

A meeting of the Council of the General Dental Council

09:30am on Thursday 24 June 2021 at the General Dental Council,

Via MS Teams

Members:

William Moyes (Chair)

Terry Babbs

Catherine Brady

Donald Burden

Anne Heal

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Crispin Passmore

Laura Simons

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

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

Katie Spears, 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 2020

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

Public Council Meeting

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

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

PART ONE – PRELIMINARY ITEMS

1.	Welcome and Apologies for Absence	William Moyes, Chair of the Council	09:30- 09:35am (5 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 To note approval of: <ul style="list-style-type: none"> • the full minutes of the public meeting and abbreviated minutes of the closed meetings held on 18 March 2021. • the abbreviated minutes of the closed meeting held on 5 May 2021. 	William Moyes, Chair of the Council		Attached
5.	Matters Arising and Rolling Actions List To note any matters arising from the public meeting held on 18 March 2021 and review the rolling actions list	William Moyes, Chair of the Council		Attached
6.	Decisions Log To note decisions taken between meetings under delegation (if any)	William Moyes, Chair of the Council		Attached

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Assurance Reports from Committee and Group Chairs <ul style="list-style-type: none"> a. Audit and Risk Committee b. Finance and Performance Committee c. Remuneration and Nomination Committee d. Chair’s Strategy Group 	<i>For noting</i>	09:35 – 10:00am (25 mins)	Oral

No	Item & Presenter	Tabled for?	Time	Status
	e. Statutory Panellists Assurance Committee			
8.	Regulatory Reform – Update Stefan Czerniawski, Executive Director, Strategy Osama Ammar, Head of Public Policy	<i>For noting</i>	10:00 – 10:15am (15 mins)	Paper
9.	Annual Retention Fee – Payment by Instalments – Implementation Update Gurvinder Soomal, Executive Director, Registration & Corporate Resources	<i>For noting</i>	10:15 – 10:25am (10 mins)	Paper
10.	Board Effectiveness and Board Development Lisa Marie Williams, Executive Director, Legal and Governance Katie Spears, Head of Governance	<i>For discussion</i>	10:25- 10:45am (20 mins)	Paper
11.	Organisational Performance A. CCP Quarterly Performance Report – Q1 of 2021 B. Finance Forecast Gurvinder Soomal, Executive Director, Registration & Corporate Resources David Criddle, Head of Business Intelligence, Delivery and PMO Samantha Bache, Head of Finance and Procurement	<i>For discussion</i>	10:45- 11:15am (30 mins)	Paper
12.	Strategy Key Performance Indicators Stefan Czerniawski, Executive Director, Strategy David Criddle, Head of Business Intelligence, Delivery and PMO	<i>For discussion</i>	11:15- 11:35am (20 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
13.	<p>People and Organisational Development – Annual Report</p> <p>Sarah Keyes, Executive Director, Organisational Development</p> <p>Lucy Chatwin, Head of People Services</p> <p>Alex Bishop, Head of OD and Inclusion</p>	<i>For discussion</i>	11:35-11:50am (15 mins)	Paper

PART THREE – CONCLUSION OF BUSINESS

14.	Any Other Business	William Moyes, Chair of the Council	11:50-11:55am (5 mins)	Oral
15.	<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 	William Moyes, Chair of the Council	11:55-12:00pm (5 mins)	Oral
16.	Date of Next Meeting	Thursday 23 September 2021 (In Person TBC)		

Lunch break – 12:00 – 12:45pm

Followed by the Closed Session of Council

Appendix 1 - Items considered via correspondence

Note:

- *These papers will not be discussed during the substantive Council meeting unless there is a request, no later than 24 hours before the meeting, for a specific item to be added to the agenda.*
- *The deadline for comments on papers circulated via correspondence is outlined on the individual item.*

No.	Item	Authors	For	Closed/ Public	Deadline
1	Appraisal Process – Chair, Council Members, Independent Governance Associates and Chief Executive	Lucy Chatwin	Decision	Public	21 June 2021
2	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	Colin Mackenzie/Lisa Bainbridge	Noting	Public	21 June 2021
3	Extension of the Chair’s Strategy Group	Katie Spears	Decision	Public	21 June 2021
4	Corporate Complaints – Annual Report	Polly Button	Noting	Public	21 June 2021
5	Procurement Policy	Samantha Bache	Decision	Public	21 June 2021

**Minutes of the Meeting of the
General Dental Council
held at 09:30am on Thursday 18 March 2021
in Open Session held on MS Teams**

Council Members present:

William Moyes	Chair
Terry Babbs	
Catherine Brady	
Donald Burden	
Anne Heal	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Crispin Passmore	
Laura Simons	

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Sarah Keyes	Executive Director, Organisational Development
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Colin Mackenzie	Interim Head of Communications and Engagement
Samantha Bache	Head of Finance and Procurement (item 9 only)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (items 9, 10 and 11)
Kim McDonald	People Partner (item 11 only)
Lisa Bainbridge	Interim Head of Nations and Engagement (item 12 only)
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager
Lee Bird	Senior Governance Manager

Others in Attendance:

Sir Ross Cranston	Chair of the SPC
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Members of the public and staff attended as observers.

Apologies:

None.

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted that there were no apologies.
- 1.2 Members of the public and staff observers in attendance were reminded of the meeting etiquette that had been circulated prior to the meeting.

2. Declaration of interests

- 2.1 In relation to the substantive agenda, all Council Members declared an interest in the Board effectiveness and Board development item.
- 2.2 In relation to items considered via correspondence, the Chair and Chief Executive declared an interest in their respective appraisal processes and objectives for 2021.

3. Questions Submitted by Members of the Public

- 3.1 The Council **noted** that no questions had been received.

4. Approval of Minutes of Previous Meeting

- 4.1 The Council **noted** that the full minutes of the public meeting held on 17 December 2020 had been approved by correspondence, and published shortly thereafter, alongside abbreviated minutes of the closed meeting held on the same date.

5. Matters Arising and Rolling Actions List

- 5.1 The Council **noted** the actions list and agreed that all items labelled 'suggest complete' should be marked as completed. The Council was content with the progress of the other live actions.

6. Decision Log

- 6.1 The Council **noted** that it had considered eight matters via correspondence:
 - a. EDI Strategy – the strategy was approved.
 - b. EU Exit – Regulations Update and English Language Guidance – the Council approved an amended version of '*Evidence for English language competence – guidance for applicants*' and made the General Dental Council (EU Exit) (Amendment) Regulations 2021.
 - c. Annual Appraisals and Draft Objectives for the Chair and Chief Executive – the Council approved the draft objectives for the Chair of Council and for the Chief Executive.
 - d. Annual PSA Report – the Council noted this paper.
 - e. Annual Report on the Dental Complaints Service - the Council noted this paper.
 - f. Annual Report on Information Governance - the Council noted this paper.
 - g. Annual Report on the Use of the GDC Seal – the Council noted this paper.
 - h. Refunds Policy – the Council noted this paper and agreed that the policy should, in future, be approved by the EMT.

7. Assurance Reports from Committee Chairs

- 7.1 The Chair of the Audit and Risk Committee (ARC) updated the Council on the work of the ARC since the last Council meeting. The Committee had met once and had considered

strategic risks related to the pandemic and their impact on performance, people and finances. The Committee had had early sight of the proposed content and approach to the Annual Report and Accounts and had scrutinised the annual internal audit opinion, which had given substantial assurance on the control framework. The Committee had also been updated on the NMC litigation in relation to Associates and had undertaken a deep dive into strategic risks related to government action or inaction on issues relevant to the GDC.

- 7.2 The Chair of the Finance and Performance Committee (FPC) updated Council on the work of the FPC since the last Council meeting. The Committee had met once and had considered the organisational performance data and analysis for Quarter 4 of 2020, endorsing the proposals for a new suite of streamlined performance reporting. The Committee had also scrutinised and recommended the proposals to develop key performance indicators for Fitness to Practise and reviewed a further set of KPIs for Organisational Development. The Committee had considered the feasibility – operationally and financially – of a proposed scheme for payment of the Annual Retention Fee (ARF) by instalments. The Committee has also reviewed the dormant projects on the Costed Corporate Plan, and had reinstated seven corporate projects, including the work around the separation of the Adjudications function. The Committee had also considered the Defined Benefit Pension Scheme proposals at a single issue meeting the day before and made a recommendation to the Council.
- 7.3 The Chair of the Remuneration and Nomination Committee (RemNom) updated the Council on the work of the RemNom since the last meeting. The Committee had met once and had considered the process for objective setting for the Chair and Chief Executive and succession and contingency planning for the EMT and Chief Executive. The Committee had also, in its oversight role, been updated on the Chair and Council Member recruitment process which was ongoing.
- 7.4 The Chair of Council updated the Council on the work of the Chair's Strategy Group (CSG) since the last meeting. The Group had met once and had considered the perceptions research and communications and engagement strategy, which featured on the closed Council agenda, and had fed back to the team the need to ensure that this work was closely focused on patients.
- 7.5 The new Chair of the Statutory Panellists Assurance Committee (SPC) updated the Council on the work of the SPC since the last meeting. The Committee had met once and had been provided background information on the proposals to separate the Adjudications function and noted that this was likely to be a key focus for the Committee now that this project had been reactivated. The Committee had also seen opportunities to examine where streamlining could take place within the processes used in the Practice Committees, using learning from the wider courts and tribunals services. The Committee would also consider the appointments of panel Chairs and legal advisors, and how to improve training for panellists, over the course of the year.
- 7.6 The Council **noted** the updates.

