

A meeting of the Council of the General Dental Council

11:00am on Thursday 16 January 2020 at the General Dental Council,
37 Wimpole Street, London, W1G 8DQ

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	11:00- 11:10am (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 5 December 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 5 December 2019 and review the rolling actions 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	Tabled for?	Time	Status
7.	Board Development and Governance Forward Plan Lisa Marie Williams, Executive Director, Legal and Governance Katie Spears, Interim Head of Governance	<i>For discussion</i>	11:10- 11:30am (20 mins)	Paper
8.	EU Exit: Regulations Melissa Sharp, Head of In-House Legal Advisory Service	<i>To make and seal regulations</i>	11:30- 11:40am (10 mins)	Paper
9.	Moving Upstream 2020 Stefan Czerniawski, Executive Director, Strategy Colin MacKenzie, Interim Head of Communications & Engagement	<i>For approval to publish</i>	11:40- 11:50am (10 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
10.	Guidance for the Management of Dental Professionals Stefan Czerniawski, Executive Director, Strategy	<i>For discussion</i>	11:50-12:00pm (10 mins)	Paper
11.	Patient and Public Survey – Action Plan Stefan Czerniawski, Executive Director, Strategy	<i>For discussion</i>	12:00-12:10pm (10 mins)	Paper
12.	Extension of the Chair’s Strategy Group Katie Spears, Interim Head of Governance	<i>For approval</i>	12:10-12:15pm (5 mins)	Paper
Break for Lunch at 12:15 – 13:00pm – 45 minutes				
PART THREE – ITEMS FOR NOTING				
13.	Annual Reports on Committee Effectiveness <ul style="list-style-type: none"> a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration Committee d. Policy and Research Board e. Statutory Panellists Assurance Committee 	<i>For noting</i>	13:00 – 13:20pm (20 mins)	Papers
14.	Annual Report of the Chair’s Strategy Group William Moyes, Chair of Council Katie Spears, Interim Head of Governance	<i>For noting</i>	13:20-13:25pm (5 mins)	Paper
15.	Horizon Scanning and Stakeholder Engagement Reports Colin MacKenzie, Interim Head of Communications and Engagement	<i>For noting</i>	13:25-13:30pm (5 mins)	Paper
16.	Annual Reporting: <ul style="list-style-type: none"> a. Information Governance – Annual Report Luke Whiting, Information Governance Manager and DPO b. People Services – Annual Report Sarah Keyes, Executive Director, Organisational Development c. Dental Complaints Service – Annual Report Michelle Williams, DCS Head of Operations d. Annual Report on the Use of the Seal Katie Spears, Interim Head of Governance 	Patients, Professionals, Partners, Performance	13:30-13:45pm (15 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
	<p>e. Decision Scrutiny Group – Annual Report</p> <p>Tom Scott, Executive Director, FtP Transition</p> <p>f. Quality Assurance Group – Annual Report</p> <p>Toby Ganley – Head of Right Touch Regulation</p>			

PART THREE – CONCLUSION OF BUSINESS

No	Item & Presenter	Theme	Time	Status
17.	Any Other Business	William Moyes, Chair of the Council	13:45 - 13:50pm (5 mins)	Oral
18.	<p>Review of the Meeting</p> <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? 	William Moyes, Chair of the Council	13:50 - 14:00pm (10 mins)	Oral
19.	<p>2020 Council Meeting Dates</p> <ul style="list-style-type: none"> • March 18 & 19, 2020 (Birmingham) • June 2 & 3, 2020 (London) • July 29 & 30, 2020 (Birmingham) • October 21 & 22, 2020 (Possible English Regions) • December 16 & 17, 2020 (London) 			

**Minutes of the Meeting of the
General Dental Council
held at 9:00am on Thursday 5 December 2019
in Public Session
at 1 Colmore Square, Birmingham, B4 6AJ**

Council Members present:

William Moyes (Chair)
Anne Heal
Caroline Logan
Catherine Brady
Jeyanthi John
Kirstie Moons
Margaret Kellett
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
Sarah Keyes Executive Director, Organisational Development
Stefan Czerniawski Executive Director, Strategy
Tom Scott Executive Director, FtP Transition

Staff in attendance:

Colin MacKenzie Interim Head of Communications and Engagement
John Cullinane Head of Adjudications (Item 7 only)
Rebecca Cooper Head of GDC Policy and Research Programme (Item 8)
Tim Wright Head of Projects, Programmes and Portfolio Delivery (Item 9)
Melissa Sharp Head of In-House Legal Advisory Service (Item 9)
Samantha Bache Head of Finance and Procurement (Items 10 and 12)
David Criddle Head of Performance Reporting & PMO (Item 12)

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 Stefan Czerniawski, Executive Director, Strategy. Apologies were received from Crispin Passmore, Sheila Kumar and Geraldine Campbell.

2. Declarations of interest

- 2.1. All registrant Council Members declared an interest in Item 8, paying the Annual Retention Fee by instalments.
- 2.2. All Council Members declared an interest in the Items 10, and 14b Council Member Accommodation and Council Member Appraisals Process.
- 2.3. Caroline Logan declared an interest in Item 14a, Council Member re-appointments and noted that she would not participate in the discussion, Item 14c, Review of Education.
- 2.4. All staff declared an interest in Item 15a, the review of financial policies (staff expenses) and on the estates item.
- 2.5. All Council Members and staff declared an interest in Item 14k, the anti-fraud and anti-bribery policy.

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 3 October 2019 had been approved via correspondence and a final version had been circulated to Council members by email on 1 November 2019.

5. Matters arising from the public Council meeting held on 3 October 2019 and rolling actions list

- 5.1. The Council **noted** the actions list and **approved** the completion of actions where they were marked as 'suggested complete'.
- 5.2. In relation to Item 6, all Committee appointment letters had been issued on 29 November 2019 so that action should be treated as complete.
- 5.3. The Council requested that when an action had passed its due date, but was in hand, that the due date for its completion be updated.

Action: Interim Head of Governance to update the due dates in the actions log.

6. Decisions log

- 6.1. The Council **noted** that, beyond the approval of the minutes, there had been no decisions taken in between meetings.

PART TWO – ITEMS FOR DECISION AND DISCUSSION

7. Adjudications Programme

The Head of Adjudications joined the meeting.

- 7.1. The Head of Adjudications introduced the paper and invited questions around the proposal to separate the adjudications function of the organisation from the investigation and presentation functions, as far as was possible within the current legislative constraints.
- 7.2. The proposal was a staging post toward a fuller separation which would necessitate future legislative change. Without such legislative change, the function must remain both in law and in terms of accountability and financial control, a part of the GDC. As part of the programme of work, the Council was invited to discuss the proposals around reshaping the Appointments

Committee (Statutory Panellists Assurance Committee - SPC). This work had been considered extensively by the Chair's Strategy Group and the Council was invited to approve the proposal in principle.

7.3. The Council **discussed** the following:

7.3.1. The Council was supportive of the proposal and the direction of travel.

7.3.2. There were clear benefits in appointing a Chair with judicial qualification and experience of judicial or tribunal decision making including supporting a culture of providing robust directions around case management, and providing advice regarding training and recruitment of panel members.

7.3.3. The work would serve as an evidence base to support the organisation's requests for that change, and case management powers would assist with the GDC's ambitions for how hearings could be managed more effectively.

7.3.4. There had been some soft engagement with stakeholders about the topic and the approach aligned with the wider regulatory landscape around the separation of these functions.

7.3.5. The proposals had been encapsulated in the Costed Corporate Plan (CCP) in relation to delivery and timing in the shell of a project, pending Council approval. If it were approved, the project and associated costings could be crystallized into next year's revision of the CCP, which was designed to allow this sort of flex, and would be overseen by the FPC.

7.3.6. The Council discussed the proposed timescales for the work and heard that, on an initial view, it was hoped that the substantive changes proposed could be achieved within 18 months.

7.3.7. The work should now move out of the CSG workplan and over to the Executive team to deliver, with scrutiny via the Council. The Chair and Chief Executive would meet with the Chair of the SPC to discuss the issue this month.

7.4. The Council **approved** the proposals set out in the paper around the separation of the adjudication function and asked that the matter be brought back to Council in Q1 of 2020 (March).

Action: The Head of Adjudications to bring a paper, including a programme plan with key milestones, to Council in Q1 of 2020 after EMT consideration at its next monthly session.

The Head of Adjudications left the meeting.

8. ARF Fees: Payment by Instalments

The Head of GDC Policy and Research Programme joined the meeting.

8.1. The Head of GDC Policy and Research Programme introduced the paper which invited discussion and approval for the proposal that the GDC commission an external supplier to conduct a feasibility study on the payment of registrants' annual retention fees by instalments.

8.2. The topic had been explored extensively by the team, with oversight from the Chair's Strategy Group, and the Council was asked to approve the release of funds to enable the fuller exploration of the topic, with technical and operational analysis, by a third party.

8.3. The Council **discussed** the following:

8.3.1. The Council supported the proposal and expressed that it had taken some time for this work to reach the Council, despite there being an appetite expressed for it at an earlier stage. The Council heard that there had been the need for rigour and analysis of the existing data held by the organisation, some benchmarking with fellow regulators and a

careful analysis of the risks attached to the proposal before it could properly be presented to Council for approval. The external work would be necessary to ensure that, with detailed technical analysis, this was a safe proposal for the Council to consider implementing.

- 8.3.2. The financial risk outlined in the paper, of 1.75% of income, did not feel to the Chair as though it would fall outside of the Council's risk appetite if the independent analysis validated the assumptions used in the internal modelling.
 - 8.3.3. The Council discussed the assumption of a 20% uptake rate and heard that this was based on benchmarking data from other regulators. The Council discussed that the broad and wide-ranging registrant groups might have an impact on uptake and noted that benchmarking assumptions could only inform the work to a certain extent, given the varied registrant population of the GDC.
 - 8.3.4. The Chief Executive, as Accounting Officer, noted that the independent scrutiny of an external party around the planning assumptions and financial risk would be a useful tool for Council to gauge whether these proposals were a secure and safe course to follow.
 - 8.3.5. The Council expressed that any independent report should incorporate a recommended approach, with an analysis of the respective benefits and risks attached to that approach.
 - 8.3.6. The Council also expressed that there was a clear need for a plan to deal with defaulting parties, with the attendant financial and other risks clearly built in.
 - 8.3.7. The Council discussed the timescales of pursuing this work and noted that external work would need to follow an appropriate procurement timetable, but the programme should be pursued at pace. An appropriate communications strategy should accompany the work, and this should include some explanation around the timelines, the fact that the organisation was managing risk to itself and to other registrants who would not participate or default. One element of this work could include a blog from the Chair on the updated position.
- 8.4. The Council **approved** the proposals in principle and the release of funds to enable a full feasibility analysis to be undertaken. The matter should come back to the Council for an update in Q2 of 2020.

Action: The Interim Head of Communications and Engagement to work up a communications strategy around this work and liaise with the Chair of Council around a blog piece on the topic.

Action: The Executive Director, Strategy to bring a paper to the Council in June 2020 with an updated position on the workstream.

The Head of GDC Policy and Research Programme left the meeting.

9. Regulations: Registration Application Fees

The Head of Projects, Programmes and Portfolio Delivery and Head of In-House Legal Advisory Service joined the meeting.

- 9.1. The Head of Projects, Programmes and Portfolio Delivery and Head of In-House Legal Advisory Service presented the paper which sought approval for the final registration application fee levels, in line with the fees model approved by the Council in its October meeting. These fees were proposed to cover the costs associated with first registration applications, which were currently being met by existing registrants. The Council was also asked to make, and seal, amended fees regulations to bring these changes into effect. If approved, the registration application fees would be chargeable from 2 January 2020.
- 9.2. There had been minor amendments made to the draft regulations circulated to Council members via their papers; including some minor typographical errors, adding the definition of a retention fee to both sets of regulations and the clarification in Regulation 9 of the DCP

regulations that the fee of £9.67 was due for each month or part thereof, rather than being a stand alone fee.

- 9.3. The Council discussed the impact of the fees on the different registrant groups, in particular those applying for multiple titles at different times, and also emphasised the importance of a clear communications strategy around this work. The Council heard that the GDC would offer a reduced processing time and paper application option for any potential applicants impacted by the very small window wherein the online application option would be closed whilst technical updates were made to the system to facilitate this new approach to fees collection.
- 9.4. The fees levels would be as set out below:

Band descriptor (percentages are the proportion of applications from this band in 2018)	Processing fee	Assessment fee	Total fee
Registration as a UK-qualified dentist, dental care professionals (DCP) or additional DCP title(s) (65%)	£22.95	-	£22.95
Registration as a dentist with an EEA qualification, has passed the Overseas Registration Exam (ORE), or a recognised overseas qualification (9%)	£22.95	£65.65	£88.60
Registration (requiring individual assessment) as a DCP with a European Economic Area (EEA) qualification, or an overseas qualification (4%)	£22.95	£506.25	£529.20
Registration as a dentist with a qualification requiring an individual assessment (2%)	£22.95	£662.40	£685.35
Registration (requiring individual assessment) of additional DCP title(s) with an EEA qualification, or an overseas qualification (1%)	£22.95	£453.40	£476.35
Registration as a temporary dentist (<1%)	£22.95	£79.30	£102.25

- 9.5. The Council **approved** the specified fee levels (at page 6 of the cover paper and in the table above) and, accordingly, **made and sealed the fees regulations** (which will replace those made by Council in October 2019). These regulations should be cited as below and will come into force on 1 January 2020:

- 9.5.1. The General Dental Council (Dentists) (Fees) (No.2) Regulations 2019; and
- 9.5.2. The General Dental Council (Professions Complementary to Dentistry) (Fees)(No.2) Regulations 2019.

The Head of Projects, Programmes and Portfolio Delivery and Head of In-House Legal Advisory Service left the meeting.

10. Council Member Accommodation

The Head of Finance and Procurement joined the meeting.

- 10.1. The Head of Finance and Procurement presented the paper which set out a review of Council Member expenses and accommodation and a proposal that the GDC purchase a corporate membership to the Royal Society of Medicine (RSM) for 11-20 members for 2020.

The paper had been subject to scrutiny by the Remuneration Committee (Remco), who had recommended the proposal to the Council.

10.2. The Council **discussed** the following:

10.2.1. The Council were broadly supportive of the proposals, and the proposal that the usage of the membership be monitored and reviewed by the Remco before coming back to Council for approval in advance of any proposed extension of the membership in 2020 for 2021.

10.2.2. The Council discussed the impact of attending Council meetings remotely and noted the importance of a physical presence in the room for Members themselves. The Council noted that the headquarters of Council were London and the bulk of the Council meetings would be required to take place there.

10.2.3. The composition of Council was due to change in the coming year, and the needs of those new members might differ to the current composition (although recruits from Northern Ireland and Wales would form part of this recruitment exercise). The need to keep the membership under review was emphasized.

10.2.4. The Council noted that this was an organisational membership, as opposed to a Council membership, and there were a range of ancillary activities that would benefit from this arrangement. The Chief Executive had chaired several recent meetings of the Quality Assurance Group in the meeting space at the RSM and having a free or reduced price space to hold stakeholder events or semi-formal functions, which the organisation currently had to source from the market, would be greatly useful and would save significant administrative time.

10.2.5. The Council were informed that the ongoing work by the Finance team to review accommodation options in Birmingham and other cities.

10.2.6. The Council noted that, if the proposals were approved, the Governance team would provide a list of the current dates of meetings in 2020 and, if advised promptly after this list was provided, would (by exception) book accommodation for London Council meetings. If Council members required changes to this accommodation on later dates, this would be undertaken by those members. For non-London meetings, Council members would continue to book their own accommodation within the expenses policy.

10.3. The Council **approved** the purchase of a corporate membership of the RSM (for 11-20 members) for 2020 and **requested** that a review of this membership be placed on the workplans for Council and Remco for 2020, in advance of any renewal date.

Action: Head of Finance and Procurement to procure the approved membership.

Action: Interim Head of Governance to provide Council members with a current list of meeting dates, locations, and confirmation against which dates the RSM membership would apply.

Action: Interim Head of Governance to place a review of the corporate membership of the RSM on the annual workplan of the Remco (September) and the Council (October).

The Head of Finance and Procurement left the meeting.

11. Moving Upstream 2020

11.1. The Executive Director, Strategy presented the paper in relation to the proposed publication of the Moving Upstream document. The Council had undertaken a workshop session the previous day, wherein there was discussion around the annual publications of the organisation and the strategy attached to them. The Council was asked to consider whether the publication of a look-back report on 2019, in the form of Moving Upstream, was still within

its appetite and whether it was envisaged that there would be a change of approach in the next iteration of this publication, if it were still needed.

11.2. The Council **discussed** the following:

11.2.1. Given the changes in the landscape of the organisation, now that a three-year Corporate Strategy and Costed Corporate Plan (CCP) had been published, it was likely that the future iterations of this report would be reporting against the progress achieved on the activities contained within the CCP.

11.2.2. The Council noted that there was merit in bringing the work done around Shifting the Balance to a close and using the Moving Upstream publication as a stepping-stone to future strategic approach of the organisation.

11.2.3. There was still appetite for the publication of a document in early 2020, accompanied by a later event in support of it, as this had been well received in 2019. However, this was likely to be the last iteration of Moving Upstream as a publication. Thought should be given to future titles of a publication reporting performance against the CCP.

11.2.4. The Council noted the benefit of including some content that spoke to the themes captured in the workshop from the preceding day, namely, the more existential themes or scene-setting messages about the organisation as a whole, and that thought should be given to making this content easily digestible to its varied audiences.

11.3. The Council **noted** broad support for having a publication, underpinning a later event, that was structured so that publication could move into a digital space without much difficulty.

Action: The Executive Director, Strategy to bring a paper and final draft of the Moving Upstream report to Council in January 2020, seeking approval for publication.

12. Organisational Performance – Q3

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

Part A: Finance Review and Forecast

12.1. The Head of Finance and Procurement presented the paper outlining the financial review and results of an updated financial forecast from September 2019.

12.2. The Council heard that, at the end of September 2019, the GDC's operating surplus was £3.5m higher than budgeted at £20.1m. Income was £0.7m higher than budgeted due to a mix of unbudgeted income received from investments, from additional registrants renewing their registration in December 2018 than had been forecast and some additional income from DCPs, due to a timing difference in budgeting. Expenditure was £2.7m lower than budgeted and the key drivers for the underspend against budget were outlined.

12.3. Based on the Q3 out-turn, a detailed review of income and expenditure for the remainder of 2019 indicated that the budgeted operating surplus of £4.4m could increase to a forecast surplus of £7.8m by the end of the financial year. This was due to: an additional £0.5m investment income that had not been included in the 2019 budget, due to the timing of the decision to invest, vacant staff posts (£1.3m underspend) and staff being recruited under market rate (£0.6m underspend) and lost and wasted days in hearings. These were expected to run through to impact on Q1 of 2020.

12.4. The Chair of FPC noted that the FPC had scrutinised the material before Council and were satisfied with it and able to recommend it to the Council.

12.5. The Council **noted** the update.

Part B: Balanced Scorecard

- 12.6. The Head of Performance Reporting and PMO presented the paper on the performance of the organisation in Q3 of 2019. The Council heard that UK DCP active processing time had remained green throughout the period, despite receiving 70% more applications than in Q2. There had been further reductions in the Rule 4 casework at the Case Examiner stage and no major ICO impacts had required reporting to the ICO. There had been two data security incidents in Q3; one relating to data being disclosed to an incorrect recipient and one relating to data integrity being compromised.
- 12.7. Certain performance indicators (on Slide 10 of the appendix) had been removed on 5 November 2019 and new Information Governance performance indicators had been added. EMT Actions had been amended and updated.
- 12.8. The Chair of FPC noted that Balanced Scorecard had been considered and scrutinised by the FPC and the Committee was satisfied with this examination and the proposed next steps. FtP timeliness was scrutinised in depth and an action plan was being devised by the Executive Director, FtP Transition, to improve performance in this area. This was going to be considered by the SLT and then the FPC in February. The Chief Executive noted that the financial report on the underspend clearly interlinked with the impacts of the timeliness issues. Money was not being spent to plan because work was not happening to plan – and impacting on activity in the later, more expensive elements of the FtP process. Positive steps had been taken to improve timeliness in the earlier stages of the process, but these had been disrupted by changes related, directly and indirectly, to the move to Birmingham. He noted that the individual productivity of the new team was impressive, and adjustments were being made where assumptions around experience of the previous team had not been borne out with a newer workforce. Improvements in this area were an EMT priority action.
- 12.9. The Council heard that there had been a sustained upturn in the number of incoming cases that was also skewing performance and that the FPC were seeking assurance, via the action plan, that existing ways of working were being recalibrated to take account of learnings. If the upturn was sustained, the Council would be sighted on it, not least because resource requests would likely need to be made. The FtP timeliness action plan would come back to Council in March 2020.

Action: Executive Director, FtP Transition to bring paper to Council in March 2020, following SLT and FPC, on the action plan around FtP timeliness.

- 12.10. The Council discussed the possibility of outsourcing some FtP work where appropriate and noted that, whilst it might be feasible for small discrete areas of work, the strong view of the Chief Executive was that this was unlikely to present a long-term solution to the issues that consistently arose in this area. The team were working to retain access to those staff members who held the deepest expertise, in order to provide continued support for the newer team members.
- 12.11. The Council heard that stakeholder engagement in this area was good and that anecdotal evidence of the experience of defence providers was positive, running contrary to the statistical performance of the organisation in this area.
- 12.12. The Council discussed staff turnover in FtP and heard that part of this turnover was expected and other parts of it related to staff members taking on promotion opportunities or leaving the organisation within their probation.
- 12.13. The Council also discussed the engagement performance on the Scorecard, particularly in relation to DCPs, and noted the value in engaging proactively with this audience.
- 12.14. The Council requested further information on the categorisation of 'other' within the Information Governance performance indicators.

Action: Executive Director, Legal & Governance to provide Council members further information on the 'other' categorisation on the Information Governance performance information by correspondence.

- 12.15. The Council **noted** the update.

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

13. Dental Complaints Service – Performance Report Q3

- 13.1. The Executive Director, FtP Transition presented the paper providing an update on the performance of the Dental Complaints Service for Q3 of 2019. The updates requested by the Council in its October meeting had been actioned and were awaiting IT implementation. The updated presentation of the information would be available in Q1 of 2020.
- 13.2. The Council **discussed** the following:
 - 13.2.1. The work being conducted on alternative dispute models and social return on investment was interesting and a useful opportunity to pilot a process that might inform wider work across the organisation.
 - 13.2.2. There was appetite for some organisational follow up to those complaints passed to the NHS in relation to fitness to practise referrals, but the Council recognised that this would not be possible or appropriate in relation to DCS signposting to other complaints handlers.
 - 13.2.3. The Council requested information as to whether there was any geographical significance in the time taken for complaints to be resolved.
- 13.3. The Council **noted** the update.

Action: The next iteration of the DCS quarterly performance report should contain an update as to whether there was any geographical significance attached to time taken to resolve complaints.

14. Items for Approval

a. Appointment and Reappointment of Council Members – Process

- 14.1. The Executive Director, Legal and Governance presented the paper and invited any comments or questions. The Council heard that the Remco had discussed and suggested amendments to the proposed process which had been incorporated. The Council noted the importance of advertising the new roles to a wide registrant base.
- 14.2. The Council **approved** the proposed process.

b. Process for Annual Appraisals of Chair of Council, Council Member and the Chief Executive.

- 14.3. The Executive Director, Organisational Development presented the paper and invited any comments or questions. The process had been scrutinised at the Remco and the suggestions of the Committee had been incorporated into this iteration.
- 14.4. The Council **discussed** the following:
 - 14.4.1. The Chair raised concerns about the proposed approach to external input in relation to the assessment of the performance of the Chair of Council. The Chair welcomed constructive comment from the Professional Standards Authority, the Privy Council via the four Departments of Health, or the four Chief Dental Officers, and stressed the need to be clear about the questions to be asked, in order to gain maximum value from this exercise. This feedback should be sought by the Senior Independent Council Member, as opposed to the Communications team. These concerns were echoed in relation to the proposed approach to external input on the performance of the Chief Executive.

- 14.4.2. Members of the Remco noted that there was an appetite to obtain appropriate external feedback but noted concerns about from whom, and how, it was obtained.
- 14.4.3. The Council discussed that it was sensible that the proposed draft objectives for the Chair and the Chief Executive remain in draft until they had been discussed at their respective appraisal meetings, at which point they could be re-presented to Council for final approval.
- 14.4.4. The Council discussed the value of peer feedback and noted that it was only useful within the appraisal process when Members were able to provide clear, honest and robust feedback and the Council agreed that, with that in mind, peer feedback should remain within this iteration of the process with the questions to be addressed provided by the Executive Director, Organisational Development.
- 14.5. Subject to the above amendments, the Council **approved** the proposed process and encouraged the Executive Director, Organisational Development to look afresh at the process for next year.

Action: Finalised objectives for the Chair and Chief Executive to be re-presented to the Council following the appraisal meetings (either via correspondence or at the March meeting).

Action: Chair of Council to feed back to the Chair of the Remco the discussions from Council on the concerns about the external feedback portion of the appraisal process recommended by the Committee.

Action: Executive Director, Organisational Development to formulate questions to be addressed in the peer review process and circulate to Council members.

c. Review of Education – For Publication

- 14.6. The Executive Director, Strategy presented the paper and invited any comments or questions. The Council received a regular report, every two years, the format of which had been endorsed by the Policy and Research Board. All material relating to individual institutions contained within the report was already in the public domain and had been shared and agreed with the relevant institution. The Council discussed the potential impact of publication of less than positive feedback about certain institutions on public confidence in those institutions but noted the importance of transparent reporting on the Quality Assurance function carried out by the organisation for public safety, in line with its key purpose. The Council also noted that the report now felt somewhat out of date and asked that the planning for the next iteration of the report be expedited.
- 14.7. The Council also noted that the FPC had requested that the in-depth review into Education Quality Assurance be set aside. In its place the the February meeting of the Committee would receive a wider deep dive on Education, and the outcomes of this would be presented to Council in March 2020.
- 14.8. The Council requested that, within the publication, some context be provided about the applicable requirements for each institution to set the scene for the report.
- 14.9. Subject to those amendments, the Council **approved** the document for publication.

d. Consultation on the Specialist Lists – Response for Publication

- 14.10. The Executive Director, Strategy presented the paper and invited any comments or questions. The organisation had consulted on the specialist lists from January to April 2019 and received a wide range of responses around what should, in the longer term, be the meaning of a specialty listing and how could the GDC ensure that the significance of a specialism remained current through a registrant's lifecycle on the register. The Council discussed the item and **approved** the summary report of consultation responses for publication.

e. Revision Process for Speciality Curricula

- 14.11. The Executive Director, Strategy presented the paper and invited any comments or questions. The specialty curricula were due for review and the team had been working jointly with the JCPD to develop an appropriate approach to this. The Council were asked to approve the process for review of the curricula to enable the organisation to provide the assurance that the appropriate standards were being met throughout the process. The Council discussed the proposed timelines and noted the importance of landing the work in time for the new academic cycle for 2021-2022. The Council asked that it be made clear that this process was not intended to close off any mediated entry routes and that the headings of the annexed document have the question marks removed.
- 14.12. The Council asked that an update be provided on the work in Q3 of 2020.
- 14.13. Subject to the amendments outlined above, the Council **approved** the proposed process.

Action: Executive Director, Strategy to bring an update paper back to Council in October 2020.

f. Patient and Public Survey Results and Action Plan – For Publication

- 14.14. The Executive Director, Strategy presented the paper and invited any comments or questions. The latest Patient and Public Survey was the result of a joint design with the GDC and Ipsos Mori and the Council were asked to approve the report from them for publication. The Council discussed the actions that might follow on from this publication and asked the team to bring back an action plan to tackle the themes that arose from it.
- 14.15. The Council **approved** the documents for publication.

Action: The Executive Director, Strategy to bring back an action plan around tackling the themes that had arisen from the patient and public survey to Council in Q1 of 2020.

g. Quality Assurance Decisions

- 14.16. The Executive Director, Strategy presented the paper and invited any comments or questions on the publication of the Education Quality Assurance activity and sought approval of the proposed reporting process annually to the Council and to the Privy Council. The Council discussed the report and requested clarification as to whether any providers were missing from it (potentially Leeds, Nottingham and Lambeth).
- 14.17. The Council **approved** the proposed reporting process to Council and the Privy Council and **noted** the report on the publication of the Education Quality Assurance activity.

Action: The Executive Director, Strategy to confirm whether any providers were missing from the report and report back to Council via circulation.

h. Review of Financial Policies and Procedures

- 14.18. The Council heard that each of the financial policies that were tabled at Council had been scrutinised by the FPC and were recommended to Council by the Committee. The Council **approved** the proposed revisions to the staff expenses policy and other financial policies.

i. 2020 Reserves Policy

- 14.19. The Council heard that each of the financial policies that were tabled at Council had been scrutinised by the FPC and were recommended to Council by the Committee. The Council **approved** the updated policy.

j. Investment principles and strategy review

- 14.20. The Council heard that each of the financial policies that were tabled at Council had been scrutinised by the FPC and were recommended to Council by the Committee. The Council **approved** the investment principles and investment strategy.

k. Anti-fraud and anti-bribery policy

- 14.21. The Council heard that each of the financial policies that were tabled at Council had been scrutinised by the FPC and were recommended to Council by the Committee. The Council **approved** the updated policy.

15. Items for Noting

a. Estates Strategy Programme Update

- 15.1. The Council **noted** the update and noted that the close out report on the Estates programme was due to be discussed at the FPC in early 2020.

b. Joint Whistleblowing Report

- 15.2. The Council **noted** the report.

c. Horizon Scanning and Stakeholder Engagement Reports

- 15.3. The Council **noted** the reports and that a further update on remote orthodontics would be provided at Council in January 2020.

16. Update Reports from the Council's Committees

- 16.1. The Chair of Council provided an oral update on the work of the Chair's Strategy Group (CSG) since the last Council meeting. The CSG had discussed and recommended to Council the work in relation to the separation of the Adjudications function and the work on paying the annual retention fee by instalments. The CSG also heard an early exploratory paper on the presentational approach of the GDC and the Group expressed that it would like to see research to inform its understanding of the expectations of patients of the regulator. An update on this work would be brought back to the Group in Q2 of 2020.

PART FOUR - CONCLUSION OF BUSINESS

17. Any other Business

- 17.1. The Council **noted** that a workshop with Deloitte was scheduled for the Council in January in relation to the Board Development programme and this would focus on the role of the Council, its Committees and the Accounting Officer. This would be accompanied by proposals to implement the Board Development programme, arising out of the Deloitte report.

Action: The Executive Director, Legal and Governance to circulate the draft Board Development programme proposals to the Council.

18. Review of the meeting

- 18.1. The Council noted that there had been a significant amount of papers for this meeting and some of the timings had been ambitious. The level of challenge was improved, and the Council were pleased with the balance of business in the public session.

19. Close of the meeting

19.1. There being no further business, the meeting ended at 12:30pm.

Date of next meeting: 15-16 January 2020

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
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	30/01/2020	LIVE	TBC	KS	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.
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.
10	05/12/2019	Public	5.3	Matters Arising	Interim Head of Governance to update the due dates in the actions log.	KS	19/12/2019	Suggest complete	10/12/2019	KS	KS updated all due dates in the actions log.		Suggest complete
11	05/12/2019	Public	7.4	Adjudications Programme	The Head of Adjudications to bring a paper, including a programme plan with key milestones, to Council in Q1 of 2020 after EMT consideration at its next monthly session.	JC	04/03/2020	LIVE	TBC	JC	Matter has been placed on forward workplan of Council for March meeting.		In hand.
12	05/12/2019	Public	8.4 (1)	ARF Fees: Payment by Instalments	The Interim Head of Communications and Engagement to work up a communications strategy around this work and liaise with the Chair of Council around a blog piece on the topic.	CM	30/01/2020	LIVE	TBC	CM		Update on payment by instalments included in Bill Moyes' post Council blog in December 2019 and Communications team working up a comms plan for 2020 on this work.	In hand.
13	05/12/2019	Public	8.4 (2)	ARF Fees: Payment by Instalments	The Executive Director, Strategy to bring a paper to the Council in June 2020 with an updated position on the workstream.	SC	18/05/2020	LIVE	TBC	SC	Matter has been placed on forward workplan of Council for June meeting.		In hand.
14	05/12/2019	Public	10.3 (1)	Council Member Accommodation	Head of Finance and Procurement to procure the approved membership.	SB	31/12/2019	Suggest complete	17/12/2019	SB	RSM membership procured and details communicated to Council members on 17/12/2019.		Suggest complete
15	05/12/2019	Public	10.3 (2)	Council Member Accommodation	Interim Head of Governance to provide Council members with a current list of meeting dates, locations, and confirmation against which dates the RSM membership would apply.	KS	31/12/2019	Suggest complete	TBC	KS	Completed in December 2019 and Council members requested accommodation to be booked. Hereafter, Council members will book directly with the venue.		Suggest complete
16	05/12/2019	Public	10.3 (3)	Council Member Accommodation	Interim Head of Governance to place a review of the corporate membership of the RSM on the annual workplan of the Remco (September) and the Council (October).	KS	31/12/2019	Suggest complete	TBC	KS	Matter has been placed on the annual workplan of the Remco (Sept) and of the Council (Oct).		Suggest complete
17	05/12/2019	Public	11.3	Moving Upstream 2020	The Executive Director, Strategy to bring a paper and final draft of the Moving Upstream report to Council in January 2020, seeking approval for publication.	CM	17/12/2019	Suggest complete	TBC	CM	Matter has been placed on the agenda for Council in January.		Suggest complete
18	05/12/2019	Public	12.9	Balanced Scorecard	Executive Director, FTP Transition to bring paper to Council in March 2020, following SLT and FPC, on the action plan around FTP timeliness.	TS	04/03/2020	LIVE	TBC	TS	Matter has been placed on forward workplan of Council for March meeting.		In hand
19	05/12/2019	Public	12.14	Balanced Scorecard	Executive Director, Legal & Governance to provide Council members further information on the 'other' categorisation on the Information Governance performance information by correspondence.	LMW	19/12/2019	Suggest complete	06/12/2019	LMW	ED, L&G emailed the requested clarification to Council members after the December Council meeting.		Suggest complete
20	05/12/2019	Public	13.3	Dental Complaints Service - Performance Report Q3	The next iteration of the DCS quarterly performance report should contain an update as to whether there was any geographical significance attached to time taken to resolve complaints.	MW/TS	30/01/2020	LIVE	TBC	MW/TS		Update from MW - 17/12/2019. Requested information is included in draft annual report to Council for January meeting. Change request for CRM data set in progress and hoped to be available by end of Q4-start Q1 2020. Reporting to be available from Q1 2020.	In hand
21	05/12/2019	Public	14.5 (1)	Annual Appraisals Process	Finalised objectives for the Chair and Chief Executive to be re-presented to the Council following the appraisal meetings (either via correspondence or at the March meeting).	SK	14/02/2020	LIVE	TBC	SK	By agreement with the Chair, finalised objectives will be circulated to Council members via correspondence to ensure timely dissemination.		In hand
22	05/12/2019	Public	14.5 (2)	Annual Appraisals Process	Chair of Council to feed back to the Chair of the Remco the discussions from Council on the concerns about the external feedback portion of the appraisal process recommended by the Committee.	WM	31/12/2019	Suggest complete	20/12/2019	WM	Chair of Council has discussed matters with Chair of Remco		Suggest complete
23	05/12/2019	Public	14.5 (3)	Annual Appraisals Process	Executive Director, Organisational Development to formulate questions to be addressed in the peer review process and circulate to Council members.	SK	19/12/2019	Suggest complete	20/12/2019	SK	Executive Director, OD completed this action in December 2019.		Suggest complete
24	05/12/2019	Public	14.13	Revision Process for Speciality Curricula	Executive Director, Strategy to bring an update paper back to Council in October 2020.	SC	07/10/2020	LIVE	TBC	SC	Matter has been placed on Council forward work plan for October 2020.	Provisional holding slot in June meeting for this item also.	In hand.
25	05/12/2019	Public	14.15	Patient and Public Survey Results and Action Plan	The Executive Director, Strategy to bring back an action plan around tackling the themes that had arisen from the patient and public survey to Council in Q1 of 2020.	SC	17/12/2019	Suggest complete	10/01/2020	SC	Matter has been placed on the agenda for Council in January.		Suggest complete
26	05/12/2019	Public	14.17	Quality Assurance Decisions	The Executive Director, Strategy to confirm whether any providers were missing from the report and report back to Council via circulation.	SC	17/12/2019	LIVE	TBC	SC	Update to be provided at January Council?		In hand.
27	05/12/2019	Public	17.1	AOB	The Executive Director, Legal and Governance to circulate the draft Board Development programme proposals to the Council.	LMW	19/12/2019	Suggest complete	12/12/2019	LMW	ED, L&G emailed the outline Board Development implementation programme to Council Members on 12/12/2019.		Suggest complete

Council effectiveness and development

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Lisa Marie Williams, Executive Director, Legal and Governance
Type of business	For discussion
For Council only:	N/A
Issue	To discuss and give feedback on the proposed approach to delivering the Council effectiveness recommendations
Recommendation	The Council is asked to discuss the draft plan to implement the recommendations from the Council and Committee effectiveness review.

