted by the inspection panel, however the programme remains under close scrutiny due to the seriousness of the initial concerns and we be re-inspected in the 2019-2020 academic year.

Meeting the requirements

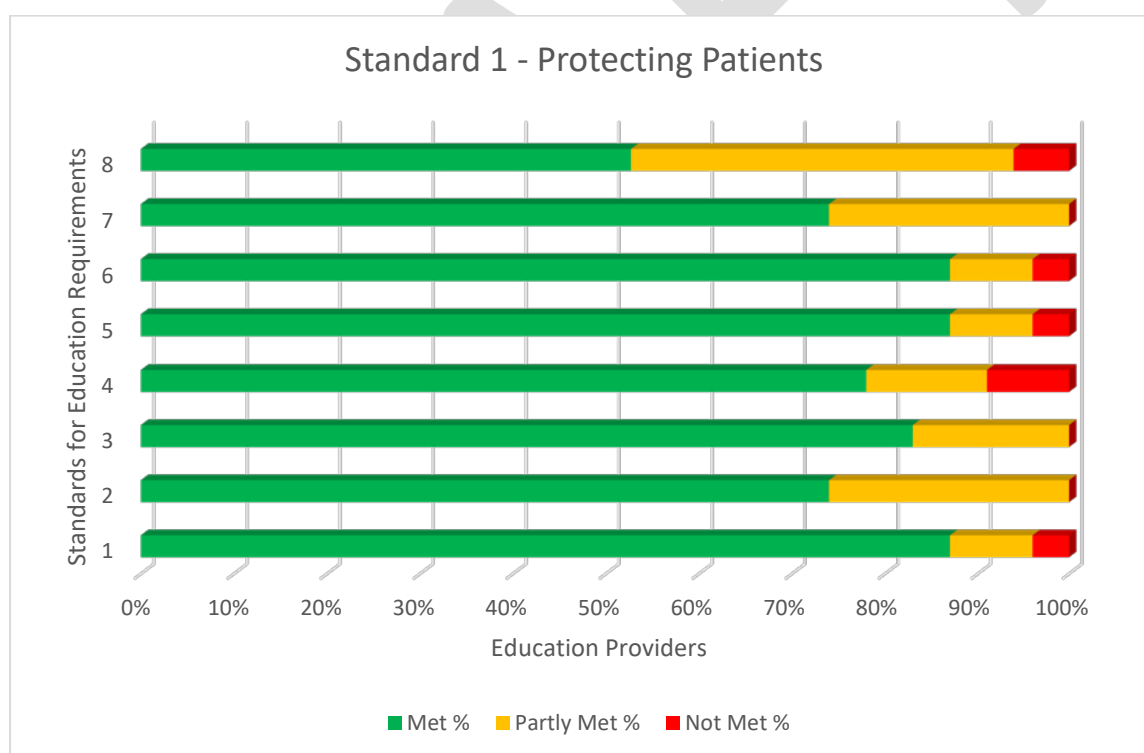
The Standards for Education and the requirements that underpin these apply to all UK programmes leading to registration with the GDC.

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

- Patient protection
- Quality evaluation and review
- Student assessment

Standard 1: Protecting patients - Requirements 1-8

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of an appropriate standard as a safe beginner upon graduation. Any risk to the safety of patients and their care by students must be minimised.



All providers except two had either met or part met the requirements in Standard 1. Of the two providers who did not meet one or more of the requirements, one, Edinburgh Dental Institute, provided evidence of having addressed the issue through the annual monitoring process in the following year, and the other, Sheffield College, was subject to a re-inspection of the programme in the following academic year.

It was identified that 20 out of 23 providers were meeting Requirement 1, which ensures students can only provide patient care when they have demonstrated

adequate knowledge and skills. Two providers who had partly-met this requirement submitted further evidence of improvement. One provider, Sheffield College, did not meet this requirement and was subject to a programme reinspection.

An analysis of the data regarding Requirement 2 showed that six of the 23 providers inspected were partly meeting this requirement. Of these six, five were dental technology programmes. The GDC acknowledges the challenges dental technology providers face when obtaining adequate patient consent due to the method of education delivery, however they must consider innovative ways in order to address this theme.

Within our review of Standard 1 data, we identified good practice at the University of Sheffield, where third year hygiene and therapy students work with and support first year students within the pre-clinical environment.

Example of good practice at the University of Sheffield:

The inspectors noted the excellent 'Near Peer' initiative, in which 3rd year students supported and encouraged 1st year students during their pre-clinical training, and the subsequent 'buddying up' between 2nd year and 1st year students. This clearly helped the 1st year students transition to clinical practice and the inspectors commend the School on this good practice. Dental hygiene and therapy (DH&DT) students also receive feedback from BDS students if they are on clinic together or sharing a patient. Formative peer assessment and feedback of clinical and non-clinical performance also occurs throughout the course.

University of Sheffield response:

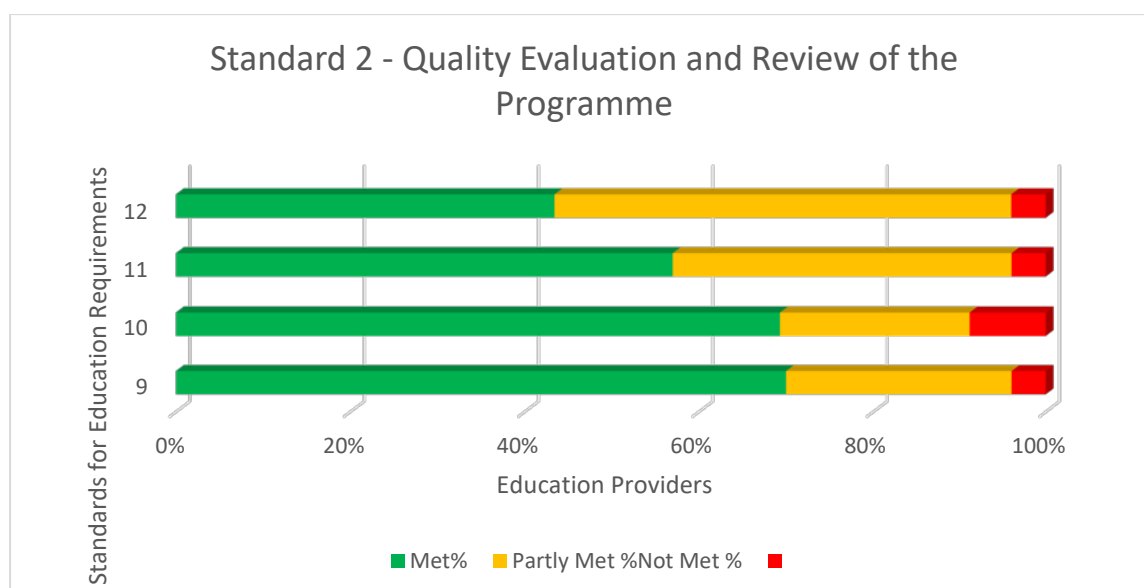
This scheme came about for a couple of reasons, one, recent graduates had contacted the programme to ask about becoming a tutor, and two programme staff had read some interesting articles on the use of peer teaching in medical education. Near-Peer teaching involves students who are close in years delivering teaching to other students, in this case, 3rd-year DH&DT students teaching first-year DH&DT students. Sessions were identified where it was possible to accommodate this, these being introduction to clinics sessions such as history taking, oral hygiene instruction, and indices. The 3rd year DH&DT students are invited to apply for the near-peer teaching scheme and with 10 places per year. Prior to the teaching sessions, the near-peers attend a series of short seminars covering basic teaching principles such as working with small groups and giving feedback. Near-peers also devise lesson plans for the teaching sessions which they are responsible for. One member of DH&DT staff are also present at the teaching sessions, this is to oversee and rarely are they involved in any teaching as this is all delivered by the near-peers. The staff member also provides feedback to the near-peers.

The programme has gathered feedback from tutees and near-peers, both groups value the experience. Near-peers say that it increases their confidence, skills, and knowledge. Tutees report feeling more comfortable asking questions to the near-peer rather than a member of staff.

We are pleased to report that graduates who have participated in the scheme have successfully gained employment as clinical tutors.

Standard 2: Quality Evaluation and review of the programme Requirements 9-12

Providers must have in place effective policies and procedures for the quality management of their programmes.



Within Standard 2, all providers except Edinburgh Dental Institute and Sheffield College had either met or part met the requirements. As with Standard 1, Edinburgh Dental Institute provided evidence of having addressed the issues through the annual monitoring process and Sheffield College was subject to a re-inspection of the programme.

Analysis of the data identified 13 of the 23 had either not met or partly met Requirement 11, which requires programmes to be subject to rigorous internal and external quality management procedures. The majority of providers falling within this category managed franchised programmes with an arm's length awarding body. This is of concern to us and we want to work more closely with these awarding bodies to address these concerns. In order to address this issue, the QA team will be hosting a workshop event for all awarding bodies that franchise programmes in autumn 2019 to:

- highlight the roles and responsibilities of the regulator,
- Highlight the roles and responsibilities of the awarding body
- discuss revised guidance we have developed for education providers and awarding bodies
- discuss areas of concern and, where relevant, share areas of good practice so that they can learn from the experience of one another.

Within our review of Standard 2 data, we identified good practice the University of Central Lancashire (UCLan), who was able to demonstrate during their orthodontic therapy and clinical dental technology inspections a proactive approach to the use of external advisors:

Example of good practice from the University of Central Lancashire:

The panel was informed that while External Examiners are not formally required for the programme as the exit qualification is awarded by the Royal College of Surgeons of Edinburgh, the School has retained the use of external examiners (known as external advisors for this programme) in an advisory role during the delivery of the programme, which the inspectors considered good practice. The inspectors saw evidence of external advisor reports along with correspondence between the School and the external advisors.

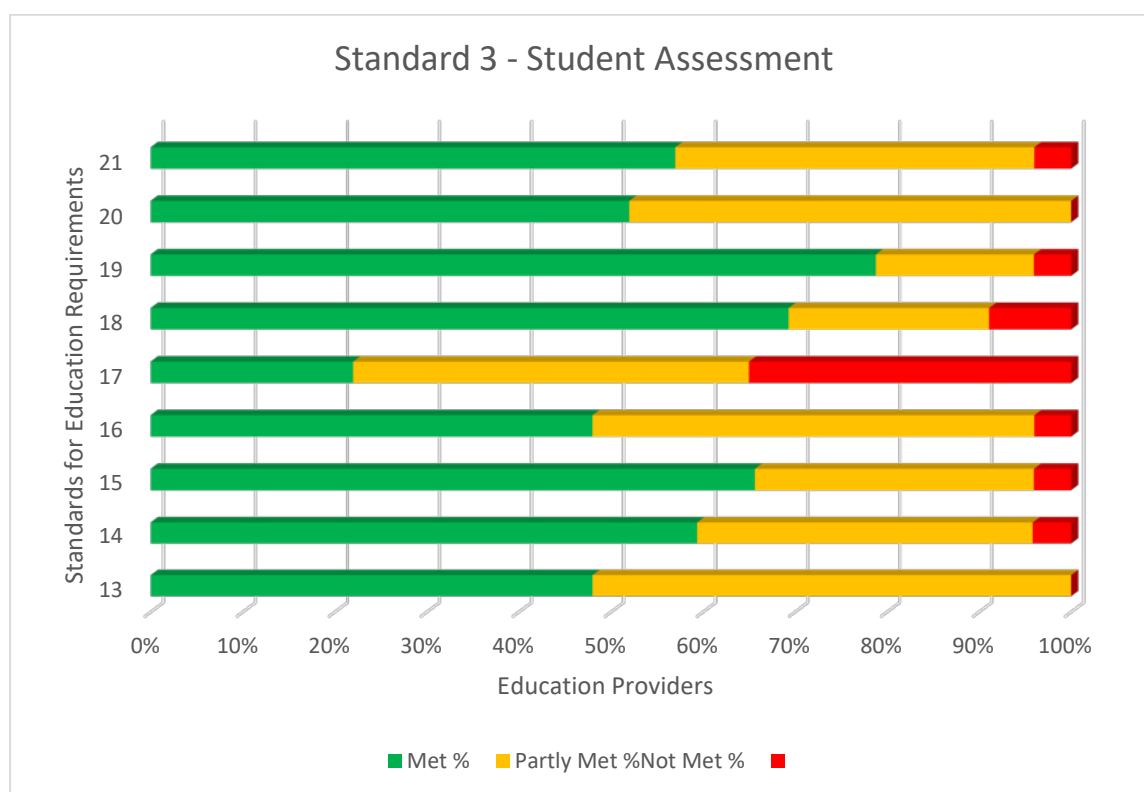
University of Central Lancashire response:

The orthodontic Therapy programme at UCLan prepares students to sit the RCS (Edin) exam. As the exit qualification is not awarded by the UCLan, there is no formal requirement by the university to have external examiners in place. However, one of the roles of an external examiner is to ensure that any assessment processes are rigorous and fair and measured against the intended outcomes of the programme. They also provide assurance that assessments are conducted in line with the awarding body's policies and regulations. In view of this the School of Dentistry made the decision to appoint an external examiner to the Orthodontic Therapy programme to provide the same external assurance that the assessment strategy was robust and adequately developed the student's underlying knowledge of dental sciences and the application of this knowledge into the clinical environment prior to them being able to progress to the RCS exam. The external examiner attends examinations and assessment boards and provides a report to the course team. The feedback from this is both beneficial to the school and the students. Continuing to have the same quality assurance process in place as any university awarding bearing qualification also allows the school the opportunity to provide assurance to the university that the programme is compliant with their academic quality assurance processes.

Additionally, Requirement 12, ensuring effective quality assurance systems for placements, posed further challenges for providers, with 13 of the 23 inspected either not meeting or partly meeting this area. During the initial programme inspection, Sheffield College was unable to provide assurance to the inspection panel that this requirement would be met, however during subsequent communication and inspection activity improvements in their placement quality assurance systems were identified.

Standard 3: Student Assessment - Requirements 13-21

Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.



Analysis of Requirement 13, where programmes must provide assurance that students have demonstrated attainment across the full range of learning outcomes and that they are fit to practise at the level of a safe beginner, showed that there were no instances of a provider not meeting this requirement. However, 12 of 23 providers were only able to partly meet this area.

For the programmes meeting this requirement, we found good evidence of using a variety of assessment types and an improved focus on professionalism training. For the providers not fully meeting the requirement there was a variable approach to the blueprinting of assessments against the Learning Outcomes. From the analysis of this data, we have undertaken a number of education provider workshops, which have included training sessions on the appropriate use of blueprinting. Attendees at these events have included providers of hygiene and therapy, dental technology, clinical dental technology and BDS programmes. These education provider events have been well received and we intend to continue targeted and focussed engagement to aid their understanding of our role and their responsibilities, and the guidance that we develop to support them in their roles.

One provider, Sheffield College, failed to meet Requirement 14, which requires effective systems to monitor and record assessment data. A further nine providers partly-met this requirement. Analysis of this requirement identified the need for

providers to more effectively incorporate robust monitoring procedures to review student progression on a regular basis to ensure data is contemporaneous and reflective of the students' experience.

Fifteen providers were able to fully meet Requirement 15 and provide evidence of students gaining exposure to an appropriate breadth of experience. Of the 7 providers who partly met this requirement, the corresponding actions included recommendations to ensure a sustainable supply of patient cases. For the hygiene and therapy programme delivered at the Eastman Dental Hospital, it was identified that the provider must identify and inform the GDC of how the shortfall in adult restorative cases was being addressed. The provider worked with NHS commissioners to develop a new direct referral pathway for patients to the dental hospital.

Within Requirement 15 further areas of good practice were identified at Teesside University. For example, students on the dental nurse programme raised concerns that they were not getting sufficient endodontic experience, which led to additional simulated sessions being made available within the student dental facility.

Example of good practice at Teesside University:

The inspectors saw evidence of students raising concerns that they were not getting enough endodontic experience, which led to the programme leader running a session in the Student Dental Facility (SDF) to enable students to practice and gain experience in a simulated environment. The panel noted that this was an area of good practice and agreed that the School should continue to make use of the SDF, to ensure students are able to gain experience in the full range of learning outcomes.

Teesside University response:

Students are allocated an external General Dental Practice Placement exposing them to a range of 'real life' opportunities to gain clinical competence as a Dental Nurse. Placements are initially audited to ensure the placement services and support available to the student is standardised, however it is difficult to ensure students are exposed to the same opportunities as this is dependent on the treatment needs of the patients. The Programme Leader reviews student progress during each semester to identify any gaps and supports the student in small groups or individually specific to their needs. Resources used to support the students include Phantom Heads and through role play on the Student Dental Facility using Instruments.

Requirement 17, requiring assessments to utilise feedback collected from a variety of sources, was particularly challenging for providers with only five meeting it. Six out of seven dental technology providers failed to meet this requirement, while five out of 10 hygiene and therapy programmes partly met it. A significant challenge for providers has been the effective collection and use of patient feedback within the assessment process. This is often due to the need for maintaining patient confidentiality and a variety of NHS Trust systems for capturing patient information. We intend to look in more depth into this requirement, as we realise that a number of education providers struggle to fulfil this and dialogue with the education providers will help us get a better understanding of what these issues are before we start working together to improve them.

Post inspection action plans

Where a programme has been deemed to require improvement due to requirements being either partly met or not met, corresponding actions are issued to the provider as part of the inspection report. Over the two-year period, we set 198 separate actions. There were two providers who were each set a total of 18 actions as the result of their inspection. Depending on the severity of the actions, providers may be subject to a re-inspection or be required to detail how they have addressed the concerns as part of the annual monitoring exercise. Under the new risk-based QA processes, we will be able to have closer scrutiny of education providers and how they are fulfilling the requirements within our standards. This includes the development of enhanced monitoring processes as well as risk-based inspections which focus on seeking evidence on areas of most concern. This commenced in the 2018/9 academic year and has been refined for the 2019/20 year. We anticipate these developments will continue to be finessed as the process develops, and we will be encouraging feedback from education providers to inform these developments.

Focus on improvements

The Annual review report of 2014-16 identified several improvements actions (table of actions A-H) that were required across the education provision. We monitored this through the annual monitoring process.

Feedback has been received from providers identifying how, where relevant, they were meeting the recommendations. Around half of the recommendations were being actively implemented or addressed. This is inadequate and yet another reason for us to revise our approach to QA to ensure that we are directing out resources to areas of greatest need and concern.

Recommendations D, F and H were notable exceptions as these appeared to present the greatest challenges to several providers, although most report various plans, schemes and pilots in place to address them.

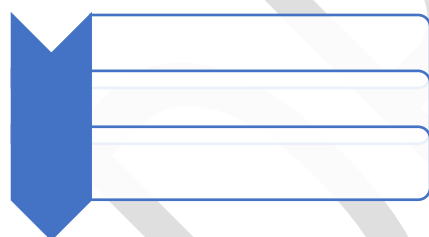
Going forward we will be more vigorously monitor how recommended actions have continued to be developed and implemented in our revised QA activity through our risk based process development.

[Present as smart art graphics] – landscape and small enough/edited to fit one A4 page. For Example:

"We identified providers needed to..."

"Evidence that this is now happening is...."

A: Ensure that clear and consistent procedures are in place for concerns to be raised, with incidents monitored and recorded thoroughly and carefully



A: Ensure that clear and consistent procedures are in place for concerns to be raised, with incidents monitored and recorded thoroughly and carefully	Providers have robust systems and procedures in place to meet this recommendation. One provider noted in their Annual Monitoring return that they developed a new procedure after a previous GDC inspection. Two providers have or are currently reviewing their procedures in response to recently raised concerns. Another provider indicated that in the 2018/19 session an outline of how to raise concerns will be presented in the School's Student Support Mechanisms document.
B: Ensure careful and thorough recording of feedback from students and external sources	Providers indicate that they have thorough systems in place for the recording of feedback from students and external

	<p>sources. Two providers have now implemented new electronic systems of recording feedback. Two other providers indicate that they are working on a number of pilot schemes and actively addressing the development or integration of recording tools for patients and students. Another provider will be introducing a new model for student representative engagement in 2018/2019.</p>
<p>C: Ensure formal, thorough and well-documented processes are in place for the quality assuring of work placements</p>	<p>Providers have processes in place to monitor and quality assure work placements. One provider implemented a new electronic system in 2017 to improve the recording of feedback. One provider cites difficulties in implanting this recommendation but has introduced a full induction package for all new staff irrespective of site, ensuring more cross over of staff. Another provider indicated that a student evaluation was to be undertaken for 2017/2018 following comments from students about a variation in support from different placements.</p>
<p>D: Identify methods to resolve shortfalls in student experience with patients of a variety of ages and backgrounds, with a range of treatment needs</p>	<p>This recommendation presented challenges to a number of providers. Two providers indicated specific challenges with sourcing an appropriate number of paediatric patients for students. Others indicated that there are challenges in providing access to complex restorations, emergency cases and dental extractions. Several providers have suggested that the use of LIFTupp has helped address this recommendation with more detailed recording of patient treatment. Two providers indicated that they have or are working on various initiatives to address this recommendation, for example, adjusting patient target lists and developing direct access patient lists to improve the variety of patient access.</p>
<p>E: Consider how to demonstrate a full and coherent mapping of assessments against the GDC's learning outcomes</p>	<p>Providers appear to have frameworks in place to demonstrate achievement of this recommendation. However, several providers indicated that work on completing the mapping of teaching an assessment to learning outcomes is ongoing. One provider would welcome the GDC's input into clarification of some learning outcomes and</p>

	is making use of pilot schemes to address this. Another provider is reviewing their mapping against learning outcomes and believe they may be able to simplify and reduce the assessment burden.
F: Ensure that methods are in place to obtain feedback from patients and other parties to inform student development and assist with reflection	Around half of the providers reported ongoing developments to address this recommendation. Several indicate that they are investigating data systems to allow better recording of patient feedback. One provider reported that they do not currently have an effective mechanism for collecting patient feedback and another provider cited many challenges in obtaining meaningful and useful data.
G: Demonstrate a clear process for determining what students need to know and do - and to what level - to pass assessments, alongside marking systems that reflect this	Providers gave extensive details on how they are meeting this recommendation. Two providers reported that they are addressing this recommendation by developing recording systems and trialling new forms of formative assessment.
H: Consider how best to develop training and assessment in complaints handling to instil the resilience, communication skills and attitude required to prepare students for professional practice	Providers have indicated that this is a challenging area that requires further development. However some providers have incorporated initiatives such as introducing role play scenarios for complaints handling and sharing of e-learning podcasts.

Moving forward into 2019 – 2020

The proposals laid out in Shifting the Balance have been designed to enable us to move to a more supportive model of regulation, based on providing dental professionals with the information and tools they need to understand, own, meet and maintain professional standards. To do this we want to work more closely with partners and the profession to ensure that standards are understood and maintained, from undergraduate training onwards.

Our key goals are to develop and implement:

[Present as Smart Art]

- Risk based approach to QA
- Process for the identification of Thematic QA and ensuing implementation
- A regular review process for the learning outcomes
- Promotion of the importance of professionalism
- A sustainable strategy for face to face engagement with students and new registrants
- Continuing themed workshops with providers
- Continuing engagement with stakeholders
- Improvements and developments to specialist lists and specialty education and training.

Draft response to Consultation on the principles of specialist listing

Purpose of paper	This paper provides a draft response to the consultation on the principles of specialist listing.
Action	The Council is asked to approve the draft response to the consultation on the principles of specialist listing for publication.
Corporate Strategy 2020-22	<p>Strategic aim 1:</p> <p>Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.</p>
Decision Trail	<ul style="list-style-type: none"> • In December 2016, the Council approved the process for the revision of specialty curricula, including the generic framework which would serve as the basis for the various specialty curricula. • The Specialty Working Group was first convened in May 2017 to co-ordinate the work of stakeholders relating to specialty training and, to date, has met six times in total. • A rapid review of specialty curricula was undertaken in 2017. • In September 2018, the Policy and Research Board (PRB) considered the progress of the Specialty Working Group and noted the plan to consult on the principles of specialist listing in 2019. • The EMT reviewed the draft text of the consultation in October 2018 and, subject to minor amendments, approved it for consideration by the PRB and Council. • The PRB reviewed and approved the paper in November 2018 and the Council approved the consultation for publication in December 2018. • The consultation was launched on 31 January 2019 and closed on 25 April 2019.

Next stage	Further to feedback from Council and approval to publish, any necessary amendments will be made and the response to the consultation will be published by the end of 2019.
Recommendations	The Council is asked to approve the draft response to the consultation on the principles of specialist listing for publication.
Authorship of paper and further information	Manjula Das Head of Education Quality Assurance Mdas@gdc-uk.org Kristen Bottrell Policy and Project Officer Kbottrell@gdc-uk.org
Appendices	Appendix 1: Terms of reference of the Specialty Working Group (included with cover paper) Appendix 2: Draft response to the consultation on specialist listing.

1. Introduction

- 1.1. The Council are asked to approve the publication of the draft response to the consultation on specialist listing found at **Appendix 2**.

2. GDC consultation on specialist listing

Background

- 2.1. In May 2017, the GDC established the Specialty Working Group (SWG), a group of key stakeholders in dental specialty training and education from across the UK to more efficiently co-ordinate and take forward policy developments in those areas. To date, there have been seven meetings of the Group, including workshops, which have been held approximately every three months, the most recent of which was on 3 July. **Appendix 1** shows the terms of reference of the SWG.

Consultation on the principles of specialist listing

- 2.2. In January 2018, the GDC invited the SWG to consider the historical purposes and objectives for having specialist lists. The historical definition was sanctioned by the Council in March 2005 and serves as the current formal definition of the purpose and benefits of specialist listing in dentistry. It is as follows:
 - to ensure high standards of training and assessment qualifying dentists to use a specialist title;
 - to indicate those dentists who possess recognised specialist knowledge, skills and attitudes;
 - to protect patients against unwarranted claims to be a specialist;

- to facilitate appropriate referrals of patients;
 - to promote high standards of care by dentists qualified to use a specialist title;
 - to encourage postgraduate education.
- 2.3. A 2014-2015 GDC review of the its role as regulator of the dental specialties concluded that the GDC should continue to regulate the specialties, but not make significant policy changes.
 - 2.4. The consultation is an opportunity to consider and propose modern principles for specialist listing.
 - 2.5. With the SWG's input, the GDC has developed a revised set of purposes and criteria for specialist listing, which, if adopted by Council post-consultation, would serve as a basis for making policy decisions on the dental specialties. With Council's approval, the GDC published this public consultation on 31 January for 12 weeks, and the consultation closed on 25 April 2019.
 - 2.6. The consultation was also an opportunity to solicit views on other policy issues fundamental to the function of specialist listing. Therefore, the GDC also consulted upon:
 - 2.6.1. draft principles for the process of the addition or removal of a new specialist list (which is the sole remit of the GDC; however, other stakeholders play a considerable role in training, education and assessing applications for dental specialties);
 - 2.6.2. fundamental questions and, potentially, early proposals about maintaining specialist list accreditation.
 - 2.7. The consultation can be found here www.gdc-uk.org/about/what-we-do/consultations.
 - 2.8. It should be noted that the GDC currently receives income from the administration of the specialists lists in the form of fees collected from those on the lists. This is collected by way of a specialist registration fee of £345 (per specialty) paid on registration, and an annual specialty retention fee of £72 per annum thereafter. Any developments which might impact on the GDC's income would require SLT and Council approval so would be discussed with SLT and Council well in advance of any proposed changes being made. In future fees policy development work, a separate piece of work will be needed to look specifically at specialist lists and the implications of any changes. In line with the fees policy agreed by Council, it is anticipated that any developments regarding specialist lists, would be paid for by specialists themselves as part of the specialty registration and retention fees. Further work is needed in this area.

Response to the consultation

- 2.9. We have received 161 responses to the consultation and have drawn together a response, found at **Appendix 2**. The Council are asked to approve the publication of this response.
- 2.10. We have responded to the feedback received and included a GDC policy response for each of the three sections. This includes:
 - 2.10.1. revisions to the purpose and criteria of specialist lists which, if approved, will

be published;

2.10.2. the development of a process for the addition or removal of specialists from the lists;

2.10.3. further exploratory work regarding the maintenance of accreditation of the specialist lists.

- 2.11. The follow up to this consultation can be supported within the present policy team resources. The proposed work is included in the costed corporate plan and aligned with the corporate strategy.
- 2.12. Other comments were made during the course of the consultation not specifically related to the questions posed. This feedback has been useful to demonstrate areas of interest by a number of groups, and where relevant, will be discussed with the SWG.
- 2.13. No discussion has been included as to any changes and their impact on fees as this would pre-empt policy developments.
- 2.14. It is anticipated that any changes made to the accreditation of those on the specialist list, would be retrospective.
- 2.15. It appears from the feedback gathered that clarity might be useful to patients and the public around what holding a specialist title means and, accordingly, have tried to be more explicit about this in the purpose and criteria as well as any ongoing communication in this area. We can also explore this further in future patient and public surveys.

Other specialty developments

- 2.16. A full update in relation to specialty developments was given to the SLT, including the quality assurance of specialty training, the revision of specialty curricula and a comprehensive review of mediated entry which are all currently under way and will be shared with SLT, PRB and Council in due course.

3. Actions and next steps

- 3.1. Council is asked to approve for publication the consultation response in **Appendix 2**.
- 3.2. Should Council be happy to approve the consultation response, we would like to publish the response by the end of 2019. This timing would enable us to link this work (particularly the revision of the purpose and criteria) with the revision of specialty curricula, which (further to Council approval in December), is potentially due to commence in January 2020.
- 3.3. Further development work will be undertaken regarding maintenance of accreditation on specialist lists, utilising feedback received from this consultation and updates will be given as the work progresses.
- 3.4. The GDC remains committed to working closely with profession, patients and the public on future developments related to the specialist lists, continuing to be transparent in how we work.

Appendix 1

Specialty Working Group Terms of reference

Aim: The Specialty Working Group is a forum to collaboratively take forward decisions and actions regarding specialty training across the UK, with a view to:

1. identify areas of mutual interest relating to specialty training in the UK;
2. establish joint enterprise and aim to ensure that current and future projects are aligned to support coordinated and timely development;
3. ensure that the specialist lists remain current, relevant and are aligned with initiatives such as *Shifting the Balance* as well as within the wider regulatory reform landscape;
4. explore how to support the administration of the specialist lists on an ongoing basis.

Objectives:

- to review and clarify the criteria for the specialist lists;
- to gain clarity on areas of uncertainty and discuss the development of solutions going forward;
- to work together collaboratively with relevant stakeholders across the four nations involved in the development and delivery of specialty education;
- to inform any significant work relating to the specialties, and to share expertise for the benefit of that work.

Membership:

Membership includes representation from organisations across the four nations of the UK with a significant stake in specialty membership and training. That includes representation from:

- the General Dental Council;
- the Chief Dental Officers;
- education bodies with a significant role in the commissioning, delivery, development or assessment of specialty training;
- organisations with a significant interest in the delivery of specialist dental care; and
- organisations whose primary focus is the support of general dental practice.

Meetings: To be identified by the group.

Secretariat: This will be provided by the GDC, although it is important to note that this is a collaborative initiative, with leadership provided by the membership.

Consultation on the principles of specialist listing

Consultation outcome report

Published [Month Year]

© Copyright General Dental Council [Year]

The General Dental Council is a public body created by statute.

This information is licensed under the Open Government Licence v3.0.

To view this licence visit:

www.nationalarchives.gov.uk/doc/open-government-licence/version/3/



This publication is available in clear print, large print, or audio formats on request.

This publication is available in Welsh and other languages on request.

All enquiries regarding this publication should be sent to:

General Dental Council
37 Wimpole Street
London
W1G 8DG

Phone: 020 7167 6000

Email: information@gdc-uk.org

Web: gdc-uk.org

When you use this information under the Open Government Licence, you should include the following attribution: [Insert the reference information for the document], licensed under the Open Government Licence:

www.nationalarchives.gov.uk/doc/open-government-licence/version/3/

1. Introduction

The GDC holds lists of specialist dentists in 13 distinct areas of dentistry.

Number of specialist titles as at 13 August 2019*			
* note that registrants may hold more than one specialist title			
Dental and Maxillofacial Radiology	28	Orthodontics	1384
Dental Public Health	105	Paediatric Dentistry	239
Endodontics	293	Periodontics	383
Oral and Maxillofacial Pathology	35	Prosthodontics	443
Oral Medicine	72	Restorative Dentistry	298
Oral Microbiology	8	Special Care Dentistry	306
Oral Surgery	741		

Any registered dentist can work in a particular field of dentistry, but only those on our specialist lists can present themselves as specialists. These dentists have met certain requirements and may, as a result, use the 'specialist title'. Dentists with specialist titles are often employed as consultants in hospitals but can work in other settings.

A specialist list is not a dental register. A dentist on the specialist list is a general dentist with the right to advertise their specialist knowledge in a particular area, or areas, of dentistry with documented evidence of additional skills, knowledge, attitudes and training. If a dentist is on a specialist list, that will be noted in their entry on the general register.

Specialists pay a fee, in addition to their annual retention fee, in order to be included on these lists.

Only dentists are eligible to join specialist lists; there are no specialist lists for other members of the dental team, e.g. dental nurses.

Background to the specialist lists

In 1992, the GDC first indicated its intention to exercise its powers under the Dentists Act 1984 (as amended) to establish distinctive titles for a range of branches of dentistry. The Chief Dental Officer's 1995 Report on UK Specialist Dental Training¹ concluded that there would be a greater need for specialists in the future and supported the GDC's proposals to introduce specialist titles and lists.

The first lists were established by the European Primary and Specialist Dental Qualifications Regulations 1998. (The Special Care Dentistry list, opened in 2008, is the 13th and most recent specialist list.) Once the lists were established, they were subject to transitional arrangements or 'grandparenting' which enabled direct entry onto the lists for specific groups, including those already working as NHS consultants. The GDC has administered specialist lists since 1998.

Modern purpose for specialist lists

The focus of the GDC's policy work on the dental specialties since 2005 has been the development of Standards for Specialty Education and a process for the quality assurance of specialty training; and a 2014-15 review of the GDC's role as regulator of the dental specialties. That review concluded that the GDC should continue to regulate the specialties, but not make significant policy changes. In 2019 we commenced the review of specialty training curricula and assessments and a comprehensive review of the mediated entry process.

Through this consultation there is an opportunity for the GDC to consider its position on what a system of specialist listing should achieve. This fundamental question has not been revisited since 2005.

Having reviewed the intended, potential and actual benefits of specialist listing in the Specialty Working Group¹, we are now proposing to update the stated purposes of specialist listing, with new, clear purposes that all specialist lists must meet.

In addition, if the purposes of specialist lists and specialist listing are clearly defined and understood across all decision-makers in specialty training, it will provide a solid basis for considering changes to specialist lists, or the system of specialist listing, in the future.

This consultation invited comments on fundamental issues related to the system of specialist listing.

- a) revised purposes for specialist listing, setting out what the GDC expects listed specialties to fulfil, and criteria by which the GDC will determine which disciplines of dentistry should be listed
- b) principles for the addition and removal of specialist lists
- c) processes for maintaining accreditation on specialist lists.

¹ The SWG was established in April 2017 to strategically align developments related to specialty training across the four nations and has met 7 times to date. Membership of the SWG comprises, in addition to the GDC: the Advisory Board for Specialty Training in Dentistry; the Association of Dental Hospitals; the Chief Dental Officers for England, Northern Ireland, Scotland and Wales; the Committee of Postgraduate Dental Deans and Directors; the Dental Schools Council, the Faculty of General Dental Practice; Health Education England; NHS Education for Scotland; the Northern Ireland Medical and Dental Training Agency; Health Education and Improvement Wales; the Royal College of Physicians and Surgeons of Glasgow; the Royal College of Surgeons of Edinburgh; and the Royal College of Surgeons of England.

2. Headline analysis of consultation responses

We received 161 responses to this consultation; 30 from organisations and 131 from individuals. Of those individual responses, most came from orthodontic specialists, general dentists, and dental educators.

The GDC received responses from the organisations listed below:

- Advisory Board for Specialty Training in Dentistry (ABSTD)
- All-Wales Dental Public Health Quality Improvement Group
- Association of Dental Hospitals
- British Association of Oral Surgeons
- British Dental Association (BDA)
- British Endodontic Society
- British Orthodontic Society
- British Society for Restorative Dentistry
- British Society of Periodontology
- BSGPeriodontology KCL
- COG
- Consultants and Specialists in Dental Public Health Group of the British Association for the study of Community Dentistry (BASCD)
- Consultants in Dental Public Health and Chief Administrative Dental Officers Group in Scotland Group
- COPDEND
- Dental Public Health Advisory Committee
- Faculty of Dental Surgery at the Royal College of Surgeons
- Health Education England
- Irish Committee for Specialist Training in Dentistry (ICSTD)
- MDDUS
- NHS Education for Scotland
- Orthodontic Specialist Advisory Committee
- Restorative Dentistry Specialty Advisory Committee's /Royal College of Surgeons
- Restorative Dentistry UK (RD-UK)
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Surgeons
- Specialist Advisory Committee in Oral Surgery
- The American Dental Society of London,
- The Association of British Oral and Maxillofacial Surgeons (ABAOMS)
- The Faculty of General Dental Practice UK
- University of Aberdeen

It should be noted that not all respondents provided answers to all questions contained within the consultation document.

The GDC contacted all current dental education providers, as well as a range of other stakeholders, to alert them to the consultation.

The GDC would like to thank all the organisations and respondents for their views. The positive feedback and the general support for the proposals is welcomed and provides a strong basis upon which to proceed.

3. Part one: Draft principles and criteria for specialist listing

Part One of this consultation proposed the purposes that specialist listing fulfil are:

1. Protecting the public against unwarranted claims of specialist provision.
2. Helping the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry.
3. Supporting provision of specialist care for patients as part of effective patient pathways.
4. Supporting development of scientific knowledge and education in connection with the purposes listed above.

Alongside this, the GDC proposed criteria for specialist listing:

Deciding whether a branch of dentistry should be listed as an official specialty is a complex matter. While specialties should fulfil all the above purposes, they might do so in different ways, and to different extents. In addition, some branches of dentistry might fulfil some, or all, of the above purposes without being listed. A branch of dentistry might also fulfil various useful purposes without meeting the specific tests for recognition by the GDC as a listed specialty.

The GDC proposed a framework of criteria to help make decisions about whether a branch of dentistry should be listed as a specialty. That is, to be listed as a specialty by the GDC, a branch of dentistry must:

- fulfil the purposes specified above
- be recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry
- respond to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

Question 1. Do the proposed purposes of specialist listing accurately and sufficiently represent the benefits of listing branches of dentistry as specialties? Please explain your answer.

There were 145 responses to this question. Responses from both individuals and organisations were broadly supportive of the four proposed purposes.

The BDA noted that ‘specialists in dental public health do not deliver specialist care directly to patients and so are not directly “part” of patient pathways. They do, however, support specialist care as they work with commissioners on pathway design and procurement’ and sought assurance that the GDC would include this meaning in the wording of the list of purposes. This feedback was also highlighted by the BASCD, ‘Specialist Dental Public Health knowledge is required to select, design and evaluate these strategies to meet population health needs’ and suggest that point three be modified to suggest “Supporting the delivery of high quality dental care including health promotion for patients and populations”. Organisational and individual responses alike were supportive of the fact that the public is put at the heart of the principles and stressed the importance that the public could be confident in the purposes of specialty listing and not be misled. A number of respondents

were concerned that there is a lack of public awareness of the specialties. COPDEND noted 'The proposed purposes clearly seek to protect the public by identifying those with recognised specialist knowledge, skills and capabilities. However, there is concern that the public do not understand the complexity and identity of the 13 Dental Specialties. Currently there appears insufficient control over some registrants potentially misleading the public by using ambiguous titles'.

The American Dental Society of London provided a general response in support of the maintenance of the current specialty lists and in particular noting their concern at the use of 'with a special interest in' and the potential to mislead patients.

Just under 10% of individuals that disagreed with the principles also focussed on the potential to mislead the public, or a fundamental disagreement with the existence of specialist lists.

Question 2. Are there additional purposes and/or criteria that should be considered? Please explain your answer.

133 respondents answered this question. A majority of both organisational and individual responses found the criteria listed in the consultation to be adequate, but there was a range of feedback relating to specific specialties, which is not the subject of this consultation. Again concern was registered relating to this question about the misuse of specialty titles.

The BASCD suggested an additional criteria of 'Defines those areas of dentistry which are distinct, require additional knowledge, skills and experience and are recognised as having a specific role to play in improving the oral health of patients and the population' to address the whole population aspect of dental care.

COPDEND raised the role of specialty lists in the 'supporting of patient referral/access to specialist care' should be considered.

A number of respondents felt that there was benefit to specifically highlighting the level of training required to be a specialist, pointing to the different levels of training required in different specialties.

Question 3. Do you have any other comments about the proposed purposes and/or criteria?

There were 124 respondents to this section. In this section respondents focussed largely on the public's awareness of the specialties. There were also a number of comments around the number and types of specialties, which falls outside the scope of this current consultation. There was some feedback from individual respondents that the qualifications of specialists should be published on the GDC website, for transparency and to help patients and referrers.

Organisational responses from the Royal College of Physicians and Surgeons of Glasgow, the BDA and COPDEND highlighted the importance of the commercial interests of various parties not unduly influencing decisions made in this area. There was overall agreement that it is rather public health and patient need that should unpin the principles.

GDC Policy Response

We are encouraged to see broad consensus with the revised principles and criteria outlined in the consultation document.

Further to the feedback, minor amendments will be made to the text and the GDC will publish a revised purpose and criteria for specialist lists., which can be found in annex 1.

The GDC notes the general concern about lack of public awareness of the specialties. We will aim to give greater clarity about this on our website and intend to explore this in future patient survey work.

Those who successfully complete specialty training are awarded certificate of completion of specialty training CCST and these are of an equivalent level across all specialties. The revision of specialty curricula which is currently underway, will continue to ensure that there is standardisation of the CCST award across specialties.

4. Part two: Draft principles for addition and removal of specialist lists.

The GDC has the statutory power to list certain distinct branches of dentistry as ‘specialties’, thereby permitting suitably qualified registrants qualified to use an appropriate specialist title. While the GDC is the sole regulatory authority in this area, for the sake of transparency and consensus-building, we suggest the following principles to underpin the consideration of such decisions;

- that the branch of dentistry is distinct from the general practice of dentistry as well as existing dental specialties
- what need would be addressed by such a change (e.g. changing demographics, clinical need disease need, workforce need)
- that the lack of official titles in that branch of dentistry, and regulatory requirements for the attainment of those titles, poses the risk of harm to patients.

This section proposed evidence that would need to be considered by the GDC and the GDC’s role in the consideration when listing a new specialty and/or delisting an existing specialty.

Question 1. What types of evidence should be considered, or required, before adding or removing a dental speciality?

There were 124 responses to this section. Responses to this question agreed with the points set out in the consultation document. Responses to this question therefore emphasised patient needs and demographics, focussing on what was in the best interest of public protection. They stressed the importance of patients being able to understand what it means to be on a specialist list.

Consistent with the proposals in the consultation document respondents noted that the evidence used would need to be monitored over time, and that demographics referrals, workforce, and technological developments would drive the need for the addition of specialties.

Organisational responses to this question focussed on public health needs being paramount to the addition or removal of a specialty, and highlighted that any decision in either direction

would need to be plainly set out to the public and to the profession in a timely manner, so as not to cause confusion.

Respondents also focussed on the existence of clear training pathways which reflected the point that the branch of dentistry is distinct from the general practice of dentistry as well as existing dental specialties. Responses on this question again focussed on the need to clearly differentiate the specialties to help patients get the best possible outcomes.

Question 2. What should be the role of the GDC be in responding to requests for the addition or removal of specialist lists?

There were 147 responses to this question. Responses clearly supported the GDC's role as an impartial arbiter, relying on the advice of expert stakeholders but ultimately making a decision whether to add or remove a speciality list. These responses stressed the importance of getting advice from stakeholders across the dental profession.

It was noted that the GDC also have a role in accrediting the training for any speciality which aims to be added as a list.

A number of respondents were concerned about the possibility of specialist groups lobbying the GDC for inclusion of a specialist list. It was therefore felt to be of fundamental importance that the GDC maintain transparency about the process that they adopt for the addition or removal of specialist lists.

Question 3. What other stakeholders should have a role in the process of adding or removing specialist lists, and what should that role be?

There were 144 responses to this question. It was clear that respondents considered it important for the GDC to draw on a broad range of stakeholders across the dental profession. Respondents highlighted that these stakeholders should include Royal Colleges, professional organisations, the Deaneries, specialist societies, higher education providers and the public health bodies (such as the NHS, the Chief Dental Officers).

Respondents also stressed the need to consult the public and the profession when taking a decision to add or remove a specialist list.

UK Specialty Registrars in Dental Public Health and the British Endodontic Society response highlighted though that as the GDC has the regulatory responsibility for specialist lists, this role could only be advisory.

Many of the responses also commented on the number and type of specialist lists, which is not the subject of this consultation.

GDC Policy Response

We are pleased to see that there is broad consensus about the type of evidence required for adding or removing a specialty from the list. We agree that the type of evidence required should be monitored over time and reviewed as appropriate. We also agree that clarity to the profession and the public regarding any changes and the rationale would be shared at the earliest possible opportunity. Building on the foundations we laid out in *Shifting the Balance*, we are committed to transparency and to working with partners and stakeholders.

Decision making in relation to addition or removal of specialties will rest with the GDC. Those decisions will be informed by robust evidence, including information and views from key stakeholders.

The GDC approve the specialty curricula and assessment leading to a certificate of completion of specialty training. The GDC quality assure education and examination providers who deliver specialty education and training. The GDC also facilitates of process for Specialist List Assessed Application Review, also known as the mediated entry route, whereby those seeking to join a specialist list can prove equivalence of experience and competence by presenting a portfolio of evidence, which is assessed.

We note the interest in the number and type of specialties and have mentioned it as a potential area for further work in the future.

5. Part three: Maintaining accreditation on specialist lists

In this section of the consultation we sought to begin to explore the mechanisms by which we can maintain public confidence to ensure that those on the specialist lists maintain their specialist knowledge. Currently, after meeting the requirements to enter the list, there are no further requirements beyond paying an annual fee. We asked about how proper maintenance of accreditation on specialist lists could be appropriately supported by our regulatory tools. We also asked respondents to consider whether there is a need to develop the specialties from 'listing' to specialist registers.

Under the new framework for enhanced continuing professional development (CPD), each registrant must choose CPD that includes activities relevant to each field of practice they work in during their CPD cycle. The resultant CPD activity may support maintenance of current skills, the maintenance of skills in a specialist area, or the development of new skills within registrants' (including specialists') current or future field of practice. Enhanced CPD provides an advance in maintaining accreditation on specialist lists, but we have an open mind as to whether more may be necessary.

The consultation questions are not about a review of enhanced CPD, but the opportunity to provide opinion and evidence concerning the appropriate level of regulation for the specialties.

The questions are explorative in nature and the information derived from responses will inform discussions and later decisions about the nature and direction of future policy development. Each question possesses legislative implications and development is unlikely to be rapid. Nonetheless, we wanted to make the most of the opportunity afforded to us by the consultation to shape future policy and early decisions by the Council in policy development.

Question 1. What do you believe the appropriate regulatory levers for maintaining accreditation on specialist lists should be?

There were 124 responses to this question. Overwhelmingly responses to this question indicated that the appropriate regulatory levers for accreditation on specialist lists should be, as expressed in the BDA's response to this consultation 'evidence of actively working and updating professional knowledge in the specialty'. The consensus on this question was that this could best be demonstrated by a requirement to undertake CPD in the relevant area of specialty, with respondents also highlighting the benefits of appraisals and peer review.

Question 2. Should consideration be given to developing the specialties from 'listing' to specialist registers?

There were 129 responses to this question. Feedback to this question was mixed. 41 one responses were supportive and 49 indicated they did not see a benefit. The remaining respondents felt that there was not yet enough detail to allow them to consider the difference between a specialist list and a specialist register.

HEE, COPDEND, BOAMS and the Royal College of Surgeons were supportive of the development of a specialist register, with COPDEND noting that such a register would 'allow the delisting of an individual if they failed to fulfil the requirements to be retained on the specialist register but their GDC registration would not be affected.' HEE noted that this would align dentistry with medicine and strengthen the role of the specialist.

In contrast, the BDA felt that there is not an equivalence between medicine and dentistry as 'doctors undertaking some form of 'specialist' training are then linked to a list in that specialty. In dentistry, the fundamental training is that of a generalist, with the option of undertaking additional specialist training or not' and therefore no need for deviation from the current system.

Where responses were supportive of the development of a speciality register, they tended to focus on the ability to enforce the levers discussed in the question above, and to provide a mechanism for ensuring that once on the register specialists maintained their expertise. COPDEND noted that such a register would 'allow the delisting of an individual if they failed to fulfil the requirements to be retained on the specialist register but their GDC registration would not be affected.'

Where responses were unsupportive they tended to focus on the fact that this would be little more than a semantic change.

Question 3. If so, how would such a development be ideally funded?

There were 113 responses to this question. Overwhelmingly, the feedback on this question focussed on the importance of such a register being funded in such a way that it does not raise the Annual Retention Fee (ARF) and is absorbed into the current budgets, noting that specialists already pay a fee to appear on the list.

Organisations and individuals alike reflected this in their feedback with the Royal College of Surgeons noting that 'We recognise that there will be a diversity of opinions on how a specialist register should be funded. Some will suggest that if the specialist register is to be kept separate from the general dental register it is individual specialists who should be expected to pay for this, while others may argue that as the GDC already levies a significant retention fee and an additional fee for specialist listing, the funding should come from this pre-existing envelope. Given this, we will wait to see what proposals the GDC brings forward regarding funding before forming a firm judgement.' This is indeed reflective of the overall

feedback, which was almost unanimous in its agreement that costs for this do not reflect in the ARF.

Some felt that the cost of such a register should be borne by those who are using it, i.e. the specialists themselves, but in these cases also there was a lack of appetite for increasing the cost to the individual specialist.

GDC Policy Response

We thank respondents for their answers to the questions on this section of the consultation document. As noted in the consultation document, the feedback that we have received in this section will form a basis for internal policy discussions and future Council decisions in this area.

It is clear from responses that we will need to do some further work to better explain what we mean by the creation of a specialist register, how this would differ from a specialty list and the implications involved in making such a change, including the costs and potential need for legislative change and ensuing timescales.

There was a clearer steer that CPD should form a crucial regulatory lever for maintaining accreditation on specialist lists. Enhanced CPD development is currently being undertaken and we will feed in the responses received to inform this work. We have opened a conversation about how dental professionals can take increasing ownership of meeting and maintaining high professional standards and quality patient care and there is clearly appetite for this to be linked to the maintenance of specialty lists in the form of required CPD in your area of specialty

The aim is to ensure that lifelong learning in dentistry continues to evolve to meet the expectations of the public, patients and dental professionals, in a way that is proportionate to risk, and flexible on how professionals go about reaching their development goals. We agree that assuring that specialists remain up to date with development in their field is crucial to maintaining public confidence in that it means to be a specialist.

As we consider the implications of these responses, some of which may require legislative change, we will be in a better position to provide further detail and updates as work progresses in these areas.

6. Next steps

The GDC remains committed to working closely with profession, patients and the public on future developments related to the specialist lists, continuing to be transparent in how we work.

- a) The GDC to make minor amendments to the proposed purpose and criteria for specialist list and to publish this in 2020.
The GDC to develop principles and the process for the addition and removal of specialties from the list and publish in 2020. Further development work will be undertaken regarding maintenance of accreditation on specialists lists, utilising feedback received from this consultation and updates will be given as the work progresses.
- b) Further development work will be undertaken regarding maintenance of accreditation on specialists lists, utilising feedback received from this consultation and updates will be given as the work progresses.

- c) The GDC remains committed to working closely with profession, patients and the public on future developments related to the specialist lists, continuing to be transparent in how we work.

DRAFT

Annex 1: Proposed revision of principles and criteria for specialist listing

Any registered dentist can work in a particular field of dentistry, but only those on our specialist lists can present themselves as specialists. These dentists have met certain requirements and may, as a result, use the 'specialist title'. Dentists with specialist titles are often employed as consultants in hospitals but can work in other settings.

A specialist list is not a dental register. A dentist on the specialist list is a general dentist with the right to advertise their specialist knowledge in a particular area, or areas, of dentistry with documented evidence of additional skills, knowledge, attitudes and training. If a dentist is on a specialist list, that will be noted in their entry on the general register.

Specialists pay a fee, in addition to their annual retention fee, in order to be included on these lists. Only dentists are eligible to join specialist lists; there are no specialist lists for other members of the dental team, e.g. dental nurses.

Principles for specialist listing

The purposes that specialist listing fulfil are:

1. Protecting the public against unwarranted claims of specialist provision.
2. Helping the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry. Supporting provision of specialist care for patients by **supporting patient referral/access to specialist care** as part of effective patient pathways.
3. Supporting development of scientific knowledge and education in connection with the purposes listed above.

Formally listed specialties will be characterised by high standards of training, as set out in the GDC's Standards for Specialty Education.

For all listed specialties, the GDC will provide on its website an explanation of how that branch of dentistry fulfils the purposes of specialist listing, and the context in which it does so.

Criteria for specialist listing

Deciding whether a branch of dentistry should be listed as an official specialty is a complex matter. While specialties should fulfil all the above purposes, they might do so in different ways, and to different extents. In addition, some branches of dentistry might fulfil some, or all, of the above purposes without being listed. A branch of dentistry might also fulfil various useful purposes without meeting the specific tests for recognition by the GDC as a listed specialty.

We are therefore proposing a framework of criteria to help make decisions about whether a branch of dentistry should be listed as a specialty. That is, to be listed

as a specialty by the GDC, a branch of dentistry must:

- fulfil the purposes specified above
- be recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry and **improves the oral health of patients and the population**
- respond to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

DRAFT

Revision Process for specialty curricula

Purpose of paper	This paper details the draft process for the revision and approval of specialty curricula.
Action	The Council is asked to approve the draft process for the revision and approval of specialty curricula.
Corporate Strategy 2020-22	<p>Strategic aim 1: Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.</p>
Decision Trail	<ul style="list-style-type: none"> • In December 2015, at the Joint Committee for Postgraduate Training in Dentistry (JCPTD) meeting, the GDC's then Chief Executive agreed that the GDC would develop the process to revise all dental specialty curricula. • In 2016, the process began and included an update to the Policy and Research Board (PRB) in July and engagement with key stakeholders that year. • In December 2016, the Council approved the process for the revision of specialty curricula, including the generic framework which would serve as the basis for the various specialty curricula. • In May 2017, the Specialty Working Group (SWG) was first convened to co-ordinate the work of stakeholders relating to specialty training and, to date, has met seven times. • In 2017, a rapid review of specialty curricula was undertaken to ensure that the current curricula posed no patient safety concerns whilst background work was undertaken. This work was completed in 2018. • In 2018, a consultation took place and, further to it, the <i>Standards for Specialty Education</i> were revised, and these were published in January 2019. • In September 2018, the PRB considered the progress of the SWG and noted the plan to consult on principles of specialist listing in 2019. • In October 2018, the EMT reviewed the draft text of the consultation and, subject to minor amendments, approved it for consideration by the PRB and Council.

	<ul style="list-style-type: none"> • In November 2018, the PRB reviewed and approved the paper and, in December 2018, the Council approved the consultation for publication. • Between 31 January 2019 and 25 April 2019, a consultation took place on specialist listings and, in June 2019, the PRB were provided with an update on its outcome. • In August 2019, the SLT were given an update on specialty developments. It was agreed that further to the consultation on specialist lists, the process of the revision of specialty curricula would recommence. • In October 2019, the SLT reviewed and approved the response to the consultation.
Next stage	<p>If approved by Council at this meeting, the response will be published at the end of 2019 – beginning of 2020.</p> <p>The aim is then to commence the revision process in January 2020, the approval process in October 2020 and have the new curricula in place by the 2021/22 academic year.</p>
Recommendations	The Council is asked to approve the draft process for the revision and approval of specialty curricula.
Authorship of paper and further information	<p>Manjula Das Head of Education Quality Assurance mdas@gdc-uk.org 020 7167 6113</p>
Appendices	Appendix 1: A practical guide to the process of revision and approval of dental specialty curriculum and assessments.

1. Executive summary

- 1.1 In 2019, the GDC agreed to recommence the process of revising all 13 curricula¹ for dental specialty training, the content of which is developed by the Specialty Advisory Committees (SACs²). A review is timely to ensure the curricula reflect the GDC's own revised *Standards for Specialty Education* (2019), and because the current curricula, in some cases, are more than ten years out of date and do not reflect clinical developments in the specialty. In addition, a revision will ensure consistency and standardisation of the format and language used in all 13 specialty curricula.
- 1.2 To facilitate this process, the GDC has developed *A practical guide to the process of revision and approval of dental specialty curriculum and assessments*, a template to serve as the basis for each revised curriculum and accompanying guidance (**Appendix 1**). These have been developed with input from stakeholders, particularly the SACs and Postgraduate Dental Deans across the four nations as well as the General Medical Council.

¹ To note, when curriculum is discussed, this includes high-level learning outcomes and associated assessments used to evidence their fulfilment.

² The SACs are intercollegiate advisory bodies constituted under the Royal Colleges of Surgeons.

- 1.3 Subject to Council approval, we will inform the SACs to begin the process of revising their curricula or curriculum, by issuing them with the guidance document at **Appendix 1** in January 2020.
- 1.4 Further to Council approval, we expect the revision process to take 20 months in total. SACs will have 9 months to draft their specialty curriculum in consultation with their stakeholders and send the revised version to the GDC for approval by 1 October 2020. Subsequently, the GDC will have 6 months to assess submissions, consult with SACs for further input if needed and send the submission with their recommendation for approval to the Registrar early Q2 2021. There will be 5 months for implementation of the specialty curricula so that they will be in place for the 2021/22 academic year (September 2021).
- 1.5 At present, the GDC has no formal mechanism for reviewing submitted curricula and making informed recommendations to the Registrar on their approval. We, therefore, propose developing a Specialty Curriculum Review Team (SCRT) consisting of members of the Education Policy and Quality Assurance teams and selected Education Associates, to review submitted curricula and advise on any matters relating to the dental specialties thereafter. The SCRT will make recommendations to the Registrar who will have final say on approval of the curricula.

2. Introduction and background

The GDC's responsibilities for education and training in specialist dentistry

- 2.1 The GDC is responsible for approving all curricula for education and training in specialist dentistry leading to the award of a Certificate of Completion of Specialty Education (CCST). Specific approval is delegated to the GDC Registrar. The content of the curricula themselves is developed by the SACs who report to the relevant Dental Faculty.
- 2.2 There are currently 13 curricula for training in specialist dentistry¹.
- 2.3 Curricula will be delivered by providers (trusts, health boards, or universities) in a particular area on behalf of Health Education England (HEE), Public Health England, NHS Education for Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA) or Health Education and Improvement Wales (HEIW).

Revision of dental specialty training curricula

- 2.4 At the JCPTD meeting in December 2015, the GDC's then-Chief Executive agreed that the GDC would lead a review to revise all dental specialty curricula. This was welcomed by the JCPTD. A review was thought to be timely, as:
- a) curricula will need to reflect the GDC's *Standards for Specialty Education (2015)*, which were approved by Council in April 2015.
 - b) the specialty curricula should be reviewed every five years to ensure they are fit for purpose and up to date.²

¹ Dental and Maxillofacial Radiology; Dental Public Health; Endodontics; Oral and Maxillofacial Pathology; Oral Medicine; Oral Microbiology; Oral Surgery; Orthodontics; Paediatric Dentistry; Periodontics; Prosthodontics; Restorative Dentistry; and Special Care Dentistry.

² The most recent curricula, Oral Surgery, was written in February 2014.

- 2.5 Although the SACs are responsible for drafting the curricula, they must be approved by the GDC. Therefore, it is in the interests of the GDC to develop and communicate the process of the revision of curricula with the SACs to ensure consistency in approach.
- 2.6 The objectives of the curricula update are two-fold:
- a) to bring the curricula up to date with any professional or clinical developments in the specialty that have transpired since it was last approved
 - b) to translate the curricula from its current format to the format of a new consistent and generic template, ensuring a degree of standardisation, and compatibility with the GDC's *Standards for the Dental Team* and *Standards for Specialty Education*, across all curricula.
- 2.7 Working closely with key stakeholders, we developed a generic template for the revision of specialty curricula and a three-stage process for the revision and approval of curricula, which was approved by Council in December 2016 and intended to commence in early 2017.