8. Board Effectiveness and Board Development

- 8.1 The Head of Governance presented the paper outlining the high-level plans for the ongoing Board development programme and next iteration of the external review into Board effectiveness.
- 8.2 The Council **discussed** the following:

- a. On the diversity of applicants to the Council, the Council Member panel were encouraged by the strength of the DCP pool, but the Council continued to be concerned that the process, set by the PSA, actively prevented positive steps to be taken to improve the diversity of those taken through the recruitment process.
- b. The Council were supportive of an approach to develop and explore a programme of attraction and development of aspiring Board members and noted that this was likely to need to run in tandem with the creation of a type of shadow Board role that required less of a time commitment. Those candidates that had been unsuccessful in Council recruitment rounds could be contacted to explore their appetite for some form of development scheme.
- c. The team had been in discussion with other healthcare regulators about similar schemes that were currently being run and there was merit in also discussing the types of scheme that NHS England, NHS Wales, Health Education England and the CDOs were running to inform best practice.
- d. In relation to the plans for Board development and the next external review of effectiveness, the Council was supportive of the direction of travel and noted that it would also be important to explore how a structured plan of engagement for the Council, either at individual, group or whole Board levels, with different aspects of the professions might enrich the work of the Council.

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

9. Organisational Performance – Q3 of 2020

Part A: Organisational Performance – Reporting Suite Proposals

- 9.1 The Executive Director, Registration and Corporate Resources and the Head of Business Intelligence, Delivery and PMO presented the paper and the proposed approach to streamlining the suite of reporting material presented to the Council. The Chair of the FPC noted that the Committee had scrutinised the plans and recommended the approach to the Council.
- 9.2 The Council was content with the approach, noted that it was in line with the recommendations of the Board Effectiveness review from 2019 and agreed with the aim to ensure that the Executive provided scrutiny of the operational detail of performance reporting. The FPC would then review the strategic level material and take assurance from the EMT and Accounting Officer and then the Committee would provide its assurance to the Council. Accordingly, the Council **approved** the proposed streamlined reporting approach.

Part B: CCP Quarterly Performance Report – Q4 of 2020

- 9.3 The Head of Finance and Procurement outlined the key financial performance information for the Council and the Head of Business Intelligence, Delivery and PMO presented the paper and outlined the key performance insights. The Council heard that the provisional operating surplus for the end of December 2020 was £9.2m higher than budgeted – largely due to £8m lower expenditure (as significant project work had had to be paused or delayed due to Covid-19) and £1.5m higher income from portfolio investments. These figures would be provisional until the completion of the 2020 accounts and audit process and it was probable that they would be revised downwards to take account of the expected downturn on the pension scheme valuation.

9.4 The Council noted the ongoing work to ensure that the budget position would balance across the three-year planning period and that the FPC would continue to review and reinstate project work as financial and operational capacity information became available across 2021, whilst ensuring that the organisation could maintain reserves in accordance with the agreed policy.

9.5 The Council **noted** the report.

The Head of Finance and Procurement left the meeting.

10. Fitness to Practise – Key Performance Indicators

10.1 The Executive Director, Fitness to Practise presented the paper outlining the proposed approach to development a new suite of Key Performance Indicators (KPIs) for the Fitness to Practise directorate. The Council heard that the FPC had considered and scrutinised the proposals and, whilst there was an appetite to drive this work through as quickly as possible, the Committee had been persuaded that a rigorous approach that would, by necessity, take longer was prudent to ensure a fit-for-purpose set of indicators.

10.2 The Council **discussed** the following:

- a. The current set of KPIs for Fitness to Practise had been developed in 2016 and, since that time, it had become apparent that they did not properly reflect what good performance would look like within the directorate. A new suite of KPIs would be designed to be achievable, informed by the greater level of management information and data that was available now and would be developed using a staged approach. The current suite would be run in parallel with any new indicators to ensure that useful insights could be gathered to inform the development work.
- b. There were other assurance mechanisms in place that could inform the Council's assessment and oversight of performance in this area, such as quality assurance mechanisms, audit findings and assurance from the EMT. The Council agreed that it was important to deliver this work well and, if that required slightly longer than the Council's instinctual appetite, it was an acceptable compromise.
- c. There was a question, that had been raised in FPC for some time, as to whether the function was adequately resourced. The Council heard that the long-term position was likely to be a resource picture that was similar to the current one, but that a shorter to medium term resource plan – to ensure resilience and to counter-balance the impacts of having a fairly new team that had been hit hard by the pandemic – was due to be presented to the EMT and FPC shortly.
- d. The FPC and the ARC had been in close discussions with the EMT around how to manage the strategic risks that arose out of performance in this area and the assurance mechanisms in place. The issues around performance and its measurement in this area were multi-factorial and this scrutiny would continue.

10.3 The proposed ongoing timeline for the work was that the FPC would consider its progress in September 2021, the Council would be invited to discuss the proposals at a workshop in September 2021 and final approval for a new suite of KPIs would be sought in December 2021.

10.4 The Council **approved** the proposed approach to developing a new set of KPIs in Fitness to Practise.

The People Partner joined the meeting.

11. Organisational Development – Key Performance Indicators

- 11.1 The Executive Director, Organisational Development presented the paper which outlined the proposed new suite of key performance indicators (KPIs) for the Organisational Development directorate. These measures had been scrutinised by the FPC on several occasions throughout 2020 and the proposals were endorsed by the Committee.
- 11.2 The Council heard that the period of parallel running of the existing and new KPIs had been useful to inform the development work and the team were also hopeful that the implementation of new People Systems software would allow for more meaningful data collection in the future.
- 11.3 The Council **approved** the removal of three KPIs and the addition of the four proposed new KPIs for Organisational Development.

The People Partner and the Head of Business Intelligence, Delivery and PMO left the meeting and the Interim Head of Nations and Engagement joined the meeting.

12. Public Affairs, Policy and Media Update and Stakeholder Engagement Report

- 12.1 The Interim Head of Communications and Engagement presented the two reports outlining the stakeholder engagement and public affairs updates for the organisation.
- 12.2 The Council **discussed** that these reports were useful, informative and welcome and should continue to be produced. The Council noted that there could also be utility in sharing the reports more widely within stakeholder groups.
- 12.3 The Council **noted** the updates.

The Interim Head of Nations and Engagement left the meeting.

13. Any Other Business

- 13.1 There was no other business.

14. Review of the Meeting

- 14.1 The Council noted that the papers for this meeting had been useful and that the agenda timings had worked well. The Council noted that it would be useful to continue to scrutinise carefully whether items from the closed session could be discussed in the public session and asked that consideration be given to when in person meetings or hybrid meetings could be hosted later in the year.

The meeting was closed at 11:42am

**Minutes of the Meeting of the
General Dental Council
held at 12:45pm on Thursday 18 March 2021
in Closed Session held on MS Teams**

Council Members present:

William Moyes	Chair
Terry Babbs	
Catherine Brady	
Donald Burden	
Anne Heal	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Crispin Passmore	
Laura Simons	

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Sarah Keyes	Executive Director, Organisational Development
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Colin Mackenzie	Interim Head of Communications and Engagement
Samantha Bache	Head of Finance and Procurement (items 7 and 8)
Rebecca Cooper	Head of GDC Policy and Research Programme (items 8 and 15)
Melissa Sharp	Senior Counsel and Head of In-House Legal Advisory Service (item 8 only)
Tey Hassan	Senior Advisory Lawyer (item 8 only)
Sam Clements	Head of Risk Management and Internal Audit (item 12 only)
Osama Ammar	Head of Public Policy (item 13 only)
Manjula Das	Head of Education Policy and Quality Assurance (item 14 only)
Katherine McGirr	Policy Manager (item 15 only)
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager

Apologies:

None

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted that there were no apologies.

2. Declaration of interests

- 2.1 In relation to the substantive agenda, all registrant Council Members declared an interest in Item 8 (payment by instalments). Catherine Brady declared an interest in respect of Item 14 (Education Quality Assurance) as she had a relative who was a final year dental student. As the Chief Executive was due to give Accounting Officer advice around the Defined Benefit pensions scheme as part of his report slot, the Executive Director, Registration and Corporate Resources and the Head of Governance declared a conflict on this item and would step out of the meeting for this discussion.

3. Approval of Minutes of Previous Meeting

- 3.1 The Council **noted** that the full and abbreviated minutes of the closed meeting held on 17 December 2020 had been approved via correspondence and that the abbreviated minutes had been approved for publication.

4. Matters Arising and Rolling Actions List

- 4.1 The Council **noted** the actions list and agreed that all items labelled 'suggest complete' should be marked as completed.

5. Decision Log

- 5.1 The Council **noted** that it had considered three papers via correspondence:
- a. Strategic Risk Appetite – the Council had delegated approval of the strategic risk appetite to the Chair of Council and the Chair of the Audit and Risk Committee, and this had been approved on 1 February 2021.
 - b. Annual Report on Significant Litigation – this paper had been noted.