1. Introduction

- 1.1 As part of a review of Council and Committee effectiveness in 2019, Deloitte produced 19 suggested recommendations for Council and the Executive team to consider implementing. The responsibility for design and delivery of some of the recommendations rests with Council, some were for the Executive and some were to be delivered jointly.
- 1.2 At the review feedback session in October 2019, Council were provided with an opportunity to discuss and challenge the contents of the report, and at this meeting there was broad agreement for the implementation of the recommendations.
- 1.3 Following discussions with the Chair and Chief Executive, the recommendations have been grouped into themes, and a high-level plan to support delivery of the Council-led recommendations has been shared with Council via correspondence. An overview of the themes, completed, and planned work for all recommendations is set out at **Appendix one** as a high-level plan.

2. Council-led recommendations

- 2.1 A Project Manager has been assigned to support the delivery of all of the recommendations and to capture further work arising from implementation. Project documentation is currently in the process of being drawn up, and will include a summary progress overview, a draft of which can be found at **Appendix two**.
- 2.2 Although it is planned that the project will close out when the recommendations have been implemented, work will continue on each of the themes as part of business as usual. For example, in relation to the evaluation and development of Council members, the sessions suggested by Deloitte, and agreed with Council in October, will be delivered as part of the project plan.

- 2.3 However, the skills audit (designed to support recommendation nine) and discussions with Council as the work is delivered will contribute to an ongoing development programme, led by People Services and Governance colleagues. The intention is to have a number of development sessions each year, which can be adapted to the needs of the Council, including new members. This work will also feed into a new induction programme, for Council colleagues joining in 2020, 2021 and beyond. Another external review is planned for 2022.
- 2.4 Reviewing Council business, Committee improvements and the structure of Committees will also become business as usual, and form part of the governance team business plan. These matters will be discussed on an ongoing basis by the Chair, Executive team, the Accounting Officer (AO) and Head of Governance, and will be formally reviewed once a year, including from an AO perspective. Feedback on the quality of papers, and Committee and Council meetings generally will continue to be sought as it is now.

3. Executive-led recommendations

- 3.1 The recommendations where the responsibility for design and delivery of actions will be treated as business as usual actively and delivery will be led by the Executive Director, Legal and Governance, working with the Executive team and overseen by the CEO.

4. Matters to note and discussion points

- 4.1 Council is asked to note the following:
- the draft plan is subject to review and change, particularly as there are three new Council members joining this year, and it would be beneficial to have them attend some development sessions.
 - it is suggested that recommendation 7 (a Council-led recommendation) – for the CEO to develop the Executive team, is excluded from the project, as this is work which will need to be undertaken by the CEO, together with the new Executive team. The role of the Council in this work will be reiterated by the workshop on roles and responsibilities.
 - it is also suggested that recommendation 15 (a Council-led recommendation) – to review the forward plan and agenda of SPC, is taken forward as part of the adjudications work, which the Council approved at the December 2019 meeting. It does not, therefore appear in the plan set out at **Appendix one**, and SPC arrangements and documents will be updated and amended as decisions are made as part of the separate work.
 - although a new Governance team structure has been consulted upon, key posts still need to be recruited to, including a permanent Head of Governance (the interim in this role has agreed to stay on until the end of 2020), and their deputy post, Secretariat Manager. Until the team has been recruited to fully, capacity will continue to be an issue, which may have an impact on the delivery of the project.
 - it is intended that recommendation 8 – to move to fewer scheduled all-day workshops – will be implemented. However, with the need to implement the recommendations in a timely way, and delivery requiring time with Council, 2020 is

likely to require a similar number of workshop sessions to 2019. Again, this will be kept under review by the Interim Head of Governance, in discussions with the Chair of Council.

3.2 Council is asked to discuss the plan to implement the recommendations, in particular if would be helpful for views on the following:

- is the suggested plan acceptable for the delivery of the recommendations?
- does the summary progress overview document provide the Council with the information required to gain assurance in relation to this project?
- how frequently would Council want an update on the progress of this project, considering that there are effectiveness or development sessions planned for most Council meetings this year? Would the summary progress overview, plus an oral discussion at each meeting suffice?
- is the December 2020 workshop an appropriate time to undertake a more thorough review of this work?
- having undertaken the skills audit, are there any areas of development which ought to be scheduled for 2020, or which should be prioritised for 2021?

Appendices

- a. Appendix 1. Overview of themes and planned implementation work
- b. Appendix 2. Summary project overview

Lisa Marie Williams, Executive Director, Legal and Governance

lmariewilliams@gdc-uk.org

Tel: 020 7219 6266

17 December 2019

Appendix One

Recommendations where Council is responsibility for delivery and implementation appear in black, those for the executive in red, and shared recommendations appear in blue

Theme	Recommendation(s)	Completed work	Planned work
Review and amend the balance of Council business	<p>R1 – remove duplication between private and public meetings</p> <p>R3 – explore an approach which pushes business into the public meeting</p> <p>R8 – move to fewer scheduled all day Council meetings. Workshops should be outcome focused – with the intended output circulated prior to the meeting</p>	<p>December 2019 Council meeting trialled new agenda for public and private meetings, the same approach is being taken for January 2020 council.</p>	<p>The Head of Governance will work with the Chair of Council to create a meeting review process which covers these items.</p> <p>Hold a short feedback session with Council in July 2020 (when four post review Council meetings have taken place), to review the new approach, in particular:</p> <ul style="list-style-type: none"> • are there any conversations being held in public which should be held in private session? • is there any duplication of papers between the two sessions? • Is workshop time being used effectively, with identified output identified and circulated in advance? <p>Governance business planning will continue to explore the balance of meetings.</p>

Theme	Recommendation(s)	Completed work	Planned work
Evaluation and development of Council Members	<p>R9 – continue to use the appraisal process to evaluate and develop individual contributions, complemented by a programme of Board development – including sessions on roles, and tone of challenge and debate.</p> <p>R – 10 Council should set aside time in 2020 to explore its skills requirement and identify any gaps</p>	A Board skills matrix was drafted and circulated for completion in by Council in December 2019 .	<p>Proposed session for the Council workshop session in January 2020 reviewing roles.</p> <p>Once the skills audits have all been completed, an analysis of Council skills will be undertaken, gaps (if any) identified, and used to plan further development and support recruitment. This will link up with the Committee assurance work and the skills needed for each Committee.</p> <p>Proposed session for June 2020 Council workshop – reviewing assurance v reassurance and constructive challenge</p> <p>Proposed session at either July or October 2020 Council workshop on skills and team development (EMT and Council).</p> <p>Review of Council appraisal documentation in Q3 of 2020 – to be led by the Executive Director, Organisational Development (and overseen by the Remuneration Committee).</p>
Review of Committees structure/clarity	<p>R 5 – Develop a one page escalation template to be completed by committee chairs</p> <p>R 11 c – consider refining the agenda of the FPC</p> <p>R 13 – review TOR for all Council sub-Committees and consider how we can move to</p>		<p>Proposed session for the Council workshop session in January 2020 reviewing the current committee structure and re-stating what assurance Council is seeking from each Committee. This will include consideration of a continuing role for PRB.</p> <p>Proposed internal session for the March 2020 Council workshop to review and test revised TORS and escalation template (prepared by the governance team).</p>

Theme	Recommendation(s)	Completed work	Planned work
	<p>a quarterly assurance cycle – and review workplans</p> <p>R 14 – consideration of standing down PRB and explore arrangements to fulfil its role at Executive level</p> <p>R 18 – Review Standing Orders and create a single document</p>		<p>Proposed workshop with Council in June 2020 on finalising delegations from the Act, with a finalised scheme of delegation to come to Council for sign off in July 2020.</p> <p>Revised standing orders to be drafted by Governance team and brought to the July 2020 Council for input/sign off.</p>
<p>Governance improvement</p>	<p>R2 – mechanism for scheduling, producing and quality assuring papers should be reviewed. Council should establish clear expectations regarding length, detail and quality of papers.</p> <p>R4 – align the Council cycle of business and public agenda to the GDC’s strategic objectives headings</p> <p>R6 – forward agenda planning and scheduling should be more effectively steered by the governance team to promote effective upward flow of assurance</p>	<p>A new paper template has been drafted (December 2019) and will be trialled at Council in January 2020.</p> <p>The structure of the governance team has been reviewed, and consulted upon. The new structure will be implemented from January 2020.</p> <p>An interim Head of Governance has been appointed on a fixed term basis until December 2020, to provide continuity to the team and the service.</p>	<p>A short session at the March 2020 Council Workshop is planned to consider the new template and further suggested amendments to papers.</p> <p>Once the new structure is fully recruited to, the improvements will be planned and delivered.</p>

Theme	Recommendation(s)	Completed work	Planned work
	<p>R 16 – review roles and structure in governance team to create a career development pathway/develop a development programme for the team</p> <p>R 17 – expand the governance handbook to become a comprehensive record of all key governance structures, processes and arrangements.</p> <p>R 19 – review the processes and steps required for agenda approval and assurance paper production</p>		
Committee improvement	<p>R 11 a – develop an overarching performance report (FPC)</p> <p>R 11 b – develop more focused assurance reporting for FTP (FPC)</p> <p>R 12 – amend risk reporting to include a statement of assurance for each risk from ARC</p>		<p>The Executive Director, Registration and Corporate Resources will lead on R 11 a, and has committed to produce a tested report by Q4 2020, with iterations of a draft report brought to FPC throughout the year.</p> <p>The Executive Director, FTP Transition, will lead on R11 b, with an aim to produce revised reporting by close of Q2 2020.</p>

Objectives

- This project will deliver the 13 (tbc) Council led (including joint recommendations) made by Deloitte ref Board (Council and Committee) effectiveness and capture further governance improvement work arising from implementation.
- The recommendations have been grouped as below:
 - Review & amend the balance of Council business
 - Evaluation and development of Council members
 - Review of Committee structure/clarity
 - Governance improvement
 - Committee improvement

Benefits

- More Council business will be conducted in public, increasing transparency of how the GDC operates – increasing confidence of the public in the GDC.
- Better use of Council members & EMT time due to less duplication of business and reduction in costs
- There will be a rolling programme of Council evaluation and development which supports continuous improvement.
- SLT, Committees and Council will understand their roles and remit and will be provided with clear papers on key business only.
- The governance structure and documentation will be clear, efficient and effective.

Key Proposals/Risks/Issues

- **PROPOSAL:** Recommendation 7 ‘CEO to develop Exec team’ (suggest excluded from project as will be done by CEO & new Exec team)
- **PROPOSAL:** Recommendation 15 ‘to review the forward plan and agenda of SPC’ – propose this is taken forward as part of the adjudications work.
- **ISSUE:** Governance - until new team structure is fully recruited, capacity will continue to be an issue. Resolution: New Governance team structure consulted upon and recruitment underway.
- **RISK:** Legislative reform i.e. FtP rules and/or Governance structure may impede Council’s ability to deliver the Deloitte recommendations as planned. Mitigation: 1) Key dependencies to be managed between Legislative reform and Board effectiveness project with issues escalated for review/approval

Progress this period

- **Project** - a Project Manager has been appointed and a draft high level project plan has been developed covering all of the Deloitte recommendations.
- **Review and amend the balance of Council business**
 - December 2019 Council meeting trialled new agenda for public and private meetings, the same approach is being taken for January 2020 council.
- **Evaluation and development of Council Members**
 - A Board skills matrix has been drafted and circulated for completion by Council in December 2019
- **Governance improvement**
 - New paper template has been drafted (December 2019) and will be trialled at Council in January 2020.

Planned for next period

- **Project** - develop further the overall project plan and key timelines for delivery
- **Review and amend the balance of Council business**
 - The Head of Governance will work with the Chair of Council to create a meeting review process which covers the key recommendations.
 - Governance business planning to continue to explore the balance of meetings
- **Evaluation and development of Council Members**
 - Council workshop session in January 2020 reviewing roles and responsibilities
 - Council skills gap analysis and development plan drafted
- **Review of Committees structure/clarity**
 - Council workshop January 2020 - review current committee structure and re-state what assurance Council is seeking plus consideration of future for PRB.
 - Proposed internal session March 2020 Council workshop – review and test revised TORs and escalation template
- **Governance improvement**
 - March 2020 Council Workshop - planned to consider the new template and further suggested amendments to papers.
- **Committee improvement**
 - Start development of an over-arching performance report (FPC)
 - Start development of a more focused assurance reporting for FTP (FPC)

GDC Council & committees effectiveness review - High level plan													v0.4	08-Jan-20	TODAY											
Key: ■ = On track ■ = At risk ■ = Off track ■ = Not yet planned ■ = Completed													2019	Quarter 1 - 2020			Quarter 2 - 2020			Quarter 3 - 2020			Quarter 4 - 2020			2021
Theme	Ref	Recommendation (from Deloitte)	Responsibility	Status	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	QTR 1 Jan-Mar	QTR 2 Apr-Jun							
1) Review and amend the balance of Council business	R1	Remove duplication between private and public meetings	Council / Executive	In progress	▲ Council							▲ Council feedback session														
	R3	Explore an approach which pushes business into the public meeting	Council	In progress	▲ Council							▲ Council feedback session														
	R8	Move to fewer scheduled all day Council meetings. Workshops to be outcome focused – with intended output circulated prior to meeting	Council	Not started		▲ Wksp roles & resp						▲ Council feedback session														
2) Evaluation and development of Council Members	R9	Continue to use the appraisal process to evaluate & develop individual contributions, complemented by a programme of Board development from Council Members.	Council	In progress		▲ Wksp roles & resp					▲ Deloitte - Assurance vs Reassurance		Review appraisal process			▲ 3 new Council members										
	R10	Council should set aside time in 2020 to explore its skills requirement and identify any gaps	Council	In progress	▲ Council skills audit						▲ Deloitte - Assurance vs Reassurance				▲ Wksp - develop skills/team		▲ Wksp - progress review tbc									
3) Review of Committees structure/clarity	R5	Develop a one page escalation template to be completed by committee chairs.	Council	Not started		▲ Chairs group																				
	R11/C	Consider refining the agenda and forward plan of FPC	Council / Executive	Not started																						
	R13/A	Review ToR for all Council sub-committees and consider how we can move to a quarterly assurance cycle & review workplans	Council	Not started		▲ Wksp committee structure		▲ Review revised ToRs																		
	R13/B	Align the agenda and forward plan of Remco	Council	Not started																						
	R14	Consider standing down PRB & explore arrangements to fulfil its role at Executive level	Council	Not started																						
	R18	Review Standing Orders and create a single document	Council	Not started								Review/develop Standing Orders	▲ Council input/sign-off SO													
4) Governance improvement	R2	Mechanism for scheduling, producing & QA of papers should be reviewed. Council should establish clear expectations regarding length, detail & quality of papers	Council / Executive	In progress	▲ New template drafted			▲ review new template																		
	R4	Align the Council cycle of business and public agenda to the GDC's strategic objectives headings	Council	Not started																						
5) Committee improvement	R11/A	Develop an over-arching performance report (FPC)	Council / Executive	In progress		▲ Planning	▲ Draft to SLT workshop					Develop report			▲ Deliver report from Q3											
	R11/B	Develop more focused assurance reporting for FTP (FPC)	Council / Executive	In progress		▲ Planning		Develop revised report			▲ Deliver revised FFP report															
	R12	Amend risk reporting to include a statement of assurance for each risk from ARC	Council (ARC)	In progress			▲ Options paper to ARC																			
	R7	<i>Council to support the CEO to develop the Executive team (suggest that this is excluded from the project, as this is work which will need to be undertaken by the CEO, together with the new Executive team)</i>	Council	Descope - tbc								▲ Deloitte - Assurance vs Reassurance														
	R15	<i>Review the forward plan and agenda of SPC (suggest that this is taken forward as part of the adjudications work)</i>	Council	Descope - tbc																						

Please note: This project plan is a draft and is currently undergoing further development

EU Exit – amendments to GDC legislation

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Melissa Sharp, Head of In-house Legal Advisory Service
Type of business	For discussion
For Council only:	Open session
Issue	To present updates to GDC legislation that may be required to give effect to the European Union (Withdrawal Agreement) Bill, if enacted.
Recommendation	The Council is asked to consider the draft General Dental Council (EU Exit) (Amendment) Regulations 2020 and the General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2020.

1. Updates to GDC legislation – EU Exit

- 1.1 The paper seeks Council’s consideration of the draft General Dental Council (EU Exit) (Amendment) Regulations 2020 and General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2020.
- 1.2 The Dentists Act 1984 requires that these Rules and Regulations are made by Council. There is no requirement for approval by the Privy Council.

2. Background

- 2.1 Parliament approved legislation in early 2019 that will become law on the day that the UK leaves the EU, irrespective of whether we leave with or without a deal. This included changes to the Dentists Act 1984 and associated secondary legislation. The Council made and sealed regulations on 28 March 2019 to ensure that all of its Rules and Regulations would also be updated as necessary on exit day. Those changes will come into force on exit day.

3. European Union (Withdrawal Agreement) Bill

- 3.1 The previous changes were drafted in anticipation of a “no deal Brexit”. At the time of writing, the version of the European Union (Withdrawal Agreement) Bill currently before Parliament provides for the UK to leave the EU, and for an implementation period to develop the terms of the departure to the end of 2020. The Bill does not undo the changes referred to in paragraph 2.1 above, but it does provide that they will not take effect until the end of the implementation period.

- 3.2 If the relevant parts of the Bill are adopted as drafted, consequential changes to the GDC rules and regulations will be required to ensure that they come into effect at the same time as any changes to the Dentists Act 1984, namely at the end of the implementation period.
- 3.3 The Rules and Regulations at Appendix 1 and 2 amend those made last year by adding a clause to make clear that the changes will not take effect until the end of the implementation period.
- 3.4 The need for the amendments will not crystallise until the Withdrawal Agreement is approved by Parliament. Council is asked to consider and discuss the documents at this stage, in order that they can be formally approved by correspondence as required.
- 3.5 The Rules also make some minor changes to cross-references in the previous versions, which are necessary following the changes to the Fees Regulations in December 2019.

4. Next steps and communications

- 4.1 The Regulations and Rules will be published on the GDC website. On exit day, we will also publish revised versions of the original Rules and Regulations that have been amended, to show the effect of the changes.

Appendices

- a. Appendix 1 – draft General Dental Council (EU Exit) (Amendment) Regulations 2020
- b. Appendix 2 – draft General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2020.

Melissa Sharp, Head of In-house Legal Advisory Service
msharp@gdc-uk.org
Tel: 0207 167 6074

09 January 2020

The General Dental Council (EU Exit) (Amendment) Regulations 2020

The General Dental Council makes the following regulations in exercise of the powers conferred by section 19, section 26, section 36F, and section 52 of the Dentists Act 1984.

Citation, commencement and interpretation

1. These regulations may be cited as The General Dental Council (EU Exit) (Amendment) Regulations 2020.
2. These regulations shall come into force on exit day.
3. “The European Qualifications Regulations 2019” means the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019.

Amendment of the General Dental Council (EU Exit) (Amendment) Regulations 2019

4. In Regulation 11, for “section 2(1)(b)”, substitute “section 2(1)(d)”.
5. In Regulation 4, for “section 2(2)”, substitute “section 2(3)”.
6. After Regulation 14, insert –

“Transitional and savings provisions

15. The Rules and Regulations amended by these Regulations shall continue to apply without the amendments made by these Regulations until the end of the Implementation Period.

16. “Implementation Period” has the meaning given in section 1A of the European Union (Withdrawal) Act 2018¹.”

Given under the Official Seal of the General Dental Council on January 2020.

William Moyes, Chair

Ian Brack, Registrar

¹ Section 1A was inserted by section 1 of the European Union (Withdrawal Agreement) Act 2020, cXXX.

The General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) (No.2) Rules 2020

The General Dental Council makes the following rules in exercise of the powers conferred by section 36B(4), section 36E and section 50C of the Dentists Act 1984.

Citation and commencement

1. These rules may be cited as The General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2020.
2. These rules shall come into force on exit day.

Amendment of the General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019

3. For Regulation 7, substitute -

“7. The General Dental Council (Dental Care Professionals Register) Rules 2014 shall continue to apply without the amendments made by these Rules until the end of the Implementation Period.

8. “Implementation Period” has the meaning given in section 1A of the European Union (Withdrawal) Act 2018¹.”

Given under the Official Seal of the General Dental Council on ... January 2020.

William Moyes, Chair

Ian Brack, Registrar

¹ Section 1A was inserted by section 1 of the European Union (Withdrawal Agreement) Act 2020, cXXX.

Moving Upstream Report 2020 – Final draft

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Daniel Knight, Stakeholder Engagement Manager
Type of business	For decision
For Council only:	Public Session
Issue	This paper provides the final draft of the Moving Upstream Report 2020 which brings an effective end point to the <i>Shifting the balance</i> work programme and supports the change of brand and narrative to the new strategy.
Recommendation	The Council is asked to approve the final draft of the Moving Upstream Report 2020.

1. Key considerations

- 1.1 In July 2019, the Senior Leadership Team (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.
- 1.2 The outline structure and content sections were then agreed by the SLT and the Policy and Research Board (PRB) in September 2019. The SLT and the Council reviewed the first draft of the report at their September meetings and the SLT reviewed the second draft at its meeting in November. The purpose of the Moving Upstream Report was discussed at the Council's November meeting and, as a result of this discussion, the approach of the report was changed to highlight that this final Moving Upstream report should be used to bring the *Shifting the balance* work programmes to a close and highlight that the report would be superseded by the new strategy and Costed Corporate Plan.
- 1.3 The paper provides the Council with the final full draft of the Moving Upstream Report 2020 (**Appendix 1**).
- 1.4 The Council is asked **to approve** the final draft of the report.

2. Legal, policy and national considerations

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

3. Equality, diversity and privacy considerations

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

4. Risk considerations

- 4.1 The final report will be closely scrutinised by our partners and critics, so it is imperative that we produce a high-quality product.
- 4.2 The Interim Head of Communications and Engagement and Executive Director, Strategy are over-seeing the report's development and monitoring and reviewing progress.
- 4.3 An internal stakeholder group has been created to ensure quality of content.
- 4.4 The Council will have sight of the final draft of the report prior to publication, if approved.

5. Resource considerations and CCP

- 5.1 The cost implications for this proposal include design and print costs.
- 5.2 There is funding allocated in the communications budget for this activity.

6. Monitoring and review

- 6.1 This is the final draft of the report.

7. Development, consultation and decision trail

- 7.1 Initial paper laying out the proposed approach for the Moving Upstream Report and Conference 2020 presented to the SLT in July 2019.
- 7.2 Structure and content sections agreed by the SLT and the PRB in September 2019.
- 7.3 First draft reviewed by the Council and the SLT in September 2019.
- 7.4 Second draft reviewed by the SLT in November 2019.
- 7.5 Paper explaining the purpose of the Moving Upstream Report reviewed by the Council in December 2019.

8. Next steps and communications

- 8.1 Subject to any final amends, the report will be designed and published in advance of the Moving Upstream Conference on 12 February 2020.

Appendices

- 1. Moving Upstream Report 2020

Daniel Knight, Stakeholder Engagement Manager
dtknight@gdc-uk.org
Tel: +44 (0) 20 7167 6343

07 January 2020

Appendix 1

Moving upstream report 2020

Contents

Introduction from the Chair

Highlighting the progress made against our Shifting the balance proposals

 Moving upstream

 First tier complaints resolution

 Working with partners

 Refocusing fitness to practise

What's next?

1. Introduction from the Chair

- 1.1 In 2016 we started an open and serious debate about the future of dental regulation. This was based around the hypothesis that the system:
- did not deliver clear benefits for patients nor gave them the confidence that their concerns were being addressed within the appropriate timescales.
 - had encountered difficulty in maintaining the support of those regulated because it was often cumbersome and stressful for those subject to enforcement, and did not do enough to promote learning.
 - was insufficiently flexible enough to enable a proportionate and graduated approach, resulting in a reliance on expensive enforcement action.
- 1.2 It was clear that change was needed, but without the necessary regulatory reform, we had to focus our efforts on what was achievable. Working together with the groups and individuals who have a stake in dentistry, we identified how dental regulation could address the challenges of a system that was outdated and an approach that was overly reliant on intervention after things had gone wrong.
- 1.3 Our goal therefore was to 'shift the balance' of activity in dental regulation, making the system better for patients and fairer for dental professionals. Our focus was on leadership, shared purpose and partnership working to make dental professional regulation fit for purpose. We used the feedback we had received from our stakeholders to create proposals for action which we published in our Shifting the balance report.
- 1.4 Four years on and we have made extensive progress against those proposals. This was reported in last year's Moving upstream report and has continued this year, as this report will show.
- 1.5 But there is still much to do. The expectations of patients may not have changed since 2016, but we have experienced a changing environment and new challenges. These include the vote to exit the European Union with its associated implications for workforce and regulatory changes, the introduction of new technologies and innovations in how services are delivered and contract reform, to name but a few.
- 1.6 One of this year's biggest achievements was the production and launch of our new strategy: Right time, Right place, Right Touch. This formed the foundation for the Costed Corporate Plan, which gives a more comprehensive account of our planned activities and how we will address the challenges facing us. From next year we will be reporting against the plan and this therefore will be the final Moving Upstream Report.
- 1.7 We have received widespread support and positive feedback for the developments we made against Shifting the balance and now, as we commence work against our new strategy, we look forward to continuing to engage with our stakeholders to further develop dental regulation and utilise the opportunities ahead, as we look to apply right-touch principles to our regulatory framework.

Dr William Moyes

Chair
General Dental Council

2. Highlighting the progress made against our Shifting the balance proposals

2.1 In Shifting the balance we committed to moving the system of regulation forward in the following areas.

- **Moving upstream:** putting a stronger emphasis on patient protection, learning within the system, engaging more effectively with registrants and future registrants, and developing alternative approaches to continuing professional development.
- **First tier complaints resolution:** building better partnerships to improve the handling of patient feedback, concerns and complaints within the practice, and expanding access to mediation and other forms of resolution.
- **Working with partners:** including other regulators and equivalents and the professions themselves.
- **Refocusing fitness to practise:** being clear about the serious nature of 'impaired fitness to practise' and taking action to ensure that anything short of that is dealt with using alternative tools with the right touch, and providing support to patients to find the best mechanism for resolving their issue.

2.2 In the following sections we provide detail of the progress that has been made to deliver on these commitments and where more needs to be done within our new strategy: Right time, Right place, Right touch.

3. Moving upstream

3.1 What we proposed

- Develop a data and intelligence strategy, to enable upstream regulation to be intelligence-led by sharing learning with the profession.
- Review the Standards for the Dental Team.
- Develop an engagement strategy.
- Develop an annual report on dentistry.
- Devise a process to ensure that the learning outcomes are agile and responsive, and continue to be based on appropriate evidence.
- Develop and adopt a risk-based quality assurance process for dental education.
- Develop materials for registrants who have trained outside the UK.
- Develop our approach to continuing professional development incorporating:
 - linking the standards to performance management and appraisals.
 - developing a model which encourages planning, development and innovation.
 - use available data and evidence to highlight potential areas of focus.
 - emphasise interactive CPD and explore the risks and benefits.
 - incorporate a significant peer review element into the developing model and explore the risks and benefits of this.

3.2 What have we delivered?

3.3 Develop a data and intelligence strategy

3.3.1 We have created a dedicated data and intelligence strategy and team which is responsible for commissioning and managing our research programme. Key priorities include developing stronger research partnership opportunities and expanding approaches to engagement, involvement, co-design and co-production.

3.3.2 Key pieces of research have included:

- what constitutes serious misconduct for patients and registrants, working with the Nursing and Midwifery Council and other regulators to inform a proportionate regulatory model in which enforcement powers are used appropriately.
- a co-production and literature review of Scope of practice to see whether our current guidance and process enables or inhibits dental professionals from utilising their full scope of practice and considering what could work better.
- Developing, testing and promoting resources that encourage a values-based care approach to dentistry and support members of the dental team to deliver dental care in a way that embraces both clinical need and a patient's individual preferences.

3.4 Review the Standards for the dental team

- 3.4.1 We have been working with the dental profession and the public to explore the effectiveness of our current approach to professionalism. We believe professionals should be using their ethical, moral and professional judgement to make decisions, rather than being bound by a set of rules that might not apply to a particular situation.
- 3.4.2 We have undertaken an assessment of the existing published material on professionalism in dentistry and are holding several events for the public and dental professionals to highlight our findings, and to gain greater understanding of what they think professional behaviour looks like and why it is important to them.
- 3.4.3 The first outcome of this work will be to report back on our findings and draft a set of Principles of Professionalism that outline our expectations of dental professionals. We will then consult on whether these principles could replace the current Standards for the Dental Team.

3.5 Develop an engagement strategy

- 3.5.1 We have developed and implemented our engagement strategy which focuses on engagement with stakeholders across the UK and aims to improve our relationships with new registrants and students, as well as providing early input to our project work.
- 3.5.2 To improve UK-wide engagement, we held our May Council meeting in Cardiff, where we also attended a programme of visits to key stakeholders. In October, Council and Executive team members visited Belfast to meet with stakeholders and discuss key topics such as legislative reform. We also held our November meeting of the Dental Professional Forum in Edinburgh, where we updated stakeholders on topics including the Corporate Strategy 2020–22 and had the Chief Dental Officer, Tom Ferris, present on the priorities in Scotland.
- 3.5.3 Following our student engagement pilot, we have also introduced a programme of engagement with first-year students in their first term of study across all dental schools. In addition to this, we have attended and presented at the induction days organised by postgraduate education providers for foundation and vocational dentists. From August 2019 to February 2020 we presented at 34 different visits to roughly 2,500 students and new registrants.

3.6 Develop an annual report on dentistry

- 3.6.1 Our intention had been for the Moving upstream report to form the basis of a 'state of dentistry' style report that set out a summary of the data that we hold on the dental sector, including workforce and developments in the dental service set against analysis of wider developments in healthcare regulation. But the Moving Upstream report has evolved more into a means of sharing the work we have completed against the proposals laid out in Shifting the balance, so this is an area we still need to develop. We intend to explore options for this from 2020.

3.7 Reviewing learning outcomes

- 3.7.1 We have created a process for the regular review of the learning outcomes. The first review will commence in 2020 and take place every three to four years thereafter.
- 3.7.2 We will create an evidence-based approach to revising the outcomes and make it clear what minor, major and urgent changes will be made, so that education providers understand the urgency of the changes. We will evaluate the process on an ongoing basis to make sure it is appropriate and does not place unnecessary burdens on education providers or GDC registrants.

3.8 Risk-based quality assurance

- 3.8.1 We have developed our risk-based quality assurance (QA) process, with a specific focus on monitoring, so that we can better identify the areas of greatest concern and create bespoke QA activity for the needs of individual education providers.
- 3.8.2 In the 2018–19 academic year we also piloted a risk-based inspection process of all dental schools, specifically investigating how they assess and monitor the progression of students to ensure that graduates

are safe and fit to practise independently.

3.9 Develop materials for registrants who have trained outside of the UK

3.9.1 This project has been rescoped to include a wider programme of how we engage with all new registrants. This work will be delivered in 2020 and is included in our new costed corporate plan.

3.10 Develop our approach to continuing professional development

3.10.1 In developing a model of lifelong learning, we carried out research in 2019 which included a literature review and workshops with key stakeholders to:

- Review and test research findings.
- Explore ideas and further develop our thinking.
- Assess lifelong learning models in more depth.

3.10.2 Our findings suggested that reform is needed, particularly in terms of a more flexible system, that allows for different types of learning (i.e. peer learning and reflection) and to help meet the differing needs of all members of the dental team and patients.

3.10.3 We used the research to produce proposals for reform that we consulted on in the summer of 2019. We have now analysed the responses to the consultation and are planning the next practical steps which we will take in 2020.

4. First tier-complaints resolution

4.1 What we proposed

- Develop tailored welcome packs for each of the individual registrant groups which include information and advice on the standards, guidance and sources of useful information, which could include the principles of good customer service and complaints handling.
- To continue to develop a profession-wide complaints handling initiative to strengthen first-tier complaint resolution.
- Promote, embed and encourage customer service and complaints handling in all stages of education, training and CPD, and encourage dental professionals to seek help and advice when appropriate.
- Explore ways to work with the profession to encourage the use of feedback and complaints for learning and improving services.
- Review the Dental Complaints Service

4.2 What has been delivered?

4.3 Develop tailored welcome packs for each of the individual registrant groups

- 4.3.1 This project has been rescoped to include a wider programme of how we engage with all new registrants. This work will be delivered in 2020 and is included in our new costed corporate plan.

4.4 Profession-wide complaints handling initiative

- 4.4.1 We committed to developing a profession-wide complaints handling initiative and have continued to chair the working group since its establishment. The working group has continued to grow, from 28 members to 37, demonstrating the commitment in dentistry to improve the local resolution of complaints.

- 4.4.2 In 2018, the working group developed a joint statement on handling patient feedback and concerns, followed by a leaflet and poster providing advice for dental patients on how to raise concerns. Over the last year, members of the working group have been focused on making the advice and materials available to patients and dental professionals in every clinical setting providing dental care.

4.5 Promote, embed and encourage customer service, feedback and complaints handling in all stages of education, training and CPD, and encourage dental professionals to seek help and advice when appropriate for learning and improving services.

- 4.5.1 Whilst our annual survey results have indicated improvements with regards to patients knowing how and where to complain locally, we still have work to do to change the culture around complaints. We want to get to a position where complaints are viewed as valuable feedback, which can be used to support improved practice and that they are something to welcome, not fear.

- 4.5.2 We will therefore continue to work with the profession-wide complaints handling working group to improve signposting across the system so that concerns that can't be resolved locally, can be managed by the organisation that is best-placed to respond. We hope to see organisations from across dentistry continue to work together to this end, and for increasingly strong leadership to emerge.

4.6 Review of the Dental Complaints Service

- 4.6.1 In 2018 we made significant changes to the way in which the Dental Complaints Service (DCS) was structured, as a result of the first phase of the review in 2017. This included moving offices from Croydon to Wimpole Street, to cut the costs of renting accommodation. We also restructured our operations. As a result, costs fell by 40% whilst the service offered was expanded and service levels were maintained or improved.
- 4.6.2 There have been significant changes in both the way in which dentistry is practised and the nature of patient expectations. We need to ensure that the service provided reflects this. We also need to look more closely at how that service fits into the wider complaints handling structure, and who is best placed to operate it.
- 4.6.3 We are now undertaking a second, more strategic review of the DCS. This will build on the operational improvements delivered through Phase 1, considering how the service can be part of an effective system-wide approach to handling complaints. We anticipate that the recommendations from the review will be published in 2021.

5. Working with partners

5.1 What we proposed

- Explore the potential for effective clinical governance to play a more central role in learning and quality improvement and explore the development of indicators of patient protection.
- To further develop guidance for employers, reflecting the need for the employer to ensure that the Standards for the dental team are embedded within a professional's practise.

5.2 What has been delivered?

5.3 Explore the development of indicators of patient protection

- 5.3.1 To support improvement in clinical governance and help practitioners learn and improve their practice, we have started publishing regular insights from fitness to practise concerns. These insights can help practitioners to learn from the experience of others.
- 5.3.2 Importantly, we are sharing information about what types of concerns lead to investigations being opened, as well as what types of things get closed at the earliest stage of our process. This feedback enables practitioners to reflect on their own practice, ensure quality and drive improvement.
- 5.3.3 We have also been working with organisations across the dental sector to help practitioners be better able to respond to, and learn from, feedback and complaints at the practice level. Helping practitioners manage and resolve complaints themselves can increase the opportunities they have for learning and improving practice.

5.4 Development of guidance for management of dental professionals

- 5.4.1 We are developing guidance to address how managers and employers of dental professionals can take an active role in promoting professionalism within dentistry and support their staff to deliver high quality care.
- 5.4.2 We consider that any guidance should be reflective of expertise across the dental profession, not just from within the GDC. We therefore intend to collaborate closely with dental professionals and stakeholders on this work to ensure it is delivered effectively and is of benefit to the sector, and that any guidance complements existing resources or advice.

6. Refocusing fitness to practise

6.1 What we proposed

- Review all our public facing information, both digital and printed and including that hosted by partner organisations where possible.
- Implement online tools for 'self-filtering' of complaints, in line with other regulators.
- Develop and deploy an explanation of impaired fitness to practise that makes a clearer link to patient risk and public confidence in dental services.
- Ensure that the emphases in the tests applied at the triage and assessment stages enable the GDC to achieve our statutory objectives of protecting the health, safety and wellbeing of the public, promoting and maintaining public confidence in the regulated professions, and maintaining proper professional standards and conduct for members of those professions.
- Review all guidance material for fitness to practise decision makers to ensure that seriousness is properly and fully embedded within it.
- Carry out an end-to-end review of the fitness to practise process.
- Develop a comprehensive model for the resolution of complaints and concerns about dentistry in each of the four countries of the United Kingdom.