Establishment and work of the Specialty Working Group

- 2.8 In March 2017, the GDC, Health Education England (HEE) and the Chief Dental Officer for England convened a meeting of key decision-makers in specialty training to streamline strategy relating to specialty training. This included the identification and resolution of any potential overlaps or links between significant projects developing in the sector.
- 2.9 Those projects included the GDC's review of standards for specialty training, the commencement of the quality assurance of specialty training and the revision of specialty curricula. HEE was at that time beginning work on their own broad review of dental training, *Advancing Dental Care* and considering their own specialty developments. This included reminding the ADC of the GDC's legislative responsibilities.
- 2.10 The first meeting of the SWG¹ in May 2017 noted that there was no real governance mechanism for managing strategic projects across the sector that serve outcomes for specialist training in dentistry across the four nations of the UK. It was also noted that the various parties involved in this area are all responsible for different aspects; suggesting the need for a shared accountability.
- 2.11 There was general interest in a collective enterprise to set a strategic direction for specialty training and education and manage the projects therein.
- 2.12 It was agreed that as those present at that meeting all had significant responsibility and influence over specialty training in the UK, the SWG should continue to meet on an ongoing basis to identify opportunities to align respective projects and seek joint

¹ Membership of the SWG comprises, in addition to the GDC: the Advisory Board for Specialty Training in Dentistry; the Association of Dental Hospitals; the Chief Dental Officers for England, Northern Ireland, Scotland and Wales; the Committee of Postgraduate Dental Deans and Directors; the Dental Schools Council, the Faculty of General Dental Practice; Health Education England; NHS Education for Scotland; the Northern Ireland Medical and Dental Training Agency; Health Education and Improvement Wales; the Royal College of Physicians and Surgeons of Glasgow; the Royal College of Surgeons of Edinburgh; and the Royal College of Surgeons of England.

enterprise, in the interests of general efficiency and to ensure national outcomes of specialist training better serve identified and changing population need.

- 2.13 Until background work had been carried out by the SWG, it was agreed that the revision of specialty curricula would be paused, and in the interim a rapid review of the current curricula was undertaken in 2017-18 to ensure that there were no patient safety concerns in the interim period. This revision was completed in 2018.
- 2.14 The SWG has met seven times since its inception 2017, most recently on 3 July 2019. Generally, the aim of the SWG's work has been to align projects undertaken by different organisations in order to work more effectively together for the further improvement of specialty training and education. We have also sought to use the expertise of the SWG to provide input into matters of specialty policy development and better understand the interconnectivity of the various stakeholder groups responsible for different areas of specialty dentistry.
- 2.15 Since 2017, the GDC has:
- a) Undertaken a consultation (2018) and, accordingly, revised the *Standards for Specialty Education* (2019).
 - b) Commenced the quality assurance of specialty education (2019).
 - c) Undertaken a consultation on the principles of specialist listing, (January-April 2019), the final report and next steps was approved by SLT in October 2019.
 - d) Developed proposals for the revision and approval of specialty curricula (presented in this paper).
 - e) Established a working group in the mediated entry (update to be given in early 2020).

Consultation on the principles of specialist listing

- 2.16 It is worth noting the wider context in which the proposals for the revision of the process for specialty curricula sit. Namely, that further to the input from the SWG, the GDC developed a consultation regarding principles of specialist listing in early 2019. There is nothing in this consultation that should negatively impact on, nor derail the proposed revision of specialty curricula process.
- 2.17 The consultation was three-fold:
- a) Revise the purpose and criteria for specialist lists (last addressed in 2005).
 - b) Propose the development of principles for the process of the addition or removal of a new specialist list.
 - c) Ask fundamental questions about maintaining specialist list accreditation.
- 2.18 The draft response to the consultation was approved by the SLT in October 2019. If approved, it will be published. In essence there was broad agreement regarding the first two parts, and more detailed work is needed on the third part.
- 2.19 If approved, revised purpose and criteria of specialist listing, will be included in the process for the revision and submission of specialty curricula. The current draft version is in **Appendix 1**.

3. Draft proposals for the revision and submission of specialty curricula

- 3.1 Further to the significant background work and in conjunction with key stakeholders listed above, we have developed a process for the revision and submission of specialty curricula and approval process, as detailed in this paper, for which we are seeking Council's approval. The process aims to enable us to have consistency across the revision and approval process, to provide standardisation across the specialties and provide assurance of the process going forward.
- 3.2 We used the generic template developed and approved in 2016 as the basis for the work going forward. This has been revised further to feedback from stakeholders in summer 2019 to ensure it remains up to date and relevant.
- 3.3 We have developed one template for the SACs to complete with revisions to their curriculum. This includes four main areas:
- a) A purpose statement for each specialty – clearly aligned to the revised purpose and criteria as set out in the 2019 consultation.
 - b) Compliance of the requirements of the revised *Standards for Specialty Education* (2019).
 - c) Assessments of the generic components of the curricula.
 - d) Specialty specific high-level outcomes, evidence and assessments.
- 4.1 To accompany the template, we have developed guidance to support SACs on the completion of the four stages and details about how they submit the completed template to the GDC.
- 4.2 We require all SACs to carry out a consultation with key stakeholders during the 9-month revision period, to ensure that proposals are deliverable across the four nations. This consultation must include liaison with the deans and deliverers of education in the four nations, workforce, trainees, patient/lay groups and show equality, diversity and inclusion compliance. Details of this are included in **Appendix 1**.
- 4.3 In the development of **Appendix 1**, we have also liaised with colleagues from the General Medical Council who are currently undertaking the same process with medical specialty curricula. They commenced their process in 2017 and are due to complete by the end of 2020, so we have also been able to learn from the challenges they have faced and streamlined the process where possible. We have also engaged with the Faculty of Medical Management and Leadership.

5 The process for the approval of specialty curricula

- 5.1 In conjunction with the internal Education Policy and Quality Assurance teams within the Strategy Directorate, we will utilise an appropriate group (up to 10) education associates (EAs) to establish a SCRT. Work on this has commenced. All EAs are appointed through an open and competitive recruitment exercise (carried out in 2018). The associates on the SCRT will include dentists (both specialist and generalists) and non-registrant members, including those with an educationalist background. When selecting education associates in 2018, we were mindful of the need for their involvement in this piece of work. If, however, there are any gaps, we will seek to recruit other relevant individuals as appropriate. If this were to be the case, we would seek confirmation from the Registrar before entering into a contract with other individuals.

- 5.2 The SCRT will be established and trained in early 2020 to undertake the approval process in Q4 2020 and Q1 2021. The supporting guidance and templates for this group will be developed within the education policy team in early 2020.
- 5.3 Based on the analysis and review of the submissions, the SCRT will make recommendations to the Registrar in early 2021.
- 5.4 The Registrar will have final approval over the revised specialty curricula.

6 Proposed timescales

- 6.1 Table of proposed timescales for the revision and approval of specialty curricula:

Action	Timescale	Status
Develop process for revision of specialty curricula and guidance.	Detailed above	Complete. Amends to be made further to feedback from Council and if approved, published end of 2019/early 2020.
Develop consultation response for specialist listing	To be discussed for potential approval at December 2019 Council	Complete, subject to amendments from Council.
Approval by SLT	November 2019	Complete
Approval sought from Council	December 2019	
Launch revision process	December 2019/January 2020	
SACs to revise specialty curricula	January-October 2020	
Policy team to develop internal approval process, establish SCRT and deliver training to SCRT	Q1-2 2020	
SACs to submit revised curricula to the GDC	1 October 2020	
SCRT to review revised curricula (seeking clarity from SACs as necessary)	2 October 2020- end of Q1 2021	
Education Policy Team to present the Registrar with proposed revisions of specialty curricula.	April 2021	
Approved curricula to be in use from 2021/22 academic year.	September 2021	

- 6.2 To note, any delays to the proposals above, may lead to the revision process being put back a further year, as the process needs to commence at the start of the academic year.

7 Actions

- 7.1 The Council is asked to **approve** the draft process for the revision and approval of specialty curricula.

A practical guide to the process of revision and approval of dental specialty curriculum and assessments

November 2019

Purpose of this document

The General Dental Council (GDC) has a statutory function to approve dental specialty curricula.

This is a practical guide for Specialty Advisory Committees (SACs) setting out the processes for the development, submission and approval of specialty curricula. The guide seeks to clearly set out the process, clarify queries and answer questions that SACs might ask themselves in the process of developing and submitting specialty curricula.

Who is it for?

This document is intended to support the SACs, who are responsible for creating the specialty-specific content of the curriculum, in reviewing and developing high-level outcome-based dental specialty curricula.

Why are the dental specialty curricula reviewed?

The dental specialty curricula are reviewed to ensure they are up to date, provide clarity, consistency and standardisation of the format and language used in all 13 specialty curricula and comply with the GDC's [Standards for Specialty Education](#).

Timelines

The revision of the dental specialty curricula is due to take place over the next two years. Accompanying this guidance is the [Template for Dental Specialty Training Curriculum](#) which SACs will need to fill in and submit to the GDC. Both documents will be published in January 2020. Subsequently, SACs will have 9 months to revise the specialty curricula in consultation with their stakeholders and send their submission to the GDC for approval by close of play 1 October 2020.

The GDC's Specialty Curriculum Review Team (SCRT) will have six months to review submissions, engage with SACs when necessary and send their recommendations alongside the revised curriculum submission to the Registrar for approval early Q2 2021. Providing the above is executed within the given time period, the specialty curricula will be ready to be implemented in the 2021/22 academic year.

Timeline	
Q4 2019	GDC draft and approve the practical guide to process of revision and approval of dental specialty curriculum and assessments.
Q1-Q3 2020	The SACs draft their specialty curriculum and consult with stakeholders. Deadline for submission is 1 October 2020.
Q4 2020-Q1 2021	GDC SCRT assess draft specialty curricula. If necessary, SACs will be asked to provide more input within first 12 weeks after submission. SACs will have one month to submit further evidence.
Q2 2021	Registrar to approve revised specialty curricula early Q2 2021. GDC to publish revised specialty curricula.
Q2-Q3 2021	Specialty curricula implemented for 2021/22 academic year.

Table of contents

1. How the submission meets the GDC Standards.....	1
1.1 The template explained.....	1
1.2 How to write a curriculum purpose statement?.....	2
1.3 How to write high-level learning outcomes and examples?.....	4
1.4 How to submit the specialty curriculum?.....	5
1.5 How will the GDC assess the submission?.....	5
2. The consultation process.....	6
2.1. What are the minimum consultation standards?.....	6
2.2 The 7-step consultation process.....	7
Appendix 1 Template for Dental Specialty Training Curriculum.....	14

1. How the submission meets the GDC Standards

This section of the guidance document seeks to explain the requirements of revising specialty curriculum. We have provided a narrative that we expect to see as well as some questions SACs can ask themselves while redrafting their specialty curriculum in consultation with stakeholders.

The section is divided into two parts. The first part gives an overview of the Template for Dental Specialty Training Curriculum that SACs will use for their submission and sets out how to fill in its sections by giving advice about how to write the purpose statement and high-level learning outcomes. It also describes how SACs should submit the revised specialty curriculum to the GDC and how the GDC will assess it.

The second part details the various steps of a consultation process which SACs can use as a guide when engaging with stakeholders. Please note that the process is not prescriptive. It exists as support for SACs when preparing for consultation, collecting and incorporating feedback from stakeholders. This section also outlines the minimum requirements the GDC expect SAC's consultations to adhere to. However, the suggested list of stakeholders to consult with is not exhaustive and some stakeholders may not be relevant to all SACs. Therefore, SACs are advised to use their personal judgement when determining with whom to consult and explain the rationale behind their choice to the GDC. The GDC will look at this rationale, rather than number of stakeholders involved, in their assessment of the SACs' submission.

1.1 The template explained

The Template for Dental Specialty Training Curriculum is preceded by an overview of why the revision of specialty curricula is needed. It lists possible assessment methods and gives suggestions how to manage their implementation.

The template that SACs will need to fill in as their submission is split into the following four sections:

- A. Purpose statement.
- B. Fulfilment of the GDC [Standards for Specialty Education](#).
- C. Generic professional content - outcomes and assessments.
- D. Specialty-specific content - outcomes and assessments.

The purpose statement, section A, will need to clarify how each dental specialty curriculum meets the revised principles and criteria for specialist listing¹. In the

¹ The consultation on the *Proposed revision of principles and criteria for specialist listing* closed 25 April 2019. The revised principles and criteria are pending December Council approval. NB, we hope to get approval of this in December 2019 and publish by the end of the year, so that this can be included in the final version of this document.

statement SACs will need to clarify how they ensure that patient safety is paramount, and care of patients is of a correct and justifiable standard as set out in the requirements P1-P7 of Standard P1 - Protecting patients in the [Standards of Specialty Education](#). The GDC will assess the statement against the above Standards.

Section B asks questions about the broad areas of requirements as listed in Standard 2 and Standard 3, respectively for programme providers and examination providers, of the [Standards of Specialty Education](#). Questions related to programme providers are preceded by a P and questions for examination providers by an E. Please note that most questions apply to both types of providers and SACs should answer all. To help SACs do this, we have provided guidance for each question as well as examples of evidence needed.

In addition, this section also requires SACs to explain their consultation methodology and evidence their consultation method. SACs should name the stakeholders they consulted with, explain the impact of the revision on stakeholders, how they influenced the revision, their contributions and the consultation method used. SACs should submit evidence of how they ensured their input was taken into account.

Section C lists the generic professional content of the specialty curricula. It states high-level learning outcomes and examples of experiences that are likely to provide evidence of attainment of each learning outcome. Both learning outcomes and examples have been updated and agreed with the SACs in summer 2019. In this section SACs will need to provide assessment methods and forms of evidence that will be used to assess trainees to demonstrate fulfilment of the high-level outcomes. SACs are strongly encouraged to work with colleagues from other SACs and to agree assessment methods for the range of learning outcomes as appropriate. SACs can find a list of potential assessment methods in the Template for Dental Specialty Training [here](#). Where appropriate and possible, the GDC also encourages the use of new assessments or details of pilots currently being undertaken.

SACs should draft the specialty-specific content, high-level learning outcomes and assessment methods (evidence), of their curriculum in [section D](#) of the template. Guidance on writing learning outcomes is provided in section 1.3.

SACs are encouraged to attach supporting documents and evidence to their submission that explain how they ensured input from stakeholders, including hard-to-reach groups. Each document should be dated and labelled in order to show how it relates to the submission and to avoid confusion.

Please note that all four sections must be completed before being submitted.

1.2 How to write a curriculum purpose statement?

As part of the submission to the GDC, SACs will need to write a purpose statement. The purpose statement should describe the need for the specialty curriculum based on an analysis of how it protects the public, is distinct from the general practice of dentistry and responds to a clear dental public health need.

Please note that the GDC does not stipulate if the training undertaken and resultant successful Certificate of Completion of Specialty Training (CCST) holders will be for NHS and/or private provision. This will be left to the SACs' discretion which they can detail in their purpose statement where appropriate. The GDC will require that the SACs show full engagement with stakeholders to ensure that proposed curricula are deliverable.

In 2019, the GDC consulted on the principles and criteria for specialist listing¹ and revised them accordingly. In the purpose statement SACs will have to describe how their dental specialty curriculum meets the new principles and criteria for specialist listing.

The principles and criteria for specialist listing are as follows:

- P1. Protecting the public against unwarranted claims of specialist provision.
- P2. Helping the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry.
- P3. Supporting provision of specialist care for patients by supporting patient referral/access to specialist care as part of effective patient pathways.
- P4. Supporting development of scientific knowledge and education in connection with the purposes listed above.

Alongside the principles of specialist listing, the GDC developed criteria for specialist listing to help make decisions about whether a branch of dentistry should be listed as a specialty. That is, to be listed as a specialty by the GDC, a branch of dentistry must:

- C1. Fulfil the purposes specified above
- C2. Be recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry and improves the oral health of patients and the population
- C3. Respond to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

SACs must complete [section A](#) of the Template for Dental Specialty Curriculum to describe how their specialty fulfils the principles and criteria for specialist listing.

When reviewing each submission, the GDC will assess responses against the requirements P1-P7 of Standard P1 – Protecting Patients of the [Standards for Specialty Education](#). These requirements are in place to ensure patient safety is paramount, care of patients is of a correct and justifiable standard and any risk to the safety of patients and their care by specialty trainees are minimised.

1.3 How to write high-level learning outcomes and examples?

The GDC requires dental specialty curricula to describe high-level learning outcomes from the trainees' point of view. This signifies a move away from the competency-based curricula that are currently in use. Learning outcomes are statements that describe essential and significant learning that trainees have achieved and can reliably demonstrate at the end of their training programme. They can be skills-based, experience based, knowledge-based or application-based. Learning outcomes identify in a holistic manner what trainees will know and what they are able to do by the end of their programme. They do not replace a syllabus and are not merely a list of tasks that trainees need to have accomplished.

The learning outcomes need to describe the standards trainees must meet in order to progress and if successfully passed at the end of their training, to receive a CCST. Once SACs have their high-level learning outcomes identified, they should add further detail on the learning that will be attained for each outcome in the form of examples. SACs should write the examples in a similar style to the learning outcomes. Examples are more detailed illustrations of the learning opportunities and experiences that are likely to provide evidence of attainment of each learning outcome.

In general, high-level learning outcomes must:

- embed the [Standards for Specialty Education](#)
- should not be too numerous. 8-10 learning outcomes should suffice; however, it is up to the SACs to determine whether more or less are needed
- relate to the purpose statement of the dental specialty curriculum
- be broad and relate to the knowledge and skills a trainee will have developed over the whole learning programme
- be underpinned by examples explaining how trainees can demonstrate achievement
- be either or a combination of knowledge-based, application-based, skills-based or experience-based outcomes
- be introduced by an active verb to ensure they are indicative of the level of learning expected e.g. 'understand' or 'show'
- be clear to trainers, trainees, assessors and the GDC.

To get a better understanding of how to write learning outcomes and examples, SACs can have a look at the outcomes of the generic professional content and specialty-specific content as set out in [section C](#) and [section D](#) of the Template for Dental Specialty Training Curriculum. Please note that the learning outcomes and examples of the specialty-specific content are examples only and SACs are encouraged to edit, adapt and finalise these as appropriate to their specialty.

Questions to ask when writing learning outcomes and examples:

- Is it clear to stakeholders, including individuals with Protected Characteristics, what an individual who has completed the training must adhere to?

- Are they written in simple plain English, so all parties involved, such as trainers, trainees, ARCP panels and the GDC, are able to interpret them consistently?
- What type of assessment methods are most suitable to assess the learning outcomes of the generic and specialty-specific curriculum? Are there opportunities to assess multiple learning outcomes via one method? Are there opportunities to discuss approach taken with other SACs?
- Can all learning outcomes be evidenced to the GDC?
- Are they achievable for trainees in all four nations of the UK, including Wales, Northern Ireland, Scotland and England?
- How will the new specialty curriculum fit onto the ePortfolio system? Are there any necessary changes to be made and how does this affect the allocated budget and timescales for implementation?

1.4 How to submit the specialty curriculum?

When SACs have developed their purpose statement, detailed how to fulfil the standards for specialty education, included the assessment methods, evidence, for the generic parts of the curricula and revised the specialty specific components of the curriculum, (including consultation with stakeholders), they need to send their submission to the GDC for full approval. Please use the [Template for Dental Specialty Training](#) to do this.

The GDC require the submission to be sent to us by close of play 1 October 2020 at the latest. Please send the template as well as evidence documents to:

specialtycurriculum@gdc-uk.org

If the SACs have any queries about the process or would like to discuss this in more detail, please get in touch with us by emailing specialtycurriculum@gdc-uk.org or by calling us on 020 7167 6000.

1.5 How will the GDC assess the submission?

All specialty curricula will be reviewed by the SCRT, which will consist of GDC staff as well as GDC Education Associates (EAs). The group of EAs includes, but is not limited to, individuals with an educationalist background, registrants who hold dental specialist titles, dental generalists and non-registrants. The EAs are selected by the GDC through competency-based recruitment and trained and supported in this role on a regular basis.

The SCRT will assess the purpose statement against P1 of the [Standards for Specialty Education](#). In addition, the team will assess how well the high-level learning outcomes and examples fulfil the [Standards for Specialty Education](#). SACs are also required to indicate what type of assessment they will be using to find out whether a trainee has attained the required learning. SACs should make sure that they use assessment methods that guarantee that excellence in the level of attainment can be acknowledged and recorded.

The SCRT will also look at the rationale behind the choice of stakeholders for each SAC, taking into account that they may differ depending on the specialty, and assess how stakeholders' feedback is incorporated into the specialty curriculum.

After submission, the SCRT will review their application and, if necessary, respond within 12 weeks to request for further evidence or clarifications. The SACs will have another month to adjust their submission and or provide further evidence. The SCRT will review all 13 specialty curricula simultaneously to ensure consistency of process and standards over a period of six months. Decisions regarding final approval will be made by the Registrar and shared early Q2 2021.

If approval is given, the revised curriculum will be published on the GDC website. If approval is not given, the GDC will go back to the SACs for further clarification and information, and support will be given, as appropriate.

Implementation of the new curricula will commence after their approval in Q2 2021 and will last through Q3 2021 to ensure they can be implemented in time for the 2021/22 academic year.

2. The consultation process

SACs will need to consult with stakeholders throughout the revision process to get their input and support in developing the revised specialty curricula. SACs may wish to engage with different groups of stakeholders at different stages of the process. For example, SACs might need to engage more extensively with examination providers and trainees at the point of launching the new curricula and more with education providers in the development phase of the specialty curricula.

The following steps have been designed to give SACs supportive tips and advice for planning and carrying out consultation work. They have not been developed to be prescriptive but rather to ensure that there is a consistent approach throughout the consultation period. In addition, the GDC also has a set of minimum consultation standards that need to be adhered to.

2.1 What are the minimum consultation standards?

- 1) SACs are expected to allow a 12-week period for the consultation to ensure that stakeholders have sufficient time to respond.
- 2) SACs are expected to be clear about the purpose and objectives of the consultation, the assessments of the generic curricula components, the draft dental specialty curricula, the questions being asked and the timescales for responses.
- 3) SACs are expected to be inclusive in their consultation and take into account Equality, Diversity and Inclusion (EDI). For more information, see the [Equality Act 2010](#).
- 4) The GDC require evidence that SACs have engaged and consulted with a wide range of stakeholders, including:

- a. Programme and examination providers: Universities, NHS Boards, Trusts, health boards, trainers, Training Programme Directors, the Local Education Training Board (LETB) and Deaneries, Clinical Supervisors, Educational Supervisors, Dental Faculties of the Royal Colleges, specialty trainees and patients and the public. Engagement must cover the four nations.
 - b. Organisations responsible for education and workforce planning: Health Education England, NHS Education Scotland (NES), Northern Ireland Medical and Dental training Agency (NIMDTA), Health Education and Improvement Wales (HEIW), Post Graduate Dental Deans and Directors (COPDEND).
- 5) SACs are expected to detail engagement with stakeholders and submit evidence how this influenced their submission to the GDC. Examples of accepted evidence; copy of the survey and or consultation, timescales, list of stakeholders involved, brief of comments received and explanation why feedback was taken into account or not. The list of additional accepted forms of evidence in the Template for Dental Specialty Curriculum can be found [here](#).

2.2 The 7-step consultation process

1. Write the purpose and objectives of the consultation.
2. Choose the consultation method.
3. Choose the stakeholders in an inclusive manner.
4. Draft the consultation.
5. Plan and execute the consultation.
6. Incorporate the results into the revised specialty curriculum.
7. Detail to the GDC feedback received and how this has been included (or not).

1. Write the purpose and objectives of the consultation

Before embarking on the consultation, it is suggested SACs set out clearly what the purpose of the consultation is, what information is wanted from stakeholders and what will be done with the feedback received. Consultations raise expectations from stakeholders, so it is essential that SACs communicate the objectives. It is equally important that stakeholders see evidence of how their feedback is taken into account. SACs will need to evidence to them as well as to the GDC how they intend to do this.

Questions SACs should ask themselves before consulting with stakeholders:

- What is the purpose of the consultation and what are the objectives? What information do SACs want to get from stakeholders? For example, comparison of the current curriculum with a new high-level outcome-based curriculum and seek feedback? Seeking opinions and ideas into how to translate the current curriculum into a high-level outcome-based curriculum? Comparing curricula or seeking for new ideas how to structure them?
- What change is required at the end of the consultation and what is missing at the moment? Depending on whether the consultation on a draft or ask stakeholders

for suggestions how to change the current curriculum into an outcome-based one. Also, take the suggestions as set out in [section C](#) of the Template for Dental Specialty Training Curriculum into account when formulating learning outcomes and examples. SACs may want to use these suggestions as examples in their consultation and request feedback.

- What information is already available? Are there opportunities to consult with other SACs to discuss their consultation approach? Is there overlap in curricula content/learning outcomes? Are there opportunities to agree on how specialties relate to one another? Are there opportunities to agree on terminology and assessment methods used?
- How are SACs capturing input from stakeholders and how will they demonstrate how stakeholders' responses have influenced the submission to the GDC? Are there recurring meetings in which SACs could get a slot to capture input and or feedback?

The GDC strongly encourage SACs to liaise with other SACs in the development and delivery of the consultation to share ideas and ensure a consistency of approach. This will also be supportive with regards to the development of the purpose statement (ensuring differentiations between the specialties) and consistency and learning with regards to the assessments used for the generic aspects of the specialty curriculum.

2. Choose the consultation method

There are various methods that can be used to engage with stakeholders. Below is a list of various forms of consultations that SACs can choose from and what it is used for, including some advantages and disadvantages. SACs can use various methods during the consultation period to give stakeholders the opportunity to engage early and to ensure they continue to support the review and provide further input.

SACs should think about what existing events there are planned where they could present and gain feedback at these meetings e.g. college/school training days, annual conferences and certain committee meetings.

Consultation method/purpose	Advantages	Disadvantages
Focus Groups: facilitated discussion with interest group to seek views on draft curriculum.	<ul style="list-style-type: none"> • Useful tool to reach hard-to-reach stakeholders. • Facilitator ensures all views are heard and captured. • Allows brainstorming of complex issues. 	<ul style="list-style-type: none"> • Requires an experienced facilitator to lead the discussion. • There are costs involved. • Can be time-consuming
Forums and Working Groups: provide information, invite views, develop and endorse plans for curricula review.	<ul style="list-style-type: none"> • Committed involvement as regular engagement with the same stakeholders. 	<ul style="list-style-type: none"> • Agenda can be taken over by standard updates. • Can be dominated by active and vocal stakeholders.

	<ul style="list-style-type: none"> No extra costs involved. 	
Online consultation: request written and detailed comments on a set of suggested outcome-based curricula.	<ul style="list-style-type: none"> Provides detailed information. Requires well-thought through and detailed feedback. 	<ul style="list-style-type: none"> Resource intensive; drafting consultation, uploading it onto website. Need to publicise to invite submissions.
Telephone surveys/conversations: one-to-one discussion over the phone to provide details or seek for input re the draft curriculum.	<ul style="list-style-type: none"> Good tool to engage with hard-to-reach stakeholders. Forms opportunity to discuss more sensitive issues. Can ensure buy in from each stakeholder. 	<ul style="list-style-type: none"> Time consuming. More difficult to provide feedback.
Workshops: formally organised group to explain purpose of curriculum review, exchange views and gather feedback.	<ul style="list-style-type: none"> Good opportunity for large group of stakeholders to engage with one another. Encourages stakeholders to share opinion, ask questions and discuss differences in view. 	<ul style="list-style-type: none"> Requires significant planning ahead. Requires experienced facilitators. Can be dominated by active and vocal stakeholders.

3. Choose stakeholders in an inclusive manner

A stakeholder is any individual, group or organisation that influences dental specialty curriculum or is impacted by it. SACs are encouraged to engage with all relevant stakeholders of their specialty. Please look at the list mentioned under the minimum consultation requirements in section 2.1.

To get a better understanding of the number of stakeholders involved, how they are impacted by the revision of the specialty curriculum and the level of engagement needed, it can be helpful to describe this in a table as set out in [section B](#) of the Template for Dental Specialty Curriculum. In their submission to the GDC, SACs need to fill in this template as evidence of engagement with their stakeholders.

What does the GDC mean with Equality, Diversity and Inclusion?

The GDC is committed to promoting EDI in our work. This means that EDI will need to be considered throughout the consultation and submission to the GDC by gathering evidence along the way. SACs need to ensure that its ways of working are fair to all individuals and groups, regardless of ethnic origin, race, colour, gender, religion, disability, sexual orientation, marital status, pregnancy and maternity or age. Therefore, it is essential that they consult in an inclusive manner and include hard-to-reach groups.

What are examples of EDI evidence accepted by the GDC?

Below are a number of techniques that can help SACs put some structure around how they include EDI in the drafting process of the revised dental specialty curriculum and throughout the consultation and implementation period.

Drafting curriculum outcomes and examples:

- Consider drafting high-level outcomes and examples that address EDI specifically.
- Consider participation from individuals, groups and organisations from the four nations; England, Northern Ireland, Scotland and Wales.

Consultation and implementation period:

- Consider asking stakeholders to fill in an EDI monitoring form when first engaging with them on the topic. Also, throughout the consultation period, be that via meetings, surveys or workshops, SACs can ask participants if they are aware of any biases and likely causes of discrimination.
- Consider a specialist and patient/public/lay user review, somebody with a good understanding of the skills required of the specialty curriculum, and somebody with one or more of the Protected Characteristics. Request this person to review the specialty curriculum with regards to accessibility, feasibility, legibility etc.

SACs will need to submit evidence of having considered EDI throughout the consultation process as part of their dental specialty curricula submission to the GDC. EDI monitoring forms, proof of communication via e-mail or consultation submissions from stakeholders are accepted.

How to enable hard-to-reach groups to participate?

When trying to communicate with hard-to-reach stakeholders, consider other organisations and or individuals who work closer with them and are in positions to influence them. They might be more successful in reaching out and connecting.

Once hard-to-reach groups have been identified, it is essential to take the right measures that will help them overcome barriers that might prevent them from taking part in the consultation process in the first place. This may mean SACs need to use visual aids in presentations, offer adapted facilities for disabled people, be flexible in timing, location, and transport issues.

SACs may also think in terms of accessibility of the specialty curricula and the consultation. Questions that might need to be considered include:

- Should the consultation be available online?
- Will there be opportunities to feedback via post, telephone conversations or one-to-one meetings?

4. Draft the consultation

Each stage of the specialty curricula review may require different methods of consultation. Regardless of the stage, SACs should make sure that they clearly set out the purpose of the consultation and what they are asking from stakeholders. For

the consultation and communications to be effective, they will need to be multi-faceted; SACs will likely need a wide range of communication tools and methods.

SACs will be consulting on the assessments of the generic components and all aspects of the specialty-specific content. Please remember that each high-level learning outcome will be assessed against the [Standards for Specialty Education](#), therefore, SACs will have to submit evidence of how each outcome reflects this. This should be clearly communicated to stakeholders in the consultation.

5. Plan and execute the consultation

Consulting with stakeholders is a time-consuming exercise. It is, therefore, useful to create a timeline indicating the various steps of the consultation to ensure deadlines are met.

The GDC requires SACs to submit their revised specialty curriculum by **1 October 2020**. It might be useful to work backwards from that date to ensure enough time is allowed for an effective consultation. The minimum standard is twelve weeks.

As a guideline, SACs can follow the following steps and fill in their own deadlines.

Task	Timeline Start January 2020
Clarify reason for consultation and define objectives.	1 week
Write an outline of the action plan and include: <ul style="list-style-type: none"> objectives consultation method stakeholders, including hard-to-reach groups how to feedback to stakeholders how to evidence consultation with stakeholders, including hard-to-reach groups. 	Allow several weeks to prepare the plan thoroughly.
Plan in time to evaluate the action plan with colleagues.	Allow enough time for colleagues to review the draft.
Identify costs and staff members involved.	
Depending on the consultation method, identify dates of meetings/forums/establish workshop dates.	Inform stakeholders of relevant workshop dates in advance.
Build in time to consult with SACs, align terminology and processes. Are there opportunities for them to engage in meetings?	Allow enough time for other SACs to input.
Draft the learning outcomes and examples with stakeholders.	Weeks or months depending on engagement method.
Draft the consultation material	2 weeks

Consider if there is a need to pilot the consultation first with stakeholders, including those with Protected Characteristics.	2-4 weeks
Send the consultation to stakeholders. Consider whether to make it available online and or print and post it too.	2-4 weeks
Run the consultation. Allow 12 weeks for all stakeholders to respond. Take into account national holidays.	12 weeks in total
Collate submissions and analyse responses.	2 weeks
Include feedback from submissions into redrafting the specialty curriculum or into a separate report.	1 week
Reconnect with stakeholders and show how their feedback has been taken into account. Is further follow-up required?	2-4 weeks
Rewrite the specialty curricula and consider whether to pilot. Take into account that a pilot can be very time-consuming.	2 weeks
Submit the application to the GDC.	

Step 6. Incorporate the results into the revised specialty curriculum

Reviewing quantitative data such as dental specialty curricula requires knowledge of the complexity of the topic. The next step entails drawing attention to areas of agreement and disagreement before SACs decide to (re)draft the specialty curricula.

Questions to consider when redrafting the specialty curricula:

- What are the next steps? Is there a need to consult or communicate with stakeholders again? If so, how will this be done, to whom, when and where?
- Is there an explanation to present to stakeholders for why certain high-level outcomes and examples will not be taken on?
- Are there outcomes and examples stakeholders agree on?
- Are there outcomes and examples stakeholders disagree on?
- Are there consistent views?
- Which results were expected?
- Which results are a surprise?
- Can the results be benchmarked against the consultation results of other SACs?

Step 7. Detail to the GDC feedback received and how this has been included (or not)

Stakeholders will need to know SACs have taken their feedback into account to encourage them to partake in future engagements. Therefore, it is important to communicate how this is done. Different groups of stakeholders may require different means of feeding back. For example, a trainee with Protected

Characteristics who undertook a pilot review might be more interested to see the detailed results of the consultation through a presentation than by email only. SACs may also want to consider feeding back the headlines of the consultation to their stakeholders via regular meetings and forums or schedule a follow-up workshop.

SACs will need to evidence how they have consulted with their stakeholders and how their input has influenced the curriculum in [section B](#) of the Template for Dental Specialty Training.

Appendix 1

Template for Dental Specialty Training Curriculum

November 2019

Introduction to Template

This template sets out the single required format for the submission of all thirteen dental specialty curricula to the General Dental Council (GDC) for approval.¹ It aims to provide clarity, consistency and standardisation of the format and language used in all specialty curricula.

Section A of the template has been developed to identify the purpose statement of the specialty curriculum. Section B asks questions about the broad areas of requirements as listed in Standard 2 and Standard 3 of the [Standards for Specialty Education](#). It also contains a section in which the SACs can identify the stakeholders they have consulted with and provide evidence of this. Section C identifies the common learning outcomes that should be demonstrated by all specialty training programmes in the United Kingdom regardless of specialty. Section D is for the SACs to draft the specialty-specific content of the curriculum; high-level learning outcomes, examples as well as assessment methods.

The template supports the continual development of dentists in specialty training ("trainees") and does not explicitly include those skills that a trainee would be expected to have acquired through earlier training. Some learning outcomes within this framework will be more important for some specialties than for others, and such emphasis will be detailed in [section D](#) of the relevant specialty curriculum.

The SACs, the constituent committees of the Advisory Board for Specialty Training in Dentistry (ABSTD), are responsible for and own the specialty-specific content and learning outcomes of the relevant specialty curriculum. They are also responsible for the choice of assessment of both the generic and the specialty-content of the curriculum. The Postgraduate Dental Deans and Directors (PGDD) are responsible for the delivery of the specialty curricula. All curricula must be approved by the GDC, and all future revisions of specialty curricula must be submitted conforming to this template in order to be considered for approval. Any changes to the template will be shared and communicated with the relevant groups in a timely manner.

Assessment of the learning outcomes in each specialty curriculum will be dependent on the assessment framework that has been developed for each specialty by the relevant SAC. Suggestions for potential assessment methods have been given in this template, but ultimately the assessments to be used by each specialty for the different outcomes will be left to the discretion of the relevant specialty. SACs must define the minimum levels that must be achieved in their specialty curriculum.

Successful completion of the relevant specialty training and assessment will lead to the award of a Certificate of Completion of Specialty Training (CCST) and successful candidates will be eligible to apply for inclusion on the relevant GDC

¹ The following specialty curricula have been approved by the GDC: Dental and Maxillofacial Radiology; Dental Public Health; Endodontics; Oral and Maxillofacial Pathology; Oral Medicine; Oral Microbiology; Oral Surgery; Orthodontics; Paediatric Dentistry; Periodontics; Prosthodontics; Restorative Dentistry; and Special Care Dentistry.

specialist list and be eligible to use the title of “Specialist”.

Structure

Each curriculum covers the full range of knowledge and skills required for achievement of a CCST in a particular Specialty. It comprises five domains. Four domains will be common to all specialty curricula and the fifth will be specialty specific key clinical skills to be defined by the relevant SAC. It will include the necessary assessment requirements that a trainee will be expected to achieve to progress.

Length of training

The four domains comprising the generic professional content are designed to be taught within at 3-5-year training programme.

Authorship and ownership

Section C of this template has been informed primarily by competences that were previously defined within the specialty training curricula and supplemented and supported by information from additional curricula (including Foundation and Core) that have been developed by other bodies. It is informed by the GDC’s [Standards for Specialty Education](#) (2019) and the General Medical Council’s work on generic professional capabilities.

This section has been developed in conjunction with the SACs representing all thirteen dental specialties in the UK, the Committee of Postgraduate Dental Deans and Directors in the UK (COPDEND) and the GDC. The GDC is the owner of the template and is responsible for keeping it up to date and will inform and, where relevant, involve stakeholders, when further amendments and revisions are made. The GDC thanks all individuals and organisations who have contributed to its development.

A separate practical guide to process of revision and approval of dental specialty curriculum and assessments is provided by the GDC on the submission and approval process.

Underpinning the curriculum

The GDC expects trainees to demonstrate appropriate personal and professional values and behaviours as set out in the [Standards for the Dental Team](#) and other relevant guidance.

The GDC’s professional guidance outlines a registrant’s fundamental professional responsibilities, including their duty of care to their patients. As dental registrants, trainees have a wide range of other professional responsibilities, relating to their roles as an employee, clinician, educator, scientist, scholar, advocate and health

champion. When embarking upon specialty training, a trainee is already expected to:

- act with honesty and integrity, and ensure patient confidentiality
- maintain trust by showing respect, and compassion for others, including patients, carers, guardians, colleagues and others, and accepting that patients, carers and guardians have insight into preferences for, and expertise about, their own condition and circumstances
- demonstrate awareness of their own behaviour, conduct or health, particularly where this might put patients or others at risk
- demonstrate appropriate professional values and behaviours, in terms of supporting colleagues, respecting difference, and working as a collaborative member of a team
- manage time and resources effectively, and demonstrate good organisational skills generally
- demonstrate a commitment to learn and reflect on what goes well and what goes less well in their professional life, including patient safety investigations and complaints, and where appropriate and necessary make changes to improve
- work within appropriate equality and diversity legislation and appropriate health and safety legislation
- maintain their professional legitimacy and credibility by successfully completing appropriate continuing professional development and statutory and mandatory training
- be accountable as an employee to their employer
- be professionally accountable within an appropriate clinical governance framework
- be aware of, and adhere to, the GDC's professional requirements, meeting the standards expected of all dental registrants.

Managing curriculum implementation

The curriculum outlines the minimum training requirements for delivery in a training programme. It guides trainers and trainees in the teaching, learning and assessment methods required for satisfactory completion of training. It is the responsibility of the Training Programme Director (TPD) and Health Education England (HEE), NHS Education Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA) or the Health Education and Improvement Wales (HEIW), with the assistance of the relevant SAC, to ensure that the programme delivers the depth and breadth of learning experiences required for completion of training in the Specialty. The TPD must ensure that each post or attachment within the programme is approved by the relevant deanery or Local Education Training Board (LETB).

The curriculum will be issued to all trainees on appointment to the specialty. TPDs and Educational Supervisors (ES) will ensure that trainers are familiar with the

curriculum and use it as a blueprint for training and learning. Trainers will ensure that trainees have a good understanding of the curriculum (including assessments), and this will be explored as part of the Annual Review of Competence Progression (ARCP) process. Trainers will assess the progress made by a trainee against the curriculum and successful completion of their work-based assessments. The TPD will oversee the availability and suitability of specialty experience within posts in rotations and will plan individual timetables to ensure that all relevant knowledge and skills can be achieved.

It is the responsibility of the ES of a particular post or attachment within a programme to ensure that the training delivered in their post meets the requirements of the relevant section(s) of the curriculum; and that the trainee can access the training provided and is receiving appropriate levels of clinical exposure. They must undertake regular appraisal of their trainee to ensure structured and objective oriented delivery of training.

Trainees must register and enrol with the Postgraduate Dental Dean (PGDD) on appointment to a specialty training programme and they will inform the relevant SAC using Form R ([Appendix 1](#) of the Dental Gold Guide 2018). They must familiarise themselves with the curriculum and with the minimum training requirements to satisfactorily complete each stage of training and the award of the CCST. They must also be familiar with the requirements of the relevant examinations and must make appropriate use of clinical logbooks and personal portfolios.

The ARCP process will support good practice, ensure that good practice is maintained, and assist in the identification of any deficiency in experience, skills or progression. Ongoing assessment will identify any lack of progress relative to the stage of training. Trainees, with the TPDs, ES and Clinical Supervisors, will identify their learning needs through regular reflection, training meetings, feedback and workplace-based assessments (WPBAs) or supervised learning events (SLEs). This will be summarised at the educational appraisal. The trainee will work with their TPD and ES to design the next phase of training so that it addresses training needs or competency gaps. The ARCP process will review the trainee's evidence to ascertain whether the phase of training has been satisfactorily completed and make a judgment about the trainee's suitability to progress onto the next phase. Trainees are expected to take personal responsibility for ensuring that learning needs are identified, reported and addressed.

The award of the CCST will be based on satisfactory completion¹ of all areas of the curriculum, ARCP process and summative assessment through the relevant examination. The PGDD will forward to the GDC a recommendation for award of the CCST. If the GDC accepts the recommendation, it will issue the CCST and place the trainee's name on the relevant specialist list once the appropriate application form and payment has been received from the applicant.

¹ Satisfactory completion means skills and experience laid out in the curriculum have been achieved.

Quality management

Quality management is the responsibility of HEE, NES, NIMDTA and the HEIW. The GDC will quality assure specialty training programmes. The SAC will ensure consistency within the specialty and will work with the Joint Committee for Postgraduate Training in Dentistry (JCPTD) and the Joint Meeting of Dental Faculties (JMDF) to develop mechanisms of equity in quality of training.

Quality assurance of specialty training

The GDC commenced the quality assurance of specialty training in February 2019. By the end of the year, we will quality assure the education providers NHS Education Scotland (NES) and Health Education London and Kent, Surrey and Sussex as well as the examination provider the Royal College of Physicians and Surgeons of Glasgow.

For the next three years, we will quality assure two education providers and one examination provider per year. This process will be reviewed annually and revised as appropriate. After we have quality assured all education and programme providers; we will review the process in its entirety with the aim of embedding it within the developing risk-based quality assurance process.

Curriculum review and updating

The curriculum will be evaluated and monitored by the relevant SAC as part of continuous feedback from Specialty Training Committees (STCs), TPDs, trainers and trainees and appropriate lay representation.

The curriculum must be submitted to the GDC for approval by the Registrar. The GDC will assess the submitted curriculum to ensure it is consistent with the [Standards for Specialty Education](#) and [Standards for the Dental Team](#) and other relevant guidance.

The curriculum will be reviewed every five years. In exceptional circumstances or for the facilitation of minor changes, the curriculum may be reviewed sooner at the discretion of the GDC and the relevant SAC. Further guidance will be forthcoming regarding the revision process, including the clarification of minor and major changes and timescales.

Curriculum review will be informed by a number of different processes related to the roles of stakeholders, e.g. SACs, TPDs, PGDDs, HEE, NES, NIMDTA and HEIW, trainers, trainees, NHS, local government (relevant to the Dental Public Health), patient/lay representatives and workforce planners. This will be coordinated by the SAC, supported by guidance from the GDC.

Evidence, appraisal and assessment

The GDC encourages excellence in the practise of specialist dentistry and expects training programmes to support trainees to succeed in their training and achieve the highest of standards.

Curricula will be delivered by providers (trusts, health boards, or universities) in a particular area on behalf of HEE, Public Health England, NES, NIMDTA or the HEIW.

The relationship between specialists and trainees should facilitate frequent feedback. This should be supplemented by regular appraisal and annual evaluation through the ARCP, under the auspices of the relevant PGDD. Continuous appraisal throughout training should be undertaken by the ES and other senior members of staff.

The trainee should in the first place identify opportunities for assessment throughout their training. However, trainers and assessors should also identify opportunities. The trainee should choose the assessment tool, the procedure and the assessor. Assessments should be undertaken by a number of assessors and should cover a broad range of activities and procedures appropriate to the stage of training, including ensuring the appropriate level of clinical exposure.

At the end of training, trainees must submit to assessors evidence that demonstrates they have met the outcomes in the curriculum. Trainees should provide a broad range of validated evidence types.

Types of assessment methods/evidence may include:

- workplace-based assessment tools/supervised learning events, including, but not limited to, mini-CEX (clinical examination exercise), case-based discussions (CBD), direct observation of procedural skills (DOPs), procedure-based assessments (PBA) and mini-PAT (mini peer assessment tool)
- multi-source feedback (MSF) and team and peer assessment of training or teaching/team assessment of behaviour (TAB)
- portfolios
- evidence of reflective practice
- research projects
- multi consultation report
- feedback from patients, stakeholders and partners
- public and stakeholder engagement
- quality improvement projects

- publications/conference presentations
- research/taught degrees, diplomas or certificates
- management and leadership training and roles
- continuous professional development
- case conferences
- examinations.

Glossary

ABFTD	Advisory Board for Foundation Training in Dentistry
ABSTD	Advisory Board for Specialty Training in Dentistry
ACAT	Acute Care Assessment Tool
ACF	Academic Clinical Fellow
ARCP	Annual Review of Competence Progression
CAT	Critically Appraised Topic
CBD	Case-based Discussion
CCST	Certificate of Completion of Specialist Training
CEX	Clinical Examination Exercise
CL	Clinical Lecturer
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
CPE	Continuing Professional Education
SCRT	Specialty Curriculum Review Team
DOPS	Directly Observed Procedural Skills
FGDP	Faculty of General Dental Practice (UK)
GDC	General Dental Council
HcAT	Healthcare Assessment and Training
HEIW	Health Education and Improvement Wales
HEE	Health Education England
JCPTD	Joint Committee for Postgraduate Training in Dentistry
Mini CEX	Mini Clinical Examination Exercise
Mini PAT	Mini Peer Assessment Tool
MSF	Multi-Source Feedback
NES	NHS Education for Scotland
NHS	National Health Service
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number
PAT	Peer Assessment Tool
PBA	Procedure-Based Assessments
PGDD	Postgraduate Dental Deans and Directors

PHE	Public Health England
PDP	Personal Development Plan
RCS Ed	Royal College of Surgeons of Edinburgh
RCS Eng	Royal College of Surgeons of England
RCPSG	Royal College of Physicians and Surgeons of Glasgow
SAC	Specialty Advisory Committee
STC	Specialty Training Committee
TPD	Training Programme Director
VTN	Visitor Training Number
WBA	Work Based Assessment
WTE	Whole Time Equivalent

Bibliography

- Faculty of Medical Leadership and Management, *Medical Leadership Curriculum*. November 2013.
- General Medical Council, Generic professional capabilities—outcome of public consultation. February 2016.
- Specialty Advisory Committee for the Additional Dental Specialties, *Curriculum for Specialist Training in Dental and Maxillofacial Radiology*. October 2010.
- Specialty Advisory Committee for the Additional Dental Specialties, *Curriculum for Specialist Training in Oral and Maxillofacial Pathology*. May 2015.
- Specialty Advisory Committee for the Additional Dental Specialties, *Curriculum for Specialist Training in Oral Medicine*. July 2010.
- Specialty Advisory Committee for the Additional Dental Specialties, *Curriculum for Specialist Training in Oral Microbiology*. December 2012, revised June 2013.
- Specialty Advisory Committee for Dental Public Health, *Specialty Training Curriculum—Dental Public Health*. February 2010.
- Specialty Advisory Committee for Endodontics, *Curriculum for Specialist Training in Endodontics*. June 2010, revised 2015.
- Specialty Advisory Committee for Oral Surgery, *Specialty Training Curriculum—Oral Surgery*. February 2014.
- Specialty Advisory Committee in Orthodontics, *Curriculum and Specialty Training Programme in Orthodontics*. September 2010.
- Specialty Advisory Committee for Paediatric Dentistry, *Specialty Training Curriculum—Paediatric Dentistry*. June 2009.
- Specialty Advisory Committee in Restorative Dentistry, *Curriculum for Specialist Training in Periodontics*. June 2010, revised 2015.

- Specialty Advisory Committee in Restorative Dentistry, *Curriculum for Specialist Training in Prosthodontics*. June 2010, revised 2015.
- Specialty Advisory Committee in Restorative Dentistry, *Curriculum for Specialist Training in Restorative Dentistry*. April 2009.
- Specialty Advisory Committee for Special Care Dentistry, *Specialty Training Curriculum—Special Care Dentistry*. November 2012.
- UK Committee for Postgraduate Dental Deans and Directors, *A Reference Guide for Postgraduate Dental Specialty Training in the UK (The Dental Gold Guide)*. June 2016.

Template for Dental Specialty Curriculum (one to be completed for each specialty by the relevant SAC)

Please fill in this template as the submission to the GDC for the review of the specialty curriculum. The template is divided into four sections to describe the purpose statement, explain the fulfilment with the [Standards for Specialty Education](#), learning outcomes and examples for the generic as well as the specialty-specific content of the curriculum.

Section A - Specialty curriculum purpose statement Please detail the purpose statement in no more than 1000 words.	
Details about the Specialty Advisory Committee	
Specialty	
Name of contact person	
Job title	
E-mail address	
Phone number	
1. Please describe how the specialty protects the public against unwarranted claims of specialist provision.	Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. Click here for access.

<p>2. Please describe how the specialty protects the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry.</p>	<p>Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. Click here for access.</p>

<p>3. Please describe how the specialty supports provision of specialist care for patients by supporting patient referral/access to specialist care' as part of effective patient pathways.</p>	<p>Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. Click here for access.</p>

4. Please describe how the specialty supports development of scientific knowledge and education in connection with the purposes listed above.	Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. Click here for access.

5. Please describe how the specialty supports the development of scientific knowledge and education in connection with the purposes listed above.

Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)

<p>6. Please describe how the specialty is recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry.</p>	<p>Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. Click here for access.</p>

7. Please describe how the specialty responds to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)

Section B - Guidance for how the specialty curriculum meets the GDC Standards.

Please fill in the third and fourth columns of this template.

Question	Standard	Guidance/SACs to complete	Evidence/SACs to complete
1. Describe what quality framework is in place and identify issues of improvement.	<p>P8 and E1 - Programme providers as well as examination providers must have a quality framework in place that details how the quality of the programme is managed. This will include ensuring necessary development to programmes and examinations that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function.</p> <p>P9 and E2 - Programme and examination providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, must be addressed as soon as possible.</p> <p>P10 and E3 - Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context.</p> <p>P11 - The programme provider must have systems in place to ensure the</p>	<p>Please describe the quality management processes in place within the college or faculty, including mechanisms for collecting data that will explain how to identify concerns and how to ensure improvement of the specialty curriculum.</p> <p>In the description of the quality assurance process in place, please consider and describe:</p> <ul style="list-style-type: none"> • Who quality assures the assurance infrastructure and how often? • How does the outcome inform improvements? • What structures are in place to address concerns? • What processes are in place to address urgent issues? • What guidance is available? • How to use quantitative and qualitative data as part of the improvement process? 	<p>Types of evidence may include:</p> <p>P8 - Relevant policy, procedures and documentation supporting quality management of the programme, review policy and timeline, use of multisource feedback including patient feedback.</p> <p>P9 and E2 - Relevant policy and procedures including escalation process, whistleblowing policy, risk log with solutions and actions taken, relevant minutes from meetings.</p> <p>P10 and E3 - Relevant policy and procedures, information about external examiners and verifiers, Internal/external verification/quality assurance reports.</p> <p>P11 - Relevant policy and procedures, feedback from staff, patients and specialty trainees, audit reports, monitoring reports from the provider and from placement providers.</p>

	quality of placements/rotations to ensure that patient care and assessment in all locations meets these Standards. The quality management systems should include the regular collection of specialty trainee and patient feedback relating to treatment provided within placements/rotations.		
2. Describe how learners demonstrate achievement across the full range of learning outcomes.	<p>P12. To make a recommendation for the award of a Certificate of Completion of Specialist Training (CCST), programme providers must be assured that specialty trainees have demonstrated achievement across the full range of learning outcomes in the relevant specialty curriculum. approved by the GDC.</p> <p>P15. The programme provider must have in place management systems to plan, monitor and record the assessment of specialty trainees throughout the programme against each of the learning outcomes.</p>	<p>Please use the learning outcomes as a guide for planning how to assess whether a dentist in training has attained the learning that is required to be awarded a CCST.</p> <p>Please describe the assessment strategy and present the identified purpose of each element and how this relates to the learning outcomes in the specialty curriculum. Please also clarify how the programme of assessment will enable decisions to be made.</p>	<p>P12. Assessment strategy for the programme(s), assessment timetable, assessment records/central recording system, specialty trainee portfolio, specialty trainee progression policy and procedures, specialty trainee and progression statistics, exit strategy.</p> <p>P15. Relevant policy and procedures, central recording and monitoring system, external examiner reports.</p>
3. Describe the processes in place that ensure assessments are fit for purpose and how they are being kept that way.	<p>P13 - Examination providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Where appropriate, assessment conclusions should include more than one sample of performance.</p> <p>Providers must demonstrate a rationale for any divergence from this principle. Non-summative assessments must utilise feedback collected from a variety of sources, which may include other</p>	<p>Please describe the processes in place to ensure assessments are fit for purpose, consider and describe:</p> <ul style="list-style-type: none"> • The validity of the assessment e.g. in what way is it ensured that assessments measures effectively what it is intended to measure? • The reliability of the assessment e.g. in what way is it ensured that assessment is fair and consistent? 	<p>P13. Relevant policy and procedure, patient feedback forms and details of actions taken, patient/peer/customer comments, assessment records, minutes of patient forum, patient guidance/systems for giving feedback.</p>

	members of the dental team, peers, patients and/or customers.	<ul style="list-style-type: none"> • Are the task description and requirements unambiguous? • Is the language level appropriate to the learner's level? 	
4. Describe the processes in place that ensure assessments are fit for purpose and how they are being kept that way.	E4 - Examination providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Where appropriate, assessment conclusions should include more than one sample of performance.	<p>Please describe the processes in place to ensure assessments are fit for purpose, consider and describe:</p> <ul style="list-style-type: none"> • The validity of the assessment e.g. in what way is it ensured that assessments measures effectively what it is intended to measure? • The reliability of the assessment e.g. in what way is it ensured that assessment is fair and consistent? • Are the task description and requirements unambiguous? • Is the language level appropriate to the learner's level? 	E4 - Relevant policy and procedure, assessment records.
5. Describe how the range of assessment methods are proportionate to the learning outcomes and how they are quality managed.	P14 and E5 - Assessment must involve a range of methods relevant to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed.	<p>Please describe the assessment strategy and set out the rationale for the chosen assessment methods with regard to the various learning outcomes. Please also describe the rationale behind the range of assessment methods trainees are exposed to.</p> <p>Please consider and describe:</p> <ul style="list-style-type: none"> • Is the assessment capable of generating evidence consistent with the level of skills as set out in the learning outcome/examples? 	<p>P1 - Mapping and description of assessments, assessment development framework and meetings, internal programme review process, access to assessments used on a programme.</p> <p>E5 - Mapping and description of assessments, assessment development framework and meetings.</p>

		<ul style="list-style-type: none"> • Does the assessment focus on larger themes covering connected outcomes? • How to analyse trainee achievement systematically to understand learning gaps? • What are the processes in place to modify, refine and develop assessments to better support learning? 	
6. Describe the educational approaches and learning opportunities necessary to meet the outcomes of the specialty curriculum.	P16 - Specialty trainees must have exposure to a breadth of patients/procedures which reflects the specific specialty. They should also undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competence to achieve the relevant GDC-approved learning outcomes.	<p>Please describe the appropriate learning opportunities and educational approaches that are available. For example:</p> <ul style="list-style-type: none"> • Learning with peers. • Personal study. • Formative assessments. • Simulation. <p>Please describe the methodology in place that ensures that trainees are assessed at regular intervals. Please also describe how assessments are designed and organised to help trainees achieve the learning outcomes.</p>	P16 - Relevant policy and procedures, central recording system, clinical treatment records, assessment records, competency sign off policy and procedures, specialty trainee portfolio.
7. Describe how performance of the trainees is managed.	P - 17 The programme provider should support specialty trainees to improve their performance by providing regular feedback and by encouraging trainees to reflect on their clinical and professional practice.	<p>Please describe the processes in place, policies and procedures, that ensure constructive feedback is giving to trainees at regular intervals during their training and before they attempt to sit the specialty exam. How have these procedures been developed?</p> <p>Please also describe how underperformance is identified and managed within the context of the assessment method. Please set out what</p>	P17 - Relevant policy and procedures, specialty trainee portfolio, relevant training in reflection and receiving feedback, records of reflection, records of mentoring sessions and feedback.

		opportunities are given to trainees to improve, when this is done this information is made available.	
8. Describe the role and responsibilities of examiners and ensure they adhere to ED regulation.	P18 - Assessors must have the skills, experience and training to undertake the task of assessment, including, when necessary, registration with a regulatory body.	<p>Please add a description of the roles and responsibilities of the examiners within the submission, including their knowledge, skills and attributes. Assessors may include:</p> <ul style="list-style-type: none"> • Clinical Supervisors. • Educational Supervisors. • Other dental healthcare professionals. <p>Please also ensure that assessors include those with Protected Characteristics.</p>	P18 - Relevant recruitment and appointment policy and procedures, list of assessors/examiners showing qualifications, training, experience, and registration status, assessor calibration and recalibration, external examiner/verifier reports.
9. Describe the process for benchmarking assessors via external examiners.	P19 and E7 - Programme providers must document external examiners/assessors reports on the extent to which examination and/or assessment processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted.	<p>Please describe the systems and processes in place that ensure assessors assess to agreed standards. This should include available guidance documents to ensure assessors can make judgements about trainees' performance and behaviours to an agreed standard.</p> <p>Please consider and describe:</p> <ul style="list-style-type: none"> • How do assessors distinguish between different levels of performance? • What is the feedback given to assessors and what are the opportunities given to them to ensure they can raise queries related to the examination process? 	P19 - External examiners'/assessors' reports, records showing actions taken.
10. Describe the standard setting methodology for the assessment.	P20 and E8 - Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff	Explain the methodology that clearly set out how standards have been set that describe the expected levels of performance.	P20 and E8 - Relevant policy and procedures including managing bias, specialty trainee and staff handbook, clear marking/assessment criteria and

	involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified for programme providers only.	<p>The standard setting approach should be criterion referenced e.g. the standard should be based on a predetermined level of competency. If there is a need for more than one level to assess trainees, please indicate how each method informs the decision-rational related to the final pass-mark.</p> <p>Please consider and describe:</p> <ul style="list-style-type: none"> • What is the cut score, or minimum performance levels, that a trainee must adhere to? • Is the standard appropriate, feasible, credible, acceptable to stakeholders, evidence-based and academically acceptable? • Does compensation exist between question formats? Is so, please explain the approach taken • Is there a defensible rationale? • Has due diligence been applied? 	guidance, communication mechanism, records of review meetings, records of a range of assessors being used, standard setting procedures, arrangements for failed candidates, appeals process.
11. Explain how the specialty curriculum was developed.	Overarching requirement.	<p>Please explain how the specialty curriculum was developed in no more than 500 words. Think of how the following were developed:</p> <ul style="list-style-type: none"> • High-level learning outcomes. • Examples and incorporated key input from stakeholders, including hard-to-reach-groups. 	<p>Consulting with stakeholders is essential for the development of the specialty curricula.</p> <p>Please explain the consultation process and provide the following to the GDC within the submission:</p> <ul style="list-style-type: none"> • Description of the expertise of those involved in the development of the specialty curricula. • A statement or letter from the stakeholders confirming their

Section C – Generic Professional Content of the Specialty Curriculum

Domain 1: Professional knowledge and management

Outcome	Examples	Evidence
1.1. Demonstrate they can communicate effectively and respectfully	<p>They should do this with patients, relatives, carers, guardians, colleagues, dental profession, partner and stakeholder organisation and the public in the multidisciplinary team by:</p> <ul style="list-style-type: none"> • giving clear and accurate written and verbal instructions, and accurate and contemporaneous records of their observations or findings in English • demonstrating effective and sensitive consultation skills, including effective listening skills and other effective verbal and non-verbal interpersonal skills • adapting their communication style to suit others as appropriate, for example by using email, video conferencing tools, or any other communication tools suitable for individuals with disabilities or impairments and specifically with patients, relatives, carers, guardians and others by: <ul style="list-style-type: none"> ○ establishing a constructive dentist-patient partnership with the ability to demonstrate empathy and compassion ○ sharing decision making by informing the patient, being candid with patients, ensuring informed consent, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and expectations <p>and specifically with colleagues in any relevant team by:</p> <ul style="list-style-type: none"> ○ promoting and effectively participating in multidisciplinary, inter-professional team working 	To be completed by the Specialty Advisory Committee
1.2. Demonstrate that they can share decision	<p>They should do this:</p> <ul style="list-style-type: none"> • with colleagues in the multidisciplinary team by: 	

<p>making, while maintaining professional behaviour and judgement</p>	<ul style="list-style-type: none"> ○ applying management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges ○ ensuring continuity and coordination of patient care and/or management of any ongoing work through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing • and individually by: <ul style="list-style-type: none"> ○ maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others, including shared decision-making with patients' consent ○ Recognising the need to ensure that publicly funded health services are equitable in their provision across all population groups and act to reduce health inequalities 	
<p>1.3. Demonstrate they can deal with complexity and uncertainty</p>	<ul style="list-style-type: none"> • showing appropriate professional behaviour and judgement in a wide range of clinical and non-clinical contexts and circumstances • managing the uncertainty of achieving specific outcomes • managing the uncertainty of success or failure • adapting management proposals and strategies to take account of patients' informed preferences, comorbidities and long-term conditions • supporting and empowering patient self-care and respecting patient autonomy 	
<p>1.4. Recognise their legal responsibilities and be</p>	<ul style="list-style-type: none"> • understanding, and adhering to, the principles of continuing professional development 	

<p>able to apply in practice any legislative requirements relevant to their jurisdiction of practice</p>	<ul style="list-style-type: none"> • demonstrating an awareness of other relevant legislation • understanding relevant guidance and law relating to equality and diversity, with an appreciation that legislation may differ between England, Scotland, Wales and Northern Ireland 	
<p>1.5. Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland</p>	<ul style="list-style-type: none"> • recognising the need to ensure that publicly funded health services are equitable in their provision across all population groups and act to reduce health inequalities • understanding the structure and organisation of the wider health and social care systems, including how services are commissioned, funded and audited • demonstrating an appreciation of how services are deemed to be clinically effective, cost effective or restricted such as on a 'named patient' basis • understanding how resources are managed, being aware of competing demands and the importance of avoiding waste • having an awareness of how services are held publicly accountable through political and governance systems, public scrutiny and judicial review • demonstrating an appropriate understanding of the legal aspects of digital and written records, understanding that legislation may differ between England, Scotland, Wales and Northern Ireland 	
<p>1.6. Recognise and demonstrate their role in health promotion, disease prevention and dental public health</p>	<ul style="list-style-type: none"> • understanding the factors affecting health inequalities and the social determinants of health and basic principles of public health • understanding the relationship of the physical, economic and cultural environment to health 	

	<ul style="list-style-type: none"> • understanding the basic principles of person-centred care, including effective self-management, self-care and expert patient support, appreciating the influence of ageing, dependency, multiple co-morbidities and frailty upon individual healthcare needs • understanding the principles of behaviour change and their role in supporting patients with it • understanding the role of national and local public health organisations and systems and how the role of a specialist supports these organisations in improving the public's health 	
Domain 2: Leadership and Teamworking		
Outcome	Examples	Evidence
2.1. Recognise the leadership role of a specialist and the range of skills and knowledge required to do this effectively	<ul style="list-style-type: none"> • demonstrating an understanding of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care • demonstrating an understanding of a range of leadership principles, approaches and techniques, where appropriate • demonstrating an understanding and application of different leadership styles, where appropriate • understanding the role of clinical networks and the importance of leadership across the health care system • showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care 	To be completed by the Specialty Advisory Committee

Domain 3: Patient safety, quality improvement and governance		
Outcome	Examples	Evidence
3.1. Recognise a professional duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	<ul style="list-style-type: none"> • understanding how to raise safety concerns appropriately through clinical governance systems, and how to learn from concerns raised • demonstrating a commitment to learn from patient safety investigations and complaints, including an understanding of root cause analysis for investigating and learning from patient safety incidents • raising and escalating concerns where there is an issue with patient safety, dignity or quality of care • demonstrating honesty and candour regarding clinical errors • demonstrating a clear understanding of patient safety incidents and health care provider responsibility with regard to reporting Never, Serious and Sentinel events in accordance with regulators' recommendations • demonstrating familiarity with relevant NHS improvement patient safety directives, understanding the importance of sharing and implementing good practice 	To be completed by the Specialty Advisory Committee
3.2. Recognise the impact of human factors on the individual, teams, organisations and systems	<ul style="list-style-type: none"> • enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings • protecting patients and colleagues from risks posed by personal health, conduct or performance • understanding the organisations responsible for governing the practice of the specialty and ensuring the safety of the patient 	

	<ul style="list-style-type: none"> demonstrating an appropriate understanding of information governance, data protection and storage 	
3.3. Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	<ul style="list-style-type: none"> using data to identify areas for improvement and employing quality improvement methods awareness of the design, conduct and implementation of audit and service implementation projects examining information from audit, inquiries, critical incidents or complaints, and implementing appropriate changes understanding the importance of patient and public involvement in decision-making at group level and when changes to services are proposed engaging with stakeholders, including patients, other dentists and managers, and other colleagues in the multidisciplinary team, to plan and implement change working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems 	
3.4. Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation	<ul style="list-style-type: none"> effectively measuring and evaluating the impact of quality improvement interventions recognising the individual oral health needs of patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities, or with a combination of these factors understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision 	

	<ul style="list-style-type: none"> understanding the issues around safeguarding and demonstrating awareness of when, why and how to inform the appropriate colleague(s) when concerns are identified 	
Domain 4: Personal education, training, research and scholarship		
Outcome	Examples	Evidence
4.1. Demonstrate that they can plan and deliver effective education and training activities for members of the dental team	<ul style="list-style-type: none"> providing safe clinical supervision of and effective learning opportunities for learners, and providing supportive developmental feedback respecting patients' wishes about whether they wish to participate in the education and training of learners evaluating and reflecting on the effectiveness of their educational activities promoting and participating in inter-professional learning (including with members of the wider healthcare team) demonstrating an ability to employ a range of teaching methods for individual and group teaching routine evaluation of teaching experience and evidenced reflection and changes to improve practice 	To be completed by the Specialty Advisory Committee
4.2. Demonstrate that they can critically appraise and interpret scientific/academic literature	<ul style="list-style-type: none"> demonstrating an ability to critically appraise available evidence interpreting data and draw conclusions relevant to patient management and work practices appreciating the role of both qualitative and quantitative methodological approaches in scientific enquiry having experience with the different research designs found in the hierarchy of evidence and what is meant by the quality of evidence 	

4.3. Keep up to date with current research and best practice	<ul style="list-style-type: none"> conducting literature searches and reviews to inform their professional practice locating and using clinical guidelines appropriately communicating and interpreting research evidence in a meaningful way for patients to support them making informed decisions about treatment and management demonstrating an understanding of stratified risk and personalised care 	
4.4. Understand what is required to participate in research in practice	<ul style="list-style-type: none"> understanding and having experience with the principles of clinical research, ethics approval and research governance demonstrating an understanding of good clinical practice 	

Section D - Specialty-Specific Content of the specialty curriculum

To be written by the relevant SAC. The following learning outcomes and examples are examples only, to be edited, adapted and finalised by the SAC as appropriate and in conjunction with the specialty-specific content of the curriculum. The learning outcomes need to describe the standards trainees must meet in order to progress and if successfully passed at the end of their training, to receive a CCST.