6. Chief Executive's Report

- 6.1 The Chief Executive provided the Council with an update on the following topics: Covid-19, legislative reform and a meeting with Jo Churchill MP, the Fitness to Practise Action Plan, Chair and Council Member recruitment and the Defined Benefit pension scheme.
- 6.2 The Council **noted** the update.

The Head of Finance and Procurement joined the meeting and the Executive Director, Registration and Corporate Resources and the Head of Governance re-joined the meeting.

7. Annual Report and Accounts 2020

- 7.1 The Interim Head of Communications and Engagement presented the paper which set out the proposed content and approach to the Annual Report and Accounts (ARA) for 2020. The Audit and Risk Committee (ARC) had considered the proposed approach and recommended it to the Council.
- 7.2 The Council **discussed** the following:
- a. There was a benefit in combining the Chair and Chief Executive's introductions into a single item which would address the strategic challenges for the organisation in 2020.

- b. The narrative structure would be finessed but there was an important story to tell about how the organisation had responded to the pandemic. Infographics would help tell this story in a more interesting way and the communication approach to the document, when published, should consider how best to reach stakeholders.

7.3 The Council was content with the direction of travel and **noted** the update.

The Head of GDC Policy and Research Programme, Senior Counsel and Head of In-House Legal Advisory Service and the Senior Advisory Lawyer joined the meeting.

8. Annual Retention Fee – Payment by Instalments

8.1 The Executive Director, Strategy presented the paper, with support from the Head of GDC Policy and Research Programme, outlining the outcome from the external feasibility analysis on implementing a scheme of payment of the Annual Retention Fee (ARF) by instalments. The Council was asked to discuss and approve a scheme to allow payment by instalments, commencing in the summer of 2021 for Dental Care Professionals.

8.2 The proposal was for a scheme of quarterly instalments, available to individuals only initially and that defaulters should be barred from using the scheme for two years following default. The Accounting Officer was of the view that the proposed approach was financially and operationally feasible.

8.3 The Council **discussed** the following:

- a. There were strong views, both for and against, the potential implementation of this scheme.
- b. The Council also discussed whether the scheme should be offered quarterly or monthly. The Accounting Officer emphasised that his advice on operational and financial viability related only to the proposal, viz a quarterly scheme for all registrant groups, excluding bulk payers. He would need to reconsider the advice if the scheme was varied.
- c. Ultimately, the Council was persuaded that the simple version of the scheme presented in the proposals, if it were to be implemented, was the most prudent course to take. Future iterations of the scheme could be explored if it were successful and the analysis around feasibility was proven to be accurate.

8.4 By **majority decision**¹, the Council **agreed** to implement the proposed scheme of payment of the annual retention fee by instalments for individual dentists and DCPs, with the aim of this being operational for the summer DCP collection in 2021.

The Head of GDC Policy and Research Programme, Senior Counsel and Head of In-House Legal Advisory Service and the Senior Advisory Lawyer and the Head of Finance and Procurement left the meeting.

9. Perceptions Research

9.1 The Executive Director, Strategy and Interim Head of Communications and Engagement presented the paper outlining the research findings on the perception of external stakeholders of the GDC. This research focused on the views of the dental professions and the Council noted that the Chair's Strategy Group had stressed the importance of

¹ 'By majority decision' reflects the fact that some Council Members did not endorse implementing the scheme. In line with GDC practice, no vote was taken, nor a record made of those Members who dissented from the proposals, but the Council agreed that a majority of its Members were in agreement with the proposed approach, and it was therefore approved.

also examining the views of patients and the public to gain a holistic view of the external perception of the organisation.

- 9.2 The Council **discussed** the research and noted that the important elements of its findings should be used to inform the communications strategy.

10. Communications and Stakeholder Engagement Strategy 2021

- 10.1 The Executive Director, Strategy and Interim Head of Communications and Engagement presented the paper outlining the proposed communications approach for 2021. The team had developed a set of guiding principles for the communications strategy and prioritised their workstreams to make most effective use of resource.

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

- a. The use of digital technology was key in the communications arena and the Council was keen to ensure that the public and patients could readily access the information that they needed to engage effectively with the organisation.
- b. The guiding principles were positive but needed to be linked in more clearly to the prioritised work and a thematic approach to the communications work for the year was to be encouraged.

- 10.3 The Council was not ready to approve the strategy and accordingly asked that it return for consideration and approval at its next meeting in June 2021.

11. Publication of the Costed Corporate Plan 2021-2023

- 11.1 The Executive Director, Strategy and Interim Head of Communications and Engagement presented the paper outlining the proposed approach to publication of the Costed Corporate Plan (CCP) 2021-2023. The Council heard that this was the second year that the organisation had published its Costed Corporate Plan and welcomed the continued transparency around the organisation's corporate project commitments over the next three-year period. The Council discussed the document as a communications vehicle and noted the Accounting Officer's reminder that its primary purpose was to be a business and financial planning document and that there were wider communications opportunities that would complement it, including a planned State of the Nation report.

- 11.2 The Council **noted** the approach to publication.

The Head of Risk Management and Internal Audit joined the meeting.

12. Strategic Risk Register (SRR)

- 12.1 The Executive Director, Registration and Corporate Resources and the Head of Risk Management and Internal Audit presented the paper which outlined the current strategic risk position for the organisation. The Council discussed the strategic risk position and **approved** the SRR.

The Head of Risk Management and Internal Audit left the meeting.

The Head of Public Policy joined the meeting.

13. Routes to Registration – Update on the MRPQ, ORE and EU Exit

- 13.1 The Executive Director, Strategy and Head of Public Policy presented the paper which provided the Council with an update on the impacts on the GDC's routes to registration following the end of the EU Exit transition period. The Council heard that there were several strands of work taking place around this topic; including the recently announced

proposals from BEIS on the approach to recognition of professional qualifications and draft legislation around international registration. The Council also noted that the team were collecting information around European dental education and developing relationships with key institutions, such as the Council of European Dentists and FEDCAR.

13.2 The Council **noted** the update.

The Head of Education Policy and Quality Assurance joined the meeting.

14. Education Quality Assurance – Update

14.1 The Executive Director, Strategy and the Head of Education Policy and Quality Assurance presented the paper which provided the Council with an update on the work of the Education Quality Assurance function.

14.2 The Council **discussed** the following:

- a. The team were working closely with dental education providers to seek evidence of the readiness of their student cohorts to graduate safely. This evidence would be analysed by a group of the GDC's Education Associates, these decisions would be calibrated and then decisions would be made internally as to whether targeted Quality Assurance inspections should take place. These processes had been communicated clearly in advance and had been well received.
- b. There had been some benefits to the pandemic in that it had allowed the acceleration of some important projects, such as personal development plans, which would have a positive effect on bridging the gap between undergraduate and postgraduate training.
- c. The team were also looking to share examples of best practice to highlight areas that were working well and drive knowledge sharing in the sector.

14.3 The Council **noted** the update.

The Head of Education Policy and Quality Assurance left the meeting.

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

15. Remote Orthodontics - Update

15.1 The Executive Director, Strategy and the Policy Manager presented the paper providing an update on the Registrar's position on the application of the Standards for the Dental Team for those practising remotely. The Council heard that the team had developed a position statement for the organisation, setting out the parameters in which this treatment model should operate and making clear the requirement that treating practitioners adhere to the GDC's Standards for the dental team.

15.2 The Council **discussed** the following:

- a. The organisation's primary purpose was to protect patient and public safety. It should acknowledge that innovation in the dental sector is welcomed, however this did not negate the need for patients to know who was offering them treatment or for standards to be maintained.

15.3 The Council **noted** the update.

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

16. Any Other Business

16.1 There was no other business.

17. Review of the Meeting

17.1 The Council discussed that the papers had been good, and the agenda had generally allowed sufficient time for discussion, although it had been a long day.

The meeting was closed at 17:00pm

**Minutes of the Special Meeting of the
General Dental Council
held at 14:00pm on Wednesday 5 May 2021
in Closed Session held on MS Teams**

Council Members present:

William Moyes	Chair
Terry Babbs	
Catherine Brady	
Donald Burden	
Anne Heal	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Crispin Passmore	
Laura Simons	

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
John Cullinane	Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Sarah Keyes	Executive Director, Organisational Development
Lisa Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Colin Mackenzie	Interim Head of Communications and Engagement
Osama Ammar	Head of Public Policy (item 3 only)
Rebecca Cooper	Head of GDC Policy and Research Programme (item 3 only)
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager

Apologies:

Gurvinder Soomal

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting and noted that there were apologies from Gurvinder Soomal.

2. Declaration of interests

- 2.1 In relation to the substantive agenda, all Council Members and EMT Members declared an interest in the regulatory reform item.