6.2 What has been delivered?

6.3 Review all our public facing information

- 6.3.1 We have revised our written communications in order to make the language more neutral and the content easier to understand. We have simplified the letters sent when we receive a concern or complaint, removed much of the legal language and made it clear what the recipient needs to do next.
- 6.3.2 We sought feedback from registrants, patients and key stakeholders on the revised tone and content of some of our key letters which we knew, based on previous feedback, were both lengthy and confusing. We received positive feedback on the new versions, as well as helpful suggestions for change, many of which were incorporated in subsequent versions. We also benchmarked our original letters against Flesch Reading Ease scores to ensure that there was demonstrable improvement with the revised versions.
- 6.3.3 We also revised the content on our website and improved the navigation between pages to improve the user journey. We recognise that this is not the end of the process and we are committed to revising all our communications on a regular basis.

6.4 'Self-filtering' of complaints

- 6.4.1 In addition to the signposting tool we introduced last year, we have made further improvements to our online form in order to encourage those raising concerns to provide us with as much information about their concern as possible from the outset. We direct those who are considering raising a concern to use this form wherever possible and we also encourage our partners to do the same.
- 6.4.2 Benefits of submitting information in this way include reducing unnecessary delays and preventing complaints that should not be dealt with by the GDC. Obtaining all the information that we need from the outset means we can make a decision quickly and it prevents the need to postpone our decision making until we receive further information.

6.5 Explanation of impaired fitness to practise

6.6 We have begun developing a set of principles to guide our regulatory decision making, which will help the public and practitioners better understand our approach to fitness to practice issues. The principles will also support the work of internal decision makers.

6.7 Ensure that the emphases in the tests applied at the triage and assessment stages enable the GDC to achieve our statutory objectives

- 6.7.1 Preventing and minimising risk of harm to patients or to public confidence in dentistry is central to our fitness to practice processes. Our threshold tests were reviewed as part of the End to End review of fitness to practice, which resulted in revision of the Initial Assessment Test, to include direct reference to patient harm and public confidence.
- 6.7.2 This work will be supported by cross regulatory research into the concept of seriousness in fitness to practise cases. This project is being led by the GDC in partnership with the Nursing and Midwifery Council and the work will involve a number of other healthcare regulators who are participating in the research. The objectives of the research include developing an understanding of how the concept of seriousness in relation to misconduct is defined and applied by professional regulators, and to identify the considerations that influence that application as well as to achieve a clearer understanding of the similarities and differences in approaches across regulation and reasons for these.
- 6.7.3 The research project will conclude next year and we will provide feedback on the learning from the research as the project progresses.

6.8 Review all guidance material

- 6.8.1 The learning from the research into the concept of seriousness will inform a range of improvements to our fitness to practise process that are already underway, including the review of our decision-making guidance.

6.9 End-to-end review

- 6.9.1 The first phase of the end to end review of our fitness to practise process, which was initiated in 2017, is now complete. We have made significant changes in order to improve both the efficiency and timeliness of our process. Whilst we have some early positive indicators emerging from the improvements we have made, we recognise that realising the full impact of the changes we have made will take time, in part because of the relocation of the work from London to Birmingham.
- 6.9.2 Seeking feedback from others during this undertaking has been a key part of reviewing our processes. We have listened to the views of our stakeholders, have engaged with them throughout the development of our initiatives and we have seen real benefits in adopting this collaborative approach to our work.
- 6.9.3 We commissioned further qualitative patient research in March 2019 to seek views on some of the improvements we have made, including the move from individual case worker to team-based case management and the revised language in our communications.

6.10 Comprehensive model for the resolution of complaints

- 6.10.1 We have carried out our exercise to map the dental complaints landscape to help guide complainants to the right organisation to handle their complaint, and identify any gaps or barriers. This included the potential escalation routes and organisations who may be involved in different stages of the varied complaint journeys

across this complex system.

- 6.10.2 As we had discussions with partners and stakeholders, it became clear to us that there is consensus that the system is complex and confusing, and so we decided that there would be no benefit to producing a visual map of the system as it is, as that would not help people navigate the system.
- 6.10.3 Instead we decided that we need to focus on improving our existing triage tool to help people navigate this complex system. We are exploring the opportunity to improve the support for anyone in their journey through the system, be they patients, registrants, other organisations, students or whistle-blowers.
- 6.10.4 We also recognise the need to improve signposting to organisations which can provide support to those facing a complaint, to further enable registrants to handle complaints locally. As we work to improve this tool, we are liaising with stakeholders from across the dental sector to ensure the pathways are robust.

7. What's next?

- 7.1 As we bring our Shifting the balance work programme to a close and move into the next stage of our work to reform dental regulation, much progress has been made and we are in a much better place than we were. But we cannot rest on our success. We have delivered a lot in 2019, but there is always more to be done to ensure public protection.
- 7.2 Our costed corporate plan indicates how we intend to meet the proposals laid out in our strategy. Some of the main areas where work is continuing are:
- materials for new registrants
 - our process for continuing professional development
 - the work of the profession-wide complaints handling group to encourage feedback and
 - guidance for managers of dental professionals.
- 7.3 As well as continuing to develop these projects we must also turn our attention to the new challenges that are facing dentistry. Our 2018/19 Patient and public survey highlighted that two in five (39%) of respondents either strongly agreed or tended to agree that they expected more from dentists than other healthcare professionals because they pay for treatment. These findings highlight the increased pressure on the dental team. When also factoring in the ageing population, dental contract reform and the exit from the European Union with its associated challenges, there is much that we now need to focus on to ensure we maintain the high standards of care in dentistry.
- 7.4 These challenges, along with the environment that we now find ourselves in, are detailed in our [new corporate strategy: Right time, Right place Right touch](#). Our detailed work programme for the next three years is available in our costed corporate plan [\[link when available\]](#). This lays out not only what we intend to do, but the associated costs to do so.
- 7.5 To demonstrate progress and ensure transparency we will be reporting each year against the costed corporate plan and this will replace the Moving Upstream report.

Guidance for the Management of Dental Professionals

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Duncan Fyfe, Policy Manager Richard Drummond, Head of Public Policy
Type of business	To note
For Council only:	Public session
Issue	To provide the Council with an update on the work to develop guidance for the management of dental professionals.
Recommendation	The Council is asked to note this update

1. Introduction and background

- 1.1 In Shifting the Balance, we signalled our intention to develop and publish non-statutory guidance to encourage managers and employers of dental professionals to take an active role in promoting professionalism within dentistry and supporting dental professionals to deliver high-quality care.
- 1.2 In November 2018, the Senior Leadership Team (SLT) considered a detailed plan for the development of guidance, including stakeholder engagement. The Policy and Research Board was also given the opportunity to comment on this. Given the particular importance of external buy-in and input to this project, the majority of work in 2019 was directed toward building relationships with stakeholders and forming a consensus around the purpose and outline of the document. We are therefore confident that drafting, led by the GDC, can move swiftly in 2020.
- 1.3 Currently this project is known as Guidance on the management of dental professionals (GMDP), but this is a working title only.
- 1.4 This paper gives an update on the project and outlines the proposed content.

2. Guidance: purpose, content and format

- 2.1 As the regulator of all dental professionals it is important that we recognise that there are a number of actors within the system who influence the practice and conduct of those we regulate. Employers are one of those actors and we are seeking to emphasise the importance of their role in supporting registrants to maintain high standards of professionalism and ensuring a continuous focus on patient safety. We can also offer a useful view on the importance of professionalism for non-registrant staff members and how employers can support this by promoting and supporting good practice on a day-to-day basis.
- 2.2 Producing this guidance gives us an opportunity to bring together and promote the latest thinking on issues such as professionalism and CPD, and how these contribute to building

and sustaining a well-trained, motivated and competent dental team to deliver safe, high-quality care to patients.

2.3 We have worked with a range of stakeholders to identify key issues for inclusion in the guidance (a full list is provided at appendix 1). We will continue to work with many of them to develop supporting case studies. In due course we would also hope to encourage the collection and dissemination of best practice where there is a consensus to support it.

2.4 Having listened to our stakeholders, we propose to cover the following topics in the guidance:

- **Promoting professionalism in the workplace**
 - GDC guidance on the definition of professionalism and how to support it in practise (in development)
- **Applying the *Standards for the Dental Team* in practice**
 - GDC advice on how understanding the *Standards for the Dental Team* can support effective working in a practical context
 - Effective working across the dental team, including non-registrants
 - Examples of best practice as to how non-registrants can support the delivery of dental care
 - Examples of how managers and leaders can support registrants and their professional development
- **Good practice in supporting professionals to undertake CPD**
 - Examples of the benefits of granting employees time off for CPD
 - Examples of opportunities within a practice for CPD, peer learning and the whole of the practice to undertake CPD together
- **Employment of DCPs in training**
 - Clarification of route to registration for trainees, and what trainees can do in a practice before and while awaiting registration
- **Developing the skills of trainees**
 - Clarification of the roles and responsibilities of trainees
 - Examples of opportunities for employers and managers of trainees to develop their skills
- **Understanding and utilising the skills mix of the dental team**
 - GDC advice on how understanding the scope of practice can support effective working in a practical context
 - Examples of best practice from the profession re: teamworking and skills mix within the dental team
- **Direct access**
 - GDC guidance and policy on direct access, with examples of how direct access can support the effective working of a dental practice
- **Lone working arrangements for hygienists and therapists**
 - Clarification of GDC position on lone working for hygienists and therapists
- **Performance management and appraisals of registrants**
 - Examples of best practice from the profession
 - How CPD can support performance management and/or appraisal
- **Reflective practice**
 - Overview of current research/thinking into reflective practice, with best practice examples

- **Understanding human factors in dentistry**
 - Overview of current research/thinking into “human factors” in healthcare, and their relevance to ensuring patient safety
- **Handling patient complaints and feedback locally**
 - Promotion of local resolution of patient complaints, and the benefits of welcoming feedback from patients and colleagues
- **Handling fitness to practise disclosures and self-referrals**
 - How and when to refer fitness to practise concerns (about self or colleagues) to the GDC, or other appropriate organisations
- **Whistleblowing**
 - GDC guidance on whistleblowing
- **Duty of candour**
 - GDC guidance on duty of candour
- **Use of dental titles**
 - GDC guidance around use of dental titles, including in advertising
- **Clinical governance**
 - Overview of clinical governance framework, with signposting to appropriate resources
- **Significant event reporting and learning**
 - Signposting to external resources
- **The benefits of joining professional membership organisations**
 - Membership organisations and resources available to profession
- **Understanding regulatory responsibilities**
 - Overview of relevant regulatory agencies that affect dental practice, and suggested ways to stay up to date with developments in regulation
- **Diversity and inclusion**
 - Raising awareness of the relevant legal and other obligations and the need to ensure compliance with these
- **Mental health and well-being**
 - Raising awareness of the relevant legal and other obligations and the need to ensure compliance with these.

2.5 This is an indicative list at this stage, and not intended as a final list of content. Council members should note that inclusion of a topic does not necessarily mean that the GDC will be providing advice on the issue; it may simply signpost to existing resources provided by other organisations.

2.6 The policy and communications teams are working together to ensure that the format of the guidance makes it usable and accessible to those it is aimed at. It is therefore unlikely that the guidance will simply be published as a single reference document. We will make use of the GDC’s website and other communications channels to both publish and publicise the guidance and/or its constituent parts. We will also encourage our stakeholders to publicise and express their support for the guidance, thus increasing its reach.

2.7 We plan to publish the GMDP in mid-2020, with a revised version to follow in 2021. The revision will be informed by a short period of review and feedback, internally and with stakeholders, on the first published version. It will also allow the GDC to integrate the outputs of any other relevant work, whether by the GDC or externally, that was not reflected in the first version.

2.8 In particular, this will allow the second version of the GMDP to take into account any relevant findings from the Promoting Professionalism project, which is expected to conclude

in late 2020. Promoting Professionalism is moving towards codifying a new definition of dental professionalism, and commissioning research into, amongst other things, how employers and managers can support or hinder registrants in maintaining professionalism. It seems likely that that work will be relevant to the GMDP, though it is too early to say what exactly will result from it.

3. Legal, policy and national considerations

- 3.1 This guidance will be applicable in all parts of the UK, but we may need to tailor some sections of it to be specific in the four nations.

4. Equality, diversity and privacy considerations

- 4.1 The guidance itself is likely to cover at least signposting and emphasis of the standards in relation to equality, diversity and inclusion. Any text will be shared with relevant colleagues to ensure appropriate wording and references are used.

5. Resource considerations and CCP

- 5.1 The resources to continue development of the guidance and to communicate it once finalised have been allocated within the CCP and staff have been assigned. There are no other anticipated resource requirements over the life of the project. The review timetable for the guidance will be incorporated into the closeout report for the project and resources allocated in future corporate plans.

6. Monitoring and review

- 6.1 The GDC will own and be responsible for the maintenance and revision of the GMDP, although it will be formulated with significant contributions from stakeholders, and we intend that it will be further developed, supported and promoted by stakeholders as appropriate through regular reviews. The impact of the guidance, including its dissemination, support from stakeholders and access via the website will be monitored and used as part of the review and development process.

7. Next steps and communications

- 7.1 Over the coming months, we will work with stakeholders to develop the content on each of the topic areas.
- 7.2 While the GDC will be the sole owner of the GMDP, we are committed to working closely with stakeholders to ensure the GMDP reflects their input. Our aim is that our stakeholders will be comfortable supporting and promoting the final product and will work with us to ensure it is disseminated and embedded.
- 7.3 We plan to seek approval from Council of the first draft of guidance in early-to-mid-2020, with SLT to be updated beforehand.

Appendices

- a. List of stakeholders involved to date.

Duncan Fyfe, Policy Manager
duncan.fyfe@gdc-uk.org
Tel: 02071676124

06 January 2020

Stakeholders engaged to date

Association of Dental Groups
Association of Dental Hospitals
British Association of Dental Nurses
British Association of Oral Surgeons
British Dental Association
British Orthodontic Society
British Society for Oral & Maxillofacial Pathology
British & Irish Society for Oral Medicine
British Society for Dental Hygiene and Therapy
British Society for Periodontology
Care Quality Commission
Confederation of Dental Employers
Dental Defence Union
Dental Protection
Dental Technologists Association
Health and Social Care Board, Northern Ireland
Healthcare Improvement Scotland
IDH Group Limited
Local Dental Committees Confederation
Medical and Dental Defence Union of Scotland
MyDentist
National Association of Dental Advisors
NHS Employers
Orthodontic National Group
Rodericks Dental
Simplyhealth Professionals
Society of British Dental Nurses

Further stakeholders from across the professions and four nations have been contacted but have not yet engaged in the project. We will continue to keep them informed of any developments.

Patient and Public Survey – Action Plan

Executive Director	Stefan Czerniawski, Executive Director Strategy
Author(s)	David Teeman, Head of Regulatory Intelligence
Type of business	To note
For Council only:	Public session
Issue	The Council recently approved publication of this year’s patient and public (P&P) survey, which found some interesting correlations with ethnicity, equality and diversity measures. The Council requested sight of an action plan to follow up on the findings of the survey. This paper presents that action plan.
Recommendation	The Council is asked to note the action underway to improve our understanding of EDI issues.

1. Following up analysis of our patient and public annual survey

- 1.1 The Council recently approved publication of this year’s patient and public (P&P) survey, which provides us with a high-level annual view of patient perceptions and views. The survey is very effective at highlighting issues across a wide range, but it is has not been designed to provide a deep analysis of underlying causes on specific topics.
- 1.2 This year’s survey found that black and minority ethnic (BAME) respondents were less likely to be confident in regulation than their counterparts and more likely to think that the more they paid for treatment, the better the quality they could expect. It also found that younger people and those from the social economic groups D/E were less likely to provide negative feedback than their counterparts. This paper sets out our approach to developing a more detailed understanding of equality, diversity and inclusion (EDI) issues and, more broadly, describes our approach to creating a comprehensive EDI action plan. Over time that will give us a much richer picture of EDI in relation to all that GDC does.

2. Legal requirements and corporate strategy

- 2.1 Our EDI action plan, summarised in this paper, seeks to ensure that we are fulfilling our statutory requirements, corporate policy and our strategic ambitions. The GDC has EDI requirements under the Equalities Act 2010 and to ensure we are compliant with the Public Sector Equality Duty (PSED). The GDC’s EDI strategy states:

We believe that equality, diversity and inclusion are integral to our work as a regulator... The GDC believes that in addition to compliance with the general equality duty it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently.

- 2.2 Our EDI strategy outlines the importance of equality monitoring (monitoring our EDI data) and impact monitoring (the impact of decisions we make/policy changes). Furthermore, recently, the Professional Standards Authority (PSA) has required the GDC to report on FtP-related EDI.
- 2.3 EDI issues are a central part of the research agenda. EDI features in all of our internal and commissioned research, we support colleagues with analysis and have led EDI workshops and invited guest speakers to present on it. Research and intelligence work to enable GDC to meet our requirements and realise our EDI strategic ambitions.
- 2.4 Therefore, given the implications of EDI for GDC, this paper summarises our plans to address this wider cross-cutting EDI agenda.

3. What we want to know about EDI

- 3.1 Our questions are framed to address our requirements under the law and our remit around public confidence, public safety and professional standards and speak to our priorities of upstream prevention, comprehensive accessible complaints handling, co-production, proportionality and consistency in our FtP and transparency. Questions are framed around the following key stakeholder categories, with a focus on explaining any EDI differences/correlations observed:
- a. **Public:**
 - What are the public perceptions of dentistry (i.e. P&P survey findings)?
 - How confident are they in dentistry and in relation to their view of regulation and professionalism?
 - In relation to complaints and FtP, what if any subgroup correlations are there with the type of complaint, proportions of population groups making complaints, accessibility in the process and complainant experiences and views of the complaints and FtP processes?
 - How does complainant EDI relate to the EDI of those professionals they complain about?
 - b. **Registrants:**
 - What does our and others' upstream data tell us about subgroup representativeness in education, training and practice and correlations with assessments, training outcomes and career typology?
 - What EDI correlations are there with a range of complaint and FtP-related factors (likelihood of being complained about, type/seriousness of complaint, complaint or FtP progression and outcomes)? See also PSA reporting.
 - c. **GDC staff and others involved in all that we do** (e.g. FtP; including lay, advisors, legal, indemnifiers):
 - Are there any correlations between GDC staff and others' EDI with a range of complaint and FtP-related factors (case assessment/progression decisions and case outcomes and EDI of registrants?)

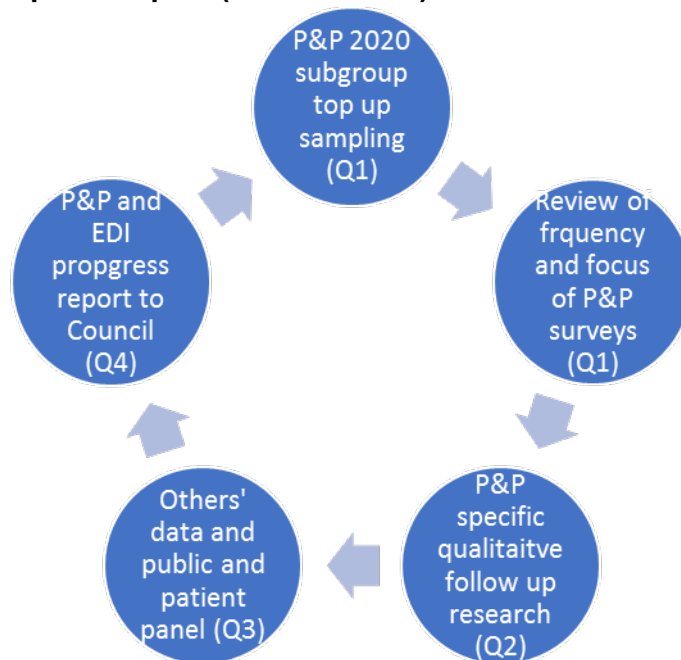
4. Current EDI data and analysis

- 4.1 GDC's in-house analytical capability has recently improved, we are now able to deploy inferential statistical analysis, allowing us to explore EDI-related correlations. The intelligence team in its enabling role is working with IT, People's Services, PMO and other colleagues to review and develop our approach to EDI data, which includes addressing:

- a. Missing data. EDI data is provided voluntarily, and we have some missing EDI data in registration and in relation to FtP. Research and intelligence are working with PMO and registration to assist with data cleaning. Research and intelligence are also commissioning a review of FtP data (cases); findings from this review will inform our use of EDI in analysis, our understanding of gaps in EDI and how we might make improvements.
- b. Capturing EDI data in consistent formats. It is advantageous that all areas of GDC use the same EDI monitoring terminology and variables so that effective analysis can be run across data sets. The research team have shared up to date EDI templates with colleagues.
- c. Data access. EDI is the most sensitive of personal data; GDC are rightly very careful about providing access data held on CRM. The research team are working with PMO, governance and IT to ensure timely and efficient access to data.

5. Research and intelligence’s EDI action plans

- 5.1 To ensure we are addressing EDI in all of our work, we are using a multi-perspective mixed methods approach. Specifically, in relation to commissioning and designing research we use sampling approaches that are representative of population groups and that ensures the number of responses achieved enables subgroup analysis. This work exemplifies our general approach, we use a virtuous cycle, ‘big’ data identifies issues/correlations (such as those from the P&P), then we use specific research to look at the reasons for these differences, so as to inform our responses or to evidence the case for others contribute.
- 5.2 Table 1 below, summarises our plans to follow the EDI-related findings from the P&P survey and Appendix 1 presents our broader EDI action plan.
- 5.3 **Table 1: P&P follow up action plan (all dates 2020)**



- 5.4 In summary, our EDI action plan includes:
 - a. Following up on P&P findings. We are using this year's P&P survey to follow up on EDI findings (via subgroup sampling top-ups and specific qualitative research). Further, we need to confirm this year’s P&P findings, to do this we will use alternative data sources to target follow up research and to ensure the research

results in learning which informs our response and potentially that of others. We are reviewing the frequency, focus and approach of our annual surveys. One option under consideration, is alternating the focus of the annual P&P survey so that in one year it samples at the general population level with booster subgroup samples, the following year we will focus on sampling subgroups to follow up on related findings. We will be submitting a paper to the Senior Leadership Team (SLT) in Q1.

- b. Dialogue and co-production. Informed by this year's follow P&P survey analysis, we plan to use our public and patient panel together with colleagues and Council to discuss findings and implications at an event focused on EDI. We expect to link this event, with our work on comprehensive complaints handling.
- c. GDC's FtP data. We are commissioning an FtP data review in 2020; this will include EDI data.
- d. GDC complaint/triage data. We will use these data in our analysis to understand correlations with EDI.
- e. Data development and improvement. Intelligence will continue to work with colleagues across GDC to improve our EDI data capture and analysis. The current EDI strategy ends this year, which provides a timely opportunity to reframe how we meet our EDI related obligations and our maximise the potential of EDI-related learning to inform our improvement agenda.
- f. Partnerships:
 - Complaints data partners. We are beginning our work to develop complaints data sharing partnerships; complaints data will provide an important perspective on how EDI correlates with complaints that GDC don't receive and an important comparator for our data, survey and FtP. We hope to be in a position to access data in 2020.
 - Research and evidence from other regulators. EDI is equally important for other regulators; research will conduct desk studies to mine learning and information about what works in conducting research. It is important that we build on and benefit from the work of others. We will use existing contacts, our membership of NMC's cross-regulatory analysts network and PSA cross-regulatory research forum to maximise opportunities to learn from others and partner in EDI-related research.
 - Heath Education England (HEE) Advancing Dental Care (ADC) intelligence forum. We are exploring with HEE whether others' research being conducted looking at patients' needs, will provide additional perspective on the issues our survey found.
 - Scoping patient representative group input. We plan to scope the potential of engaging with specific representative groups, that connect with subgroups we need to do more research with.

6. Progress

- 6.1 The EDI action plan presented in **Appendix 1** describes actions, timescales and colleagues and stakeholder involvement. Progress will also be reported by updates to the SLT and, as appropriate, to the Council.
- 6.2 The EDI action plan and our approach need room to develop, as we work with colleagues and external partners to make progress. Developing our project-specific and corporate risk management for this work is also under consideration.

7. Next steps and communications

- 7.1 Next steps for the P&P follow up are as presented. We look forward to the discussion around this paper and to reporting progress to the Council as our EDI work develops.
- 7.2 We work with communications on reporting all of our research and will continue to do so. It is important to note that the current research publication protocol is under review, with more of a focus on considering the implications of research findings for our work and that of others.

Appendices

- 1. EDI action plan

Lead Author: David Teeman, Head of Regulatory Intelligence

dteeman@gdc-uk.org

Tel: 020 7167 6042

07 January 2020

Appendix 1

Appendix 1: EDI action plan (including P&P follow up)

Objective: To maximise the learning potential offered by EDI. The following overarching questions apply: <ul style="list-style-type: none"> - What are the public perceptions of dentistry at the subgroup level? - Are there differences at the subgroup level in relation to how protected people feel, how confident they are and in relation to their view of regulation? - Are there differences at the subgroup level in relation to preparedness to practise, complaints and ftP? 					
Action/step	Responsibilities	Start/finish	Resources/data sources	Desired outcome	Notes
Boost subgroup research samples in P&P 2020	Research team to lead	Started – Q2 2020	P&P survey 2020	Explain subgroup findings	na
Conduct P&P-related mixed method follow up research	Research team to lead	Started – Q3 2020	2020 P&P qualitative research Planned FtP research	Explain subgroup findings and help determine responses	Na:
Public and patient panel to discuss findings and responses	Research team to specify to contractors and lead on logistics	Started - Q4 2020	Public and patient panel Coms Council	Coproduce research approach and dialogue about implications and responses	Council and SLT involvement needed
Review of frequency of and sampling for P&P annual survey	Research team to lead	Started, report to SLT in Q1 2020	Analysis of previous surveys, review of priorities 'Purchase' of old data	Fit for purpose annual P&P and/or investment in alternative research	Proposals will be submitted to SLT
FtP data review	Research team to lead	Q1 2020 to Q3 2021	Commissioned research and FtP data and cooperation	Maximise EDI learning from the review and improve EDI data and analysis going forward	na
FTP process and participant research	Research team to lead in dialogue with FtP	Q1 2020, underway Q2 2020	Commissioned research and FtP cooperation	Triangulation of data. Explore EDI correlations in all part of FtP process	na
Analysis of GDC complaints and triage data	Research team to lead	Started – Q4 2020 (will continue)	GDC data and statistical analysis	EDI profile related to initial complaints Triangulate evidence	Challenge of EDI data capture

Improving the completeness, consistency and quality of GDC's EDI data	People Services leading, IT, PMO registration and FtP involved and enabling from research	Started – Q4 2021	Methods and formats for EDI data capture Data cleaning	Ensures we are able to run comparative analysis/multiple participant correlations	A revised EDI strategy should be considered with clearer shared roles and responsibilities
Analysis of others' complaints data	Research team to lead	Started – Q4 2020	Access to others' data, starting with one or two key partners	Able to take a much broader view of EDI correlations/triangulation	na
Accessing other relevant analysis	Research team to lead	Started – Q3 2020 (keep under review)	HEE ADC intelligence forum; analysis looking at subgroup dental needs	Provides opportunity to triangulate and test our findings and avoid unnecessary duplication	na

Extension of the Chair’s Strategy Working Group

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Katie Spears, Interim Head of Governance
Type of business	For decision
For Council only:	Public session
Issue	To seek approval of the continuation of the Chair’s Strategy Working Group (CSG) for a six-month period from 28 February 2020 to 28 August 2020.
Recommendation	The Council is asked to approve the continuation of the Chair’s Strategy Working Group and its terms of reference until 28 August 2020.

1. Introduction

- 1.1 The Chair’s Strategy Working Group (CSG) was established as a working group of the Council in accordance with Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2018.
- 1.2 The terms of reference were last approved by the Council on 25 July 2019 and are appended to this paper (**Appendix 1**). The CSG has no decision-making powers or delegated authority.
- 1.3 The CSG’s key purpose is to assist the Executive to identify strategic initiatives to improve the efficiency and effectiveness of the GDC, through an examination of strategic opportunities. Once these strategic opportunities have been identified and their feasibility and relevance has been subject to initial scrutiny, they will be referred to the Executive team for development and/or to an appropriate Committee for oversight in advance of proposals being placed before Council.
- 1.4 Previous work undertaken by the CSG include proposals relation to the plans to separate investigation and adjudication and the payment of annual retention fees by instalments.
- 1.5 If approved, it is anticipated that the group will consider the following key areas over the next 6 months:
 - Board Development implementation plans
 - The presentational approach of the GDC.
- 1.6 The CSG meets on an ad hoc basis and the continuing need for the CSG is reviewed by the Council on a six-monthly basis.

2. Recommendation

- 2.1 The Council is asked to approve the continuation of the CSG for a further six months, until 28 August 2020, and approve its appended Terms of Reference.

Appendices

- a. CSG – Terms of Reference

Katie Spears, Interim Head of Governance

kspears@gdc-uk.org

Tel: 0207 167 6151

17 December 2019

Terms of Reference

Chair's Strategy Working Group

1. Chair's Strategy Working Group (CSG)
 - 1.1 The CSG is established as a Working Group of the Council under Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2015
2. Membership
 - 2.1 The CSG shall be chaired by the Chair of Council and the membership will include two registrant and two lay members of the Council;
 - 2.2 The Chief Executive will attend meetings of the CSG but will not be a member of the working group;
 - 2.3 Directors and senior staff will be invited to attend meetings as and when required.
3. Changes to the Terms of Reference
 - 3.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council.
4. Co-opted members
 - 4.1 The working group may include co-opted members as required at the invitation of the Chair. Co-opted members will not count towards the quorum.
5. Key purpose
 - 5.1 To identify strategic initiatives to reduce the GDC's cost base.
6. Delegated Powers
 - 6.1 In accordance with the GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015, this working group does not have delegated authority to make decisions.
7. Functions and Duties
 - 7.1 To examine strategic opportunities in, but not limited to, the following areas:
 - 7.1.1 Income generation;
 - 7.1.2 FTP caseload reduction and alternative resolution mechanisms;
 - 7.1.3 Delivery of GDC functions by or through others;
 - 7.1.4 New ways of working, including potential for relocating business outside London.
 - 7.2 To identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for the Council's decision.

8. Reporting

8.1 The working group shall report formally to each meeting of the Council with informal updates to Council members following each meeting;

8.2 The working group will report formally to Council on annual basis if required.

9. Frequency of Meetings

9.1 As required;

9.2 The working group is expected to be time limited. The continuing need for this working group will be reviewed by the Council on a 6 monthly basis

The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015 apply to this working group as if it were a Committee of the Council.

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

Executive Director(s)	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Polly Button, Governance Manager
Type of business	To note
For Council only:	Public session
Issue	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. This report was circulated to the Committee for comment on 18 December 2019.
Recommendation	The Council is asked to note the 2019 annual report on effectiveness from the Audit and Risk Committee (ARC).

1. Introduction and background

- 1.1 It is the role of the Audit and Risk Committee to assist the Council in fulfilling its oversight responsibilities with respect to governance, risk management, internal audit and internal controls, external audit and financial reporting, and mitigating the risk of fraud. The Committee will provide assurance to the Council on the issues within its Terms of Reference.
- 1.2 The current membership of the Audit and Risk Committee (ARC), as approved by the Council at its meeting on 3 October 2019, comprises of Crispin Passmore (Chair and lay Council member), Catherine Brady (registrant Council member), Sheila Kumar (lay Council member), Simon Morrow (registrant Council member) and Rajeev Arya (Independent Committee member). This year, the Committee held five meetings.
- 1.3 The key purpose of the ARC is defined in its Terms of Reference (**Appendix 1**) and is to:
 - a. Monitor the integrity of the financial statements, to review the General Dental Council's (GDC) governance, internal control and risk management systems and review the internal and external audit services.
- 1.4 The ARC also has delegated powers to:

- a. Investigate any activity within its Terms of Reference; normally initiated in consultation with the Chief Executive and Registrar.
- b. Seek any required information from any member, employee or office holder of the GDC.
- c. Obtain external legal or other professional advice and to secure the attendance at Committee meetings of anyone it considers has relevant experience, expertise or knowledge.
- d. Review the statements in the Annual Report and Accounts (ARA) relating to internal control and risk management (the Governance statement).
- e. Appoint and remove internal auditors, approve their fee and terms of engagement and the internal audit strategy and plan.
- f. Approve the fee and terms of engagement of the external audit and the external audit strategy plan.

1.5 The Committee's functions and duties cover:

- a. Scrutiny of financial reporting
- b. Review and oversight of governance systems, risk management and internal controls
- c. Review and oversight of internal and external audit; and
- d. Review and oversight of whistleblowing, fraud and investigations.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2019 were those relating to travel and subsistence of Council members for the meetings held. This includes the cost of the independent member.

3. Scrutiny of Financial Reporting

Annual Report and Accounts 2018-2019

- 3.1 In April 2019, the Committee reviewed the Annual Report and Accounts (ARA) for 2018, the external Audit Report and management letter, and the National Audit Office's (NAO) Audit Report. The audit findings report, the draft audit certificate and the draft letter of representation were recommended to the Council. The Committee recommended the Annual Report and Accounts to the Council for approval.
- 3.2 The external advisors reported to the Committee that that the audit had run smoothly and accurately with no major issues or errors identified in the accounts. Given the level of organisational change, it was noted that the track record of clean audits was something for which the organisation should be proud.
- 3.3 Prior to the ARA being laid in the UK and Scottish Parliaments, the accounts were required to have prior years re-stated following advice from the Comptroller & Auditor General (C&AG) wherein he took an alternative stance to the NAO on the historical approach to elements of the accounts. After this was resolved, some internal inconsistencies were discovered in the final checking stages, and revised processes were put in place for future iterations of the document.
- 3.4 The 2018 ARA was laid in the UK and Scottish Parliaments on 29 October 2019.

- 3.5 In September and November 2019, the Committee were assured that detailed planning was underway for the 2019 ARA. This would incorporate learnings from 2018 and include a review of the content of the report following a Council Workshop.

4. Review and Oversight of Governance Systems, Risk Management and Internal Controls

Chief Executive's Report

- 4.1 In relation to the oversight of the internal controls and governance of the organisation, the Committee received verbal reports from the Chief Executive at each meeting on key areas of the ongoing work programme, including the Estates Strategy, EU Exit, PSA review, Costed Corporate Plan (CCP), legislative change agenda and plans for the development of cultural change across the organisation.
- 4.2 On the topic of EU Exit, the lack of certainty around the UK's position and the Mutual Recognition of Professional Qualifications continued to be a planning challenge for the organisation. Following the election, it was a priority for the GDC, and all regulators, to push forward its legislative change agenda.
- 4.3 The Committee were updated that work was to be commenced in 2020 to bring about cultural change, with the Committee being sighted on proposed changes to governance structures and delegations from the Council.

Significant Litigation

- 4.4 An update on significant litigation for the organisation was presented to the Committee at each meeting. At the request of the Committee, from September 2019 onwards, the update was accompanied by data providing more granular insight into the GDC's overall litigation position.
- 4.5 An annual report on significant litigation will be presented to the Council in closed session of Council in January 2020.

Strategic Risk Register

- 4.6 The Strategic Risk Register (SRR) was presented and discussed at each meeting.
- 4.7 In 2019, there were recurring discussions at the Committee around whether the SRR was to be approved or noted by it. In June 2019, the Committee agreed to note the SRR and it was agreed that the Council would consider its current risk appetite, and that this would accordingly be plotted on a revised risk appetite matrix.
- 4.8 Following a Council workshop in October 2019, the Council approved the updated risk matrix, and agreed its current risk appetite. Following this, in November 2019, the Committee was presented with an updated SRR and received a new 'Board Assurance Framework' tool (BAF) created using new risk management software. The Committee were assured by these developments and recommended for approval the subsequent SRRs that were presented to it, noting the BAF was a significant achievement for the organisation.

Risk Assurance deep dives

- 4.9 The Committee conducted in-dept reviews in relation to the following topics in 2019: Procurement and contract management, Shifting the Balance, Estates (people and business continuity) and Estates (finance). Each in-depth review focused on the current risk landscape and background in relation to strategic, operational, programme and projects risks. In November 2019, the Committee agreed to continue thematic deep dives for 2020,

rather than moving to a directorate-led approach, as it took the view that risk is rarely self-contained and more likely to have a cross-organisational impact.

Fitness to Practise

- 4.10 In February 2019, the Committee were presented with the Case Examiner Feedback. It was confirmed there was no obligation with the PSA to report this quarterly or annually. Therefore, it was agreed to report on an exception basis going forward.

GDC Fees regulations

- 4.11 In June 2019, the Committee received and noted a paper to advise of actions being taken to establish a recognised process for the development and delivery of amendments to fees regulations.