Domain 5: Key clinical skills

Outcome	Examples	Evidence
5.1. Demonstrate these key clinical skills, for the clinical specialties that involve direct patient contact	<p>History taking, diagnosis and healthcare management</p> <ul style="list-style-type: none"> taking a relevant patient history including patient symptoms, concerns, priorities and preferences performing accurate clinical examinations showing appropriate clinical reasoning by analysing physical and psychological findings formulating an appropriate differential diagnosis formulating an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required explaining clinical reasoning behind diagnostic and clinical management decisions to patients, carers, guardians and/or other colleagues 	<p>Types of evidence may include:</p> <ul style="list-style-type: none"> relevant policy, procedures and documentation supporting quality management of the programme review policy and timeline

	<ul style="list-style-type: none"> • appropriately selecting, managing and interpreting investigations (e.g. reviewing results) • understanding the challenges of safe prescribing for people at extremes of age, which includes neonates, children and frail or elderly people • assessing a clinical situation to recognise a drug reaction • managing adverse incidents and therapeutic interactions appropriately • accessing the current product literature to ensure medicines or products are prescribed and monitored according to most up to date criteria • making an appropriate risk benefit assessment with regard to the patient's preferences and circumstances • recognising if they are prescribing an unlicensed medicine <p>Using medical devices safely</p> <ul style="list-style-type: none"> • understanding the importance of being trained in the use of specialist medical equipment and devices • knowing how to safely operate medical devices after appropriate training • making sure medical devices are used safely by complying with safety checks, contributing to reporting systems, and following other appropriate maintenance, monitoring and reporting processes • understanding the design features and safety aspects associated with the safe use of medical devices <p>Infection control and communicable disease</p> <ul style="list-style-type: none"> • preventing, managing and treating infection, including controlling the risk of cross-infection • working appropriately within the wider community to manage the risk posed by communicable diseases. 	<ul style="list-style-type: none"> • use of multisource feedback including patient feedback
--	--	--

GDC Patient and Public Survey 2018/19 – For Publication

Purpose of paper	This paper requests approval to publish the Patient and Public Survey 2018/2019.
Action	The Council is requested to approve publication of the Ipsos Mori independent Patient and Public Survey 2018-2019 and the Ipsos Mori technical report. (Appendix 1 and 3), in line with the proposed publication plan at Appendix 2 .
Corporate Strategy 2016-19	Patients - Objective 1: To gain a full understanding of patients' needs and expectations so these can be reflected in all the work we do.
Costed Corporate Plan 2019-2021	Costed Corporate Plan 2019-2021: Theme: Using research and intelligence to understand the dental environment. Data and Intelligence Strategy and Action Plan: Implementation.
Decision Trail	<ul style="list-style-type: none"> • The Patient and Public Survey 2018-9 was included in the Policy and Research Plan approved by Policy and Research Board in November 2018 • On 3 September 2019, the SLT agreed that the report and proposals for its publication should be recommended to the Policy and Research Board (PRB). • On 12 September 2019, the PRB agreed to recommend to the Council the publication of the report and appendices, subject to amendments, which have now been incorporated.
Next step	Subject to the Council's approval, publication of the public and patients survey will go ahead as detailed in appendix 2 .
Recommendations	Council is asked to approve the publication of the Patient and Public Survey Research Report 2018/19 (Appendix 1) and Technical Report (Appendix 3) according to the Communications and Engagement Plan (Appendix 2).

Authorship of paper and further information	<p>Guy Rubin, Research Manager grubin@gdc-uk.org 020 7167 6109</p> <p>David Teeman, Head of Regulatory Intelligence 020 7167 6042 dteeman@gdc-uk.org</p> <p>Stefan Czerniawski Executive Director, Strategy sczerniawski@gdc-uk.org 020 7167 6322</p>
Appendices	<p>Appendix 1: Patient and Public Survey Research Report (Ipsos Mori)</p> <p>Appendix 2: Communications and Engagement Plan for the Patient and Public Survey report.</p> <p>Appendix 3: Patient and Public Survey Technical Report (Ipsos Mori)</p>

Executive summary

1. This paper is submitted in compliance with the Research Publication Protocol. On 3 September 2019, the SLT agreed that the paper and its proposals for publication should be presented to the Policy and Research Board (PRB). On 12 September 2019, the PRB recommended to Council that the report be published, subject to minor amendments, which have now been made.
2. The Council is, accordingly, requested to **approve** publication of Ipsos Mori's independent Patient and Public Survey 2018-19 Research Report (**Appendix 1**) and Technical Report (**Appendix 3**) according to our publication plan (Appendix 2).

Introduction and background

3. The GDC Patient and Public Survey has been conducted since 2011 and captures patient and public perceptions of the GDC and insights into dental regulation and policy.
4. The 2018/9 survey comprises a representative sample of patients and the public **n=1589** adults aged 15+ from across the UK and qualitative research through telephone depth interviews and a deliberative workshop.
5. This paper summarises the survey's development and fieldwork completed, key findings and their implications for the GDC with particular reference to Moving Upstream and for future research.
6. An brief 6 slide executive summary of key findings is provided at the beginning of Ipsos Mori's full report (Appendix 1). Overall, headline findings are in line with previous years, high levels of confidence in dentists (95% are satisfied with their dental care and treatment) and in dental regulation (74% were confident in the GDC's regulation of dentistry) and relatively low levels of complaints (7% had ever complained about a dental professional). Hence, while the publication

of the current survey is generally considered low risk, risks have been identified and are presented in paragraph 21, along with plans for mitigation.

7. The GDC has carried out an annual Patient and Public Survey since 2011. The survey is designed to capture patient and public awareness and perceptions of the GDC, and to provide insight into attitudes toward dental regulation and policy. The survey uses mixed methods research, comprising a representative survey of patients and the public aged 15 and over, drawn from across the four nations of the United Kingdom and qualitative research which allows for more in depth deliberative exploration of some of the issues included in the quantitative survey. The survey, analysis and reporting were provided by our independent contractor Ipsos Mori.

Survey development and fieldwork

8. **Coproduct**. To identify evidence needs and the issues to be included in the survey, content was produced in dialogue with staff from across the GDC and Ipsos Mori. Questions were cognitively tested with patients and the public and the final survey was amended in the light of this feedback. A workshop was held in July, bringing together members of the public, GDC staff and stakeholders to discuss key survey findings.
9. **Research instrument content**. The survey featured a series of question on patient satisfaction, healthcare and dental regulation which are repeated to allow for the results to be tracked over time. This years' survey has focused on generating evidence for the key Shifting the Balance and Moving Upstream workstreams. The content of the survey and qualitative instruments are included in the technical report produced by Ipsos Mori (see Appendix 3).
10. **Survey fieldwork**. The 2018/19 quantitative survey was carried out with a representative sample of 1586 adults drawn from across the UK in November and December 2018. The survey is stratified to allow for analysis of subgroups based on age, gender, UK nation and socio-economic status. Significance testing was completed at these subgroup levels and all significant results are presented. Analysis is fully explained in Ipsos's reports (Appendices 1 and 3).
11. **Qualitative fieldwork**. Research was carried out in February and March 2019 and comprised 10 in depth interviews and a deliberative workshop. Further details of the methodology can be found in the Ipsos's reports (Appendices 1 and 3).

Key findings and implications

Dental regulation and the GDC

12. **Confidence**. Almost three-quarters (74%) of public were confident in the GDC's regulation of registrants with respondents more likely to be fairly confident (52%) than very confident (21%). Patients that are from a (BAME) background were less likely to be confident (64% compared to 74%). Ipsos Mori suggest that this could be linked to another finding in the survey which found less confidence in the way dental care is delivered. This was 74% for BAME patients, compared with 84% for white patients. We intend to conduct further specific research to ascertain what lies behind these findings and, importantly, within our remit what we and what others can do to address these variations of experience and to determine the extent to which this is dentistry specific or part of a wider trend in healthcare regulation. One option under consideration, is to conduct research with the GDC patient and public panel; a boosted sample of BAME patients could be recruited for a mixed-method focused study.
13. **Priorities for dental regulation**. This year's survey featured questions designed to provide evidence relevant to our Shifting the Balance and the Moving Upstream agenda. Respondents were asked what we should be focusing on, out of three options they were asked to select the most important to them:
 - 13.1 **Prevention and FTP**. Nearly two-thirds (65%) thought that the focus should be equally on preventing bad practice and taking action against registrants that have serious complaints raised against them;

- 13.2 **Prevention.** Just over a fifth (22%) thought that the focus should be mainly on preventing bad practice;
- 13.3 **FtP.** Less than one in ten (7%) thought that the focus should be mainly on taking action against registrants that have serious complaints against them.

Promoting and maintaining public confidence in the dental profession

- 14. Via a workshop with public and patients, factors affecting confidence and GDC's role in maintaining confidence were explored; responses suggest that:
 - 14.1 confidence would be more negatively affected the **higher the number of people that were involved in an incident** (either as victims or as professionals) and the **longer its duration**;
 - 14.2 when the **risk to the public was greater**, confidence would be more negatively affected;
 - 14.3 confidence would be more negatively affected where **system-wide risks** were involved (as in the Bawa-Garba case), although this was related to public confidence in the system of health, rather than in the individual professional;
 - 14.4 public confidence was linked to the level of **trust in the profession as a whole**. Public confidence is linked to a **presupposition of trust in health professionals**, including dental professionals (unlike other professional such as journalists and politicians). As a result, patients felt that **individual incidents** would be **less likely to impact on wider public confidence** in the profession.
 - 14.5 the public see a **role for the regulators** in monitoring and **identifying early warning signs before an incident escalated** and had an impact on public confidence.
- 15. Survey analysis informs our consideration about the extent to which (and how) **regulation balances system wide and individual risk**. The focus on **early intervention** to identify risk aligns with the GDC's focus on **prevention and in developing a risk profile** that picks up early signs of performance and behaviour that may indicated enhanced risk.

Professionalism in dentistry

- 16. The qualitative and quantitative research explored what was most important to the public when thinking about professionals and professionalism in general and, specifically, in dentistry:
 - 16.1 Survey responses show that **Knowledge and expertise** are associated with defining professionalism (47%), while communication was seen as particularly relevant to healthcare, compared with other professions given the vulnerability of some patients.
 - 16.2 The evidence about the ethical underpinnings of professionalism was mixed. Although **honesty** was only identified by 13% of survey respondents as **key characteristic**, the qualitative research found that putting **patients ahead of profit** and being trusted to do so were key to participants' **definitions of dental professionalism**.
- 17. Survey analysis will **contribute to the evidence base** informing the Shifting the Balance workstream on **Professionalism**. Questions about professionalism also feature in the Dental Professional Survey which is currently being conducted with a sample of GDC registrants. A rapid assessment of evidence (RAE) looking at professionalism in dentistry is currently being conducted and further in-depth research with patients and registrants is planned as part of the professionalism workstream.

Providing feedback to a dental professional

- 18. **More** survey respondents said that they were very likely to **feed back in a negative scenario** (44%) than in a positive one (37%). The likelihood of feeding back **varies according to age and social grade**. Older people, 65+ (78%) and those in social grades AB (80%) were more likely to provide negative feedback than was the case for their counterparts aged 15-25 (66%) and for those in the DE social category (66%).

19. Survey analysis will inform the evidence base for the Shifting the Balance workstream on developing a model for complaints handling for first tier complaints and the profession wide complaints handling initiative.

Patients or consumers

20. Qualitative research considered in what circumstances patients considered themselves a patient or a consumer in relation to dentistry. Participants in the workshop thought that they could be **both consumers and patients**, and that their 'identity' was a continuum based on whether treatment resulted from **choice or need**.

Risks and considerations

21. Risk and considerations relating to the survey are outlined below.

Communications

The answers to the questions have been developed in collaboration with the communications team.

1. *Could the matter discussed in this paper have a potential impact on our reputation and/or our relationship(s) with patients, dental professionals and/or our partners?*

All communications activity comes with a degree of risk in terms of impact on GDC reputation and our relationship with stakeholders, this project represents a low risk.

2. *Will the matter discussed in this paper have to be communicated? Who to and when?*

Yes. Please refer to communications and engagement plan (Appendix 2)

Equality and Diversity

1. The sampling for the Patient and Public Survey includes representative quotas for age, gender and ethnicity. This allows for analysis and comparison of responses between different subgroups in the population and evidence of significant differences in responses on issues relevant to dental and regulatory policy. For example, BAME respondents (64%) were significantly less likely to be confident than white respondents (74%) that the GDC was regulating dentists and dental care professionals effectively.
2. There are a number of significant 'negative findings in the subgroup analysis by age, social grade and ethnicity. These include that that social grades C2, D and E were significantly less likely to be satisfied with their dental care and fewer participants aged 15-24 said they were likely to provide feedback. There are lower levels of confidence among Black and Minority Ethnic respondents (BAME) that the GDC is regulating dentists and dental care professionals effectively. The risk is that we are currently unable explain and work to address these findings (or decide if we need to) and therefore more specific research is needed.
3. No EIA was been carried out. The invitation to tender required contractors propose sampling and methods which enabled subgroup analysis and that provided for accessibility in methods and fieldwork. Reporting of the survey highlights all significant variations in responses by age, ethnicity, gender and social group.

Legal

1. The paper refers research conducted as part of the Patient and Public survey which refers to the duty to maintain and promote public confidence which is specified in the Dentists Act 1984.

Policy

How does this proposal impact GDC policy decision-making?

The survey has been designed to generate robust evidence on patient and public attitudes to the GDC and regulatory policy, particularly in relation to Moving Upstream workstreams. The research report is made available to the policy leads for the workstreams and findings drawn upon in developing policy. A risk could arise, if relevant evidence of patient and public perceptions and attitudes from the survey is not drawn upon in developing policy for the workstreams. This risk will be mitigated by our plan for disseminating the research to the policy leads for the relevant workstreams, and ensuring that the key findings and their implications for policy are understood and influence policy making. The Communication and Engagement plan set out how internal communication channels can be used to disseminate and embed knowledge of the key findings from the survey.

Resources

The cost for the annual Patient and Public Survey are included in the Research and Intelligence budget for 2019 and on into 2022.

National

The Quantitative survey is conducted with a representative sample of the public drawn from across four nations. This allows for comparative analysis between each nation and for statistically significant differences to be highlighted. We intend to review the scenarios used for qualitative research going forward and the terminology used in survey questions (i.e. dentists v dental professionals)

Recommendations

22. The Council is, accordingly, requested to **approve** publication of Ipsos Mori's independent Patient and Public Survey 2018-19 Research Report (**Appendix 1**) and Technical Report (**Appendix 3**) according to our publication plan (Appendix 2).

Appendices

23. **Appendix 1.** GDC Patient and Public Survey Research Report 2018-19 (Ipsos Mori).

24. **Appendix 2.** Communications and Engagement Plan for the GDC Patient and Public Survey.

25. **Appendix 3.** GDC Patient and Public Survey Technical Report 2018-19 (Ipsos Mori).

General Dental Council

Patient and public research

Report 2018-19

Anna Quigley, Rachel Worsley, Eileen Irvin, and Lauren Gower



Ipsos MORI
Social Research Institute

Executive summary

Introduction

- This report contains the findings of a quantitative survey of the general public carried out by Ipsos MORI on behalf of the GDC, supported by ten in-depth interviews with people who participated in the quantitative survey, and a deliberative¹ workshop that included both people recruited from the survey and from the general public. Overall, 1,589 adults aged 15 or over from across the UK took part in the survey². All differences mentioned are statistically significant, unless specified otherwise.
- The objectives of the research were: to track how opinions have changed against a set of baseline questions that were asked in the previous annual surveys; to capture and compare public and patient awareness and perceptions of the GDC, its performance and impact in fulfilling its regulatory roles and responsibilities; to obtain public and patient insight into key policy initiatives being developed by the GDC; to test public views and understanding of topical or current issues in dentistry/dental regulation; and to identify emerging policy issues that are relevant to the GDC.

Personal experiences

- **The public are generally positive about their experiences of going to the dentist (this was the terminology used in the questionnaire), although there was some variation by demographic groups.**
- Participants in the qualitative work generally had positive associations with professionals' skill and competence. However, they had more negative associations with going to the dentist, including expectations around pain and expense, making the experience seem daunting.
- Overall levels of satisfaction with dentistry have remained consistently high in the survey (between 95% and 97% since 2013³). However, there was still variation of experience between demographic groups, particularly by age and social grade.
- General confidence in the last dental professional patients saw was also very high (95%)⁴, with positive responses being driven by whether the problem was resolved (36%), the standard of care (34%) and politeness (33%)⁵. However, previous experience (either at that practice (23%), or with dentists more generally (17%) was the main reason for not having confidence⁶.
- Around half the public (53%) said that nothing had stopped them going to see a dentist for a regular check up in the past, with not having the time (12%) being the top reason where something had stopped people.

¹ Deliberative research focuses on participants' viewpoints after they have been given additional information and been able to deliberate a topic.

² Percentages for the survey responses in this summary are based on all participants unless specified otherwise.

³ This question was asked of all those who see a dentist at least once a year (1,153 in 2018 and 1,063 in 2013)

⁴ This question was asked of all those who had ever been to a dentist (1,543)

⁵ The base of these percentages are people who said they had confidence in their dentist (1,461). Respondents could give multiple answers.

⁶ The base of these percentages are people who said they did not have confidence in their dentists (72). Respondents could give multiple answers.

Executive summary

Professionalism in dentistry

- **Knowledge and expertise were seen as vital for professionalism, but this was underpinned by other factors such as trustworthiness.**
- Knowledge and expertise were most important to the public when thinking about being a professional across the research. For example, 47% selected this in the survey, and this was reflected in the qualitative research, which also showed that softer skills, like communication, were associated with being a professional, but to a lesser extent than expertise.
- Nonetheless, the vulnerability participants felt in healthcare scenarios meant that softer skills were still seen as more important for professionals working in healthcare than some other sectors, such as law.
- Cleanliness and appearance (selected by 25% in the survey) were seen not only as 'nice to haves', but also symbols of more important characteristics of professionalism, giving patients confidence in the dentist.
- Honesty was seen as less important in the survey (selected by 13% of participants), but participants across the research said that putting patients ahead of profit and being trusted to do this were important aspects of being a professional dentist.
- When considering scenarios for dental care professionals related to credit card fraud, drink driving and contact with social services in dentistry, participants:
 - Drew a clear distinction between the dental care professional's personal life and their professional life. Even if they felt something was morally wrong or criminally wrong, if it did not impact on the dental care professional's ability to do the job well, they did not question the professionalism of the that person.
 - Said that anything that affected the level of patient care that those working in dentistry could deliver made them question the professionalism of that person. However, if the circumstances changed and patient care was no longer impacted, this also changed views of that person and participants could see them as professional again.
 - Did not focus solely on the individual dental care professional. For example, in cases where they saw the wider team or practice as accountable in some way, they questioned the individual's professionalism less.

Executive summary

Public confidence in dentistry

- **Generally the public were confident in dental care, although there was variation by demographic groups. When an incident occurred, the impact on perceptions of the profession as a whole were influenced by key factors, including the scale and the perceived risk to the public.**
- When incidents had impacted public confidence, there were four main factors that influenced the scale of that impact among participants:
 - Broadly speaking, the more people involved in a case and the longer it went on for, the greater the perceived impact on public confidence.
 - The perceived risk an incident or case posed to the general public both at the time and in the future was seen to impact public confidence.
 - If the environment was seen to encourage the behaviour, or not to prevent or investigate it, this raised concern among participants that this could happen again and they questioned the wider system as much or more than the professionals involved.
 - Participants had both expectations of the standards to which groups or professions should be held and views of how trustworthy various groups were, which affected if they thought public confidence in that group or profession would be questioned. For those working in healthcare, expectations were high, but levels of trust were also high, which meant participants thought a case or scandal involving healthcare professionals would be less likely to impact public confidence in that profession overall.
- The public were generally confident in the way dental care was delivered overall (with 83% saying they were fairly or very confident), although this varied by age and ethnicity.

Executive summary

Perceptions of the GDC and regulation

- **Generally, the public were confident in the effectiveness of regulation. The majority felt it was important for regulators to focus equally on prevention as well as taking action when things go wrong.**
- Most of the public (76%) were confident that healthcare regulation works effectively. However, one in five (18%) were not.
- The majority of the public (73%) were also confident in the GDC, although this varied by ethnicity, how recently the participant had been to the dentist and how aware they were of the GDC.
- Personal experiences and levels of awareness of dental regulation were the main influencers on how confident participants were in the GDC as a regulator. Those with positive personal experiences, or who were more aware of dental regulation, tended to be more confident in the GDC.
- Overall, the majority of the public (65%) thought a regulator for dental professionals should focus equally on preventing bad practice and taking action against professionals who have had serious complaints made against them.

Being a consumer or a patient

- **The public had complex and conflicting views about the extent to which they wanted to feel like a consumer when accessing dental care.**
- Patients identified the ability to make a choice and being able to feed back as important features of being a consumer.
- These both linked to the nature of the relationship with the service provider, which was the key distinction for participants between being a consumer and being a patient. While participants thought that consumers were able to actively make choices, patients were felt to have their choices limited due to occurring at times of distress, emergency or need.
- However, participants thought that you could be both a consumer and a patient at the dentist. The extent to which this was the case varied by treatment, depending on views of how much they were necessary or a choice.
- To some extent participants valued being consumers and wanted to feel like consumers when visiting the dentist. However, there were concerns about being a consumer in a health setting as this contrasted with expectations around the NHS; participants expected and trusted dental professionals to make decisions on their treatment and worried that if they were consumers health professionals could prioritise finances over the best treatment.
- The public also had expectations around paying for treatments and levels of care. For example, the majority (68%) said value for money was important to them when thinking about dental treatment.



Ipsos MORI
Social Research Institute

Executive summary

Complaints and feedback

- **The public had rarely complained about a dental professional, but generally said they would feedback if something positive or negative happened, although this varied by demographics. They also felt there was more than could be done to make providing feedback easier.**
- Very few patients (7%) had ever complained about a dental professional¹. Of those who had never complained, a small but perhaps notable proportion (9%) had considered complaining². Both of these have stayed relatively consistent over time.
- Participants were equally likely to say they would feedback in a positive or negative scenario (72% and 73% respectively), although a higher proportion said that they were very likely to feed back in a negative scenario (44% compared with 37% in the positive scenario)³.
- Likelihood to feed back varied by age and social grade, with younger people and those from DE social grades less likely to feel comfortable feeding back than older people and those from AB social grades. In a negative scenario, 78% of those aged 65+ said they would feed back, compared with 66% of those aged 15-24. In the same scenario, 80% of those in AB social grades said they would feed back, compared with 66% of those in DE social grades.⁴
- Among those who were unlikely to feed back in any scenario, thinking that the practice would not act on the feedback (30%) and not knowing how to feed back (24%) were the top reasons.⁵
- Participants in the interviews were comfortable giving positive feedback informally, but wanted to give negative feedback in a more formal way, such as going to an external organisation. As a result, participants were not as aware of where they would go to deliver negative feedback.
- Where participants were not satisfied and had not felt able to give negative feedback, they said they were likely to leave the practice to show their dissatisfaction.

¹ This question was asked of those who had ever been to a dentist (1,543).

² This question was asked of those who had not, didn't know or preferred not to say if they had ever complained about a dental professional (1,440)

³ Participants were shown one of two scenarios: 795 were shown the positive scenario and 794 were shown the negative scenario

⁴ Subgroup bases for this question were as follows: Social grade AB (Neg scenario: 207), Social grade DE (Neg scenario: 162), Age 15-24 (Neg scenario: 143), Age 65+ (Neg scenario: 217)

⁵ This question was asked of those who said they were unlikely to feedback in either the positive or the negative scenario (411)



Executive summary

Cosmetic treatments

- **The public generally had clear and shared definitions for what was cosmetic and what was not, and felt most comfortable with forms of advertisement that did not involve members of staff, such as posters or leaflets.**
- There was generally a shared understanding among the public about what is considered cosmetic, based on whether or not a treatment is medically necessary. However, some treatments were harder to define or participants thought they could be both.
- The most common forms of advertising for cosmetic treatments patients have seen (posters (46%) and leaflets (37%)) were also the ones that they felt most comfortable with. Around half (50% and 53% respectively) said they felt these were appropriate ways for dental surgeries to advertise cosmetic treatments.
- Forms of advertising involving a member of staff – particularly unprompted – were less accepted by members of the public. One in ten (10%) said they were comfortable with a dentist mentioning cosmetic treatments without being asked, and even fewer (7%) if it was another member of staff, such as a hygienist.
- Where patients had been offered cosmetic treatments unprompted, most were not concerned by this (36% said they didn't care or think about it and 22% said it was nice to see it offered)¹. However, very few in the qualitative work included non-dental cosmetic treatments (such as botox) when thinking about cosmetic treatments, which suggests reactions to being offered this may differ to other treatments (such as teeth whitening).

¹ This question was asked of those who said that a dentist had mentioned a cosmetic treatment to them during their appointment without being asked (74).

Structure of this report

Page	Topic
9	<u>1. Introduction</u>
15	<u>2. Personal experiences of dental care</u>
23	<u>3. Professionalism in dentistry</u>
31	<u>4. Public confidence in dentistry overall</u>
40	<u>5. Perceptions of the GDC and regulation</u>
49	<u>6. Being a consumer or a patient</u>
55	<u>7. Complaints and feedback</u>
65	<u>8. Cosmetic treatments</u>
72	<u>9. Key learning</u>
76	<u>10. Appendices</u>

About this report

The structure of the report mirrors the topics covered in the research, presenting the quantitative survey and qualitative findings together. The report comprises findings from the quantitative analysis, together with material and verbatim quotes from the qualitative research where they add insight and extra depth². The final chapter draws together the main themes into conclusions for the General Dental Council (GDC) to consider.

Topline findings from the survey and copies of the discussion guide used in the qualitative discussion groups can be found in the appendices. Full data tables will be published and made available on the GDC's website.

Acknowledgements and publication of the data

We would like to thank Guy Rubin and Kristen Bottrell at the General Dental Council for their support and advice throughout the project. We would also like to thank all the members of the public who took part in the quantitative survey, in-depth interviews and deliberative workshop.

As the GDC has engaged Ipsos MORI to undertake an objective programme of research, it is important to protect the organisation's interests by ensuring that it is accurately reflected in any press release or publication of the findings. As part of our standard terms and conditions, the publication of the findings of this survey is therefore subject to the advance approval of Ipsos MORI. Such approval will only be refused on the grounds of inaccuracy or misrepresentation.

² Details of the methodologies used are included in the introduction.

1. Introduction



Ipsos MORI
Social Research Institute

Background and objectives

- This report contains the findings of a quantitative survey of the general public carried out by Ipsos MORI on behalf of the GDC, supported by ten in-depth interviews with people who participated in the quantitative survey, and a deliberative³ workshop that included both people recruited from the survey and from the general public. The GDC is a UK-wide dental regulator. It is independent of the government and the NHS, and has the role of protecting dental patients. In order to practise, dental professionals must be registered with the GDC.

Research objectives

- The key objectives of the research were as follows:
 - To track how opinions have changed against a set of baseline questions that were asked in the previous annual surveys in 2017, 2015, 2014, 2013, 2012 and 2011;
 - To capture and compare public and patient awareness and perceptions of the GDC, its performance and impact in fulfilling its regulatory roles and responsibilities;
 - To obtain public and patient insight into key policy initiatives being developed by the GDC;
 - To test public views and understanding of topical or current issues in dentistry/dental regulation; and
 - To identify emerging policy issues that are relevant to the GDC.
- As in 2017, 2015, 2014, 2013 and 2012, a qualitative research element was also included. Following the quantitative survey, ten in-depth interviews and a deliberative workshop were carried out to explore some of the topics in greater depth and gather further insights into underlying attitudes.

About Ipsos MORI

- Ipsos MORI is an independent social and market research agency working in accordance with the [Market Research Society Code of Conduct](#). As such, Ipsos MORI's work conforms to industry standards of impartiality, independence, data protection, and information security. The conduct of the research and the findings in this report are therefore not influenced by the GDC in any way, nor does the GDC have access to any of the personal responses of people who participated in the research.



Ipsos MORI
Social Research Institute

³ Deliberative research focuses on participants' viewpoints after they have been given additional information and been able to deliberate a topic.

About qualitative and quantitative research

- This research project employed both quantitative and qualitative methods, structured over two phases (quantitative and then qualitative).
- Greater detail on the methodology for this work and interpretation of the data are provided overleaf.
- This research was designed using co-production methods. This involved a workshop with GDC colleagues to discuss key areas and agree topics for the research, and whether the topics were more suitable for exploration in the quantitative or qualitative research. The survey was also cognitively tested⁴ with the public, to ensure the questions were appropriately understood.

Quantitative research

- The purpose of quantitative research is to gain a representative picture of what any given population thinks about certain issues. Therefore, from this survey we can say what the general public population thinks across areas related to dentistry, subject to certain margins of error.
- Quantitative surveys will typically involve interviewing a large sample of people to ensure margins of error are not too broad. Each person will be interviewed in the same way (in this survey, interviewers spoke to people face-to-face), with the interviewer adhering strictly to a pre-agreed questionnaire.

Qualitative research

- Qualitative research, on the other hand, is not meant to be representative, but instead is useful for exploring nuances in people's opinions and their motivations. It is ideal for exploring issues in depth, something that is not possible to do in a quantitative survey where interviewers cannot deviate from the questionnaire. As such, qualitative research discussions tend to be open-ended and free-flowing, based around a number of broad themes or topics.
- Typically, qualitative research involves speaking to much smaller numbers of people than quantitative research. There are a variety of qualitative research methods, including focus or discussion groups, and in-depth one-to-one interviews, either face-to-face or by telephone. This project involved telephone in-depth interviews and a deliberative workshop.
- The qualitative research in this work enabled us to explore in more depth, for some key issues, some of the nuances, motives and thought processes that may be behind the survey results, as well as around other areas of interest for the GDC.



Ipsos MORI
Social Research Institute

⁴ Cognitive testing is a technique used to test and improve survey questions, which involves administering those questions and asking participants about the thought processes they go through in answering those questions to uncover problems with those questions and to make recommendations for improvements.

The survey in detail

Methodology

- Quantitative questions were placed on the Ipsos MORI Capibus survey, a weekly face-to-face omnibus survey of a representative sample of people aged 15 and over in Great Britain. To achieve UK-wide coverage for the survey, this was supplemented with an additional standalone survey of people in Northern Ireland, and additional booster interviews were also carried out in Wales to ensure at least 100 interviews there. This meant that sufficient interviews were completed within each of the UK nations to provide more statistically robust results within each nation.
- The survey was carried out among 1589 adults aged 15 and over in the United Kingdom between 30 November and 12 December 2018.
- Quotas were set and data weighted to ensure a nationally representative sample of people aged 15 and over in Great Britain and Northern Ireland. This included down-weighting the additional interviews carried out in Northern Ireland and Wales. Quotas were based on age, gender and working status within region.
- Ipsos MORI and the GDC worked together to develop the survey questionnaire, and cognitive testing of the questionnaire was then carried out with members of the public prior to the start of fieldwork. A detailed summary of cognitive testing findings was shared with the GDC and fed into the subsequent finalisation of the questionnaire.

Interpretation of the data

- Where percentages do not sum to 100, this may be due to participants being able to give multiple responses to a question or computer rounding.
- An asterisk (*) indicates a percentage of less than 0.5% but greater than zero.
- Percentages which derive from base sizes of 50-99 survey participants should be regarded as indicative and are flagged as such.
- It should be remembered that a sample and not the entire population of adults aged 15 and over living in the UK has been interviewed. Consequently, all results are subject to potential sampling tolerances (or margins of error). In addition, significant differences are indicated in the text and are statistically significant at a 95% confidence interval. This means that the chances are 95 in 100 that this result would not vary more than plus or minus a certain number of percentage points (depending on the estimates and sample size) had the whole population been interviewed. Full details on sampling tolerances can be found in the [appendices](#).
- This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.
- Those who took part in the survey are referred to as the public, or as patients where they reported having visited a dentist.



Ipsos MORI
Social Research Institute

The qualitative research in detail

Methodology

- The qualitative research took place between 18 February and 22 March 2019.
- Ten people, who had taken part in the quantitative survey and expressed a willingness to participate in further qualitative research, took part in in-depth interviews via telephone. Each interview lasted approximately 30 minutes.
- Participants in the interviews were selected to be broadly reflective of the general population in terms of age, gender and social grade and included at least one participant from each of the four nations. They were also recruited to reflect a range of attitudinal factors expressed or experiences described in answers given to certain questions in the survey, to allow for more detail on these to be discussed. A full breakdown of the in-depth interview sample and the discussion guide can be found in appendix.
- A deliberative workshop was also carried out with participants include both participants who had taken part in the quantitative survey and expressed a willingness to participate in further qualitative research, and additional participants recruited separately.
- Participants in the workshop were selected to be broadly reflective of the general population in terms of age, gender and social grade. They were also recruited to reflect a range of attitudinal factors expressed in the survey or during recruitment. A full breakdown of the qualitative discussion group sample and the discussion guide can be found in appendix.
- The workshop took place in London and lasted 3 hours.

Interpretation of the data

- As noted earlier, the aim of qualitative research is to explore views and opinions in-depth in a way not possible in the format of a quantitative survey, rather than to provide a representative picture.
- Verbatim comments from the qualitative work have been included within this report. These should not be interpreted as defining the views of all participants, but have been selected to provide insight into a particular issue or topic.
- It is important to remember that, although the perceptions expressed through the qualitative work may not always be factually accurate, they represent the truth to those who relay them.
- Those who took part in the qualitative work are referred to as participants throughout this report.

Public and patient use of dental professionals

The introductory questions in the survey sought to establish the characteristics of the sample in relation to their use of dental services. These characteristics can be summarised and compared with the previous survey as follows:



Last visit to the dentist: Just over half of the public (55%) have visited a dentist in the last six months and seven in ten (68%) went to a dentist within the last 12 months. Eight in ten (78%) visited a dentist within the last two years, and just 4% have never been to a dentist. This is in line with the levels recorded in 2017.



Frequency of visits to the dentist: Half of the public (51%) have visited the dentist on average once every six months. This is in line with 2017 levels.



Length of time with current dentist or dental practice: Just under four in ten patients (38%) have been with their dentist for five years or less. This is in line with the levels recorded in 2017 (41%) and 2015 (37%). The majority have been with their dentist over five years (60%).



Private vs. NHS care: In line with the 2015 survey, around seven in ten patients (66%) only received NHS treatment during their last visit to the dentist, either paid-for (46%) or for free (20%). Two in ten (21%) received private dental care only, and this is similar to previous years (18% did in 2017 and 19% did in 2015). The proportion receiving both NHS dental care and private dental care has stayed consistent with previous waves (7% now compared with 10% in 2017).

Full details of these questions and results, including charts, can be found in the [appendices](#).

2. Personal experiences of dental care



Ipsos MORI
Social Research Institute

Personal experiences of dental care

This section looks at top-of-mind perceptions of dentistry, as well as levels of satisfaction and confidence among patients. Reasons for not attending a check-up in the past are also covered.

Summary

- Participants in the qualitative work generally had positive associations with dental professionals' skill and competence. However, they had more negative associations with going to the dentist, including expectations around pain and expense, making the experience seem daunting.
- Overall levels of satisfaction with dentistry have remained consistently high in the survey (between 95% and 97% since 2013). However, there was still variation of experience between demographic groups, particularly by age and social grade.
- General confidence in the last dentist patients saw was also very high (95%), with responses being driven by whether or not the problem was resolved (36%), the standard of care (34%) and politeness (33%). However, previous experience (either at that practice (23%), or with dental professionals more generally (17%) was the main reason for not having confidence.
- Around half the public (53%) said that nothing had stopped them going to see a dentist for a regular check up in the past, with not having the time (12%) being the top reason where something had stopped people.

Top-of-mind reactions to dentistry reflected feelings of vulnerability among patients



Participants in the deliberative workshop were asked what words came to mind when they thought about dental professionals.

Words associated with **expertise**, such as 'knowledgeable', and 'professional' were common, as well as words linked to being **supportive** or **reassuring during treatments**, such as polite and kind. What participants associated with being a professional overall was explored throughout the qualitative work and is outlined particularly in [section 3](#).

There were also common themes around cost and being seen as **expensive**, as well as **fear and pain**.

Participants said that, while they have positive associations with dental professionals, they saw the dentist surgery as somewhere they go because they have to and it can be a **daunting** or difficult experience.

The feelings of **vulnerability** that they associated with the experience of visiting the dentist was a theme across the qualitative work that influenced, for example, whether they saw themselves as a patient compared with a consumer. This is explored in [section 6](#).



It is a necessary evil.

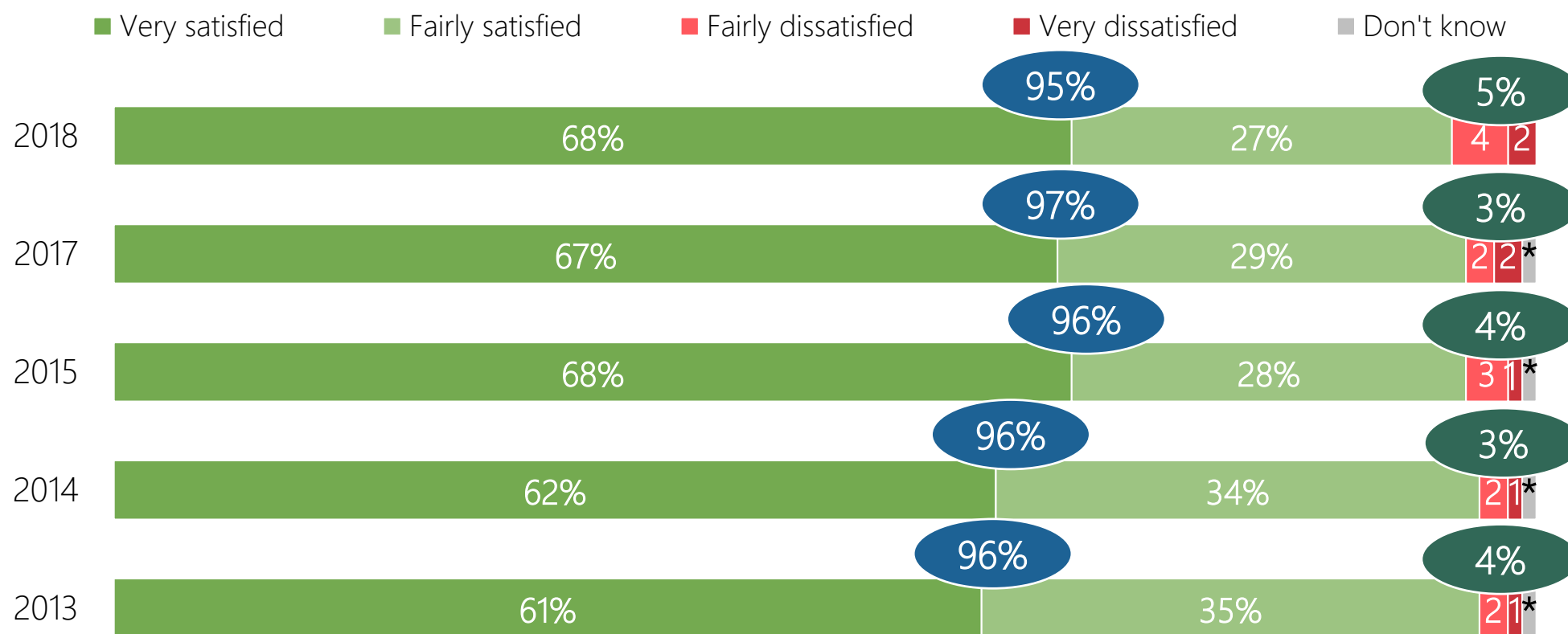
– Workshop participant, Male, aged 50+



However, patients overall were consistently satisfied with their experience of dental care and treatment

Patient satisfaction with dental care and treatment has remained consistently high since 2013 (between 95% and 97%). The percentage saying 'very satisfied' increased significantly from 2014 to 2015, from 62% to 68%, and this increase has been sustained since, with 68% saying they were very satisfied in 2018. This year, among those who have visited the dentist at least once a year, 95% were satisfied overall.

Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?



Ipsos MORI
Social Research Institute

Base: People who go to the dentist at least once a year: 2018 (1,153), 2017 (898), 2015 (898), 2014 (1,129), 2013 (1,063)

Source: Ipsos MORI

There was variation in satisfaction by social grade and age

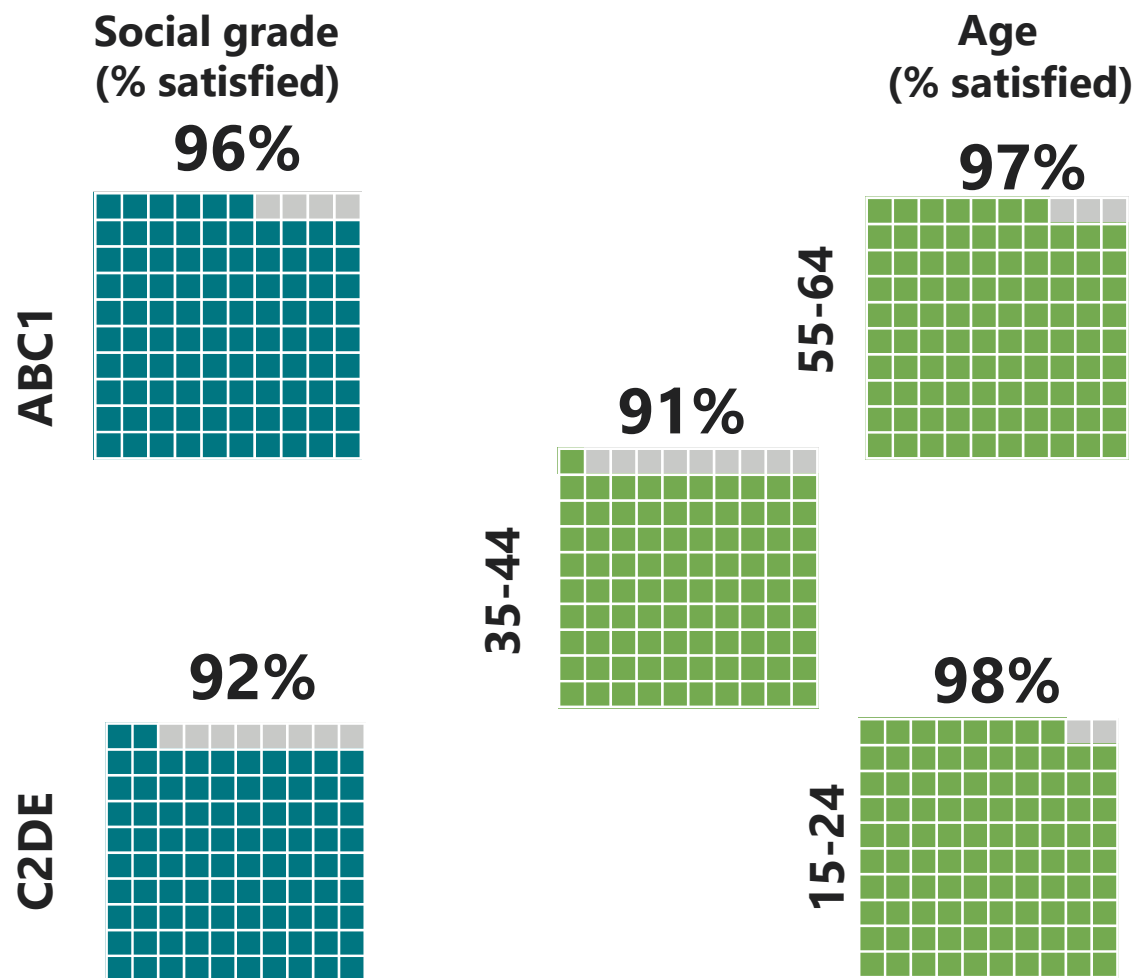
Social grade

- Social grade is a classification system based on occupation and it enables a household and all its members to be classified according to the occupation of the Chief Income Earner (CIE). AB includes households where the CIE is in a higher or intermediate managerial or professional occupation. DE includes households where the CIE is in a semi-skilled or unskilled manual occupation or not in work.
- Patients from social grades C2, D and E were significantly less likely to say they were *satisfied* with their own experience of dental care than those from higher social grades (92% compared with 96% of ABC1). They were also twice as likely to say they were *dissatisfied* (8% compared with 4%, which is statistically significant).

Age

- Compared with those in other age groups, participants aged 35 to 44 were significantly less satisfied with their dental care. Only 91% from this age group said they were satisfied, compared with 97% of those aged 55 to 64 and 98% of those aged 15 to 24.

Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?



Base: People who go to the dentist at least once a year: Social grade ABC1 (748), Social grade C2DE (405), Age 15-24 (201), Age 35-44 (120), Age 55-64 (195)

Source: Ipsos MORI



Ipsos MORI
Social Research Institute

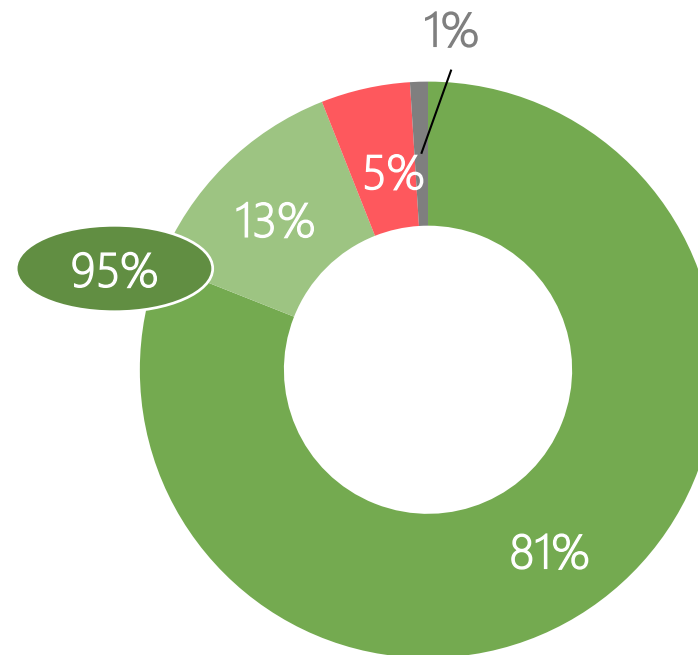
The majority of patients said they had confidence in the last dental professional they saw

Among those who had ever been to the dentist, the majority said they had confidence in the last dental professional they saw (95%), with four in five (81%) saying they were definitely confident. Only 5% said they were not at all confident.

Overall the public were also confident about the way dental care is delivered. For more details on general confidence in dentistry, please see [section 4](#).

During your last dental appointment, did you have confidence in the dental professional you saw?

■ Yes, definitely ■ Yes, to some extent ■ No, not at all ■ Don't know



Resolution of problems, standards of care and politeness were the top reasons for confidence the dental professional

Of those who said they were confident, the most common reason, given by over a third (36%), was that **the dental professional resolved the problem**.

A similar proportion cited good **standard of care or politeness** as the reason they had confidence (34% and 33% respectively), and 27% said good previous experiences made them confident in the dental professional.

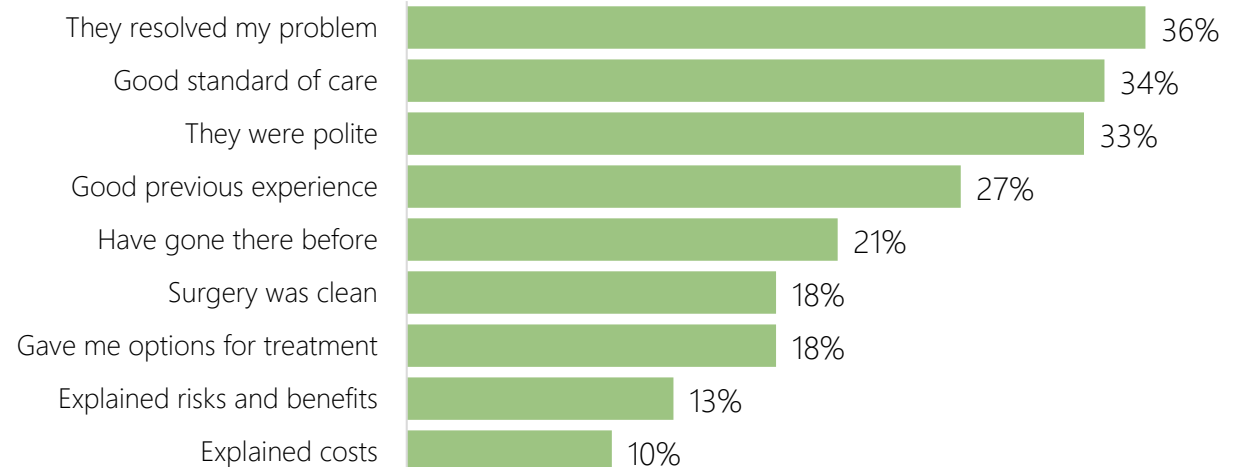
However, of those who had no confidence at all in the dental professional they had seen most recently, the most common reasons related to **negative experiences and standards of care**; 23% said they had had bad experiences at that practice, followed by 21% who said a 'bad standard of care' and 17% who had had a bad previous experience generally.



Ipsos MORI
Social Research Institute

And why do you say that? Unprompted responses of 10% and over

Those who had confidence in their dental professional



Those who did not have confidence in their dental professional



Base: People who said they had confidence in their dentist (1,461), People who said they did not have confidence in their dentists 72). Respondents could give multiple answers.

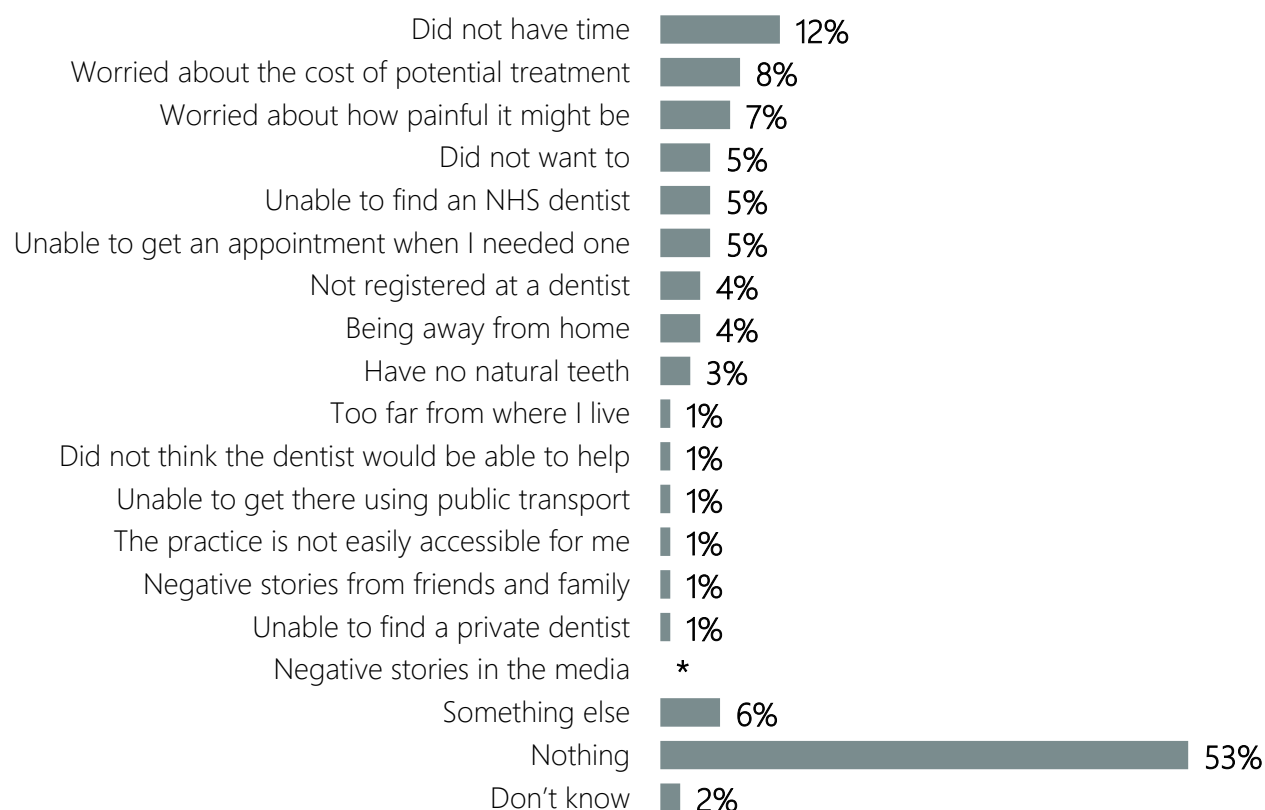
Source: Ipsos MORI

Very few said that something had stopped them going for a regular check-up

Around half of the public (53%) said that **nothing** had stopped them from going for a regular dental check-up in the past.

Just 12% gave the most common reason, **lack of time**, with fear about cost (8%) and fear about pain (7%) the next most common. These concerns reflect the top-of-mind qualitative findings outlined earlier, when participants said what came to mind when thinking about dentists or dentistry.

What, if anything, has stopped you going to see a dentist for a regular check-up in the past?



Ipsos MORI
Social Research Institute

Base: All respondents: (1,589). Participants could select more than one answer.

Source: Ipsos MORI

3. Professionalism in dentistry



Ipsos MORI
Social Research Institute

Professionalism in dentistry

This section looks at the characteristics the public associated with being a professional and being a professional in dentistry. It also discusses the tipping point in perceptions when considering a range of scenarios.