3. Regulatory Reform

- 3.1 A paper was presented by the Executive Director, Strategy and the Head of Public Policy that outlined the proposed organisational response to the Department of Health and Social Care (DHSC) consultation on regulatory reform.
- 3.2 The Executive Director, Strategy outlined the context for the consultation and set out that there were three concurrent streams of regulatory change envisaged at present. These included:
- a. A change to the legislative operating model for all healthcare regulators, which was the focus of this current consultation, and which would be delivered through a series of section 60 orders to amend the primary legislation of the individual regulators. Detailed consultation around the specifics of the legislation for the GDC would be expected later in the year, after the broad principles contained in this consultation had been decided upon.
 - b. Changes to the international registration framework were envisaged to take place through a specific section 60 order. This element of reform would likely be impacted by the planned review of the regulation of professional qualification by the Department of Business, Energy and Industrial Strategy (BEIS).
 - c. Thirdly, earlier in the year the DHSC had announced a White Paper on regulatory reform about the structure of regulators. This would lead to review both of the number of regulators and the professions which were subject to regulation.
- 3.3 The Council was asked to consider whether its priority was legislative reform – given the likelihood that this change would have greater impact on public protection – or organisational reforms. This view could inform the final draft response.
- 3.4 The Council was invited to discuss the main areas of reform that were welcomed and those that ought to be challenged. The Council noted that the team would welcome any comments on the detail in the annexes to the paper via correspondence.
- 3.5 The Council **discussed** the details of the proposals and provided strategic direction to the team on the following topics; potential constraints that might arise through reform, the tone of the organisational response, unitary Boards, intent in proof of title offences, Grounds of Action in Fitness to Practise, Interim Measures, the PSA's review powers and transparency.
- 3.6 The Council noted that the context of the broader regulatory reform landscape would require careful monitoring and that any proposals around the number of regulators and professions to be subject to regulation would require careful consideration and a thoughtful response.
- 3.7 The Chair noted that there appeared to be broad consensus around most of the substantive areas discussed today and that, whilst the Council would be asked to approve the final draft response, this could likely take place via correspondence.

4. Any Other Business

- 4.1 There was no other business.

5. Review of the Meeting

- 5.1 The Council discussed the quality of the presentation and noted that it had been helpful to have a single-issue session to focus discussion.

The meeting was closed at 15:40pm

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
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	16/03/2021	Suggest complete	17/03/2021	IB/SK	The Council considered GDC culture at a workshop in March 2021 and will consider this again in October 2021.	To be incorporated into action plan following staff survey. This work has been delayed following the outbreak of COVID-19.	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.	SCz	16/09/2021	LIVE	TBC	SCz	This workstream has been re-prioritised following COVID-19 and the update has been placed on the workplan for the Council in Sept 2021.		Remains live at present.

Decisions Log – Council 24 June 2021

Item 06

Date	Decision taken by	Agenda Item	Tabled for?	Outcome
30/04/2021	Council – by correspondence	Fees Regulations to implement Payment by Instalments	To make regulations	Regulations made on 30 April 2021
11/06/2021	Council – by correspondence	Appointment of Independent Member of the Audit and Risk Committee	To make appointment	Appointment made on 11 June 2021
28/05/2021	Council – by correspondence	GDC's response to DHSC consultation on regulatory reform	To approve final response	Approved on 14 June 2021 (Chair reviewed final response to ensure Council's comments were incorporated).
21/06/2021	Council – by correspondence	Appraisal Process – Chair, Council Members, Independent Governance Associates and Chief Executive	For decision on proposed process	To be confirmed post the Council meeting on 24 June 2021.
21/06/2021	Council – by correspondence	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	For noting.	To be confirmed post the Council meeting on 24 June 2021.
21/06/2021	Council – by correspondence	Extension of the Chair's Strategy Group	For decision on extending the CSG until 30/09/2021	To be confirmed post the Council meeting on 24 June 2021.
21/06/2021	Council – by correspondence	Corporate Complaints – Annual Report	For noting.	To be confirmed post the Council meeting on 24 June 2021.
21/06/2021	Council – by correspondence	Procurement Policy	For decision on policy update and on the future approval pathway.	To be confirmed post the Council meeting on 24 June 2021.

Regulatory Reform Update

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Osama Ammar, Head of Public Policy
Type of business	For noting
Purpose	To outline the prospective legislative changes that will affect the role and functions of the GDC arising from the government’s proposals to reform health professional regulation and to respond to the UK’s new international context. Included in this paper is a link to the agreed and published response to the Department of Health and Social Care’s (DHSC) consultation on form of health professional regulation.
Issue	Proposals for legislative change are expected to affect the regulatory functions of the GDC, the discharge of its duties and the constitution of the governance structure, all of which are responsibilities of the Council.
Recommendation	The Council is asked to note the potential influences on the Dentists Act 1984 and the published response to the DHSC consultation

1. Introduction

- 1.1 The long-held ambition to reform health professional regulation, which the GDC has supported throughout, has taken an important step forward with the Department of Health and Social Care consulting upon proposals. The proposals, though still at a high level and not accompanied by draft legislation, set out a common framework for regulation for all health professional regulators which intends to rebalance the accountability framework for the organisations so that greater flexibility can be exercised in the discharge of duties to protect the public.
- 1.2 Over the course of the years that reform has been a subject of discussion, the legislative vehicles and sequence of change has evolved. We are now aware of four pieces of draft legislation, with overlapping ambitions for reform and change, that will have an impact on the Dentists Act 1984 and, therefore, the scope and pace of the GDC’s plans for reform. This paper outlines at a high level, the four legislative vehicles and our current understanding of their intended effects and passage.
- 1.3 This paper also provides a summary of the work undertaken to prepare the GDC’s response to the DHSC’s regulatory reform consultation, one component of the overall picture of amendments to GDC legislation. A link to the response which was discussed at an extraordinary meeting and subsequently agreed by the Council by correspondence has also been provided.

2. The landscape of reform

- 2.1 But before turning to the detail, it is important to set out the wider context of change and reform which may affect the GDC, as there is now quite a complicated picture of interdependent changes. They fall into three main areas:
 - a. Structural reform – following the reviews announced in the recent DHSC white paper, [Integration and Innovation](#).

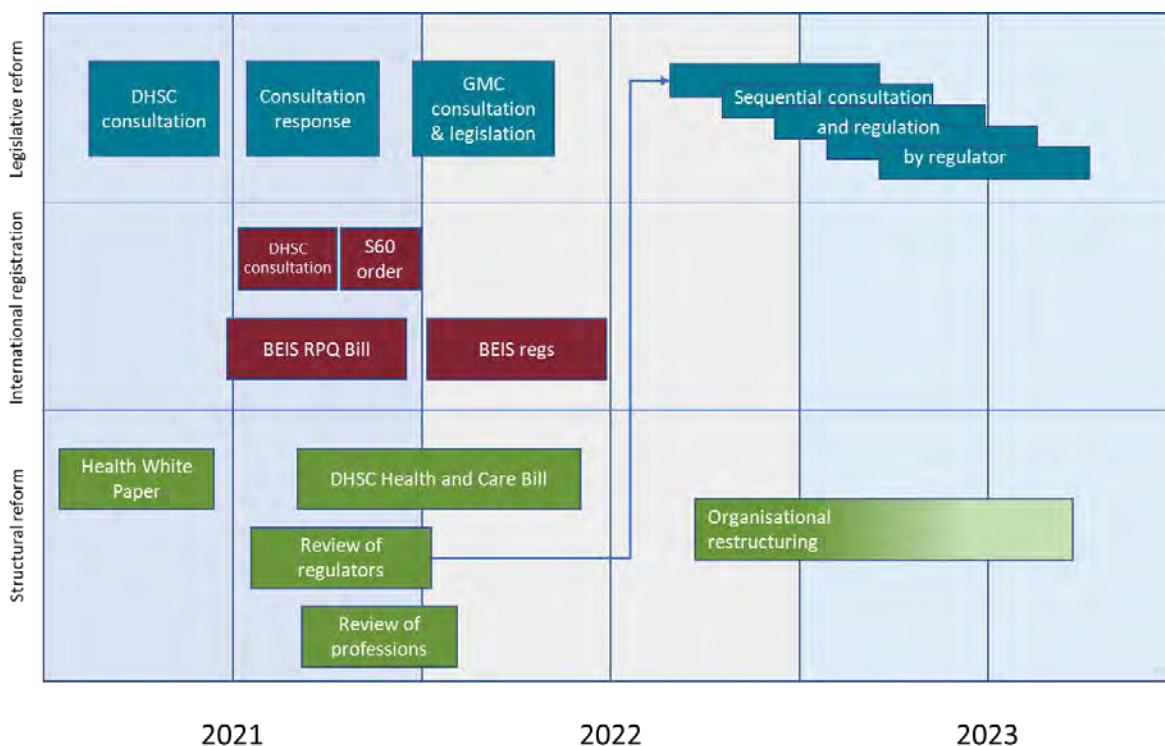
- b. International registration changes – to ensure that we have effective processes beyond the end of the EU exit standstill period.
- c. Legislative reform – of which the DHSC ‘Regulating health professionals, protecting the public’ consultation is the first stage.