Compliance

- 4.12 In February 2019, the Committee received an update on the work undertaken by the Compliance function in Q4. Further updates were included as part of the In-House Internal Audit team, following the completion of the merger.

Information Governance

- 4.13 The Committee received and noted quarterly reports which provided performance in relation to information requests, a summary of data security incidents reported during the quarter, matters in relation to the Information Commissioner (the ICO), complaints relating to data subject rights and compliance work in relation to records management, retention and disposal.

Other reporting

- 4.14 In April 2019, the Committee noted the 2018 Annual Health and Safety Report and Insurance Summary for 2019.
- 4.15 The Committee noted the following reports in June 2019: the Review of GDC Health, Safety and Wellbeing and GDC visitor access.

5. Review and Oversight of Internal and External Audit

- 5.1 The Committee reviewed and scrutinised the work of the GDC's internal audit function and the ongoing work programme, alongside considering management responses to internal audit recommendations.

In-House Internal Audit Update

- 5.2 In February 2019, the Committee received an update on the proposed merger of the Risk Management, Internal Audit and Compliance functions within the organisation. The proposal was subsequently approved, and an Internal Audit Manager joined the team in November 2019. The Committee heard that work had already commenced with successful reviews and further projects scoped for 2020.

Global Internal Audit Plan 2020

- 5.3 In November 2019, the Committee approved the preliminary paper for the production of the ‘Global Audit Plan’ for Mazars, the In-House Internal Audit team and the FtP Decisions Audit function, carried out by BWB.
- 5.4 The Committee reviewed individual internal audit reports from Mazars LLP, the GDC’s internal auditors, and noted the assurance levels in each area of the organisation:

Area	Assurance Level
Equality, Diversity and Inclusion	Adequate assurance
Customer Services	Adequate assurance
Associates Management Report	Adequate assurance
GDPR	Substantive assurance
Contract Management (advisory review)	This was described as a good example of risk management.
Corporate Strategy - Design of Methodology for assigning costs to Strategic Aims	Satisfactory assurance

- 5.5 The Committee received Mazars’ Annual Internal Audit Report and Operational Plan 2019 at its February 2019 meeting. The Committee received regular internal audit progress reports from Mazars, and it was confirmed that all areas were on track with no concerns.
- 5.6 The Committee received a specialist audit on FtP Decisions from BWB¹ in June 2019. It heard that no decisions had been assessed as ‘Red’ and the Committee noted that the overall performance was an improvement from the previous audit.
- 5.7 The Committee received regular updates to the Internal Audit Recommendation Tracker. The Committee were pleased with the high rate of implementation of recommendations and were given assurance that the implementation dates were realistic and agreed in collaboration with business areas.

External Audit

- 5.8 In November 2019, the Committee received and approved the Draft Audit Planning Report from haysmacintyre and the Audit planning report on the 2019 financial statement audit from the NAO.
- 5.9 It was noted that the haysmac interim visit went well, and the systems and procedures that the GDC had adopted in the past, had continued with no material changes for 2019. Haysmac confirmed that they expected a smooth process and were optimistic that they could deliver to the proposed timetable.

6. Review and oversight of whistleblowing, fraud and investigations

Whistleblowing

- 6.1 In June 2019, the Committee received an annual report on the operation of the policies in place for staff, Council members and Associates (internal whistleblowing). In September 2019, the Committee received the Joint Regulators Whistleblowing Report. This included information on ‘Prescribed Persons’ whistleblowing and was published on the GDC website.

¹ Formerly undertaken by Penningtons

- 6.2 In line with the GDC Whistleblowing Policy, the Committee received updates to two internal cases received during 2019.

Anti-fraud and anti-bribery policy

- 6.3 In November 2019, the Committee received the Anti-fraud, Bribery and Corruption Policy 2020 for GDC employees. The policy had been reformatted, and definitions around corruption, theft and financial malpractice had been included. The Committee heard that there were no changes to the underlying processes and, subject to minor amendments, approved the policy for recommendation to Council.

7. Governance and next steps

Board Effectiveness Review

- 7.1 An observer from Deloitte attended the June 2019 meeting, as part of the wider Board Effectiveness review. The results of the review were delivered as part of a Council workshop in October 2019. Further outcomes and recommendations would be discussed in Committee and Council in early 2020.
- 7.2 In November 2019, the Committee were updated that Finance and Performance Committee had decided to defer looking at the Terms of Reference until after the Deloitte review and a Council workshop in early 2020. The Committee agreed with this approach and deferred the review of its Terms of Reference until after the Council workshop.
- 7.3 In November 2019, the Committee received the currently formatted work programme for 2020 and were updated that work was underway to unify all work plans across the Committees and the Council. This would be shared with the Committee in 2020.
- 7.4 The Council will review the Scheme of Delegation to its Committees and the Chief Executive and Registrar in 2020.

Terms of Reference

- 7.5 The Committee decided to defer the review of the Terms of Reference until the Council had completed its first Board Development session as this would inform the wider review into the delegations its scheme of delegations.

Work Programme 2019

- 7.6 The Committee reviewed the workplan at each meeting and noted the draft 2020 workplan at the meeting in November 2019.
- 7.7 The Council is asked to note the 2019 annual report on effectiveness from the ARC.

8. Appendices

- a. **Appendix 1** – ARC Terms of Reference
- b. **Appendix 2** – ARC Work Programme for 2020

Polly Button, Governance Manager
pbutton@gdc-uk.org
Tel: 0207 167 6331

Terms of Reference: **Audit and Risk Committee**

Key purpose

- A1. To monitor the integrity of the financial statements, to review the General Dental Council's (GDC) governance, internal control and risk management systems and the comprehensiveness, reliability and integrity of the assurances provided and review the internal and external audit services.

Delegated Powers

- A2. Investigate any activity within its terms of reference. Any investigation will normally be initiated in consultation with the Chief Executive and Registrar.
- A3. Seek any information it may require from any member, employee or office-holder. All members, employees or office-holders are directed to co-operate with the Committee.
- A4. Obtain external legal or other professional advice and to secure the attendance at committee meetings of anyone it considers has relevant experience, expertise or knowledge.
- A5. Review the statements in the annual report and accounts relating to internal control and risk management (the Governance Statement).
- A6. Appoint and remove the internal auditors and approve their fee and terms of engagement and the internal audit strategy and plan.
- A7. Approve the fee and terms of engagement of the external auditor and the external audit strategy and plan.

Functions and Duties

Financial reporting

- A8. Review the Annual Report and Financial Statements before submission to the Council for approval, focusing particularly on the wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee including:
- i. changes in, and compliance with, accounting policies and practices;
 - ii. unadjusted mis-statements in the financial statements;
 - iii. major judgemental areas;
 - iv. significant adjustments resulting from the audit;
 - v. external audit's management letter; and
 - vi. management's letter of representation to the external auditors.
- A9. Ensure that the systems for financial reporting to the Council, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Council.

Governance, Risk Management and Internal Control

- A10. Review the delegated authorities and governance structure annually, report to the Council on whether they are adequate and make any recommendations to the Council.
- A11. Monitor the integrity of the system of internal controls. In particular, to review management's and the internal auditors' reports on the effectiveness of the system of internal control, including Health and Safety and compliance with the Dentists Act.
- A12. Assess the scope and effectiveness of the systems established by management to identify, assess, manage and monitor significant risks.
- A13. Review the comprehensiveness, reliability and integrity of the assurances provided in relation to governance, internal control and risk management.
- A14. At the request of the Council, advise it on matters of corporate governance (but without prejudice to the Committee's power to make recommendations to the Council on corporate governance issues arising from the work of the auditors).
- A15. Provide assurance to the Council on the adequacy and effectiveness of the risk management processes. This involves reviewing the Strategic Risk Register, obtaining assurance on risk management arrangements from internal auditors, and reviewing the status and trends of all risk in the strategic risk register.

Internal Audit

- A16. Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation [see above delegated authority A6].
- A17. Consider and monitor management's responses to any major internal audit recommendations.
- A18. Meet with the internal auditors at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out.¹ The internal auditors should be given the right of direct access to the Chair of the Council and the Committee.
- A19. Monitor and review the effectiveness and quality of the internal audit function to ensure it provides appropriate independent assurance to the Council and value for money.

External Audit

- A20. Consider and make recommendations to the Council on the appointment, reappointment and removal of the external auditors [see above delegated authority A7].
- A21. Review the findings of the audit with the external auditor considering any material issues which arose during the audit, any accounting and audit judgements and levels of errors identified during the audit.
- A22. Meet with the external auditors at least once year, without the management being present, to discuss their remit and any issues arising from the audit.²
- A23. Monitor and review the effectiveness and quality of the audit, assessing annually their independence and the relationship with the auditor as a whole, including the provision of any non-audit services, and value for money.

¹ The Chair shall decide whether the Secretariat members should withdraw also; if so, the Chair should ensure that an adequate note of proceedings is kept to support the Committee's conclusion, rationale and actions. In order for completeness of records the note should be deposited with the Secretariat.

² Same process to be followed as in the footnote above.

Whistle-blowing, fraud and investigations:

- A24. Review the GDC's arrangements for employees, Council Members and associates to raise concerns about possible wrongdoing in financial reporting or other matters and ensure that they allow proportionate and independent investigation.
- A25. Review the GDC's arrangements for external parties to raise concerns about another individual or organisation with the GDC in its role as a Prescribed Person and ensure that they are appropriately dealt with.
- A.26 Review the anti-fraud and bribery policies and arrangements for special investigations

Review of effectiveness

- A27. Periodically review its own effectiveness and report the results of that review to the Council.

ARC	1	2	3	4	5	
Meeting Date	Thursday 13 February 2020	Wednesday 29 April	Thursday 25 June	Tuesday 29 September	Wednesday 25 November	
Location	London	London	London	London	London	
	SLT - 10 Dec, 4 Feb Council - 18-19 Mar	SLT - 3 Mar, 1 April Council - 2-3 June	SLT - 12 May, 15 June, Council - 29-30 July	SLT - 6 July, 11 Aug, 1 Sept Council - 21-22 Oct	SLT - 7 Oct, 9 Nov Council - 16-17 Dec	
	Reporting period: Q4 (Oct, Nov, Dec)	Reporting period: Q1 (Jan, Feb, Mar)	Reporting period: No performance reports	Reporting period: Q2 (April, May, June)	Reporting period: Q3 (July, August, September)	
	FIRST MEETING WITH BOARD PORTAL					
Governance Pathway						
MAIN PIECE OF BUSINESS	Q4 Reporting for 2019	ARA 2019 approval		Q2 - Reporting for 2020	Q3 - Reporting for 2020	Terms of Reference
Annual Report and Accounts	ARA 2019: 1. Content discussion 2. Draft Governance Statement 3. Financial assumptions and issues review <i>To discuss and recommend to Council.</i>	Final ARA 2019: 1. Haysmacintyre and NAO Draft letters of representation and audit reports. <i>To discuss and recommend to Council.</i>		ARA 2020: Draft timeable <i>To discuss and recommend to Council.</i>	ARA 2020 - verbal update. <i>To note.</i>	Scrutiny of Financial Reporting
Strategic Risk	Strategic Risk update and Board Assurance Framework (BAF). (to include re-shaping the FtP timeliness risk) <i>To discuss and recommend to Council.</i>	Strategic Risk update and Board Assurance Framework (BAF). <i>To discuss and recommend to Council.</i>	Strategic Risk update and Board Assurance Framework (BAF). <i>To discuss and recommend to Council.</i>	Strategic Risk update and Board Assurance Framework (BAF). <i>To discuss and recommend to Council.</i>	Strategic Risk update and Board Assurance Framework (BAF). <i>To discuss and recommend to Council.</i>	Review and Oversight of Governance Systems, Risk Management and Internal Controls
	Risk Assurance Deep Dives (various topics) Quality and Timeliness FtP (45 mins)	Risk Assurance Deep Dive- TBC various (45 mins)	Risk Assurance Deep Dive- TBC various (45 mins)	Risk Assurance Deep Dive- TBC various (45 mins)	Risk Assurance Deep Dive- TBC various (45 mins)	Review and Oversight of Governance Systems, Risk Management and Internal Controls
Significant Litigation	Significant Litigation. <i>To note.</i>	Significant Litigation. <i>To note.</i>	Significant Litigation. <i>To note.</i>	Significant Litigation. <i>To note.</i>	Significant Litigation. <i>To note.</i>	Review and Oversight of Governance Systems, Risk Management and Internal Controls
Information Governance	Information Governance - Quarterly Report <i>For noting.</i>	Information Governance - Quarterly Report <i>For noting.</i>		Information Governance - Quarterly Report <i>For noting.</i>	Information Governance - Quarterly Report <i>For noting.</i>	Review and Oversight of Governance Systems, Risk Management and Internal Controls
Case Examiner Feedback	Case examiner quarterly feedback and PSA report update. <i>For noting, by exception only.</i>	Case examiner quarterly feedback and PSA report update. <i>For noting, by exception only.</i>		Case examiner quarterly feedback and PSA report update. <i>For noting, by exception only.</i>	Case examiner quarterly feedback and PSA report update. <i>For noting, by exception only.</i>	Review and Oversight of Governance Systems, Risk Management and Internal Controls
Health and Safety and Business Continuity	Business Continuity and Disaster Recovery. <i>For noting, by exception only.</i>	Health and Safety Annual Report. <i>For noting.</i>	Business Continuity and Disaster Recovery. <i>For noting, by exception only.</i>	Business Continuity and Disaster Recovery. <i>For noting, by exception only.</i>	Business Continuity and Disaster Recovery. <i>For noting, by exception only.</i>	Review and Oversight of Governance Systems, Risk Management and Internal Controls
Insurance		GDC insurance review. <i>For noting.</i>				Review and Oversight of Governance Systems, Risk Management and Internal Controls
Internal Audit	Mazars internal audit annual report. (In-house and Mazars). <i>For noting.</i>	Specialist Audit: FtP Decisions. <i>To discuss.</i>		Mazars internal audit progress report. (In-house and Mazars). <i>For noting.</i>	Mazars internal audit progress report and Annual Internal Audit Report. (In-House and Mazars). <i>For noting.</i>	Review and Oversight of Internal and External Audit
	Mazars 2020 Internal Audit plan. <i>For noting.</i>				Internal Audit Strategy and Global Audit Plan for 2021. (In-House and Mazars). <i>For approval.</i>	Review and Oversight of Internal and External Audit
	Internal Audit Recommendation Tracker and In-House internal update (quarterly). <i>For noting.</i>	Internal Audit Recommendation Tracker and In-House internal update (quarterly). <i>For noting.</i>		Internal Audit Recommendation Tracker and In-House internal update (quarterly). <i>For noting.</i>	Internal Audit Recommendation Tracker and In-House internal update (quarterly). <i>For noting.</i>	Review and Oversight of Internal and External Audit
External Audit			External Audit: 1. Effectiveness Evaluation 2. Re-appointment 3. External Audit Annual Fee. <i>To approve. Delegated.</i>		External Audit Planning Report: year end 2020 (haysmac and NAO) <i>To approve.</i>	Review and Oversight of Internal and External Audit
Audit reporting	Audit Reports on: 1. KPIs 2. Project and Programmes Financial Forecasting and Budgetary Controls	Individual internal audit reports. (Mazars). <i>For noting.</i>		Individual internal audit reports. (Mazars). <i>For noting.</i>		Review and Oversight of Internal and External Audit
Whistleblowing	Whistleblowing update. <i>For noting, as required.</i>	Whistleblowing update. <i>For noting, as required.</i>	Whistleblowing update. <i>For noting, as required.</i>	Whistleblowing update. <i>For noting, as required.</i>	Whistleblowing update. <i>For noting, as required.</i>	Review and oversight of whistleblowing, fraud and investigations
	Whistleblowing Policy Review. <i>To discuss and recommend to Council.</i>			Whistleblowing Policy Review. <i>To discuss and recommend to Council.</i>		Review and oversight of whistleblowing, fraud and investigations
			Whistleblowing Annual Report (internal). <i>For noting.</i>	Joint Whistleblowing Report. <i>For noting.</i>		Review and oversight of whistleblowing, fraud and investigations
Anti-fraud, anti-bribery and corruption					Anti Fraud and Anti Bribery policy review. <i>To discuss and recommend to Council.</i>	Review and oversight of whistleblowing, fraud and investigations
Governance		Scheme of Delegations. <i>To discuss and recommend to Council.</i>				Review and Oversight of Governance Systems, Risk Management and Internal Controls
		Terms of Reference Review - following Council. <i>To discuss and recommend to Council.</i>		Committee Effectiveness, <i>To discuss.</i>	Annual report to Council and review TORs. <i>To discuss and recommend to Council.</i>	Review and Oversight of Governance Systems, Risk Management and Internal Controls
	Work programme 2020. <i>For noting.</i>	Work programme 2020. <i>For noting.</i>	Work programme 2020. <i>For noting.</i>	Work programme 2020. <i>For noting.</i>	Work programme 2020. <i>For noting.</i>	Review and Oversight of Governance Systems, Risk Management and Internal Controls

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

Executive Director(s)	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Polly Button, Governance Manager
Type of business	To note
For Council only:	Public session
Issue	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. This report was circulated to the Committee for comment on 18 December 2019.
Recommendation	The Council is asked to note the 2019 annual report on effectiveness from the Finance and Performance Committee (FPC).

1. Introduction and background

- 1.1 The current membership of the Finance and Performance Committee (FPC), as approved by the Council at its meeting on 3 October 2019, comprises Terry Babbs (current Chair and lay Council member), Margaret Kellett (registrant Council member), Kirstie Moons (registrant Council member) and Anne Heal (lay Council member). This year, the Committee held five meetings and two teleconferences.
- 1.2 The key purposes of the FPC are defined in its Terms of Reference (**Appendix 1**) are to:
- a. Challenge and monitor the Executive on financial and other performance, to work with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions, and to provide guidance to the Executive on major operational matters, such as property strategy, investment and technology development.
 - b. Work with the Executive in developing the GDC's financial strategy, including assisting the Executive in developing the Business Plan (which includes the annual budget) and the rolling three-year Business Plan, and to assist the Council in reaching its decision on the Business Plan and the Corporate Plan.
- 1.3 The FPC also has delegated powers to:

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

2. Expenditure

- 2.1 The only costs associated with the Committee in 2019 were those relating to travel and subsistence of Council members for the meetings held.

3. Financial Performance

- 3.1 Quarterly reports were presented to the Committee on the GDC's financial performance. These included detailed reporting on income, expenditure and headcount and were scrutinised by the Committee. In particular, the Committee monitored trends and issues, considered the reasons for any variance from budget and the implications for quality, reserves, expenditure, headcount and productivity. Financial performance was monitored with due regard to risks and opportunities.
- 3.2 In January 2019, the Finance team completed the annual risk and opportunities review of the 2019 budget. The result of the exercise was that the budget remained balanced.
- 3.3 In February 2019, the Committee recommended to the Audit and Risk Committee that the December 2018 management accounts were a suitable basis from which to prepare the **2018 Annual Report and Accounts** and the proposed efficiency savings disclosures were appropriate.
- 3.4 In May 2019, the Committee discussed **recruitment budgets**, and heard that performance against budget was good, largely due to a large amount of recruitment now taking place in-house. The team were considering an employee referral scheme and the increased use of LinkedIn for recruitment purposes.
- 3.5 In September 2019, the Committee noted that the organisation was accruing additional income over and above the forecast. The Committee noted that they would keep a watching brief over this and noted the difficulty around precise forecasting in a time of significant organisational change.
- 3.6 In November 2019, the Committee discussed the issues around operating at an increased surplus. The Committee noted that, to facilitate the success of the Costed Corporate Plan, it was important to spend what was set out in the budget and find productive uses for surplus money. The Committee did not register any cause for concern but requested that the team be aware of any issues on financial planning going forward.

4. Wider Organisational Performance

Balanced Scorecard and Bridging Report

- 4.1 The Committee received quarterly reports on performance across the directorates via the balanced scorecard. Several pieces of development work had been undertaken throughout the year and were reported on at each Council meeting as a separate item on the agenda. The Committee also requested to receive individual **close out reports** on organisation-wide programmes of work.
- 4.2 The Committee also received quarterly updates by way of a **resourcing bridging paper**. The report provided a complete overview of performance for each budget area including risks, financial and performance against Key Performance Indicators (KPIs). The Committee

also received updates on the progress against the **2018 Business Plan** at each meeting. The report included a quarterly operational plan status report, a benefits realisation status report, a finance performance report and the strategic risk register.

- 4.3 For the final meeting of the year, the format of the agenda was amended to include the bridging paper as a substantive item, with the Balanced Scorecard for noting.

Project, Programme and Portfolio Management

- 4.4 In July 2019, the Committee received a new annual item, the Shared Learning Report, which was designed to collate feedback on the work of the **Programme and Portfolio Management team ('PPM')** and how it manages projects and supports project work.

Fitness to Practise (FTP) Performance Reporting and End to End review

- 4.5 The Executive Director, FTP Transition provided an update at each meeting of the Committee on the **Casework Performance Improvement Plan**.
- 4.6 In May 2019, following a concern raised by ARC on timeliness, the Committee requested additional updates on the End to End Review through an in-depth review in July 2019. In September 2019, it was explained that the team had completed the initial close out report on Phase 1 of the programme and were preparing a first analysis of how the work would be embedded.
- 4.7 In November 2019, the Committee received an overview analysis of the current performance levels within FTP in respect of timeliness and the actions that were required and planned. Following discussion, the Committee took the view that neither the close out report, benefits realisation or action plan had met the desired requirements. A revised benefits realisation review and revised action plan would be brought back to the Committee in early 2020.
- 4.8 In July, September and November 2019 the Committee discussed Undertakings. The Committee noted that the volume of individual undertakings that were requested, when this disposal was used, tended to be large and sought assurance that the process was being followed in as simple, efficient and effective manner as possible. The Committee noted that clear guidance would be useful to assist Case Examiners and the importance of the **Developing the Concept of Seriousness** work in this area. At the November 2019 meeting, the Committee examined several routes forward to work collaboratively on exploring how the organisation can develop and improve the uptake of undertakings.

In-Depth Reviews

- 4.9 The Committee undertook in-depth reviews into contract and procurement management, End to End Review, Budget and Fees. The Committee raised areas of positive performance, but focused specifically on underperformance, risks and opportunities. In-depth reviews were attended by Heads of Service and Senior Management from the respective directorates. At the last meeting of the year, it was agreed to move away from thematic based reviews to **Directorate-led**. It was agreed the first in-depth review for 2020 would be Strategy and this would also include **Quality Assurance of Education**.

5. Operational Guidance

Pensions

- 5.1 In September 2019, the Committee received an update following the receipt of the draft **annual funding update**, prepared by the Pension Scheme's actuary. The Committee were updated that the team were proposing to engage with Lane, Clarke and Peacock (LCP) (the employer's Actuary and Informed Trustee). The Committee endorsed the recommendation made by the Executive to commission additional work from the employer's Actuary to analyse potential funding requirements. This information was also shared with the Remuneration Committee (Remco). The Committee were updated that the Informed Trustee (LCP) would take into account any changes in membership, which was especially important after the implementation of the Estates programme. The Trustee would also review the risk management strategy with the Pensions regulator. This would ensure the organisation was funding the relevant plans appropriately.
- 5.2 The Committee noted their obligations to the Remco in providing financial advice. No advice had yet been received as the valuation of the scheme and the trustees annual report was in progress. However, the Committee noted the process was going through the appropriate timescales and the Remco would review the reports at their meeting in January 2020.

Estates Strategy and Management

- 5.3 The Committee received updates at each meeting around the movement of staff around and out of the organisation and around the estate management within the Estates Programme.
- 5.4 In May 2019, the Committee received the outline timetable for the **refit works of Wimpole Street** which would commence in October 2019. The Committee were assured the refit works did not include substantive work or changes to foundations. It was noted that teams would be relocated to different parts of the building that were not undergoing works. Substantive GDC meetings were held in Birmingham over the refit period.
- 5.5 In November 2019, the Committee were informed that the planned refit was on target for completion on 29 November 2019. All surplus furniture, including doors and partitions had been reused across the building.
- 5.6 Following completion of the Estates programme, the Committee requested that, in the messaging to registrants, the savings incurred through the recycling of furniture be highlighted and the messaging made clear around the comparative costs for the current and previous works at Wimpole Street

6. Business Planning and Budgeting

- 6.1 A substantive part of the workplan of the Committee this year was the scrutiny and oversight of **the Costed Corporate Plan (CCP) and Budget for 2020-2022**. The Committee regularly received updates on its progress and rigorously questioned its planning assumptions and projected outcomes.
- 6.2 In April 2019, a teleconference was held to seek assurance of the figures used in the draft Corporate Strategy consultation document and of the underlying assumptions and methodologies. The Committee considered the brief for the external validation exercise and made recommendations to the GDC Chair to inform finalisation of the consultation document. After discussion and points of challenge, the Committee were assured there

were no major problems with the underlying methodologies for apportioning and assigning the costs.

- 6.3 In May 2019, the Committee discussed the Strategic Planning Framework (SPF), including the overall cascading process of the strategic and corporate planning layers including the planning and budget assumptions. The Committee received a presentation and led a discussion that formed part of the assurance around the collaborative team planning, assumptions and delivery of the Corporate Strategy, the CCP, workforce planning and budget.
- 6.4 In July 2019, the Committee received the outline first draft of the CCP and Budget. The Committee heard a CCP presentation, heard about the rigorous scrutiny of the work within the SLT and discussed the planning work in detail. Following discussion, the Committee requested an amended version of the plan be brought before it in August and, subsequently, in September.
- 6.5 In August 2019, a teleconference was held as a further opportunity for the Committee to discuss the budget principles, challenge assumptions and seek clarifications.
- 6.6 In September 2019, the Committee received a presentation and the final draft budget, confirming that all actions were complete from the August teleconference. The Committee were informed that the version to be submitted to Council for approval in October would also include a communications plan around the CCP, Budget, Annual Retention Fee levels and Registration fees. The Committee noted the process had gone smoothly and **recommended approval of the draft 2020 budget to the Council.**

7. GDC's Banking Procedures and Other Arrangements

Fees, Policies and initiatives

- 7.1 In February 2019, given the implementation of the new fees policy in 2019 and the introduction of a new fees structure which would impact the levels of reserves, it was agreed by the Council to develop a **new reserves policy** alongside these changes and the new strategic planning framework within 2019. In November 2019, the Committee endorsed and recommended the approval of the 2020 Reserves policy to the Council.
- 7.2 In July 2019, the Committee received an update on the progress on the **delivery of the revised fees implementation policy**. It was noted that the planned implementation date was 1 January 2020. The Committee were informed that this work was being overseen by a Fees Implementation Programme Board. This Board had discussed the importance of timely delivery, risk management and a robust communications and engagement plan. Following scrutiny by the Committee, the fees policy implementation approach and regulations were approved by the Council in October 2019.
- 7.3 In May 2019, the Committee endorsed a business case for the provision of funding for the Digital Audio Recording Technology and Storage for Hearings (**DARTS**) and recommended this to the Council.
- 7.4 In July and September 2019, the Committee discussed **fees by instalments**. The Committee requested a benchmarking process be initiated and further refinement prior to presentation at the December meeting of the Council.
- 7.5 In February 2019, the Committee noted a report which provided an update on GDC **procurement and contract management** and, in July 2019, the Committee received the results of internal audit reviews. The Committee requested for next year that it be provided with a short update at each FPC meeting on GDC contracts management and an annual report to provide assurance on the performance of this function.

- 7.6 In November 2019, the Committee reviewed and recommended to Council the updated **financial policies and procedures**, which included changes to staff expenses policy and anti-fraud, bribery and corruption policy. The Committee also discussed the current **banking arrangements**.
- 7.7 In November, the Committee reviewed the **investment principles and strategy**. Based on the advice received, it was recommended that there were no changes to the investment strategy or principles ahead of the paper being presented to Council. On the **principles of ethical investment**, the Committee recommended to Council that the current investment principles and strategy be maintained for 2020.

8. Next steps

Board Effectiveness

- 8.1 In July 2019, Deloitte observed the FPC meeting part of the wider external **Board effectiveness review**. The results of the review were delivered as part of a Council workshop in October 2019.
- 8.2 At the November meeting of the Committee, the Chair provided verbal update on the outcomes of the Deloitte review on Board Effectiveness and noted that the Council were in favour of implementing the recommendations contained therein, including seeking an integrated performance report.
- 8.3 The Committee discussed the introduction of the new **Board Portal software** that was due to be rolled out across Council and Committees in 2020. This software was hoped to help improve overall board effectiveness and was expected to include the functionality of a 'reading room' bank of documents. The Committee indicated a strong interest for this to be trialled at their next meeting if it were available.

Terms of Reference

- 8.4 The Committee decided to defer the review of the Terms of Reference until the Council had completed its first Board Development session as this would inform the wider review into the delegations its scheme of delegations.

Work Programme 2019

- 8.5 The Committee reviewed the workplan at each meeting and noted the draft 2020 workplan at the meeting in November 2019.

Appendices

- a. **Appendix 1** – FPC Terms of Reference
- b. **Appendix 2** – FPC Work Programme for 2020

Polly Button, Governance Manager

PButton@gdc-uk.org

Tel: 020 7167 6331

27 December 2019

Terms of Reference: **Audit and Risk Committee**

Key purpose

- A1. To monitor the integrity of the financial statements, to review the General Dental Council's (GDC) governance, internal control and risk management systems and the comprehensiveness, reliability and integrity of the assurances provided and review the internal and external audit services.

Delegated Powers

- A2. Investigate any activity within its terms of reference. Any investigation will normally be initiated in consultation with the Chief Executive and Registrar.
- A3. Seek any information it may require from any member, employee or office-holder. All members, employees or office-holders are directed to co-operate with the Committee.
- A4. Obtain external legal or other professional advice and to secure the attendance at committee meetings of anyone it considers has relevant experience, expertise or knowledge.
- A5. Review the statements in the annual report and accounts relating to internal control and risk management (the Governance Statement).
- A6. Appoint and remove the internal auditors and approve their fee and terms of engagement and the internal audit strategy and plan.
- A7. Approve the fee and terms of engagement of the external auditor and the external audit strategy and plan.

Functions and Duties

Financial reporting

- A8. Review the Annual Report and Financial Statements before submission to the Council for approval, focusing particularly on the wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee including:
- i. changes in, and compliance with, accounting policies and practices;
 - ii. unadjusted mis-statements in the financial statements;
 - iii. major judgemental areas;
 - iv. significant adjustments resulting from the audit;
 - v. external audit's management letter; and
 - vi. management's letter of representation to the external auditors.
- A9. Ensure that the systems for financial reporting to the Council, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Council.

Governance, Risk Management and Internal Control

- A10. Review the delegated authorities and governance structure annually, report to the Council on whether they are adequate and make any recommendations to the Council.
- A11. Monitor the integrity of the system of internal controls. In particular, to review management's and the internal auditors' reports on the effectiveness of the system of internal control, including Health and Safety and compliance with the Dentists Act.
- A12. Assess the scope and effectiveness of the systems established by management to identify, assess, manage and monitor significant risks.
- A13. Review the comprehensiveness, reliability and integrity of the assurances provided in relation to governance, internal control and risk management.
- A14. At the request of the Council, advise it on matters of corporate governance (but without prejudice to the Committee's power to make recommendations to the Council on corporate governance issues arising from the work of the auditors).
- A15. Provide assurance to the Council on the adequacy and effectiveness of the risk management processes. This involves reviewing the Strategic Risk Register, obtaining assurance on risk management arrangements from internal auditors, and reviewing the status and trends of all risk in the strategic risk register.

Internal Audit

- A16. Review the internal audit programme and ensure that the function is adequately resourced and has appropriate standing within the organisation [see above delegated authority A6].
- A17. Consider and monitor management's responses to any major internal audit recommendations.
- A18. Meet with the internal auditors at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out.¹ The internal auditors should be given the right of direct access to the Chair of the Council and the Committee.
- A19. Monitor and review the effectiveness and quality of the internal audit function to ensure it provides appropriate independent assurance to the Council and value for money.

External Audit

- A20. Consider and make recommendations to the Council on the appointment, reappointment and removal of the external auditors [see above delegated authority A7].
- A21. Review the findings of the audit with the external auditor considering any material issues which arose during the audit, any accounting and audit judgements and levels of errors identified during the audit.
- A22. Meet with the external auditors at least once year, without the management being present, to discuss their remit and any issues arising from the audit.²
- A23. Monitor and review the effectiveness and quality of the audit, assessing annually their independence and the relationship with the auditor as a whole, including the provision of any non-audit services, and value for money.

¹ The Chair shall decide whether the Secretariat members should withdraw also; if so, the Chair should ensure that an adequate note of proceedings is kept to support the Committee's conclusion, rationale and actions. In order for completeness of records the note should be deposited with the Secretariat.

² Same process to be followed as in the footnote above.

Whistle-blowing, fraud and investigations:

- A24. Review the GDC's arrangements for employees, Council Members and associates to raise concerns about possible wrongdoing in financial reporting or other matters and ensure that they allow proportionate and independent investigation.
- A25. Review the GDC's arrangements for external parties to raise concerns about another individual or organisation with the GDC in its role as a Prescribed Person and ensure that they are appropriately dealt with.
- A.26 Review the anti-fraud and bribery policies and arrangements for special investigations

Review of effectiveness

- A27. Periodically review its own effectiveness and report the results of that review to the Council.

Annual Report on Committee Effectiveness – Remuneration Committee

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lee Bird, Governance Manager
Type of business	To note
For Council only:	Public session
Issue	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. This report was circulated to the Committee for comment on 3 January 2020.
Recommendation	The Council is asked to note the 2019 annual report on effectiveness from the Remuneration Committee (Remco).

1. Introduction and Background

- 1.1 The role of the Remuneration Committee (Remco) is to establish a transparent procedure for the remuneration of the Chief Executive, the Executive Management Team, Council Members (including the Chair) and other associate post holders. The Remco also assists the Council in fulfilling its oversight responsibilities in relation to ensuring that there are appropriate incentives to encourage enhanced performance and that rewards are made in a fair and responsible manner and are linked to the individual's contributions to the success of the General Dental Council (GDC) and the successful performance of the GDC in general. Within its Terms of Reference, the Committee also assists the Council in relation to its oversight of the appointment and remuneration of the Executive Team, Council Members and independent Associates, in relation to HR policy and pension fund arrangements.
- 1.2 The current membership of the Remco is Geraldine Campbell (Chair and lay Council Member), Anne Heal (lay Council Member), Caroline Logan (registrant Council Member), Jeyanthi John (registrant Council Member, appointed on 3 October 2019). Until the summer of 2019, Philippa Hird was the independent Committee member and Ann Brown was appointed to that post on 3 October 2019.
- 1.3 In 2019, the Committee held four meetings on 24 January (additional meeting), 21 March, 24 June and 26 September. The Committee was due to hold a meeting on 9 December which was postponed until 30 January 2020.

1.4 The key purpose and delegated powers of the Remco can be found in its Terms of Reference (**Appendix 1**).

2. Expenditure

2.1 The only costs associated with the Committee in 2019 were those relating to travel and subsistence of Council members for the meetings held. This includes the cost of the independent member of Remco.

3. Chief Executive and Executive Management Team (EMT)

3.1 In June 2019, in private session, the Committee discussed the remuneration arrangements for the Chief Executive and EMT.

3.2 In September 2019, the Committee discussed the approach to the appraisal of the Chief Executive and recommended the process to Council, where some revisions were made.

4. Oversight of Organisational Development and HR Policy

4.1 The Committee scrutinised the ongoing People Strategy throughout 2019. It received regular updates in relation to it and discussed Reward, Recognition, workforce planning and the “Grow Your Own” initiative. The Committee also discussed the reporting mechanisms around this workstream.

4.2 The Committee received the findings from the Equality, Diversity and Inclusion (EDI) Audit and, in June 2019, agreed the EDI Strategy in principle, with the caveat that it should be fully aligned to the imminent Corporate Strategy. A workshop was held in September to identify what should be reported annually with regards to the EDI Strategy.

4.3 In September 2019, the Committee received the results of the staff survey. The Committee noted that whilst there were some positive areas, the tone of feedback was disappointing in several areas. The Committee approved the suggested actions and requested regular updates from the Chief Executive over the next few meetings.

4.4 The Committee monitored the Associates Remuneration project throughout the 2019. In January 2019, the Committee were updated on the evolving definition of the categories of ‘Associates’ of the GDC and, in March 2019, noted the progress made on this project and await an update on the Associates remuneration policy which will be included as part of the 2020 Committee work plan.

5. Pensions

5.1 The Committee received regular updates on the consultation that had taken place at the beginning of the year regarding the closure of the Defined Contribution Pension (DCP) section and the transfer of funds to the GDC Master Trust operated by The Peoples’ Pension.

5.2 In June 2019, the Committee noted that whilst the Human Resources (now People Services) Team had communicated the proposals well, staff had not particularly engaged with this workstream, and suggested that, in future, the People Services team focus on promoting financial wellbeing within the organisation.

5.3 In September 2019, the Committee noted the accreditation of, and the subsequent transfer of funds to, The Peoples’ Pension Scheme.