Summary

- Knowledge and expertise were most important to the public when thinking about being a professional across the research. For example, 47% selected this in the survey, and this was reflected in the qualitative research, which also showed that softer skills, like communication, were associated with being a professional, but to a lesser extent than expertise.
- Nonetheless, the vulnerability participants felt in healthcare scenarios meant that softer skills were still seen as more important for professionals working in healthcare than some other sectors, such as law.
- Cleanliness and appearance (selected by 25% in the survey) were seen not only as 'nice to haves', but also symbols of more important characteristics of professionalism, giving patients confidence in the dentist.
- While honesty was seen as less important in the survey (selected by 13% of participants), participants across the research said that putting patients ahead of profit and being trusted to do this were important aspects of being a professional dentist.
- When considering scenarios for dental care professionals related to credit card fraud, drink driving and contact with social services in dentistry participants:
 - Drew a clear distinction between the dental care professional's personal life and their professional life. Even if they felt something was morally wrong or criminally wrong, if it did not impact on the dental care professional's ability to do the job well, they did not question the professionalism of the that person.
 - Said that anything that affected the level of patient care that those working in dentistry could deliver made them question the professionalism of that person. However, if the circumstances changed and patient care was no longer impacted, this also changed views of that person and participants could see them as professional again.
 - Did not focus solely on the individual dental care professional. For example, in cases where they saw the wider team or practice as accountable in some way, they questioned the individual's professionalism less.



Knowledge and expertise were the most important signs of being a professional

In the deliberative workshop participants were asked what they associated with 'being a professional'. **Top-of-mind responses related to the qualifications and training** professionals were perceived to have. These continued to be important when discussing healthcare professionals, including having specialist expertise was the most important characteristic for dental professionals, as well as the quality of care provided. This reflected the findings in the survey in which nearly **half of the public (47%)** said 'knowledge and expertise' was associated with being a professional, closely followed by 'standard of care' (41%), and 'giving advice on the best treatment for me' (37%).

While for some, expertise meant having the appropriate qualifications, **others extended this to mean continual professional development** and being up-to-date with the latest treatments and equipment to be able to provide the highest standard of care.

Softer skills, such as having a 'compassionate nature' or 'being polite' were less commonly associated with being a professional (11% and 10% respectively said these in the survey). Although participants did mention softer skills being important for a dentist in the workshop, this was still not their main priority. In short, participants thought people could lack compassion, or not be polite or friendly, but still be a professional as a dentist or other healthcare professional.

Thinking about dentists as a whole, which if any, of the following do you associate with being a professional?

Participants selected up to three



Ipsos MORI
Social Research Institute

Base: All respondents: (1,589). Respondents may give multiple answers..

Source: Ipsos MORI

Other characteristics still shaped views of professionalism

Communication

- Communication was seen as essential to certain professions, but less essential in healthcare.
- For example, one group said that communication and knowing how to do this well was fundamental for teachers. Nonetheless, when asked in the workshop how they would identify whether a dentist had the knowledge they expected, or was giving them the right advice, participants relied on the communication skills of that dentist to reassure the patient.

Softer skills

- While overall there was less relative importance placed on softer skills for dentists, these skills were still seen as **more important for professionals working in healthcare than some other sectors**, such as law.
- As noted in [section 2](#), fear and the potential for pain were top-of-mind when participants spoke about dentists overall, and feeling physically vulnerable led participants to value softer skills.

Cleanliness and appearance

- Similarly, the dental surgery being clean and the appearance of the dentist were also 'nice to haves' rather than essential to professionalism, but they were also seen as **symbols of more important characteristics**. For example, having a clean environment and modern equipment gave people confidence that the dentist also had up-to-date skills and expertise.

Morals and ethics

- Finally, while 'honesty' was only chosen by 13% in the survey, suggesting more moral or ethical characteristics were of less importance, over a quarter (27%) said 'putting patients first and ahead of profit' was important. To some extent this reflects several tipping points or contradictory perspectives evident throughout the qualitative research and explored across this report. In this case, while honesty overall was again seen as less important, both in the qualitative and quantitative research **putting patients ahead of profit and being trusted to do this were important aspects of being a professional dentist**.
- Participants in the workshop were asked to discuss a series of dentistry scenarios for which information was added or changed to understand these tipping points in more detail. Groups then rotated, so each participant saw two scenarios.



Ipsos MORI
Social Research Institute

Scenario 1: credit card fraud

A dental nurse commits credit card fraud. While on reception, they used a dentist's credit card to pay for an online order of baby clothes and had them sent to their personal address. The dentist was in with a patient and not aware this was happening. When this was discovered the dental nurse was fired from her position and reported to the police, who took no further action.

- Generally, although participants agreed the staff member should have been fired, they **did not think this had a lasting impact on her professionalism**. If she was employed by another practice, they would assume that she had shown appropriately that this would not happen again.


- Their **concern was increased if this was a dentist, rather than a dental nurse**, as they said dentists have greater decision making responsibilities in their role. This relates to them trusting dentists to recommend the best treatments and not focus on profit.

- Similarly, participants saw baby clothes as a necessity; participants **changed their opinions slightly when the dental nurse used the credit card to buy a holiday**.


- However, their **largest concern was if the credit card used belonged to a patient**, rather than a colleague.

Scenario 2: drink driving

A dentist was caught driving above the legal limit but did not inform the regulator of this conviction, which anyone registered with the GDC is supposed to do for any kind of crime. It happened in their spare time, and they were not due at work the next day. They did inform their manager right away but forgot to inform the regulator.


- 
- Participants generally felt that as this had happened outside work, and in their own time, that this was **not related to whether or not they were a professional**. This was the case whether they were coming back from a social event like a party, or a more traumatic event like a funeral.


- 
- They were also **sympathetic to the dentist not informing the regulator**. However, they did raise concerns about the manager, who they felt also had a responsibility to inform the regulator or to ensure the dentist did.

- 
- Participants also had **similar perceptions even if the dentist had been caught using drugs**, although this did differ a little depending on the class of drug. However, where they did raise concerns about professionalism was where this was linked to addiction, due to fears that this could impact on patient care if the dentist was potentially drinking immediately before or during working hours.

Scenario 3: social services

The police have been called to the property of a dentist by his neighbours, as they were concerned about the way the dentist was shouting and screaming at his wife and children. Social services have insisted that the children are separated from him, and have given temporary custody of them to his wife's parents. However, they are working to reintegrate the family and organising supported visits between the dentist and his children.

- 
- Overall, participants felt this was **something entirely related to the dentist's personal life** and would not have an impact on them as a professional.

- 
- The only tipping point was **if these circumstances became too much of a distraction for the dentist**, and therefore impacting their ability to deliver good patient care at that time. However, if this was not the case, they were not concerned about this dentist being seen as a professional.

Across the scenarios there were three key themes

1. Personal life had limited impact on professional life.

Generally, participants drew a **clear distinction between the dental care professional's personal life and their professional life**. This meant that even if they felt something was morally wrong or criminally wrong, if it did not impact on the ability to do the job well, they did not think this impacted professionalism. This again shows the overriding importance placed on the expertise of the dental care professionals.

This distinction was clear even where something had happened during work time, such as in the credit card fraud scenario.

2. The tipping point was decided by the impact on patient care.

However, where it was felt **there might be an impact on patient care**, as was the case for stealing from a patient, turning up to work drunk or being too stressed to focus on patient care, participants tipped into thinking this impacted professionalism. Again, this reflects the importance placed on the quality and standards of care, and putting the patient first when thinking about being a professional.

Nonetheless, **for some scenarios this was seen as a temporary change**. For example, if a dental care professional was no longer stressed or had addressed their addiction, participants still thought that they could be a professional.

3. Some responsibility was seen to fall beyond the individual.

In all of these scenarios, participants also saw these individuals as part of a wider environment.

Therefore, where things had gone wrong, there was a perception that it was **the duty of the wider team to monitor each other, and ensure that the quality of patient care was being maintained**.

For example, in the drink driving scenario participants thought the manager had responsibility and questioned the professionalism of the manager in this instance.

Similarly, where the dental nurse had committed credit card fraud, it impacted on wider perceptions of the practice that this had been possible.

This questioning of the wider system was a theme that also arose in discussions around public confidence, as is outlined in the [next section](#).



Ipsos MORI
Social Research Institute

4. Public confidence in dentistry



Ipsos MORI
Social Research Institute

Public confidence in dentistry

This section looks at what factors influenced public confidence in dentistry, with reference to instances that have impacted public confidence in various organisations and/or professional groups, as well as some hypothetical scenarios in dentistry. It also looks at current levels of confidence in dentistry.

Summary

- When incidents had impacted public confidence, there were four main factors that influenced the scale of that impact among participants:
 - Broadly speaking, the more people involved in a case and the longer it went on for, the greater the perceived impact on public confidence.
 - The perceived risk an incident or case posed to the general public both at the time and in the future was seen to impact public confidence.
 - If the environment was seen to encourage the behaviour, or not to prevent or investigate it, this raised concern among participants that this could happen again and they questioned the wider system as much or more than the professionals involved.
 - Participants had both expectations of the standards to which groups or professions should be held and views of how trustworthy various groups were, which affected if they thought public confidence in that group or profession would be questioned. For those working in healthcare, expectations were high, but levels of trust were also high, which meant participants thought a case or scandal involving healthcare professionals would be less likely to impact public confidence in that profession overall.
- The public were generally confident in the way dental care was delivered overall (with 83% saying they were fairly or very confident), although this varied by age and ethnicity.

There were four 'influencers' on public confidence identified



- As part of discussions in the deliberative workshop, participants were asked for examples of occasions when public confidence in groups of people or professions had been brought into question. Examples included: the Harold Shipman case, Brexit, instances with a local council, and the Lehman Brothers case.
- Participants were also provided with three examples across a range of professionals with varying circumstances and outcomes. These were the MPs' expenses scandal, the News of the World phone hacking scandal and the Bawa-Garba case (full wording of these examples is included in the workshop discussion guide in the [appendices](#)).
- Finally, participants were provided with three hypothetical scenarios that could potentially impact public confidence in dentistry (full wording of these examples is listed below).
- Using all of these examples together, participants discussed the extent to which public confidence was impacted and what it was that impacted public confidence.
- There were four main influencers on public confidence identified across the groups. These all overlapped to varying degrees depending on the examples being discussed.

Scenario 1:

You see a news programme discussing how people use social media. As an example, one of the guests mentions a dentist at their local surgery who had posted pictures of themselves on Facebook with small bags of white powder and the heading "Ket Sundays".

Scenario 2:

You see a news story about dental technicians in remote areas doing work they are not qualified to do. This includes a mention of a recent case where a dental technician was reported for making dentures without a dentist referral.

Scenario 3:

You see a story on a news website about a local woman who has attacked an ex-boyfriend's new girlfriend on a night out. It includes a video of the two women yelling at each other, and one of them being physically restrained by some friends. The story includes the news that she has been arrested for assault. When you go to a new dentist a week later, you recognise her as the dental nurse in the surgery. You mention having seen the story to one of the senior members of staff, and they are clearly surprised, as they did not know this had happened.



Ipsos MORI
Social Research Institute

The perceived level of risk to the public and the wider context of a case influenced perceptions

1. The scale of the case or scandal impacted public confidence

Broadly speaking, the more people involved in a case and the longer it went on for, the more this was seen to impact public confidence for several reasons:

- Where a **large number of professionals** were involved it signified something inherently wrong in that profession overall.
- Where there were **multiple victims**, particularly over time, this was more shocking.

Perceptions about the scale of the case and length of time impacted views of the wider systems involved in many cases, including regulators, as is discussed later in this section.

For example, for the hypothetical dentistry examples, this being just one incident generally limited impact on public confidence.

2. The greater the perceived risk to the public, the more it was seen to impact public confidence

The perceived risk an incident or case posed to the general public, both at the time and in the future, was seen to impact public confidence. For example, there was **more concern about misuse of public money than corporate finances** when discussing why the MPs' expenses scandal was felt to impact more than something perceived to happen regularly in businesses.

There was also seen to be an increased risk in the Bawa-Garba case because of the patient death. However, as is noted overleaf, healthcare professionals fostered an overall sense of respect and trust which also shaped views.

[MPs Expenses] It was pretty widespread, some of it was outrageous. If you have a couple of bad apples in the barrel, it spreads.

– *Workshop participant, Male, 30-55*

Expectations of a profession and how trusted they were also influenced the impact on public confidence

3. Where other parties were seen to be partly responsible, public confidence in the wider system was questioned rather than public confidence in the professionals

If the environment was seen to encourage the behaviour, or not to prevent or investigate it, this raised concern among participants that this could happen again and they questioned the wider system as much or more than the professionals involved. For example, they discussed concerns about how MPs' expenses were being monitored or not.

In the Bawa-Garba case, rather than making participants question the individual, they questioned the wider system and suggested these perceptions impacted public confidence more. For example, they were less confident in the hospital where it had happened, because of staffing issues and the IT infrastructure there. This in turn meant they **questioned why this was not being monitored or regulated or had not been identified sooner**.

4. The relationship between expectations of a profession and the level of trust in that profession affected public confidence

Participants had both expectations of the standards to which groups or professions should be held and views of how trustworthy various professionals were.

For example, expectations of MPs were high, as they were seen to have a duty to protect the public. This meant participants thought the MPs' expenses scandal had a greater impact on public confidence than examples involving journalists or those working in finance, who were held to lower standards.

At the same time, participants said that they also did not trust politicians and, while this was also true of journalists, when combined with higher expectations of standards for politicians, this further elevated the perceived impact on public confidence.

For healthcare professionals, expectations were high, as they were responsible for patient lives, and, as noted in the previous section, participants themselves identified feeling vulnerable when needing a healthcare professional, including dental professionals. **Equally the risk to the public was seen to be high**, given one or more patients had died in the examples discussed.

However, levels of trust were very high in healthcare professionals relative to the other groups discussed. This is something shown in the Ipsos MORI veracity index⁵, for which nurses and doctors have been the most trusted for professions for some time, with 96% and 92% respectively of people saying they would generally trust them to tell the truth. By contrast, journalists and politicians are very far down the list, with 26% and 19% respectively saying they would trust them. This trust and respect meant that **participants said that examples involving healthcare professionals – including dental professionals – would be less likely to impact wider public confidence** in that group of healthcare professionals.



Ipsos MORI
Social Research Institute

⁵ Ipsos MORI, 2018. "The Veracity Index 2018", available here:

https://www.ipsos.com/sites/default/files/ct/news/documents/2018-11/veracity_index_2018_v1_161118_public.pdf

I was more shocked at the police. A journalist's job is to dig up the dirt.

– Workshop participant, Female, 30-55

I'm more worried about the politicians rather than the newspapers as the politicians run our lives.

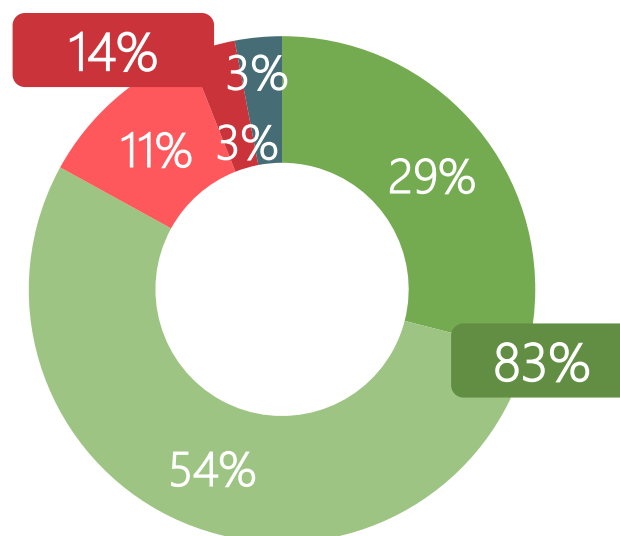
– Workshop participant, Female, 30-55

The public were generally confident in the way dental care is delivered

As with confidence in the last dental care professional patients saw, overall public confidence in dental care was high, with over four-fifths of the public (83%) saying they were confident in how dental care is delivered in the UK. However, 14% said they were not confident.

How confident, if at all, would you say you are in the way dental care is delivered in the UK?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- Don't know



There was variation in levels of confidence in the way dental care is delivered by age and ethnicity

Age

Compared with younger participants in particular, participants aged 35-54 were significantly less confident in the way dental care is delivered overall. Overall, 79% of this age group were confident, compared with 91% of 15 to 24 year olds.

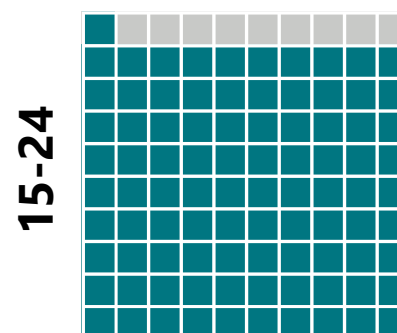
Ethnicity

Participants from Black and Minority Ethnic (BAME) groups were significantly less likely to be confident in the way dental care is delivered than those from white ethnic groups. Only three-quarters (74%) of BAME participants were confident, which is ten percentage points lower than those from white ethnic groups (84%).

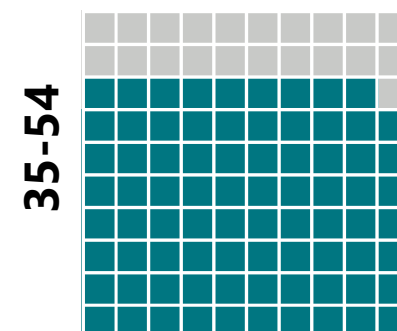
How confident, if at all, would you say you are in the way dental care is delivered in the UK?

Age (% confident)

91%



79%

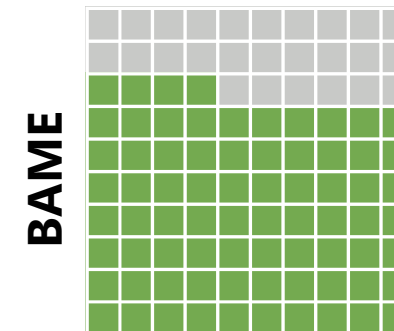


Ethnicity (% confident)

84%



74%



Base: All participants: Age 15-24 (263), Age 35-54 (388), Ethnicity White (1,429), Ethnicity BAME (139)

Source: Ipsos MORI



Ipsos MORI
Social Research Institute

5. Perceptions of the GDC and regulation



Ipsos MORI
Social Research Institute

Perceptions of the GDC and regulation

This section looks at perceptions of healthcare and dental regulation. It also looks at factors that influence confidence in regulation and levels of awareness in the GDC, as a dental regulator.

Summary

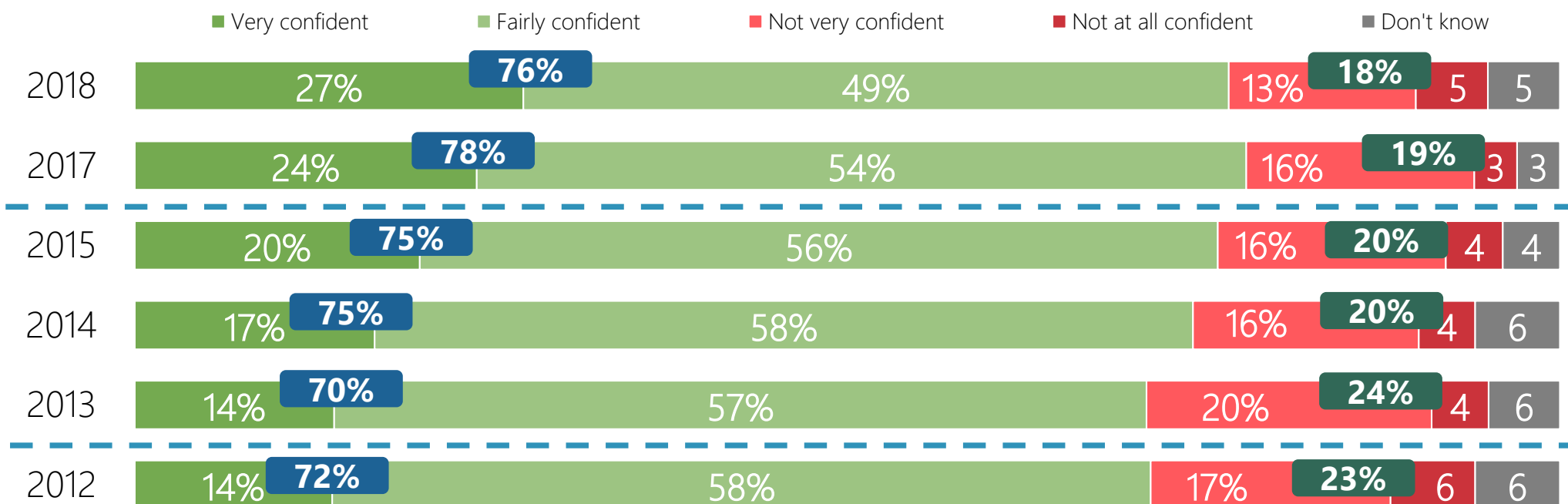
- Most of the public (76%) were confident that healthcare regulation works effectively. However, one in five (18%) were not.
- The majority of the public (73%) were also confident in the GDC, although this varied by ethnicity, how recently the participant had been to the dentist and how aware they were of the GDC.
- Personal experiences and levels of awareness of dental regulation were the main influencers on how confident participants were in the GDC as a regulator. Those with positive personal experiences, or who were more aware of dental regulation, tended to be more confident in the GDC.
- Overall, the majority of the public (65%) thought a regulator for dental professionals should focus equally on preventing bad practice and taking action against dental professionals who have had serious complaints made against them.

Confidence in healthcare regulation remained high

Overall, three-quarters of the public (76%) were confident that healthcare regulation works effectively. While the question wording had changed across years, where it remained consistent (between 2013 and 2015, and between 2017 and 2018) there were increases, particularly in those describing themselves as 'very confident'. Although this was not significant, it does suggest a possible trend.

However, nearly one in five (18%) of the public were not confident in health regulation generally.

Now thinking about healthcare generally (and not just dental care), how confident, if at all, are you that regulation of this works effectively?



In 2015, 2014 and 2013 the question was worded: 'Now thinking about healthcare, how confident, if at all, are you that regulation of this works effectively?' In 2012, the question was worded: 'How confident, if at all, are you that healthcare in general works effectively?'



Ipsos MORI
Social Research Institute

Base: All respondents: 2018 (1,589), 2017 (1,232), 2015 (1,259), 2014 (1,640), 2013 (1,603), 2012 (1,609)

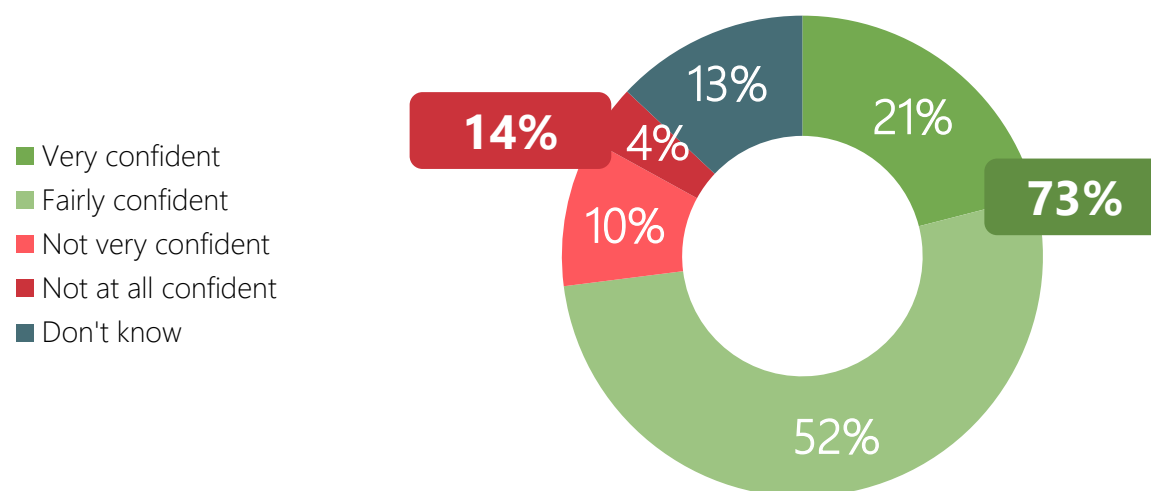
Source: Ipsos MORI

The public were also very confident in dental regulation

As with healthcare regulation overall, confidence in the effectiveness of the GDC was high, with nearly three quarters (73%) of people saying they were very or fairly confident.

Over half of participants (52%) said they were 'fairly confident' rather than 'very confident' in the GDC's regulation. In the in-depth interviews, where participants had a family member or friend who had had a negative experience, or they believed that a regulator would need to build up a body of evidence before a dentist was struck off, they thought that the GDC would not necessarily act immediately which is what made them 'fairly confident' rather than 'very confident'. These participants thought that very confident suggested that all dental care and regulation was perfect.

How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?



Confidence in the GDC also varied by ethnicity and how recently people had been to the dentist

Ethnicity

Participants from Black and Minority Ethnic (BAME) groups were significantly less likely to be confident in the way the GDC regulates dentists and dental care professionals than those from white ethnic groups (64% compared with 74%).

Although there are many possible reasons for this difference, it may be a reflection of differing levels of confidence in the ways dental care is delivered, as BAME participants were also less confident in the way dental care is delivered.

Last been to the dentist

Those who had not been to the dentist in the last 12 months were also significantly less likely to be confident in dental regulation than those who had (67% compared with 76%).

This may be partly due to those who had not been as recently feeling less able to comment (with 11% who had been in the last 12 months saying "Don't know" to this question, compared with 16% who hadn't been in the last 12 months)

However, this is also likely due to participants who had not been to the dentist in the last 12 months being less likely to have recently had a positive personal experience, to reassure them that dental care was working effectively.

How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?

Been to the dentist in last 12 months (% confident)

76%

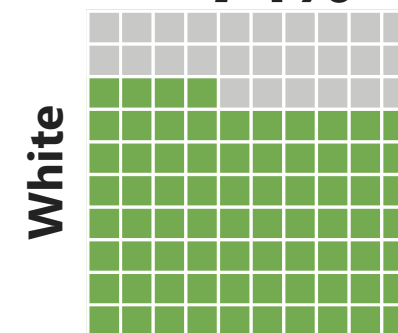


67%

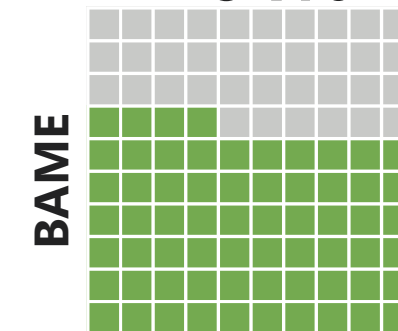


Ethnicity (% confident)

74%



64%



Base: All participants (Went to the dentist in the last 12 months (1,104), Have not been to the dentist in the last 12 months (485), Ethnicity White (1,429), Ethnicity BAME (139))

Source: Ipsos MORI

Personal experiences and levels of awareness of dental regulation are the main influencers on confidence in regulation

What makes you say that? Unprompted responses over 10%

Those who were very or fairly confident in GDC regulation – codes with more than 10%



Personal experiences were among the top two reasons why people said they were confident in GDC regulation. Two-fifths (40%) of people who gave a positive answer said this was because of good personal experiences.

Knowledge of regulation was also a big factor. Nearly a third (31%) of those who gave a positive response said this was because they knew dentists were regulated

Among those who said that they were not confident, personal experiences and knowledge of regulation were also important: just over a quarter (26%) said this was because they didn't know dentists were regulated, and nearly a quarter (23%) said this was because of bad personal experiences.



Ipsos MORI
Social Research Institute

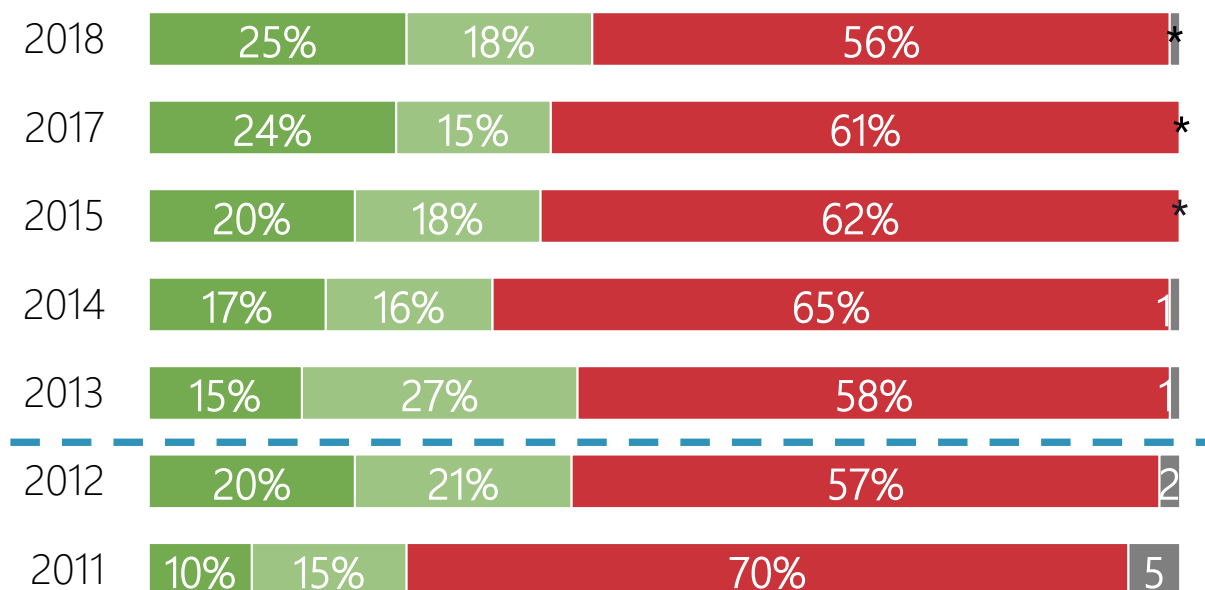
Base: People who said they had confidence in GDC as a regulator (1,175), People who said they did not have confidence in the GDC as a regulator (221). Respondents could give multiple answers

Source: Ipsos MORI

Awareness of the GDC also had a large impact on how confident the public were in the GDC as a regulator

Which of the following best describes how aware you were of the General Dental Council before this survey?

- I had definitely heard of the General Dental Council before
- I think I had heard of the General Dental Council before
- I had not heard of the General Dental Council before
- Not sure



In 2012 and 2011, the answer codes were worded: 'I have definitely heard of the General Dental Council before', 'I think I have heard of the General Dental council before', and 'I have not heard of the General Dental council before.'



Ipsos MORI
Social Research Institute

Base: All respondents: 2018 (1,589), 2017 (1,232), 2015 (1,259), 2014 (1,640), 2013 (1,603), 2012 (1,609), 2011 (1,563)

Overall, two-fifths of the public (42%) said that they had heard of the GDC before. This is consistent with previous years.

Over half (56%) said they had not heard of the GDC, which is lower than 2017 when 61% said they had not heard of the GDC.

Awareness and confidence in regulation are linked. The percentage of the public saying they are confident in the GDC is lower than the percentage confident in healthcare regulation overall. More than twice as many people said they "didn't know" how confident they were in the effectiveness of the GDC's regulation than those who "didn't know" how confident they were in healthcare regulation (13% compared with 5%).

Source: Ipsos MORI

Very few people thought regulation should focus mainly on taking action against dentists

Just 7% of the public said they felt a regulator for dental professionals should mainly focus on taking action against dentists with serious complaints.

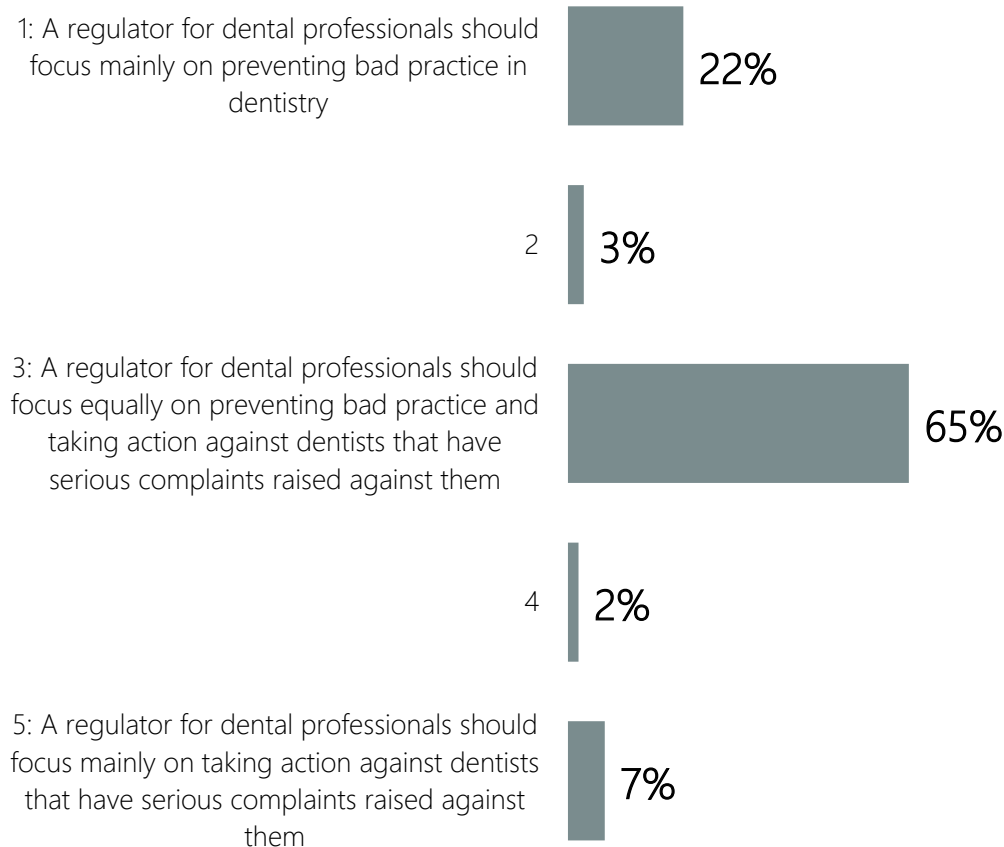
When asked on a scale of 1 to 5 which point best represents their views, the most common response was for a regulator of dental professionals to focus equally on **preventing bad practice and taking action against dentists following serious complaints** (65% selected this).

Looking at the balance across the five point scale, **a greater proportion opted towards prevention than towards taking action**. For example, alongside the 65% who said the focus should be equal, 22% said the focus should mainly be on preventing bad practice and a further 3% held views that fell between these two responses.

These findings may support the GDC's plan to move towards more 'upstream regulation'. When discussing this in qualitative in-depth interviews, participants described feeling that where things could be prevented, this was preferable, as taking action required something negative to have happened to someone.

When talking about prevention, people suggested ideas such as sharing best practice, training and proactively monitoring practices, as well as ongoing reassessment to ensure dental professionals were still meeting the expected standards.

Where on this scale best represents your views of what a regulator for dental professionals should focus on? Select any point in the scale from 1 through to 5.



Base: : All participants: (1,589)

Source: Ipsos MORI



Ipsos MORI
Social Research Institute

If you're having to take action, it's already gone too far ... If you can prevent it from happening, then that's the best outcome for everybody.

– In-depth interview, Female, 45-54

6. Being a consumer or a patient



Ipsos MORI
Social Research Institute

Being a consumer or a patient

This section looks at how the public defined the roles of patient and consumer. It also examines how these definitions impact their role when interacting with dental services and the public expectations around paying for treatment.

Summary

- Patients identified the ability to make a choice and being able to feed back as important features of being a consumer.
- These both linked to the nature of the relationship with the service provider, which was the key distinction for participants between being a consumer and being a patient. While participants thought that consumers were able to actively make choices, patients were felt to have their choices limited due to occurring at times of distress, emergency or need.
- However, participants thought that you could be both a consumer and a patient at the dentist. The extent to which this was the case varied by treatment, depending on views of how much they were necessary or a choice.
- To some extent participants valued being consumers and wanted to feel like consumers when visiting the dentist. However, there were concerns about being a consumer in a health setting as this contrasted with expectations around the NHS; participants expected and trusted dental professionals to make decisions on their treatment and worried that if they were consumers health professionals could prioritise finances over the best treatment.
- The public also had expectations around paying for treatments and levels of care. For example, the majority (68%) said value for money was important to them when thinking about dental treatment.

Being able to make choices and the relationships involved

distinguished consumers from patients



Participants in the deliberative work were asked in what scenarios they see themselves as consumers. The initial examples participants gave were times when they **purchased a product, experience, service or utility**. Participants then deliberated in more detail what defines being a consumer, with choice and feedback being identified as important features.



While paying for something was seen as part of being a consumer, it was the fact this represented being able to actively **make a choice** that was a key defining feature for participants.

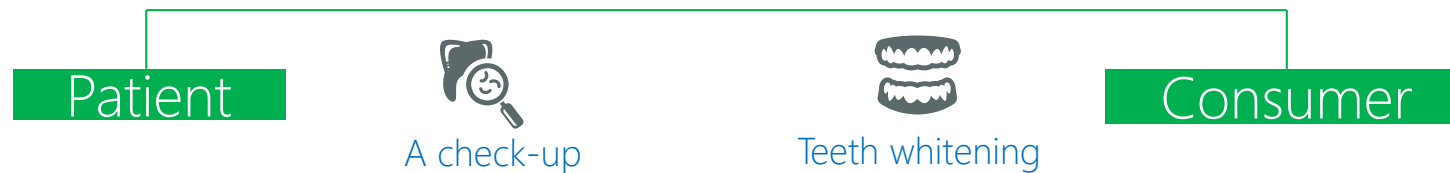
This was contrasted with being a patient in that being a patient often happened at **points of distress, emergency or need** which removed choice to some extent, particularly when compared with making a positive purchase such as a holiday.



Being able to **feed back** was also highlighted as a feature of being a consumer, with websites, such as 'Tripadvisor' being named.

Both of these points highlighted the main distinguishing feature that participants noted between being a consumer and being a patient: the nature of the relationship. As a consumer, participants felt like they had more control or were equal in the experience, whereas as a patient the fact that they were often more vulnerable and reliant on the knowledge of the professional to help at a point of need made the relationship dynamic very different.

There was a desire to be more like a consumer at the dentist



- Participants thought that you **could be both patient and consumer at the dentist**. For example, when talking about cosmetic treatment they thought this came with more choice, rather than need, and therefore meant patients felt more like consumers.
- This meant different treatments were on a scale of patient through to consumer based on a perception of how much they were needed and how much they were a choice. This also overlapped with having to pay for treatments.
- To some extent participants valued being consumers and **wanted to feel like consumers** when visiting the dentist. For example they wanted to be involved in choices that were made, something that reflected public perception in the survey.

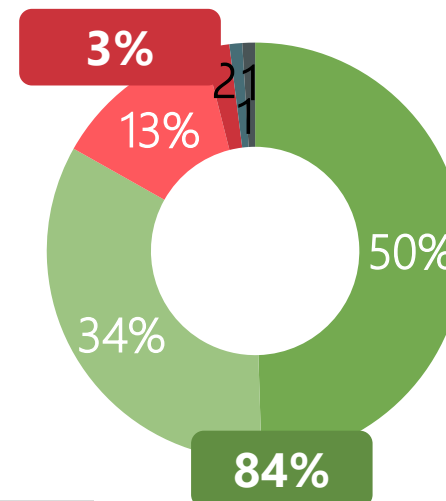
The majority of the public (84%) thought being involved in conversations about the choice of dental treatment was important, with half (50%) strongly agreeing with this.



Ipsos MORI
Social Research Institute

Being involved in conversations about my choice of dental treatment is important to me

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know



Base: All respondents: 1,589

Source: Ipsos MORI

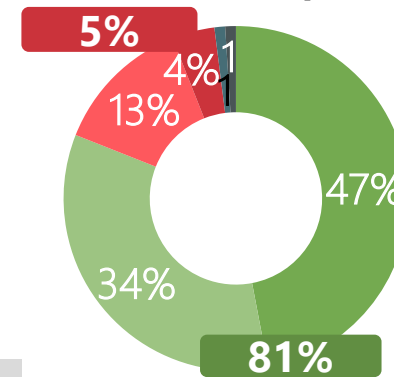
However, being a consumer also contrasted with other expectations

- When probed on being a consumer of dental care, perceptions were not as straightforward and were sometimes contradictory.
- While participants wanted some aspects of being a consumer at the dentist, this contrasted with expectations and associations with the NHS. Consumerism also came with greater potential for **dishonesty and removal of trust**, both of which underpinned what participants wanted from healthcare professionals. As noted in [section 3](#), after knowledge and expertise, giving advice on the best treatments and putting patient needs first or before profit were most commonly associated with professionalism in dentistry among the public.
- Again this reflected the survey findings when the public were asked the extent to which they agreed or disagreed with the statement: 'I always trust my dentist to recommend what is best for my treatment'.

While the majority think being involved in conversations about the choice of dental care is important, a similar proportion (81%) say they always trust their dentist to recommend what is best for their treatment.

I always trust my dentist to recommend what is best for my treatment

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know



Base: All respondents: 1,589

Source: Ipsos MORI



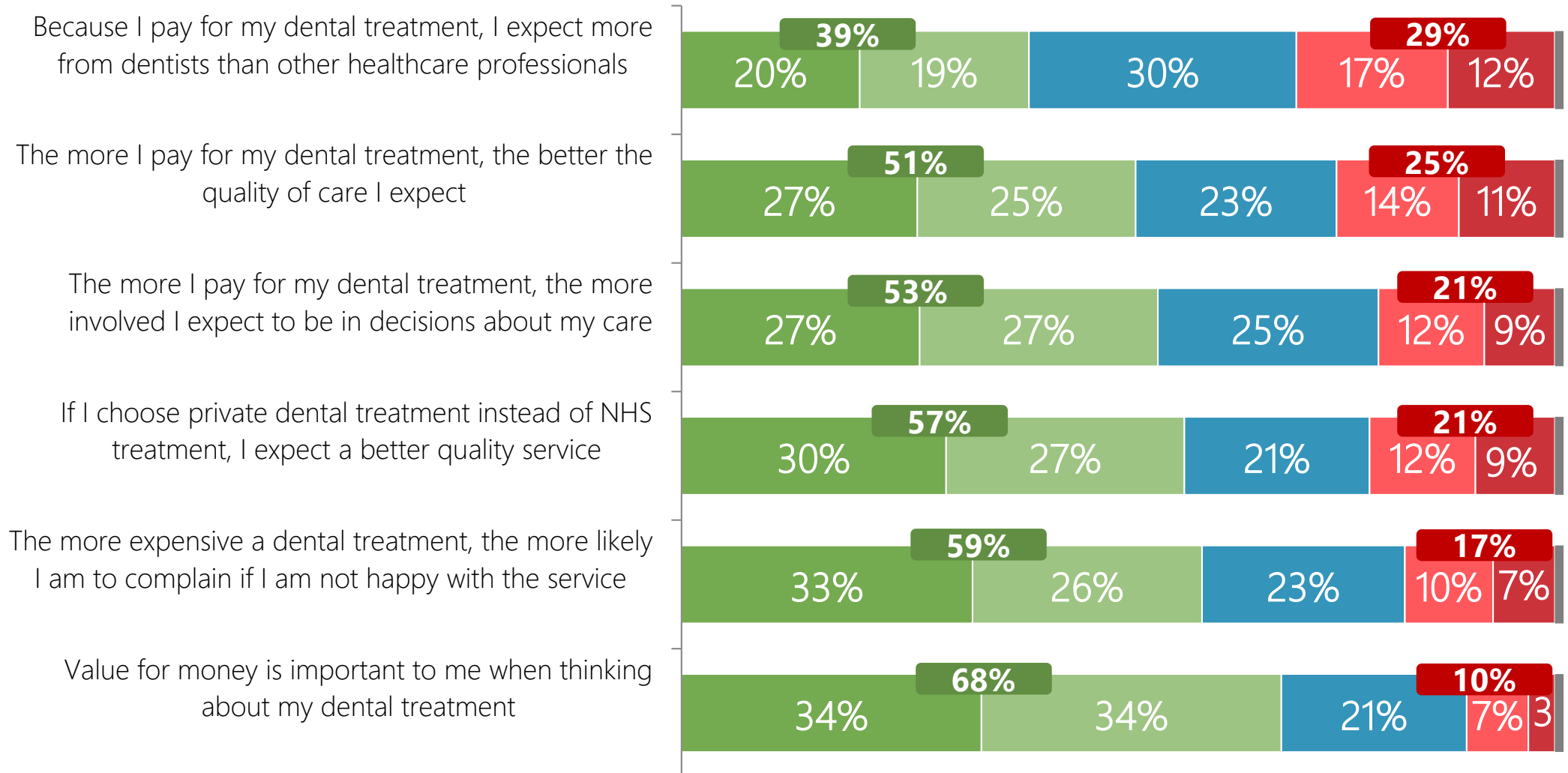
- Therefore, when thinking about being a patient or consumer, participants were **balancing their expectations** around healthcare, perception of **need and vulnerability**, and expectations around **paying for treatments** and positive experiences of **making choices** as a consumer. Therefore, moving too far towards being a consumer in dental care also came with risks for participants.
- This balance and contradiction was also seen in the survey, when the public were asked the extent to which they agree or disagree with statements around payment and value for money. Equally, in the in-depth interviews, participants thought people who paid for private treatment received a different level of care, but they did not think that this should be the case.



Ipsos MORI
Social Research Institute

The public had expectations of better care and value when paying

■ Strongly agree
■ Tend to agree
■ Neither agree nor disagree
■ Tend to disagree
■ Strongly disagree
■ Don't know



Ipsos MORI
Social Research Institute

Base: All respondents: 1,589

Source: Ipsos MORI

7. Complaints and feedback



Ipsos MORI
Social Research Institute

Complaints and feedback

This section looks at the scale of patient complaints, and how likely patients are to provide positive or negative feedback to a dental professional. It also looks at the outcomes patients expect following feedback being given.

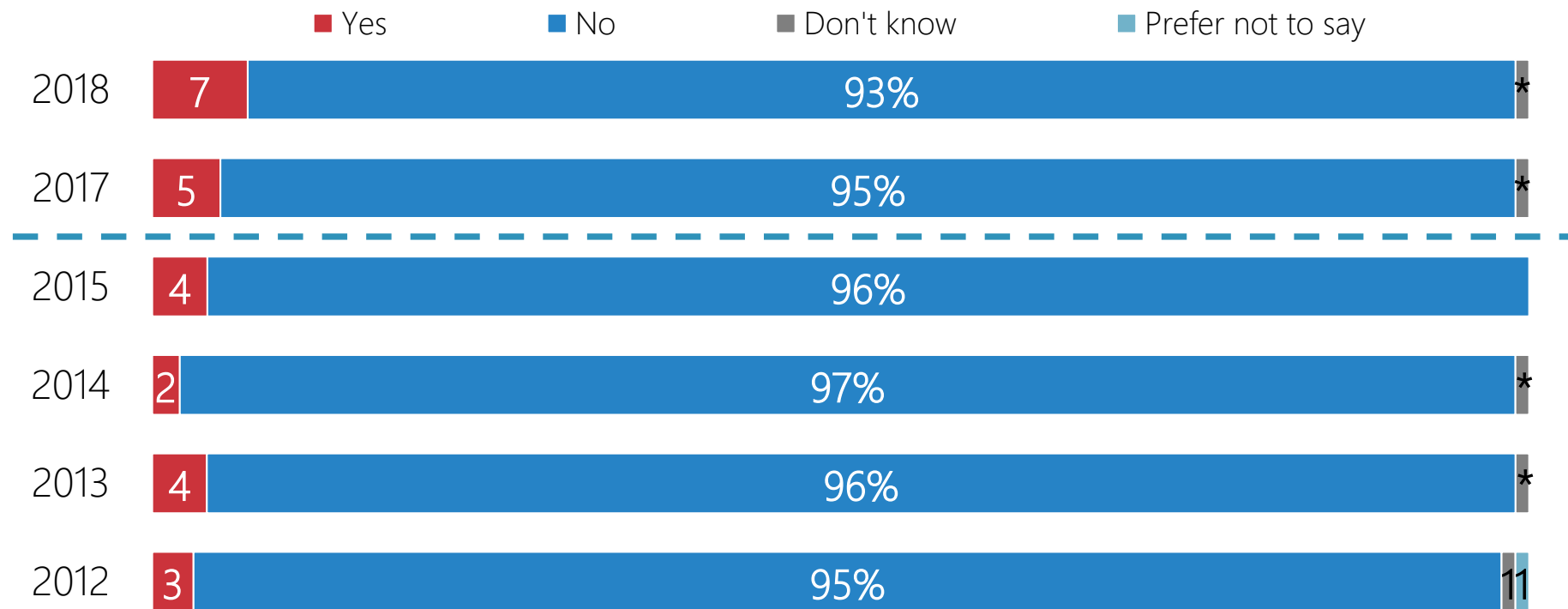
Summary

- Very few patients (7%) had ever complained about a dental professional. Of those who had never complained, a small but perhaps notable proportion (9%) had considered complaining.
- Participants were equally likely to say they would feed back in a positive or negative scenario (72% and 73% respectively), although a higher proportion said that they were very likely to feed back in a negative scenario (44% compared with 37% in the positive scenario).
- Likelihood to feed back varied by age and social grade, with younger people and those from DE social grades less likely to feel comfortable feeding back than older people and those from AB social grades. In a negative scenario, 78% of those aged 65+ said they would feed back, compared with 66% of those aged 15-24. In the same scenario, 80% of those in AB social grades said they would feed back, compared with 66% of those in DE social grades.
- Among those who were unlikely to feed back in any scenario, thinking that the practice would not act on the feedback (30%) and not knowing how to feed back (24%) were the top reasons.
- Participants in the interviews were comfortable giving positive feedback informally, but wanted to give negative feedback in a more formal way, such as going to an external organisation. As a result, participants were not as aware of where they would go to deliver negative feedback.
- Where participants were not satisfied and had not felt able to give negative feedback, they said they were likely to leave the practice to show their dissatisfaction.

In line with previous years, the majority of patients had not complained about their dental professional

Only around one in twenty patients (7%) said they had ever complained about a dental professional. While this was an increase since 2015 and earlier, this is likely to reflect the change in wording in 2017 to more explicitly include raising a complaint with staff at the practice, including a receptionist.

Have you ever complained about a dental professional? This includes making a complaint to staff at your dental practice, including a receptionist.



In 2015, 2014, 2013 and 2012 the question was worded: 'Have you ever complained about a dental professional?'



Ipsos MORI
Social Research Institute

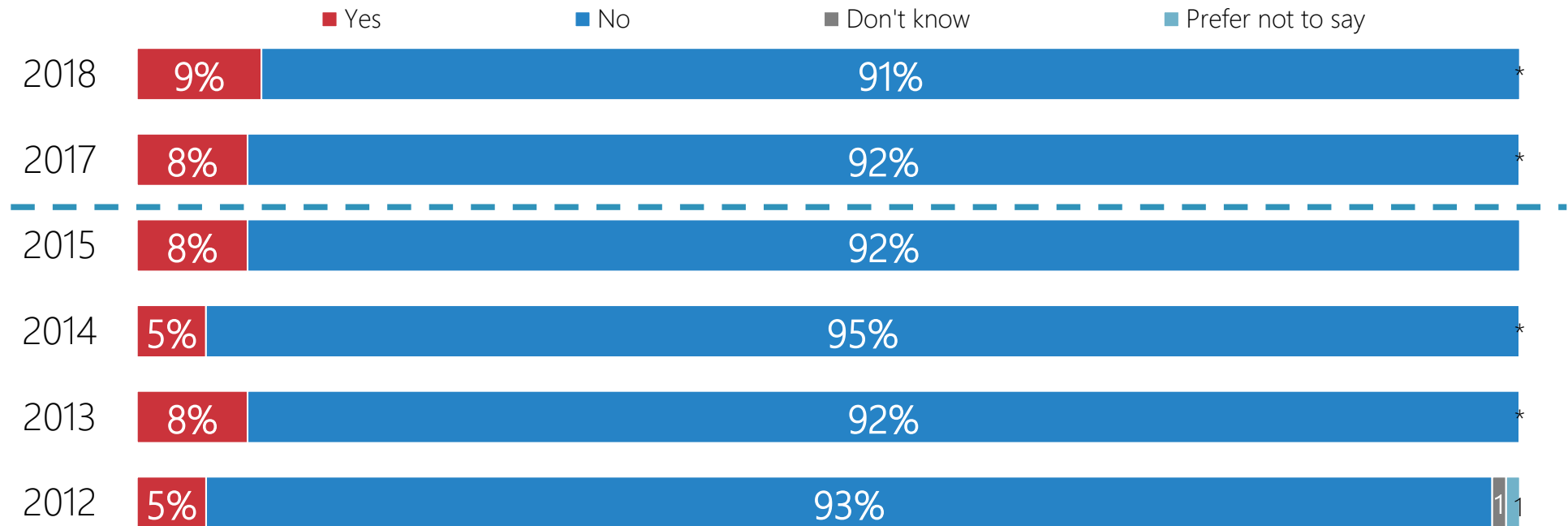
Base: People who have ever been to a dentist: 2018 (1,543), 2017 (1,209), 2015 (1,209), 2014 (1,564), 2013 (1,524), 2012 (1,464)

Source: Ipsos MORI

However, slightly more people had considered complaining about their dental professional

Of those who had never complained about a dental professional, around one in ten (9%) had considered complaining. Despite changes in the surrounding questions, this has stayed relatively consistent over time.

Have you ever considered complaining about a dental professional?



This question is only asked of people who said they have not complained about a dental professional. In 2015, 2014, 2013 and 2012 the question asking whether they had complained was worded: 'Have you ever complained about a dental professional?'

In 2017 and 2018 it was worded: 'Have you ever complained about a dental professional? This includes making a complaint to staff at your dental practice, including a receptionist.'

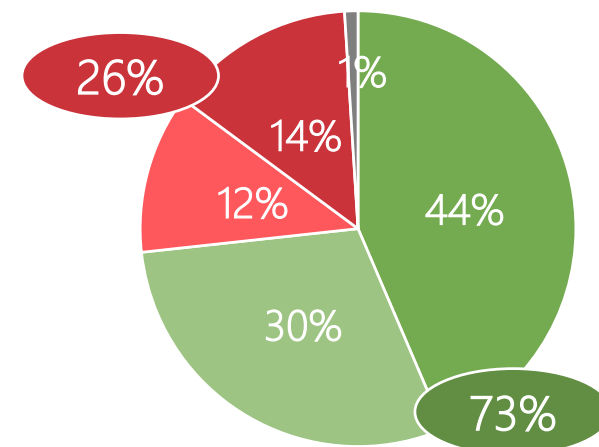
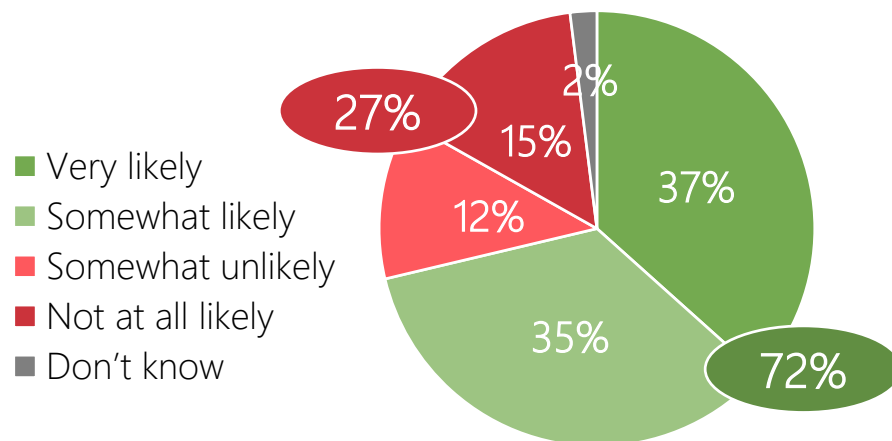
Similar proportions of the public were likely to give feedback following a negative experience as with a positive experience

In the survey half of the sample were shown a positive scenario, while the other half were shown a negative scenario to understand likelihood to feed back. **Around three-quarters of the public said they were likely to feed back in either scenario (72% and 74%).** However, 44% said they were 'very likely' to feed back in the negative scenario, compared with 37% in the positive scenario.

How likely or unlikely would you be to feed back to your dental practice in the following scenario?

Positive scenario: A dentist is particularly helpful during your treatment, going above and beyond expectations and supports you to make a decision about a treatment that works for you.

Negative scenario: A dentist is rude during treatment and doesn't check that you are happy with all of the treatment options.

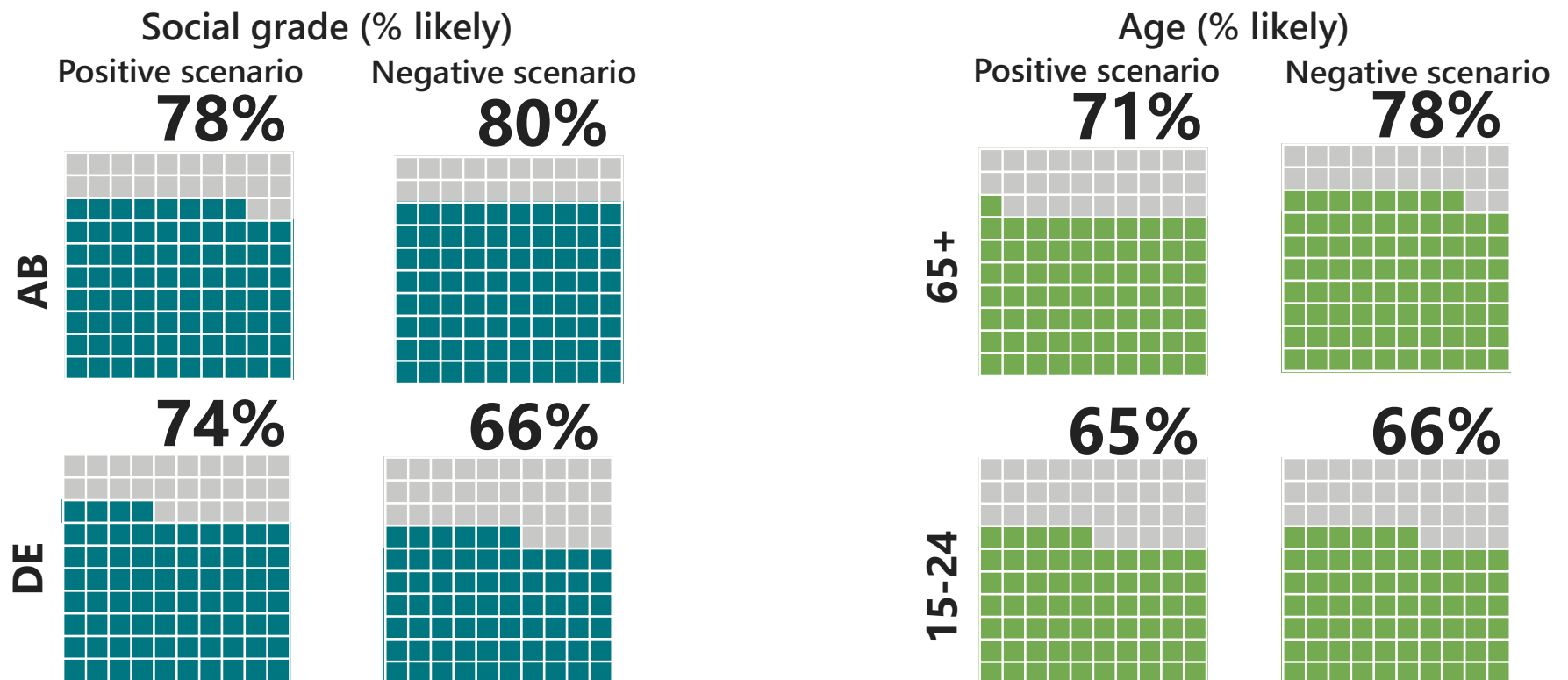


There was variation in likelihood to feed back across ages and social grades – particularly in a negative scenario

Significantly fewer participants from social grades D and E said they were likely to feed back than those from social grades A and B in either scenario. In the positive scenario, 74% said that they were likely to feed back compared with 78% of participants from A and B social grade. For the negative scenario this was 66% compared with 80%.

Similarly, significantly fewer participants aged 15-24 said they were likely to feed back compared with older participants (65% compared with 71% of those aged 65+ in the positive scenario and 66% compared with 78% of those aged 65+ in the negative scenario).

How likely or unlikely would you be to feed back to your dental practice in the following scenario?



Ipsos MORI
Social Research Institute

Base: All participants: Social grade AB (Pos scenario: 191, Neg scenario: 207), Social grade DE (Pos scenario: 179, Neg scenario: 162), Age 15-24 (Pos scenario 120, Neg scenario: 143), Age 65+ (Pos scenario: 229, Neg scenario: 217)

Source: Ipsos MORI

Thinking that practices would not do anything with feedback or not knowing how to feed back were key barriers

Just under a third of those who were unlikely to feed back (30%) said this was because they **did not think the practice would do anything with that feedback**.

A quarter (24%) also said they were unlikely to feed back because they **did not know how to**, which was reflected in the in-depth interviews.

In the qualitative work, a younger participant also mentioned that they had not fed back in the past, despite wanting to, because their parents were there, and they had relied on their parents to speak for them.