2.2 The table below lists and describes the legislative changes that are intended to deliver these reforms.

Legislation	Intended effects	Intended timetable
General reform proposals		
Widespread amendments to the Dentists Act by a section 60 Order to bring about the bulk of the reform proposals (sponsored by the Department for Health and Social Care)	<ul style="list-style-type: none"> • New governance and accountability framework. • Elements of flexibility to make in specific areas of GDC functions. • Elements of inflexibility (eg three-stage fitness to practise process, common sanctions across regulators) 	<ul style="list-style-type: none"> • Onward timetable for reform of GDC to be determined by the UK government following the reviews of the number of regulators and currently regulated professions.
Health and Care Bill (sponsored by the Department for Health and Social Care)	<p>New powers in secondary legislation for the UK government to:</p> <ul style="list-style-type: none"> • close a regulator • remove professions from regulation <p>The government has not yet given any indication of how it might exercise these powers, though it has announced that there will be reviews of the number of regulators and of the professions subject to regulation.</p> <p>Permitting regulators to delegate statutory functions to another statutory regulator.</p>	<ul style="list-style-type: none"> • Implementation of the Health and Care Act is intended to begin in Spring 2022, however, it is unclear when the parts affecting regulators would be implemented.
Routes to international registration		
Stand-alone amendments by a section 60 Order to increase flexibility for international registration (sponsored by Department for Health and Social Care)	<ul style="list-style-type: none"> • Lifting capacity restrictions on the ORE • Flexible framework for assessment of individual dentist and DCP applicants • Introducing cost recovery for international education quality assurance 	<ul style="list-style-type: none"> • Consultation intended in Summer 2021 • Legislation intended to be in place by the end of 2021

<p>Professional Qualifications Bill (sponsored by Department for Business, Energy and Industrial Strategy)</p>	<p>Providing clear and consistent powers to:</p> <ul style="list-style-type: none"> Assess knowledge and skills held by applicants to the register who have qualified outside the UK individually negotiate recognition agreements with international competent authorities recognise qualifications through trade agreements made by the UK. 	<ul style="list-style-type: none"> Royal Assent intended towards the end of 2021
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2.3 This adds up to complex set of changes, with significant dependencies between them. There are also uncertainties, particularly in international registration, about which legislative route will be used to deliver which aspects of the government’s policy proposals. The chart below illustrates this parallel activity, though it must be stressed that the approach and the timings shown represent our best current understanding of the government’s intentions and may very well be subject to change.



2.4 The overall picture for reform to the GDC continues to be uncertain because of these uncertainties. Until we see the text of legislation, it is difficult to identify the intended and unintended consequences that may arise from these interactions. Where there is uncertainty over the timing of passage of legislation, it is difficult to make plans for implementation.

2.5 Additionally, this complex picture of reform means there are likely to be further instances where the Executive needs to engage with the Council, internal and external stakeholders to promote consultations, where they occur, and explain and seek views upon the effects of amendments to GDC legislation over the course of the next 12 months. And beyond that period, there will be

further demands on stakeholders and the organisation to carry forward the changes through engagement and consultation.

3. The GDC's response to the regulatory reform consultation

- 3.1 The GDC's response to the Department of Health and Social Care's consultation, [Regulating healthcare professionals, protecting the public](#) has been published on the GDC website.
- 3.2 In order to prepare the consultation response, and encourage our stakeholders to make their own responses, a short and focused communications and engagement campaign was launched. The campaign had three objectives:
 - a. Raise awareness of the consultation and encourage responses.
 - b. Listen to the views of our stakeholders to inform our response.
 - c. Appropriately influence our stakeholders on matters where their views may influence outcomes of the consultation process and onward reform.
- 3.3 Over the course of five online meetings, the GDC engaged with 103 attendees and approximately 89 organisations. Stakeholders were directed to the consultation through a dedicated page on the GDC website, which will now form the hub for further engagement on matters related to reform.
- 3.4 An extraordinary meeting of the Council was held on 5 May to discuss areas of the consultation document which had been identified by the Chair's Strategy Group at its earlier meeting on 29 April. The Council agreed the response by correspondence. The response was published on 16 June 2021 and is attached at **Appendix 1**.

4. The Professional Qualifications Bill

- 4.1 The Professional Qualifications Bill has now been published and subsequent amendments have been made. Contained in the legislation are powers for the Secretary of State for Business, Energy and Industrial Strategy, and Ministers in the Devolved Administrations to set regulations for international routes for registration across all sectors where professions are regulated by statute. These regulation making powers are limited in their use only to where a "national authority" is satisfied it would enable the demand for services of professionals to be met without unreasonable delay or charges.
- 4.2 It is unclear whether these powers to set regulations will be exercised across professional regulators or sectors, but if exercised, the scope of the regulations includes granular matters such as the setting of fees, the form of the application, and the imposition of duties upon regulators and may affect operations at the GDC.
- 4.3 The Bill additionally authorises qualification recognition agreements to be entered into either under a trade agreement or by a regulator. There are also duties placed on regulators to publish information about international registration processes and share information with regulators outside of the UK in respect of UK qualified professionals seeking registration outside of the UK.

5. Legal, policy and national considerations

- 5.1 There is the potential for profound change to the way that GDC operates as a result of the proposed amendments to GDC legislation. The Strategy directorate, operational teams, and Legal and Governance directorate are working together to assess impact and develop responses to consultation proposals, where they arise, and advise on routes to influence the passage of legislation.
- 5.2 Regulation of some dental care professionals is a devolved matter to Scotland. While reform of the regulatory model is an ambition of the devolved administrations, the wider political context in

which UK-wide change of regulation is being proposed may affect how each nation chooses to respond to the proposals, and there is potential for fragmentation of regulatory models in the UK.

6. Equality, diversity and privacy considerations

- 6.1 The proposals to amend GDC legislation will have a significant impact, potentially both positive and negative, on the organisation's ability to offer services equitably, eliminate discrimination, and foster inclusion. As and when legislation is prepared, there will be opportunities to feed into equality and diversity analysis conducted by the UK government and, before changes are made to GDC operations, equality and diversity impact analysis will be required, as well as consultation where the Act requires it.
- 6.2 The proposals set out in draft legislation or policy consultations preserve the protections on privacy of data, while also providing some enhancements to GDC's capability to share and require information in the course of protecting the public. If these proposals are carried forward to amendments to GDC legislation, data protection and privacy impact analysis will be required and undertaken. Again, the UK government will also be conducting its own analysis where it is required.

7. Risk considerations

- 7.1 The proposals in the Department of Health and Social Care's regulatory reform consultation document have not been accompanied by draft legislation, which limits the GDC's ability to undertake a full impact assessment. There are also risks related to the interaction of the multiple proposals for legislative change.
- 7.2 There remains uncertainty over the timetable for reform of the GDC's legislation which affects our capacity to plan and may lead to wasted investment of resources.
- 7.3 Alongside the uncertainty over the timetable is the risk that decisions on structural and legislative reform will occur with little forward notice.
- 7.4 If legislative reform occurs, the scale of impacts across the organisation is both broad and deep. The timeframe over which the GDC will be expected to have adapted and be operating transitional arrangements is unclear.
- 7.5 The principle of consistent regulation across the regulators may lead to elision of important distinctive features of dental regulation that protect the public.
- 7.6 At a high level, the proposals place new emphasis on the GDC to make its own rules and operate through discretion, which will increase risk of challenge.
- 7.7 There is some risk that the new duties and governance arrangements may consume resources in their application, which will affect the GDC's ability to leverage the opportunities to improve the regulatory model during the period of implementation.
- 7.8 The Professional Qualifications Bill has the potential to introduce new routes to registration through regulations set by the Secretary of State for Business, Energy and Industrial Strategy. This may have consequential impacts on the discharge of duties, operations, income and fees that the GDC charges to registered dental professionals. We are seeking information to understand if there is a risk that the powers to make regulations may be exercised in different ways and at different times across the UK countries.

8. Resource considerations and CCP

- 8.1 Work is currently taking place to map out the scenarios and associated risks and opportunities for organisational and legislative reform, to inform a decision on the initiation of the regulatory reform programme outlined in the CCP.
- 8.2 There is likely to be an impact to the CCP from any work to support the reviews of the number of regulators and the currently regulated professions. At the current time it is not possible to understand and plan for this potential impact, although scenarios are being produced to provide a framework for decision-making.

9. Monitoring and review

- 9.1 The proposals for amendments to GDC legislation are being continuously monitored by the Executive. The Council will be kept informed through regular information exchange, and there may be a need at the request and permission of the Chair to review responses to consultations via correspondence or at additional extraordinary meetings.

10. Development, consultation and decision trail

- 10.1 No decisions are being recommended in this paper and sections three and ten set out how parties have been and will be involved in developing the GDC's response to the regulatory reform consultation.

11. Next steps and communications

- 11.1 External stakeholders, particularly dental professionals, their employers and representatives will be affected by amendments to GDC legislation. The impact on patients and the public will be less direct but no less important. It is likely that progress on the wider reform proposals for GDC will be delayed while the consultation responses are being analysed, attention shifts to the specific changes being proposed for the GMC, and the reviews of the number of regulators and currently regulated professions that will inform the onward timetable.
- 11.2 For GDC stakeholders, and the GDC, attention over the remainder of 2021 will be focused on the proposals for international registration and recognition of qualifications. We understand that the review of the number of regulators will also take place in the second half of this year. More information may become available about both proposed reviews, their scope, and proposed methodologies and timelines, which will also require input from the GDC, dental professionals and, critically, members of the public.
- 11.3 Staff time will be directed to effectively influencing the variety of legislative vehicles to ensure that members of the public will be protected under any new model of regulation.
- 11.4 The Council's response to the regulatory reform consultation has been published on the GDC website.