5.4 The Pension Annual Funding update will continue to be included as part of the 2020 Committee work plan.

6. Council Member Recruitment

- 6.1 Throughout 2019, the Committee received regular updates on the proposals for recruitment and re-appointment of Council Members.
- 6.2 The Committee noted that the GDC would need to engage in two separate processes; one for new appointments to Council; and one for re-appointments to Council. The Council noted the guidance from the Professional Standards Authority on both processes.
- 6.3 In September 2019, the Committee noted that there were three Council members that wished to seek re-appointment, and three Council members who were due to demit office, which would necessitate recruitment activity in Northern Ireland and Wales in 2020.
- 6.4 In September 2019, the Committee noted the proposed appointment of Ann Brown as the independent Committee member and Ann joined the Remco as an observer at the September meeting as part of her induction.
- 6.5 Due to the postponement of the December meeting, the Committee reviewed and gave feedback through correspondence on the draft recruitment documentation which was submitted to the PSA for their scrutiny prior to the process commencing.

7. The Council, Chair of the Council and other non-executives

- 7.1 The Committee discussed the approach to Council member appraisals and, in March 2019, agreed a revised approach to the peer review process. The Committee noted that a skills matrix of Committee members would be helpful, and that this would feed into the wider Council effectiveness review. In September 2019, the Committee discussed several recommendations and approaches to future Chair and Council Member appraisals. This process was recommended to the Council for approval.
- 7.2 The Committee discussed the remuneration level of the Council members and the benchmarking against similar organisations. The Committee noted that the actual time commitment of the role had increased from the 24 days listed in the paper. It was agreed that Council member commitments would be in scope of the Board Effectiveness Review.
- 7.3 In March 2019, the Committee discussed the scope of a formal external evaluation of the Council. In June 2019, the Committee discussed the approach to the Board Effectiveness Review, including timelines and approach. It was noted that, following a selection process led by the Chief Executive and the Executive Director, Legal & Governance, the successful bidder would carry out the review over the summer, reporting to Council in October 2019.
- 7.4 The Committee were observed in September 2019, as part of the Board Effectiveness Review and the proposed implementation of the Board development programme will commence in 2020.
- 7.5 In September 2019, the Committee discussed the advantages and disadvantages of corporate membership of the Royal Society of Medicine, concluding that further work was required before a decision could be made. This work took place and, by correspondence in November, the Committee recommended this proposal to the Council in December 2019.

8. Estates Strategy

- 8.1 The Committee received ongoing updates with regards to the people elements of the Estates Strategy.
- 8.2 In September 2019, the Committee were informed of the number of staff that had left and were due to leave the organisation between October 2019 and January 2020, the levels of successful recruitment in Birmingham, and discussed the successful use of outplacement support.

9. Governance

Terms of Reference:

- 9.1 The Committee will review its Terms of Reference following the commencement of the Board Development implementation programme in 2020 in line with the Council's wider review of its assurance framework and scheme of delegations.

Work Programme 2020:

- 9.2 The Committee reviewed and noted its workplan at each meeting and will review the 2020 work plan (Appendix 2) in its January 2020 meeting.

Appendices

- a. Appendix 1 – Remco Terms of Reference
- b. Appendix 2 – Remco Work Plan for 2020

Lee Bird, Governance Manager

lee.bird@gdc-uk.org

Tel: 0207 167 6191

20 December 2019

Terms of Reference: **Remuneration Committee**

Key purpose

- R1. To establish a transparent procedure for the remuneration of the Chief Executive, Executive Management Team, Council Members (including the Chair) and other associate post holders.
- R2. To ensure that there are appropriate incentives to encourage enhanced performance and that rewards are made in a fair and responsible manner and are linked to the individual's contributions to the success of the General Dental Council (GDC) and the successful performance of the GDC in general.
- R3. To annually review the organisation's pension schemes and make reports and/or recommendations as appropriate to Council, based on actuarial data and advice.

Delegated Powers

- R4. Approve the appointment process for the Chief Executive.
- R5. Approve the remuneration, benefits and terms of service for the Chief Executive and the Executive Management Team annually, in line with the remuneration policy set by the Council.
- R6. Approve the policy for authorising claims for expenses from the Chief Executive and the Chair of the Council.
- R7. Where necessary, the Committee is authorised by the Council to obtain external legal or other professional advice, but only within budgetary limits.

Functions and Duties

Chief Executive and Registrar (Chief Executive), the Executive Management Team and HR Policy

- R8. Oversee the appointment process for the appointment of the Chief Executive, in accordance with the Council's agreed delegation.
- R9. Review and recommend to the Council an appropriate remuneration policy for the Chief Executive and the Executive Management Team (EMT), consistent with the organisational objectives and within the overall budget agreed by the Council.
- R10. Approve the terms of any special severance arrangements applying in the event of any required and unplanned early termination of employment of the Chief Executive or any member of the EMT, having regard to relevant guidance and codes of practice and their contracts of employment.
- R11. Develop a system for, and oversee the appraisal of, the Chief Executive.¹
- R12. Review the arrangements for succession planning of the Chief Executive and the EMT so that adequate assurances can be provided to the Council.

¹ The appointment, performance review, disciplining and setting of terms and termination of contracts of staff are the sole responsibility of the Chief Executive.

- R13. Consider any significant changes to HR policy or changes to the employee benefits structure, including the pension scheme, and offer advice and direction to the Executive Director, Organisational Development, as appropriate.²
- R14. Advise the Council on any actions which it must, or is advised, take as an employer under pension fund arrangements.
- R15. Provide review and oversight of the organisation's People Strategy workstreams (including EDI) and report to and advise the Council accordingly.
- R16. Communicate to the Finance and Performance Committee (FPC) any advice it receives, or action it would wish the Council to take in regard to the GDC Pension Scheme, which has a financial implication for the GDC.
- R17. Regularly receive the Executive Director, Organisational Development's report on HR / workforce indicators (including the outcome of staff surveys or similar exercises, and the annual staff appraisal round) before it is presented to the Council. This should include matters relating to Risk and the actions being taken to mitigate these risks.

The Council, the Chair and Associates

- R18. Recommend any changes for approval at the Council any changes to the remuneration and terms of service for the Council Members, including the Chair and any associates.
- R19. Review the expenses policy for Council Members and associates and recommend any changes for approval at the Council.
- R20. Advise the Council on the process for the appraisal of the Council Members and the Chair.
- R21. Agree with the Chair arrangements for the Council to review annually its performance and effectiveness.
- R22. Review the process for the recruitment of new Council members and the reappointment of existing Council members.

² The Finance and Performance Committee will consider any financial implications of changes to the Pension Scheme.

Annual Report on Committee Effectiveness – Policy and Research Board (PRB)

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance Stefan Czerniawski, Executive Director, Strategy
Author(s)	Amber Davis, Governance Manager
Type of business	To note
For Council only:	Public Session
Issue	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. This report was circulated to the Committee for comment on 6 January 2020.
Recommendation	The Council is asked to note the 2019 annual report on effectiveness from the Policy and Research Board (PRB).

1. Introduction and background

- 1.1 It is the role of the Policy and Research Board (PRB) to assist the Council in fulfilling its oversight of the development and implementation of strategy, policy and research initiatives and report on them to the Council.
- 1.2 The current membership of the PRB is Kirstie Moons (Chair and registrant Council member), Caroline Logan (registrant Council member), Catherine Brady (registrant Council member), Geraldine Campbell (lay Council member), Margaret Kellett (registrant Council member) and Simon Morrow (registrant Council member). Jeyanthi John (registrant Council member) left the Board to join the Remuneration Committee on 3 October 2019 and her last Board meeting was on 12 September 2019. This year, the Board held four meetings. A further meeting was due to take place on 14 November 2019 but was subsequently cancelled.
- 1.3 The key purpose of the Board is defined in its Terms of Reference (**Appendix 1**) and this includes to:
 - a. Engage with the GDC's key stakeholders in the key activities of the Board including, the development and dissemination of research, the development and implementation of current and future policy and GDC strategy.
 - b. Oversee a programme of research to inform the GDC's work.

- c. Oversee the development of an ‘upstream’ regulatory model, based on promoting professionalism, including in relation to education and training and reducing reliance on enforcement activities.
- d. Ensure effective horizon scanning is undertaken in relation to changing stakeholder expectations, variations in models of dental care delivery, use of new technology and wider changes in the regulation of healthcare and other relevant sectors.
- e. Work with the Executive on changes to the Corporate Strategy for approval by the Council.

2. Expenditure

- 2.1 The only costs associated with the Committee in 2019 were those relating to travel and subsistence of Council members for the meetings held.

3. Engagement

- 3.1 The Board engaged with a number of the GDC’s key stakeholders and actively sought opportunities to collaborate. Discussions were held with, amongst others, NHS England and registrant and patient groups.
- 3.2 Stakeholders were invited to attend workshops to facilitate engagement and collaborative opportunities; These workshops held in 2019 included:
 - a. NHS England: The Board received a presentation from NHS England about SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms) which was the single terminology of choice for health and care in England. The briefing included the details around the assurance and governance framework of the nomenclature which was owned by the Chief Dental Officer. The Office of Chief Dental Officer planned for all NHS dental practices in England to be using this system by April 2020.
 - b. Registrant Workshop: The Board hosted a workshop with 15 invited registrants which included: dentists, dental nurses, dental hygienists, dental therapists and dental technicians. The aim of the workshop was to provide registrants with an opportunity for open discussion with Council members on the key issues in dentistry that mattered to them. Discussions included the future of dentistry, challenges for the dental team and issues that the GDC should prioritise.
 - c. Clinical Dental Fellows Workshop: Clinical Dental Fellows were invited to attend a workshop which provided the Board with an opportunity to hear from them about their experiences over the past year and supporting young leaders within the profession. This provided the Board with an overview of the English Clinical Dental Fellows Scheme and the breadth of training provided which is developing key leaders and networks in dentistry.

4. Oversight of the Research Programme

- 4.1 In 2019, the Board oversaw and contributed both formally and informally to a range of research-related activity. This included the following:
 - a. Research updates. The Board received research updates at each meeting, which included a report on progress, forward planning and areas for consideration and further development. Through discussion and consideration of these progress reports, the Board actively contributed towards the development of the research programme.

- b. Co-production, dialogue and engagement. In February 2019, a workshop was held with the Board, GDC colleagues, members of the public, stakeholders and research contractors which focused on the definitions and understanding of the term ‘co-production’, its relevance to research at the GDC and plans for employing dialogue and engagement throughout the programme of work.
- c. Scope of Practice review (SoP). An independent research organisation was commissioned to conduct a review of the SoP. The Board were represented at a workshop which discussed the outcomes from the scoping phase of the research.
- d. Patients and Public annual survey. The Board were represented at a workshop which was also attended by GDC colleagues and stakeholders. Discussions took place around the key findings from the Patient and Public annual survey. Consideration was also given to the potential implications of this year’s reporting and the work of the GDC, as well as looking to the content of future surveys.
- e. Stakeholder research. The Board hosted a workshop to hear and discuss the findings from stakeholder research.
- f. Barts NHS workshop. In June 2019, Barts NHS delivered a presentation as part of a PRB workshop, which explored correlations between Black, Asian and Minority Ethnic (BAME) undergraduate dental students and the differences in the outcomes they currently attain, compared to their non BAME peers. Facilitated discussions enabled participants to consider how this work aligned with the strategic direction of moving regulation upstream and also in relation to the risk-based Quality Assurance of Education.
- g. Preparedness for Practice: The Head of Education Policy and Quality Assurance published a blog titled ‘Ensuring UK graduates are prepared for practice’ on 1 August 2019. A ‘Preparedness for Practice of UK graduates’ conference was then held on 5 November 2019 where members of the Board attended and presented. The Board heard that this work will continue in 2020 as part of a thematic review of education.

The professionalism workshop in September PRB with ADEE should also be included here?

5. Oversight of Developing an ‘Upstream’ Regulatory Model

- 5.1 The Board had oversight of various GDC workstreams designed to achieve the regulatory aim of moving our regulatory approach ‘upstream’. This included those set out below.

Shifting the Balance:

- 5.2 The Board received a ‘Shifting the Balance’ programme update as a standing item at each meeting. Updates on some of the main workstreams in ‘Shifting the Balance’ included:
- a. FTP end-to-end review: The Board heard that the End to End Review – Phase 1 had closed in June 2019, with a small number of activities carried over as post programme projects. These projects were currently being managed by the Senior Programme and Portfolio Manager.
 - b. Material for new registrants: In September 2019, the Board heard that a new information pack for new registrants was being produced with the expected completion date for the project being March 2020. The Board were advised that information would be updated on the website for new registrants. New information would be incorporated into the existing pack between now and March 2020.
 - c. GDC Website: In September 2018, the Board heard that the Senior Leadership Team (SLT) had agreed to the funding of the new GDC website and this went live

on 16 August. It had received positive feedback from GDC staff based on their user experience of navigating around the site. Anecdotally, there was a significant decrease in negative feedback from external users in comparison with the old website.

- d. Student Engagement: In June 2019, the Board heard that all pilot visits had been concluded in relation to this workstream, and that an engagement plan had been approved by the SLT which meant that work would continue in 2020. The Board were also informed that future plans to capture all DCP students would be developed.
- e. Continuing professional development (CPD): In June 2019, the Board heard that there had been a meeting with the CPD Advisory Group in January, and a communication plan was devised to include stakeholder events. Part of this work looked towards producing a model for lifelong learning. Participants at the workshops felt that more could be done to link learning to appraisal systems, and that employers had a role in improving access to good quality training. Consultation for this took place between June and September 2019 and the Board heard that work would continue in 2020.
- f. Developing a comprehensive model for complaints handling: In June 2019, the Board heard that the project consisted of two phases running concurrently. Part of the initial phase involved extensive engagement with stakeholders which explored their roles and remits within the system. A commissioned Dental Complaints Service (DCS) satisfaction survey showed that 87% of registrant participants were satisfied with their experience with the DCS. In relation to the expansion of the Dental Complaints Service, this would be included for consideration in the current workstream on developing a comprehensive complaints-handling model.

5.3 In relation to Education, the Board received updates on work in this area.

Review of Education:

5.4 In June 2019, the Board received proposed changes to the style and content of the Review of Education document. The Board welcomed the new, more streamlined approach and this was subsequently approved by the SLT in October 2019 and by the Council in December 2019. The updated Review of Education document will be published at the end in January 2020.

Speciality Developments:

5.5 The Board heard that the consultation for the principles of speciality listing launched on 31 January 2019 and closed on 25 April 2019. In June 2019, the Board received an update which included the implementation of a project plan and working group, with plans to review the mediated entry process for speciality applications. The draft response to the consultation on the principles of specialist listing for publication was approved at the December meeting of the Council and the response will be published in January 2020.

5.6 The Board heard that research regarding the Specialist List Assessed Application route (also known as mediated entry), was undertaken in the summer of 2019, and meetings were held to progress this work in Q3 of 2019. The Board heard that, in early January 2020,

a blog would be published to inform registrants more widely of developments, a plan would be devised in the new year to develop the proposals discussed, with the view of completing improvements to the process in 12-18 months.

Moving Upstream 2020

In September 2019, the Board were presented with the draft report of the Moving Upstream 2020 document. The Board provided feedback and noted their support for this piece of work going forward. If approved by the Council in January 2020, the document will be published in the same month.

6. Horizon Scanning

- 6.1 In February 2019, the Board received a Horizon Scanning report which included a brief about the round table on 'Standards and Safety of Cosmetic Procedures' meeting which took place in December 2018. Further Horizon Scanning reports were received in April and June 2019 which the Board noted. The reports provided updates to the Board which included stakeholder engagement activities across the four nations.

7. Governance and next steps

Terms of Reference

- 7.1 The attached Terms of Reference (**Appendix 1**) will be reviewed by the Board in 2020, following work by the Council on the assurance framework and Scheme of Delegations.

Work Programme 2019

- 7.2 The Board noted the work programme at each meeting. The attached PRB Work Programme for 2020 (**Appendix 2**) will be reviewed in 2020.

8. Appendices

- a. **Appendix 1** – PRB Terms of Reference
- b. **Appendix 2** – PRB Work Programme for 2020

Amber Davis
Adavis@gdc-uk.org
Tel: 0207 167 6172

20 December 2019

Terms of Reference: **Policy and Research Board**

Key Purpose

The Policy and Research Board will provide oversight of the development and implementation of strategy, policy and research initiatives and report on them to the Council. In doing so the Policy and Research Board will work with the Executive to ensure that strategy and policy making is coordinated across the GDC, liaising with other committees as appropriate.

Terms of reference

- S.1 To engage the GDC's key stakeholders in the key activities of the Board including, the development and dissemination of research, the development and implementation of current and future policy and the development and implementation of the GDC's strategy.
- S.2 To oversee a programme of research to inform our work, focussing on the attitudes, expectations and experiences of patients, the views of dental professionals and the practical implications for dental practice in different settings.
- S.3 To oversee the development of an "upstream" regulatory model based on promoting professionalism, including in relation to education and training, and reducing the GDC's reliance on enforcement activities.
- S.4 To ensure that effective horizon scanning is undertaken in areas such as changing stakeholder expectations, variations in models of dental care delivery, use of new technology, and wider changes and developments in regulation of healthcare and other relevant sectors.
- S.5 To work with the executive on changes to the corporate strategy for approval by the Council.
- S.6 To approve an annual Policy and Research Board work plan proposed by the executive.

PRB

Meeting Date	Wednesday 22 January 2020	Wednesday 8 April 2020	Wednesday 22 July 2020	Thursday 15 October 2020	
Location	Wimpole Street, London	Wimpole Street, London	Wimpole Street, London	Wimpole Street, London	
	SLT - 10 Dec 2019 Council - 18-19 March 2020	SLT - 4 Feb, 3 March, 1 April Council - 2-3 June First Meeting with Board Portal	SLT - 12 May, 15 June, 6 July Council - 29-30 July	SLT - 11 Aug, 1 Sept Council - 21-22 October	
Governance Pathway					Terms of Reference
ITEMS					
Shifting the Balance		Shifting the Balance (StB) Programme - Close Out report. <i>For noting.</i>			Oversight of development of upstream regulation.
		Principles of Regulatory Decision Making. <i>For discussion.</i>			Oversight of development of upstream regulation.
Moving Upstream		Moving Upstream 2021. <i>For discussion.</i>			Oversight of development of upstream regulation.
Research - Surveys		Annual Dental Professionals Survey. <i>For discussion.</i>			Oversight of the Research programme
		DCS Survey of Dental Professionals. <i>For discussion.</i>			Oversight of the Research programme
		Patient and Public Survey - Action Plan Update. <i>For noting.</i>			Oversight of the Research programme
Research - Publications		Research Publications Protocol - An Initial View. <i>For discussion.</i>	Publications Strategy. <i>For discussion and recommendation to Council.</i>	Patient and Public Survey. <i>For discussion and recommendation to Council.</i>	Oversight of the Research programme
		Preparedness for Practice Report. <i>For discussion and recommendation to Council.</i>			Oversight of the Research programme
		Research Update. <i>To note.</i>	Research Update. <i>To note.</i>	Research Update. <i>To note.</i>	Oversight of the Research programme
Guidance - Oversight		Amendments to Handling Standards Queries. <i>For discussion.</i>			Oversight of engagement
		Guidance for the Management of Dental Professionals. <i>For discussion.</i>			Oversight of engagement
Education - Quality Assurance and Specialty Listing		Consultation on the Specialist Lists - Action Plan following consultation. <i>For discussion.</i>	Review of Specialty Curricula. Update on progress. <i>For noting.</i>	Review of Education. <i>For discussion and recommendation to Council.</i>	Oversight of development of upstream regulation.
		Review of Education. <i>To note publication of 2019 version and To review process for compilation of 2020 report.</i>		Quality Assurance Decisions. <i>For noting.</i>	Oversight of development of upstream regulation.
Strategy Forward Workplan	Strategy Directorate forward workplan - 2020. <i>For discussion and noting.</i>			Strategy Directorate forward workplan - 2021. <i>For discussion and noting.</i>	
Terms of Reference		Review of Terms of Reference. <i>For discussion and recommendation to Council.</i>		Review of Terms of Reference. <i>For discussion and recommendation to Council.</i>	Governance
Committee Effectiveness			Committee Effectiveness. <i>For discussion.</i>	Annual Report on Committee Effectiveness. <i>To discuss and report to Council.</i>	Governance
Work Programmes	Work Programme for the next quarter. <i>For discussion.</i>	Work Programme for the next quarter. <i>For discussion.</i>	Work Programme for the next quarter. <i>For discussion.</i>	Work Programme for the next quarter. <i>For discussion.</i>	Governance

**Statutory Panellists Assurance Committee (SPC)
(formerly Appointments Committee)
Annual Report to Council 2019**

Purpose of paper	To report on the work undertaken by the Statutory Panellists Assurance Committee (SPC) throughout 2019 and the planned work for 2020.
Status	Public session
Action	For noting
Recommendations	The Council is asked to note the report.
Authorship of paper and further information	Paula Woodward Pfister Governance Consultant Tel: 020 7167 6251 Email: pwoodward-pfister@gdc-uk.org
Appendices	Appendix 1. SPC Terms of Reference

1. Introduction and background

- 1.1. The key purposes of the Committee as defined in its Terms of Reference (Appendix 1) are:

To assist the Council in connection with the exercise of any function relating to the appointment of SPC members, including the recruitment, selection, appraisal and disciplining of Statutory Committee Members or particular Statutory Committee Members (for example, the Chair), legal, medical and professional advisors.

- 1.2. In accordance with the GDC's Standing Orders for the Appointments Committee 2016, the Committee shall...:

... report annually to the Council outlining any decisions taken under delegated authority and any recommendations to the Council and detailing its expenditure, its progress made against the work programme for that year and its planned work programme for the following year. In particular, the annual report should cover any significant issues up to the date of preparing the report. The report will summarise the Committee's activity for the year and bring to the Council's attention any pertinent issues concerning the recruitment, selection, appraisal and disciplining of Statutory Committee members.

- 1.3. The membership of the Committee is Rosie Varley (Chair and lay member), Nigel Fisher (registrant member), Martyn Green (registrant member) and Tim Skelton (lay member). In 2019 the Committee held three meetings on: 27 February, 30 April, 6

November. A meeting planned for 4 September was cancelled to accommodate an urgent Council meeting.

- 1.4. At its meeting on 13 December 2018, Council agreed to re-appoint Rosie Varley, as Chair, and Martyn Green, as member, both for a second term of four years ending on 31 December 2022. Nigel Fisher was reappointed for a second term of two years ending on 31 December 2020.

2. Chief Executive's Report

- 2.1. At each meeting, the Committee received reports and briefings from the Chief Executive. These included progress updates on the Department of Health's plans to reform the regulatory framework via joint thematic "section 60" orders, the new GDC corporate strategy; the Estates strategy including updates on the introduction of the hearings rooms in Wimpole Street, the risks of the effect of EU Exit on registration, and the loss of the PSA standards on FTP timeliness and information. On the latter point, the Committee heard that the FTP team were confident that the timeliness standard could be regained in 2019.
- 2.2. In February, the Committee also noted that, following Council's recognition that, in future, the administration of the adjudications function could be separated from the organisation, preliminary work had begun and would proceed as a corporate project. The Chair confirmed that the main driver for the potential change in policy amongst Council members was the perception of fairness. It was also known that the government long term position was that a panel independent from the regulator was to be preferred. A further update on this matter was received and discussed by the Committee in November.

3. Appointments

- 3.1. During the year, the Committee considered the appointments process for, and the appointment of, the following:
- 3.2. **Appointment of Fitness to Practise (FtP) Panel Chairs**

At its meeting in February, the SPC reviewed the appointment process for statutory panel chairs. The Committee supported the approach to developing chairs from amongst panel members and noted that the chairs' selection day would benefit from senior HR input. The Committee approved the process.
- 3.3. At the subsequent meeting in April, three FtP Panel Chairs were appointed.
- 3.4. It was noted that there was a shortage of DCP chairs, most likely due to their clinical role not exposing them to as much meeting experience as other dental professionals. The SPC asked that the GDC focus on building the confidence of DCP panel members so that they might take on the role of chair in due course.
- 3.5. **Legal Advisor appointments**

At its meeting in February, the Committee reviewed and approved the appointments process for a number of legal advisors whose appointments were due to end during 2019. The Committee suggested that those eligible for reappointment should be asked to complete a reflective survey so as to ensure they were aware of the terms of their appointments, and to identify any training needs.
- 3.6. At the meeting in November, the Committee approved the reappointment of 53 legal advisers.
- 3.7. **Medical Advisors appointments**

At its November meeting, the SPC approved a proposal to allow the reappointment of a small bank of specialist medical advisers if they continue to meet the appointment criteria and were able to continue in the role.
- 3.8. No other Medical Advisors were appointed or reappointed by the SPC during 2019.
- 3.9. **Panellists reappointments**

No panellists were appointed or reappointed by the SPC during 2019.

3.10. **Standing down panellists**

At its meeting in April 2019, the SPC noted that a panellist had been removed from office following a disciplinary hearing, and that subsequently the individual had been referred to the Registrar. The SPC recognised that this was the first time they had undertaken the process and noted that the information, including legal advice, was robust and helpful. However, the Committee asked that the process be reviewed.

- 3.11. At the following meeting in November, the SPC considered a paper setting out additional guidance for panels when dealing with complaints about associates or panellists.

4. Training

- 4.1. The Committee received regular updates on FtP Panellists' training.
- 4.2. Committee members attended training events for panellists throughout the year which provided an invaluable opportunity for engagement with panellists, and provided members with assurance that the quality of the training is of a very high standard.
- 4.3. During its discussions on various topics, the SPC had highlighted the value of sharing learning from FtP casework. The Committee was pleased to see that points of learning were being promoted in the GDC newsletter in recent months. The Committee noted that this was an important mechanism for encouraging registrants to think about their own practice, helping to raise standards of professionalism.

5. Case Examiner Feedback and Legal Adviser Feedback

- 5.1. The Committee received Investigating Committee feedback reports by exception and received assurance from the Head of Adjudications that any issues identified had been addressed.
- 5.2. During the year SPC were given an overview of feedback received from Committee secretaries and other hearing participants about the performance of Legal Advisors (LAs) on FtP Panels.
- 5.3. This feedback focused on the role of the Legal Advisor in the Panel's deliberations.

6. Quality Assurance Group (QAG)

- 6.1. The Quality Assurance Group (QAG), which oversees decision-making within FtP, continued to provide assurance to the SPC that the Statutory Committee Members had the correct skills to undertake their work. QAG reported at each meeting, which gave the Committee the opportunity to view and challenge the work of the group and raise any concerns.
- 6.2. The Committee noted that the QAG had been refocused to enable organisation wide learning, and that a facilitation team had been established to follow up on actions and disseminate knowledge. The Committee noted that the process had helped to identify gaps in the policy framework and FtP enforcement, such as, how traffic offences should be taken into account. Another example was that QAG should be invited to scrutinise how, where a prosecution recommendation and the panel outcome differed, the case was processed and presented.
- 6.3. The Committee also noted that while there was no formal referral mechanism for referring cases to the PSA, where the GDC considered that the outcome of a case did not adequately protect the public, such cases were highlighted to the PSA.

7. Decision Scrutiny Group (DSG)

- 7.1. The Committee also received a regular report of the Decision Scrutiny Group, which was established in 2018 to conduct a random sampling of FTP decisions. At its meeting in April, the Committee suggested that it may be helpful to hear directly from the chair of the DSG about the activity of the first year or so of the DSG and what had been learned.

8. End to End Review

- 8.1. The Committee received regular updates on the End to End Review. In February, the Committee took part in a conference call which allowed members to hear about the progress and findings of the review. In April, the Committee noted the evaluation framework which was to be overseen by the Finance and Performance Committee. A paper reporting on the outcome of Phase 2 of the End to End Review was circulated to the Committee following its November meeting.

9. Fitness to Practise panel development review programme

- 9.1. In April, the SPC considered what the expectations should be for registrants serving on panels to have up to date knowledge and skills, while acknowledging that many panellists were retired and any requirement for evidence of continued practice development would likely narrow the field available. SPC noted that the legislative framework required a mix of lay and registrant members, and did not impose further requirements in relation to practice.

10. Associates' Project

- 10.1. In February, the Committee were presented with an update on the associates project, which had been overseen by the Remuneration Committee. The Committee noted that the term 'associates' was used to cover individuals who were appointed to a wide variety of functions for the GDC, and that the SPC had responsibility for roughly 44% of the associates covered by the project.
- 10.2. The Committee suggested that, for those associates overseen by SPC, it may be helpful to give feedback to the Remuneration Committee about remuneration package. For example, the Committee noted that some panellists had informally reported that they would not apply for the role of chair as there was no additional remuneration for the additional work required.

11. Committee effectiveness

- 11.1. No formal Committee effectiveness review was carried out in 2019 due to the prospective changes to the Committee's remit. However, the Chair invited members to review the quality of the papers and the nature of the discussion at the end of each meeting.

12. Risk

- 12.1. The Committee received assurance at its meetings that risks in relation to Statutory Committee Members were being adequately managed throughout the GDC.

13. Expenditure

- 13.1. In addition to the members' annual fee, the only costs associated with the Committee in 2019 were the travel and subsistence of members for attendance at meetings.

14. Looking to the Future

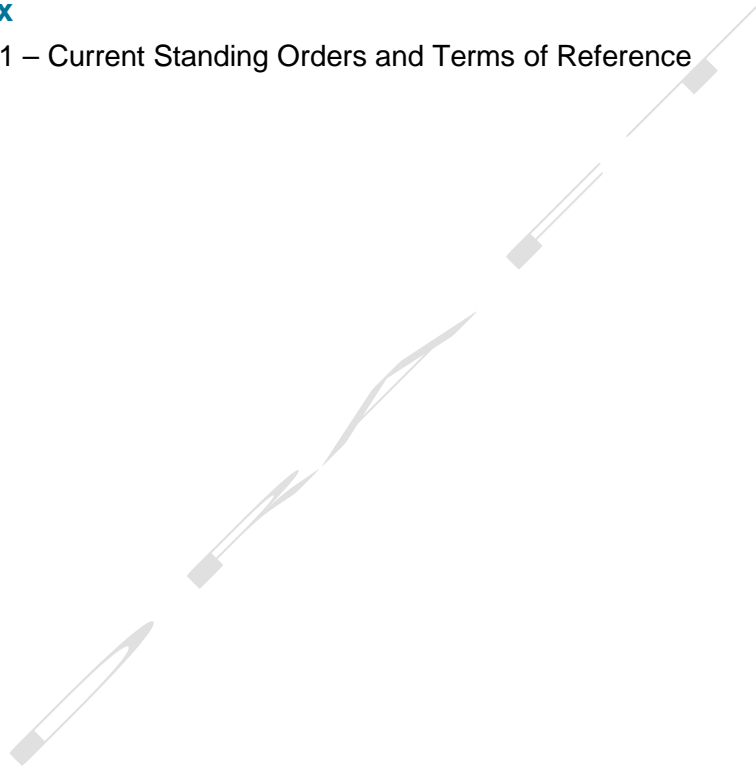
- 14.1. The Committee considered an outline workplan for 2020 at its November meeting, but were conscious that the ongoing review of Council effectiveness and the adjudications project were likely to have a significant impact on the SPC's Terms of Reference, and its ways of working. At the time of writing the Committee is aware that the Council is to consider the outcome of the Adjudications function at its December meeting. This will inevitably impact on the role and terms of reference of SPC. The Committee will work with Council to ensure that any changes are properly embedded and that the Committee delivers its functions effectively and economically.
- 14.2. A substantial matter for the Committee in 2020 will be the oversight of the recruitment of a substantial number of panellists. The Committee considered the

recruitment process at its meeting in November 2019, and will consider further updates and actions through the course of the year. The Committee is aware that this is a very different recruitment method to that employed by the SPC's predecessor, the Appointments Committee, and the Committee wants to assure itself that the process is as robust and effective as possible.

- 14.3. Two members of the SPC, Tim Skelton and Nigel Fisher, will come to the end of their current terms on 31 December 2020. An appointments process will be devised by Council in due course.

15. Appendix

- 15.1. Appendix 1 – Current Standing Orders and Terms of Reference



The General Dental Council Standing Orders for the Appointments Committee 2016

Preamble

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

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

On 27 July 2016 the Council agreed that the Appointments Committee should be known as the Statutory Panellists Assurance Committee and these Standing Orders apply to that Committee.

Index

Part 1 – General Application

1. Application, Commencement and Interpretation
2. Appointments Committee
3. Committee Chair
4. Secretary
5. Attendees
6. Arrangements for Committee meetings
7. Declarations of interest by Appointment Committee members
8. Urgent actions or decisions between Committee meetings
9. Reporting and Expenditure of Committee
10. Publication of Committee agendas and papers
11. Absence of Committee Chair
12. Committee Decisions
13. Minutes of Committee meetings

Annex 1 – Remit of Appointments Committee

PART 1 – GENERAL APPLICATION

1. Application, Commencement and Interpretation

- 1.1. These Standing Orders contain the **procedures** by which the Appointments Committee carries out its functions and shall come into force on 05 October 2016.
- 1.2. In these Standing Orders:
 - “Act” means the Dentists Act 1984;
 - “Chair” means the Chair of the Appointments Committee unless otherwise stated;
 - “Committee” means the Appointments Committee established pursuant to Rule 3 of the Constitution of Committees Order 2009¹;
 - “Constitution of Committees Order” means the General Dental Council (Constitution of Committees) Rules Order of Council 2009;
 - “Delegated authority” means the authority to make decisions as defined by the Council;

¹ 1 General Dental Council (Constitution of Committees) Rules Order of Council 2009

“Legal adviser” “medical adviser” and “professional adviser” have the same meanings as in Schedule 4C of the Act;

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

“Registrar” means the Chief Executive and Registrar;

“Secretary” means the Secretary to the Appointments Committee;

“Statutory Committees” means all those Committees of the Council mentioned in section 2 of the Act, namely the Investigating Committee, the Interim Orders Committee, the Professional Conduct Committee, the Health Committee, the Professional Performance Committee and the Registration Appeals Committee. Statutory Committee member is to be understood accordingly;

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

- 1.3. Unless otherwise stated, terms used in the Standing Orders have the same meaning as in the Act.
- 1.4. The Chair, having consulted the Secretary, may give a view as to the interpretation of these Standing Orders. The Chair’s view on this shall be final.

2. Appointments Committee

- 2.1. The Appointments Committee shall be appointed by the Council pursuant to the Constitution of Committees Order.
- 2.2. It shall be the general function of the Appointments Committee to assist the Council in connection with the exercise of any function relating to the appointment of members of the Statutory Committees, including the recruitment, selection, appraisal and disciplining of Statutory Committee members or particular Statutory Committee members (for example, the chair) legal, medical and professional advisers.
- 2.3. The quorum of the Appointments Committee shall be three members.
- 2.4. The terms of reference of the Appointments Committee is set out at Annex 1.

3. Committee Chair

- 3.1. The Chair will be appointed by the Council in accordance with the Constitution of Committees Order.

4. Secretary

- 4.1. The Registrar shall appoint a member of staff to act as Secretary to the Appointments Committee.

5. Attendees

- 5.1. The Chair may invite Council members and individuals from outside the Committee to attend Committee meetings. Such individuals will have the right to receive relevant Committee papers. They may take part in the discussion, including giving advice, but may not make decisions or vote.
- 5.2. The Chair of the Council is not a member of the Appointments Committee and may only normally attend meetings of the Committee at the invitation of the Committee Chair.

6. Arrangements for Committee meetings

- 6.1. Meetings will only be held when the Chair is satisfied that the amount of business or the urgency of business justifies a meeting, and, where the Chair so

determines, a meeting shall be called.

- 6.2. The Secretary shall, except where circumstances make it impracticable to do so, notify the members of the relevant Committee, in writing, of the time, date and place of a meeting at least 5 working days in advance of the date of the meeting.
- 6.3. The Secretary shall, except where circumstances make it impracticable to do so, send an agenda and papers setting out the business to be discussed at a meeting to the members at least 5 working days in advance of the meeting.
- 6.4. Following discussion with the Lead Director, Partner Director and the Chair the Secretary of the Committee shall, by agreement, determine the content of the agenda, taking account of competing priorities.
- 6.5. If necessary, the Committee may meet and take decisions under delegated authority by telephone or audio-visual conference with the agreement of the Chair.