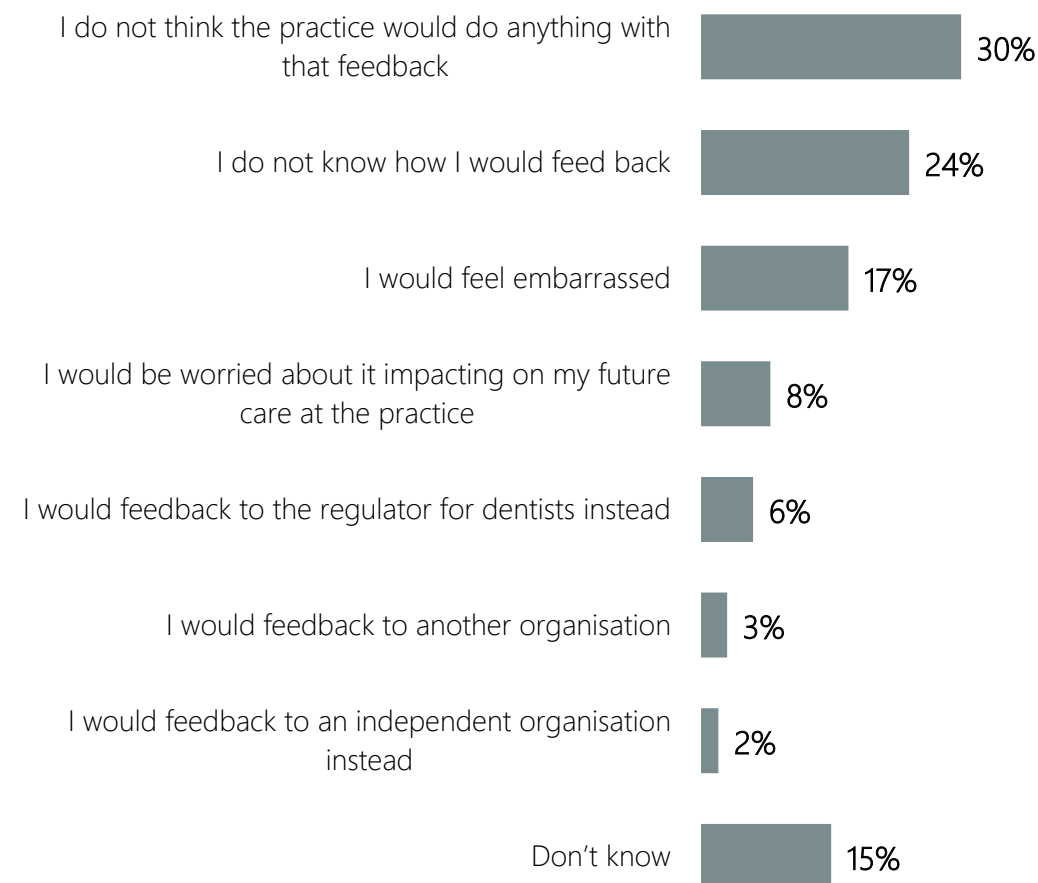
Participants were asked how they would like to feed back in the qualitative in-depth interviews.

They said that **practices emphasising easy ways to provide feedback**, such as sending SMS surveys after every appointment, encouraged feedback.

However, this would not encourage everyone. Some who were more comfortable with informal feedback overall said they were unlikely to take part in 'out of the moment' feedback.

Some participants also preferred to provide **feedback to someone external to the practice** – such as the GDC – to allow the regulator to see where a practice was working particularly well, or particularly badly.

You said you were unlikely to feed back to your dental practice in this scenario, why do you say that?



Base: People who say they are unlikely to feed back to their practice: 2018 (411)



Source: Ipsos MORI





Ipsos MORI
Social Research Institute

Participants felt that positive feedback was more likely to be informal, whereas negative feedback was more formal



Participants were **generally comfortable giving positive feedback informally, in-person**. For many participants, they were less likely to go out of the way to provide positive feedback formally, unless specifically requested. However, for some participants, there was a real need to provide positive feedback, as well as negative, to ensure a balance.

 I think it's also good to let people know when they've done a good job. – *In-depth interview, Female, 45-54* 



Throughout the in-depth interviews, **participants felt that negative feedback, if provided, should be done more formally**. This often also meant going to external organisations to provide this feedback, as it was difficult to talk to someone directly about something you felt they had done wrong.

 Difficult to tell someone to their face that they've done something wrong, so it would go to the relevant authority. – *In-depth interview, Male, 60-64* 

Because of the formality of the feedback, there was some **confusion about the most appropriate place to provide the feedback**, which could act as a barrier.

 Honestly, I would be more likely to give feedback in [the negative] scenario, but I don't know how I would do it. – *In-depth interview, Female, 45-54* 

Another barrier described was **wanting to leave the dentist surgery after a negative experience**. These participants said that, rather than give feedback directly they would leave the practice to show that they were dissatisfied with their experience.

 If it's gone badly, I'm as likely to want to just get out of there. – *In-depth interview, Male, 45-54* 

Knowing what happened as a result of feedback is really important

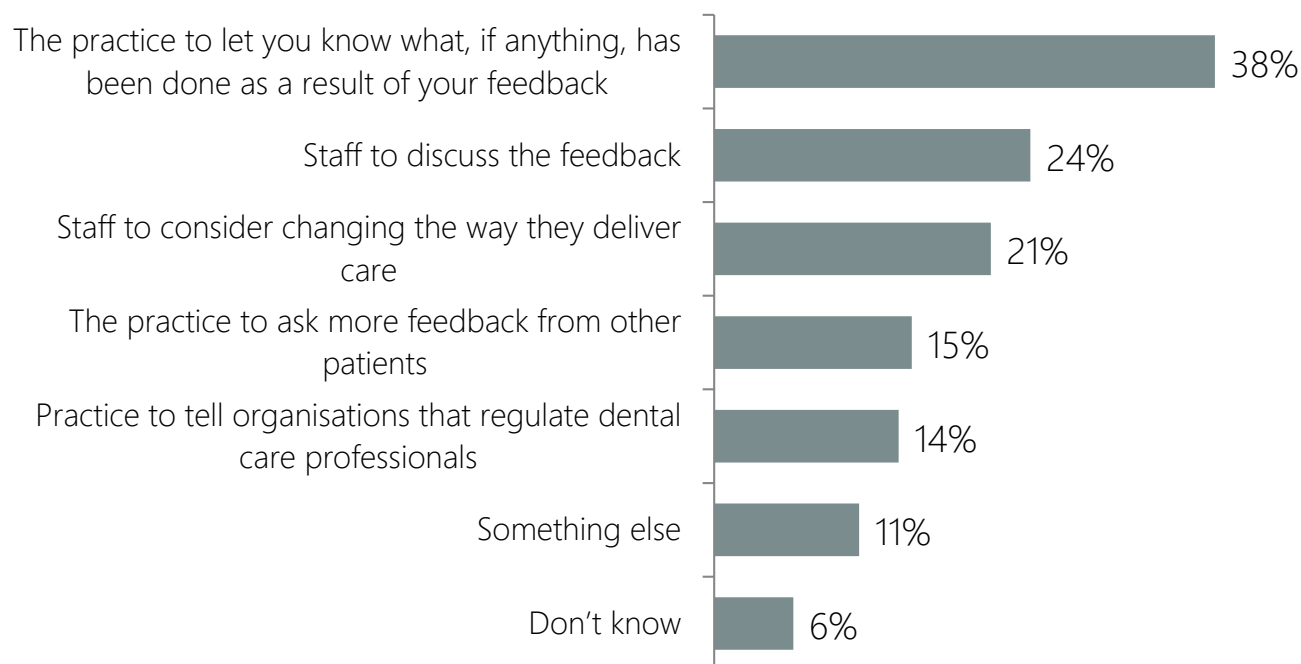
Nearly two-fifths (38%) of participants said they would like to know what had happened as a result of any feedback they gave. A quarter (24%) said they would like staff to discuss the feedback and 21% said they would like staff to consider changing the way they deliver care.

In the in-depth interviews, participants said that this was **important to let them know that their opinion was valued**, particularly if the feedback was negative. It also allowed them to find out if staff had discussed the feedback and if anything had changed as a result.

Where they were discussing negative experiences, **participants also said that an apology could be really valuable to show that they had been taken seriously or were 'right'**. This is particularly relevant given that bad experiences at that practice was the top reason for patients not having confidence in their dental professional at the last visit.

When thinking about an apology and how they would like to receive it, this varied, with some preferring a formal letter, and others preferring in-person.

In this scenario, if you provided feedback of any kind, which of the following, if any, would you like to happen next?



Base: All respondents (1,589)

Source: Ipsos MORI



Ipsos MORI
Social Research Institute

I'd have felt like I was being taken seriously, like my opinion mattered.

– *In-depth interview, Female, 55-59*

8. Cosmetic treatments



Ipsos MORI
Social Research Institute

Cosmetic treatments

This section looks at patient awareness of cosmetic treatments provided by dentists. It also looks at the how comfortable patients are with cosmetic treatments being advertised, and their experiences of cosmetic treatment advertising.

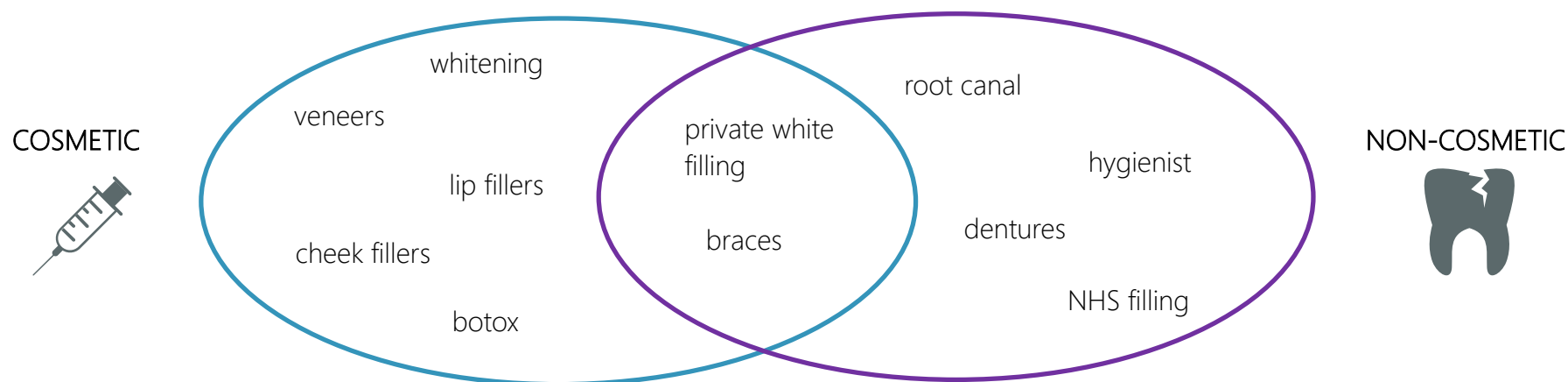
Summary of key findings

- There was generally a shared understanding among the public about what is considered cosmetic, based on whether or not a treatment is medically necessary. However, some treatments were harder to define or participants thought they could be both.
- The most common forms of advertising for cosmetic treatments patients have seen (posters (46%) and leaflets (37%)) were also the ones that they felt most comfortable with. Around half (50% and 53% respectively) said they felt these were appropriate ways for dental surgeries to advertise cosmetic treatments.
- Forms of advertising involving a member of staff – particularly unprompted – were less accepted by members of the public. One in ten (10%) said they were comfortable with a dentist mentioning cosmetic treatments without being asked, and even fewer (7%) if it was another member of staff, such as a hygienist.
- Where patients had been offered cosmetic treatments unprompted, most were not concerned by this (36% said they didn't care or think about it and 22% said it was nice to see it offered). However, very few in the qualitative work included non-dental cosmetic treatments (such as botox) when thinking about cosmetic treatments, which suggests reactions to being offered this may differ to other treatments (such as teeth whitening).

There was generally a shared understanding of what participants considered to be cosmetic treatments

Participants in the in-depth interviews generally agreed that treatments they considered cosmetic were ones which were **not medically necessary**.

When given a list of treatments, participants generally agreed on which they considered cosmetic and non-cosmetic. There were also **some that all participants found it harder to decide on**, as they felt like they had elements of both. For example, orthodontistry can be used to make it easier for people to eat, for example, (a medical need) but can also be used to make people's teeth seem more attractive (a non-medical need). This grouping was consistent across the interviews.



Participants were also generally surprised that treatments like botox could be offered by a dentist for non-medical reasons. Therefore, when looking at the results of the quantitative research, it is important to consider the public were most likely thinking about treatments like whitening and veneers when answering the survey questions.

Cosmetic is to make appearances better, make things look better than they are naturally. Non-cosmetic is to treat a problem, be it medical or physical damage.

– *In-depth interview, Male, 60-64*

Dental surgeries are generally advertising cosmetic treatments in ways the public considered appropriate

Broadly, the most common forms of advertising for cosmetic treatments patients have seen were also the ones that they felt most comfortable with. For example, 46% had seen posters in a waiting room and 50% thought that posters were appropriate.

The types of advertising the public were most comfortable with were those in public areas – such as posters and leaflets – which patients could choose whether or not to interact with.

Around half of the public considered it appropriate for dental practices to advertise treatments they considered cosmetic via leaflets or posters in the waiting room (53% and 50% respectively). Nearly half (46%) had seen posters in their dentist waiting room advertising cosmetic treatments and over one-third had seen leaflets (37%).

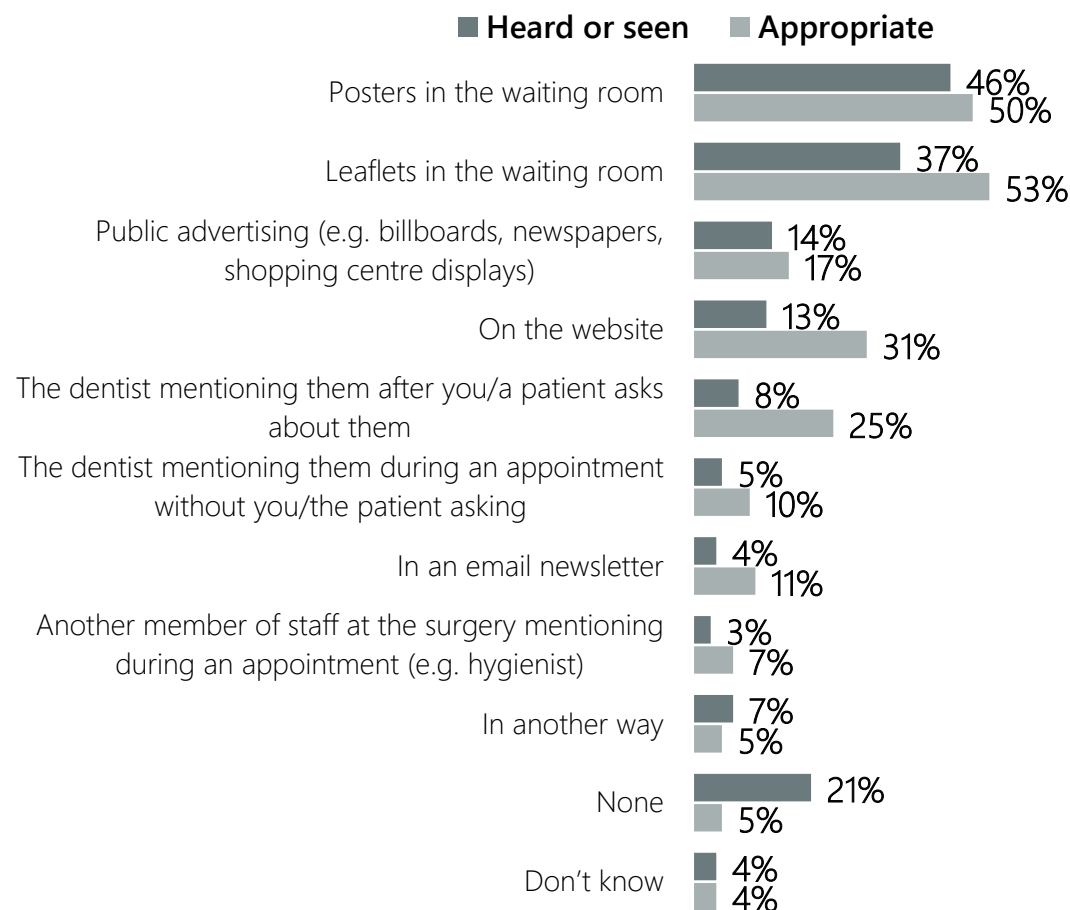
Members of the public were less comfortable with methods of advertising involving members of staff.

Only a quarter (25%) were comfortable with a dentist advertising cosmetic treatments even after a patient had asked about them. One in ten (10%) said they were comfortable with a dentist mentioning without being asked, and even fewer (7%) if it was another member of staff.

Few members of the public had discussed cosmetic treatments with their dentist, with 8% after they had mentioned the treatment and 5% without them mentioning the treatment.

Have you heard about, or seen adverts for, cosmetic treatments at a dental practice in any of the following ways?

In which of the following ways would you consider it appropriate for your dental practice to advertise “cosmetic” treatments?



Base: All respondents (1,589)

Source: Ipsos MORI



Ipsos MORI
Social Research Institute

Opinions varied when cosmetic treatments were offered unprompted

Of the 5% of people who had been offered an appointment without being asked, over a third (36%) said they did not care or think about it.

One-fifth (22%) said it was nice to see it offered, and one-tenth (12%) said they decided to get the treatment.

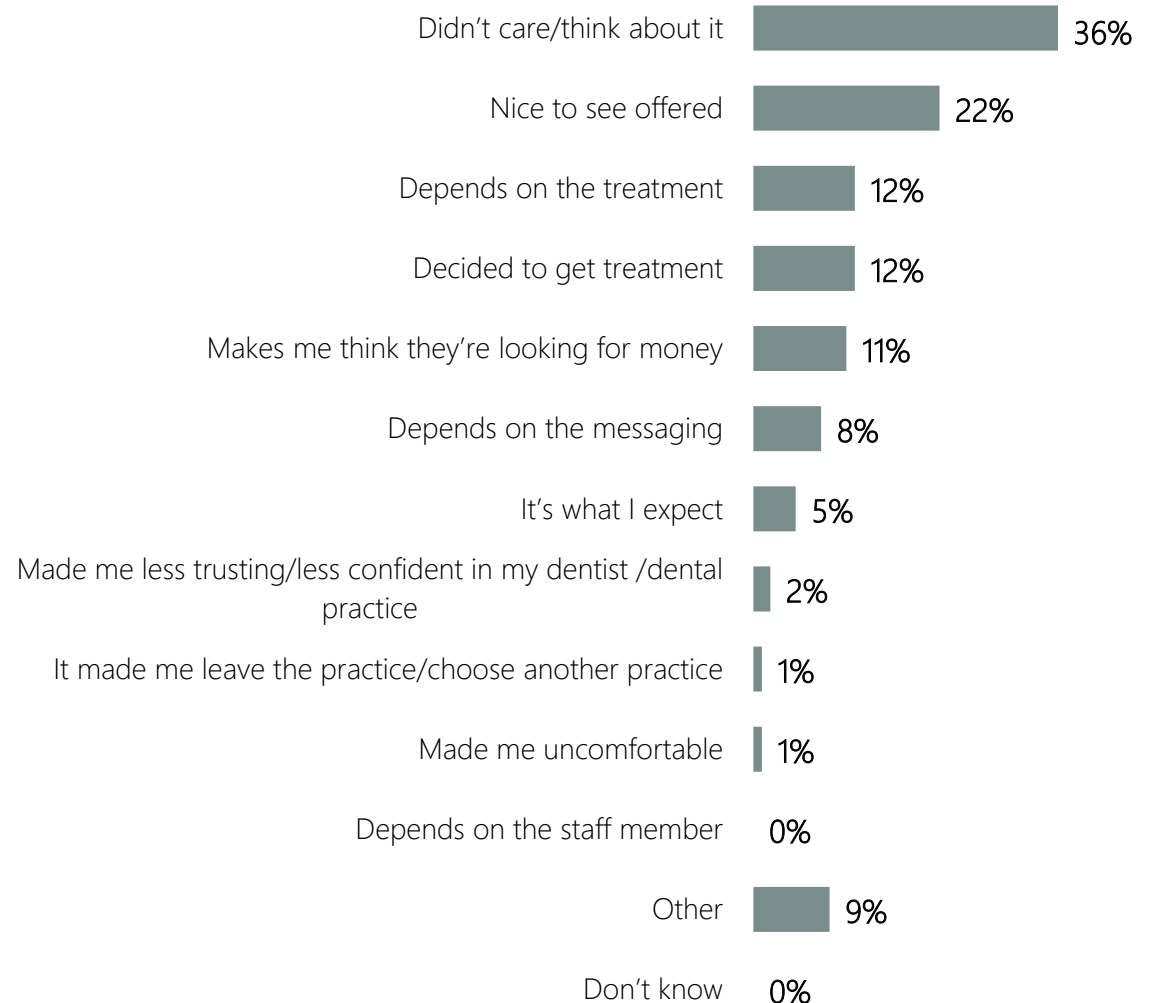
However, one-tenth (11%) said it 'makes me think they're looking for money' and less than 5% said that it made them less trusting in their dentist, meant they left their practice or made them uncomfortable.

Although generally reactions were neutral, this may have been because participants were thinking of specific types of treatment. In the qualitative in-depth interviews participants were generally surprised that some dental surgeries offered botox, and assumed cosmetic treatments referred to teeth whitening or veneers. Therefore, reactions may differ when considering non-dental cosmetic treatments.



Ipsos MORI
Social Research Institute

You said a dentist had mentioned a cosmetic treatment to you as part of an appointment without you asking. How did you feel about this? *



***The base for this question is 74 people and percentages should be treated as indicative**

Base: People whose dentist mentioned cosmetic treatment to them during an appointment without asking: (74)

Source: Ipsos MORI

I'd get up out of the chair and walk off straight away and report them for offering me something I don't need [if offered botox].

– *In-depth interview, Female, 18-24*

9. Key learning



Ipsos MORI
Social Research Institute

Key learning

The research generated a wide range of quantitative and qualitative data for the GDC to consider, particularly as it moves forward with its 'Shifting the Balance' agenda and continues to consider how to shape the future of regulation.

Patient experiences and confidence in dental treatment and regulation

Patients and the public are the key beneficiaries of professional regulation, and protecting the public is at the heart of the work carried out by the GDC. Therefore, it is both positive and reassuring that both patient satisfaction and confidence have remained high over time and continued to do so in 2018.

However, there was some variation in experience that the GDC may want to consider as it continues to develop its work. For example, while overall satisfaction was high among those patients in C2DE social groups, it was significantly lower than for ABC1 patients. In addition, while the public remain confident in the GDC's regulation of dental professionals overall, levels of confidence were lower for BAME participants than for White participants.

The survey overall suggested that personal experiences and perceived bad standards of care were driving any lack of confidence in both dental professionals and the GDC.

Professionalism in dentistry

Patients placed the emphasis on knowledge and expertise when thinking about both professionalism overall and professionalism in dentistry. However, the research also highlighted that patients can feel vulnerable when visiting the dentist, which can also affect what they want from dentists as professionals. In this context, softer skills and being able to trust dentists were important, and 'nice to have' characteristics, such as appearance, provided reassurances around expertise.

Professionalism among dental professionals was not necessarily called into question by involvement in activities or incidents outside of work, as long as it did not affect patient care. For example, in the deliberative workshop, credit card fraud or drink driving did not affect perceptions of the professionalism of that dental professional as may have been hypothesised.

Of particular note, the public shifted some of the responsibility of these incidents from the individual to the wider team or beyond. This meant they did not necessarily question the professionalism of the individual but could raise questions around the wider practice and how this kind of activity was being monitored and prevented.



Ipsos MORI
Social Research Institute

Key learnings

Public confidence in dentistry

When discussing public confidence with the public, similar themes were repeated from discussions about professionalism.

The risk to the public and the scale of an incident or scandal were key in whether participants thought there would be an impact on public confidence. However, the expectations around that profession were also important. The high levels of trust the public had in healthcare professionals, despite the vulnerability patients could feel, meant the public could be more forgiving of the profession in general, even if confidence was affected in a particular individual.

However, the research also raised important questions about the role of the regulator in bolstering or damaging public confidence. Participants saw a role for monitoring or identifying early warning signs before it could lead to a wider scandal.

In this context the findings around public perceptions of what a professional regulator for dental professionals should focus on became more important; very few wanted a regulator of dental professionals to focus on mainly on taking action against professionals who have serious complaints raised against them, with prevention being important. This reflects the direction of the GDC and the move to upstream regulation.

Patients as consumers

Participants in the qualitative research initially wanted to feel more like a consumer when visiting the dentist. However, the research has shown that there are risks in simply identifying patients as consumers without considering the nuance of what this meant in a dental care setting.

While participants valued the active decision-making and ability to feed back that came with being a consumer, this contrasted with their expectations of the NHS, level of trust in dental professionals and feelings of vulnerability when visiting the dentist.

Key learnings

Complaints and feedback

Generally participants felt able and willing to feed back about either positive or negative experiences. However, there were demographic differences in likelihood to feed back, particularly by age and social grade.

In the qualitative in-depth interviews patients said that they would sometimes leave a practice to express their dissatisfaction, rather than go to the effort of providing feedback. Being able to make choices in this way reflects the earlier findings on the role of being a consumer.

However, being able to provide feedback was also a valued aspect of being a consumer. The research suggested that more could be done to provide different ways for patients to do this and in particular providing clarity on formal routes to provide feedback following a negative experience, to allow for specific learning for the practice on why patients were dissatisfied. As outlined earlier this may help increase confidence and satisfaction in dental treatment even further.

In addition, the research suggests that there is more that could be done to provide ways to reassure patients that the feedback would be acted on and closing the feedback loop by informing that what had been done as a result. Where a patient had made a complaint, participants also said an apology could help them feel like they were being taken seriously.

Cosmetic treatments

Whether or not a treatment was considered medically necessary distinguished cosmetic and non-cosmetic treatments for participants, and the types of advertising most likely to be seen by patients were generally considered acceptable to the public.

However, this varied depending on the type of treatment, and patients were particularly concerned about any forms of advertising for cosmetic procedures that involved a member of staff.

10. Appendices

Appendices are included in a separate document alongside this report.



Appendix 2. Public and Patient survey 2019 Communications & Engagement Plan

2018/19 Public & Patient Survey

Project:	2018/19 Patients & Public Survey
Communications team lead:	Tom Chappell
Priority status:	Medium
Project folder:	..\2018_19 Patients and Public Survey
Updated:	19 November 2019

1. Background

Since 2011, the GDC has undertaken six Patient and Public Surveys with the aim of gaining a valuable insight into views relating to public confidence in dental practice and regulation in the UK. The 2018/19 Public and Patient Survey marks the seventh iteration. In addition to many of the questions that have been posed in previous years, several additions have been made with the aim of furthering our understanding in some key contemporary areas.

2. Objectives

- In line with the 2016-19 GDC Evidence Strategy, to communicate and disseminate the research findings to the widest possible internal and external audiences, to build knowledge, enhance transparency and to improve understanding of regulation of dentistry in the UK.
- To contextualise the findings and answer the 'so what?' question – i.e. how will the GDC/could others use the findings of the Survey in their work?
- To position the GDC both internally and externally as an increasingly evidence-based and insight-driven organisation.

3. Audiences

Audience(s):	<ul style="list-style-type: none">• Dental professionals• Wider GDC stakeholder organisations• Patients and patient groups• Internal – staff, Council, associates
Think:	The GDC is evidence-based and proactive in trying to understand the views of patients/public in relation to dental practice and regulation.
Feel:	More confident in their understanding of patient/public views on issues relating to dental practice and regulation.
Do:	Where relevant, consider the findings in the context of their work/practice.

4. Internal stakeholders

Communications & Engagement stakeholders (responsible for planning and executing communications and engagement activity)

Accountable:	Colin MacKenzie
Responsible:	Tom Chappell
Consult:	Guy Rubin, Kristen Bottrell, David Teeman
Inform:	Strategy Directorate, CAIT
Sign off:	Colin MacKenzie

5. Key messages

5.1 The GDC is committed to using evidence and insight to guide all of its work and the findings of this research will be applied wherever relevant. The findings from all of our research are published in the interests of transparency and to enable others to benefit from any insights gained.

5.2 Three key research findings

5.3.1 Regulatory Focus

- When asked about where the GDC should focus its attention, a greater proportion opted towards prevention rather than taking action once something had gone wrong. Nearly two-thirds (65%) think focus should be balanced whilst 22% said it should focus on prevention. Just 7% think the GDC's focus should be on taking action in instances of serious complaints.
- One participant said "If you're having to take action, it's already gone too far ... If you can prevent it from happening, then that's the best outcome for everybody."

5.3.2 Confidence in how dental professionals are regulated

- Seven out of ten people (73%) think the GDC was effectively regulating dental professionals. Of those who were not confident, almost half said this was because they didn't know dentists were regulated or because they'd had a bad personal experience of dental care.
- The number of people from Black, Asian and minority ethnic backgrounds confident that the GDC is regulating effectively, was significantly less than that for their counterparts (more than 10% fewer).

5.3.3 Patient or Consumer

- Although responses to the question were mixed, nearly two fifths (39%) either strongly agree or tend to agree that they expect more from dentists than other healthcare professionals because they pay for treatment.

5.4 For internal communications and project-based external communications

5.4.1 Giving Feedback (for internal audiences and external opportunities to promote profession wide complaints handling initiative)

- More than 7 in 10 said they were likely to provide feedback in both positive or negative scenarios. Of those who said they were unlikely, the three top reasons for this were they didn't think anything would be done with the feedback (30%), they did not know how to feedback (24%) and just under a fifth said they would feel embarrassed (17%)

- 5.4.2 **Professionalism** (for internal audiences and for external opportunities on promoting professionalism work, at appropriate time)
- With almost half (47%) of research participants saying they associate knowledge and expertise with 'being a professional, it is the most important factor. Communication skills are also seen to be important, and in particular to healthcare professions, given the vulnerability of some patients.
 - The evidence about the ethical underpinnings of professionalism was mixed. Although honesty was only identified by 13% of participants as key characteristic, the qualitative research found that putting patients ahead of profit and being trusted to do so were key to participants' definitions of dental professionalism.

6 Key Dates

- **03.09.2019:** SLT Board
- **12.09.2019:** PRB
- **05.12.2019:** Council sign off
- **12/12/2019:** Publication

7 Communications schedule

Discipline & Channel	Audience	Activity Owner	Activate Date	Activity objective
Stakeholder Engagement				
GDC Newsletter	<ul style="list-style-type: none"> • Dental professionals • Stakeholder organisations 	LB	First newsletter after publication date	To share key research findings as widely as possible amongst dental professionals and stakeholder organisations
Develop powerpoint slides/talking points for face to face opportunities	<ul style="list-style-type: none"> • Dental professionals • Stakeholder organisations • Patients and patient groups 	LB/GR (TBC)	12/12/2019 (or ASAP afterwards)	To share key research findings as widely as possible through face to face opportunities
Identify key face to face opportunities to publicise/ share results	<ul style="list-style-type: none"> • Dental professionals • Wider GDC stakeholder organisations • Patients and patient groups 	LB	To be added as appropriate	To share key research findings as widely as possible through face to face opportunities
Media				
General press release	<ul style="list-style-type: none"> • Dental professionals • Wider GDC stakeholder organisations 	TC	12/12/2019	To utilise trade media as a platform through which to share key research findings as widely as possible

	<ul style="list-style-type: none"> Patients and patient groups 			
Digital				
Research webpage updates	<ul style="list-style-type: none"> Dental professionals Wider GDC stakeholder organisations Patients and patient groups Staff Council Associates 	MN/CC	12/12/2019	To share key research findings as widely as possible
Social media posts	<ul style="list-style-type: none"> Dental professionals Wider GDC stakeholder organisations Patients and patient groups 	MN/CC	12/12/2019 and continuing as relevant – utilising individual infographics	To share key research findings as widely as possible
Web news item (adapted from press release)	<ul style="list-style-type: none"> Dental professionals Wider GDC stakeholder organisations Patients and patient groups Staff Council Associates 	TC	12/12/2019	To share key research findings as widely as possible
GDC blog	<ul style="list-style-type: none"> Dental professionals Wider GDC stakeholder organisations Patients and patient groups 	TC/GR/DT	12/12/2019 or shortly after publication date	To offer a further opportunity to direct attention to the research/reach wider audience
Ipsos Mori Blog: TBC dependant on Ipsos Mori and what they might want to say (if anything)	<ul style="list-style-type: none"> Dental professionals Wider GDC stakeholder organisations Patients and patient groups 	TC/Ipsos	January - TBC	To offer a further opportunity to direct attention to the research/

Internal				
Intranet story	<ul style="list-style-type: none"> • Staff • Associates 	HA/KP	12/12/2019	To share key research findings with colleagues
Council Newsletter	<ul style="list-style-type: none"> • Council 	HA/KP	First newsletter post publication date	To share key research findings with Council
Associates Newsletter	<ul style="list-style-type: none"> • Associates 	HA/KP	First newsletter post publication	To share key research findings with associates
Research publication added to refreshed Research intranet page	<ul style="list-style-type: none"> • Internal – staff, Council, associates 	HA/KP	12/12/2019	To share key research findings with internal audiences
Coproduction for new survey	<ul style="list-style-type: none"> • Internal – staff, Council, associates • Ipsos Mori 	GR	In preparation	Coproduction survey content event/workshop

8 Content/assets/spokespeople Needs

- Report PDF (published online)
- Infographics
- Press release/adapted news story
- GDC blog post
- Ipsos Mori guest blog post (TBC)
- GDC newsletter copy
- Council newsletter copy
- Associates newsletter copy

9 Evaluation

- Number of pieces of media coverage gained
- Successful placement of key messaging featured in coverage
- Web traffic to the research and news pages
- Social media engagement
- Click-through rates from GDC newsletter



Ipsos MORI
Social Research Institute

June 2019

Patient and public survey 2018/19

Research report prepared for the General Dental Council

Appendices: Technical details

Contents

Appendices: Technical details	1
1.1 Statistical significance.....	1
1.2 Topline findings.....	4
1.3 Public and patient use of dental professionals.....	19
1.3.1 Last visit to dentist.....	19
1.3.2 Frequency of visits to dentist.....	20
1.3.3 Length of time with current dentist or dental practice	21
1.3.4 NHS vs. private care.....	22
1.4 Profile of participants from online discussion groups.....	23
1.5 Discussion guide for qualitative discussion groups	26

Appendices: Technical details

1.1 Statistical significance

It should be remembered that a sample and not the entire population of people aged 15 and over living in the United Kingdom has been interviewed. Consequently, all results are subject to potential sampling tolerances (or margins of error), which means that not all differences between results are statistically significant. For example, for a question where 50% of the people in a weighted sample of 1,232 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus three percentage points from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey are provided in the following table. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results (the bigger the sample, the closer the result is likely to be to the result that would be obtained if the entire population was asked the same question).

This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.

Approximate sampling tolerances applicable to percentages at or near these levels			
Size of sample on which survey result is based	10% or 90%	30% or 70%	50%
	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
400 interviews	3	5	5
500 interviews	3	4	4

600 interviews	2	4	4
700 interviews	2	3	4
800 interviews	2	3	4
900 interviews	2	3	3
1589 interviews	2	2	3
1232 interviews	2	3	3
1640 interviews	2	2	2
1603 interviews	2	2	2
1609 interviews	2	2	2
1563 interviews	2	2	3

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant though. To test if a difference in results between two sub-groups within a sample is a statistically significant one, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.

Differences required for significance at or near these percentages			
Size of sample on which survey result is based	10% or 90%	30% or 70%	50%
	±	±	±
100 and 100	8	13	14
100 and 200	7	11	12
100 and 300	7	10	11
100 and 400	7	10	11
100 and 500	7	10	11
200 and 200	7	10	11
200 and 300	5	8	9
200 and 400	5	8	9
200 and 500	5	8	8
300 and 300	5	7	8
300 and 400	5	7	8
300 and 500	4	7	7
400 and 400	4	6	7

400 and 500	4	6	7
500 and 500	4	6	6
1589 and 1232 (2018 and 2017 surveys)	2	3	4
1232 and 1259 (2017 and 2015 surveys)	2	4	4
1259 and 1640 (2015 and 2014 surveys)	2	3	4
1640 and 1603 (2014 and 2013 surveys)	2	3	3
1603 and 1609 (2013 and 2012 surveys)	2	3	4
1603 and 1563 (2013 and 2011 surveys)	2	3	4
1609 and 1563 (2012 and 2011 surveys)	2	3	4

1.2 Topline findings

Findings from the 2017 survey have been tested against the 2018 survey. Results that are significantly different to the 2017 survey have been highlighted in yellow.

Use of Dentists and Dental Care Professionals

Q1. When was the last time you went to the dentist?

GD01

	2018 %	2017 %	2015 %	2014 %	2013 %	2012 %	2011 %
In the last 6 months	55	54	54	50	51	50	53
In the last 7-12 months	13	15	15	14	15	16	12
In the last 1-2 years	10	10	9	10	10	10	10
More than 2 years ago	12	13	11	13	11	10	15
I used to go to the dentist but I don't any more	6	5	6	8	9	8	7
I have never been to the dentist	4	2	3	5	4	7	3
Don't know	*	*	*	*	*	1	N/A

Q2. On average, how often do you go to the dentist?

GD02

Base: People who go to the dentist: 2018 (1439); 2017 (1148); 2015 (1125); 2014 (1422); 2013 (1376); 2012 (1320)

	2018 %	2017 %	2015 %	2014 %	2013 %	2012 %
Once every six months	51	50	56	53	54	52
Once a year	28	27	24	26	24	27
Once every two years	9	9	8	6	9	8
Less than once every two years	12	14	12	15	13	12
Don't know	*	*	0	*	*	*

Q3. And how long have you been with your current dentist or dental practice?

GD03

Base: People who go to the dentist: 2018 (1439); 2017 (1148); 2015 (1125); 2014 (1422); 2013 (1376); 2012 (1320)

	2018 %	2017 %	2015 %	2014 %	2013 %	2012 %
One year or less	11	11	10	9	11	14
Over one year, up to two years	8	10	7	9	9	13
Over two years, up to five years	19	20	20	23	20	22
Over five years, up to 10 years	19	19	19	18	19	18
Over 10 years, up to 15 years	12	13	16	12	12	11
Over 15 years, up to 20 years	9	7	8	9	9	7
Over 20 years	20	17	18	18	18	14
Don't know	2	3	2	2	2	1

Q4. As you're probably aware, dental care is available both through the NHS and privately. Sometimes during one visit to the dentist, you may even have a combination of NHS and private treatment.

GD04

Thinking about the last time you visited your dentist or dental practice, which of these options best describes the type of care you think you received?

Base: People who go to the dentist at least once every two years: 2018 (1272); 2017 (997); 2015 (982); 2014 (1216); 2013 (1188); 2012 (1145)

	2018 %	2017 %	2015 %	2014 %	2013 %	2012 %
NHS dental care that I paid for	46	47	45	45	48	45
NHS dental care that was free	20	22	25	26	24	31
A mixture of NHS dental care and private dental care in the UK*	7	10	6	7	6	5
Private dental care only in the UK	21	18	19	19	20	18
I had treatment abroad	3	2	2	1	1	1
I'm not sure what type of care I received	3	2	2	1	1	*

*In 2015, 2014, 2013 and 2012, the answer code was worded: 'NHS dental care and additional private dental care in the UK.'

Satisfaction with Dental Care

Q5. Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?

GD05

Base: People who go to the dentist at least once a year: 2018 (1153); 2017 (898); 2015 (898); 2014 (1129); 2013 (1063)

	2018 %	2017 %	2015 %	2014 %	2013 %
Very satisfied	68	67	68	62	61
Fairly satisfied	27	29	28	34	35
Fairly dissatisfied	4	2	3	2	2
Very dissatisfied	2	2	1	1	1
Don't know	-	*	*	*	*

Regulation of Dental Professionals

The following questions will ask you about your views on the regulation of different types of services. By 'regulation' we mean where there is a set of rules that govern behaviour, actions and conduct, and where action may be taken if these rules aren't met.

Q6. Now thinking about healthcare generally (and not just dental care), how confident, if at all, are you that regulation of this works effectively?*

GD06

	2018	2017	2015	2014	2013	2012
	%	%	%	%	%	%
Very confident	27	24	20	17	14	14
Fairly confident	49	54	56	58	57	58
Not very confident	13	16	16	16	20	17
Not at all confident	5	3	4	4	4	6
Don't know	5	3	4	6	5	6

*In 2015, 2014 and 2013 the question was worded: 'Now thinking about healthcare, how confident, if at all, are you that regulation of this works effectively?' In 2012, the question was worded: 'How confident, if at all, are you that healthcare in general works effectively?'

Q7. Which of the following best describes how aware you were of the General Dental Council before this survey?

GD07

	2018	2017	2015	2014	2013	2012	2011
	%	%	%	%	%	%	%
I had definitely heard of the General Dental Council before	25	24	20	17	15	20	10
I think I had heard of the General Dental Council before	18	15	18	16	27	21	15
I had not heard of the General Dental Council before	56	61	62	65	58	57	70
Not sure	*	*	*	1	1	2	5

In 2012 and 2011, the answer codes were worded: 'I have definitely heard of the General Dental Council before', 'I think I have heard of the General Dental Council before', and 'I have not heard of the General Dental Council before'.

Q8. How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?*

GD08

	2018
	%
Very confident	21
Fairly confident	52
Not very confident	10
Not at all confident	4
Don't know	13

In 2018 this question was asked of all participants, rather than just those who had heard of the General Dental Council. As description of the General Dental Council was read out to participants before this question. Therefore, comparisons with previous years are not provided.

Q8b. What makes you say that?
GD08B

	2018 %
Good personal experiences	31
I have no reason not to be confident in the GDC	27
Know dentists are regulated	24
Trained / qualified	18
Didn't know dentists are regulated	10
Bad personal experiences	5
Heard / seen in the media that the GDC has not taken action	4
Heard / seen in the media that the GDC has taken action	4
Don't think they are trained / qualified	1
Don't know	9

Q9. Where on this scale best represents your views of what a regulator for dental professionals should focus on? Select any point in the scale from 1 through to 5.
GD09A

	2018 %
1 A regulator for dental professionals should focus mainly on preventing bad practice in dentistry	22
2	3
3 A regulator for dental professionals should focus equally on preventing bad practice and taking action against dentists that have serious complaints raised against them	65
4	2
5 A regulator for dental professionals should focus mainly on taking action against dentists that have serious complaints raised against them	7

Q10. How confident, if at all, would you say you are in the way dental care is delivered in the UK?
GD10A

	2018 %
Very confident	29
Fairly confident	54
Not very confident	11
Not at all confident	3
Don't know	3

Q11. What, if anything, has stopped you going to see a dentist for a regular check-up in the past?
GD11A

	2018 %
Did not have time	12
Worried about the cost of potential treatment	8
Worried about how painful it might be	7
Did not want to	5
Unable to find an NHS dentist	5
Unable to get an appointment when I needed one	5
Not registered at a dentist	4
Being away from home	4
Have no natural teeth	3
Too far from where I live	1
Did not think the dentist would be able to help	1
Unable to get there using public transport	1
The practice is not easily accessible for me	1
Negative stories from friends and family	1
Unable to find a private dentist	1
Negative stories in the media	*
Something else	6
Nothing	53
Don't know	2

Q12. During your last dental appointment, did you have confidence in the dental professional you saw?
GD12AX

Base: people who have ever been to the dentist:2018 (1543)

	2018 %
Yes, definitely	81
Yes, to some extent	13
No, not at all	5
Don't know	1

Q12b. And why do you say that?

GD13A

Base: people who have ever been to the dentist: 2018 (1543)

	2018 %
They resolved my problem	34
Good standard of care	33
They were polite	31
Good previous experience	26
Have gone there before	20
Surgery was clean	17
Gave me options for treatment	17
Explained risks and benefits	12
Explained costs	9
Neat personal appearance	8
I just did	6
Recommendations from others	4
They were a private dentist	3
They have letters after their name	2
Have had bad experiences there before	2
Bad standard of care	1
They did not resolve my problem	1
Did not give me options for treatment	1
They were impolite	1
Bad previous experience	1
I just didn't	1
Did not explain risks and benefits	1
Did not explain costs	1
Untidy personal appearance	*
Did not see their qualifications	*
Surgery was dirty	*
Bad feedback from others	*
Another reason	5
Don't know	1

Q13. Thinking about dentists as a whole, which if any, of the following do you associate with being a professional? (Please select up to three)

GD14A

	2018 %
Knowledge and expertise	47
Standard of care	41
Giving advice on the best treatment for me	37
Putting patients' needs first/ahead of profit	27
Cleanliness/appearance of the surgery	25
Having qualifications/letters after name	17
Honesty	13
Compassionate nature	11
Being friendly	11
Ongoing training	11
Being polite	10
Smart personal appearance	5
Good timekeeping	4
Don't know	1

Complaints

Q14. Have you ever complained about a dental professional? This includes making a complaint to staff at your dental practice, including to a receptionist.

GD09

Base: People who have been to a dentist at some point: 2018 (1543); 2017 (1209); 2015 (1209); 2014 (1564); 2013 (1524); 2012 (1464)

	2018 %	2017 %	2015 %	2014 %	2013 %	2012 %
Yes	7	5	4	2	4	3
No	93	95	96	97	96	95
Don't know	*	*	0	*	*	1
Prefer not to say	-	0	0	0	0	1

In 2015, 2014, 2013 and 2012 the question was worded: 'Have you ever complained about a dental professional?'

Q15. Have you ever *considered* complaining about a dental professional?

GD10

Base: People who have not, don't know or prefer not to say if they have complained about a dental professional: 2018 (1440), 2017 (1149); 2015 (1156); 2014 (1523); 2013 (1467); 2012 (1422)

	2018 %	2017 %	2015 %	2014 %	2013 %	2012 %
Yes	9	8	8	5	8	5
No	91	92	92	95	92	93
Don't know	*	*	0	*	*	1
Prefer not to say	-	0	0	0	0	1

Q16a. How likely or unlikely would you be to feedback to your dental practice in the following scenario?
GD17A

A dentist is particularly helpful during your treatment, going above and beyond expectations and supports you to make a decision about a treatment that works for you.

Base: People shown positive scenario: 2018 (795)

	2018 %
Very likely	37
Somewhat likely	35
Somewhat unlikely	12
Not at all likely	15
Don't know	2

Q16b. How likely or unlikely would you be to feedback to your dental practice in the following scenario?
GD17B

A dentist is rude during treatment and doesn't check that you are happy with all of the treatment options.

Base: People shown negative scenario: 2018 (794)

	2018 %
Very likely	44
Somewhat likely	30
Somewhat unlikely	12
Not at all likely	14
Don't know	1

Q16c. You said you were unlikely to feedback to your dental practice in this scenario, why do you say that?
GD17C

Base: People who say they are unlikely to feedback to their practice: 2018 (411)

	2018 %
I do not think the practice would do anything with that feedback	30
I do not know how I would feed back	24
I would feel embarrassed	17
I would be worried about it impacting on my future care at the practice	8
I would feedback to the regulator for dentists instead	6
I would feedback to another organisation	3
I would feedback to an independent organisation instead	2
Don't know	15

Q18. In this scenario, if you provided feedback of any kind, which of the following, if any, would you like to happen next?
GD18A

	2018 %
The practice to let you know what, if anything, has been done as a result of your feedback	38
Staff to discuss the feedback	24
Staff to consider changing the way they deliver care	21
The practice to ask more feedback from other patients	15
Practice to tell organisations that regulate dental care professionals	14
Something else	11
Don't know	6

Q19a. To what extent do you agree or disagree with the following statements:
GD19A

A: The more I pay for my dental treatment, the better the quality of care I expect

	2018 %
Strongly agree	27
Tend to agree	25
Neither agree nor disagree	23
Tend to disagree	14
Strongly disagree	11
Don't know	1

Q19b. To what extent do you agree or disagree with the following statements:
GD19A

B: The more I pay for my dental treatment, the more involved I expect to be in decisions about my care

	2018 %
Strongly agree	27
Tend to agree	27
Neither agree nor disagree	25
Tend to disagree	12
Strongly disagree	8
Don't know	1

Q19c. To what extent do you agree or disagree with the following statements:

GD19A

C: I always trust my dentist to recommend what is best for my treatment

	2018 %
Strongly agree	47
Tend to agree	34
Neither agree nor disagree	13
Tend to disagree	4
Strongly disagree	1
Don't know	1

Q19d. To what extent do you agree or disagree with the following statements:

GD19A

D: Value for money is important to me when thinking about my dental treatment

	2018 %
Strongly agree	34
Tend to agree	34
Neither agree nor disagree	21
Tend to disagree	7
Strongly disagree	3
Don't know	1

Q19e. To what extent do you agree or disagree with the following statements:

GD19A

E: Being involved in conversations about my choice of dental treatment is important to me

	2018 %
Strongly agree	50
Tend to agree	34
Neither agree nor disagree	13
Tend to disagree	2
Strongly disagree	1
Don't know	1

Q19f. To what extent do you agree or disagree with the following statements:
GD19A

F: If I choose private dental treatment instead of NHS treatment, I expect a better quality service

	2018 %
Strongly agree	30
Tend to agree	27
Neither agree nor disagree	21
Tend to disagree	12
Strongly disagree	9
Don't know	1

Q19g. To what extent do you agree or disagree with the following statements:
GD19A

G: The more expensive a dental treatment, the more likely I am to complain if I am not happy with the service

	2018 %
Strongly agree	33
Tend to agree	26
Neither agree nor disagree	23
Tend to disagree	10
Strongly disagree	7
Don't know	1

Q19h. To what extent do you agree or disagree with the following statements:
GD19A

H: Because I pay for my dental treatment, I expect more from dentists than other healthcare professionals

	2018 %
Strongly agree	20
Tend to agree	19
Neither agree nor disagree	30
Tend to disagree	17
Strongly disagree	12
Don't know	1

Q20. In which of the following ways would you consider it appropriate for your dental practice to advertise "cosmetic" treatments?
GD21A

	2018 %
Leaflets in the waiting room	53
Posters in the waiting room	50
On the website	31
The dentist mentioning them after a patient asks about them	25
Public advertising (e.g. billboards, newspapers, shopping centre displays)	17
In an email newsletter	11
The dentist mentioning them during an appointment without the patient asking	10
Another member of staff (not the dentist) at the surgery mentioning during an appointment	7
In another way	5
None	5
Don't know	4

Q21. Have you heard about, or seen adverts for, cosmetic treatments at a dental practice in any of the following ways?
GD22AX

	2018 %
Posters in the waiting room	46
Leaflets in the waiting room	37
Public advertising (e.g. billboards, newspapers, shopping centre displays)	14
On the website	13
The dentist mentioning them after you ask about them	8
The dentist mentioning them during an appointment without you asking	5
In an email newsletter	4
Another member of staff at the surgery mentioning during an appointment (e.g. hygienist)	3
In another way	7
None	21
Don't know	4

Q23.
GD23A

You said a dentist had mentioned a cosmetic treatment to you as part of an appointment without you asking. How did you feel about this?

Base: People whose dentist mentioned cosmetic treatment to them during an appointment without asking: 2018 (74)

	2018 %
Didn't care/think about it	36
Nice to see offered	22
Depends on the treatment	12
Decided to get treatment	12
Makes me think they're looking for money	11
Depends on the messaging	8
It's what I expect	5
Made me less trusting/less confident in my dentist/dental practice	2
It made me leave the practice/choose another practice	1
Made me uncomfortable	1
Depends on the staff member	-
Other	9
Don't know	-

Demographics

Gender

	%
Male	50
Female	50

Age

	%
15-24	14
25-34	17
35-44	14
45-54	18
55-64	14
65+	23

Social grade

	%
A	5
B	22
C1	29
C2	21
D	15
E	9

Marital status

	%
Married/living as	55
Single	29
Widowed/divorced/separated	16

Working status

	%
Working	55
Not working	45

Occupation

	%
Full-time	38
Part-time	12
Self-employed	5
Not working – housewife	4
Still in education	8
Unemployed	3
Retired	24
Other	6

Children in household

	%
Yes	24
No	76

Children's ages

Multi-code question

	%
Aged 0-3	8
Aged 4-5	4
Aged 6-9	8
Aged 10-15	13
None aged under 16	76

Location

	%
England	83
Northern Ireland	3
Scotland	8
Wales	6

Ethnicity

	%
White	88
BAME	11

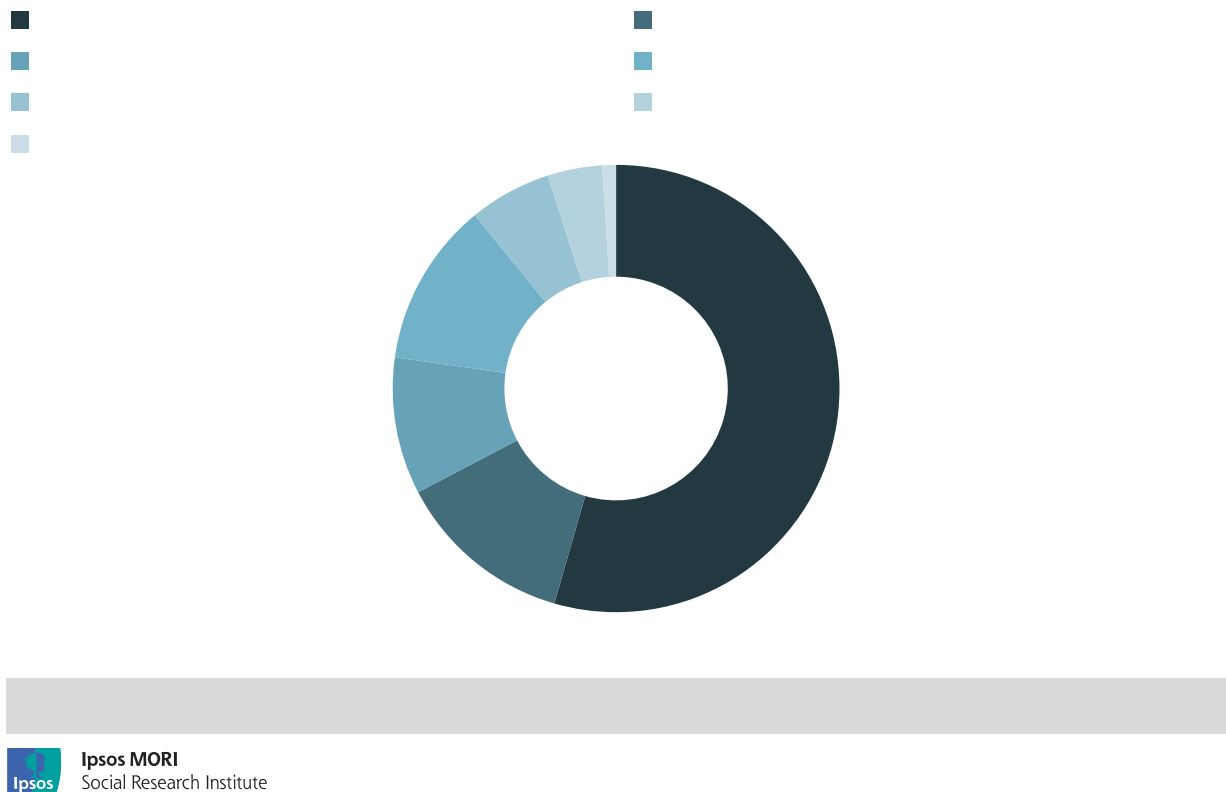
Disability

	%
Yes	15
No	84

1.3 Public and patient use of dental professionals

1.3.1 Last visit to dentist

Seven in ten people visited the dentist in the last twelve months (68%), with over half (55%) visiting in the last six months.



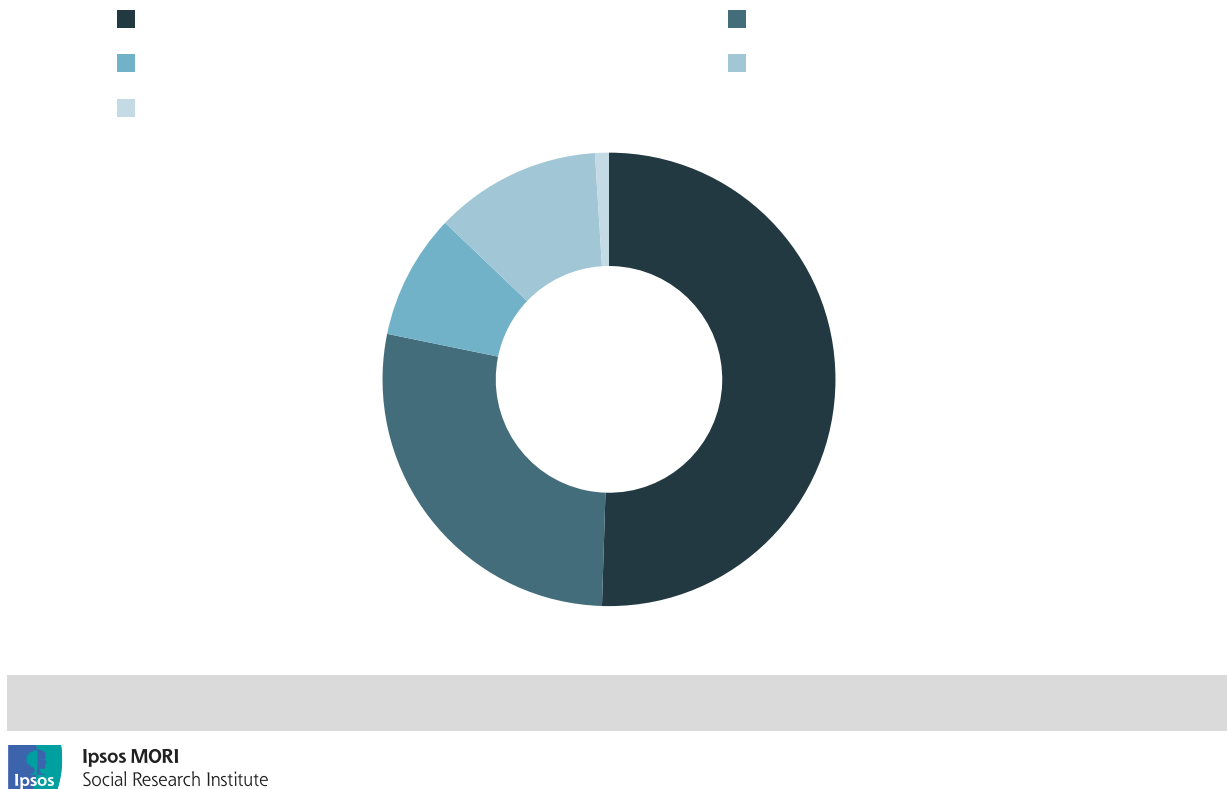
The following groups were most likely to have visited the dentist in the last six months when compared with the average of 55%:

- Women (59%);
- Those aged 65+ (64%);
- people in social grades A/B and in social grade C1 (65% and 59% respectively).

People from a white background were more likely to have visited the dentist in the last six months than people from an ethnic minority group (57% compared with 46%).

1.3.2 Frequency of visits to dentist

Half of people (51%) said that they visit the dentist once every six months on average.

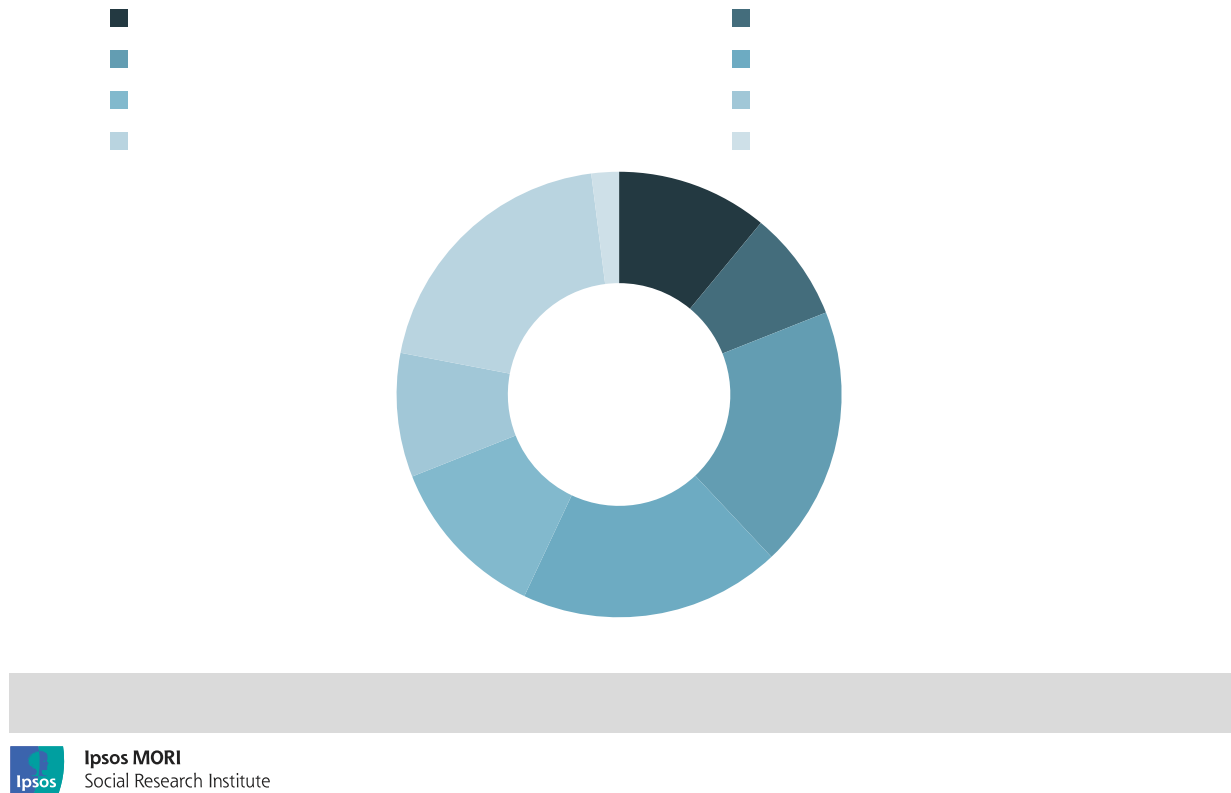


Women and older people were more likely than average to report visiting the dentist in the last six months (55% of women, 61% of those aged 55 to 64 and 62% of those aged 65 reported this compared with 51% overall).