Appendices

- a. Final consultation response

Osama Ammar, Head of Public Policy
oammar@gdc-uk.org
Tel: 020 7767 6349

10 June 2021

General Dental Council

Consultation response

**Department of Health and Social Care
consultation: Regulating healthcare professionals,
protecting the public**

Published: 16 June 2021

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All enquiries regarding this publication should be sent to:

General Dental Council

37 Wimpole Street

London

W1G 8DQ

Phone: 020 7167 6000

Email: information@gdc-uk.org

Web: gdc-uk.org

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General Dental Council consultation response to: Regulating healthcare professionals, protecting the Public

1. Introduction

- 1.1. The GDC supports the ambitions of the UK government to increase flexibility and enhance accountability for the organisations which, in partnership with others, are responsible for protecting the public. We have sought, for some years, a programme of reform which would unlock the prescriptive and restrictive legislation under which the GDC currently operates, as this limits our ability to respond to changes in dental practice, to operate an effective and efficient regulatory system and, most importantly, to ensure public protection.
- 1.2. We therefore welcome this consultation and many of the proposals which it contains. Our responses to the consultation questions follow, but before turning to them we think it is important to make a number of broader points.
- 1.3. These proposals will need to provide sufficient flexibility not just to ensure effective regulation today but also to adapt to changes over the years – and perhaps decades – to come. The Dentists Act is almost 40 years old, and it has taken over 10 years of activity to reach this point in the reform programme. It may be many years before another opportunity arises to reconsider the overall regulatory approach, so it is vital that the framework strikes the right balance of accountability and flexibility.
- 1.4. Even in the time since the current reform agenda began to emerge, much has changed in how healthcare is delivered. The increasing utility of remote and patient-driven forms of care, new roles and responsibilities for the wider healthcare team, and the application of technology and innovation to healthcare practice suggest that the pace of change and diversification of services and providers is only accelerating. In addition, the pandemic and the UK's departure from the European Union demonstrate that public bodies need autonomy and flexibility to respond to rapidly changing situations that have an impact on the health, safety and well-being of the UK public.
- 1.5. We therefore support the principles set out in paragraph 8 of the consultation document, particularly that the regulatory system should be responsive to changing contexts and should not be overly detailed. There is clearly a balance to be struck between the need for flexibility and the need for legislative clarity and consistency. In our view, that balance has not always been struck appropriately. The legislative detail apparently contemplated by these proposals remains very granular in some areas, bringing a real risk of perpetuating the inflexibility the reform process aims to remove.
- 1.6. We also recognise that for differently regulated professions working in the same teams or environment, consistency of the approach to regulation is important for members of the public and professionals. But that principle needs to be applied pragmatically. There are important differences between the professions and the environments in which they operate that must be reflected in different regulatory approaches. The GDC regulates the entire dental team, so in the overwhelmingly majority of clinical care settings for dentistry, there is already a common and consistent approach to professional regulation. With that consistency already in place for the sector, we think the real opportunity of reform for dentistry is to consider the powers required to effectively and flexibly regulate a diverse range of services and,

providers, working under different business configurations, that push at the boundaries of the current model of regulation and public protection.

- 1.7. Outdated legislation has fettered the GDC's ability to be a fully effective regulator for a considerable time. For example, although we have made good progress on improving our fitness to practise process by introducing case examiners, there are limitations on how cases may be resolved without new legislation. A legislative framework set four decades ago is ill-adapted to the changing patterns of dental service provision we see today. In many areas, the Dentists Act effectively provides separate legal frameworks for dentists and dental care professionals, which carries inherent inefficiencies because of the requirement to perform the same activities under differing primary legislation and rules for the professions.
- 1.8. Progress on reform has been slow and the need for it increasingly urgent. It is disappointing and concerning that the prospect of regulatory reform has further receded as a result of the government's decision to review the number of healthcare professional regulators. That review is itself entirely and properly a matter for government, but we are in no doubt that better regulation and better protection of the public will more rapidly and more effectively be achieved by implementing the regulatory reform proposals contained in this consultation than through structural changes to the number of regulators. We very strongly urge the government to reconsider its approach and give regulatory reform the priority it needs.

2. About the GDC

- 2.1. The GDC works on behalf of the public to regulate the dental team, maintaining a framework of standards to support the delivery of high-quality care.
- 2.2. The dental team is made up of diverse roles, each playing a different part in the provision of a wide range of different dental services with different risk profiles, in a multitude of settings, and to varying degrees of autonomy. The dental team includes:
 - dentists
 - dental nurses
 - dental hygienists
 - dental therapists
 - orthodontic therapists
 - dental technicians
 - clinical dental technicians.
- 2.3. Our overarching purpose when exercising our functions is the protection of the public, which involves the pursuit of the following objectives to:
 - protect, promote and maintain the health, safety and well-being of the public
 - promote and maintain public confidence in the dental professions, and
 - promote and maintain proper professional standards and conduct for members of those professions.
- 2.4. Our role in meeting these objectives is to regulate around 115,000 members of the dental team, which involves carrying out some specified mandatory functions. These are to:

- set standards for dental education
- maintain a register of dentists and dental care professionals who meet the registration requirements
- set and promote professional standards
- investigate allegations of impaired fitness to practise.

3. Responses to the consultation questions

3.1. Responses to the consultations are provided below, using the section headings and numbering from the consultation document. Where possible we have provided examples of how the proposed reforms might address current restrictions on effective regulation. We would be happy to provide further detail if that would be helpful in developing the proposals further.

Governance and operating framework

(Q1) Do you agree or disagree that regulators should be under a duty to co-operate with the organisations set out above? Please give a reason for your answer.

The GDC already has a duty to co-operate under s2A of the Dentists Act. We agree that duty should continue but consider that our existing duty already covers the range of organisations listed in para 56.

(Q2) Do you agree or disagree that regulators should have an objective to be transparent when carrying out their functions and these related duties? Please give a reason for your answer.

We agree that transparency is important and that there should be a duty on regulators to act transparently. GDC already operates under a strong presumption that board meetings and hearings should be held in public. Since 2018, the GDC has consistently held between half and two thirds of its Council business in public and continues to focus on ensuring that it only discusses matters that require confidentiality in the closed session of Council. All papers for the public session of Council are published on the GDC's website in advance of its meetings and minutes of the public and closed sessions are published shortly thereafter. But it is important that any new duty should not be expressed in a way which unduly constrains a regulator's discretion to consider matters in private, such as in exploratory discussions at an early stage of policy development. A narrow test of confidentiality risks being unduly restrictive, a broader public interest test would be more appropriate.

(Q3) Do you agree or disagree that regulators should be required to assess the impact of proposed changes to their rules, processes and systems before they are introduced? Please give a reason for your answer.

Although we are not currently subject to a formal duty to assess proportionality, we undertake research, evaluation, stakeholder engagement and consultation on a regular basis to ensure that the impact of proposed change is understood before decisions are made. Doing so is clearly an element of good governance and as such we do not see a strong need for a specific statutory duty. In fact, placing the proportionality assessment on a statutory footing may result in the disproportionate impact of the Courts having to intervene.

It is important that impact assessments are themselves proportionate. There are many relatively minor changes – for example amending application forms, systems changes that do not affect registrants or members of the public directly, publishing supporting information to standards and guidance to respond to emerging and changing practice – in respect of which undertaking a full impact assessment would be burdensome without providing clear value. We therefore propose that the duty to assess impact should be set in proportion to the change in policy or procedure being considered.

(Q4) Do you agree or disagree with the proposal for the constitution on appointment arrangements to the Board of the regulators? Please give a reason for your answer.

It is ultimately for the government to make the judgement, reflecting the wider public interest, about the governance model for the regulators.

Professional healthcare regulators exercise significant statutory powers in the public interest. It is essential that their accountability is proportionate to their responsibilities and their governing bodies play a critical part in that. We are confident that the GDC's current two-tier structure already delivers high standards of accountability and governance, so question the benefit that any change to the governance structure will produce that outweighs the impact of its establishment. It would be important in a unitary board structure to retain independence between the executive and non-executive members for effective oversight and accountability. We welcome the continued requirement to appoint members from the four UK nations.

We note that regulators would continue to be able to appoint registrants to the board up to 50% of the membership but this would not be a requirement. Our current Council is appointed on merit and is not intended to be, and does not, represent the professions we regulate because its primary objective is the protection of the public. The organisation benefits from a breadth of voices and types of expertise, including from dental professionals, in making its decisions. Any change to governance arrangements would result in work to consider and create supporting structures to provide the board with perspectives and insights from registrants, from patients and from other groups with an interest in effective dental regulation.

Further thought will be needed on transitional arrangements. The cap on board membership combined with an immediate requirement to appoint the Chief Executive would lead to the displacement of a non-executive member whose term may not have expired, for example, unless there is a degree of additional flexibility in the transitional period.

(Q5) Do you agree or disagree that regulators should be able to set their own fees in rules without Privy Council approval? Please give a reason for your answer.

We agree very strongly with this proposal as it will maintain our current powers to set fees for registration and annual retention without Privy Council approval. We suggest that the proposal is made clearer and explicitly includes fees charged for all routes to registration and their administration costs, for example, readmission / restoration to the register.