7. Declarations of interest by Appointments Committee members

- 7.1. A Member who has an interest in any matter under consideration at a Committee meeting, whether or not declared in the Register of Members' Interests, shall promptly disclose that interest to the meeting.
- 7.2. A declaration of interest relevant to items on the agenda should be made at the start of the discussion of the item to which it relates and should be recorded in the minutes. In the event of a member not appreciating at the beginning of a discussion that an interest exists, the member should declare such an interest as soon as he or she becomes aware of it.
- 7.3. In any case of doubt the member should openly declare the possibility of an interest and the Chair will decide whether it is a prejudicial interest, in accordance with SO7.5 below.
- 7.4. If a member believes that another member present has an interest in an item for discussion and that interest has not been declared, he or she should inform the Chair. The Chair will establish whether or not there is an interest which should have been declared in accordance with SO7.5 below, and will if necessary make a ruling in accordance with SO7.6.
- 7.5. For the purposes of this Standing Order a member has a prejudicial interest where the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest.
- 7.6. If the Chair decides that a member's interest in a matter is a prejudicial interest and that he or she needs to withdraw (and the Chair's ruling on this shall be final), the member shall leave the room for the duration of the discussion on that matter.
- 7.7. Members who have a prejudicial interest in relation to a particular item of business shall not count towards the quorum for the meeting whilst that item is under consideration.
- 7.8. Where the Chair of the Committee has declared an interest under SO7.1 or is believed to have an interest as defined in SO7.5, the members of the Committee shall decide whether that interest is prejudicial. If the members of the Committee decide that the interest is prejudicial and that the Chair needs to withdraw the Chair shall leave the room for the duration of the discussion of that matter and a different Chair shall be appointed under SO11.1 for the purposes of that discussion.

8. Urgent actions or decisions between Committee meetings

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

- 8.2. In such circumstances, the Chair having first consulted the Chief Executive and Registrar, should use best endeavours to obtain the support of a majority of Committee members by email. Where the Chief Executive and Registrar has a conflict of interest the Chair should consult the Chair of Council. If the Chair of the Council also has a conflict of interest the Chair should consult the Chair of the Audit and Risk Committee.
- 8.3. Where urgent decisions or action needs to be taken between meetings the Governance team will assist the Chair and Chief Executive and Registrar by keeping a record of all emails in order to establish an audit trail. Any such decisions or actions will be notified to members by email and reported at the next Committee meeting.

9. Reporting and Expenditure of Committee

- 9.1. The Appointments Committee is directly accountable to the Council.
- 9.2. The Appointments Committee may not carry out any activity requiring expenditure beyond that which has already been approved by the Council.
- 9.3. The Appointments Committee will periodically review its own effectiveness and report the results to the Council.
- 9.4. The Appointments Committee shall report annually to the Council outlining any decisions taken under delegated authority and any recommendations to the Council and detailing its expenditure, its progress made against the work programme for that year and its planned work programme for the following year. In particular, the annual report should cover any significant issues up to the date of preparing the report. The report will summarise the Committee's activity for the year and bring to the Council's attention any pertinent issues concerning the recruitment, selection, appraisal and disciplining of Statutory Committee members.
- 9.5. The Chair of the Appointments Committee will meet with the Chair of the Council and produce a report to the Council as agreed by the Chair of the Council and the Chair of the Appointments Committee.

10. Publication of Committee agendas and papers

- 10.1. Subject to the remaining provisions of this Standing Order, all Committee agendas and accompanying papers shall be published on the electronic device provided to Committee members by the GDC in advance of each meeting.
- 10.2. The Chair, having consulted the Secretary and also the Registrar if so advised, may decide that all or any part of the agenda and/or accompanying papers shall not be disclosed to the public where publication would lead to the inappropriate disclosure of:
 - a) personal data or sensitive personal data (within the meanings of the Data Protection Act 1998);
 - b) information relating to an employee or office holder, former employee, or applicant for any post or office;
 - c) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
 - d) legally privileged information or any issue or papers relating to legal proceedings which are being contemplated or instituted by or against the Council;
 - e) action being taken to prevent or detect crime or to prosecute offenders;
 - f) information given to the Council in confidence; and/or
 - g) any other matter, the public disclosure of which would or would be likely to prejudice the effective discharge of the Council's functions.

11. Absence of the Committee Chair

- 11.1. If the Chair of the Committee is absent from, or otherwise unable to preside at all or part of a meeting, including when s/he has a prejudicial interest, the members present shall choose one of their number to serve as chair at that meeting.

12. Committee decisions

- 12.1. Decisions will be reached by vote on the following occasions:
- a) when the Chair determines that no clear consensus has emerged;
 - b) when a member requests a vote to be taken and this is supported by at least one other member;
 - c) in any other circumstance where the Chair concludes that a vote should be taken.
- 12.2. Voting will be by simple majority of members present and voting and will be conducted by a show of hands.
- 12.3. If an equality of votes occurs the Chair shall have a second, casting vote.
- 12.4. The minutes of the meeting will record the results of voting and show the numbers for and against the proposal and the number of abstentions, if any.

13. Minutes of Committee meetings

- 13.1. The Secretary shall be responsible for the preparation of minutes of each meeting which, when read in conjunction with the papers presented to the meeting, provide an accurate and authoritative record of the meeting and be sufficiently detailed to provide an audit trail of issues, and of any decisions taken.
- 13.2. The minutes shall record the attendance of members.
- 13.3. At each meeting the Committee shall approve the minutes of the preceding meeting as a correct record. When the minutes have been approved they shall be marked as confirmed by the Secretary.

Annex 1

Terms of Reference: Appointments Committee

Key purpose

Ap1. To assist the Council in connection with the exercise of any function relating to the appointment of Statutory Committee members, including the recruitment, selection, appraisal and disciplining of Statutory Committee members or particular Statutory Committee members (for example, the chair), legal, medical and professional advisers.²

Delegated powers

- Ap2. To appoint (or re-appoint) persons to serve on the Statutory Committees.
- Ap3. To determine the duration of the term of office of Statutory Committee members on their appointment or reappointment³.
- Ap4. To appoint, from amongst the Statutory Committee members, persons to act as chairs of the Statutory Committees ("panel chairs")⁴.
- Ap5. To approve a learning and development plan for Statutory Committee members and receive assurances from the Executive that the plan is being implemented effectively.
- Ap6. To approve an appraisal process for Statutory Committee members and receive assurances from the Executive that the process is being implemented effectively.
- Ap7. To deal with issues relating to the conduct and performance of Statutory Committee members in accordance with the Disciplinary Procedure.

- Ap8. To suspend or remove Statutory Committee members from office in accordance with the General Dental Council (Constitution of Committees) Rules Order of Council 2009.
- Ap9. To obtain external legal or other professional advice as necessary via the Executive.
- Ap10. On the request of the Council, to assist with the recruitment and selection of candidates to any other office.

Discharge of functions

Ap11 In carrying out its functions the Appointments Committee will:

- a. Approve (but not design) the process for appointing Statutory Committee Members of the Investigating Committee and Fitness to Practise panels;
- b. Appoint Statutory Committee Members following recommendation at the end of the process;
- c. Approve (but not design) the process for appointing legal, medical and professional advisers;
- d. Appoint legal, medical and professional advisers following recommendation at the end of the process;
- e. Approve (but not design) the appraisal system for Statutory Committee Members on assurance of embedding of training;
- f. Approve (but not design) the appraisal system for legal, medical and professional advisers;
- i. Ensure that a fit for purpose and effective training programme was provided for Statutory Committee Members;
- j. Ensure that the Council provides an adequate training programme for legal, medical and professional advisers;
- k. Deal with disciplinary and performance issues relating to Statutory Committee Members where this is within the remit of the Appointments Committee by reason of the Disciplinary Procedure, and dismiss Statutory Committee Members if necessary;
- l. Receive reports regarding the discipline, performance issues and dismissal of legal, medical and professional advisers, and advise and report to the Council as appropriate.
- m. Scrutinise the quality and efficiency of the Statutory Committees' decision making by receiving regular reports of the performance and quality of decision making of the committees and panels. To include monitoring of the Fitness to Practise PSA standards action plan in relation to the work of the Statutory Committees;
- n. Build and maintain a body of intelligence for the Council through learning points and trends that emerge from the Committee's oversight of the work of the Statutory Committee members;
- o. Report to Council on the work of the Appointments Committee and the performance of the Statutory Committees.

Approved by the Council on 05 October 2016 and came into effect from that date.
Given under the official seal of the General Dental Council on 05 October 2016.

Terms of Reference: Appointments Committee (Statutory Panellists Assurance Committee-SPC)

Key purpose

Ap1. To **assist** the Council in connection with the exercise of any function relating to the appointment of Statutory Committee members, including the recruitment, selection, appraisal and disciplining of Statutory Committee members or particular Statutory Committee members (for example, the chair), legal, medical and professional advisers.¹

Delegated powers

Ap2. To appoint (or re-appoint) persons to serve on the Statutory Committees.

Ap3. To determine the duration of the term of office of Statutory Committee members on their appointment or reappointment².

Ap4. To appoint, from amongst the Statutory Committee members, persons to act as chairs of the Statutory Committees ("panel chairs")³.

Ap5. To approve a learning and development plan for Statutory Committee members and receive assurances from the Executive that the plan is being implemented effectively.

Ap6. To approve an appraisal process for Statutory Committee members and receive assurances from the Executive that the process is being implemented effectively.

Ap7. To deal with issues relating to the conduct and performance of Statutory Committee members in accordance with the Disciplinary Procedure.

Ap8. To suspend or remove Statutory Committee members from office in accordance with the General Dental Council (Constitution of Committees) Rules Order of Council 2009.

Ap9. To obtain external legal or other professional advice as necessary via the Executive.

Ap10. On the request of the Council, to assist with the recruitment and selection of candidates to any other office.

Discharge of functions

Ap11 In carrying out its functions the Appointments Committee will:

- a. Approve (but not design) the process for appointing Statutory Committee Members of the Investigating Committee and Fitness to Practise panels;
- b. Appoint Statutory Committee Members following recommendation at the end of the process;
- c. Approve (but not design) the process for appointing legal, medical and professional advisers;
- d. Appoint legal, medical and professional advisers following recommendation at the end of the process;
- e. Approve (but not design) the appraisal system for Statutory Committee Members on assurance of embedding of training;
- f. Approve (but not design) the appraisal system for legal, medical and professional advisers;
- i. Ensure that a fit for purpose and effective training programme was provided for Statutory Committee Members;
- j. Ensure that the Council provides an adequate training programme for legal, medical and professional advisers;

¹ 3.(6)(a) The General Dental Council (Constitution of Committees) Rules Order of Council 2009

² 4.(4) The General Dental Council (Constitution of Committees) Rules Order of Council 2009

³ 5.(1) The General Dental Council (Constitution of Committees) Rules Order of Council 2009

- k. Deal with disciplinary and performance issues relating to Statutory Committee Members where this is within the remit of the Appointments Committee by reason of the Disciplinary Procedure, and dismiss Statutory Committee Members if necessary;
- l. Receive reports regarding the discipline, performance issues and dismissal of legal, medical and professional advisers, and advise and report to the Council as appropriate.
- m. Scrutinise the quality and efficiency of the Statutory Committees' decision making by receiving regular reports of the performance and quality of decision making of the committees and panels. To include monitoring of the Fitness to Practise PSA standards action plan in relation to the work of the Statutory Committees;
- n. Build and maintain a body of intelligence for the Council through learning points and trends that emerge from the Committee's oversight of the work of the Statutory Committee members;
- o. Report to Council on the work of the Appointments Committee and the performance of the Statutory Committees.

Annual Report on the Chair’s Strategy Working Group

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Katie Spears, Interim Head of Governance
Type of business	To note
For Council only:	Public session
Issue	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, clause 8.4, Committees are required to report annually on expenditure, progress against work programmes and planned work programmes for the following year. This report was circulated to the Group for comment on
Recommendation	The Council is asked to note the 2019 annual report on effectiveness from the Chair’s Strategy Working Group (CSG).

1. Introduction and background

- 1.1 The Chair’s Strategy Working Group (CSG) was established as a working group of the Council in accordance with Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2018.
- 1.2 The terms of reference were last approved by the Council on 25 July 2019 and are appended to this paper (**Appendix 1**).
- 1.3 The current membership of the CSG is William Moyes (Chair of the CSG and Chair of the Council), Anne Heal (lay Council Member), Catherine Brady (registrant Council Member), Sheila Kumar (lay Council Member) and Margaret Kellett (registrant Council Member). This year, the Group held five meetings on 21 February, 16 April, 19 June, 11 September and 5 November 2019.
- 1.4 The CSG’s key purpose is to assist the Executive to identify strategic initiatives to improve the efficiency and effectiveness of the GDC, through an examination of strategic opportunities. Once these strategic opportunities have been identified and their feasibility and relevance has been subject to initial scrutiny, they will be referred to the Executive team for development and/or to an appropriate Committee for oversight in advance of proposals being placed before Council.
- 1.5 As part of this identification of strategic opportunities, the CSG will consider:
 - a. Income generation;
 - b. FTP caseload reduction and alternative resolution mechanisms;
 - c. Delivery of GDC functions by or through others; and

- d. New ways of working, including potential for relocating business outside London.

1.6 The CSG has no decision-making powers or delegated authority.

2. Expenditure

2.1 The only costs associated with the Group in 2019 were those relating to travel and subsistence of Council members for the meetings held.

3. Key Strategic Opportunities Identified

Separation of Adjudication Function

- 3.1 The Group identified a key strategic opportunity in relation to a proposed separation of the adjudication function of the organisation from the wider investigation and prosecution function. This approach aligned with best practice within the healthcare regulation environment and the Group were keen to explore possible avenues of change. The Group received regular updates on this exploratory programme of work throughout 2019.
- 3.2 In April 2019, the Group discussed five options to implement the separation. The Group heard that only three of the options presented were available without any legislative change. The Group agreed that, out of the remaining three options, only two were preferred as doing nothing was not a suitable approach. The two remaining options available for discussion were:
 - a. Option 1: Operational separation within the current legal framework
 - b. Option 3: Operational improvement without operational separation.
- 3.3 In June 2019, the Group discussed at length the practical approach to operational separation of the function, specifically addressing the management, decision making and branding of any separated function, whilst acknowledging that whilst any legal or meaningful separation of the function would be impossible without legislative change, this programme could be a useful staging post for that future change.
- 3.4 In November 2019, the Group scrutinised the proposals for the implementation stages of this programme, in advance of their presentation to Council in December 2019. At its December meeting, the Council decided to take this programme forward in 2020.

Annual Retention Fee: Payment by Instalments

- 3.5 The Group identified a strategic opportunity for the organisation in relation to the possibility of its registrants paying their annual retention fees (ARF) by instalments. The Group received regular updates on this exploratory programme of work throughout 2019.
- 3.6 In June 2019, the Group discussed the risks and costs of implementing the proposals suggested that it would be prudent for the organisation to seek external advice and a feasibility study before a final decision was requested of the Council. The Group agreed it would be advantageous for the Council to know the broad risks of implementation before making a decision in principle on the proposals in October 2019.
- 3.7 In September 2019, the Group discussed the outcome of the discussions on the proposals that had taken place at the Finance and Performance Committee (FPC) earlier in the month. The Group discussed the risks attached to the proposed different models of implementation. The Group also scrutinised the Council paper that was due to be presented to Council in October and suggested several adjustments.

- 3.8 In November 2019, the Group made some final recommendations on the structure of the paper on this topic that would be tabled at the December Council meeting. The Group also noted that the next stage of the project would need to be to seek external advice as the in-house team had taken the work as far as they could. At its December meeting, the Council decided to take this programme forward in 2020.

Section 60 Regulatory Reform

- 3.9 The GDC has been consistently pursuing a legislative change agenda with the Department of Health and Social Care (DHSC) in 2019, to facilitate large scale improvements to the current legislative environment in which the organisation operates.
- 3.10 In February and April 2019, the Group received updates on the regulatory reform consultation led by the DHSC in 2018. The outcome of this consultation was that two thematic Section 60 orders would be pursued which would apply to all the health regulators to allow for the removal of unnecessary constraints from the Dentists Act 1984 and replace them with more flexible systems. The first of these themes would relate to the Fitness to Practise function and the second would relate to the governance functions.
- 3.11 The Group heard that there had been preliminary discussions with key stakeholders and the outline of governance structures was presented. The Group further noted the aspirations from the GDC did not conflict with those of the DHSC, but there were still some information gaps in the proposals set out by the Department.
- 3.12 The Group were informed that the consultation response from the Department would be presented at July Council and the GDC continues to pursue the legislative change agenda with all key stakeholders.

4. Governance and Next steps

Terms of Reference

- 4.1 The Council will consider the extension of the CSG at its meeting in January 2020. If extended, the CSG will review its Terms of Reference after the Council has completed its first Board Development session as this will inform the wider review into the assurance framework and scheme of delegations.

Work Programme 2019

- 4.2 The Committee reviewed the workplan at each meeting and will consider its 2020 workplan in early 2020, if extended by the Council in its January 2020 meeting.
- 4.3 The Council is asked to note the 2019 annual report on effectiveness from the CSG.

5. Appendices

- a. Appendix 1 – CSG Terms of Reference
- b. Appendix 2 – CSG Forward Workplan

Katie Spears, Interim Head of Governance
kspears@gdc-uk.org
Tel: 0207 167 6151

20 December 2019

Terms of Reference

Chair's Strategy Working Group

1. Chair's Strategy Working Group (CSG)
 - 1.1 The CSG is established as a Working Group of the Council under Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2015
2. Membership
 - 2.1 The CSG shall be chaired by the Chair of Council and the membership will include two registrant and two lay members of the Council;
 - 2.2 The Chief Executive will attend meetings of the CSG but will not be a member of the working group;
 - 2.3 Directors and senior staff will be invited to attend meetings as and when required.
3. Changes to the Terms of Reference
 - 3.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council.
4. Co-opted members
 - 4.1 The working group may include co-opted members as required at the invitation of the Chair. Co-opted members will not count towards the quorum.
5. Key purpose
 - 5.1 To identify strategic initiatives to reduce the GDC's cost base.
6. Delegated Powers
 - 6.1 In accordance with the GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015, this working group does not have delegated authority to make decisions.
7. Functions and Duties
 - 7.1 To examine strategic opportunities in, but not limited to, the following areas:
 - 7.1.1 Income generation;
 - 7.1.2 FTP caseload reduction and alternative resolution mechanisms;
 - 7.1.3 Delivery of GDC functions by or through others;
 - 7.1.4 New ways of working, including potential for relocating business outside London.
 - 7.2 To identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for the Council's decision.

8. Reporting

8.1 The working group shall report formally to each meeting of the Council with informal updates to Council members following each meeting;

8.2 The working group will report formally to Council on annual basis if required.

9. Frequency of Meetings

9.1 As required;

9.2 The working group is expected to be time limited. The continuing need for this working group will be reviewed by the Council on a 6 monthly basis

The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015 apply to this working group as if it were a Committee of the Council.

Horizon scanning report – January 2020

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Lisa Bainbridge, Head of Nations and Engagement (interim) Richard Drummond, Head of Public Policy Jessica Rothnie, Policy Manager Patrick Kavanagh, Policy Manager Tom Chappell, Media Manager Caroline Conway, Communications Officer
Type of business	To note .
For Council only	Public session
Issue	This paper provides Council with an analysis of policy developments, providing an external context to support discussions and decision-making.
Recommendation	To note .

Contents

This report included the following sections:

1. Professional regulation developments
2. Developments in dentistry
3. Summary of media issues and coverage achieved
4. Parliamentary updates

1. Developments in professional regulation

Committee of Advertising Practice (CAP) prescription only medicines campaign

- 1.1. On 9 January the CAP and the Advertising Standards Agency (ASA) launched a campaign to curb the illegal advertising of botulinum toxin injections on social media (most commonly Botox, Vistabel, Dysport, Bocouture and Azzalure). Botulinum toxins are prescription only medicines, and therefore, cannot be advertising to the public.
- 1.2. The ASA has advised that it will be taking targeted enforcement action using monitoring technology to automatically find problem social media posts for removal from 31 January. Further, the ASA has stated that where advertisers are unwilling to comply, they may refer to the Medicines and Healthcare products Regulatory Agency (MHRA) or the individual's professional regulator.

Social Work England launched

- 1.3. Social Work England (SWE), the new regulator for nearly 100,000 social workers in England, went live on 2 December 2019. SWE replaces the Health and Care Professions Council.
- 1.4. Colum Conway, Chief Executive of Social Work England, said: "It's a landmark moment for the sector as our organisation takes over as regulator. We have been established under new legislation which allows us to be a modern, specialist regulator that builds and promotes confidence in the sector."

General Medical Council (GMC) consultation on remote consultations

- 1.5. On 26 November 2019, the GMC published a consultation on [remote consultations and prescribing by telephone, video-link or online](#). They will use the submissions to determine whether they need to make any changes to their guidance for prescribing and managing medicines and devices, last updated in 2013.

Doctors' engagement most closely linked to hearing outcomes

- 1.6. The GMC has published a [piece of academic research in the journal BMC Medicine](#) on the factors associated with the seriousness of outcomes at Medical Practitioners Tribunal Service (MPTS) hearings.
- 1.7. This research was undertaken by the GMC's Chief Statistician and has been published following peer review. It considers the outcomes of MPTS hearings. The study examined 1,049 doctors referred for hearings at the MPTS and receiving an outcome from June 2012 to May 2017. This was 0.34 % of a total of 310,659 doctors registered at any point during the period.
- 1.8. The research found that the outcome of hearings was consistently linked to doctors' engagement with the process, rather than with doctors' personal characteristics. In contrast, there was no association between the seriousness of tribunal outcomes and a doctor's age, race, sex, or whether they gained their primary medical qualification in the UK or abroad.

- 1.9. In order of increasing seriousness, the outcomes were: no impairment to practise, impairment, suspension of right to practise or erasure from the medical register.
- 1.10. The type of allegations and where a referral came from also played an important role in the outcomes. For example, allegations of performance related to less serious outcomes, whilst those of conviction led to stricter sanctions.
- 1.11. MPTS hearing outcomes were shown to be unrelated to the year when they were produced, suggesting that decisions at the MPTS have been consistent since its inception in 2012.
- 1.12. The [GMC issued press release](#) relating to the study.

2. Developments in dentistry

Survey of antibiotic prescribing in dentistry

- 2.1. Six national dental organisations are encouraging dentists to participate in a new survey of antibiotic prescribing in dentistry. The group members are the Faculty of General Dental Practice UK (FGDP UK), the British Dental Association (BDA), the Association of Clinical Oral Microbiologists, the Association of Dental Hospitals, the British Association of Oral Surgeons and the dental sub-group of the Scottish Antimicrobial Prescribing Group.
- 2.2. Dr Nick Palmer, a member of the BDA's Health and Science Committee and Editor of the FGDP UK's [Antimicrobial Prescribing for General Dental Practitioners](#) guidance, commented:
- 2.3. "Dentists have a significant role to play in keeping antibiotics working by ensuring that every prescription for antibiotics is based on clinical need and national guidelines, and by educating patients to take and dispose of antibiotics responsibly. I urge colleagues to take the prescribing survey in order to support this vital work and refresh their knowledge of this important aspect of clinical practice."

New app launched – Tooth Fairy

- 2.4. A new app, [Tooth Fairy](#) has been launched which provides a searchable list of dentists in the local area, on-demand video calls with dentists, and the option to book a follow up appointment. The BDA has expressed concern over whether a thorough examination can be conducted remotely.

Access to dentistry – analysis of the 2019 GP patient survey

- 2.5. The [2019 GP Patient Survey](#), commissioned by NHS England, was sent out to two million people across the UK with a response of approximately 770,000 individuals.
- 2.6. The questions surrounding dentistry were analysed by the [BBC](#), who suggested that more than two million adults in England are unable to see an NHS dentist. Included in this number were an estimated 1.45 million who have tried and failed to get an NHS appointment in two years, with the rest on waiting lists or put off by cost.

NHS Orthodontic services in the West Midlands

- 2.7. The tendering process for NHS orthodontic services in the West Midlands has been called into question by the [BDA](#) and Association of Dental Groups (ADG).
- 2.8. After a six-month procurement effort for the orthodontic contracts, the process has been halted, with providers raising questions over the practicality and burden of the contracts. The BDA claims that many providers have been left out of pocket as a result of bidding for the tenders.

Funding doubled for older people’s oral health programme in Wales

- 2.9. Additional funding for older people’s oral health has been announced by the Welsh Government. The new funding will ensure the service can be offered to all care homes in Wales from 2020/21.
- 2.10. The Gwên am Byth (A Lasting Smile) oral health improvement programme currently runs in over 52% of care homes across the seven health boards in Wales. The new investment will mean all care homes in Wales will be invited to join the programme from next year. The additional funding will also help programme staff to explore ways to further support vulnerable older people living at home.
- 2.11. Minister for Health and Social Services, Vaughan Gething said:
- 2.12. “Looking after our teeth is something that remains a priority throughout our life. Good oral health can help people’s health and wellbeing. The further funding announced today will ensure older people from across Wales will now benefit. As a dementia friendly nation, I’m pleased to hear that the scheme is really delivering for some of the most vulnerable in our society.”

3. Summary of media issues and coverage achieved

GDC’s use of ‘undercover’ investigators

- 3.1. Following GDC criticism seen in relation to the use of undercover investigators in fitness to practise cases (coverage largely driven by indemnifier [Dental Protection](#)), the GDC [published a blog](#) to address some of the misconception and provide a lasting accurate picture of the GDC’s approach in these rare instances.

GDC publishes three-year strategy: Right time, right place, right touch

- 3.2. The launch of the GDC corporate strategy saw coverage in [The Dentist](#) and [Dentistry](#). Head of the Dental Defence Union (DDU), John Makin, positively responded to the launch which was covered by [Dental Review](#).

GDC announces introduction of registration application fees

- 3.3. The announcement of the introduction in January 2020 of registration application fees saw coverage in [The Dentist](#), [Dental Review](#), [The Probe](#) and [Dentistry](#).

GDC publishes the 2018/19 Patient and Public Survey

- 3.4. The publication of the 2018/19 Patient and Public Survey was picked up by [The Probe](#), [Dental Review](#), [Dental Tribune](#) and [Dentistry](#). [MDDUS responded positively](#) to the survey and this was covered by [The Probe](#) and [Dental Review](#).

Fitness to practise coverage

- 3.5. Dr Majid Mustafa's fitness to practise determination was covered by [Daily Mail](#), [Mirror](#), [BBC](#) and [Metro](#).

4. Parliamentary updates

Dental contract prototype regulations

- 4.1. The [regulations to the prototype agreement scheme](#) until 31 March 2022 came into effect on 9 December. Prototype practices are testing the new dental contract in England.

Cabinet and health ministers

- 4.2. There has been one change to the ministerial team at the DHSC over recent months and two changes to the Cabinet following the General Election in December 2019.

- 4.3. At DHSC, Edward Argar MP (Charnwood), took up the post of Minister of State on 10 September. He replaced Chris Skidmore MP, who has moved to become the Minister of State at the Department for Education and the Department for Business, Energy and Industrial Strategy, replacing Jo Johnson. The new Minister of State, Edward Argar MP, was previously Parliamentary Under Secretary of State at the Ministry of Justice from 14 June 2018 to 10 September 2019. Before becoming an MP in 2015, he worked as a public affairs and management consultant.

- 4.4. There are two new members of the Cabinet, these are:

4.4.1. The Rt. Hon. Thérèse Coffey MP (Suffolk Coastal) has joined the Cabinet as the Secretary of State for Work and Pensions. She has previously held junior ministerial posts at the Department for Environment, Food and Rural Affairs (Defra) and was elected to the House of Commons in 2010.

4.4.2. Simon Hart MP (Carmarthen West and South Pembrokeshire) has been appointed the Secretary of State for Wales. This is his first ministerial post following his election to the House of Commons in 2010. Before becoming an MP, he was Chief Executive of the Countryside Alliance.

Queen's Speech 2019

- 4.5. The opening of parliament was held on 19 December 2019, the following announcements were made:

4.5.1. The EU (Withdrawal Agreement) Bill is the priority for the new government. The bill includes an implementation period, ending on 31 December 2020 and rights for EU, EEA and Swiss citizens.

- 4.5.2. The government's programme also includes an Immigration and Social Security Co-ordination (EU Withdrawal) Bill. The Migration Advisory Committee (MAC) has been asked to consider international points-based systems, and is due to report in January 2020. There will be additional legislation to deliver exit-related priorities by the end of the implementation period, including legislation needed to implement rules for future relations with the EU.
- 4.5.3. The government will deliver the NHS Long Term Plan in England and provide a multi-year financial settlement (agreed in 2019), which will be enshrined in law to ensure the health service is fit for the future. It will be focused on the delivery of the NHS People Plan and will introduce legislation to accelerate the implementation of the NHS Long Term Plan. Plans for more staff, more hospitals, free parking (for those in the greatest need) and more GP appointments are also included in the programme.
- 4.5.4. A Medicines and Medical Devices Bill will ensure that our NHS and patients can have faster access to innovative medicines, while supporting the growth of our domestic sector.
- 4.5.5. Reforms to make the NHS safer for patients, including the Health Service Safety Investigations Body (HSSIB) Bill. The legislation will establish this new independent body, in England, to investigate patient safety concerns and share recommendations to prevent similar incidents recurring.
- 4.5.6. The government has committed to providing extra funding for social care and will urgently seek cross-party consensus for much needed long-term reform so that nobody needing care should be forced to sell their home to pay for it.
- 4.5.7. The government will continue work to modernise and reform the Mental Health Act to ensure people get the support they need, with a much greater say in their care.

Lisa Bainbridge, Head of Nations and Engagement (interim)

lbainbridge@gdc-uk.org

Tel: 020 7167 6384

06 January 2020

Stakeholder engagement report – January 2020

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Daniel Knight, Stakeholder Manager Serena Monaco, Stakeholder Engagement Officer Lisa Bainbridge, Head of Nations and Engagement (interim)
Type of business	To note.
For Council only	Public Session
Issue	This paper provides Council with a summary of stakeholder engagement activities and new appointments during the reference period. The aim is to be transparent as well as providing additional context to inform strategic discussions and decision making.
Recommendation	To note.

Contents

This report includes the following sections:

1. Stakeholder appointments
2. Stakeholder engagement report
3. Stakeholder engagement calendar (January and February)

1. Stakeholder appointments

- 1.1. There have been two new appointments to the Society of British Dental Nurses (SBDN). Louise Smith has been appointed to the position of Vice President and Claire Faulkner has been appointed Vice Chair.
- 1.2. Jacqui Elsdon has been inaugurated as the new President of the British Association of Dental nurses 2019-2021 at the National Dental Nursing Conference held in Oxford on 1 November.
- 1.3. The General Osteopathic Council (GOsC) has announced that Dr Bill Gunnyeon CBE, who is the current Chair of their Policy Advisory Committee, will take over as the Chair of Council on 1 April 2020.
- 1.4. The General Pharmaceutical Council has appointed Liam Anstey as the new Director for Wales. He took up his appointment on 11 November.
- 1.5. We have been notified of the following changes at NHS Education for Scotland. Carline Lamb, the outgoing Chief Executive has taken a secondment to the Scottish government as Director of Digital Reform and Service Engagement, the Acting Chief Executive is now Professor Stewart Irvine, taking his role as Acting Medical Director is Professor Rowan Parks and taking up the post of Acting Deputy Director is Andrey McColl.
- 1.6. Professor Alan Manning has been reappointed as Chair of the Migration Advisory Committee (MAC) to complete the current commission, he has been in post since 2016 and his three-year term has been extended to the end of January 2020.

2. Stakeholder engagement report

International

- 2.1. We provided a presentation on the future recognition of EU qualifications in the UK following EU Exit at the meeting of the Federation of European Dental Competent Authorities and Regulators (FEDCAR) on 29 November 2019.

UK-wide engagement

- 2.2. The Head of Adjudications presented on the fitness to practise process and the regulatory restrictions that are currently constraining it at the British Dental Association (BDA) Indemnity Strategy Day on 20 November.
- 2.3. We hosted a workshop on developing new guidance for managers of dental professionals on 11 December 2019 at our Birmingham office. Attendees included member of the BDA, Care Quality Commission (CQC) and the Dental Defence Union (DDU). Discussions included the topics and types of content that should be included in the new guidance.
- 2.4. We attended the Professional, Statutory and Regulatory Bodies Forum on 11 December where discussions included the impact of EU exit and developments to continue the recognition of accredited degrees after EU exit.

- 2.5. The Head of Public Policy attended the Westminster Health Forum on 12 December where discussions included the NHS workforce, the NHS People Plan and key leadership issues. Repeated references were made to professionalism and leadership throughout the conference which resonated with the work being led by the GDC.
- 2.6. Members of the policy team and In-house Legal Advisory Service (ILAS) attended the Proportionality Test Engagement Event held at the offices of the Mutual Recognition of Professional Qualification (MRPQ) on 19 December. Discussions included progress made on the proportionality test regulations and what these will mean for regulators.

Health and care professional regulators

- 2.7. We met with the Head of Education Policy and Quality Assurance at the General Medical Council (GMC) on the 27 November to discuss developments in quality assurance across the regulators.
- 2.8. Members of the policy team and ILAS attended the cross-regulatory workshop on sexual misconduct held at the GMC on 6 December. Discussions included the production of guidance for identifying and managing sexual misconduct, raising public awareness of the issue and working with employers to address issues.
- 2.9. The Head of Public Policy attended a focussed workshop exploring the possibility of rating in General Dental Practice at the Care Quality Commission on Monday 9 December 2019. Discussions included whether dental practices should be rated and the best way to do this.

Scotland

- 2.10. The Director for Scotland attended a meeting with the NHS Complaints Personnel Association Scotland on 20 November, where we received updates on complaints from the GMC, Scottish Government, Scottish Public Services Ombudsman and the Practitioner Advice Support Scheme.
- 2.11. The Director for Scotland met with Tom Ferris, Chief Dental Officer (CDO) Scotland and Alan Whittet, Senior Dental Advisor, NHS National Services Scotland on 21 November to provide updates on key workstreams, including details of the corporate strategy.
- 2.12. The Head of Adjudications, Head of Upstream Regulation and the Director for Scotland attended a meeting of Scottish Dental Practice Advisors meeting on 22 November where discussions included complaint referrals and EU qualified practitioners, particularly with reference to the provision of information in key practice areas.
- 2.13. The GDC hosted a meeting of the Dental Professional Forum in Edinburgh on 27 November 2019. Presentations provided at the event included the launch of the new Corporate Strategy 2020-2022 and End to End Review of Fitness to Practise. The keynote speaker, Tom Ferris, CDO Scotland, provided a breakdown of the priorities for dentistry in Scotland.

- 2.14. The Director for Scotland met with Jason Birch, Head of Regulatory Unit, Chief Nursing Officer's Directorate on 6 December 2019 where discussions included an update on current priorities and the appointment of the new Head of Scottish Affairs.
- 2.15. The Executive Director, Fitness to Practise Transition presented an update on the Corporate Strategy 2020-2022 and the next stage of the End to End Review of Fitness to Practice to the BDA Scotland on 12 December. Later that day, he attended a meeting of the Scottish Directors of Dentistry to provide details of priorities for the GDC and how we are sharing learning and engaging with key stakeholders across the UK.
- 2.16. The Head of Adjudication provided an update on the End to End Review Fitness to Practise at a session for dental mentors in Dundee on 31 December 2019.