People from a white background were also more likely than those from an ethnic minority group (52% compared with 37%).

1.3.3 Length of time with current dentist or dental practice

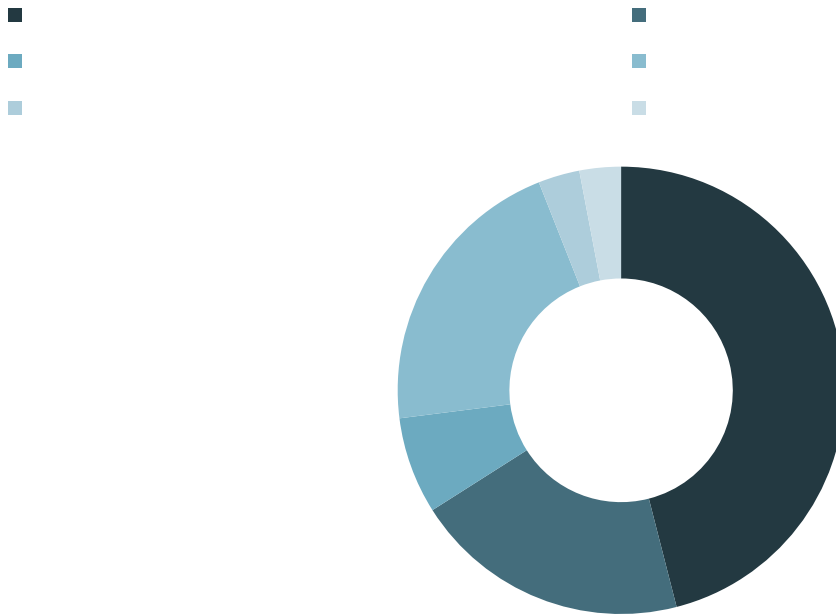
Nearly four in ten patients (38%) have been with their current dentist for five years or less.



Older people tended to have been with their current dentist for the longest (28% of those aged 55 to 64, and 33% of those aged 65 and over had been with their current dentist for more than 20 years compared with 20% overall). Nearly two in ten of those aged 35 to 44 had been with their dentist for a year or less (17% compared with 11% overall).

1.3.4 NHS vs. private care

The majority of patients (66%) received solely NHS treatment, either paid-for (46%) or free (20%), at their last visit to the dentist. Fewer than one in ten (7%) received a mixture of NHS and private dental care and around two in ten (21%) received private dental care.



Ipsos MORI
Social Research Institute

1.4 Profile of participants from qualitative depth interviews

Participant	Age	Gender	Social grade	Ethnicity	Country	Dental care satisfaction	Confidence in GDC's regulation of dentistry	Dental regulation priorities	NHS or private dental treatment	Disabled	What led them to not attend an appointment	Willingness to give feedback, based on scenario (positive or negative)	Offered cosmetic treatment unprompted	Response to cosmetic treatment offering
1	55 - 59	Female	C2	White	England		Don't know	Focus equally on preventing bad practice and taking action against dentists with serious complaints		Yes	Don't Know	Very likely (negative)	Yes	Made me less trusting / less confident in my dentist / dental practice
2	18 - 24	Male	C2	White	England	Very satisfied	Very confident	Focus equally on preventing bad practice and taking action against dentists with serious complaints	NHS dental care that I paid for	No	Not having the time, Unable to get an appointment when I needed one	Somewhat likely (negative)	No	
3	18 - 24	Female	C1	BAME	England	Very satisfied	Fairly confident	Focus mainly on taking action against dentists that have serious complaints	Private dental care only in the UK	No	Unable to find an NHS dentist, Unable to get an appointment when I needed one, Being away from home	Very likely (negative)	Yes	Didn't care / think about it
4	75+	Male	A	White	Scotland	Very satisfied	Very confident	Focus equally on preventing bad practice and taking action against dentists with serious complaints	NHS dental care that I paid for	Yes	Nothing	Not at all likely (positive)	No	
5	45 - 54	Female	B	White	Wales	Fairly satisfied	Not very confident	Focus equally on preventing bad practice and taking action against dentists with serious complaints	NHS dental care that I paid for	No	Unable to find an NHS dentist	Somewhat likely (positive)	No	
6	45 - 54	Male	E	White	England		Fairly confident	Focus equally on preventing bad practice and taking action against dentists with serious complaints	Private dental care only in the UK	Yes	Not registered at a dentist, Unable to find an NHS dentist, Something else, Worried about the cost of potential treatment, Worried about how painful it might be	Very likely (positive)	No	
7	60 - 64	Male	C2	White	England	Very satisfied	Fairly confident	Focus equally on preventing bad practice and taking action against dentists with serious complaints	NHS dental care that was free	No	Worried about how painful it might be	Don't Know (positive)	Yes	Makes me think they're looking for money

8	65 - 74	Male	E	White	England	Fairly satisfied	Fairly confident	Focus equally on preventing bad practice and taking action against dentists with serious complaints	Private dental care only in the UK	No	Nothing	Very likely (positive)	No	
9	60 - 64	Male	C2	White	England	Very satisfied	Not very confident	Focus mainly on preventing bad practice	Private dental care only in the UK	yes	Unable to find an NHS dentist	Somewhat likely (positive)	No	
10	25 - 34	Female	D	White	England	Very satisfied	Very confident	Focus equally on preventing bad practice and taking action against dentists with serious complaints	NHS dental care that was free	yes	nothing	Very likely (negative)	No	

1.5 Profile of participants from deliberative workshop

Participant	Age	Gender	Social grade	Ethnicity	Dental care satisfaction	Confidence in GDC's regulation of dentistry	NHS or private dental treatment
1	25 - 34	Male	A	White	Very dissatisfied	Not at all confident	NHS dental care that I paid for
2	45 - 54	Male	B	White		Not at all confident	
3	35 - 44	Male	C1	White	Fairly satisfied	Fairly confident	I had treatment abroad
4	45 - 54	Male	E	White		Fairly confident	
5	60 - 64	Male	C1	White	Very satisfied	Not very confident	Private dental care only in the UK
6	35 - 44	Male	C1	White	Very satisfied	Fairly confident	NHS dental care that I paid for
7	25 - 34	Female	C1	BAME	Fairly satisfied	Not very confident	NHS dental care that was free
8	35 - 44	Male	C1	BAME	Fairly satisfied	Fairly confident	NHS dental care that was free
9	60 - 64	Female	C1	White	Fairly satisfied	Not very confident	NHS dental care that was free
10	65 - 74	Female	C1	White	Fairly satisfied	Fairly confident	NHS Dental Care that I paid for
11	55 - 64	Male	B	White	Very satisfied	Fairly confident	Private dental in the UK
12	65 - 74	Male	B	White	Very satisfied	Fairly confident	NHS Dental Care that I pay for
13	45 - 54	Male	C2	White	Fairly dissatisfied	Not very confident	Private dental care only in the UK
14	55 - 64	Male	B	White	Fairly dissatisfied	Not very confident	Private dental care only in the UK
15	25 - 34	Female	D	White	Fairly dissatisfied	Fairly confident	Private dental care only in the UK
16	18 - 24	Male	C1	BAME	Fairly dissatisfied	Not very confident	NHS Dental Care that I paid for
17	25 - 34	Female	C1	BAME	Fairly satisfied	Fairly confident	NHS Dental Care that I paid for
18	25 - 34	Female	D	White	Very satisfied	Very Confident	NHS dental care that was free
19	65 - 74	Male	C1	White	Fairly satisfied	Very Confident	Private dental care only in the UK
20	55 - 64	Female	C1	White	Very satisfied	Fairly confident	NHS Dental Care that I paid for

1.6 Discussion guide for qualitative depth interviews

GDC- patients and the public research Depth interview discussion guide

Introduction	TIMING
<p>Thank participant for taking part and introduce self.</p> <p>Explain we are conducting research on behalf of the General Dental Council to better understand what patients expect of a regulator.</p> <p>Introduce Ipsos MORI and explain that as an independent research organisation, Ipsos MORI adheres to the Market Research Society Code of Conduct. We are gathering a range of opinions from a range of people, and all opinions are valid.</p> <p>Reassure all responses are anonymous, and identifiable information about individuals will not be passed on to anyone, including NHS England.</p> <p>Confirm the length of discussion is around 30 mins – depending on their answers – but they can stop at any point and they are also welcome to withdraw from the research at any stage.</p> <p>Confirm they are happy to take part. Ask if they have any questions before we begin.</p> <p>Get permission to digitally record in order to transcribe for (anonymised) quotes.</p> <p>Explain the format of the interview.</p>	2 mins
Giving Feedback	
<p>I'd like to start by talking about giving feedback to a dental practice. During the questionnaire you were read the following scenario:</p> <p>Positive</p> <p>A dentist is particularly helpful during your treatment, going above and beyond your expectations, and supports you to make a decision about a treatment that works for you</p> <p>Negative</p> <p>A dentist is rude during your treatment and doesn't check that you are happy with all the treatment options.</p> <p>You said that you were unlikely/ likely to give feedback. Can you talk me through why you said you were likely / unlikely to feedback.</p> <p>What are you thinking about when we say feedback?</p> <ul style="list-style-type: none"> What does it involve? 	10 mins

Would being asked to give feedback by somebody at the practice change how you felt?

Read participant the alternative scenario.

What about if you experienced a situation like this, would you be more or less likely to give feedback in this instance?

Probe

- *Why do you say that?*
- *(If they would not give feedback to either scenario) Is there any instance in which you would give feedback/ make a complaint? Why do you say that?*

Have you ever given feedback to a dental practice – either positive or negative?

IF YES:

Can you talk me through why you chose to give feedback at that point?

- *What happened to make you want to give feedback?*
- *Why did you at this point / what was different to other times you may not have done before?*
- *How did you give feedback / what was the process? (e.g. was it formal, or informal, requested or spontaneous).*

What happened when you gave the feedback?

- *Did the dental practice keep in touch with you about your feedback?*
- *Did you notice anything changing as a result of your feedback?*

Would you want to have changed anything?

IF NO:

Have there been times you'd like to have fed back?

- *What stopped you from doing so?*
- *Was there anything that would have made you more likely to give feedback at that point? Why do you say that?*

Was there anything you would like to have happened differently in the way that your feedback was dealt with?

- *Why do you say that?*
- *Would that have been different if the feedback was different? (e.g. a larger issue, on a positive / negative scenario ...)*

And what would you like the practice to do with feedback like this?

- *Is this what you think happened?*
- *If they are doing this, how could they let you know about it? / Would you want to know about it?*

<p>ASK EVERYBODY</p> <p>I'd like to understand more about what the ideal process would look like if you gave feedback. Thinking about the original scenario (remind them of the positive or negative scenario again).</p> <p>If you did feedback, how would you want to provide the feedback? (e.g. formal, informal, prompted, unprompted, anonymous, ...)</p> <ul style="list-style-type: none"> • <i>Who would you want to give the feedback to? Why?</i> • <i>Would it be different if the feedback was positive/negative? (depending on scenario). Why do you say that?</i> <p>If your practice received that feedback, what would you like them to do with it?</p> <ul style="list-style-type: none"> - <i>Why do you say that?</i> - <i>Would the practice communicate with you about what they were doing as a result of the feedback? Why do you say that? [IF YES] How would you like them to feed that back to you?</i> <p>For the negative scenario:</p> <p>If the practice apologised for this, how would you want them to do that?</p>	
GDC regulation	
<p>As you may remember, the General Dental Council protects patients by regulating dental professionals in the UK. So, all dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists must be registered with the General Dental Council to work in dentistry.</p> <p>ASK: Where participant said that they were 'Fairly confident' in the GDC's regulation in survey</p> <p>REMIND PARTICIPANT OF THE SURVEY QUESTION.</p> <p>You said that you were 'Fairly confident' that the GDC regulates dentists and dental care professionals effectively.</p> <p>Can you tell me what you were thinking when you chose that answer?</p> <p>Probe</p> <ul style="list-style-type: none"> • <i>What kind of things made you fairly confident?</i> • <i>What would make you 'very confident'? [Probe on awareness / visibility of the GDC – would that make a difference?]</i> <p>ASK ALL</p> <p>You said that you thought that the GDC should focus on (delete as applicable) 'preventing bad practice in dentistry,' 'preventing bad practice and taking action against dentists that have serious complaints raised against them' or 'on taking action against dentists that have serious complaints raised against them.'</p>	5 mins

<p>Can you tell me what you were thinking when you chose that?</p> <p>Probe</p> <ul style="list-style-type: none"> What made you chose that one over the other parts of the scale? What kind of things were you thinking of when it said prevention? 	
Dental treatment and cost	
<p>ASK ALL about at least 3 statements.</p> <p>For any that said neither / nor ask all statements they said this for:</p> <p>For each of the statements:</p> <ul style="list-style-type: none"> A) The more I pay for my dental treatment, the better the quality of care I expect B) The more I pay for my dental treatment, the more involved I expect to be in decisions about my care C) Value for money is important to me when thinking about my dental treatment D) If I choose private dental treatment instead of NHS treatment, I expect a better quality service E) The more expensive a dental treatment, the more likely I am to complain if I am not happy with the service F) Because I pay for my dental treatment, I expect more from dentists than other healthcare professionals <p>Can you tell me what you were thinking when you chose that answer?</p> <p>What kind of scenario or treatment were you thinking about?</p> <p>You said that you 'neither agree nor disagree,' can you tell me what you were thinking when you chose that?</p> <p>Probe</p> <ul style="list-style-type: none"> Could anything be different to make you chose one end or the other instead? 	Up to 5 mins
Cosmetic treatments	
<p>In the survey, we asked about how you might hear about cosmetic treatment. For example, we asked if you had ever seen a poster advertising it in a dentist.</p> <p>What type of treatments would you think of as "cosmetic"?</p> <ul style="list-style-type: none"> What makes that treatment cosmetic? <p>I'm going to read out a list of some treatments, and can you tell me which you think are cosmetic and which are not?</p> <p>FOR EACH PROBE ON WHY</p>	5 mins

<ul style="list-style-type: none"> Teeth whitening, NHS fillings, private white filling, Root canal, Botox, Orthodontistry (e.g. braces), Caps, False teeth, Lip fillers, Cheek fillers, Teeth cleaning / hygienist appointment, Teeth veneers, Teeth implants and ask why they say one thing is cosmetic and another is not. <p>ASK: Only for those who have been offered a cosmetic dental treatment in the past</p> <p>You said that you have been offered a cosmetic treatment in the past without asking for this. What did you think about that?</p> <p>Probe</p> <ul style="list-style-type: none"> Why did/didn't this concern you? Would your reaction be different depending on the treatment which was offered? (give an example if necessary). 	
Disabled access to dental treatment	
<p>ASK only those who said something else</p> <p>The GDC want to ensure that dental treatment is accessible to all patients.</p> <p>You said in the survey that 'something else' had prevented you from accessing dental treatment.</p> <p>Would you be comfortable discussing what this was? If so, could you tell me about it.</p> <p>Probe</p> <ul style="list-style-type: none"> Why did that make you feel like you could not access dental services at that time? (if applicable) 	Up to 5 mins
Wrapping up	
<p>CHECK IF ANY QUESTIONS/ QUERIES ABOUT THE RESEARCH / REASSURE ON ANONYMITY.</p> <p>THANK PARTICIPANT AND CLOSE INTERVIEW.</p>	2 mins

1.7 Discussion guide for deliberative workshop

GDC- Patients and the Public Research Deliberative workshop

Timing	Section
Pre-workshop – 15 mins	<p>Pre-task for participants: Participants are asked to discuss dentists with friends and family and find three words that come most to mind.</p> <p>Arrival Participants will be asked to sign consent forms, and will be offered the privacy policy before being allocated to their tables</p>
5 mins	<p>Whole workshop welcome, introductions across the team, Welcome from Ipsos MORI chair – introduce Ipsos MORI, staff and their roles.</p> <ul style="list-style-type: none"> • Chair to outline the purpose of the workshop and set the ground rules as well as the broad structure. • Inform participants about the whole research approach. <p><u>Purpose of the workshop:</u> To help the General Dental Council to better understand what patients want from their dentists and from a dental regulator, to feed into their strategy and aim to improve the way dentists and themselves engage with patients and the public.</p>
10 mins	<p>Introduction at tables</p> <ul style="list-style-type: none"> • Moderators reinforce the purpose • Explain that as an independent research organisation, Ipsos MORI adheres to the Market Research Society Code of Conduct; we are gathering a range of opinions from a variety of people, and all opinions are valid. • Get permission to digitally record • Ask if any questions • Participants to briefly introduce themselves in pairs and discuss the 3 words to describe dentists pre-task. • Participants introduce to the group and add the post-it notes to the flipchart. • Groups the post-it notes and refer back in the workshop
50 mins	<p>Session 1: Professionalism</p> <p>We're going to think of people who work not just in dentistry but in other areas too. To start with, when I say somebody is professional, what kind of words or images come to mind?</p> <ul style="list-style-type: none"> - Any others? <p>And now, thinking about the people you might meet who work in healthcare – so in hospitals, or GP practices, or in ambulances, what kind of things make you know that person is a professional?</p> <p>COLLECT RESPONSES TO BOTH QUESTIONS ABOVE ON POST-IT NOTES. IF NOT MENTIONED, PROMPT ON:</p> <ol style="list-style-type: none"> 1. Having qualifications/letters after name 2. Ongoing training 3. Smart personal appearance 4. Cleanliness/appearance of the surgery 5. Being polite 6. Being friendly 7. Compassionate nature 8. Good timekeeping

9. Honesty
10. Putting patients' needs first/ahead of profit
11. Giving advice on the best treatment for me
12. Knowledge and expertise
13. Standard of care

We're now going to look at why these aspects are important. What do they tell us about that person? Why is that important?

AS A TABLE, THEME RESPONSES LOOKING FOR UNDERPINNING MORAL PRINCIPLES e.g. caring about the quality of their work, caring about the patient, level of competence, taking responsibility for their actions...

Ok, now we have all these things we associate with being a professional, which do you associate with dentists?

- Why do you say that?
- How does this list of things associated with professionalism compare to the words you used to describe dentists in the pre-task?
- [IF DIFFERENT] why are there differences?

IN PAIRS: Which ones are most important for dentists? Please think about your top three.

PAIRS FEEDBACK AND FLIPCHART THE TOP 3 FOR EACH.

- Why are these most important to you?
- Was it hard to pick three? What did you almost pick? Why didn't you choose those?
- What ones were least important to you?
- What did you base your decisions on?

COMPARE ACROSS THE PAIRS – HIGHLIGHT THE THEMES AND UNDERPINNING PRINCIPLES WHICH APPEAR MOST OFTEN

If I had asked you about a GP being a professional, what 3 words would you have chosen?

- Why?
- What is different?

And how about if it was a police officer?

- Why?
- What is different?

And what about a teacher?

- Why?
- What is different?

How do the themes compare between these groups? Why do you say that?

CHAIR TO STOP GROUPS AT SAME TIME AFTER 25 MINS

Tipping point exploration

Thinking about all we've talked about so far, we're now going to talk through a scenario to help us understand a bit more.

EACH TABLE DISCUSSES A DIFFERENT SCENARIO – MODERATORS REMAIN ON A TABLE AND ONLY DISCUSS ONE SCENARIO THROUGHOUT THE EXERCISE, PARTICIPANTS ROTATE. OVERALL, EACH GROUP OF PARTICIPANTS WILL DISCUSS TWO SCENARIOS.

SCENARIO 1:

A Dental Nurse commits credit card fraud. While on reception, they used a Dentist's credit card to pay for an online order of baby clothes and had them sent to their personal address. The Dentist was in with a patient and not aware this was happening. When this was discovered the Dental Nurse was fired from her position and reported to the police, who took no further action.

Would you say this dental nurse is a professional? Why / why not? PROBE ON MORALS/ETHICS AND MITIGATION: HONESTY/DISHONESTY, NEED, IMPACT/LACK OF IMPACT ON PATIENT CARE ETC

CHANGES TO TEST:

- They claim it was a mistake, and that they had picked up the wrong card from their wallet (it was a work credit card that they used for work expenses).
- It was a patient's credit card
- It was cash from a petty cash box – they claim they had been caught short that day and intended to pay the money back into the box the next day
- Due to errors in the dentist's finance system, they had not received their pay for the last two months
- The money was spent on tickets for a concert.
- It was a family practice and the dentist was their brother.

BRIEFLY DISCUSS EACH ONE:

What difference does this make? Why? PROBE ON MORALS/ETHICS AND MITIGATION: HONESTY/DISHONESTY, NEED, INTENT, IMPACT/LACK OF IMPACT ON ABILITY TO DO JOB OR ON PATIENT CARE ETC

Do you still see them as a professional?

Which of those changes to the scenario had the biggest impact on how you thought about the scenario? Why do you say that?

What about this scenario would worry you about this dental nurse in their professional role? Why do you say that? PROBE ON THEMES

COMPARE AND CONTRAST ACROSS GROUPS

PARTICIPANTS ROTATE TO NEXT TABLE AND DISCUSS THE NEXT SCENARIO

SCENARIO 2:

A dentist was caught driving above the legal limit but did not inform the regulator of this conviction, which anyone registered with the GDC is supposed to do for any kind of crime. It happened in their spare time, and they were not due at work the next day. They did inform their manager right away but forgot to inform not the regulator.

Would you say this dentist is a professional? Why / why not?

|

CHANGES TO TEST:

- The dentist said this was due to stress and difficult personal circumstances as they were currently going through a divorce.
- The dentist had been celebrating their birthday on a night out with friends.
- The dentist was on their way back from a funeral of a close family member.
- The dentist is now attending AA and recognises that they need to have a better relationship with alcohol.
- The dentist was on a six month sabbatical from their dental practice, travelling around the UK.
- The dentist was not over the limit on alcohol, but was found to have been drug driving – she had smoked pot before driving.
- The dentist was driving a morning after a heavy night of drinking – they had not realised how much would still be in their blood stream, and assumed that as they had slept it off, she would be fine to drive.

BRIEFLY DISCUSS EACH ONE:

What difference does this make? Why? PROBE ON MORALS/ETHICS AND MITIGATION: HONESTY/DISHONESTY, INTENT, IMPACT/LACK OF IMPACT ON ABILITY TO DO JOB OR ON PATIENT CARE ETC

Do you still see them as a professional?

Which of those changes to the scenario had the biggest impact on how you thought about the scenario? Why do you say that?

What about this scenario would worry you about this dentist in their professional role? Why do you say that? PROBE ON THEMES

SCENARIO 3:

The police have been called to the property of a dentist by his neighbours, as they were concerned about the way the dentist was shouting and screaming at his wife and children. Social services have insisted that the children are separated from him, and have given temporary custody of them to his wife's parents. However, they are working to reintegrate the family and organising supported visits between the dentist and his children.

Would you say this dentist is a professional? Why / why not?

CHANGES TO TEST:

- This is the third time the dentist has been separated from his children from social services for similar reasons.
- The dentist is found to be suffering from an undiagnosed mental health condition. He is now seeing a psychiatrist and been prescribed medication, which appears to be treating his condition.
- The dentist works in a clinic where he deals with a lot of families, including young children.
- The dentist is generally considered polite and kind by patients and colleagues.
- The dentist says that he was under immense pressure due to a recent bereavement which he was not handling well. He says he is determined to do everything he can to apologise to his family and get his kids back. He has followed all the guidelines set by social services.
- His wife decides to leave him and applies for full custody of the children, which she is given.

Do you still see them as a professional?

BRIEFLY DISCUSS EACH ONE:

What difference does this make? Why? PROBE ON MORALS/ETHICS AND MITIGATION: HONESTY/DISHONESTY, INTENT, IMPACT/LACK OF IMPACT ON ABILITY TO DO JOB OR ON PATIENT CARE ETC

Do you still see them as a professional?

	<p>Which of those changes to the scenario had the biggest impact on how you thought about the scenario? Why do you say that?</p> <p>What about this scenario would worry you about this dentist in their professional role? Why do you say that? PROBE ON THEMES</p>
10 mins	Refreshment break
50 mins	<p>Session 2: Confidence</p> <p>We're now going to talk about "public confidence" – this is confidence that the general public has in institutions or types of people.</p> <p>Can you think of examples of when something has happened that impacted on public confidence in an institution or group of people?</p> <ul style="list-style-type: none"> - Why did that affect public confidence? - Why did this affect opinions of everyone, not just the individuals specifically involved? - What is it about these that made people worried about them, or talk about them? (PROBE ON: the roles and responsibilities of the people involved, tapping into existing fears, impact, number of cases, role of regulation, amount of newspaper coverage etc.) <p>We're now going to talk through some examples of where a news story may have impacted public confidence in an organisation or group of people [IF NOT ALREADY MENTIONED]. For each one, I'd like you to think about:</p> <ul style="list-style-type: none"> - To what extent did it affect public confidence? Why? - Why did this affect opinions of everyone, not just the individuals specifically involved? - What is it about these that made people worried about them, or talk about them? (PROBE ON: the roles and responsibilities of the people involved, tapping into existing fears, impact, number of cases, role of regulation, amount of media coverage etc.) <p>SCENARIO A: News of the World phone hacking scandal: It was alleged that the News of the World employees and private detectives working on their behalf were hacking into the mobile voicemails of individuals, and listening to their messages without their consent. This included celebrities and politicians, as well as others including victims of the 2005 London bombings, Milly Dowler, a young girl who was found murdered, and relatives of deceased British soldiers. Due to public outcry about this and other accusations such as police bribery, the Leveson Enquiry was established to look into the press more generally, and the News of the World was closed down.</p> <p>SCENARIO B: MPs expenses scandal: In 2009, details of all MPs expenses claimed over the previous few years were published over several days in the Daily Telegraph. These included widespread accusations that MPs were switching which house was designated as a "second home", increasing the amount they could claim, as well as a few which resulted in criminal charges. There were also widely publicised claims, such as for the duck island.</p> <p>SCENARIO C: Bawa-Garba case: Dr Bawa-Garba, a junior doctor working in paediatrics, was charged with and convicted of gross negligence homicide after a young boy in her care died. It was felt there were failures in the way that she had managed his care, and that she had been too complacent and not proactive enough. However, she was only just back from maternity leave, overstretched in an understaffed ward she was not familiar with, and the computer systems were not working, meaning that test results were not transferred to her quickly. She was originally</p>

suspended for a year, but the General Medical Council tried to get her permanently struck off. In August 2018, she won her appeal to be reinstated, on the grounds of her otherwise unblemished record and the contextual issues she was facing.

Thinking about these scenarios, what do you think has the biggest impact on public confidence? Why do you say that? PROBE AS ABOVE.

We're now going to go through some theoretical examples of scenarios about dentists. All of these are invented, but will be based on things the regulator would be responsible for. For each let's think about whether this would impact your opinion of dentists and dental professionals as a whole:

Scenario 1: You see a story on a news website about a local woman who has attacked an ex-boyfriend's new girlfriend on a night out. It includes a video of the two women yelling at each other, and one of them being physically restrained by some friends. The story includes the news that she has been arrested for assault. When you go to a new dentist a week later, you recognise her as the dental nurse in the surgery. You mention having seen the story to one of the senior members of staff, and they are clearly surprised, as they did not know this had happened.

Scenario 2: You see a news story about dental technicians in remote areas doing work they are not qualified to do. This includes a mention of a recent case where a dental technician was reported for making dentures without a Dentist referral.

Scenario 3: You see a news programme discussing how people use social media. As an example, one of the guests mentions a dentist at their local surgery who had posted pictures of themselves on Facebook with small bags of white powder and the heading "Ket Sundays".

For each scenario:

- Would this impact your feelings about dentistry as a whole? What makes you say that? How do these scenarios compare to the ones we were talking about earlier when thinking about public confidence? (PROBE ON: the roles and responsibilities of the people involved, tapping into existing fears, impact, number of cases vs one individual, role of regulation, amount of coverage etc.)

Would it be different if you discovered that person had been punished by a regulator? Why do you say that? What would you expect to happen to them? Does it give you more confidence in the profession? Why/why not? Would you do anything differently after hearing these stories? PROBE ON WHETHER IT WOULD MAKE THEM THINK TWICE ABOUT GOING TO VISIT A DENTIST/THEIR DENTIST.

5 mins

Refreshment break (if time / needed)

40 mins

Session 3: Consumer vs patient

We're now going to go on to think about something different. I'm going to give you a word and I'd like you to tell me what comes to mind straight away.

To start with, when I say the word 'consumer' what words and images come to mind?

Can you give me some examples of when you are a consumer?

WRITE ON FLIPCHART

PROMPT: banking, shops and retail, beauty salons.

	<p>Looking at all of these examples, what is it that makes you a consumer in those situations?</p> <ul style="list-style-type: none"> - What else? - Does it change if they provided a free service for a day? Are you still a consumer? Why? - What about if a charity provide that service and you paid? - What about if the government provided it but you had to pay? <p>Ok, so thinking about another word: 'patient'. What words and images come to mind?</p> <p>Can you give me some examples of when you are a patient?</p> <p>Ok, looking over these examples, what makes you a patient in those situations?</p> <p>What else?</p> <p>SUMMARISE KEY FEATURES OF BEING A CONSUMER AND A PATIENT</p> <p>Thinking about the when you go to the dentist, what are you at this point?</p> <p>What makes you say that?</p> <p>Can people be both consumers and patients?</p> <ul style="list-style-type: none"> - What makes you say that? - What do people expect if they are a patient and if they are a consumer? <p>Lots of people pay for dental care, for example, many pay towards an NHS check-up. Does this change if we think we're a consumer or a patient?</p> <ul style="list-style-type: none"> - Why? Why not? <p>And how about if people pay for different treatments at the dentist, not just a check-up.</p> <p>PROMPT:</p> <ul style="list-style-type: none"> - A private hygienist appointment to have their teeth cleaned? - Braces to straighten their teeth - Having a teeth-whitening treatment <p>Are people consumers or patients in each of these? Where on the scale are they for each?</p> <ul style="list-style-type: none"> - Why do you say that? <p>What do people expect because they are a patient or a consumer for each of these?</p>
10 mins	<p>Session 5: Plenary, final thoughts and close</p> <p>Tables will briefly feedback on the different areas. Moderators to summarise the thoughts from the workshop.</p> <p>THANK AND HANDOUT INCENTIVES</p>

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com

<http://twitter.com/IpsosMORI>

About Ipsos MORI's Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.

Quality Assurance Decisions

Purpose of paper	<p>This paper outlines the reports published for the 2018-2019 academic year in relation to Education Quality Assurance, for noting.</p> <p>It also proposes an annual reporting process to Council and to the Privy Council, for approval.</p>
Action	<p>The Council is asked to note the publications in relation to Education Quality Assurance for 2018-2019 and approve the proposed reporting process.</p>
Corporate Strategy 2020-22	<p>Strategic aim 1:</p> <p>operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.</p>
Decision Trail	<ul style="list-style-type: none"> • In December 2011, the Council made the General Dental Council (Delegation of Functions) Rules 2011. The rules gave effect to the Council's decision to delegate decisions relating to the quality assurance of dental education to the Chief Executive and Registrar. • In the past the Education Quality Assurance team have regularly updated Council with recent publications of reports relating to Quality Assurance activity. This paper provides a collated report and proposed a new, more formalised, reporting process for approval.
Next stage	<p>If approved, the team will report annually to Council and the Privy Council on the Education Quality Assurance activity of the organisation.</p>
Recommendations	<p>The Council is asked to note the publications in relation to Education Quality Assurance for 2018-2019 and approve the proposed reporting process.</p>
Authorship of paper and further information	<p>Manjula Das Head of Education Quality Assurance Mdas@gdc-uk.org 020 7167 6113</p>

1. Introduction

- 1.1 The first part of this paper reports on decisions taken by the Registrar under delegated powers relating to the quality assurance of education training for the last two academic years 2017/8 and 2018/9. The Council is asked to note this information.
- 1.2 The second part of this paper sets out a proposed annual reporting process on Education QA activity to Council and, in line with our statutory obligations, the Privy Council. The Council is asked to approve this approach.

2. Part 1: GDC Education Quality Assurance reports 2018/9

- 2.1 Between 2017-9, the Registrar has taken 15 decisions to agree continuing sufficiency for a BDS programme and 17 decisions to agree approval or continuing approval of Dental Care Professional (DCP) programmes. All decisions were made with reference to the *Standards for Education*.
- 2.2 The GDC Education Quality Assurance inspection reports have been published in relation to the following:

Establishment	Qualification
University of Portsmouth	Batchelor of Science (BSc) (Hons) in Dental Hygiene
Royal College of Surgeons of England (RCSEng)	Licence of Dental Surgery (LDS)
University of Dundee	Batchelor of Science (BsSc) in Oral Health Sciences (OHS)
Cardiff Metropolitan University	Bachelor of Science (BSc) (Hons) in Dental Technology (Full-time) and Foundation Degree in Science (FdSc) in Dental Technology (Part-time)
Newcastle University	Bachelor of Science (BSc) Oral and Dental Health Sciences Bachelor of Dental Surgery (BDS)
Edexcel/Pearson	BTEC Level 3 Extended Diploma in Dental Technology
University of Essex	Foundation Degree in Oral Health Science
University of the Highlands and Islands	Diploma of Higher Education in Dental Technology
Queen's University Belfast	Bachelor of Dental Surgery (BDS)
Belfast School of Dental Technology	BTEC Level 3 Extended Diploma in Dental Technology
Birmingham Metropolitan College DT	BTEC Level 3 Extended Diploma in Dental Technology
University of Birmingham	Bachelor of Dental Surgery (BDS)

Establishment	Qualification
University of Bolton	Foundation Degree in Dental Technology
Bristol University School of Dentistry	Bachelor of Dental Surgery (BDS)
Bristol University Dental Hospital School for DCPs	Diploma in Dental Hygiene and Diploma in Dental Therapy
Cardiff University	Bachelor of Dental Surgery (BDS)
City & Guilds	Level 3 Diploma in Dental Nursing
University of Glasgow	Bachelor of Dental Surgery (BDS)
King's College London	Bachelor of Dental Surgery (BDS)
University of Leeds	Bachelor of Dental Surgery (BChD)
Liverpool University	Diploma in Hygiene and Therapy and Bachelor of Dental Surgery (BDS)
Manchester University	Bachelor of Dental Surgery (BDS)
NEBDN	National Diploma in Dental Nursing
NCFE/CACHE	Level 3 Diploma in the Principles and Practice of Dental Nursing
University of Northampton	Foundation Degree in Dental Nursing
University of Plymouth	BSc (Hons) Dental Therapy and Dental Hygiene and Bachelor of Dental Surgery (BDS)
Queen Mary University of London	Bachelor of Dental Surgery (BDS)
University of Sheffield	Bachelor of Dental Surgery (BDS) and Diploma in Dental Hygiene and Dental Therapy
SQA	Dental Nursing
Teesside University	Certificate of Higher Education in Dental Nursing
University of Central Lancashire	Bachelor of Dental Surgery (BDS) and BSc (HONS) Dental Hygiene and Dental Therapy.

- 2.3 Published reports for all the above can be found [here: https://www.gdc-uk.org/education-cpd/quality-assurance/recent-inspections](https://www.gdc-uk.org/education-cpd/quality-assurance/recent-inspections)
- 2.4 In addition, the Registrar has taken 11 decisions regarding a submission for new programme.
- 2.5 The Registrar has given provisional approval to the following programmes, pending full inspection:

Year	Establishment	Qualification
2017	Barnet & Southgate College	Foundation Degree in Dental Technology awarded by Bolton University
2017	University of Leeds	BSc (Hons) in Dental Hygiene & Therapy
2017	City of Liverpool College/Open University	Dental Technology - Foundation Degree
2017	Worcester University/ Birmingham Metropolitan College	Dental Technology FdSc
2018	University of Portsmouth	BSc Dental Therapy
2018	University of Central Lancashire	BSc (Hons) Clinical Dental Technology/Diploma HE Dental Technology
2019	University of Bristol	BSc (Hons) Dental Hygiene and Dental Therapy
2019	University of Dundee	Oral Health Sciences BSc
2019	University of Liverpool	BDS
2019	University of Liverpool	BSc Dental Therapy
2019	Newcastle University	BDS (Brunei students)

2.6 It is proposed that the team report to Council annually on this work at the end of the academic year.

3. Part 2: Reporting to the Privy Council of Education Quality Assurance decisions and actions

- 3.1 In the Dentists Act 1984, Part II, section 8 (4), it states that: "Council shall...send to the Privy Council a copy of the report and of any observations or objections duly made". This is a mandatory requirement.
- 3.2 To comply with this obligation, it is proposed that this information is shared annually with the Privy Council via links to the published Education Quality Assurance reports. This will take place at the end of each academic year and will include details of decisions and actions taken.
- 3.3 If approved, this reporting process will commence in 2019 and continue annually.
- 3.4 The Review of Education, which includes a summary of the Education Quality Assurance Activity, will also be shared to provide a summary of findings and the next steps.

4. Actions

- 4.1 The Council is asked to **note** the publications in relation to Education Quality Assurance for 2018-2019 and **approve** the proposed reporting process. If approved, the team will report annually to Council and the Privy Council on the Education Quality Assurance activity of the organisation.

Financial Policies Review 2020

Purpose of paper	To present the updated financial policies and procedures that will govern the GDC in 2020 for Council approval
Status	Public
Action	For decision
Corporate Strategy 2016-19	Performance - Objective 2: To improve our management of resources so that we become a more efficient regulator
Business Plan 2018	Not applicable
Decision Trail	Council last considered the GDCs financial policies in December 2018. The Finance and Performance Committee considered these policies at their November 2019 meeting and recommended they be submitted to Council for approval.
Next stage	Not Applicable
Recommendations	The Council is asked to: <ul style="list-style-type: none"> • Consider the financial policies and procedures 2020; • Approve the financial policies and procedures 2020.
Authorship of paper and further information	Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049 Gurvinder Soomal, Executive Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333
Appendices	Appendix 1 – Financial Policies and Procedures 2020

1. Executive Summary

- 1.1. The financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC's latest requirements, arrangements and controls, including correct terminology. They were last considered by Council in December 2018.
- 1.2. The financial policies are linked with the scheme of delegation.
- 1.3. All the financial policies and procedures have been reviewed to ensure they reflect changes made to the organisational structure since the policies were last reviewed. Where changes to policies made are substantive, the full policy has been presented as a separate paper to Council. Other changes to the policies for 2020 are largely textural and reference changes and so only the outline of each policy is circulated with this paper in a summary document (Appendix 1).
- 1.4. There are a number of ongoing projects that will have an impact on processes linked to our financial policies during 2020. These policies will need to be kept under review alongside the ongoing project work to ensure alignment and any proposals for change to policies brought back for approval as required.
- 1.5. The projects and policies implicated for potential further amendment during 2020 are:

Policy	Projects
Procurement Policy	Procurement and Target Operating Model
Headcount and salary budget policy	HR Systems
Staff Expenses Policy Council Members Associates Expenses Policy 2020	Travel Management System
Credit Card Procedures	Corporate Purchasing Card

- 1.6. The updated Council Members & Associates Expenses Policy 2020 will be considered by Remuneration Committee on the 30 January, ahead of any discussion and approval by Council in March 2020.
- 1.7. Council is asked to consider and approve the financial policies and procedures 2020.

2. Risks and considerations

Communications

Copies of the full policy documents will need to be made available to staff (via the intranet) and associates.

Equality and Diversity

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

Legal

The GDC is required to fully comply with the Public Procurement Regulations 2015 and HMRC legislation.

Policy

No impact on policy.

Resources
No cost implications from this decision.
National
No national effect of this decision.
Risks on registers
No links to risks on either the strategic or an operational risk register.

3. Recommendations

- 3.1. Council is asked to consider and approve the financial policies and procedures 2020

4. Appendices

- Appendix 1 – Financial Policies and Procedures 2020

The General Dental Council Financial Policies 2020

Contents

Overview	2
Delegated authorities policy	2
Stewardship	3
Financial Reporting	3
Financial Planning	3
Accounting	4
Procurement	4
Council Members & Associates Expenses	5
Staff Expenses	5
Staff Relocation Expenses	5
Corporate Credit Cards	5
Income Collection	5
Investments	6
Borrowing and Lending	6
Assets and Property	6
Purchase of Assets	6
Recording of Assets	6
Disposal of Assets	7
External Audit	7
Internal Audit	7
Anti-Fraud and Anti-Bribery policies	7
Insurance	8
Salaries and Staff Benefits	8
Taxation	8
Companies and Commercial Activities	8
Disclosure of Interest	8
Hospitality	8
Extent and Review of Procedures	9

Overview

1. Responsibility for the day-to-day stewardship and management of the Council's finances is delegated to the Chief Executive & Registrar, as set out in 'Matters reserved to the Council' and 'Matters Delegated to the Chief Executive'. In pursuit of this delegation, the Chief Executive is accountable to Council for all Financial matters. As Accounting Officer, they are separately and directly accountable to the Privy Council and Parliament for the GDC's systems, control framework and resources.
2. In accordance with these procedures, the Chief Executive may delegate financial management functions (but *not* Accounting Officer functions) to a member of staff, currently the Executive Director, Registration and Corporate Resources.
3. The Executive Director, Registration and Corporate Resources shall compile written policies and procedures, for the approval of the Chief Executive and Finance & Performance Committee, in accordance with the framework established by these procedures.
4. Any of the Chief Executive's direct reports may exercise the financial management function on behalf of the Chief Executive or Executive Director, Registration and Corporate Resources, but only on receipt of a specific written delegation from the Chief Executive. This authority may not be further delegated by the holder. In this case, the Executive Directors must consult with and consider the advice of the Head of Finance and Procurement before taking action.
5. The Chief Executive may, in exceptional circumstances, waive the procedural requirements specified in these procedures. If the Chief Executive makes use of this power, they must report the exercise of the power, and the exceptional circumstances, in writing to the Chairs of the Finance & Performance Committee and Audit & Risk Committee.

Delegated Authorities Policy

6. In order to effectively and efficiently carry out the business of the Council, the Chief Executive delegates authority to incur expenditure to the Executive Directors, via a formal delegation letter. These directors can then allocate responsibility to members of their teams who have been established as budget holders.
7. It is important to note that allocation of responsibility is **not** delegation of authority and in allocating responsibility to budget holders, directors are still accountable and must ensure that all expenditure within their areas is in line with all relevant policies and procedures in place.
8. In exercising their delegations, all staff will be subject to the Council's procurement and financial policies. No member of staff is permitted to both undertake expenditure, by raising an order, and approve payment in the same transaction.
9. Budget holders are only authorised to incur expenditure in line with their approved cost centre budget.
10. The policy sets out the following:
 - The process of budgetary control
 - Securing approval to purchase goods and services
 - Purchase order management

- Banking arrangements

11. A copy of the full policy can be found on the intranet.

Stewardship

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

Financial Reporting

13. The Chief Executive and the Executive Director, Registration and Corporate Resources will receive and monitor monthly management information and will receive and consider the Annual Report and Accounts within the time limits agreed by the Audit & Risk Committee.
14. The Audit & Risk Committee will receive and consider the Annual Report & Accounts, the timescale for which will be agreed by the Chief Executive and Chair of the Audit & Risk Committee.
15. Following agreement by the Audit & Risk Committee, the Annual Report & Accounts will be presented to Council for approval and signature by the Chair and Chief Executive (section C3 of the Policy, "Matters reserved to Council").
16. The Finance Department will report any breaches in delegation limits identified to the Chief Executive and Registrar. The Dynamics NAV purchase management system prevents the majority of breaches and will report any exceptions to delegations identified.
17. The key purpose of the Finance & Performance Committee, as set out in its terms of reference, is to challenge the Executive on financial performance. To facilitate this, the Committee will receive monthly management accounts, a quarterly performance report, quarterly full year reforecasts and a year-end review following the end of the financial year.
18. While the Committee's duties do not empower or require it to directly exercise financial control, in reviewing the management accounts and other performance reports it is in a position to hold the Executive to account for its financial and operational performance, and subsequently advise the Council. Similarly, the Committee is able to bring issues to the attention of the other standing Committees that relate to the performance of operational areas within their respective remits.
19. The Council will receive financial performance information against budget on a quarterly basis, in line with their responsibility to oversee management (section C14 of the Policy, "Matters reserved to Council").

Financial Planning

20. Following its completion by the executive, the Finance & Performance Committee shall review and recommend for approval annually the rolling 3 year Costed Corporate Plan and financial budget. The Council will approve the 3 year Costed Corporate Plan and the following year annual budget following recommendations from the Finance & Performance Committee (section C4 of the Policy, "Matters reserved to Council").
21. The Chief Executive shall review and update the Costed Corporate Plan periodically in the light of decisions taken by the Council. When an amendment to the Costed Corporate Plan is required, the Chief Executive shall ensure that the financial budget or full year financial forecast is amended, if necessary, in the light of the resource implications of the proposed amendment. Any changes requiring

a budget increase or deemed significant by the Finance & Performance Committee, will require Council approval.

Accounting

22. The Executive Director, Registration and Corporate Resources is responsible to the Chief Executive for all accounting procedures and records.
23. The Executive Director, Registration and Corporate Resources shall compile all necessary accounts and accounting records within the time required by law.
24. The Annual Report & Accounts of the Council shall be compiled in accordance with accounting policies approved by the Audit & Risk Committee. In reviewing the accounting policies, the Audit & Risk Committee shall have regard to recommended best accounting practice as defined by legislation, applicable accounting standards and external auditors, and ensure that such practice is applied so that the accounts provide a true and fair view of the Council's financial position.
25. The Executive Director, Registration and Corporate Resources shall ensure that the functions of providing information regarding sums due to or from the Council and calculating, checking and recording these sums shall be carried out as separately as is reasonably practicable from the functions of collecting and disbursing such sums. The Executive Director, Registration and Corporate Resources shall ensure that staff charged with the duty of examining and checking the accounts of cash transactions shall not themselves be engaged in any of those transactions.

Procurement

26. All staff have a responsibility to ensure that the GDC's resources are used to the maximum benefit of the GDC in the provision of its services. This means that the purchasing mechanisms must be effective and efficient so as not to waste valuable staff time, whilst achieving best value.
27. In order to ensure value for money, it is essential that our procurement procedures are followed. They set out the fundamental rules and standards applicable to procurement activity across the GDC. A summary of the key responsibilities of staff are as follows:
 - All commitments made to suppliers and service providers **MUST** be made using an approved Official Purchase Order issued at the time of making the commitment. Failure to do so causes unnecessary delays in payment and may impact on the pricing and/or level of service provided by a supplier. Continued failure will be reported to Audit Committee.
 - Purchase orders via Dynamics NAV shall only be placed by employees who have been given appropriate delegated authority by their budget holder.
 - The quotation process must be used for low value and low risk purchases to obtain written offers from suppliers for the supply of goods and services. For higher value purchases which require greater accountability, formal tendering procedures must be used in consultation with the Procurement Manager.
28. A copy of the full policy can be found on the intranet. This policy should be read in conjunction with the delegated authorities policy referred to earlier.

Council Members & Associates Expenses

- 29. The General Dental Council will reimburse any reasonable costs that have been incurred wholly, exclusively and necessarily on General Dental Council business.
- 30. The rates for expenses reimbursement are as recommended by the Remuneration Committee and approved by the Council.
- 31. A copy of the full policy can be found on the intranet.

Staff Expenses

- 32. The Council will reimburse reasonable costs that have been incurred wholly, exclusively and necessarily on Council business. The rates for expenses reimbursement are the same as those specified in the Council Members & Associates Expenses policy.
- 33. A copy of the full policy can be found on the intranet.

Staff Relocation Expenses

- 34. This applies only to Staff of the General Dental Council (GDC) who are relocating their jobs from GDC London offices to GDC Birmingham offices. The Council will reimburse any reasonable relocation costs that have been incurred wholly, exclusively and necessarily for GDC business.
- 35. A copy of the full policy can be found on the intranet.

Corporate Credit Cards

- 36. The Council wants its staff to be able to procure the services they need to do their work. For some low value items, internet purchases and for hotel and travel arrangements, payment may need to be made using a credit card. To save staff using their own resources for GDC business purchases, in appropriate circumstances, the GDC will authorise its bankers to issue a card to individual members of staff subject to this policy.
- 37. A copy of the full policy can be found on the intranet.

Income Collection

- 38. The Executive Director, Registration and Corporate Resources is responsible for ensuring that appropriate procedures are in operation to facilitate the prompt collection and banking of all monies due to the Council.

Investments

39. Funds invested shall be controlled and the performance of investments monitored by the Executive Director, Registration and Corporate Resources. Funds may only be invested in the name of the Council or the name(s) of any nominee(s) approved by the Finance & Performance Committee.
40. An investment policy was last reviewed and confirmed by the Council in December 2019.

Borrowing and Lending

41. The Council will set the treasury policy of the GDC following the recommendation of the Finance & Performance Committee.
42. In the event that the Council requires to borrow funds, the Finance & Performance Committee must receive details of the name and credit rating of the proposed lender, the sums involved, security provided, interest charges and all borrowing costs and repayment terms. All borrowing must be approved by the Accounting Officer and, separately, the Finance & Performance Committee. This includes finance leases, any agreement to which must be signed in accordance with the bank mandate.
43. The Council may not lend funds, save for the staff season ticket loan scheme, or a salary advance in the case of a staff emergency with prior approval of the Executive Director, Registration and Corporate Resources on advice from the Head of People Services. The Council may only deposit funds with its own bank or a bank/building society approved by the Finance & Performance Committee.

Assets and Property

Purchase of Assets

44. The purchase of assets is subject to a separate procedure and to the authorities and approvals as set out in the Delegated Authorities Policy.

Recording of Assets

45. The Head of Finance and Procurement shall ensure that a record of all fixed assets of the Council are kept and shall ensure safe custody of title deeds. Assets above the capitalisation limit must be held on the Council's Fixed Asset register.
46. The Head of Finance and Procurement shall keep appropriate records of all assets over a de-minimis limit of £1,000.00.
47. The Heads of IT and Facilities will keep inventories of all assets for which they are responsible and report these inventories to Finance on a periodical basis
48. All assets will be tagged by the Heads of IT and Facilities who will be responsible for tagging new equipment purchased for their areas of responsibility
49. Annually the registers will be issued to budget holders who will confirm that the assets shown for their departments remain in use.

Disposal of Assets

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

External Audit

51. The statutory auditors of the Annual Report & Accounts of the Council shall be appointed by Council following a recommendation of the Audit & Risk Committee. Auditors shall audit the Council's Annual Report and Accounts and report their opinion to the Council.
52. Each year the Annual Report and Accounts will be prepared in accordance with the Accounts Direction from the Privy Council and will be presented to Council. On acceptance the Accounts will be signed by the Chair of the Council and the Chief Executive. Under current legislation the Annual Report & Accounts are to be laid before the House of Commons and in the Scottish Parliament together with copies for the other devolved assemblies. The Annual Report and Accounts will not be published until after they have been laid, as required.
53. In addition, as part of the Government's requirement for annual reports & accounts that are laid before Parliament, the report must be reviewed and signed by the NAO.

Internal Audit

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

Anti-Fraud, Bribery and Corruption policy

56. This policy applies to all staff, Council members and Associates. The term Associates applies, but is not limited to, Statutory Committee members, Appointments Committee members, Non-Council members of the Non-Statutory Committees or working groups, Quality Assurance Inspectors, Dental Complaints Service Panellists, Dental Care Professionals Assessment Panellists, members of the Overseas Registration Examination (ORE) Advisory Group and ORE External Examiners.
57. The GDC is committed to preventing fraud and corruption from occurring and to developing an anti-fraud culture. To achieve this, the GDC will:
- develop and maintain effective controls to prevent fraud;
 - ensure that if fraud occurs a vigorous and prompt investigation takes place;
 - take appropriate disciplinary and legal action;
 - review systems and procedures to prevent similar frauds;
 - investigate whether there has been a failure in supervision and take appropriate disciplinary action where supervisory failures occurred; and
 - record and report all discovered cases of fraud.

The Policy on Anti-Fraud, Bribery and Corruption for staff is available on the intranet. The equivalent policy for Council members and Associates can be found in the Governance Manual on the GDC website.

Insurance

58. The Executive Director, Registration and Corporate Resources shall ensure adequate insurance cover is carried by the Council, in consultation with the Chief Executive. The Finance and Performance Committee will have oversight of the insurance arrangements.
59. The Executive Director, Registration and Corporate Resources should be notified of any circumstances that may give rise to an insurance claim.
60. A copy of the guidelines to follow in the event of a claim can be found on the intranet.

Salaries and Staff Benefits

61. All members of staff of the Council shall be paid in accordance with approved salary scales. Any change in salary scale will only occur following regrading by People Services in line with their policy.

Taxation

62. Each financial year the Head of Finance and Procurement shall ensure that appropriate tax returns are prepared and submitted to HMRC.
63. The GDC is not registered for VAT.

Companies and Commercial Activities

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

Disclosure of Interest

65. The General Dental Council has two Managing Interest policies; one which applies to Council members and Associates and another for staff. The staff policy is available on the intranet. The equivalent policy for Council members and Associates can be found in the Governance Manual on the GDC website.

Hospitality

66. Gifts and hospitality accepted by staff must be justifiable as being in the direct interest of the GDC and be proportionate to that interest. All gifts must be declared regardless of whether they are accepted or declined. Gifts estimated at £10 or over must be declined, declared and returned. The following gifts should never be accepted:
 - Cash or cash equivalents
 - Where acceptance would break laws, regulations or GDC policies
 - Alcohol or gifts which contain alcohol

- Gifts which a third party may reasonably perceive to be excessive or extravagant
67. All hospitality must be declared, whether it is accepted or declined. The following hospitality must not be accepted under any circumstances, regardless of the estimated value:
- Invitations from suppliers or potential suppliers to sporting, cultural or music events;
 - Invitations to events where alcohol is the central theme;
 - Where acceptance would break laws, regulations or GDC policies;
 - Where hospitality is extravagant, or could be perceived to be so;
 - From organisations where there is a direct (or perceived) involvement or connection with a GDC related bid, tender contract renewal, ongoing negotiations or decision; or
 - Where a fellow regulator, stakeholder or reasonable member of the public would consider the hospitality not to be reasonable, appropriate and/or proportionate
68. The Policy on Gifts and Hospitality for staff is available on the intranet. The equivalent policy for Council members and Associates can be found in the Governance Manual on the GDC website.

Extent and Review of Procedures

69. If these procedures do not cover a particular situation, or there is uncertainty as to their application, the advice of the Executive Director, Registration and Corporate Resources, or the Chief Executive, or other appropriate member of staff should be sought.
70. These procedures shall be reviewed annually and any recommendations for change shall be reported to the Finance & Performance Committee and sent to Council for Approval.
71. Council members and Associates are also governed by the 'Code of Conduct for Members and Associates'.

Review of Financial Policies and Procedures – Staff Expenses Policy 2020

Purpose of paper	This paper sets out the review of the staff expenses policy for Council approval.
Status	Public
Action	For decision
Corporate Strategy 2016-19	Performance - Objective 2: To improve our management of resources so that we become a more efficient regulator
Business Plan 2018	Not Applicable
Decision Trail	<p>Council last considered the GDCs staff expenses policy in December 2018.</p> <p>SLT discussed the staff expenses policy and the provision of a taxable benefit in relation to travel at its November 2019 meeting.</p> <p>The Finance and Performance Committee considered the staff expenses policy at their meeting in November 2019 and recommend it be submitted to Council for approval.</p>
Next stage	Not applicable
Recommendations	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • Consider the Staff Expenses Policy 2020. • Approve the Staff Expenses Policy 2020.
Authorship of paper and further information	<p>Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal, Executive Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
Appendices	<p>Annex 1 – Dual/Multiple Based Staff Flow Chart</p> <p>Annex 2 – Staff expenses policy 2020</p>

1. Executive Summary

- 1.1. The financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC's latest requirements, arrangements and controls, including correct terminology. They were last considered by Council December 2018. The financial policies are linked with the scheme of delegation.
- 1.2. In 2019, the Staff Expenses Policy was updated to reflect travel arrangements for dual office working. Travel between offices were not considered to be a taxable benefit at that stage as working in the alternative office was considered to be a temporary arrangement during transition of functions from London to Birmingham. There were no long-term plans for employees to have the need to operate regularly from both offices, and investment in remote enabling technology has been made.
- 1.3. This paper sets out information in relation to the taxable expenses as a result of operating dual sites for a small number of our employees and provides examples of where reimbursement of travel costs would be considered by HMRC to be the provision of a benefit to the employee.
- 1.4. This paper also provides information on the result of our benchmarking exercise with other healthcare regulators and recommends no change to our existing rates.
- 1.5. Council is asked to consider and approve the Staff Expenses Policy 2020.

2. Contracted place of work and taxable expenses

- 2.1. A small number of GDC employee's roles require them to work away from their usual place of work in the alternative GDC office. Where this travel meets the following conditions, HMRC will consider that the individual has more than one permanent workplace:
 - Travel is frequent.
 - Travel follows a pattern.
 - Travel will be required for all or almost all of the period for which they hold or are likely to hold their employment.
- 2.2. The proportion of an employee's working time spent at a particular office is a factor in determining whether or not it is treated as a permanent workplace; but is not the only factor. Even if the employee attends the workplace for a small number of days a month, if the travel is regular then the workplace may still be considered a 'permanent workplace' under HMRC rules.
- 2.3. Where the GDC reimburses the costs of travel or overnight accommodation for employees required to work from a second permanent workplace, this will be considered the reimbursement of normal commuting costs and therefore the provision of a taxable benefit.
- 2.4. In 2019, the policy was updated to reflect travel arrangements for dual office working. Travel between offices was not considered to be a taxable benefit at that stage as working in the alternative office was a temporary arrangement during transition of functions from London to Birmingham. There were no long-term plans for employees to have the need to operate regularly from both offices, and investment in remote enabling technology has been made. This is in line with the current HMRC rules that allow for temporary arrangements for up to 2 years. Given the Estates Programme will close in January 2020 this will signify the end of the temporary period.
- 2.5. HMRC's 490 guidance – "Employee travel" provides further details around where travel qualifies for tax relief.

3. Where expenses would be considered a taxable benefit for the GDC

Council Members and Associates

- 3.1. We already apply the HMRC rules around the reimbursement of travel costs for our Council Members and a small group of other Associates that have previously been determined to meet the "employee" test by HMRC.

- 3.2. For these Council Members and Associates, the main duty of their role is to attend frequent meetings at GDC offices for which they travel to directly from home. Almost all the time they spend working for the GDC is operating from one of our offices and therefore the GDC offices are considered a permanent workplace and no tax relief in relation to their expenses is allowable.
- 3.3. By reimbursing their travelling costs we have provided a taxable benefit. We currently cover the cost of the tax and NI liability that is due via an annual PAYE Settlement Agreement return. As such we do not issue annual P11d's.
- 3.4. It is worth noting that HMRC are reducing the use of PAYE Settlement Agreements and encouraging organisations to payroll benefits through their payroll systems. There is no obligation on HMRC to allow us to continue to settle taxable benefits in this way, and we re-agree this arrangement on an annual basis.

GDC Employees

- 3.5. For the majority of GDC's employees their permanent workplace will be the usual place of work, (either London or Birmingham), as set out in their contract of employment. Travel from the employees' home to that permanent workplace is considered to be ordinary commuting which is not reimbursable from the GDC and where tax relief will not apply.
- 3.6. For the small number of GDC employees required to regularly work from their non contracted office the flow chart at appendix 1 (produced by the Government Finance Academy and endorsed by HMRC) shows the assessment process that would be considered in determining whether the employee is considered to have two permanent workplaces.
- 3.7. Within the flow chart, "temporary purpose" is a place where an employee goes there only to perform a task of limited duration (less than 24 months), even where the employee attends it regularly.
- 3.8. Using the flow chart as an assessment tool, 4 examples that might apply for the GDC are set out below:

Example 1: Executive Director (taxable)

An Executive Director contracted to the Wimpole Street office regularly visits the Colmore Square office 1 to 2 days a week to perform their contracted duties. As this travel is frequent, fits a permanent pattern and travel is in the normal performance of their role the Colmore Square office becomes a permanent workplace. Any expenses reimbursed by the GDC will be considered the provision of a taxable benefit.