The GDC has a [fee setting policy](#) which contains three principles to which the organisation adheres. The three principles are:

- **Fee levels should be primarily determined by the cost of regulating each registrant group:** We will seek to minimise the ways in which registrants fund regulatory activity that is not generated by them by removing, as far as practicable, cross subsidy between different groups. We will do this by allocating costs, as far as

possible, where they fall. Where a degree of cross subsidy is necessary, we will explain this through our policy.

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

(Q6) Do you agree or disagree that regulators should be able to set a longer-term approach to fees? Please give a reason for your answer.

We agree very strongly with this proposal. Currently, as described in our [fee setting policy](#), the GDC consults upon the high level objectives and associated expenditure plans that underpin our annual retention fee every three years.

(Q7) Do you agree or disagree that regulators should be able to establish their own committees rather than this being set out in legislation? Please give a reason for your answer.

We agree with this proposal. If implemented, the earlier proposal to establish a Unitary Board, would make this proposal essential in fulfilling the overall ambition for regulatory reform.

Flexibility to establish committees will support the GDC to adapt to the new Unitary Board, give the legally responsible Board the discretion to deliver public protection in the most effective way and the opportunity to adapt governance of the regulatory model as dental practice changes.

(Q8) Do you agree or disagree that regulators should be able to charge for services undertaken on a cost recovery basis, and that this should extend to services undertaken outside of the geographical region in which they normally operate? Please give a reason for your answers.

We agree with this proposal. Currently, there are limitations on the fees that we may charge for services that we provide. This causes a number of issues that this proposal will help to resolve:

Currently we are unable to set a fee to recover costs for the Overseas Registration Exam (ORE) for dentists because the fees are set in rules that are subject to Privy Council approval. At present, the costs of the ORE outstrip the income that we receive from applicants. As a result, we must constrain the capacity of the ORE to a level lower than that needed to meet the demand for places, as otherwise there would have to be an unreasonable level of cross subsidy from the annual retention fee paid by current registrants. This leads to a bottleneck in the flow of supply of qualified dentists to the professional workforce.

While we have powers to appoint visitors to inspect international dentist education and training and make a recommendation on recognition of qualifications, we do not have powers to charge fees for cost recovery of this activity. This means that we are unable in practice to recognise qualifications in jurisdictions where a recognition decision may be possible, which places an additional burden on our existing routes for international registration.

There are some administrative services that we provide for which we cannot currently recover costs, so are unavoidably funded by registrants' fees rather than by the beneficiaries of the services.

We do not currently have the power to charge fees for the quality assurance of education and training. Currently, these costs are cross-subsidised by fees charged to registrants for registration and annual retention.

(Q9) Do you agree or disagree that regulators should have the power to delegate the performance of a function to a third party including another regulator? Please give a reason for your answer.

We agree with the proposal. The ability to delegate non-statutory and statutory functions will provide opportunities for enhanced collaboration between the regulators which has the potential to drive efficiencies by reducing duplication of effort and cost.

(Q10) Do you agree or disagree that regulators should be able to require data from and share data with those groups listed above? Please give a reason for your answer.

We agree with these proposals, where they will support lawful, safe and more efficient sharing of data across organisations in health and social care and not impinge upon the GDC's ability to perform its statutory functions or increases costs that may impact upon fees charged to registrants for registration and retention.

Regulators occupy a unique position in the healthcare system, often having access to data, information and insight that is not available to other organisations. For example, regulators have access to data and insight derived from information held about an entire profession or in some cases a whole sector's professionals, which organisations responsible for workforce planning do not hold. There can be challenges in sharing information in some instances, owing to the lack of specificity of our current powers to share information with some organisations, because of our underlying responsibility to process, hold and share data lawfully. We also encounter situations where other parts of the healthcare system, in their efforts to comply with their own responsibilities for lawful processing of data, are hesitant to share information with the regulator.

More detailed consideration will be needed in relation to data sharing with professional bodies, a term which can have significantly different meanings in different contexts. For some professions, professional bodies are incorporated into the regulatory framework, while for other professions these organisations stand apart from it and fulfil a different function. These differences will need to be reflected in the more detailed legislative proposals for each regulator.

(Q11) Do you agree or disagree that regulators should produce an annual report to the Parliament of each UK country in which it operates? Please give a reason for your answer.

The GDC is a UK wide regulator and recognises the importance of its accountability to all four nations. We have a statutory duty to produce an annual report for the UK and Scottish Parliaments and we additionally submit the same single report to the Welsh Senedd and to the Northern Ireland Assembly. GDC is a unitary organisation, applying the same regulatory standards and approaches across the whole UK, given which we consider that it would be proportionate to continue to produce a single report covering all four nations.

(Q12) Do you agree or disagree that the Privy Council's default powers should apply to the GDC and GPhC? Please give a reason for your answer.

We welcome the greater flexibility which the reform proposals provide and recognise that this needs to be balanced with greater accountability. We therefore would have no concern about the Privy Council's power being extended to cover the GDC.

As we noted in the introduction to this response, the proposals set out in this consultation are still very detailed in some areas, with a corresponding risk that they become outdated in a changing environment. The existence of the default power should allow the government greater confidence in stepping back from detailed regulation and making a reality of greater flexibility.

Education and training

(Q13) Do you agree or disagree that all regulators should have the power to set:

- **standards for the outcomes of education and training which leads to registration or annotation of the register for individual learners;**
- **standards for providers who deliver courses or programmes of training which lead to registration;**
- **standards for specific courses or programmes of training which lead to registration;**
- **additional standards for providers who deliver post-registration courses of programmes of training which lead to annotation of the register; and**
- **additional standards for specific courses or programmes of training which lead to annotation of the register?**

Please give a reason for your answer.

We agree that regulators should have the powers proposed.

These proposals provide helpful opportunities for the dental education sector to make changes to the design of dental education and for the regulator to play a more direct role in approval and quality assurance of education at all stages. Currently the legal framework for approval of qualifications is different for pre-registration and specialist qualifications for dentists, and pre-registration dental care professional qualifications. As a result the GDC plays a different role in assuring quality for each type of qualification. Any changes to the role that GDC may play would require comprehensive development of proposals, with the input of the education sector and employers, before they are implemented.

There are some components of the existing dental education model that provide elements of public protection that will need to be considered carefully if the GDC's role changes. Dental authorities play a multi-faceted role for pre-registration and post-registration education and training, routes to international registration and exemptions from offences for illegal practice for

undergraduate and postgraduate dental training. It will be essential that these important roles are appropriately incorporated into any new arrangements for regulation of dental education.

(Q14) Do you agree or disagree that all regulators should have the power to approve, refuse, re-approve and withdraw approval of education and training providers, qualifications, courses or programmes of training which lead to registration or annotation of the register? Please give a reason for your answer.

We agree with this proposal. The powers to approve, refuse, re-approve and withdraw approval from education and training leading to eligibility to apply for registration or annotation are important for public protection. The GDC currently has only a power to make representations to the Privy Council to withdraw approval in respect of undergraduate training for dentists, and it is for the Privy Council to decide on whether to act. This is a cumbersome and inflexible approach and it would be more appropriate for GDC to have the direct power, as it already does for dental care professionals.

Learning from the recent experience of the pandemic has demonstrated that in extreme and unforeseen circumstances there may be pressures placed on dental education which restrict the opportunity for students and trainees to acquire the full breadth of experience required for safe and effective practice. We suggest that in these rare circumstances there may need to be an accelerated route to suspend approval for education and training until shortfalls can be addressed. This would have benefits above withdrawal of approval, as it would provide a clearer route for students to be able to apply for registration once a suspension is lifted.

(Q15) Do you agree that all regulators should have the power to issue warnings and impose conditions? Please give a reason for your answer.

We agree with this proposal and suggest that more clarity is required to explain the intended effects of warnings on approval and the difference between the effects of conditions. The GDC currently has powers to impose conditions, but the proposals will increase the effectiveness and clarity of the requirements that the GDC may place on providers of dental education.

(Q16) Do you agree or disagree with the proposal that education and training providers have a right to submit observations and that this should be taken into account in the decision-making process? Please provide a reason for your answer.

We agree with this proposal. Observations on reports are an important component of the effective governance of the education quality assurance process and provides an opportunity to address matters that may otherwise reach an appeal stage, creating a disproportionate burden on the GDC and education providers.

(Q17) Do you agree that:

- **education and training providers should have the right to appeal approval decisions;**
- **that this appeal right should not apply when conditions are attached to an approval;**
- **that regulators should be required to set out the grounds for appeals and appeals processes in rules?**

Please provide a reason for your answer.

We agree with this proposal. An appeal process set out in rules by the regulator is a proportionate means for education providers to challenge decisions on professional education. It is also proportionate for conditions on approval to be excluded, owing to the earlier opportunity to provide observations on a report, and because appeals should be isolated to the final outcome of the education quality assurance process.

(Q18) Do you agree or disagree that regulators should retain all existing approval and standard setting powers? Please provide a reason for your answer.

We agree with this proposal. The landscape of dental education is complex, and change takes many years to implement owing to the duration of training. The retention of all existing approval and standards setting powers will provide continuity as the GDC engages with the sector in preparation for the exercise of new powers.