Education and student engagement

- 2.17. We attended the Health Education England (HEE) Advancing Dental Care Assurance Board meeting on 21 November. The presentation focussed on best practice across Europe of using the dental care professional skill mix with an emphasis on Denmark, Finland and Netherlands.
- 2.18. We attended the UK Healthcare Education Advisory Committee (UKHEAC) meeting on 22 November. Discussions included priorities for 2020 and the NHS People Plan.
- 2.19. The Head of Education Policy and Quality Assurance and the Head of Communications and Engagement attended a meeting with the National Examining Board for Dental Nurses (NEBDN) on 2 December. We provided updates on the launch of the Corporate Strategy, application fees, risk-based quality assurance and wider issues of quality management of dental nurse training.
- 2.20. The Head of Education Policy and Quality Assurance met with the Chair of the Dental Schools Council and the Dental Schools Dean for London and Newcastle on 9 December. Discussions included revisions to the monitoring process and how to improve transparency and communication.
- 2.21. Between 25 November and 6 December, we completed the following student engagement sessions where we detailed the role of the GDC and completed some interactive exercises on professionalism. All sessions were with first year BDS students, they were:
- 25 November – Queen Mary University London
 - 2 December – University of Manchester
 - 3 December – Queens University Belfast
 - 3 December – University of Liverpool
 - 4 December – Sheffield University

Lisa Bainbridge, Head of Nations and Engagement (interim)
lbainbridge@gdc-uk.org

06 January 2020

3. Stakeholder engagement calendar (January and February 2020)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30 Dec	31 08:30 Comms: Check CMS Forms 09:00 JC: Dundee Dental Education Centre: session for mentors; Perth, Scotland (Skype option available); stakeholder	1 Jan 20 New Year's Day	2 08:30 Comms: check CMS forms	3	4
6 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	7 08:30 Comms: Check CMS Forms 12:00 SoP Report Feedback; Meeting - WS 5.1 - Fifth Floor Meeting Room (6) (SKYPE); Humaira Khanom 14:00 PG Cert in Dental Law and Ethics Talk (postgrad session on ethics); Iuton	8 Warwick OT inspection (Martin lead); Martin McElvanna	9 08:30 Comms: check CMS forms 14:00 Advisory Board for Specialty Training in Dentistry Meeting (ABSTD); Royal College of Surgeons of England; stakeholder	10	11
13 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder 10:00 Fwd: DFT undergraduate liaison group; Sheffield Dental School; Alison.Harwood@hee.nhs.uk	14 08:30 Comms: Check CMS Forms	15 11:00 Royal College of Surgeons of Edinburgh-Specialty Meeting; Royal College of Surgeons of Edinburgh-Surgeons Hall, Nicolson St, Edinburgh, EH8 9DW.; Natalie Watson	16 08:30 Comms: check CMS forms 14:00 AC - HEE Dentists in difficulty study day; stakeholder	17	18
20 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	21 08:30 Comms: Check CMS Forms	22 Leeds HT inspection; Kathryn Counsell-Hubbard	23 08:30 Comms: check CMS forms 09:30 GDC & HEIW re QA of Dental Specialty Training in Wales; HEIW Meeting Room 4, Ty Dysgu, Cefn Coed, Nantgarw, CF15 7QQ; Frances Yuen-Lee (HEIW)	24	25
27 Edinburgh OT inspection; Scott Wollaston 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder	28 08:30 Comms: Check CMS Forms	29 Edinburgh HT inspection; Edinburgh University; Kathryn Counsell-Hubbard 15:00 BDS induction - University of Birmingham; Lecture Theatre 1 and 2, University of Birmingham, 5 Mill Pool Way, Birmingham, B5 7EG; Daniel Knight	30 08:30 Comms: check CMS forms	31 14:00 JC: Dundee Dental Education Centre: Session for mentors in Perth; Perth, Scotland; stakeholder	1 Feb

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27 Jan	28	29	30	31	1 Feb
<p>← From 26 Jan Edinburgh OT inspection; Scott Wollaston</p> <p>09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder</p>	<p>08:30 Comms: Check CMS Forms</p>	<p>Edinburgh HT inspection; Edinburgh University; Kathryn Counsell-Hubbard</p> <p>15:00 BDS induction - University of Birmingham; Lecture Theatre 1 and 2, University of Birmingham, 5 Mill Pool Way, Birmingham, B5 7EG; Daniel Knight</p>	<p>08:30 Comms: check CMS forms</p>	<p>14:00 JC: Dundee Dental Education Centre: Session for mentors in Perth; Perth, Scotland; stakeholder</p>	
3	4	5	6	7	8
<p>09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder</p>	<p>08:30 Comms: Check CMS Forms</p> <p>09:30 FD induction - HEE South West; Centreparcs Longleat Forest, Warminster, BA12 7PU; stakeholder</p>		<p>08:30 Comms: check CMS forms</p> <p>13:30 TBC - West Wales FD Induction visit to GDC offices</p>		
10	11	12	13	14	15
<p>09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder</p>	<p>08:30 Comms: Check CMS Forms</p>	<p>09:00 Save the date - Moving Upstream Conference 2020; Location TBC (London); Daniel Knight</p>	<p>08:30 Comms: check CMS forms</p>	<p>12:00 FD Induction - Aberdeen; Confirming location; stakeholder</p>	
17	18	19	20	21	22
<p>09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder</p>	<p>08:30 Comms: Check CMS Forms</p>		<p>08:30 Comms: check CMS forms</p> <p>10:30 Wellbeing in Dentistry - British Dental Association and Public Health England; BDA Wimpole St; stakeholder</p>		
24	25	26	27	28	29
<p>09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting Room - BH (CS01) - Medium Meeting Room (8) (SKYPE); stakeholder</p>	<p>08:30 Reform to professional healthcare regulation in the UK - Westminster Health Forum; Central L...</p> <p>08:30 Comms: Check CMS Forms</p> <p>13:30 TBC Head of Scottish Affairs: SPSO Conference on complaint handling</p>		<p>08:30 Comms: check CMS forms</p> <p>10:00 OHS Student Conference 2020; Center for Health Science - Perth Rd, Inverness; stakeholder</p>		

Annual Report – Information Governance

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Luke Whiting, Information Governance Manager & Data Protection Officer
Type of business	To note
For Council only:	Public Session
Issue	To provide the Council with the annual information update for 2019.
Recommendation	The Council is asked to note the annual information update for 2019.

1. Introduction

- 1.1 Throughout 2019, and going into 2020, there remains a strategic risk on the GDC's register in relation to data breaches, Risk CP1 - "Failure to comply with the requirements of the GDPR and Data Protection Act 2018 leading to enforcement action". The residual risk score for CP1 is currently 12, which is on the risk appetite limit.
- 1.2 The GDC's Information Governance Team, working with colleagues across the GDC, ensures this risk is appropriately managed and mitigated by developing and improving the GDC's information governance framework, the way it manages and disposes of information, identifies and responds to data security incidents, and ensures compliance with the Freedom of Information Act 2000 (the FOI Act) and the Data Protection Act 2018 (the DPA).

2. The work of the Information Governance Team in 2019

- 2.1 During 2019, the Information Governance Team has managed a complex caseload of information requests, the GDC's DSI reporting process, and the GDC's relationship with the Information Commissioner. As part of this core work, the team has also continued to train and support staff while completing project work aimed at strengthening the GDC's information governance framework.
- 2.2 Significant improvement work completed during the year included a review of records held in offsite storage, implementation of the GDC's retention schedule, implementation of an email deletion/retention policy which reduced emails held in outlook from 10m to 2m, and the creation of a records management policy.
- 2.3 The team's performance against KPIs remains high. During the year of 2019 **98% of FOI requests** completed (182 requests) and **96% of SAR requests** completed (185 requests) were responded to within the statutory deadline. This translates to missing four FOI and seven SAR deadlines. This is a significant achievement given the additional work the team completed during the year.
- 2.4 Another critical measure of performance across the organisation and reported on by the team is in relation to Data Security Incidents (DSIs). **114 incidents** occurred (142 in 2018)

and **two of these were reported to the ICO** in 2019 (**five in 2018**), although no enforcement action was taken.

2.5 Please see Appendix 1 for a summary of the core work of the team.

2.6 A summary of other work completed by the team is set out below:

Area	Work Undertaken	To note
Training	<p>The team have run monthly induction training sessions (twice monthly when the new casework staff in Birmingham joined) for new staff and ensured GDC staff completed annual data protection training on the GDPR.</p> <p>Workshops were also run in relation to the email deletion policy and the use of a document library storage solution.</p>	
Disclosure log	We have continued to review and publish appropriate FOI responses on a quarterly basis in the GDC's online disclosure log.	
Legal Advice	The GDC's information law solicitor, provided more than 200 pieces of formal legal advice (in addition to advice provided informally and supporting the team more widely) to internal clients on matters relating to the disclosure of information under the FOI, DPA and our own legislation (mainly in relation to FTP).	Disclosure requests for clinical advice reports have been particularly challenging to manage. Requests for advice in relation to contracts and procurement and specifically the role of the supplier as a data processor/controller have also been complex to resolve.
Objections to processing	The Data Protection Officer received four formal complaints and objections to the way in which the GDC has processed personal data. Two have been responded to and two are open.	<p>These related to:</p> <ul style="list-style-type: none"> • the description of a conviction in a determination; • the sharing of registrant history with the NHS for the performers list; • a data breach; • sanction information no longer on the GDC's website still being available via google.

Information Governance Group (the IGG)	The IGG is part of the GDC's information governance framework and has, at its quarterly meetings, helped shape the development of the data security incident reporting, policy, and support framework; the offsite records review project; and the records management policy.	
Records management	<p>The GDC's Records Manager completed a review of boxes held in offsite storage that had been identified as being ready for review and disposal under the GDC's Retention Policy.</p> <p>A 'lift the lid' exercise was also completed on the 1068 boxes where the contents and/or business owner was unknown.</p>	<p>As a result of this work, the GDC now has a complete inventory of the records it holds in offsite storage and has for the first time, reviewed and destroyed records in line with its published retention and disposal schedule.</p> <p>Discussion is underway with the BDA about donating books to their library and papers of historical interest to their archive.</p>
Data Privacy Impact Assessments (DPIAs)	During the year, DPIAs became a more formal part of the GDC's procurement and project management processes. The team have advised and assisted colleagues completing the screening questions and on those pieces of work requiring a full DPIA.	Full DPIAs were completed for health tests in FtP and are underway for the DARTs technology and people services IT systems procurement.
Internal audit of GDPR compliance	Audit of GDC's GDPR work programme and compliance completed by Mazars.	The audit provided substantial assurance . The auditor concluded that the GDC's implementation of the GDPR project demonstrated good VfM and that the GDC addressed GDPR to a greater level of compliance than organisations in the same sector in areas.
NHS toolkit assessment	<p>Working with the GDC's Risk Management and Internal Audit team we completed an assessment of the GDC's IG risk management framework using the NHS Data Security and Protection Toolkit.</p> <p>Of the 112 criteria we could evidence meeting 106. Of the 55 mandatory criteria we could evidence meeting 51.</p>	<p>The assessment will provide a basis for the team's 2020 work plan.</p> <p>This is the first time the GDC has assessed itself using an objective measure of performance aligned with the ISO27k suite of policies, but it will now take place on an annual basis.</p>

Team restructure	The Deputy Information Governance Manager and DPO and two Information Officer posts were, following consultation, moved and recruited to in Colmore Square.	
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3. Review and analysis of Data Security Incidents 2019

- 3.1 There was a decrease in the number of DSIs reported during 2019, compared with 2018. Although as new staff joined and got up to speed work flow may have been a factor, in the coming months we will also be running awareness raising exercises to ensure visibility of the process remains high.
- 3.2 As in previous years the majority of incidents reported occurred in FTP Casework, and in areas of the office that handle large volumes of personal data. But all areas of the organisation reported incidents, indicating that awareness and use of the reporting system was generally good. The main cause of incidents continued to be human error. This was often where checks failed to prevent a DSI occurring. Causes of these lapses are being reviewed and include where people were working under pressure or too quickly and across multiple cases at once.

4. Data Security Incidents referred to the ICO

- 4.1 In 2019, **two incidents** (one involving the loss of records on a USB and one where mental health information was included in a public determination) were considered serious enough that we self-reported them to the Information Commissioner. This is a decrease from the five incidents reported in 2018.
- 4.2 In the two incidents the Information Commissioner concluded that the framework the GDC already had in place was appropriate, that the incidents were due to human error, but they nonetheless welcomed the actions taken in response and further improvements made as a result of the incident. On that basis, the Commissioner decided that they should not take any enforcement action.

5. Information requests

- 5.1 During the year 367 information requests were also completed. This is an increase of 55 on 2018. 98% (178) of the 182 FOI requests responded to in 2019 were responded to within the statutory timeframes (20 working days) or an extension was appropriately claimed to carry out a public interest test. 96% (178) of the 185 subject access requests responded to in 2019 were responded to within the statutory timeframes (30 calendar days) or an extension was appropriately claimed. This is a considerable achievement given the volume and complexity of the project work the team also undertook in 2019.
- 5.2 FOI requests of note received during 2019, included hearing transcripts and information relating to cases overturned following appeal by the PSA, requests in relation to overseas trained dentists registering as dental therapists via s36C of the Dentists Act 1984 (as amended), the use and cost of in-guise visits in FTP, and information relating to the component parts of the Overseas Registration Examination (ORE). This was part of a concerted campaign about the ORE.
- 5.3 The number of subject access requests received in 2019 was significantly higher than previous years, although inflated by requests from people who had failed the ORE. We also regularly received requests from people involved in the FTP process. These requests often related to a single FTP complaint, for example a copy of the case file usually from the

patient (informant) but also from the registrant. We have though received a volume of requests for, expert reports, including clinical advice, and individual medical records. Requests for information during the FTP process were frequently complex.

6. Internal Reviews of our decisions

- 6.1 Under the FOI Act organisations are required to carry out an internal review of an initial decision where someone expresses dissatisfaction. 9 reviews were received and completed in total for 2019 (six in relation to FOI and three in relation to a SAR). This compares to 12 in 2018 and 19 reviews in 2017).

7. ICO FOI Complaints and Decisions

- 7.1 Of the 367 information requests the GDC responded to in 2019, **one** FOI response was appealed to the Information Commissioner (zero in 2018, two in 2017 and seven in 2016). In this case the ICO upheld the GDC's decision not to disclose FTP casework guidance. These low numbers speak of the quality of the team's initial responses and the effectiveness of the internal review process.
- 7.2 Three subject access cases were referred to the Information Commissioner. One complaint of delay was upheld but overall in all three cases the ICO found that the GDC had disclosed information appropriately and no further action was recommended.

Recommendation

- 7.3 The Council is asked to **note** the information update.

Luke Whiting, Information Governance Manager and Data Protection Officer
LWhiting@gdc-uk.org
Tel: 0207 167 6309

06 January 2020

Appendix 1

	Q1	Q2	Q3	Q4	Annual Total 2019	Annual Total 2018	Annual Total 2017	Annual Total 2016
DSIs	27	30	26	31	114	142	94	129
FOI Requests Received	50	36	38	53	177	207	234	369
FOI Requests Completed	42	40	40	60	182	218	228	391
SAR Requests Received	49	52	30	56	187	98	107	102
SAR Requests Completed	34	56	40	55	185	94	113	80
Internal Reviews	0	3	6	0	9	12	19	14
Complaints to the Information Commissioner (FOI and SAR)	0	1 (FOI)	3 (SAR)	0	4	1	3	7

People Services and Organisational Development Annual Report 2019

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lucy Chatwin, Head of People Services Alex Bishop, Head of Organisational Development and Inclusion John Middleton, Senior People Partner
Type of business	To note
For Council only:	Public session
Issue	To provide the Council with a report of People Services and Organisational Development activities, achievements and workforce metrics.
Recommendation	The Council is asked to note the contents of this report.

1. Introduction

- 1.1 This paper provides:
- an annual report of the main activities and achievements of the teams for 2019
 - key workforce metrics for the reporting period 1 January to 31 December 2019; and
 - a forward look at the directorates' people plans for 2020.
- 1.2 A major focus of work for the team throughout 2019 has been the estates programme. The team have played an integral role supporting the consultation process with current employees; recruiting for Colmore Square; supporting the continued exit strategy for employees leaving from London and helping to develop the employment culture in Birmingham and the cross site working across the GDC.
- 1.3 During a year of change and restructure for the People Services and Organisational Development team, including the launch of the new team in August, the team have continued to lead initiatives across the GDC including the introduction of Project SELF (Switch-off, Engage your mind, Love your body, Focus on you) and the commitment to the 'Time to change' mental health initiative. In addition, the team has actively increased the level of partnering with the leadership teams supporting over 86 employee relations cases, 183 recruitment campaigns and supporting the reduction of overall sickness absence by 16.4%.

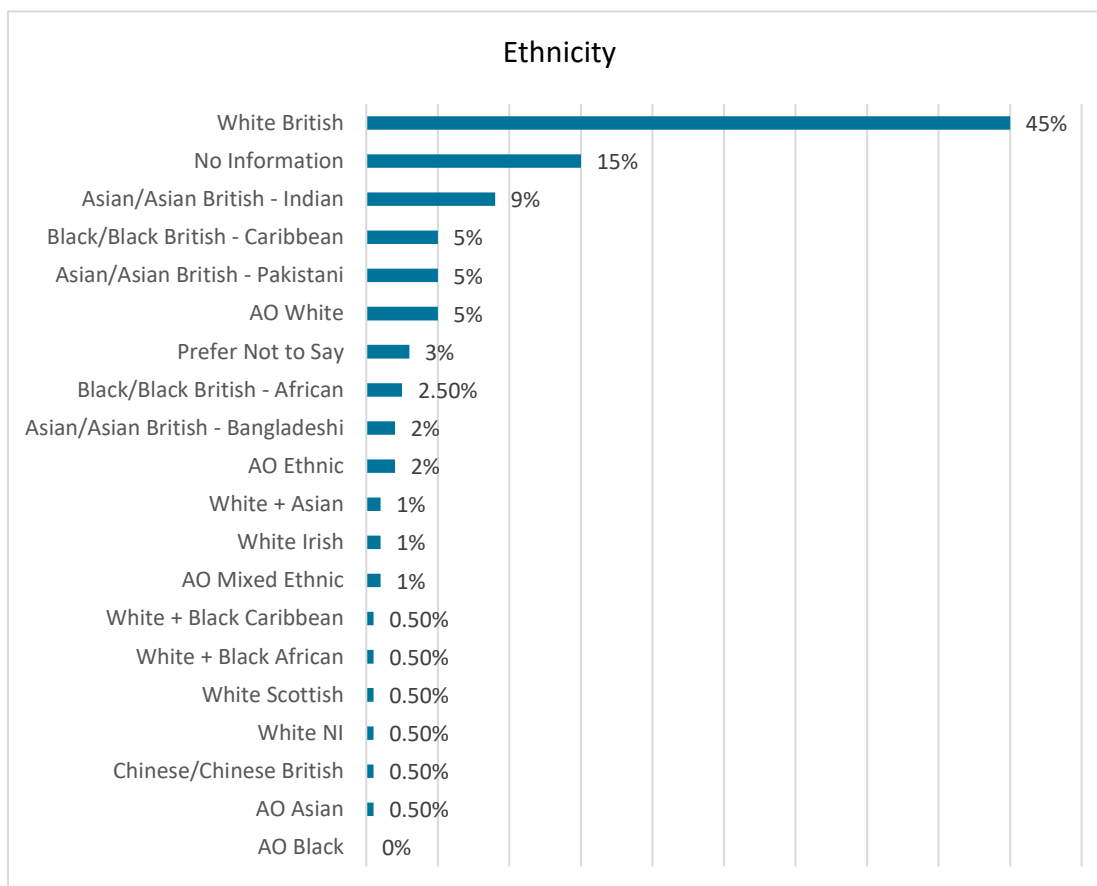
2. Workforce Metrics

- 2.1 The GDC employed 353 employees at 31 December 2019 compared to 376 at 1 January 2019. Of these, 324 were permanent employees (2018: 338) and 29 were fixed-term (2018: 38). This represents a 24% decrease in the number of employees on a fixed-term contract over the last year. In terms of permanent employees, there has been a decrease of 4% in staffing numbers over the past year.

- 2.2 During the latter part of 2018 and into 2019 there was a higher reliance on fixed term contracts and there were dual running positions due to the estates project to support efficient handover. As the project is about to complete the number of fixed term contracts has reduced and overall headcount stabilised.
- 2.3 The average length of service at the end of 2019 was 2.5 years. This is a slight reduction on the previous year's average of 2.8 years.
- 2.4 The table below shows that just over a third (124) of employees had less than one year's service and 80% of the business (239) had been with the GDC for less than five years.

	< 1 Year	1-5 years	6-10 Years	11-15 Years	16-20 Years
London	25	116	47	12	
Birmingham	99	53			1
Total	124	169	47	12	1
Percentage	35%	48%	13%	3%	0%

- 2.5 For People Services specifically, the average length of service at the time of writing this report is 8 months for the team based in Birmingham.
- 2.6 The completion rate for Equality, Diversity and Inclusion (ED&I) data for employees is 85%.
- 2.7 The Gender split within the GDC remains stable at 58% female and 42% male. Further information on gender pay gap reporting is in section 3.3.
- 2.8 7% of employees have disclosed they have either a disability or a long-term health condition.
- 2.9 The tables below provides the ethnicity composition of GDC employees.



2.10 **Appendix 1** has further information on the staff composition, including Religion, Sexual orientation and age.

3. Remuneration

3.1 The mean gender pay gap (GPG) was reported on 4th April 2019 (Snapshot date of 5th April 2018) was 13.2% (18.4% median). The gap has increased from the previous year of 10.4% (18.4 median).

3.2 The April 2019 snapshot data, which is not yet published but is due to be published in March 2020, has slightly increased from 2018 to 13.8% (23% Median).

3.3 The Senior People Partner facilitated a GPG reporting workshop with the SLT Board in October 2019. The GPG reporting and other pay gap reporting will be considered as part of the new equality, diversity and inclusion strategy.

3.4 Future work will include an awareness communications plan for employees and whilst it not yet a legal requirement, we still start to report on other pay gaps for protected characteristics, starting with ethnicity. The findings will then support our people strategy.

4. Employee Relations

4.1 During 2019 the people services team supported 86 employee relation cases. This includes both formal and informal processes. There were 13 formal performance/capability cases, and 2 formal grievances. There were no disciplinary cases that progressed to the formal stage. There were 2 employment tribunal claims received during 2019.

4.2 Sickness (overall): a total of 2702 days were lost to sickness in 2019 (2018: 3230). This represents a reduction in sickness absence of 16.4%.

4.3 An average of 7.4 days were lost due to sickness in 2019. (2018: 8.6 days per employee). The CIPD Health and Well-being Survey Report 2019 reports that the average level of employee absence is 5.9 days per year per employee.

4.4 Sickness (short term): a total of 1,886 days were taken through short-term absences during the reporting period. This represents 2.5 days per employee that took short term sickness leave in 2019.

4.5 Sickness (long term): a total of 816 days were taken through long term absences during the reporting period. This represents an average of 54 days per employee that took long term sick leave in 2019. Long term sickness is classed as continuous sickness leave of more than 20 working days.

4.6 In 2019 54% of absences have either been recorded as 'other' or 'reason not recorded'. The reasons for absences are captured during return to work discussions but not updated automatically on CipHR. The aim will be to change this when the new People System is implemented.

4.7 The main reason for absence during 2019 is due to 'colds/influenza' at 10.9%. A total of 4.7% of sickness absence was recorded as work related with 7.1% of sickness absence being due to mental health conditions (work and non-work related).

4.8 Being mindful of the level of absence due to colds and flu, vouchers for free flu vaccinations were made available to staff in October. 37 staff opted to redeem a voucher.

4.9 One of the aims of the wellbeing work started in 2019 is to make a positive impact on absence figures. Taking part in the Virgin Pulse Global Challenge (May-September) helped raise awareness of steps to improve physical and mental wellbeing. Mental Health awareness sessions for managers in May contained advice on how to support employees with the aim of reducing absence duration.

- 4.10 In 2020, we will continue to work with staff and managers commencing during induction to reinforce our commitment to employee wellbeing. This will also form an important part of management development, as we equip all staff to have open and honest conversations designed to enable people to thrive and be their best at work.

5. Employee Engagement

- 5.1 The GDC staff survey was conducted between 20 June and 15 July. 232 staff completed the survey (a completion rate of 61%).
- 5.2 61.2% of staff completing the survey want to stay at the GDC for the foreseeable future. Traditionally, we have used this figure in reporting to represent the overall staff engagement score. 4.3% of staff completing the survey said they were not happy at the GDC and were considering alternatives. 15.5% said they were unsure whether they want to stay at the GDC.
- 5.3 Top retention drivers are work-life balance and relationships with colleagues, as well as the satisfaction people get from the nature of the work itself. Key turnover drivers are a lack of career progression or development opportunities, the pay and benefits package, and the relationship between employees and management.
- 5.4 Actions are planned to address a range of areas throughout 2020. These include work to understand what is behind a small number of comments left about bullying and incivility, as well as the design and delivery of management development at all levels of the organisation.
- 5.5 In 2020, the intention is to move to pulse surveys rather than large-scale surveys. This enables us to be more flexible in the type and number of questions we ask staff, as well as getting regular and more specific feedback on impact of the actions we are taking.

6. Equality, Diversity and Inclusion

- 6.1 A new Equality, Diversity & Inclusion Partner, was recruited in August, with a view to embedding ED&I as business as usual. This coincides with the expiry of the existing ED&I Strategy in 2020 and initial work has focused on the ongoing creation of a new Strategy, in line with the CCP and Right-Touch Regulation. The launch of ED&I champions will take place in early 2020.
- 6.2 In February 2019 the GDC signed the 'Time to Change' Mental Health pledge, alongside the enrolment and training of several mental health first aiders. The recruitment of a Health, Safety and Wellbeing Coordinator has signalled the fostering of an environment that maintains and nurtures, and the launch of 'Project SELF' has delivered information and tools for the personal wellbeing of GDC Colleagues through an array of communications.
- 6.3 Our ambition for 2020 will be to support leaders at all levels in the organisation to create an environment in the GDC for high performance, engagement and innovation by being inclusive and by empowering people with the freedom to work within clear frameworks so that they can be the best they can be at work. We will support senior leaders to develop an inclusive culture

7. Recruitment and Retention

- 7.1 Recruitment campaigns: the delivery of over 183 recruitment campaigns were managed during 2019.
- 7.2 Cost per hire: our average spend per hire over 2019 was £999. This a reduction of 3% compared to £1028 in 2018.

7.3 Retention: Natural turnover for the GDC in 2019 was 17% (2018: 23%). Total staff turnover for 2019 was 51% compared to the 2018 figure of 35%. The reason for this difference is due to the estates programme.

8. Associates

8.1 The People Services team have reviewed how the organisation manages its associate workforce. A designated People Partner has been recruited to lead the associates work.

8.2 The team in conjunction with the In-House Legal, Finance team and external legal advisors have spent a significant amount of time ensuring the organisation is compliant with IR35 regulations for the GDC's 464 Associates. The risk being that an Associate could be classed as an employee which could result in a fine from HMRC to the GDC. To mitigate this risk, IR35 guidance has been created, the People Partner is ensuring there is appropriate evidence of an Associate being truly self-employed, a check employment status for tax (CEST) process has been introduced records have been centralised. Having a single point of contact for Associates issues helps to mitigate this. Moving forward the team will integrate this knowledge amongst other People Partners to support business continuity.

8.3 The People Partner has supported the Registration team with the engagement of 10 Registration Assessment Panellists during August-September 2019 and subsequently supported their induction to the GDC. They are also assisting the team with the re-engagement of 52 Legal Advisors.

8.4 The significance of this area of work within this team should not be underplayed, progress to mitigate risks and standardise process and practice has been rapid this year, and whilst not always welcomed, provides marked assurances for Council, particularly in relation to IR35 exposure (or lack of).

People Systems

8.5 A People Systems Manager was recruited to oversee the implementation of what was then known as the HR Systems Strategy. A business case was submitted to the SLT board in November 2019 for a fully integrated Payroll and People System which was approved, and the project team are now in the procurement phase.

9. Learning and Development

9.1 *Learning at Work Week 2019 (13-19 May)* – Learning at Work Week is an annual event that puts a spotlight on the importance and benefits of continual learning and development. During this week, 24 sessions took place, covering a diverse range of topics and delivery styles. 194 employees attended events throughout the week, which resulted in over 200hrs of individual learning.

9.2 Through 2019, we continued to advocate the concept of 'everyday learning', promoting the idea that development can take place anywhere, and is not confined to traditional training or classroom-based activities. This has led to the growth of informal lunch-and-learns and other staff-led knowledge sharing sessions e.g.

- coaching circles amongst managers where they share current challenges and best practice.
- the implementation of a staff library, containing magazines and novels as well as personal development books.
- Black History Month saw an informal Q&A event hosted by the Colmore Square Social Committee where staff were able to hear from a local journalist about the career path they had followed.

- 9.3 *Mental Health* – After signing the Time to Change pledge in February, we rolled out mental health awareness training for all staff and managers. Additionally, we have trained 15 Mental Health First Aiders. These individuals assume responsibility for becoming the initial point of contact should someone experience a mental health crisis. These individuals perform an important role in supporting and signposting anyone who may need assistance.
- 9.4 *Corporate Induction* – Significant effort has gone into the induction experience of new starters in the Birmingham office. Corporate induction events have taken place at the start of each month in Birmingham, with a further event in London in October. In total, around 140 staff will have attended an induction event this year
- 9.5 This has led to several iterations of the induction structure and content but has resulted in a process that effectively combines the welcome we want new starters to have, alongside the technical knowledge they need to fulfil their role. The Learning & OD Partner has worked with the SMEs across the business to help optimise the training that new starters have received, including use of the Facet 5 personality profile tool to assist effective team working in newly recruited functions.

10. Priorities for 2020

- 10.1 The Executive Director, Organisational Development joined the GDC in early October 2019. A ‘deep dive’ into the POD strategy has been undertaken together with a ‘deep dive’ review of the following areas:
- People issues (for London and Birmingham)
 - Associates
 - Internal communications
 - Equality, Diversity and Inclusion
- 10.2 A deep dive on learning and development and Health, safety and wellbeing is planned for January 2020.
- 10.3 The focus for 2020 will be
- An early refresh of the People Strategy to provide a clear and simple framework for all People activity clearly linked to the delivery of the CCP. This will encompass all current POD activity
 - The People Strategy will focus on four key pillars of work
 - Delivering and Rewarding excellence
 - Talent Management and career progression
 - Building an inclusive Culture and Leadership
 - Working in the digital age
 - A focus on building and embedding the People services and OD team partnering model recognising its potential whilst acknowledging its organisational inexperience. Work has already started in this with a team development programme which commenced in December.

11. Legal, policy and national considerations

- 11.1 Employment law advice is sought as and when required via the In-House Legal Advisory Team.

12. Equality, diversity and privacy considerations

- 12.1 EDI is an integral part of the People and Organisational Development strategy.

13. Next steps and communications

13.1 The Council is asked to note the contents of this report.

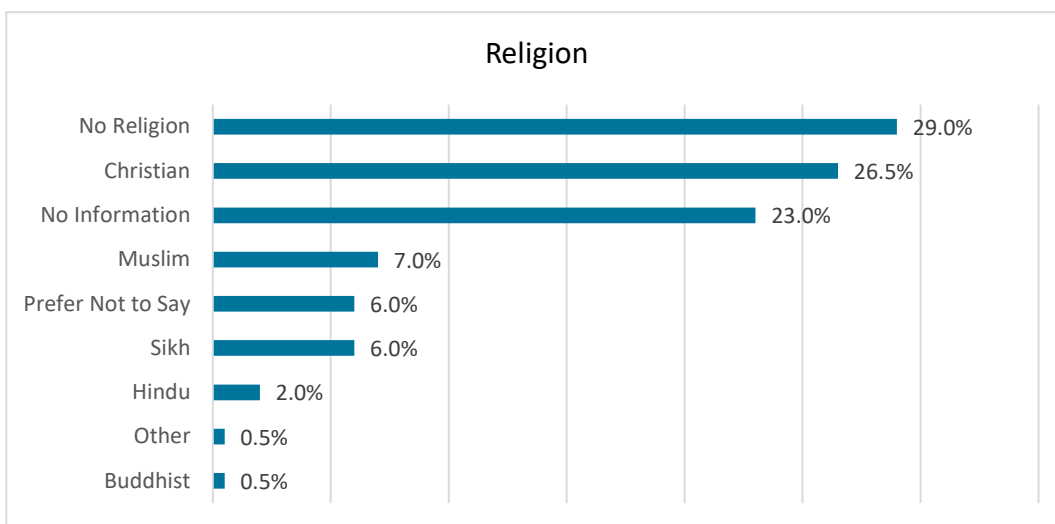
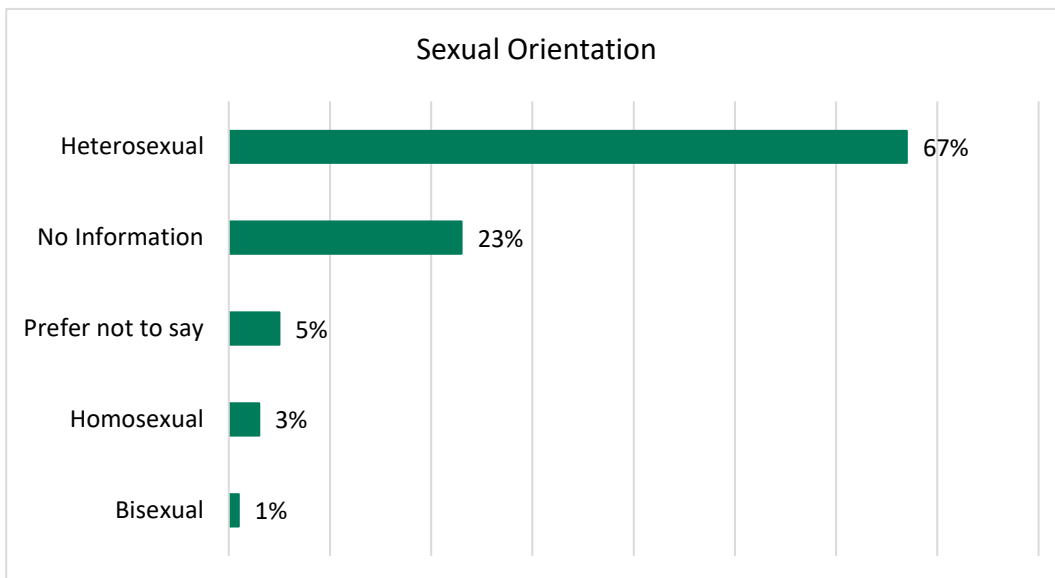
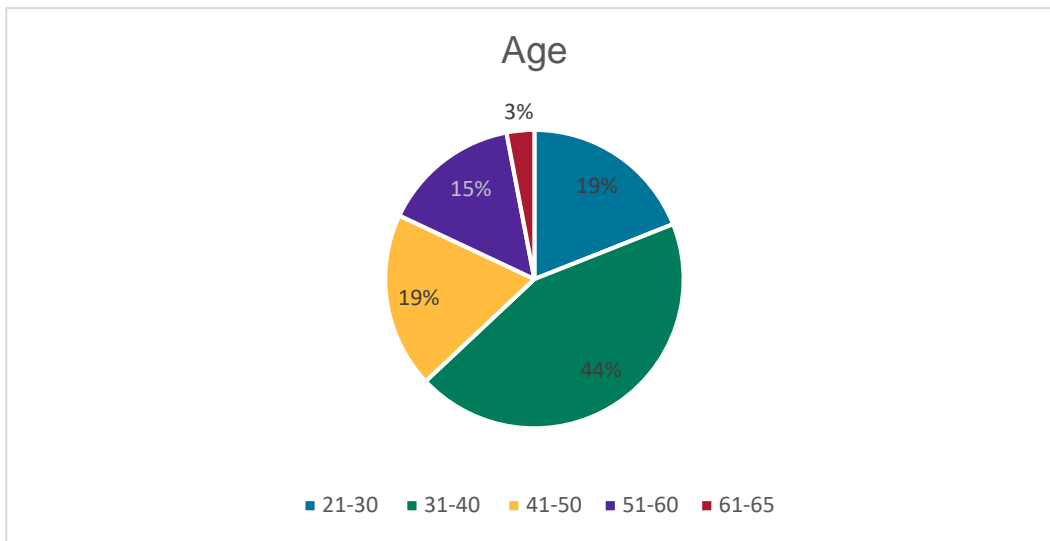
Appendices

1 – Staff composition for Religion, Sexual Orientation and Age

Sarah Keyes, Executive Director, Organisational Development
skeyes@gdc-uk.org

Tel: +44 (0)20 7167 6282

Appendix 1 – 2019 GDC Staff composition for Age, Sexual Orientation and Religion



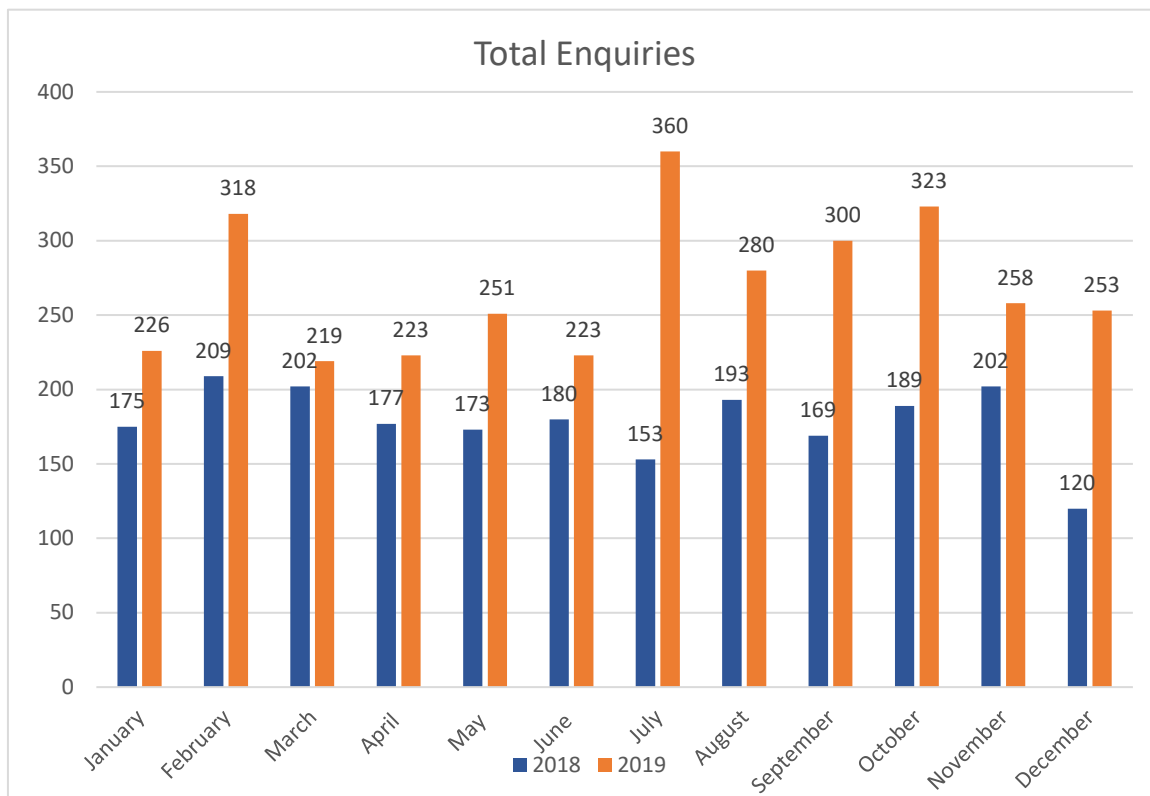
Dental Complaints Service Performance 2019

Executive Director	Tom Scott, Executive Director, Fitness to Practise Transition
Author(s)	Michelle Williams, DCS Head of Operations
Type of business	For decision
For Council only:	Public session
Issue	<p>To provide an update on the performance of the Dental Complaints Service (DCS) in 2019.</p> <p>The Council are asked to approve a move from quarterly to annual reporting to Council on the performance of DCS, with exception reporting if any issues arise.</p>
Recommendation	None

1. Overview

- 1.1 DCS has enjoyed a successful year. The function has embedded improvements in operational performance including the re-calibration of referral criteria to FtP.
- 1.2 Whilst case numbers have reduced due to the reduction in FTP referrals made by DCS, overall enquiry numbers have significantly increased over the year. Despite this, the team have improved performance over the period.
- 1.3 In September 2019, DCS published its review of 2015-18. The intention is to publish annually, going forward. Alongside this, a detailed review of registrant feedback concluded that, whilst improvements can be made, each aspect of the service received a net positive rating.
- 1.4 The DCS Review project that is evaluating what potential roles the service provides within the context of the broader system-wide handling of complaints across the profession and the potential future scope and alternative delivery models of the service has progressed. During 2020 we will be evaluating alternative models of service.
- 1.5 As part of the wider Board Effectiveness work around the streamlining of reporting to the Council, it is proposed that, from 2020, reporting on DCS moves from quarterly to annual, with exception reporting if any issues arise.