Example 2: People Partner (not taxable)

A People Partner contracted to the Colmore Square office is asked to regularly travel to Wimpole Street for 1 to 2 days a week to perform their contracted duties over a period of 4 months due to a temporary increase in London recruitment. Although the travel is frequent and fits a pattern it is not a permanent requirement of their role as is expected to last less than 24 months. Therefore, the Wimpole Street office is a temporary workplace and the reimbursement of travel expenses by the GDC is not a provision of a taxable benefit.

Example 3: SLT member 1 (not taxable)

An SLT member contracted to the Wimpole Street office regularly visits the Colmore Square office 1 day every other month attend the Senior Leadership Team meeting. Whilst this travel fits a pattern, travel is not frequent and therefore the Colmore Square office would not be considered a permanent workplace and the reimbursement of travel expenses by the GDC is not a provision of a taxable benefit.

Example 4: SLT member 2 (taxable)

An SLT member contracted to the Colmore Square office regularly visits the Wimpole Street office 2-3 days every month to attend Senior Leadership Team, Council, Council Sub-committee and Programme Board meetings. As this travel is frequent, fits a permanent pattern and travel is

in the normal performance of their role the Wimpole Street office becomes a permanent workplace. Any expenses reimbursed by the GDC will be the provision of a taxable benefit.

4. Accounting for relevant tax and NI liabilities

4.1. There are two options in relation as to how to account for the relevant tax and NI liability:

4.1.0. Reimburse staff as usual for the cost of travel to the alternative office and declare this as a benefit on an annual P11D as liability not settled. It is then the responsibility of the employee to declare the benefit received to HMRC and make the relevant payment.

4.1.1. Meet the cost of the tax and NI liability on behalf of staff by “grossing up” expenses and paying them through the payroll. The cost of doing this would be variable as it would be based on the employee’s salary, tax code and NI code. However, for somebody on 40% tax band, this would be a cost of around an additional 28%; On a 20% tax band this would be additional cost of around 17%. Tax and NI are then deducted at source in line with HMRC’s guide on ‘payrolling benefits’. This would still need to be reported on a P11D for 2019/20 as we have not enrolled with HMRC to payroll benefits, but could be automated through the PAYE system in any new tax year by enrolling before the 5 April 2020

4.2. In line with our treatment for Council Members and Associates we are recommending that the GDC meets the cost of the Tax and National Insurance liability for the small number of staff that will meet the HMRC definition of having more than one permanent workplace.

4.3. Whilst the physical reimbursement of the tax and employee NI liability on behalf of the employee will be considered as taxable pay by HMRC, there will be no impact on net pay paid to the individual; Unless there is a percentage-based deduction for attachment of earnings being made from the monthly salary (e.g. student loan).

5. Updated expenses policy

5.1. We have refreshed the benchmarking data and confirmed that the GDC do not appear to be disadvantaged relative to those of our healthcare sector peers. As such, not change to policy limits are being recommended.

	GDC	GMC	GOC	HCPC	GOsC	NMC	GCC
Accommodation Costs (inc breakfast)							
- In London (some overseas)	£180	£165	£150	£180	£150	£200	£160
- Manchester	-	£100	-		-	£200	£140
- Outside London (& other cities)	£125	£130	£120	£150	£120	£200	£140
Breakfast	£10	£10	-	£10	-	£10	£10
Lunch	£10	£10	£13	£10	£15	£10	£10
Dinner							
- London	£30	£30	£28	£25	£30	£30	£30
- Outside London	£30	£30	£28		£25	£30	£30
- fastfood / supermarket / takeaway		£15					

5.2. The draft staff expenses policy 2020 is included at annex 2 of this paper and has been track changed to incorporate further policy in line with the HRMC framework.

6. Risks and considerations

Communications

Copies of the full policy documents will need to be made available to our employees (via the intranet) and associates.

For those employees caught by the ‘more than one permanent workplace’ HMRC rule, we will issue a communications pack to provide them all the necessary information they require around the tax arrangements, including where additional support is available.

Equality and Diversity
All policies have been reviewed to ensure consider equality and issues.
Legal
The GDC is required to fully comply with the Public Procurement Regulations 2015 and HMRC legislation.
Policy
No impact on policy.
Resources
No cost implications from this decision.
National
No national effect of this decision.
Risks on registers
No links to risks on either the strategic or an operational risk register.

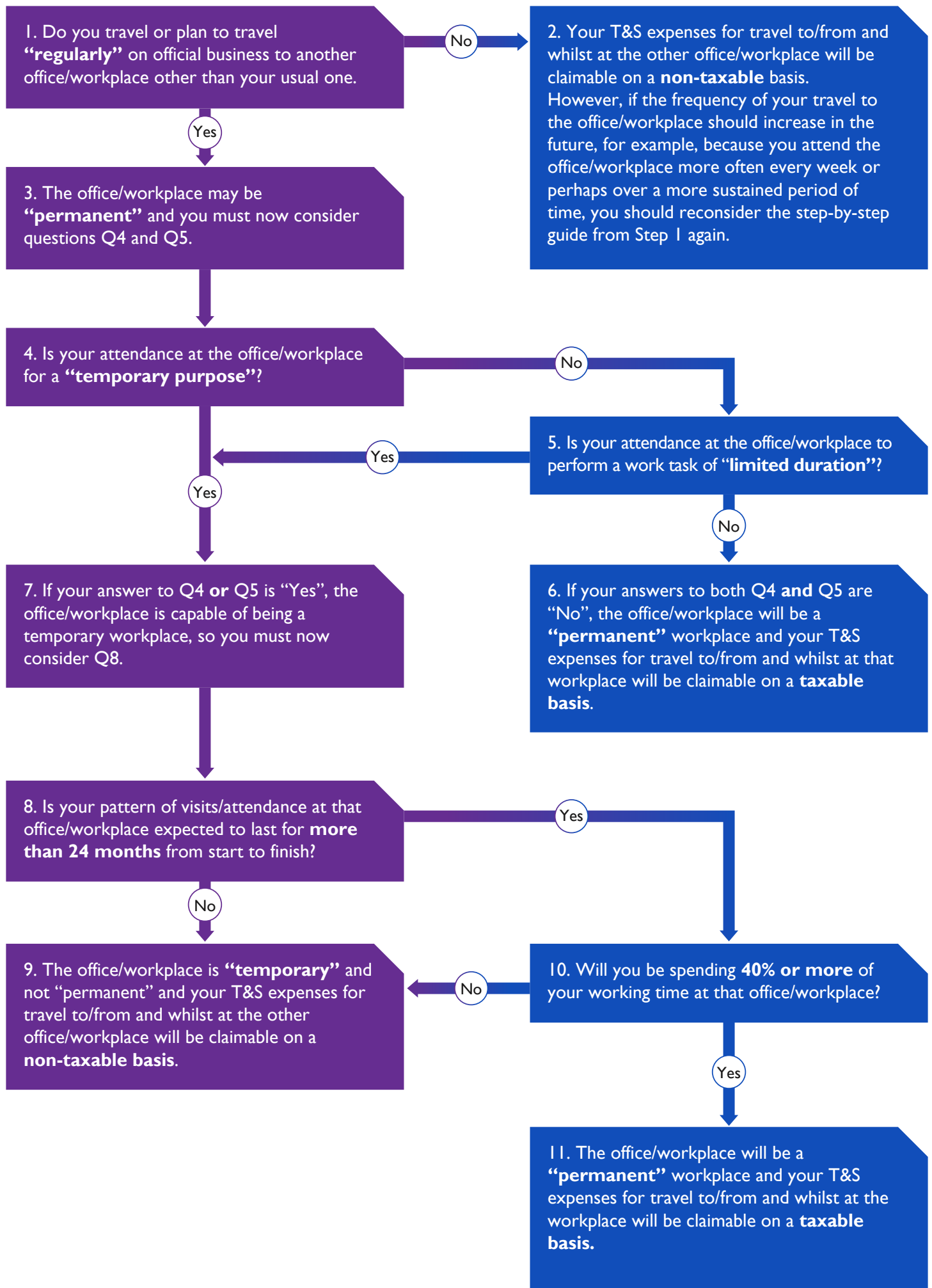
7. Recommendations

- 7.1. Council is asked to consider and approve the Staff Expenses Policy 2020.

8. Appendices

- Annex 1 – Dual/Multiple Based Staff Flow Chart
- Annex 2 – Staff expenses policy 2020

Dual / Multiple Based Staff – Flow chart



Staff Expenses Policy & Procedures

Effective 1 January ~~2019~~2020

Policy

1. This policy applies to Staff of the General Dental Council [GDC].
2. The GDC will reimburse any reasonable costs that have been incurred wholly, exclusively and necessarily on GDC business with the aim of providing a reasonable standard of travel, accommodation and subsistence, consistent with sound accounting practice and the requirements of HM Revenue & Customs.
3. It is expected that Staff will make their travel and accommodation arrangements via the most economical means possible. However, Staff may if they wish, exceed the expenditure limits as set out in this policy, so long as they account personally for any such excess cost above the approved expenditure limits.
4. The submission of fraudulent claims is a matter of gross misconduct and will lead to disciplinary action.

Procedure

5. All claims for reimbursement of travel, accommodation and subsistence must be submitted on the Staff expenses claim form, which is available on the Finance page of the Intranet or the Finance Department.
6. Claims made should clearly set out the nature of the business trip and the reason the expenditure was incurred.
7. Itemised original receipts must support all claims [credit or debit card receipts are not acceptable]. Receipts should be attached to each relevant claim form in a secure manner. Claims without appropriate supporting documents will be invalid and unreceipted expenditure may be deducted from the claim payable.
8. Claims will be reimbursed within 21 days of the claim being received by the Finance Department. Payments will be made direct to the claimant's nominated bank account.
9. To assist the year end accounting process, all claims for November and December expenses must be submitted by the end of January. All other claims must be submitted within 3 months of being incurred.
10. The GDC does not intend to pay expense claims that are older than 3 months. Where there are valid reasons why a claim cannot be made within this period, the claimant should approach the Executive Director, Registration and Corporate Resources in advance, and seek their agreement to the late claim.

Staff Expenses

11. Claims will be reviewed by the Finance Department to determine that they are consistent with these procedures. Staff must be prepared to justify their choice of travel arrangements if challenged.
12. Claim forms must be signed by the claimant's line manager to authorise payment prior to submission to the Finance Department. The line manager's approval confirms that the expenses were incurred conducting legitimate GDC business. Managers are asked to consider whether any costs can be reclaimed from third party organisations when approving claim forms. No travel claims can be made for normal daily commuting i.e. from home to the normal daily place of work.

Advances for expenses

13. In exceptional circumstances an advance against expenses will be provided to fund a lengthy or expensive business trip. The advance must be authorised by the Chief Executive or the Executive Director, Registration and Corporate Resources.
14. An expense claim, relating to the trip in question, should be submitted as soon as possible after the trip is over. This will avoid any potential income tax liability for the Staff member on an interest free loan.

Rail Travel

15. For rail travel, you should travel standard class between the nearest station to your home or your normal place of work and the location of the meeting or event. First class rail travel can only be booked if it can be demonstrated that a first-class ticket is cheaper than standard class. **The ticket comparison must show the exact same journey type and the two class type prices** (i.e. screenshot of standard class ticket price at the time of booking the first-class ticket). Where possible, tickets should be pre-booked for specific journey times. Fully flexible tickets are more expensive and should only be purchased where there is a demonstrable need.
16. London Underground fares will only be reimbursed where that Staff member is not in the possession of an Oyster Travelcard or season ticket, covering the zones for the journey made. Oyster cards and contactless payment cards should be registered online at tfl.gov.uk. A journey statement must be printed with annotations added that specify GDC expenses. Alternatively, if an individual ticket has been purchased, the ticket can be provided in place of a receipt.

Air Travel

17. For air travel within the UK, the GDC will reimburse economy class or the cheapest equivalent fare, where appropriate.
18. International air travel should be booked at economy class, unless the flight time is in excess of five hours when business class travel may be booked.

Road Travel

19. Mileage allowance will be paid for Staff using a private car on GDC business at a rate specified below:

	Up To 10,000 Miles	Over 10,000 Miles
Motor Car	45p	25p
Motor Cycle	24p	24p

Cycles
Passengers

20p
5p

20p
5p

20. The above mileage rates are linked to the approved amount for mileage allowance payments published by the HM Revenue and Customs.
21. The GDC will not accept liability for loss or damage to Staff belongings on GDC business. Staff members claiming mileage allowance should ensure that the car used is insured for business use prior to making the journey. Any additional premium paid to the insurance company is not a claimable expense.
22. Car parking costs and congestion charges incurred while on GDC business will be reimbursed. Parking, speeding and other fines relating to motoring offences will not be reimbursed.
23. *Taxis, particularly in the Greater London area, should only be used in exceptional circumstances. Where possible, taxis should be shared with others. Please note that you will need to provide an explanation for any use of taxis. Costs may not be reimbursed should the explanation not be in-line with this policy.* Taxi receipt with the start and finish points and purpose of the journey should be provided with the claim.
24. Hire Cars: Should only be used in exceptional circumstances. The payment for hire of a car and associated costs for petrol and insurance will be made only when public transport is either not available, practical or the total cost of hiring a car is less than the cost of using public transport or a taxi.

Overnight Accommodation

25. HRG UK provide a specialised hotel booking service for the GDC. Through HRG UK, the GDC and its travellers benefit from:

- Access to GDC, Government and HRG negotiated hotel rates (where applicable)
- Access to a 24 Hour emergency service – 365 days a year – 01252 881010
- Management information detailing expenditure and travel trends

There are user guides available on the intranet that provides information on how to use the service.

26. The GDC will reimburse the cost of overnight accommodation when the stay is necessary from a business point of view.
27. Overnight stays in London, are generally not deemed necessary for London based Staff. The cost of accommodation in these circumstances will only be reimbursed if there has been prior agreement with the Executive Director, Registration and Corporate Resources.
28. Reimbursement of the cost of accommodation including breakfast, other services and VAT, will be up to a limit of:

London	£180 per night
Other UK	£125 per night

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

29. Staff unable to secure appropriate accommodation at a cost within the guide prices provided, should seek agreement from the Executive Director, Registration and Corporate Resources prior to making any booking and note the reasons on the expenses claim form.
30. A £25 'friends and family' overnight allowance will be reimbursed if Staff are required to stay away from home on GDC business, and choose to stay with friends or family instead of using a hotel. This covers all costs including accommodation, evening meal and breakfast. No claim can be made by anyone staying in their own property. Please note under HMRC rules this is considered a 'taxable allowance' and therefore liable to Income Tax and National Insurance, which will be met on your behalf by the GDC.

Food and Drink

31. Expenses for Staff who are required to take a meal away from GDC offices or where they are travelling on business during meal times, will be reimbursed up to the following amounts:

Breakfast	£10 [only when <u>no</u> overnight stay involved and you had to leave home before 07.30]
Lunch	£10 [when attending external business meetings and where no lunch is provided.]
Dinner	£30 [alcoholic beverages can no longer be claimed as an expense and should be deducted from your receipt total before submitting your claim. Please note that any dinner-related purchases should only be for that evening's consumption. An itemised bill will be required.]

Please note:

- if you are dining with Council members or certain categories of Associates, you are not permitted to pay for their meal as they need to claim this individually as their Expenses are liable to Income Tax and National Insurance which is payable by the GDC. If in doubt, please check in advance with the Finance Department.
- the cost of lunch should not be claimed when you are working out of either GDC offices, regardless of your contracted base office.

Dual Office Working

32. The GDC has invested in video and telephone conference facilities to enable cross office working between our Birmingham and London offices. Staff should utilise these facilities as much as reasonably possible when asked to attend a short meeting (hour or less) in their non-contracted base location.
33. Where meetings need to be attended in person, staff should ensure that they look to optimise the efficiency of their travelling arrangements. This can be done by attempting to schedule any other meetings where attendance is required for the same day.
34. When travelling to the non-contracted office, "advance" of "off-peak" rail tickets should be booked wherever possible to reduce the cost of travel. (Optimum savings can usually be

made by booking 5 or more days in advance of travel.) Staff are also asked to consider the timing of any meetings they need to attend to enable travel outside of peak fares.

35. The GDC will not reimburse the cost of lunch for those staff working in either of the GDC offices.

36. Where an employee regularly works in their non-contracted base location, they will be considered as having two permanent workplaces under HMRC rules. Where an employee has two permanent workplaces these expenses are taxable.

37. The GDC has agreed to meet the cost of Tax and National Insurance attracted by travel expenses for those members of staff regularly working from both offices. These expenses will be 'grossed up' for the cost of the liability and processed through the PAYE system (payroll) to ensure that the Tax and National Insurance liability is settled in the correct tax period.

38. Any reimbursement of taxable expenses and the respective TAX and National Insurance liability paid by the GDC are considered by HMRC as 'taxable pay' as a benefit is being received.

39. There will be no effect on an employee's net pay for the processing of taxable expenses by the GDC unless a percentage-based deduction for attachment of earnings is made from their monthly salary (e.g. student loan).

35-40. There is no action the GDC can take to negate the possible effect on net pay due to percentage-based deductions for attachment of earnings. HMRC advise that the person concerned negotiates with the 3rd party to explain the benefit being received is non-monetary and put in place an individual working arrangement. The GDC is unable to negotiate on an employee's behalf.

Entertaining

36-41. Potential entertainment costs should be authorised **in advance** by the Chief Executive or Executive Director, Registration and Corporate Resources.

37-42. Claims for entertaining external contacts on behalf of the GDC will be reimbursed, subject to the following information being provided on the claim form:

- Name(s) of person
- Organisation they represent
- Purpose of entertainment

Telephones

38-43. The GDC will reimburse the cost of any business calls made on home or other private phones, provided that the calls were necessary for the GDC's business. Claims must be supported by itemised bills annotated with the nature of the call.

39-44. This reimbursement is for the cost of calls only, and not for any element of line rental, as this would result in an additional tax liability as a benefit in kind.

40-45. Where a Staff member needs to make regular calls whilst not in the GDC's offices the Executive Director, Registration and Corporate Resources will consider making available a GDC mobile telephone to the Staff member concerned.

Spouses and Civil Partners

~~41.46.~~ The general rule is that the GDC will only reimburse the costs of a spouse or civil partner if it can be shown that the GDC specifically requested that the spouse / civil partner attends or the spouse / civil partner is performing a definite business function for the GDC.

Additional Allowances for Employees

~~42.47.~~ Additional allowances and expenses necessarily and reasonably incurred for which a Staff member may claim, comprise the following:

- **Child care or baby-sitting expenses**

Provided the staff member does not already receive a care allowance and where a Staff member does not have a spouse, civil partner or other responsible adult to care for a child while they undertake work on behalf of the GDC, outside of their usual working hours, claims will be limited to reimbursing the actual cost paid to a registered child minder or the cost of a baby-sitter.

- **Care arrangements for an elderly or dependent relative**

These costs may be refunded in similar circumstances to childcare. Claims will be limited to reimbursing the actual amount paid to a person providing the care that the Staff member would have provided during their period of absence.

Reserves Policy 2020

Purpose of paper	The paper sets out the proposed 2020 Reserves Policy for Council approval.
Status	Public
Action	For decision
Corporate Strategy 2016-19	Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan 2018	Not applicable.
Decision Trail	<p>The Council last approved the 2019 Reserves Policy on 28 March 2019.</p> <p>The Finance and Performance Committee considered the 2020 Reserves Policy at their meeting on the 20 November 2019, and recommended the policy be submitted to Council for approval.</p>
Next stage	Not applicable.
Recommendations	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • Consider the Reserves Policy 2020; • Approve the Reserves Policy 2020.
Authorship of paper and further information	<p>Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal, Executive Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
Appendices	Appendix 1 – 2019 Reserves Policy

1. Executive Summary

- 1.1. The reserves policy is designed to ensure that the GDC retains financial viability in maintaining its functions and processes for protecting the public and regulating the dental profession; whilst recognising the risks that the GDC faces, ensuring that the GDC has adequate levels of working capital throughout the year.
- 1.2. Following a change to the fees policy, we have for the first-time aligned our budget, fees and reserves target to our three-year plan of strategic activity.
- 1.3. As set out in our Corporate Strategy 2020-22 consultation, a target level of free reserves equivalent to 4.5 months of operating expenditure has been considered as appropriate by Council. This is on the basis that it provided the optimum level of financial resilience to ensure the GDC remains a viable organisation by 31 December 2022. This is reflected in our proposed 2020 Reserves Policy, which has been updated to reflect Council's view on the target level for free reserves.
- 1.4. Following the completion of our Q3 forecasting exercise, the forecast level of free reserves by December 2022 has been updated to £16.8m, 4.9 months of annual operating expenditure. Whilst this is within the parameters of our Reserves Policy, this is now currently in excess of the desired target at the end of the planning period.
- 1.5. Following discussion with the Finance and Performance Committee in November 2019, the proposed Reserves Policy 2020 has been updated to reflect that our minimum level of free reserves is to take into consideration our current financial risk exposure. After assessing our level of financial risk over the planning period, the forecast level of free reserves at the end of the planning period is 3.1 months. This is within the parameter of our proposed policy.
- 1.6. We will closely monitor, report on and review our forecasted reserves position throughout the delivery of the planning period.
- 1.7. The Council is asked to consider and approve the Reserves Policy 2020.

2. Introduction and background

- 2.1. The reserves policy was last reviewed by Council in March 2019, where they approved a change to the way we manage and report on our reserves. The 2019 Reserves Policy (appendix 1) defines reserves as free reserves, reserves committed to fixed assets (future depreciation) and pension reserves, as stated in the Annual Report & Accounts of the Council.
- 2.2. This change moved was to provide a more transparent and less misleading approach to setting our target level of reserves as it takes into consideration the elements of the General Reserve already committed. For instance, to account for the future depreciation costs of previous capital expenditure.
- 2.3. At 31 December 2018, general reserves, excluding pension reserve and any unrealised gains on investments, were:

	£m
General Reserve at 31 December 2018	20.9
Of which:	
Reserves committed to fixed assets	11.9
Free reserves	9.0
Free reserves expressed as a number of months of operating expenditure	2.6 months

- 2.4. Free reserves were below our agreed minimum level of reserves of 3.0 months due to the first-time adoption of 'IFRS 15, Revenue from Contracts with Customers', which resulted in a restatement of £4.6m to the General Reserve.
- 2.5. Following a change to the fees policy, we have for the first-time aligned our budget, fees and reserves target to our three-year plan of strategic activity. As a result, we have developed our three-year Costed Corporate Plan 2020-22 (CCP) which covers the period of the new strategic cycle and all plan activities are aligned to its strategic aims and fee levels are aligned to funding the resulting three-year budget envelope.
- 2.6. In line with our published fees policy, the level of ARF will be set to include the cost of funding the planning period and to build and maintain free reserves at a level appropriate to ensure the GDC remains a viable organisation. As set out in our Corporate Strategy 2020-22 consultation, a target level of free reserves equivalent to 4.5 months of operating expenditure has been considered by the Council to provide the optimum level of financial resilience to ensure the GDC remains a viable organisation by 31 December 2022.
- 2.7. As a further development of our Reserves Policy for 2020, and following discussion with the Finance and Performance Committee at their November meeting, the minimum level of acceptable free reserves is to be assessed after consideration of any financial risk exposure.

3. Forecast free reserves 2020-2022

- 3.1. As a result of updated quarter 3 forecast of the 2019 projected surplus and adjusting for the impact of capital investment and depreciation, it is estimated that by 31 December 2022 free reserves will be £16.8m. This is the equivalent of 4.9 months of budgeted operating expenditure at the end of the planning period (3.1 months of budgeted operating expenditure after adjusting for our assessment of financial risk):

Free reserves	
	£k
General Reserves at 31 December 2018	20,907
Reserves committed to fixed assets	(11,912)
Free reserves at 31 December 2018	8,995
Release of reserves committed to fixed assets (depreciation Q3 forecast 2019)	1,138
2019 - Forecasted surplus	7,820
2019 - Capital expenditure	(1,303)
Forecast free reserves at 31 December 2019	16,650
Capital investment 2020-22	(2,320)
Release of reserves committed to fixed assets (depreciation 2020-22)	3,445
ARF rebate to registrants	(985)
Forecast free reserves at 31 December 2022	16,790
Free reserves expressed as number of months of annual operating expenditure	4.9
<i>In consideration of financial risks to CCP budget</i>	<i>£k</i>
<i>Income risk (loss of 5% of Dentist and DCPs from register)</i>	<i>(5,672)</i>
<i>Increase in cost for strategic contract retenders</i>	<i>(560)</i>
<i>Total financial risk</i>	<i>(6,232)</i>
<i>Free reserves as adjusted for current year assessment of financial risk</i>	<i>10,418</i>
<i>Adjusted free reserves expressed as number of months of annual operating expenditure</i>	<i>3.1</i>

4. Proposed 2020 Reserves Policy

- 4.1. Reflecting on previous discussions with FPC and Council, it is proposed that we update our Reserves Policy for 2020 to reflect:
- 4.1.1. the target level of free reserves to be 4.5 months of operating expenditure by the end of the planning period 2020-22.
 - 4.1.2. the minimum level of free reserves acceptable to the organisation is to be assessed after our consideration of financial risks.
- 4.2. The proposed 2020 Reserves Policy is set out below:
1. *The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.*
 2. *Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council*
 3. *However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to:*
 - a. *the objectives of Council in pursuit of our statutory and regulatory responsibilities;*
 - b. *funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks;*
 - c. *risks to the income and expenditure of the Council;*
 - d. *planned major capital spending programmes.*
 4. *The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy is to maintain free reserves at a minimum of three months of operating expenditure, as adjusted for our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of our three-year plan of strategic activity, December 2022.*
 5. *The Council will review this Reserves Policy not less than annually.*

5. Risks and considerations

Communications <ul style="list-style-type: none">• The GDC's financial reserves policy is communicated in the Annual Report and Accounts each year.
Equality and Diversity <ul style="list-style-type: none">• None arising from this paper.
Legal <ul style="list-style-type: none">• The GDC must be in a financial position to fulfil its statutory functions.
Policy <ul style="list-style-type: none">• The Corporate Strategy underpins and drives forward our organisational policy for the period 2020-22.
Resources

<ul style="list-style-type: none"> • The ARF is set at a level to enable the GDC to raise funds to carry out its statutory duties, whilst retaining an adequate level of general reserves.
National <ul style="list-style-type: none"> • This proposed policy will not have different impacts on the four nations.
Risks on registers <ul style="list-style-type: none"> • In considering the level of financial risk exposure to free reserves, risks identified in the Strategic Risk Register have been considered.

6. Recommendations

- 6.1. The Council is asked to consider and approve the Reserves Policy 2020.

7. Appendices

8. Appendix 1 – 2019 Reserves

Appendix 1

2019 Reserves policy

1. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.
2. Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council
3. However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to the:
 - a. objectives of Council in pursuit of our statutory and regulatory responsibilities
 - b. funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks
 - c. risks to the income and expenditure of the Council
 - d. planned major capital spending programmes
4. The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy it to maintain free reserves at a minimum of three months of operating expenditure with a target range of four to six months of annual operating expenditure over the medium term.
5. The Council will review this Reserves Policy not less than annually.

Investment principles and Investment strategy 2020

Purpose of paper	This paper sets out the proposed Investment Principles and Investment Strategy 2020 for Council approval.
Status	Public
Action	For decision
Corporate Strategy 2016-19	Objective 2: Manage, the GDC's finances effectively, maintaining sufficient reserves to ensure resources are available to manage our statutory functions
Business Plan 2018	Not applicable
Decision Trail	<p>The Council last approved the Investment Principles and Investment Strategy in December 2018.</p> <p>The Finance and Performance Committee reviewed the proposed Investment Principles and Investment Strategy 2020 at their November 2019 meeting and recommended it be submitted to Council for approval.</p>
Next stage	Not applicable.
Recommendations	<p>The Council is asked to:</p> <ul style="list-style-type: none"> Consider the Investment Principles and Investment Strategy 2020 Approve the Investment Principles and Investment Strategy 2020
Authorship of paper and further information	<p>Samantha Bache – Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal – Executive Director, Registration and Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
Appendices	Appendix 1: GDC Investment Principles

Executive Summary

1. As a result of accumulated and projected surpluses, the GDC's business model is such that it is projected to have cash funds of between £29.1m and £51.9m in 2020 (the variation is due to seasonal differences in income receipts and expenditure patterns).
2. At present, funds held in the bank current account or on short term bank deposit earn less than 0.5% per annum, while the September 2019 CPI was 1.7%. Whilst the capital element is reasonably secure (assuming a stable UK banking sector), the purchasing power of cash will shrink year on year.
3. At their December 2017 meeting, Council approved the investment of up to £15m of available cash in instruments other than cash deposits, creating the opportunity to achieve investment returns greater than currently available from bank deposits (after deducting fees), whilst not exposing any capital to excess risk.
4. There has been no further investment and no divestment of the portfolio during 2019. Since 2018, the portfolio has grown by £2.6m in unrealised gains and our investment portfolio was valued at the 30 September 2019 at £17.6m.
5. We have discussed with our investment advisor the current uncertainty around Brexit, the General Election and the ongoing impeachment narrative in the US. As a result of that discussion we feel it prudent to retain our current capital investment level (£15m) and defer any decision on increasing capital investment until there is greater clarity on the likely impact on markets.
6. The investment strategy requires that minimum cash balance of the order of £5.0m will be maintained. On this basis and following a review of the currently approved investment principles as set out in Appendix 1, no changes to either the investment strategy or the investment principles are recommended.
7. Council are asked to consider and approve the Investment Principles and Investment Strategy 2020.

Introduction and Background

8. In December 2010, with the assistance of the GDC's investment advisor we developed an investment strategy that takes account of the GDC's statutory role as regulator, its accountability to Parliament, and, as a result, its need to invest prudently, avoiding unnecessary risks.
9. In 2012, £12m was invested from available cash balances in a mix of equities and fixed interest securities. In addition, the GDC's holdings in five investment trusts (with a value at 31 December 2011 of £579,000) were also transferred to our managed investment portfolio.
10. In 2014, GDC liquidated £6.1m of investments held in order to boost cash balances over the last six months of 2014, largely to fund the redevelopment cost of the GDC's premises at 37 Wimpole Street. Following receipt of annual retention fees in December 2014, the £6.1m was reinvested in January 2015.
11. In 2015, a further £11.5m was divested resulting in a net £5.4m reduction in the value of the GDC's investments in the year. At 31 December 2015, the value of investments held in equity funds was £3.5m.
12. In 2016, it was necessary to liquidate the majority of our investments to ensure that the stated policy minimum of £5.0m was maintained in cash funds. The investment manager was instructed to divest the majority of the portfolio during August and September 2016 in an orderly fashion. The net sale proceeds totalled £3.0m, leaving £0.8m of its portfolio invested, mainly in unit trusts that have been held for a number of years.

13. In December 2017, Council approved the investment of up to £15m of available cash in instruments other than cash deposits. The split between UK equities, overseas equities and UK fixed interest was developed with support from our investment advisor and funds were invested throughout 2018.

14. The following table summarises the returns achieved since the 2018 re-investment of £15m:

	Investment 2018 £000	Investments as at 31 Oct 2018 £000	Investments as at 30 Sept 2019 £000
Equities, including unit trust valued in Dec 2011 at £579k	10,000	10,465	11,983
Fixed interest	5,000	4,277	5,262
Cash*		1,043	356
Total	15,000	15,785	17,601

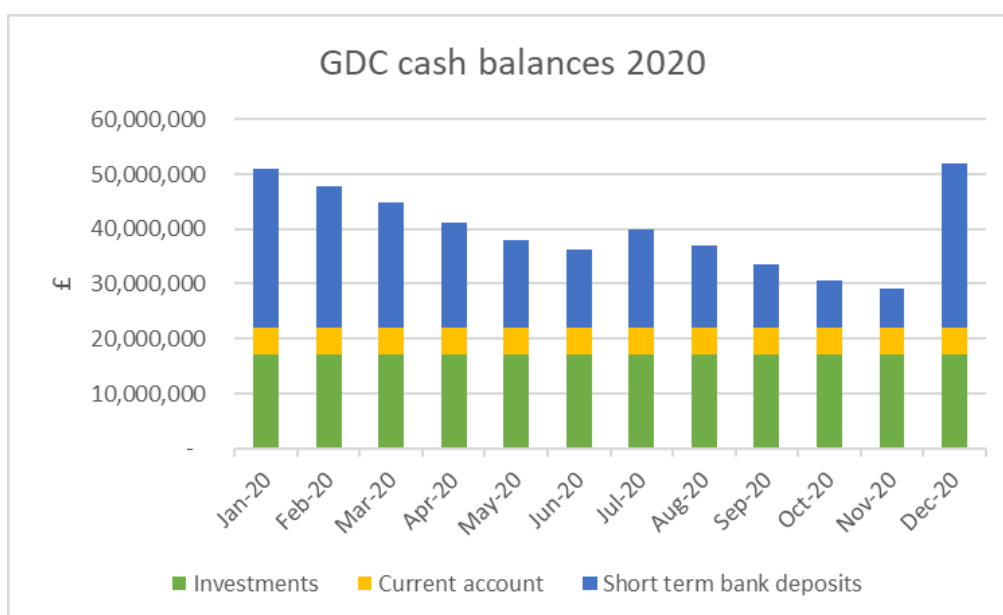
*cash sum that remains in both the equity and fixed interest accounts to be invested at the appropriate time

Cashflow projections and proposed investment profile

15. The value of cash to be included in an investment strategy should be linked to projected cash balances. The investment profile that has been adopted and to which no changes are proposed, is based on the **minimum** level of projected cash balances.
16. Other short-term cash balances will be managed by the Finance team through the use of short term (up to 3-month bank deposits) at two UK clearing banks.
17. The justification for investing a proportion of available cash in instruments other than cash deposits is the opportunity to achieve investment returns greater than currently available from bank deposits after deducting fees, whilst not exposing any capital to excess risk. The objective here is to seek to achieve returns that mitigate the shrinking buying power of cash as a result of an increase in the rate of inflation. Investment advisors will seek to achieve this through investing in “real assets” (equities, property, commodities etc).
18. In relation to the particular risk around Brexit, our investment advisors have already taken steps to de-risk the portfolio and have been gradually reducing the UK exposure over the last few years so the overseas investment currently represents over 40% of the total portfolio. Of the UK listed equities held, they are predominately overseas earners rather than domestically focused companies which are at greater risk from a hard Brexit scenario.
19. A suggested profile, based on the 2020 cashflow forecast as at September 2019, is as follows:

	Seasonal minimum level of projected cash [Oct/Nov]	Seasonal maximum level of projected cash [Dec]
Finance team managed: <ul style="list-style-type: none"> Current account cash <ul style="list-style-type: none"> Lloyds NatWest Short term bank deposits 	£3m £2m £7m	£3m £2m £30m
Smith & Williamson managed: A mix of UK equities, overseas equities and UK fixed interest securities	£17.0m	
GDC total funds available	£29.0m	£52.0m

20. Under the proposed investment strategy, projected cash balances can be analysed as follows:



Ethical investment strategy

21. In line with our current investment principles, we have a specialist investment to avoid any conflict of interest in relation to oral health and the healthcare sector. Our agreed strategy restricts any direct investment in a company with sales in tobacco and alcohol, or any direct investment in healthcare providers.
22. Our investment advisors have confirmed that they actively consider the United Nations Principles for Responsible Investment when investing on our behalf.

Recommendation

23. Council are asked to consider and approve the Investment Principles and Investment Strategy 2020.

Appendix 1

GDC Investment Principles

Introduction

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

Investment Principles

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

Anti-fraud, Bribery and Corruption Policy 2020

Purpose of paper	This paper presents the Anti-fraud, Bribery and Corruption Policy 2020 for GDC employees.
Status	Public
Action	For decision
Corporate Strategy 2016-19	Performance Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan 2018	Not applicable
Decision Trail	<p>The Senior Leadership Team considered the updated policy at its October 2019 meeting.</p> <p>The Finance and Performance Committee considered the updated policy at its November 2019 meeting and recommended the policy be submitted to Council for approval.</p> <p>The Audit and Risk Committee considered the updated policy at its November 2019 meeting. Due to paper circulation deadlines, any comments from ARC will be provided verbally at the Council meeting.</p>
Next stage	Not applicable
Recommendations	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • Consider the Anti-fraud, Bribery and Corruption Policy 2020; • Approve the Anti-fraud, Bribery and Corruption Policy 2020.
Authorship of paper and further information	<p>Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal, Executive Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
Appendices	Appendix 1 – Anti-fraud, Bribery and Corruption Policy 2020

1. Executive summary

- 1.1. This paper presents the Anti-fraud, Bribery and Corruption Policy 2020 for GDC employees. This policy includes the GDC's approach to the identification, management and investigation of fraud, bribery and corruption.
- 1.2. The policy was last updated in 2018 and incorporated a number of policy recommendations made by Mazars following their audit in July 2017. For 2020 the policy for employees has been reformatted, and definitions around corruption, theft and financial malpractice have been included. There is no fundamental change proposed to the 2019 policy or our underlying process.
- 1.3. This policy was considered by the Finance and Performance Committee and Audit and Risk Committee at their November 2019 meeting. Suggestions recommended by the both committees have been incorporated, and the policy was recommended for approval by Council
- 1.4. Council are invited to consider and approve the Anti-fraud, Bribery and Corruption Policy 2020.

2. Introduction and background

- 2.1. The GDC expects all members of staff, including directors, employees, fixed term contractors and temporary employees, to have and be seen to have the highest standards of honesty, propriety and integrity in the exercise of their duties. The GDC will not tolerate fraud, impropriety or dishonesty and will investigate all instances of suspected fraud, impropriety, or dishonest conduct by employees.
- 2.2. The GDC will take proportionate action – including disciplinary action, dismissal and/or criminal prosecution against any member of staff who, in the course of their work defrauds, or attempts to defraud, the GDC or uses GDC information to carry out fraud.
- 2.3. The GDC is committed to preventing fraud from occurring and to developing an anti-fraud culture. To achieve this, the GDC will:
 - Maintain and develop effective controls to prevent fraud.
 - Ensure that if fraud occurs a vigorous and prompt investigation takes place.
 - Take appropriate disciplinary and legal action if fraud is discovered.
 - Review systems and procedures to prevent similar frauds.
 - Investigate whether there has been a failure in supervision and take appropriate disciplinary action where supervisory failure has occurred.
 - Record and report all discovered cases of fraud.
- 2.4. Internal control systems have been established that are designed to counter the risks faced by the GDC, as set out in the Statement of the GDC's Chief Executive's responsibilities in the Annual Report & Accounts, and as per the financial policies & procedures that are approved annually by the Council. Together they are accountable for the adequacy and effectiveness of these arrangements. Managing fraud risk should also be seen in the context of the management of the wider range of risks.
- 2.5. The policy was last updated for 2018 and incorporated a number of policy recommendations made by Mazars following their audit in July 2017. For 2020 the policy for employees has been reformatted, and definitions around corruption, theft and financial malpractice have been included. There is no fundamental change to the 2019 policy or our underlying process.

3. Risks and considerations

Communications

<ul style="list-style-type: none"> • Copies of the full policy documents will need to be made available to staff (via the intranet) and associates.
Equality and Diversity <ul style="list-style-type: none"> • None arising from this paper.
Legal <ul style="list-style-type: none"> • The Fraud Act 2006 and The Bribery Act 2010 details the legal definitions of fraud and what can be considered an offence.
Policy <ul style="list-style-type: none"> • No impact on policy.
Resources <ul style="list-style-type: none"> • No cost implications from this decision.
National <ul style="list-style-type: none"> • No national effect of this decision.
Risks on registers <ul style="list-style-type: none"> • No links to risks on either the strategic or operational risk register.

4. Recommendations

- 4.1. Council are invited to consider and approve the Anti-fraud, Bribery and Corruption Policy 2020.

5. Appendices

- Appendix 1 – Anti-fraud, Bribery and Corruption Policy 2020

Anti-fraud, bribery and corruption policy (Employee and temporary workers)

Version number: 1.0	Approved by:
Effective from: 1 January 2020	Date of review:
Owner: Samantha Bache, Head of Finance and Procurement	

Summary of policy

The General Dental Council (GDC) requires our employees to at all times to act honestly and with integrity and to safeguard the resources for which they are responsible.

The GDC will not accept any level of fraud or corruption and will treat any such matter with the utmost seriousness. Each case will be thoroughly investigated and dealt with following the appropriate procedure detailed in the fraud response plan. The GDC is committed to preventing fraud from occurring and to developing an anti-fraud culture. To achieve this, the GDC will:

- Maintain and develop effective controls to prevent fraud.
- Ensure that if fraud occurs a vigorous and prompt investigation takes place.
- Take appropriate disciplinary and legal action if fraud is discovered.
- Review systems and procedures to prevent similar frauds.
- Investigate whether there has been a failure in supervision and take appropriate disciplinary action where supervisory failures occurred.
- Record and report all discovered cases of fraud.

The following principles apply in the GDC:

- Employees must have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties.
- The GDC will not tolerate fraud, impropriety or dishonesty and will investigate all instances of suspected fraud, impropriety, or dishonest conduct by employees.
- The GDC will take proportionate action – including disciplinary action, dismissal and/or criminal prosecution against any employee who, in the course of their work defrauds or attempts to defraud the GDC or uses GDC information to carry out fraud.
- The GDC will co-operate fully with an external investigating body.
- The GDC will always seek to recover funds lost through fraud, although recovery action may be delayed to avoid prejudicing any criminal investigation.
- All frauds will be reported to the Audit & Risk Committee.

The purpose of this policy is to provide definitions of fraud, bribery and corruption, and define authority levels, responsibilities for action and reporting lines in the event of suspected, attempted or actual fraud, bribery or irregularity.

Scope

This policy applies to all GDC employees, including all directors, employees, fixed term contractors and temporary workers and is concerned with fraud and bribery committed by employees in the course of their work. A separate policy is maintained as part of the Governance Manual which applies to Council Members and Associates of the GDC.

Under anti-bribery legislation the GDC is required to have in place policies which are designed to prevent persons associated with the GDC from offering or accepting bribes. This policy, together with a policy which applies to Council members and Associates, and the hospitality policy, is designed to comply with this obligation.

It is the responsibility of our employees to read and be familiar with the contents of this policy and any related procedures, and to identify and notify any suspected cases of fraud or fraud risk.

Further information

If you have any questions relating to this policy, please contact:

- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

Introduction

What is fraud?

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

The Fraud Act 2006 c.35 - A person is guilty of fraud if he or she is in breach of any of the following:

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

For the purpose of this policy, fraud is defined as a dishonest action designed to facilitate gain (personally or for another) at the expense of the GDC. This definition includes various criminal behaviours including deception, forgery, theft, misappropriation, collusion and misrepresentation. No definitive legal definition of fraud exists.

What is bribery?

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

- Offering a bribe.
- Being bribed.
- A corporate offence of failure to prevent bribery. It is, however, a defence if an organisation has 'adequate procedures' in place to prevent bribery.

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

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

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

What is corruption?

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

What is theft?

The Theft Act 1968 details the legal definition of theft. For this policy, theft is defined as the taking without consent and with the intention of not returning any property belonging to the GDC, including cash, equipment, data, etc. Theft does not necessarily require fraud to be committed.

What is financial malpractice/irregularity?

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

What is money laundering?

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

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

- Proceeds of Crime Act 2002 as amended by the Crime and Courts Act.
- 2013 and the Serious Crime Act 2015.
- The Money Laundering Regulations 2007.
- The Terrorism Act 2000 as amended by the Anti-Terrorism, Crime and Security Act 2001, the Terrorism Act 2006 and the Terrorism Act 2000 and Proceeds of Crime Act 2002 (Amendment) Regulations 2007.

What could indicate that an employee could be guilty of fraud?

There are a number of 'red flags' that would indicate that an employee could be guilty of fraud. Examples include:

- Employee reluctance to take leave.
- Always working late.
- Refusal to take promotion.
- Suppliers / contractors only wanting to deal with one employee.
- Well-rounded payment figures (£100,000).
- Pattern of small payments to the same recipient.
- Missing documents – lack of audit trail.
- Unexplained wealth.
- Large amounts of money paid to small suppliers and consultants.
- Vendors without physical addresses.

Fraud response plan

The GDC has established arrangements through its Whistleblowing Policies for staff, Council members and Associates (including statutory committee members and, for this purpose, temporary workers and contractors) to report any concerns they may have without fear of prejudice or harassment. This applies to concerns relating to fraud and to any other concerns within the context of the Public Interest Disclosure Act 1998.

What should be reported?

Concerns which should be reported include, but are not limited to staff/Council members/Associates or others committing or attempting to commit:

- Any dishonest or fraudulent act.
- Forgery or alteration of documents or accounts.
- Misappropriation of funds, supplies or other assets.
- Impropriety in the handling or reporting of money or financial transactions.
- Profiting from an official position.
- Disclosure of official activities or information for advantage.
- Accepting or seeking value from third parties by virtue of official position or duties.
- Theft or misuse of property, facilities or services.
- Offering or receiving bribes.

External organisations' actions which should be reported include:

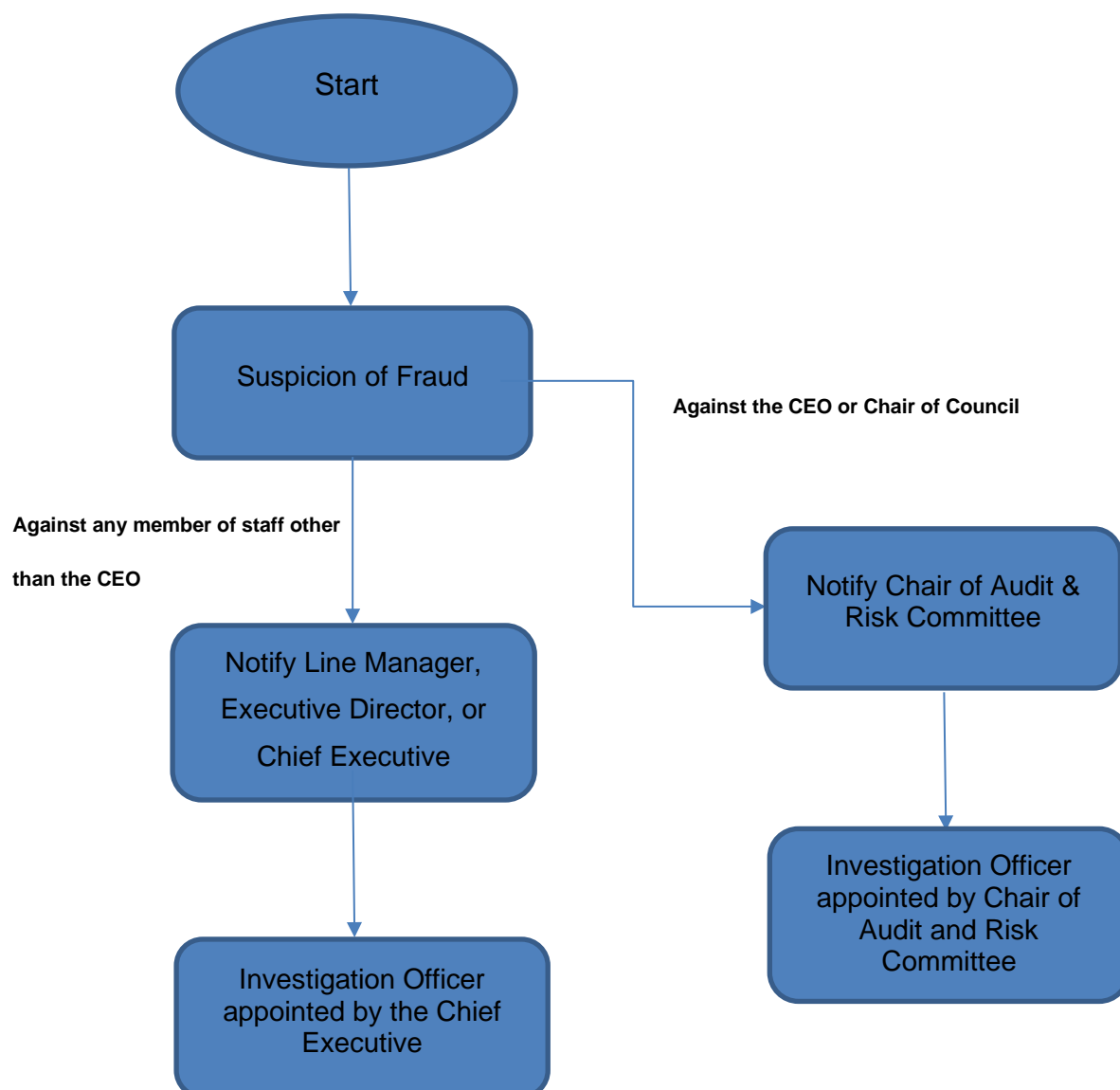
- Being offered a bribe or inducement by a supplier.
- Receiving fraudulent (rather than erroneous) invoices from a supplier.
- Reported allegations of corruption or deception by a supplier.

Where should suspected fraud be reported to?

In the event of any employee becoming aware of fraud being alleged, discovered or suspected (other than against the Chief Executive) this **must** be reported immediately to their line manager, an Executive Director or directly to the Chief Executive.

Where the suspicion of fraud is against the Chief Executive, this **must** be reported immediately to the Chair of the Audit and Risk Committee.

Diagram 1: fraud response plan – reporting procedure



Who will conduct the investigation?

Allegations of fraud or corruption will be investigated by a suitably qualified senior member of staff independent of the area under suspicion or by a suitably qualified external person (**"the investigating officer"**) appointed by the Chief Executive, or if they are the subject of the allegation, the Chair of the Audit & Risk Committee.

Before making such an appointment, the Chief Executive/Chair of Council may consult any member of the Executive Management Team, the Chair of Council, the Chair of the Audit & Risk Committee and any other person whom they consider appropriate.

What happens during the investigation?

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

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

Progress on any fraud investigations will be reported to the Chief Executive/Chair of Council who will report to the Chair of Council and/or the Chair of the Audit & Risk Committee and any other person or organisation they consider appropriate under all the circumstances.

What happens if we are contacted by the press in relation to suspected or actual fraud, bribery or corruption?

All press releases and publications relating to potential or actual cases of fraud, bribery or corruption are to come directly from the Head of Communications and Engagement. If any member of staff speaks to the press without the express authority of the Chief Executive or the Chair of Council, it may be regarded as a breach of this policy.

Roles and responsibilities

Chief Executive (Accounting Officer)

The Chief Executive, as the Accounting Officer is responsible for establishing the internal control system designed to counter the risks faced by the GDC, as set out in the Statement of the GDC's Chief Executives responsibilities in the Annual Report & Accounts and per the Finance Policies & procedures that are approved annually by the Council.

The system of internal control is designed to respond to and manage the whole range of risks that the organisation faces. The system of internal control is based on an on-going process designed to identify the principal risks, to evaluate the nature and extent of those risks and to manage them effectively. Managing fraud risk will be seen in the context of the management of this wider range of risks.

The Chief Executive/Chair of the Audit & Risk Committee will be responsible for receiving the report of the investigating officer and considering an appropriate response. The Chief Executive/Chair of the Council is also responsible for reporting the outcome and response to any fraud investigations, to the Chair of the Audit & Risk Committee.

Executive Director, Registration and Corporate Resources

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

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

Investigating Officer

The investigating officer will be responsible for investigating allegations of fraud including:

- Carrying out a thorough investigation if fraud is suspected, with the support of the Audit & Risk Committee, where necessary.
- Gathering evidence, taking statements and writing reports on suspected frauds.
- Liaising with the Executive Director, Registration and Corporate Resources and the Chief Executive (or, where the allegation is made against the Chief Executive, with the Chair of the Audit & Risk Committee) where investigations conclude that a fraud has taken place.

- Identifying any weaknesses which contributed to the fraud.
- If necessary, making recommendations for remedial action.

To carry out these duties the investigating officer will have unrestricted access to the Chief Executive, the Executive Director, Registration and Corporate Resources, the Audit and Risk Committee, the GDC's Internal and External Auditors, and the GDC's Corporate Legal advisers.

Managers & Directors

Managers are the first line of defence against fraud. Managers must have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties. They should be alert to the possibility that unusual events may be symptoms of fraud or attempted fraud and that fraud may be highlighted as a result of management checks or be brought to attention by a third party.

Whilst the Executive Director, Registration and Corporate Resources has overall responsible for the identification of risk and will monitor the Finance Policies and Procedure control systems in place, other Directors and Managers are responsible for:

- Being aware of the potential for fraud and recording any relevant risks in the operational risk register.
- Ensuring that a system of internal control appropriate to the risk involved exists within their area of responsibility, and those controls are properly operated and complied with the key departmental operational controls are managed through Standard Operating Procedures maintained by each directorate.
- Reviewing and testing internal control systems to satisfy themselves the systems continue to operate effectively.
- Managers should inform their Director if there are indications that an external organisation (such as a contractor or registrant) may be trying to defraud (or has defrauded) the GDC or its members of staff carrying out their duties. Time is of the essence in reporting suspicions.
- Managers should also inform their Director if they suspect an employee may be involved in fraudulent activity, impropriety or dishonest conduct.
- Managers and Directors should take care to avoid doing anything which might prejudice the case against the suspected fraudster, especially in relation to the reporting suspected instances of money laundering.

Employees

Employees must have, and be seen to have, the highest standards of honesty, propriety and integrity in the exercise of their duties. Employees are responsible for:

- Acting with propriety whether they are involved with cash, payment systems, receipts or dealing with contractors or suppliers.
- Reporting details of any suspected fraud, impropriety or other dishonest activity immediately to their line manager or the responsible manager. More guidance on how to report concerns can be found in the GDC whistleblowing policy.
- Assisting in the investigation of any suspected fraud.

Employees reporting or investigating suspected fraud should take care to avoid doing anything which might prejudice the case against the suspected fraudster.

Appropriate fraud vetting is undertaken by the GDC in respect of employees which hold senior positions, those who have access to our bank and investment accounts.

Estates Strategy programme: Council update

Purpose of paper	This paper provides an update to the Estates strategy programme financial business case presented to Council in January 2019 along with a programme progress overview.
Action	For noting.
Corporate Strategy 2016-19	Performance Objective 2 – To improve our management of resources so that we become a more efficient regulator.
Business Plan 2018	Estates Strategy.
Decision Trail	<p>A paper was submitted to the Council on 25 July 2019 for noting and provided a progress update for the GDC Estates strategy programme covering both Strands 1 and 2 along with the latest quarterly organisation chart.</p> <p>A paper was submitted to the Council on 3 October 2019 for noting and provided a progress update for the GDC Estates strategy programme covering both Strands 1 and 2.</p> <p>A paper was submitted to the Senior Leadership Team (SLT) on 5 November and the Finance and Performance Committee (FPC) on 20 November for noting and provided an update to the Estates strategy programme financial business case along with a programme progress overview.</p>
Next stage	This paper is for noting.
Recommendations	The Council is asked to note the contents of this paper.
Authorship of paper and further information	<p>Gurvinder Soomal – Executive Director, Registration and Corporate Resources</p> <p>GSoomal@gdc-uk.org</p> <p>020 7167 6333</p>
Appendices	Appendix 1: Estates strategy programme – organisation chart – December 2019

1. Executive Summary

- 1.1. This paper is for noting and provides an update to the Estates strategy programme financial business case presented to Council in January 2019 along with a programme progress overview.
- 1.2. As at 5 November 2019, the total estimated Estates programme net savings are over £50m (including VAT) over the 15-year period of the Estates strategy, an increase in estimated savings

of c.£1.5m vs January 2019. Major savings forecast from Strand 2 include: parallel running; termination costs; salary savings, decommissioning of our hearings venue and; recruitment agency spend.

Strand 1

- 1.3. Birmingham office – the final 12 months defects review was signed off on 7 November 2019.
- 1.4. The closure report for Strand 1 is currently being drafted including review of benefits realisation.

Strand 2

- 1.5. Wimpole Street refit –
 - the nine weeks refit started on 30 September as planned and is on target to complete on 29 November, with weekly on-site progress meetings held with the contractor.
 - Value for money – this is a key area of focus for the refit via: re-use of surplus furniture from a fellow regulator to furnish all five hearing suites; re-use of furniture, fixtures and fittings; re-use and relocation of surplus furniture and IT equipment from the refit to support the fit-out of 32 extra desks in our Birmingham office expansion space.
 - As the refit impacts on part of the area refurbished in 2014-15 an asset impairment exercise was conducted with less than 0.5% of the original work being disposed of.
 - 1.6. Birmingham building update - the fit-out of the expansion area in the Birmingham office to provide an additional 32 desks was fitted out w/c 4 November as planned.
 - 1.7. People Services - as at the end of October the majority of staff from Strand 2 have left the GDC, with the final c.16 staff due to leave between November 2019 and January 2020.
 - 1.8. Latest quarterly organisation chart has been provided (Appendix 1) showing the current location of departments and status of their transition to Birmingham, where applicable, as at 31/12/2019.
 - 1.9. Recruitment – to date we have filled 85% of posts for Strand 2, including staff relocating.
- 2. Financial update on Estates Strategy costs and savings in the financial business case**
- 2.1. The financial update on the Estates Strategy costs and savings in the financial business case was presented to SLT on 5 November and FPC on 20 November.
 - 2.2. As at 5 November 2019, the total estimated Estates programme net savings are over £50m (including VAT) over 15 years, an estimated increase in savings of c.£1.5m vs the figures presented to FPC/Council in January 2019.
 - 2.3. The table below provides a summary of the major variations (in descending order) between the latest figures in November 2019 and those submitted to FPC/Council in January 2019.

Major variations between figures submitted in January 2019 and as at 5 November 2019

Description	Variance: cost/ (saving)	Fixed/ Assumed	Reason(s)
Strand 2 parallel running	(saving)	Assumed	Fewer affected posts. Birmingham staff recruited below market rate and early leavers in London.
Strand 2 termination costs	(saving)	Assumed	Fewer affected posts than forecast and average cost per employee lower.
Regional salary/ pension savings for Strand 2	(saving)	Assumed	Mainly due to 2 further posts relocating to Birmingham as agreed by EMT i.e. from 101 to 103 posts.

Decommissioning of hearings venue	(saving)	Fixed	No dilapidations; deposit returned in full.
Refit of Wimpole Street	(saving)	Fixed	Although the overall cost increased (as approved by Council), a high proportion has been capitalised over the 37-year term of the Wimpole Street lease i.e. outside of the 15-year Estates strategy period.
Strand 2 recruitment agencies	(saving)	Assumed	Effective use of other attraction channels has minimised the requirement for recruitment agencies.
Strand 1 parallel running	(saving)	Assumed	Birmingham staff recruited below market rate and early leavers in London.
Strand 2 relocation expenses	(saving)	Assumed	Fewer staff relocating - average cost per person is lower than provided for.
Laptops/workstations (Birmingham Strand 2)	(saving)	Assumed	Saving on IT kit-out for Colmore Square expansion area.
People Services staff assigned to the Estates programme	(saving)	Fixed	Two of the People Services staff have left before the end of their contract and will not need to be replaced.
Service Charge, Birmingham	cost	Assumed	Initial invoice received suggests an upward revision of future payments is required.

Financial risk and contingency

- 2.4. The assumptions noted in the table above illustrate there is residual financial risk attached to many of the costs and savings reported in the financial business case. For this reason, the programme contingency sum remains to mitigate the financial impact of unforeseen costs. A separate provision exists within the Wimpole Street refit costs, to offset contract variations.

3. Estates strategy programme progress overview – Strand 1

- 3.1. New building in Birmingham – the final 12 months defects review was held with the appointed contractor and signed off on 7 November 2019.
- 3.2. Strand 1 project closure report – this is currently being drafted for Strand 1 and will include the review of the lessons learned, financial assumptions and the benefits realised to date.

4. Estates strategy programme progress overview – Strand 2

Wimpole Street refit update

- 4.1. The nine weeks refit contract started on 30 September as planned and is on target to complete on 29 November, with weekly on-site progress meetings held with the contractor.
- 4.2. We are currently on target for completing the full refit works, including IT fit-out, by the end of December 2019 with the new hearings service to be operational in Wimpole Street as from the start of 2020. This aligns with the closure of the GDC's current external hearings venue at the end of December 2019 enabling the realisation of the planned savings.
- 4.3. Along with bringing the GDC's hearing service 'in-house' we will also be incorporating some of the key learnings from our new Birmingham office with the inclusion of informal and multi-purpose collaborative work spaces as well as video conferencing.
- 4.4. Value for money – a key area of focus for the refit is, wherever possible, to identify and capitalise on sustainability opportunities and operational efficiencies, examples of this are:

- Re-use of surplus furniture from a fellow regulator to furnish all five hearing suites and associated rooms, provided free of charge apart from costs for storage and delivery.
- Re-use of the doors and glazed partition screens within Wimpole Street.
- Re-use of the Wimpole Street staff room furniture and meeting room furniture.
- Re-use of IT equipment and TV screens including the IT fit-out of the new boardroom.
- Capitalising on the opportunity to re-use and relocate surplus furniture and IT equipment from the Wimpole Street refit to support the fit-out of 32 extra desks in our Birmingham office expansion space.