1.6 Analysis of Performance



1.7 The most notable aspect of the year was the growth and sustained level of new enquiries within DCS. The team experienced a sustained 40% uplift relating to incoming contact volumes; despite this operational service levels were sustained. Whilst individual registrant issues are behind a measure of the uplift, the full reasons have not yet been diagnosed. We are exploring if any increase in the general profile of the service, or the willingness of registrants to recommend engaging the offering may be contributory factors. In addition, we will be undertaking an analysis of the GDC self-triage mechanism for Fitness to Practise data will take place which may help explain this increase.

1.8 During 2019 DCS received 3147 new enquiries. An analysis of the enquiries received this year is provided below:

Reason	Number:	Note:
Complaints requiring signposting to other organisations able to assist	2753	Overwhelmingly this is because the treatment provided included elements of or was entirely delivered as part of NHS provision – this is outside the remit of the DCS. (486 of these enquiries were in the scope of the DCS remit however the complaints were ultimately resolved without further involvement by DCS and pursued independently by the patient).

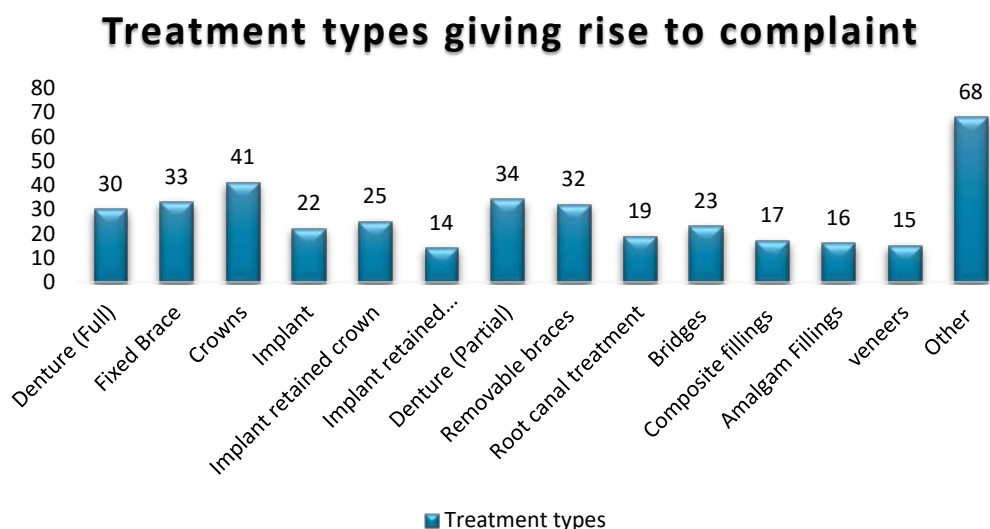
Cases raised	394	These complaints fell within the remit of the service. Of these 63% were resolved locally, the remainder requiring active involvement from the team to secure a resolution.
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Complaint issues

1.9 As in previous years, the dominant reason for complaints (79%) was a perceived failure of treatment.

Treatment types

1.10 Main treatment types relating to complaints raised:

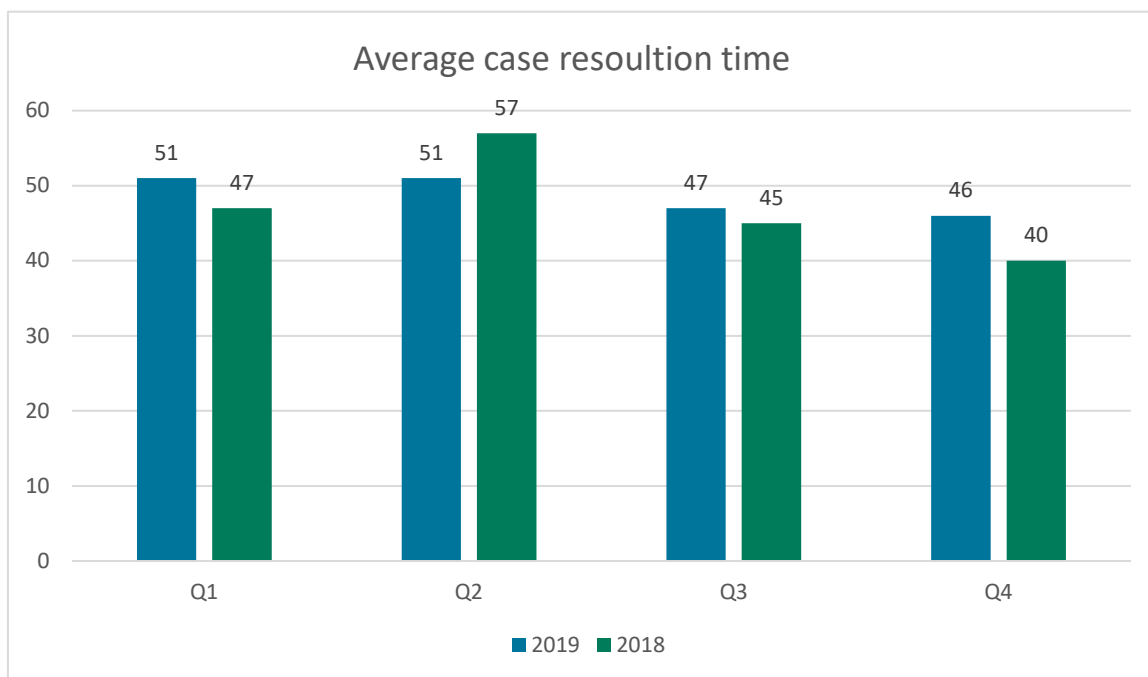
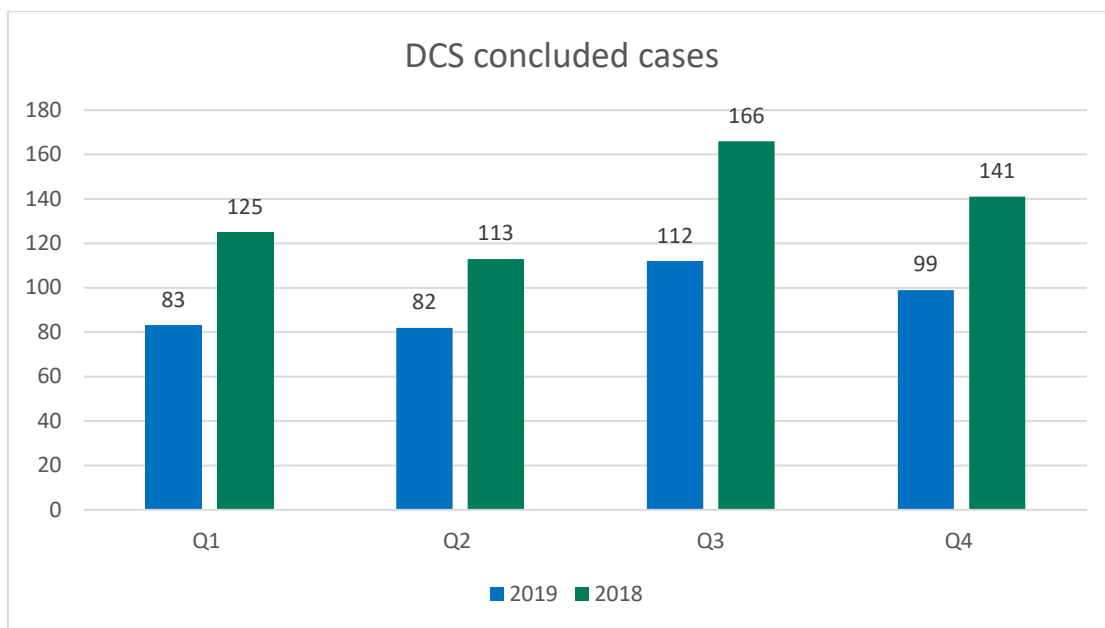


Illegal Practice

1.11 5 referrals were made from DCS to the In House Appeals and Criminal Enforcement (formerly Illegal Practice) team during 2019.

1.12 Performance

The number of cases concluded by DCS in 2019 are set out below. The average resolution time remained at 46 days at the end of Q4, with an average resolution time of 48 days in 2019. During 2019 DCS have been assisting with a single complex case arising at the end of Q3 involving multiple patients, where a discussion regarding liability between the current practice owner, the previous owner (following the practice going 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.



2. FtP Referrals

2.1 There were 46 FtP referrals made in 2019, 1.46% of the total enquiries received in 2019 (3147). Of these, 40 were subsequently moved forward to Casework Assessment for investigation with 6 closures. The number of referrals were impacted by 3 individual registrants where collectively, these referrals accounted for 26 cases.

3. DCS Review 2015-18

3.1 In September 2019, DCS published its review of the service which was well received by the dental profession for demonstrating the operational improvements that DCS has made to the service, as well as, the reduction in the number of referrals made to FtP.

4. Service Work

- 4.1 During 2019 the DCS completed an in-depth survey with the registrants that had been actively involved in the DCS resolution process. Each aspect of the service was positively received although a minority of respondents continue to hold the view that the service is acting more on behalf of the patient rather than being truly impartial.

5. DCS Review Phase II

- 5.1 This phase of the review aims to deliver a fit-for-purpose strategically aligned service set against the system wide complaints handling for patients and professionals, which plans to identify areas to enable patients to raise complaints about their dental treatment.
- 5.2 The first phase review identified alternative complaints resolution models. An assessment of these models will take place in 2020 to identify potential gaps that could be fulfilled by the service, as well as exploring different delivery models.

6. Legal, policy and national considerations

- 6.1 Council is asked to consider the regularity of the DCS report. It is recommended that the report be presented annually to Council, with exception reporting in the event of any performance issues. There are no legal implications. DCS will continue to provide updates in relation to the DCS Review Phase 2, as required.

7. Monitoring and review

- 7.1 DCS produce a monthly report to the Executive Director, Fitness to Practise Transition who will continue to monitor the performance of DCS to mitigate any risk. Whilst it maintains a discrete identity, the DCS is of course a part of the GDC the function remains answerable to the Chief Executive and Accounting Officer.

8. Conclusion

- 8.1 DCS remains committed to providing a valuable, cost-effective service to patients and registrants to facilitate complaint resolution on private treatment. We are looking forward to exploring how we might respond to an evolving market and our growing understanding of the complaint handling landscape within the sector, for the benefit of patients and registrants.

Appendices

- a. None

Michelle Williams, DCS Head of Operations
mwilliams@dentalcomplaints.org.uk
Tel: 020 8253 0811

06 January 2020

Use of the GDC Seal – Annual Report

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Tom Newman, Governance Administrator Katie Spears, Interim Head of Governance
Type of business	To note
For Council only:	Public session
Issue	In line with clause 17 of the GDC Standing Orders for the Conduct of Business 2017, to provide the Council with an annual update on use of the Common Seal by the GDC in 2019.
Recommendation	The Council is invited to note the use of the GDC Seal from 31 January 2019 and 3 January 2020.

1. Introduction

- 1.1 The General Dental Council Standing Orders for the Conduct of Business 2017 make provision for the use of the Common Seal and require the Registrar to keep a record of the affixing of the seal and report its use to the Council.
- 1.2 The Seal is required to execute a certain class of document and thereby bind the Council. The documents are sealed in the presence of the Chair and the Chief Executive who then sign the register of seals.

2. Documents sealed during the period of this report

- 2.1 The table below sets out the documents which have been sealed between 31 January 2019 and 3 January 2020.

Date seal used	Title/Description of document
6 March 2019	Novation Agreement between GDC, Sugarman Health & Wellbeing Ltd & Premiere Employment Group Ltd
28 March 2019	The GDC (EU Exit) (Amendment) Regulations 2019 The GDC (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019
10 July 2019	GDC/Capital Cranfield Pensions Trustees Limited Dead of Alteration
4 September 2019	Design and Build Contract between GDC & Wates Construction Ltd
2 October 2019	Performance Bond from Wates Construction Ltd
29 October 2019	The People's Pension Scheme transfer deed The GDC (Dentists) (Fees) Regulations 2019

	The GDC (Professions Complementary to Dentistry) (Fees) Regulations 2019
5 December 2019	The GDC (Professions Complementary to Dentistry) (Fees) (No.2) Regulations 2019 The GDC (Dentists) (Fees) (No.2) Regulations 2019

3. Next steps and communications

- 3.1 The Council is invited to note the use of the GDC Seal from 31 January 2019 and 3 January 2020.

Appendices

- a. None

Katie Spears, Interim Head of Governance

kspears@gdc-uk.org

Tel: 020 7167 6151

17 December 2019

Annual Report - Decision Scrutiny Group

Executive Director	Tom Scott, Executive Director, Fitness to Practise Transition
Author(s)	Lisa Kavanagh, Quality Manager, Fitness to Practise
Type of business	To note
For Council only:	Public session
Issue	To provide the Council with an annual update on the work of the Decision Scrutiny Group.
Recommendation	The Council is asked to consider the annual report for 2019 on the work of the Decision Scrutiny Group.

1. Introduction

- 1.1 The Decision Scrutiny Group (DSG) and its associated quality assurance work was established in 2017. The DSG has just completed its second year of operation under the stewardship of Steve Townsley, who took over in January 2019.
- 1.2 As this paper was drafted before the end of the year, it covers the period from January 2019 to the end of November 2019.
- 1.3 Overall, **391** reviews were completed in 2019 (January to November), with **369 (94%)** decisions being rated as green and requiring no specific action in relation to the case, 13 decisions rated as amber and 9 decisions rated as red.
- 1.4 The establishment of the DSG enabled the Quality Assurance Group (QAG) to be entirely criterion-based in determining which decisions to consider. This has had a significant positive benefit for the operation of the QAG.
- 1.5 The supporting processes and meeting organisation and operation have developed and embedded throughout the year with the ambition of maximising the amount and impact of learning and insight that can arise from both best practice that is identified, together with areas of improvement.
- 1.6 There have been several examples of learning that would not have occurred without the random sampling of cases, for example:
 - a. Clarification of process for contributions from the Clinical Dental Advice team within the daily Initial Assessment Decision Group (IADG) meetings.
 - b. Cascading examples of good practice found in the reviews; for example, effective use of tabulation in the setting out of reasoning for hearing decisions.
- 1.7 The work across 2019 has provided assurance insofar as no systematic process weaknesses have been uncovered and the focus of analysis has increasingly shifted towards the identification of best practice for sharing.

Background

- 1.8 DSG was established in 2017 as part of our broader quality assurance framework for Fitness to Practise (FtP). The key principle for the work was the scrutiny of a randomised sample of cases covering IAT, Casework, Case Examiners, Hearings, IOC and Rule 9s. This approach complements the work of QAG, enabling it to move to an entirely criterion-based evaluation and considering cases where any party may have concerns that a decision may lie outside the reasonable range of outcomes. Also identifying a potential gap in policy, guidance or process or where independent evaluation or validation of the decision making by the individual/group who came to a view would benefit from further input (typically because it was a very finely balanced decision).
- 1.9 The objective nature of scrutiny is strengthened through the employment of an independent chair. Following the establishment of the group, Rosemary Carter, the inaugural chair, stepped away from the role and Steve Townsley was appointed to replace her from January 2019.
- 1.10 The work of the group is founded on the analysis of a random 10% sample of cases from each stage of the FtP process. Structured evaluation of each case is undertaken by a team of internal reviewers and a report including a Red-Amber-Green (R-A-G) rating is produced. Any cases of note, positive or areas for improvement, together with all amber and red rated cases from the sample are discussed at the quarterly DSG meetings.
- 1.11 All actions arising from the broader scrutiny work and arising from the DSG discussions are captured and overseen by the Facilitation team that supports DSG and QAG in their work. Actions are sifted and cascaded either through the FtP Change, Quality and Continuous Improvement team or to policy managers for completion. Action progress is monitored, reported upon and considered both in terms of completion and ultimate impact, for example “did the completion of training have a demonstrable impact on the incidence of ‘poor setting out of decision reasoning’ at the Case Examiner stage”.
- 1.12 For the first time this year, two mid-point review meetings took place. These were halfway through the quarter and involved the Chair, Executive Directors of Strategy and FTP Transition and Quality Manager. They were to see how many reviews had been completed, if there were any actions that needed to be chased and discuss any other emerging issues. Pre and post DSG meetings have also taken place between the Chair and Facilitation Team. The Chair has found these meetings particularly useful in keeping track of issues and identifying key issues.

Highlights

1.13 Completed 391 reviews (Jan-Nov):

	Initial A/ment	Casework	Rule 9	Case Examiners	IOC Initial	IOC Review	Inv Comm	PC hearing	Subs Hearing	VR	TOTAL
Red	1	2	0	6	0	0	0	0	0	0	9
Amber	5	2	0	2	0	2	0	0	2	0	13
Green	132	74	6	91	13	17	2	12	20	2	369
Total	138	78	6	99	13	19	2	12	22	2	391

1.14 Of these 391 reviews - 369 were green, 13 amber and 9 red. Of these, **66** were discussed at quarterly meetings. From these meetings, discussion of 33 further actions were raised. Quarter 4 is still in progress and cases from this quarter will be considered at the DSG meeting in January 2020.

1.15 Examples of finding learning that otherwise would not have occurred:

- a. Improvement with the interaction of CDA team members. Feedback provided to the CDA team to be cautious when using terms of wording and learning points from a DSG meeting discussed as part of a face to face meeting with the CDA team.
- b. Drafting of decision letters, particularly to informants, to ensure they are clear and logical.

1.16 Examples of best practice that have been or will be cascaded:

- a. This case was referred on at the initial assessment stage. The reviewer rated the process and decision as green. The group highlighted that the decision was well set out and a good example of best practice.
- b. This hearing decision was for erasure. The reviewer rated the process and decision as green. The group agreed with the reviewer's assessment, and agreed that the determination was very thorough, well ordered, and clear – a good example of clearly setting put mitigating and aggravating factors as highlighted in previous DSGs.
- c. This case is regarding clinical concerns regarding orthodontic treatment. Good practice observed: summary of and response to clinical advice.
- d. This case is regarding clinical and deficient professional performance concerns. Good practice: the case examiner requesting to see the previous determination.

2. Resource considerations and CCP

- 2.1 To provide support and consistency the facilitation team has continued to provide cover to the QAG and the DSG. This team is made up of the Head of Right Touch Regulation, Quality Manager, and FTP Administrator. This came into effect in September 2018, and the management of the DSG was fully handed over after the Q3 DSG meeting in October 2018.
- 2.2 This team ensures a clear link between QAG and DSG while allowing each group to fully exercise their individual remit. This team also ensures that the sampling and reviews are completed appropriately each month, that the papers are clear and circulated in reasonable time prior to the meeting, and that actions and learning are delegated suitably, and updates are chased.

2.3 Steve Townsley continues as the independent chair of DSG who also attends the QAG meetings.

3. Monitoring and review

3.1 The business of DSG is reported quarterly to the SLT and annually to the Council.

4. Development, consultation and decision trail

4.1 The Executive Directors of Strategy and Fitness to Practise Transition have reviewed this paper.

5. Next steps and communications

5.1 Work is underway to review the Terms of Reference for the DSG. There is also work taking place to design web content describing the work the GDC does to scrutinise FtP decision making, including DSG (and QAG).

5.2 Looking forward, the priorities for 2020 are:

- a. Ensure timeliness is appropriately considered through the process
- b. Validate that actions undertaken from the work of DSG achieve the desired outcomes
- c. Further raise the profile of the function and disseminate learning across and beyond GDC to improve impact
- d. Maintain a strong working relationship with QAG.

Appendices

- a. None

Lisa Kavanagh, Quality Manager, Fitness to Practise
lisa.kavanagh@gdc-uk.org
Tel: 0121 752 0015

06 January 2020

Quality Assurance Group: 2019 annual report

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Toby Ganley, Head of Right Touch Regulation
Type of business	To note
For Council only:	Item to be considered in closed session as likely to pertain to information which is sensitive personal data or disclosure of which may prejudice one of the GDC's functions.
Issue	To report on the business of the Quality Assurance Group for 2019
Recommendation	The Council is asked to note the contents of this report.

1. Executive summary

- 1.1 The Quality Assurance Group (QAG) was established in 2015 to improve the scrutiny of Fitness to Practise (FtP) decision making. QAG meets monthly to consider decisions made on cases referred to it by FtP teams or Internal Audit and Risk, at the Initial Assessment, Casework Assessment, and Case Examiner stages, and those made by FtP panels.
- 1.2 The primary focus of QAG is to identify learning points and actions that can drive improvements to FtP decision making.
- 1.3 The PSA reviews all the regulators' final Practice Committee decisions and where appropriate, offers learning points to ensure that the decisions are well reasoned, reflective of both current case law and the regulator's own guidance, and adequately protect the public. Regulators are invited to respond to these learning points. QAG provides an opportunity to review any learning points received from the PSA, to agree suitable actions arising and to ensure that learning is embedded in our processes.
- 1.4 This year, cases that PSA learning points have referred to, have typically been discussed by QAG prior to receipt of the PSA learning points. While this is not a robust measure, it does tend to indicate that our internal referrals are reasonably well calibrated. In fact, one such case was used as a case study for panellist training this year before receipt of the PSA learning points.
- 1.5 As well as the wording of charges, and whether a panel should have considered different charges, PSA learning points included references to panellists':
 - a. application of the correct tests
 - b. citing of case law
 - c. assessment of dishonesty
 - d. consideration of sanctions.

- 1.6 In addition to this having fed into planning for panellist training sessions, this has also been incorporated into feedback to panellists (both generally to panellists and to specific members of specific panels), updates to guidance documents, and feedback to members of our legal teams.

This year QAG has scrutinised 128 decisions. Of these, 20 decisions were thought to be outside of reasonable range of possible outcomes and generated Rule 9 referrals. One PCC determination (facts found proved, but did not amount to misconduct) was agreed to be outside the reasonable range and was raised to the attention of the PSA for their review.

2. Cases considered

	DSG escalation	Pre-IC/CE	IC/CE	Hearings	Total	Decisions referred to 'Rule 9'
Q1	0	9	7	17	33	1
Q2	0	6	7	17	30	2
Q3	1	18	12	8	39	6
Q4	0	14	4	8	26	11
Total	1	47	30	50	128	20

3. Themes identified

- 3.1 This year the we began identifying themes relating to each decision scrutinised to determine whether there are patterns or trends that can be used to drive improvement.
- 3.2 The following themes have been prominent throughout the year:
- proportionality of outcome;
 - drafting of decisions lacking in clarity or reasoning; and
 - incorrect application of the test and/or application of incorrect test.
- 3.3 Learning points and circulated following each meeting to draw attention to particular areas and actions are allocated to remedy deficiencies and/or drive improvement. The proportion of new staff in the FtP Directorate this year has possibly contributed to the recurrence of some of these themes. Information and insight from QAG is fed back to relevant teams to focus training, and is used to review and revise internal guidance.
- 3.4 Other initiatives are underway to deal with some specifics, including the refreshing of templates to improve clarity of written decisions.
- 3.5 Early in the year a pattern relating to difficulty successfully proving the sexual motivation element of sexual misconduct cases. The GMC has taken an interest in sexual misconduct and we have recently participated in a cross regulatory workshop on sexual misconduct, hosted and facilitated by the GMC.

4. Impact and improvement

- 4.1 A Facilitation team, comprised of the Head of Right Touch Regulation, the Quality Assurance Specialist, and the FTP Administrator, was established in September 2018 to provide support to both QAG and the Decision Scrutiny Group (DSG). This delivered an improvement in identifying and recording learnings and actions from each meeting. Many of

these have been fed into existing projects and have contributed to the delivery of planned activity.

5. Legal, policy and national considerations

- 5.1 Insights from QAG continue to feed into considerations of how we interpret our legal framework, particularly interpretation of application of statutory tests applied throughout the FtP process.
- 5.2 Gaps in our regulatory architecture – absence of clear policy positions, or clearly understood policy positions – have been referred to the Regulatory Policy Forum.

6. Equality, diversity and privacy considerations

- 6.1 N/A

7. Risk considerations

- 7.1 As well as driving improvement, scrutinising and quality assuring FtP decisions helps mitigate the risks of poor quality decisions being made.

8. Resource considerations and CCP

- 8.1 N/A

9. Monitoring and review

- 9.1 The business of QAG is reported quarterly to SLT and annually to Council.

10. Development, consultation and decision trail

- 10.1 The Executive Directors of Strategy and FtP have reviewed this paper.

11. Next steps and communications

- 11.1 Work is underway to design web content describing the work the GDC does to scrutinise FtP decision making, including QAG and DSG.

Appendices

None.

Dr Toby Ganley, Head of Right Touch Regulation

tganley@gdc-uk.org

Tel: 0207 167 6067; 07738 182 755

17 December 2019

Meeting Date	Thursday 16 January 2020	Thursday 19 March 2020	Wednesday 3 June 2020	Thursday 30 July 2020	Thursday 22 October 2020	Thursday 17 December 2020
Location	Wimpole Street, London	Colmore Square, Birmingham	Wimpole Street, London	Colmore Square, Birmingham	Possible Regions.	Wimpole Street, London
Colour coding: Registration & Corporate Resources	SLT - 10 Dec	SLT - 4 Feb, 3 Mar CSG - 11 Feb SPC - 11 Mar FPC - 26 Feb RemCo - 30 Jan PRB - 22 Jan ARC - 13 Feb	SLT - 1 Apr, 12 May CSG - 22 Apr, 20 May SPC - 27 May FPC - 21 May RemCo - 23 Mar, 7 May PRB - 8 Apr ARC - 29 Apr	SLT - 15 Jun, 6 July CSG - 8 July FPC - 16 July RemCo - 16 June PRB - 22 July ARC - 25 June	SLT - 11 Aug, 1 Sept, 7 Oct CSG - 16 Sep SPC - 15 Sep FPC - 10 Sep RemCo - 23 Sep PRB - 15 Oct ARC - 29 Sep	SLT - 9 Nov, 1 Dec SPC - 11 Nov FPC - 17 Nov RemCo - 3 Dec ARC - 25 Sep Reporting period: Q3 (July, August, September)
Colour coding: Fitness to Practise	Reporting period: No performance reports	Reporting period: Q4 (Oct, Nov, Dec)	Reporting period: Q1 (Jan, Feb, Mar)	Reporting period: No performance reports	Reporting period: Q2 (April, May, June)	
Colour coding: Strategy						
Colour coding: Legal & Governance						
Colour coding: Organisational Development		FIRST COUNCIL MEETING WITH BOARD PORTAL				
MAIN PIECE OF BUSINESS (if appropriate)	Annual Reporting for 2019		Annual Report and Accounts - Approval		Budget - Approval	
ITEMS	Item, For discussion/noting/decision	Item, For discussion/noting/decision	Item, For discussion/noting/decision	Item, For discussion/noting/decision	Item, For discussion/noting/decision	Item, For discussion/noting/decision
Scrutiny and Oversight of Organisational Performance	Chief Executive's Report. <i>For Noting.</i>	Chief Executive's Report. <i>For Noting.</i>	Chief Executive's Report. <i>For Noting.</i>	Chief Executive's Report. <i>For Noting.</i>	Chief Executive's Report. <i>For Noting.</i>	Chief Executive's Report. <i>For Noting.</i>
		Annual Report and Accounts 2019. <i>For discussion.</i>	Annual Report and Accounts 2019. <i>For approval.</i>			
			Budget 2021. <i>For Discussion.</i>		CCP and Budget 2021-2023. <i>For Approval.</i>	
		Organisational Performance - Balanced Scorecard, Finance Forecast, Finance Review. <i>For Discussion.</i>	Organisational Performance - Balanced Scorecard, Finance Forecast, Finance Review. <i>For Discussion.</i>		Organisational Performance - Balanced Scorecard, Finance Forecast, Finance Review. <i>For Discussion.</i>	Organisational Performance - Balanced Scorecard, Finance Forecast, Finance Review. <i>For Discussion.</i>
		Fitness to Practise Performance Indicators: A Roadmap. <i>For discussion and approval.</i>	Staff Survey - Update on Action Plan from 2019. <i>For discussion and noting.</i>		Whistleblowing, Joint Regulators Report. <i>For noting.</i>	Staff Survey 2020. <i>For discussion and approval of action plan.</i>
		Customer Service Feedback - Fitness to Practise - Review of Process. <i>For discussion and approval.</i>	ARF: Payment by Instalments. Updated position on the workstream. <i>For discussion and noting.</i>		New Integrated Performance Report. <i>For approval.</i>	
		Adjudications Programme - with programme plan. <i>For discussion.</i>				
		Update on the POD Strategy. <i>For discussion.</i>				
		Pension Scheme Annual Funding Update and Annual Report of the Chair of Trustees. <i>For noting.</i>				
Strategic Guidance and Policy Oversight	Policy Statement on Maxillofacial Surgeons. <i>For discussion and decision.</i>	Publication of the DCS Survey of Dental Professionals 2019. <i>For approval.</i>	Principles of Regulatory Decision Making. <i>For discussion.</i>		Review of Specialty Curricula. Update on progress. <i>For noting.</i>	Review of Education. <i>For Approval to publish.</i>
	Position Statement on Remote Orthodontics. <i>For discussion and decision.</i>	CPD - Outcome of Consultation Report and Action Plan. <i>For discussion and approval.</i>	EDI Strategy. <i>For approval.</i>			Quality Assurance Decisions - <i>For noting.</i>
	Developing a comprehensive model for complaint handling. <i>For discussion.</i>		Preparedness for Practice Report. <i>For discussion and approval for publication.</i>			POD Strategy Update. <i>For discussion and noting.</i>
	Patient and Public Survey - Action plan. <i>For discussion.</i>		Amendments to handling Standards queries. <i>For approval.</i>			EDI Strategy - Review. <i>For noting.</i>
	Guidance for the Management of Dental Professionals <i>For discussion.</i>		Supporting Values Based Care in Dentistry. <i>Final report - for noting.</i>			Publications Strategy. <i>For approval.</i>
		Policies: 1. Council Members and Associates Expenses Policy 2. Staff Expenses Policy 3. Refunds Policy <i>For review and approval.</i>	Registrants Survey. <i>For noting.</i>		Policies: 1. Council Member Accommodation. <i>For review and approval.</i>	Policies: 1. Review of Financial Policies and Procedures. 2. Financial Reserves Policy. 3. Investment Principles and Strategy Review. 4. Anti-fraud, corruption and anti-bribery policy review. 5. Framework for the management of contingency and reserves. <i>For review and approval.</i>
			Scope of Practice Review Report. <i>For approval to publish.</i>			
			Dental Professionals Annual Survey Report. <i>For approval to publish.</i>			
Horizon Scanning and Stakeholder Engagement	Horizon Scanning and Stakeholder Engagement Reports. <i>For noting.</i>	Horizon Scanning and Stakeholder Engagement Reports. <i>For noting.</i>	Horizon Scanning and Stakeholder Engagement Reports. <i>For noting.</i>	Horizon Scanning and Stakeholder Engagement Reports. <i>For noting.</i>	Horizon Scanning and Stakeholder Engagement Reports. <i>For noting.</i>	Horizon Scanning and Stakeholder Engagement Reports. <i>For noting.</i>
Oversight of Strategic Risk Management		Strategic Risk Register and Risk Management Framework. <i>For discussion and approval.</i>	Strategic Risk Register. <i>For discussion and approval.</i>	Strategic Risk Register. <i>For discussion and approval.</i>	Strategic Risk Register. <i>For discussion and approval.</i>	Strategic Risk Register. <i>For discussion and approval.</i>
Assurance reporting	Annual Reports: 1. Dental Complaints Service 2. People Services 3. Decision Scrutiny Group 4. Information Governance 5. Use of the Seal 6. Significant Litigation <i>For noting.</i>	Annual Reports: 1. Gifts and Hospitality 2. Declarations of Interest 3. PSA Performance Report <i>For noting.</i>	Annual Reports: 1. Internal Audit 2. Customer Service Feedback - Registration 3. Customer Service Feedback - FTP 4. Registrants' Survey 5. Corporate Complaints <i>For noting.</i>		Annual Reports: 1. Insurance Arrangements - Update. 2. Procurement Activities. <i>For noting.</i>	Annual Reports: 1. Pension Plan - Annual Report and Accounts. <i>For noting.</i>
		Review of the Estates Strategy: A Look Back. <i>For discussion.</i>				
		Updates from Committees. <i>For noting.</i>	Updates from Committees. <i>For noting.</i>	Updates from Committees. <i>For noting.</i>	Updates from Committees. <i>For noting.</i>	Updates from Committees. <i>For noting.</i>
Legislative Agenda and Making Legislation	EU Exit - Regulations. <i>To make regulations.</i>	Regulatory Reform - update. <i>For noting.</i>	Regulatory Reform - update. <i>For noting.</i>			
Appointments		Appointment of External Auditors. <i>For discussion and approval.</i>				
Board Composition, Effectiveness and Development	Re-appointment of Council Members - Reviewing performance appraisals. <i>For discussion.</i>	Council Member Remuneration. <i>For discussion and approval.</i>	Council Member Appointment & Re-appointment - Recommendations. <i>For discussion and decision.</i>	Review of Governance Framework, including Scheme of Delegations and new Standing Orders. <i>For discussion and approval.</i>	Board Effectiveness Review. <i>For discussion.</i>	Re-Appointment of Council Members - Process. <i>For approval</i>
	Annual Reports on Committee Effectiveness. <i>For noting.</i>	Associates Remuneration . <i>For discussion and approval.</i>	Recruitment of SPC Members. <i>For approval of process.</i>	Review of Governance Code and Council Members Code of Conduct. <i>For discussion and approval.</i>	Council Member Appointment & Re-appointment. <i>To confirm appts have been made by Privy Council/first Council meeting of new members.</i>	Annual Appraisals - Chair, CEO, Council Members process. <i>For discussion.</i>
	Board Development and Governance Forward Workplan <i>For discussion and approval.</i>	Annual Appraisals - Chair & CEO. <i>For discussion and approval.</i>	Council Member Appraisal - Outcomes. <i>For discussion.</i>	Members' Role Profiles Review. <i>For discussion and approval.</i>	Committee Appointments. <i>For Approval.</i>	
		Review of Terms of Reference of Committees/EMT/SLT. <i>For discussion.</i>	Chair and CEO - Mid Year Appraisals (?) <i>For noting.</i>		Recruitment of SPC Members. <i>For appointments.</i>	
					Appraisal of External Members. <i>For noting.</i>	
					Review of Governance Framework, including Scheme of Delegations. <i>For discussion.</i>	
Governance	Extension of the CSG. <i>For approval.</i>			Extension of the CSG. <i>For approval.</i>		
	Work Programme for 2020. <i>For discussion.</i>	Work Programme for the next quarter. <i>For discussion.</i>	Work Programme for the next quarter. <i>For discussion.</i>	Work Programme for the next quarter. <i>For discussion.</i>	Work Programme for the next quarter. <i>For discussion.</i>	Work Programme for 2021. <i>For discussion.</i>