4.5. As the refit impacts on part of the area refurbished in 2014-15 an asset impairment exercise was conducted with less than 0.5% of the original work being disposed of. This is substantially less than the 2-2.5% materiality threshold for considering an impairment requiring us to charge back an element of the original cost. Therefore, no adjustment has been made.

Birmingham building update

4.6. The fit-out of the expansion area in the Birmingham office to provide an additional 32 desks was fitted out as planned during w/c 4 November using surplus furniture and equipment from the Wimpole Street refit.

People update

4.7. As at the end of October the majority of staff from Strand 2 have left the GDC, with the final c.16 staff due to leave between November 2019 and January 2020. All leavers have been given access to the GDC outplacement service with more than 70 staff accessing the complete delivery of outplacement services.

4.8. Recruitment – we have successfully filled 85% of Birmingham posts for Strand 2, including those who will be relocating, using the ‘tried and tested’ assessment centre model from Strand 1 and with minimal need for use of recruitment agencies. The focus is now on the recruitment of the outstanding posts along with those that have proved to be harder to recruit.

4.9. The latest quarterly organisation chart has been provided (refer to Appendix 1) showing the current location of departments and status of their transition to Birmingham, where applicable, as at 31/12/2019.

4.10. A communications timeline and dedicated intranet page for the Wimpole Street refit has been developed to keep all staff updated and engaged on a regular weekly basis of the key activities for during and post the refit and how they can get involved.

Operational Readiness update

4.11. Business continuity - with the ongoing support of staff, all team moves have been completed on time within very tight timelines and with minimal disruption to the business.

Assurance update

4.12. As part of the internal audit into the financial management controls operating within projects and programmes at GDC an internal audit was undertaken in November 2019 of the financial controls of the Estates strategy programme.

4.13. A deep dive was undertaken in November 2019 of the financial management controls for the Estates programme to provide assurance to the Audit and Risk Committee (ARC).

5. Recommendations

5.1. The Council is asked to note the contents of this paper.

6. Internal consultation

6.1. This paper has not been formally consulted on internally however the updates have been derived from internal consultation with the Estates strategy programme team and key stakeholders.

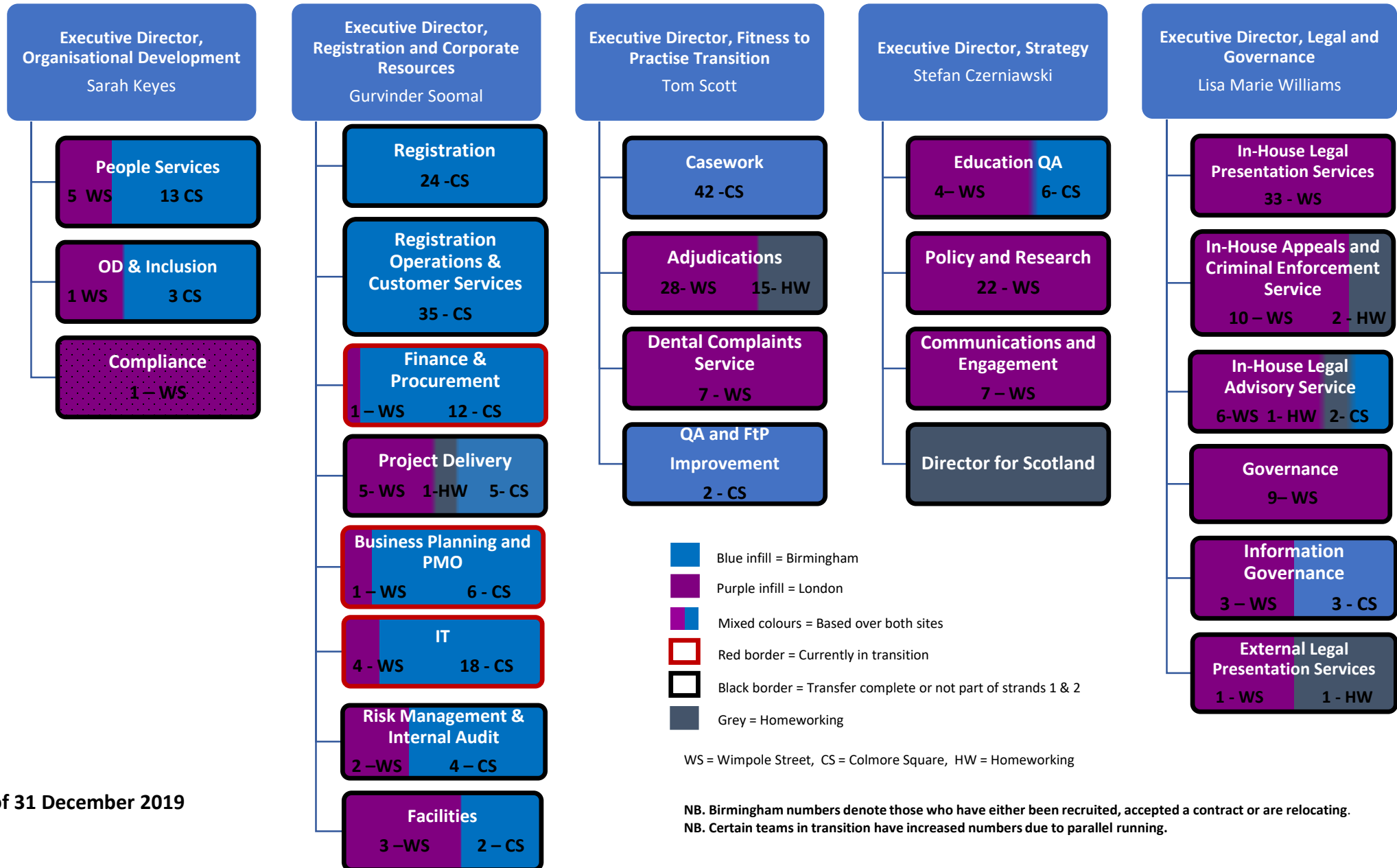
7. Appendices

7.1. Appendix 1: Estates strategy programme – organisation chart – As of 31 December 2019.

CONFIDENTIAL

Chief Executive & Registrar

Ian Brack



As of 31 December 2019

Annual Whistleblowing Report

Purpose of paper	This paper provides details of the combined annual report on whistleblowing concerns raised with the health regulators, including the GDC, between 1 April 2018 and 31 March 2019.
Action	For noting
Corporate Strategy	<p>Performance – Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.</p> <p>Performance - Objective 3: To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach</p>
Business Plan	N/A.
Risk register	N/A
Decision Trail	N/A
Next stage	N/A
Recommendations	Council is asked to note the content of the Joint Healthcare Regulators Whistleblowing Disclosures report 2019.
Authorship of paper and further information	<p>Colin MacKenzie Interim Head of Communications and Engagement cmackenzie@gdc-uk.org Ext: 6135</p>
Appendices	Appendix 1 – Joint Healthcare Regulators Whistleblowing Disclosures report 2019

1. Executive Summary

- 1.1. The GDC has additional whistleblowing responsibilities in relation to its role as a “prescribed person” (external whistleblowing). There are over 60 organisations who are prescribed persons. These organisations have been chosen because they have an authoritative or oversight relationships with their sector. Being a prescribed person means that the GDC is an alternative route for a worker or former worker who wishes to blow the whistle in relation to matters concerning the GDC’s statutory functions.
- 1.2. From April 2017 there has been a requirement for prescribed persons to publish an annual report. The report must detail the number of qualifying disclosures that have been raised and the action that the GDC has taken in relation to them.
- 1.3. The healthcare regulators, led by the GMC, agreed to prepare a joint report in relation to this requirement each year. The third joint report was published on 11 September 2019.
- 1.4. This is a joint report with seven other health regulators: GMC, NMC, GPhC, HCPC, GCC, GOC and GOSc.

2. Recommendation

- 4.1 The Committee is asked to **note** the report. in Appendix 1.



Whistleblowing disclosures report 2019

Healthcare professional regulators

This report has been produced by the healthcare
professional regulators



General
Medical
Council

General
Dental
Council



General
Pharmaceutical
Council



Contents

2	About the report
5	General Chiropractic Council
6	General Dental Council
8	General Medical Council
10	General Optical Council
12	General Osteopathic Council
13	General Pharmaceutical Council
15	Health and Care Professions Council
17	Nursing and Midwifery Council (NMC)
20	Note on data

About the report

On April 1 2017, a new legal duty came into force which required 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 \(2017\)](#)

The first report in response to the new duty was published in September 2018 and we, as healthcare professional regulators,¹ decided to compile a joint report to highlight our coordinated effort in working together to address the serious issues raised to us.

This year, we have chosen to take the same approach and compile a joint whistleblowing disclosures report. 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 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.

¹ General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council and Nursing and Midwifery Council

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

Action type	Description
Under review	This applies to disclosures which 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 which 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 which 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 fitness to practise team or any other fitness to practise process ● Opening of 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 which 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 in 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 a the 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 2018 and 31 March 2019.

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.

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019 the General Chiropractic Council received no whistleblowing disclosures.

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of approximately 115,000 members of the dental team. This includes dentists, dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists.

Our purpose: 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.

Our legislation, the Dentists Act 1984 (as amended), sets us the following objectives:

- 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.

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.

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Dental Council received 75 whistleblowing disclosures.

Actions taken in response to disclosures

Closed with no action taken	6
Onward referral to alternative body	1
Regulatory action taken	56
No action – not enough information	10
Onward referral to alternative body and regulatory action taken	2

All disclosures were made direct to the Fitness to Practise team. In 56 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases. These could lead to a range of resolving actions determined by a statutory practice committee, ranging from removal of the registrant from the Register, suspension or conditions for a determined period or the conclusion that fitness to practise is not impaired and the case could be closed. Ten cases were not progressed due to lack of sufficient information, one of which was withdrawn before it could be investigated. Two cases referred to fitness to practise for regulatory action were suspended pending the outcome of investigations by external organisations; namely the police and the CQC.

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 the 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. There has been a minor operational impact in terms of establishing systems and practices across the organisation to record disclosures appropriately when they are received.

The number of disclosures we received increased to 75 from 56 in 2017–8. Compared to some other regulators we have received a higher number of disclosures in comparison to 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.

General Medical Council

The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK. Our role is to protect the public* and act in the public interest.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.
- Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Medical Council received 35 whistleblowing disclosures.

Actions taken in response to disclosures

Closed with no action taken	1
Regulatory action taken	26
No action – not enough information	4
Onward referral to alternative body and regulatory action taken	4

The majority (33 of 35) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and two were received by Registration and Revalidation. Of all the disclosures we received, 13 were made by doctors, 10 were made by other healthcare professionals and 12 were made anonymously.

Of the 33 disclosures which were assessed by our fitness to practise team:

- 13 were closed after an initial assessment

*Medical Act 1983 (as amended)

- 15 resulted in either a preliminary or full investigation – nine of these are still going through the investigation process and six have been closed
- four disclosures were closed as there was not enough information to take any further action and no further information was provided.
- one disclosure was closed with no action taken as the information disclosed was already under investigation.

Of the 19 disclosures which 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 eg local employment dispute
- no concerns were found from the information provided.

Our Registration and Revalidation directorate handled two disclosures. Regulatory action was taken for both, with one case resulting in advice being given to the discloser and the second was referred to the Fitness to Practise team.

Update on disclosures from last year

There were six disclosures which were still being investigated at the time of reporting last year. Four of these have now been concluded and two are complex cases, which are still being investigated.

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 which meets throughout the year to reflect on the disclosures we have received.

Some complainants made disclosures anonymously as they were fearful of repercussions. This shows there is still some way to go in improving the culture of raising and acting on concerns. 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.

In some cases, concerns raised to us were not identified immediately as being a qualifying whistleblowing disclosure. We continue to provide training and support for staff on how to recognise and act on whistleblowing disclosures.

General Optical Council

The General Optical Council (GOC) is the regulator for the optical professions in the UK.

Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

A brief description of our four core regulatory functions is:

- 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
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Our overarching objective, as set out in the Opticians Act 1989, is the protection of the public.

We published a 'Raising Concerns (Whistleblowing) Policy in 2016:

https://www.optical.org/en/Investigating_complaints/raising-concerns.cfm

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Optical Council received 19 whistleblowing disclosures.

Actions taken in response to disclosures

Under review	5
Regulatory action taken	10
No action – not enough information	4

All 19 disclosures that we received in 2018–19 were placed into our fitness to practise triage system for formal assessment.

In four cases, we were unable to pursue the disclosures made as the discloser decided to withdraw their concerns and there was no way in which the GOC could have pursued the concerns further. Where possible,

for example where the discloser was not anonymous, we advised the discloser as to how they might pursue their concerns further.

In 10 cases, we have taken regulatory action of some description.

- In one case we were unable to pursue the case as the discloser was anonymous and the allegations non-specific, so we disclosed the concerns to the company and received satisfactory assurance in respect of the measures in place to prevent/detect issues of the kind raised by the discloser.
- In nine cases we have opened fitness to practise investigations. Of these, seven cases are still being investigated and have not yet gone to our case examiners for consideration. Two cases have been considered by our case examiners and closed, with no further action being taken.

A decision is pending at triage stage in five cases as to whether the disclosure should be taken forward to formal fitness to practise investigation stage. It is possible, when we have more information, that some of these may transpire to not be qualifying disclosures.

During 2018–19, a complaint (received in a prior year) against a business registrant regarding its handling of a protected disclosure by one of our registrants was considered by our Fitness to Practise Committee, resulting in a sanction of a £50,000 financial penalty against the business registrant, the maximum financial penalty available.

Learning from disclosures

The number of disclosures received by the GOC in 2018–19 is relatively small. In total in 2018–19, we received 453 new referrals, so protected disclosures account for only 4% of these. Although protected disclosure complaints are, by their very nature, more difficult and time-consuming to investigate, they have not directly had an impact on our ability to perform our regulatory functions.

Identification of a qualifying disclosure on day one is crucial for the proper management of the disclosure and also in securing the confidence of the discloser in the regulator's willingness and ability to take the matter forward.

We continue to find it difficult to investigate concerns where the discloser is anonymous or withdraws, even if there might be a public interest in doing so. Although it is possible to find ways to continue with an investigation, this is far less effective than having the cooperation of the discloser. We have no powers of inspection or intervention and the registration of businesses with the GOC is only mandatory in certain circumstances: https://www.optical.org/en/Registration/Applying_for_registration/Bodies_corporate.cfm.

Although we have powers under the Opticians Act 1989 to demand information, this is very challenging in the absence of a discloser who can advise as to the relevant information to be sought.

General Osteopathic Council

The General Osteopathic Council regulates osteopathic practice in the UK. Its purpose is to protect the public by ensuring high standards of education, practice and conduct among osteopaths.

Its core functions are:

- assuring the quality of osteopathic education and training
- registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- setting and promoting high standards of osteopathic practice and conduct
- helping patients with complaints or concerns about osteopaths and, where necessary, dealing with those complaints through fitness to practise procedures.

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the General Osteopathic Council received two whistleblowing disclosures.

Actions taken in response to disclosures

Regulatory action taken	2
-------------------------	---

Both concerns received were investigated under our fitness to practise procedures. In one case, no further action was taken following the conclusion of the investigation. The second case is ongoing, and no decision has yet been reached.

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.

All the concerns we receive inform the ongoing development of our policies, standards and guidance.

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.

- 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.
- Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 1 April 2018 to 31 March 2019, the General Pharmaceutical Council received 16 whistleblowing disclosures.

Actions taken in response to disclosures

Under review	7
Closed with no action taken	3
Onward referral to alternative body	1
Regulatory action taken	5

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 unannounced inspection.

Three cases were investigated and concluded with no further action. One case was signposted to another organisation. The remaining five cases were investigated and concluded with guidance from Fitness to Practise, Inspection or Education colleagues.

In addition, one disclosure received during the previous reporting period, was concluded with guidance.

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 concern, including those that arise through inspections, are widely shared to ensure learning across the inspectorate. These issues inform our work on understanding the experiences of pharmacy professionals in the working environment and also informs our work on ensuring safe and effective pharmacy teams.

Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health, social work, and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 16 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.

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the Health and Care Professions Council received nine whistleblowing disclosures.

Actions taken in response to disclosures

Onward referral to alternative body	8
Regulatory action taken	1

The majority of the whistleblowing disclosures we received came in to the Policy and Standards department, in the form of policy enquiries. These were from registrants who had concerns about their employers and were seeking advice to ensure they continued to meet our standards.

These came from the following registered professionals; social workers in England, occupational therapists, operating department practitioners, arts therapists and practitioner psychologists. The subject of the disclosures ranged from concerns about the provision of supervision, changes to on call policies or shifts, and an employer's approach to investigating concerns.

In these scenarios, as the concerns relating to specific health and care providers and therefore fell outside of our remit, we directed to the relevant organisation (such as the CQC).

The Education department also received one disclosure from a member of an approved programme team, who raised concerns about staff being put under pressure to pass failing students learners, the programme

increasing student marks to ensure they passed and regulator notification procedures not being followed meaning learners were included without checking if they had passed.

We investigated this concern, through our programme concern process. This was considered by our Education and Training Committee in December 2018, which decided that there was no case to answer. No further action was therefore taken against the programme in question.

Learning from disclosures

Most disclosures we have received during this reporting period relate to matters outside of our statutory remit, and so have had little impact on our ability to perform our regulatory functions and objectives.

We have previously decided, in response to some of the disclosures, to provide additional information to our registrants about scope of practice, and how they can assess whether or not activities fall within their remit. We have also developed a blog post on how to raise concerns, where we sign post to relevant organisations such as CQC.

We will continue to develop resources on topics such as these through our Meeting our Standards hub on our website.

Nursing and Midwifery Council

Better, safer care for people is at the heart of what we do

Nurses, midwives and nursing associates are highly skilled, compassionate and caring professionals. They strive to deliver the best care possible for people but all too often workforce pressures hold them back.

As the professional regulator of nurses, midwives and nursing associates, we work with these dedicated practitioners to ensure they have the knowledge and skills to deliver consistent, quality care that keep people safe.

Better, safer care today: working with professionals to drive up standards of care

We set the education standards that nurses, midwives and, in England, nursing associates, must achieve to practise. When they have shown both clinical excellence and a commitment to kindness, compassion and respect, we welcome them onto our register of nearly 700,000 professionals.

Once registered, professionals must uphold day in, day out the standards and behaviour set out in our code so that people can have confidence that they will consistently receive quality, safe care wherever they're treated.

We operate a revalidation process that encourages nurses, midwives and nursing associates to promote lifelong learning. It's a journey that asks professionals to reflect on their practice and how the code applies to their day-to-day work.

Professional regulation enables better care and keeps people safe. But on the rare occasions when care goes wrong or falls short of people's expectations, we step in to investigate and take action when needed.

We promote a culture that encourages professionals to be open and learn from mistakes, gives the public an equal voice, and where everyone involved is treated with kindness and understanding.

Better, safer care together: working with partners and the public to improve the health and social care system

When demand from the public for health and social care is increasing across the UK, it is vital there are enough professionals to deliver world-class care and keep the public safe.

We work with partners to influence policy and decision-making that supports and develops the future health and social care workforce.

We're also delving deeper into the data we hold on our register and from other activities to shine a light on the many different environments in which nurses, midwives and nursing associates provide care.

Using our influence and data effectively has a positive impact on the recruitment and retention of nurses, midwives and nursing associates across the UK.

When the health and social care system fails, we engage with the public and work closely with partners to learn from these mistakes and ensure appropriate action is taken to prevent this happening again.

A better NMC: improving how we operate for everyone's benefit

To enable professionals to deliver better, safer care and improve the system nurses, midwives and nursing associates work in, we are committed to becoming a better regulator.

We are changing our culture to be kinder to each other, and everyone else we engage and interact with. We are adopting new ways of working to become smarter at pinpointing opportunities for and barriers to enabling consistent, quality care that keeps people safe. We are investing in our people to become a great place to work, delivering a high quality, value for money service.

To demonstrate our commitment to change, we are working with people, partners, professionals and employees to co-produce a new long-term strategy. Join us today, and together we'll develop an ambitious new plan for the next five years – one that helps us become the best NMC possible, supporting nurses, midwives and nursing associates to deliver even better, safer care for people.

Whistleblowing disclosures received from 01 April 2018 to 31 March 2019

From 01 April 2018 to 31 March 2019, the Nursing and Midwifery Council received 34 whistleblowing disclosures.

Actions taken in response to disclosures

Regulatory action taken	18
Onward referral to alternative body and regulatory action taken	16

The table above shows the action taken on all 'qualifying disclosures' received between 01 April 2018 and 31 March 2019.

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and an onward referral to 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):

- 34 out of the 34 'qualifying disclosures' were dealt with via our Fitness to Practise directorate
- three disclosures were referred to our Education and Standards directorate
- two were referred to our Employer Link Service who engaged with employer in respect of the issues raised
- we have made onward referrals to the Care Quality Commission and the General Medical Council

We still took action on many disclosures where we did not reasonably believe the whistleblowing criteria were met. We either took regulatory action or made referrals to a range of other bodies including Care Quality Commission, Health and Care Professions Council, Healthcare Improvement Scotland, Healthcare Inspectorate Wales and Regulation and Quality Improvement Authority. The main reasons 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.

Learning from disclosures

The disclosures we received during the reporting period did not have an impact on our ability to perform against our regulatory functions and objectives. We were able to use the disclosures to enhance our knowledge and understanding of the wider healthcare landscape.

We continue to have a panel that meets weekly to discuss any disclosures and the appropriate course of action. This panel also looks into any learning from each piece of information we assess.

Note on data

All measures are activity occurring in the reporting date range. Disclosures received may not equal the number of actions taken because some disclosures may have been received in a previous year or still being investigated at the end of the year.

It is possible that some disclosures have been counted and reported on more than once in this report. This may be due to incidences where one regulator has referred the disclosure on to another regulator or when an anonymous discloser has raised a concern multiple times. While checks are done to mitigate for the latter, it is not always possible to determine.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT

Website: www.gcc-uk.org

General Dental Council

37 Wimpole Street, London, W1G 8DQ

Website: www.gdc-uk.org

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN

Website: www.gmc-uk.org

General Optical Council

10 Old Bailey, London, EC4M 7NG

Website: www.optical.org

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU

Website: www.osteopathy.org.uk

General Pharmaceutical Council

25 Canada Square, London, E14 5LQ

Website: www.pharmacyregulation.org

Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU

Website: <http://www.hcpc-uk.co.uk/>

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ

Website: www.nmc.org.uk

To ask for this publication in Welsh, or in another format or language, please call the General Medical Council on 0161 923 6602 or email us at publications@gmc-uk.org.

Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service.

Published September 2019

Horizon scanning report

Purpose of paper	This is the latest GDC horizon scanning report. It provides Council and staff visibility of the external environment that the GDC is operating within, to inform decision making and to facilitate discussions about possible activity that will allow the GDC to shape and prepare for external events.
Status	For noting.
Action	For noting.
Corporate Strategy 2016-19	Having an enhanced understanding of our external environment is integral to the successful delivery of <i>Patients, Professionals, Partners, Performance</i> . An improved understanding of the external environment is Objective A of the <i>Communications and Engagement Strategy</i> .
Business Plan 2019	Having an improved understanding of our external environment is integral to the successful delivery of the business plan, as set out in Moving upstream .
Risk register	Not applicable.
Decision trail	On 27 January 2016, Council approved the <i>Communications and Engagement Strategy</i> . Objective A of this Strategy is to achieve an improved understanding of the external environment. The horizon scanning report is designed to support this objective.
Next stage	This paper will be distributed to staff for information and discussion and an abridged version will be made available to key stakeholders.
Recommendations	There are no recommendations in this paper.
Authorship of paper and further information	Various contributors from the Strategy Directorate. For further information please contact Lisa Bainbridge x6384.
Appendices	

Contents

This report includes the following sections:

1. European Union updates
2. Developments in professional regulation
3. Developments in dentistry
4. Summary of media issues and coverage achieved
5. Parliamentary updates

1. European Union updates

The European Commission

- 1.1. In September 2019, the president-elect of the European Commission, Ursula von der Leyen, presented her new team of commissioners for the 2019/2024 term.
- 1.2. There are three portfolios that may be of significance to the GDC, contingent upon the nature of EU-exit:

Commissioner: Sylvie Goulard (France), Internal Market

- 1.3. The 'letter of mission' for this commissioner asks her, as part of ensuring the functioning of the internal market, to focus upon:
 - The implementation of European law which will include the Professional Qualifications Directive (PQD) and the (to be implemented) Proportionality Test Directive which will apply to professional regulation. This priority was also pre-announced by [DG GROW](#)¹ at the February Healthcare Professionals Crossing Borders (HPCB) meeting in Dublin.
 - The elimination of obstacles to the free movement of services, specifically, to 'also look at the remaining barriers relating to goods and services and help remove any artificial distinctions between new digital markets and more established markets.' This remit could include corporate dentistry as well as the various approaches to professional advertising in member states.

¹ DG GROW is the European Union's Directorate-General for Internal Market, Industry, Entrepreneurship and Small and Medium-sized Enterprises (SMEs). It is one of the Directorates General and specialised services which make up the European Commission. DG GROW develops and carries out the Commission's policies on business and industry, and the single market.

Commissioner: Stella Kyriakides, (Cyprus), Health

- 1.4. The letter of mission opens by considering the demographic challenge of Europe e.g. 'we are becoming older and more complex and expensive', before concluding with the 'need to support the health sector and the professionals who work there'.
- 1.5. The contents of previous missions are also revisited: 'investing in new technologies, promoting healthy lifestyles for health and [for Member States] better cooperation with the EU'. Some familiar issues are put forward e.g. the implementation from May 2020 of the Medical Devices Regulations (MDR) and the fight against antimicrobial resistance.
- 1.6. However, there is an interesting reference to the creation of a European Health Data Area. The scope and remit of this project are not yet clear.

Commissioner: Mariya Gabriel, (Bulgaria), Education

- 1.7. There are encouraging references within the letter of mission to further development of the European Area of Higher Education by 2025; it would appear to entail the establishment of a system of accreditation and quality assurance for universities across Member States. This initiative would include dental education and might address emerging GDC concerns about potential gaps in such systems across Europe.
- 1.8. The letter's further objective of updating the Action Plan for Digital Education could influence the updating of the PQD. The objective is common to both Commissioners in charge of Education and of Internal Market i.e. 'as part of a transition that supports people, I want you to contribute to an updated Digital Education Action Plan. This should focus on digital literacy and equipping young people and adults with the skills they need for life and work in the digital age.'

Federation of European Dental Competent Authorities and Regulators (FEDCAR)

- 1.9. We hope to learn more about these initiatives at the forthcoming winter meeting of FEDCAR on 29 November 2019:
 - A member of DG GROW from the European Commission will be attending to give an update on the PQD, with a focus on Annex V, which covers automatic recognition of professions including dentistry.
 - There will be a further focus upon accreditation processes in dental education across Europe, with a national report from Belgium as well as consideration of a joint statement from ADEE/CED/EDSA/FEDCAR² on the subject.
- 1.10. FEDCAR will also be considering the results of an internal survey of its members which seeks to establish their individual regulatory remits.

² (Association for Dental Education in Europe (ADEE), Council of European Dentists (CED), European Dental Student Association (EDSA), Federation of European Dental Competent Authorities and Regulators (FEDCAR)).

2. Developments in professional regulation

- 2.1. Following on from their previous report into the state of oral health care in care homes, the **Care Quality Commission (CQC)** have now confirmed that they will include two new questions which inspectors must ask when they are visiting. The first is to assess how many of the staff have received training in oral health care, and the second is to probe how oral health is assessed, considered and delivered as part of a patient's care plan. The report was [published in June 2019](#).
- 2.2. Working together, the **health and care regulatory bodies** (including the GDC) have produced a set of [principles on remote consultations and prescribing](#). These principles are underpinned by existing standards and guidance from professional and system regulators. Health and care professionals are directed to continue to follow guidance from regulatory bodies and take clinical guidance into account in their decision making. (Please also see paragraphs 3.8, 4.5-4.6 below.)

3. Developments in dentistry

- 3.1. **Health Education England** held a patient engagement workshop on 28 November where they sought views on local dental services and looked to measure awareness of the different roles within the dental team. They will use the information they gather to inform training and education programmes. This is part of a wider programme of engagement on future dental education and training. Further [information is available online](#).
- 3.2. The **BDA** has welcomed the recommendations contained in the Northern Ireland Affairs select committee's report '[Health funding in Northern Ireland](#)'. The BDA was particularly welcoming of the commitment from the NI Department of Health commitment 'to developing a new oral health strategy for Northern Ireland, in collaboration with the dental profession' which would be published in draft in early 2021.
- 3.3. The Health funding in Northern Ireland report also refers to Northern Ireland as having some of the worst children's dental health outcomes in the UK. It gives a critique of the current oral health strategy, 'being based on obsolete data from 2003', and says that it 'does not contain any up-to-date targets for optimising services and improving outcomes'. It goes on to say: 'fresh direction and impetus are needed to improve Northern Ireland's oral health. This will not be achieved with a piecemeal approach, but requires an overarching, evidence-based strategy with associated targets to work towards'.
- 3.4. The BDA welcomed the Chief Dental Officer's announcement at the Oral Health Matters symposium in Stormont to establish two new Oral Health Options Groups (children and older people). They describe these as an important first step in looking at where progress can be made to improve outcomes amongst children and older people.
- 3.5. The **Mouth Cancer Foundation** is continuing its campaign to improve the early detection of mouth cancer, and to raise awareness of the risks and signs and symptoms. [Mouth Cancer Action Month](#) was held in November (as it is every year) and was supported by the British Dental Health Foundation and the Mouth Cancer Foundation.

- 3.6. Dental health professionals are the natural leaders in the fight against mouth cancer. [Leaflets and posters](#) on lowering the risk of mouth cancer are available free of charge from the Mouth Cancer Foundation and can be used as discussion tools during consultations or displayed in the dental practice waiting rooms.
- 3.7. The **Faculty of General Dental Practitioners (FGDP) UK** has launched the second edition of its [Standards in Dentistry](#), which is a free online collection of standards and guidelines for primary care dentistry. The author group was led by and comprised contributors from Peninsula Dental School in Plymouth.
- 3.8. The issue of tele-dentistry (mainly direct-to-consumer orthodontics) has been attracting a lot of attention from various commentators in the dental sector. The **British Orthodontic Society** is [running a joint campaign](#) with the **Oral Health Foundation** to raise public awareness of the potential dangers of direct to consumer or 'DIY' orthodontics. (Please also see paragraphs 4.5-4.6 below.)
- 3.9. The two organisations are now working on further content on direct-to-consumer orthodontics and would like to hear from both clinicians and patients who have had experience of, or who have used, any of these systems. They are interested in all experiences, both positive and negative. We (the GDC) have already been in touch with the CQC, as a component of our review of the legal and other implications of new services being offered to patients.

4. Summary of media issues and coverage achieved

GDC reduces ARF

- 4.1. The announcement of the reduced ARF for dentists and dental care professionals gained widespread positive coverage in dental trades and stakeholder news channels including [The Dentist](#), [Dentistry](#), [Dental Review](#), [Dental Tribune](#), [BSDHT](#), [MDDUS](#) and [BADN](#). Although generally positive about the reduction, the [BDA](#) response also included historic criticism, and this formed the basis of the [BDJ](#) coverage. Similarly, the BADN's reaction, covered in [Dental Nursing Magazine](#), was generally positive, although still raising questions about the affordability of the DCP ARF level for its members.

GDC's use of 'undercover' investigators

- 4.2. Indemnifier, Dental Protection, worked initially with [The Telegraph](#) and then issued a wider [trade press release](#) about the GDC's use of 'undercover' investigators in fitness to practise investigations. Their narrative featured a number of misleading and inaccurate lines and initial effort was focussed on ensuring any coverage also featured GDC messaging. Trade coverage was wide and overwhelmingly negative including in [Dentistry](#), [The Dentist](#), [Dental Review](#), [The Probe](#) and [Dental Tribune](#), and further commentary continues to be seen. The issue also saw the [BDA](#) weighing into the debate with characteristic hyperbole accusing the GDC of deploying 'stasi tactics'. Further activity to address misconception is underway.

GDC publishes outcome report on strategy consultation

- 4.3. The outcome report of the GDC's consultation on its three-year strategy gained coverage in [The Dentist](#) and [Dental Review](#).

Overseas Registration Exam (ORE) access – BBC London

- 4.4. BBC London ran a story about refugees facing difficulty accessing the ORE in its evening TV news on 17 October. Although resources were spent on aiding the understanding of what is a complex issue, the report was misleading and featured several factual errors. A complaint has been lodged.

DIY orthodontic treatment

- 4.5. Several media enquiries were received relating to US company Smile Direct, which recently begun operating in the UK and offers teeth aligning services. The following holding statement has been issued:
- 4.6. A spokesperson for the General Dental Council said: "We are aware of a number of organisations offering services remotely, which could constitute dentistry as defined in the Dentists Act 1984. We are looking into a number of regulatory issues in relation to this and we look forward to sharing our position once that work is complete. While this work is ongoing, should we receive information that could amount to an allegation of impairment, we will of course continue to refer registrants to fitness to practise as appropriate."

Fitness to practise coverage

- 4.7. Several fitness to practise determinations saw coverage in this period. Of note:
- Tushar Patel, in the [BBC](#), [Daily Mail](#), [The Sun](#), [Wales online](#).
 - Miodrag Mitic in [Kent Online](#)
 - The cases of five Scottish dentists which were held together relating to plagiarism. Coverage in [Scottish Dental Magazine](#).

Dentists' annual renewal now open

- 4.8. The announcement of the opening of the Annual Renewal period for dentists saw coverage in [Dental Review](#), [The Dentist](#), [The Probe](#) and [Dentistry](#).

Dental Complaints Service (DCS) 2015-2018 performance review

- 4.9. The publication of the DCS 2015-2018 Performance Review saw coverage in a number of trade and stakeholder channels including [Dentistry](#), [BDJ](#), [The Probe](#) and [BSDHT](#).

GDC announces new executive appointments

- 4.10. The announcement of executive appointments, Sarah Keyes and Stefan Czerniawski, was picked up by [Dentistry](#) and [Dental Review](#).

5. Parliamentary updates

- 5.1. The Department for Health and Social Care (DHSC), Dental Service, is currently working closely with NHS England and NHS Improvement to pilot and introduce a new **dental contract**. In reference to this work and [responding to a parliamentary question](#), the Health Secretary confirmed that no decision had been taken yet on expanding coverage of the

current pilot scheme in England. There was a [further question raised](#) in the House of Lords, which asked if the new contract focused on prevention. In response, the Minister stated that the government was committed to reforming the current contract to focus on preventing, as well as treating, dental disease. The Minister also confirmed that the contract was being piloted in 101 'prototype practices' in England.

- 5.2. In early October, the Health Secretary was asked a parliamentary question about discussions with the GDC on increasing **capacity for the ORE**. The [Health Secretary reported](#) that the DHSC was working with us to determine the legislative changes needed to ensure registration processes were effective and proportionate, and stressed that any legislative change would be subject to a public consultation.
- 5.3. On 2 October, Members of the [Welsh Assembly debated](#) the **Health, Social Care and Sport Committee's report on dentistry in Wales**. The Committee had completed a one-day inquiry at the end of May, to highlight dental and orthodontic services in Wales, as well as workforce issues within the dental profession, including training places and recruitment. The Chair of the Committee, Dai Lloyd AM, reported that all six recommendations made to the Welsh Government had been accepted. The six recommendations were, that the Welsh Government:
- Replaces the current Unit of Dental Activity (UDA) targets with a new, more appropriate and more flexible system for monitoring outcomes to include a focus on prevention and quality of treatment, and to provide an update on the progress of these considerations to this Committee in six months.
 - Ensures and monitors the consistent reinvestment of clawback money recovered by health boards back into dentistry services, until a new system for monitoring outcomes is in place.
 - Undertakes an evaluation to determine if the UK wide recruitment system effectively supports a strategy to increase the recruitment of those who are Welsh domiciled and the levels of retention of students generally following training.
 - Works with health boards to develop a clear strategy to ensure that the e-referral system for orthodontic services in Wales has a positive impact on ensuring appropriate referrals, prioritising patients and reducing waiting times.
 - Funds the Designed to Smile programme sufficiently to enable children over five years old to receive the same benefits of inclusion as they did prior to the refocus of the programme.
 - Builds upon existing oral health improvement programmes to address and improve the oral health of older children and young teenagers in Wales.
- 5.4. The [government has announced](#) **new dedicated mental health support** for all NHS doctors and dentists. More than 180,000 doctors and dentists can get confidential advice and support, in person or over the phone, if they've faced a stressful incident at work or feel they are struggling with their mental health.
- 5.5. At the end of October, a question was raised in the House of Lords asking what steps the government was taking in **response to the shortages of NHS dentists**. The Minister provided the following statement:

“The latest headcount data published by NHS Digital show that the total number of dentists actively delivering National Health Service services increased from 24,308 to 24,545 during the period 2017/18 to 2018/19.

“Both NHS England and HEE have initiatives in place to tackle recruitment and retention issues. HEE’s current programme Advancing Dental Care is exploring the opportunities for flexible dental training pathways that can better serve patients as well as improving dental workforce retention. NHS England is introducing ‘flexible commissioning’, which allows local NHS commissioners to commission a wider range of services from dental practices which is expected to make NHS dentistry more attractive to newly qualified dentists.

“These initiatives sit alongside the Department’s and NHS England’s work to reform the current NHS dental contract to support dentists to deliver preventatively focussed care. The patient pathway in the new model makes greater use of the whole dental team including nurses and therapists which moves away from needing dentists to complete every course of treatment.

“The interim NHS People Plan, published in June 2019, sets out plans for the future dental workforce. This commits to creating a capable and motivated multidisciplinary dental workforce, of a sufficient size, to meet population health needs.”

5.6. The 2017-2019 Parliament was dissolved on 6 November 2019 for the General Election being held on 12 December. The following points are for noting:

- The Health Service Safety Investigations Bill reached the second reading stage only, and therefore, will make no further progress.
- The Health and Social Care Committee was conducting an inquiry into dentistry services. The Committee was unable to report on this inquiry. This select committee will elect new members and office holders when the new Parliament session begins.
- Sir Lindsay Hoyle has been elected as Speaker in the House of Commons, replacing John Bercow, whose last day in the Chair was 31 October 2019.

5.7. The [Labour Party has issued a press statement](#) announcing **plans to provide free NHS dental check-ups for everyone in England**. The BDA has estimated the cost at £450 million per year. Labour has stated that charging ‘puts people off from going to their dentists’ and actively undermines prevention. They also point out that not attending regular check-ups means urgent or acute problems are then often dealt with by GPs and hospitals, putting additional strain on these services. At the time of writing, the Labour manifesto had not been released, so we have limited detail.

-oOo-

Stakeholder engagement report

Purpose of paper	This is the latest GDC stakeholder engagement report. It provides Council and staff visibility of the organisational changes and engagement activities with our stakeholders. The report seeks to inform decision making and to facilitate discussions about engagement activity that will assist with the delivery of strategic objectives.
Status	For noting.
Action	For noting.
Corporate Strategy 2016-19	Having an enhanced understanding of our stakeholders and engagement activities is integral to the successful delivery of <i>Patients, Professionals, Partners, Performance</i> . An improved level of engagement and partnership working is a priority of the <i>Shifting the balance</i> work programme.
Business Plan 2019	Having an improved engagement with our stakeholders and partners is integral to the successful delivery of the business plan, as set out in Moving upstream .
Risk register	Not applicable.
Decision trail	On 27 January 2016, Council approved the <i>Communications and Engagement Strategy</i> . Objective C of this Strategy is to engage effectively with external and internal audiences. This report is designed to support this objective.
Next stage	This paper will be distributed to staff for information and discussion.
Recommendations	There are no recommendations in this paper.
Authorship of paper and further information	Daniel Knight, Stakeholder Engagement Manager. For further information please contact Daniel Knight x6343.
Appendices	Appendix 1 – Stakeholder engagement calendar

Contents

This report includes the following sections:

1. Stakeholder appointments
2. Stakeholder engagement report
3. Stakeholder engagement calendar (November and December)

1. Stakeholder appointments

- 1.1. Matthew Garrett has been elected to be the next Dean of the Faculty of Dental Surgery at the Royal College of Surgeons (England). He will take office in June 2020 when the current Dean, Professor Michael Escudier completes his three-year term. Mr Garrett is a consultant in restorative dentistry at the Eastman Dental Hospital and served as the President of the British Society for Restorative Dentistry in 2018/18. He is currently the Faculty's Senior Vice Dean.
- 1.2. In October, Tom Ferris was formally appointed to the office of Chief Dental Officer, Scotland, following his temporary promotion to the role.
- 1.3. The Chief Executive of the British Dental Association (BDA), Peter Ward, has announced he will retire on 31 March 2020 and will be working on the BDA's indemnity product until then. Martin Woodrow has taken over as acting Chief Executive until a permanent appointment is made.
- 1.4. The Health and Care Professions Council (HCPC) has announced that its Chief Executive Officer (CEO), Marc Seale, has decided to leave following the transfer of social worker registrants to Social Work England (SWE). John Barwick, who was the Executive Director for Regulation has been appointed as interim CEO, Accounting Officer and Deputy Registrar, while a permanent appointment is made.

2. Stakeholder engagement report

Chief Dental Officers (CDOs)

- 2.1. The Chief Executive and Registrar and the Executive Directors, Strategy (permanent and interim) attended a meeting with all four CDOs on 6 November. Following matters arising, discussions were held on changes to GDC structures, the corporate strategy consultation and the need for section 60 reforms to optimise fitness to practise processes. Each CDO provided an update on priorities in their respective nations. These included:
 - The tenth anniversary of 'designed to smile' and the reforms now delivered to a third of all NHS dental contract holders in Wales.
 - Minor changes to the dental contract and research into a new contractual model for services in Northern Ireland (NI).
 - Work now underway to repatriate fitness to practise concerns appropriately and produce a new model of care for NHS dentistry in Scotland.
 - Dental contract reform, including 'pairing' with residential care homes and the need to ensure consistency in record keeping in England.

- 2.2. It was agreed that the next meeting would be held in Birmingham in March 2020. Issues for inclusion in any future section 60 order would be discussed.

Northern Ireland

- 2.3. The Head of Public Policy attended the BDA NI's Oral Health Matters event on 17 October, where the CDO NI announced plans to establish two new Oral Health Option Groups. The two groups would be focused on improving the oral health of children and older people.
- 2.4. The Chair and members of the executive team visited NI on 23 and 24 October to meet with the CDO and other key stakeholders. On the 23 October delegates discussed the challenges facing the profession resulting from the suspension of the NI Executive and the potential implications of an EU exit.
- 2.5. On the 24 October GDC representatives met with the following organisations:
- Health and Social Care in Northern Ireland (HSCNI): discussions included reference to the anxiety felt by younger professionals around regulation as a whole and the opportunities for students to engage with the GDC early in their careers.
 - Northern Ireland Medical and Dental Training Agency (NIMDTA): raised the difficulties dental care professionals experienced when applying to restoration to the register, and the considerable pressure now felt during the foundation year, to ensure dentists were prepared for practice.
 - Department of Health (NI): The discussions included concerns from the CDO regarding three historical fitness to practise cases, and how the GDC could work more closely with the Department of Health on both legislative reform and ensuring that processes were in place to refer and resolve matters locally.
 - RQIA: the discussion included an explanation of the process used to inspect the whole system, with the exception of the quality of dentistry, and issues associated with dental nurses returning from maternity leave, lapsing their registration and not understanding the complications associated with restoration to the register.
 - Queen's University Belfast (QUB), Senior Dental Team and dental students: the group spoke about reciprocity of qualifications from countries outside the EU and provisions of the profession-wide complaints handling initiative resources.
 - BDA: discussions included the sustainability of the system and the financial pressures facing dentists. Also discussed were concerns regard a lack of a strategic approach to oral health in NI.

Scotland

- 2.6. The Director for Scotland attended the Scottish Government regulatory planning meeting for their 2020 event on 7 October in Edinburgh. He also met with Jason Birch, Scottish Government, and John Anderson, General Medical Council (GMC), to discuss fitness to practise issues.
- 2.7. The Director for Scotland attended the Chief Medical Officer (CMO) conference 'Realistic Medicine: Making it Personal', held in Glasgow on 8 October. The event provided an opportunity for attendees to share experiences and learning relating to 'realistic medicine'.

The keynote speaker, Catherine Calderwood, CMO, reminded colleagues that realistic medicine referred to putting the person receiving care at the centre of decision-making and creating a personalised, as opposed to a 'one size fits all', approach. Following the event, the Director for Scotland met with Jay Wragge, Dental Director NHS Orkney and Donald MacFarlane, Assistant Clinical Director NHS Highland, to discuss the upstream policy agenda and building engagement across Scotland.

- 2.8. The GDC attended the NHS Education Scotland (NES) and Healthcare Improvement Scotland (HIS) 'Learning from adverse events' conference on 22 October. Sessions at the event included the NHS Scotland Health Board's perspective on the opportunities and challenges arising from adverse events, new notification systems and workforce development and learning.
- 2.9. The Director for Scotland attended a joint HCPC and Scottish Government event on 29 October to consider 'safe return to practice'. Attendees considered how stakeholders could more effectively share experiences, how professionals could learn about both the positive and negative impacts of returning to practice, and the role of regulators.
- 2.10. In addition to the above, the Director for Scotland and the Head of Communications and Engagement (interim) met the stakeholders listed below. Discussions included policy updates, exploration of opportunities for collaborative working, the profession-wide complaints handling initiative and staff changes in Scotland.
 - Nigel Robinson, Scottish Government Regulation Unit, 18 October.
 - Paul Cushley, Dental Director, NES, on 22 and 30 October.
 - Tom Ferris, CDO Scotland, 30 October.
 - Jason Birch, Scottish Government, 30 October.
 - Nicola Cotter, Head of Scottish Affairs, GMC, 30 October.
 - Margie Taylor, consultant, 5 November.
 - Tony Anderson, NES, 8 November.
 - Lynsey Cleland, Scottish Health Council, 13 November.

Wales

- 2.11. The Executive Director, Fitness to Practise Transition, provided a presentation to the Welsh Dental Committee on 15 October. The presentation covered the GDC Corporate Strategy 2020–2022, the introduction of application fees and progress with the fitness to practise end-to-end review.

England

- 2.12. The GDC was represented at the Health Education England's (HEE) event, 'Shaping the patient safety syllabus for the NHS patient safety strategy' on 2 October. Discussions included the development of the Safety Syllabus for the NHS and the implementation plans being undertaken by the Academy of Medical Royal Colleges and HEE.
- 2.13. The GDC attended the HEE Advancing Dental Care Education and Training Review Stakeholder Forum on 22 October. The forum provided the opportunity for HEE to share evidence and findings gathered to date, to test ideas and thinking, and for the group to develop and discuss options for flexible training models.

- 2.14. The GDC also attended the HEE Advancing Dental Care Assurance Board on 23 October where discussions included the House of Commons, Health and Social Care Select Committee's inquiry on dental services, the value of gathering intelligence on the perspectives of new entrants for the economics of training workstream.
- 2.15. The HEE Credentialing Roundtable was held on 18 November. The group explored HEE's planned approach to the credentialing ambitions set out in the NHS Long Term Plan and the Interim NHS People Plan, including how to develop principles for an England-wide multi-professional credentialing system and how such a system needed to incorporate existing credentialing activity.
- 2.16. The Head of Upstream Regulation provided a presentation on professionalism and the future direction of lifelong learning at the Bridgewater Annual Symposium in Warrington on 9 October. There were approximately 150 attendees at the event, made up of dental professionals and administration staff from the Bridgewater NHS Foundation Trust.
- 2.17. The Head of Regulatory Intelligence attended the Judicial Diversity Forum on 10 October, to provide a presentation on the importance of monitoring and evaluating work and how to develop strategies, programmes and individual research projects.
- 2.18. We also had representatives at the following meetings:
- The NHS Local Team (North) Responding to Concerns Network on 10 October
 - Dental Care Professional Research Awards 2019 on 15 October
 - The launch of Mouth Cancer Action Month on 29 October
 - Hampshire and Isle of Wight LDC on 12 November, and
 - BDA Central Counties Branch AGM on 13 November.

UK-wide engagement

- 2.19. The conference, 'East meets West: cultural perspectives in medical professionalism and wellbeing', was attended by the Clinical Fellow on 8 October. Held at the Royal Society of Medicine (RSM), the event included explorations into how doctors view professionalism and how the values and perspectives from other cultures contributes to wellbeing.
- 2.20. The Chief Executive and Registrar took part in a panel discussion at the {my}dentist Clinical Conference on 11 October 2019. The expert panel discussed how clinicians can be supported to build their careers, the environment clinicians are operating in and some of the types of support that could be made available.
- 2.21. The GDC attended the Westminster Health Forum: Improving patient safety in the NHS on 31 October where Sir Robert Francis QC, Chair, Healthwatch England, and non-executive Director at the Care Quality Commission (CQC) spoke about ensuring patient and public engagement in the context of the national patient safety strategy. Dr Nigel Acheson, Deputy Chief Inspector of Hospitals, CQC, provided a presentation on reducing avoidable harm. There were also sessions on the impact of investigations in the NHS and how to progress cultural change, and the priorities for delivering safe care across the health and social care sector.

- 2.22. The Head of Communications and Engagement (interim) presented at the British Association of Dental Nurses' (BADN) National Conference on 2 November. Attendees were provided with a presentation on developments, with a focus on promoting professionalism.
- 2.23. Members of the policy team attended the profession-wide complaints handling initiative meeting on 6 November. This meeting was one of a series of stakeholder meetings set up to move the production of a complaint's resolution model to the next stage. Discussions included the development of a new tool to help navigate the dental complaints landscape. It was also an opportunity to discuss the forthcoming data sharing project.
- 2.24. The Head of Adjudications attended the National Association of Dental Advisers (NADA) Annual Conference on 8 November and provided a summary of fitness to practise activities over the last 12 months and development plans.
- 2.25. The Executive Director, Strategy, chaired a meeting of the Dental Corporates Regulatory Reform Group on 13 November. The group was updated on recent developments at the GDC, including the outcome of the consultation on the new corporate strategy and the introduction of application fees. Other items put forward for discussion by attendees included access to the register for those who qualified outside of the EU and evidence requirements associated with the English Language Test.
- 2.26. Members of the policy, communications and fitness to practise teams hosted a stakeholder workshop on 15 November to consider the PSA principles of right-touch regulation and how these might be developed into GDC principles for regulatory decision-making.

Health and care professional regulators

- 2.27. The Chief Executive and Registrar hosted a meeting to discuss Professional Standards Authority (PSA) fees with the Chief Executive of the PSA, Alan Clamp, on 7 November. On 12 November the Chief Executive and Registrar attended PSA's Collaborative Regulation Symposium on where representatives exchanged views and experiences about effective collaboration and shared good practice in regulation.
- 2.28. The Head of Registration Operations attended a meeting of the Inter-regulatory Registration Forum, held at the General Pharmaceutical Council (GPhC), on 1 October. Discussions included an update on developments at SWE prior to their register opening in December 2019, online applications, non-UK registration processes, collection and use of equality and diversity data and latest news in the potential impact of Brexit on registration.
- 2.29. The GDC was represented at the Joint Horizon Scanning Workshop on 2 October where the Nuffield Council on Bioethics provided details of its horizon scanning work, which included genomic editing, robotics in social care, and treatments for biological ageing.

Education policy and student engagement

- 2.30. The Head of Education Policy and Quality Assurance attended the Senate of Dental Specialties at the Royal College of Surgeons England in London on 9 October. At the meeting, attendees were provided with an update on the outcomes of the consultation on the fundamental principles governing the system of specialist listing.

2.31. The Head of Education Policy and Quality Assurance provided a report and invited feedback on the BDS inspection programme at a meeting of the Dental Schools Council (DSC) on 14 October. The report was positively received, with some minor concerns raised on the timeliness of the inspection reports. It was agreed that a timetable for the reports would be created to identify any potential issues.

2.32. Members of the education quality assurance team also attended the following meetings:

- Royal College of Physicians and Surgeons Glasgow to discuss the quality assurance of specialist training on 25 October.
- Advisory Board for Specialty Training in Dentistry (ABSTD) held 6 November.
- Advisory Board for Foundation Training in Dentistry (ABFTD) held 13 November.
- Directors of Dental Hygiene and Therapy Schools held 14 November.

2.33. Members of the Strategy Directorate hosted a one-day conference to gather further evidence for the thematic review of dentists' preparedness for practise. The event was held on 5 November in London and was attended by around 100 delegates. During the workshop, participants were provided with the key findings from the recent literature review and asked to participate in several workshop sessions on the topic. The event was attended by under and postgraduate deans, foundation dentists and foundation dentist trainers and other key stakeholders.

2.34. Between 30 September and 15 November, we completed the following sessions with students on the role of the GDC and professionalism (all first year BDS students, unless specified):

- 9 October – University of Aberdeen
- 16 October – University of Dundee
- 17 October – University of Leeds (plus hygiene and therapy students)
- 22 October – Queen's University Belfast
- 23 October – Aberdeen Dental Education Centre (fifth year dentists)
- 30 October – Newcastle University
- 1 November – Cardiff University
- 6 November – University of Central Lancashire (plus dental therapy and clinical dental technician students)
- 6 November – Glasgow Dental Education Centre
- 8 November – Edinburgh Dental Institute (hygiene and therapy students)
- 11 November – Bristol University (plus hygiene and therapy students)
- 12 November – University of Glasgow

2.35. We also held the following sessions with foundation or vocational dentists undertaking induction:

- 3 October – HEE Winchester
- 18 October – North East and North Cumbria
- 7 November – Manchester

3. Stakeholder engagement calendar

November 2019 (excluding Sundays)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28 Oct	29	30	31	1 Nov	2
09:30 SPEAC Meeting; Meeting Room - WS (5.1F) 5th Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	08:30 Comms: Check CMS Forms 10:00 IJ: HCPC/Scottish Gov: Safe return to practice; stakeholder 16:00 RS: Mouth Cancer Action Month Launch 2019; Strangers' Dining Room, House of Commons; stakeholder	09:00 Paul Cushley, Dental Director NHS National Services and Colin; Hol... 11:00 Ian and Colin meeting interim ... 11:30 BDS Induction - Newcastle Uni... 12:30 Ian and Colin meet Jason Birch ... 14:15 Ian And Colin meet Nicola Cott...	08:30 Comms: check CMS forms 09:00 MH: Westminster Health Forum: Improving patient safety in the NHS	14:00 BDS induction - Cardiff University; Confirming location; stakeholder	09:00 Colin/Hermione speak at National Dental Nursing Conference; stakeholder
4	5	6	7	8	9
IJ: Healthcare, Law and Professionalism, Dundee Dental School; Dundee Dental Sc 09:30 SPEAC Meeting; Meeting Room - WS (3.2F) Chairs Office (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder 10:30 FW: HOLD: RDSBP Meeting - F2f; 151 Buckingham Palace Road, Victoria, London - Room Y.335; Bishop, Nancy	SLT Board 08:30 Comms: Check CMS Forms 09:00 Preparedness for Practice Conf... 16:15 Margie Taylor - former CDO Sco... 18:00 Holyrood Reception - Cross Par...	King's College Hospital HT inspection (Martin lead; Marlene observe); Martin McEl ABSTD; Manjula Das 09:00 RD: CDO meeting at Skipton H... 10:30 Profession-Wide Complaints H... 14:00 ABSTD; Manjula Das 14:00 BDS induction - University of C...	08:30 Comms: check CMS forms 09:00 IB: Alan Clamp, New Chief Executive of PSA 13:00 Manchester FDs; Wythenshawe hospital Education and Resource Centre	09:00 National Association of Dental Advisers Annual Conference; Doubletree Hilton Hotel, Leeds, York... 09:30 Bsc Oral Health year 1; The Edinburgh Dental Institute - Edinbur... 10:30 Tony Anderson NES; The Edinburgh Dental Institute - Edinbur...	
11	12	13	14	15	16
09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); st... 16:00 BDS Induction - Bristol University; Chapter House Lecture Theatre, Bristol Dental School, Lower Maudlin Street, BS1 2LY; Mijke Horn	08:30 Comms: Check CMS Forms 09:00 Collaborative regulation' symposium - PSA; The Royal Society, ... 11:00 BDS Induction - University of Glasgow; Lecture Theatre 2, at the De... 18:30 The Hampshire and Isle of Wight Local Dental Committee - presentatio...	10:00 ABFTD; Manjula Das 11:00 SC, RC, TG, RD: Dental corporates regulatory reform group; ... 14:00 Lynsey Cleland - Director, Scottish HealthCouncil; Glasgow; Ian... 18:00 CC & TG: BDA Central Counties Branch Presentation; Birmingham; st...	PRB 08:30 Comms: check CMS forms 09:30 JS- Directors of Dental Hygiene and Therapy schools bi-annual meeting; Portsmouth Dental Facility; stakeholder	10:30 GDC Workshop: Principles of regulatory decision-making; Etc. Venues Marble Arch; Lisa Bainbridge	
18	19	20	21	22	23
09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder 11:30 HEE Credentialing Roundtable; Central London; Humaira Khanom	08:30 Comms: Check CMS Forms 09:30 Lucy Warner (CEO of NHS Practitioner Health) visit to the GDC; ... 11:00 IJ: Scottish Regulatory Forum; GTCS; Ian Jackson (0131 629 8194) 17:30 Next LDC Confederation Open Meeting Tuesday 19.11.19; Royal Na...	13:30 JC & CC: BDA Indemnity Strategy Day; BDA, 64 Wimpole Street; stakeholder	08:30 Comms: check CMS forms 10:00 PK: HEE Advancing dental care: workforce intelligence; Stewart Roo... 11:30 Disclosure (Scotland) Bill - Eng... 12:00 Tom Ferris CDO Scotland; St A... 16:30 Alan Whittet - Senior Dental A...	09:00 JC RS and IJ: Scottish Dental Practice Advisors meeting; Centre of Edinburgh; stakeholder 13:00 UKHEAC (UK Healthcare Education Advisory Committee); 15 - 17 Funnival Street, London, EC4A 1AB; stakeholder	
25	26	27	28	29	30
09:00 6 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (S... 12:00 Scottish Govt 2020 Regulation ... 14:00 BDS Induction - Queen Mary U... 17:30 NMC Always Caring, Always Nu...	Barnsley College visit, part of NCFE CACHE DN inspection; Kathryn Coun... Calderdale College visit, part of NCFE... JCPTD; Dublin; Manjula Das JCPTD Meetings 08:30 Comms: Check CMS Forms	Acacia Training Ltd visit, part of NCFE CACHE DN inspection; Kathryn Counsell-Hubbard 09:30 Dental Professional Forum, Edinburgh; Apex Grassmarket Hotel, 31-35 Grassmarket, Edinburgh, EH1 2HS; Daniel Knight	08:30 Comms: check CMS forms	09:00 FEDCAR Event (Patrick attending); Paris, TBA	

December 2019 (excluding Sundays)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
25 Nov	26	27	28	29	30
09:00 6	Barnsley College visit, part of NCFE CACHE DN inspection; Kathryn Coun...	Acacia Training Ltd visit, part of NCFE CACHE DN inspection; Kathryn Counsell-Hubbard	08:30 Comms: check CMS forms	09:00 FEDCAR Event (Patrick attending); Paris, TBA	
09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (S...	Calderdale College visit, part of NCFE...				
12:00 Scottish Govt 2020 Regulation ...	JCPTD; Dublin; Manjula Das	09:30 Dental Professional Forum, Edinburgh; Apex Grassmarket Hotel, 31-35 Grassmarket, Edinburgh, EH1 2HS; Daniel Knight			
14:00 BDS Induction - Queen Mary U...	JCPTD Meetings				
17:30 NMC Always Caring, Always Nu...	08:30 Comms: Check CMS Forms				
2	3	4	5	6	7
09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - ...	Teesside HT inspection; Kathryn Counsell-Hubbard		Council	13:00 Cross Regulator Workshop on Sexual Misconduct; GMC Offices, 350 Euston Road. NW1 3JN	
11:30 NEBDN update meeting; Meeting Room - WS (B.1) Basement C...	08:30 Comms: Check CMS Forms	Council (workshop)	08:30 Comms: check CMS forms		
13:30 BDS induction - University of Manchester; stakeholder	14:00 BDS induction - Queen's University Belfast; TBC; stakeholder	10:00 BDS induction - Sheffield University; Dental School Lecture Theatre, 19 Claremont Crescent, Sheffield, S10 2TA; stakeholder			
	15:00 BDS induction - University of Liverpool; Confirming location; stakeholder				
9	10	11	12	13	14
09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	EMT		08:30 Comms: check CMS forms		
	08:30 Comms: Check CMS Forms		09:00 Susanne Gibson at the Westminster Health Forum: The health workforces and delivering the NHS P...		
			12:00 Tom Scott: Scottish Directors of Dentistry; Edinburgh, exact location TBA		
16	17	18	19	20	21
09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	08:30 Comms: Check CMS Forms		08:30 Comms: check CMS forms		
23	24	25	26	27	28
09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	08:30 Comms: Check CMS Forms	Christmas Day	Boxing Day		
			08:30 Comms: check CMS forms		