There will need to be some specific consideration made in respect of this proposal and its effect beyond the Dentists Act on the European Primary and Specialist Dental Qualifications Regulations 1998 and any interaction with the end of the EU Exit “stand-still period”.

(Q19) Do you agree or disagree that all regulators should have the power to set and administer exams or other assessments for applications to join the register or to have annotations on the register? Please provide a reason for your answer.

We agree with this proposal. Currently, the GDC has no plans to introduce an examination or assessment for UK qualified applicants to join the register. However, the flexibility to establish an examination or assessment in future will provide a greater range of options to respond to changes in dental education or develop new arrangements for annotations to the register.

(Q20) Do you agree or disagree that this power to set and administer exams or other assessments should not apply to approved courses or programmes of training which lead to registration or annotation of the register? Please provide a reason for your answer.

We agree with this proposal. The framework for quality assurance of education is dependent on the separation between the education provider and the regulator and the independence that brings in decision-making on quality of education. Were examinations and assessments set by the regulator incorporated into approved education, it would erode the independence central to the model of assurance of quality of education providing eligibility for access to registration or annotation.

(Q21) Do you agree or disagree that regulators should be able to assess education and training providers, courses or programmes of training conducted in a range of ways? Please provide a reason for your answer.

We agree with this proposal. Flexibility to develop proportionate quality assurance processes will enhance the GDC's ability to regulate effectively and efficiently. For example, many models of education quality assurance are specified in legislation to require site inspections. The experience of the pandemic has accelerated our efforts to consider how quality assurance processes can be conducted at a distance. Additionally, the model of periodic inspections has been superseded by more modern approaches to ongoing quality assurance using a range of methods. Flexibility to assess education and training in a range of ways will also support the GDC to explore new methods of quality assurance that emerge from the education sector in future.

(Q22) Do you agree or disagree that the GMC's duty to award CCTs should be replaced with a power to make rules setting out the procedure in relation to, and evidence required in support of, CCTs? Please give a reason for your answer.

We have not provided a response to this question because the GMC approach to CCTs is not a matter for the dental professional regulator.

However, there are parallels between the GMC CCT and the GDC Certificate of Completion of Specialist Training, which is awarded by the GDC and provides eligibility to apply for entry into one of GDC's specialist lists. The proposals set out that annotations will be used in place of specialist lists, which if applied in the same way to GDC may have an impact on the model of dental regulation which is explained in the response to question 28.

(Q23) Do you agree or disagree that regulators should be able to set out in rules and guidance their CPD and revalidation requirements? Please give a reason for your answer.

We agree with this proposal. Flexibility to set out CPD and revalidation requirements in rules and guidance will be an essential component of the GDC's ambition to move more of its regulatory activity upstream. Currently our CPD process is enshrined in inflexible rules, which has made adapting the model and embedding best practice for life-long learning and continuing fitness to practise challenging.

Additionally, the recent experience of the pandemic has demonstrated that in unforeseen significant events, dental professionals may be restricted in their ability to undertake CPD, and the discretion to amend rules in extreme circumstances would have the positive effect of providing assurance to dental professionals that their registration is not at risk.

Registration

(Q24) Do you agree or disagree that the regulators should hold a single register which can be divided into parts for each profession they regulate? Please give a reason for your answer.

The GDC currently maintains two registers, one for dentists and one for dental care professionals, which is presented as a single public facing register. We are not aware of this causing any problems, so see no particular advantage to merging them into a single register, and do not believe that there would be any practical consequences of doing so. But for the same reason, we see no objection in principle to merging the two registers, though doing so will require the investment of time from GDC staff and the Council in making a change which would be otherwise unnecessary.

The dental care professionals register is then sub-divided by specific dental care professional titles. The dentists register is not sub-divided, but is associated with 13 specialist lists. The proposed new structure of the register, especially when taken together with the proposals for annotations, will lead to a period of policy development on how best to adapt the current register structure and lists. This additional consideration of the structure of the register should be accounted for in the transitional arrangements for the GDC.

(Q25) Do you agree or disagree that all regulators should be required to publish the following information about their registrants:

- **Name**
- **Profession**
- **Qualification (this will only be published if the regulator holds this information. For historical reasons not all regulators hold this information about all of their registrants)**
- **Registration number or personal identification number (PIN)**
- **Registration status (any measures in relation to fitness to practise on a registrant's registration should be published in accordance with the rules/policy made by a regulator)**
- **Registration history**

Please provide a reason for your answer.

We agree with this proposal. The information that will be required to be published matches the information that is currently available on the GDC registers for dentists and dental care professionals. This information provides members of the public, employers and other organisations with relevant information to be able to identify registrants and understand their registration status.

(Q26) Do you agree or disagree that all regulators, in line with their statutory objectives, should be given a power allowing them to collect, hold and process data? Please give a reason for your answer.

We agree with this proposal. Collecting, holding and processing data in line with our statutory objectives will maintain our current capability to protect the public and is in line with existing data protection legislation.

(Q27) Should they be given a discretionary power allowing them to publish specific data about their registrants? Please give a reason for your answer.

We suggest that this proposal requires more clarity on the purpose of publishing additional information on a register. At the moment, the proposals do not adequately explain the reasons that regulators would choose to publish additional specific data and it is essential that the purpose of this discretionary power is made clear before it is included in legislation.

(Q28) Do you agree or disagree that all regulators should be able to annotate their register and that annotations should only be made where they are necessary for the purpose of public protection? Please give a reason for your answer.

We agree with this proposal. Annotations to the register which are associated with enhancements or restrictions provide an effective means for regulators to provide information to members of the public, employers and contractors about the scope of practice of registrants. Annotations also have the benefit of providing routes to increase the scope of practice when it is of benefit to members of the public, such as has been the case with extending independent prescribing entitlements to nurses, pharmacists and some allied health professionals.

The GDC currently has 13 specialist lists which are open to UK qualified dentist specialists who have been awarded a Certificate of Completion of Specialist Training or had an application assessed by the GDC if they have qualifications from outside the UK. Specialties do not currently have the effect of providing a legal enhancement to scope of practice meaning that any registered dentist is able to perform activities that may constitute specialty practice.

However, only dentists on specialty lists are able to refer to themselves as specialists. The inclusion of powers to annotate the register may provide an opportunity, following careful consideration of impact on members of the public and dental professionals, to enhance the model of public protection through clearer arrangements for enhancements to scope of practice. The work to adapt the complex arrangements for speciality training to the new structure of the register and powers for quality assurance and approval of education, will require a period of policy development which will need to be accounted for in transitional arrangements for the GDC.

(Q29) Do you agree or disagree that all of the regulators should be given a permanent emergency registration power as set out above? Please give a reason for your answer.

We suggest that more analysis of the value of emergency registers for different professions is required before this proposal is included in legislation. The immediate effect of COVID-19 on dentistry was to reduce the level of dental services on offer, so there was no crisis-driven workforce shortage which an emergency register would have addressed. Indeed many dental professionals made use of their skills and experience in other healthcare settings away from dentistry. A small number of former registrants did indicate a desire to reactivate their registration, but that too was with the desire of providing pandemic care, rather than with any intention of practising dentistry.

It would be odd to create an emergency register of dental professionals without any expectation that anybody who joined it would practice their registered profession. The resources needed for creating and maintaining such a register might be better used elsewhere.

(Q30) Do you agree or disagree that all regulators should have the same offences in relation to protection of title and registration within their governing legislation?

We disagree with this proposal. Consistency across regulators is undoubtedly a valid aim of the overall proposals for reform. It increases the likelihood that members of the public and healthcare professionals will understand the regulatory model and receive equitable outcomes from their interactions with it. However, consistency is not a goal in itself, and in some circumstances the context in which regulation and healthcare practice takes place leads to legitimate reasons for preserving distinctiveness of the approach to regulation.

Protected title offences are one area where we suggest that the proposals need to consider the specific context of dental practice before changes are made to legislation. The GDC has additional offences set out in the Dentists Act for the practice of dentistry by a layperson and carrying out the business of dentistry by a layperson, which point to the distinctive nature of dental practice and the real risk of illegal practice. The GDC receives on average between 850 and 950 concerns every year in relation to the illegal practice of dentistry. The concerns raised range from reporting illegal tooth whitening to reports of suspended or erased registrants continuing to practise despite imposed restrictions.

The GDC has a rigorous [prosecution policy](#) which sets out the approach to be taken when considering such concerns. In the first instance the GDC will seek to dispose of matters in the most appropriate and proportionate way which typically results in issuing a warning letter or conducting a compliance visit. Notwithstanding this, the GDC receive a number of complaints each year which warrant prosecution in the criminal courts.

We urge caution about an approach which may erode one of the mechanisms that is currently effective in our efforts to protect the public from the illegal practise of dentistry.

(Q31) Do you agree or disagree that the protection of title offences should be intent offences or do you think some offences should be non-intent offences (these are offences where an intent to commit the offence does not have to be proven or demonstrated)? Please give a reason for your answer.

We disagree with the proposal that protection of title offences should be intent offences in the context of dental practice. The GDC currently operates on a basis of strict liability for illegal practice cases and suggests that this is an effective means of addressing risks to the public in the context of dental practice.

It is understood that the purpose of this proposal is that it would provide a means for proportionate resolution of concerns related to misuse of protected titles where there is no intent to deceive. Within the current strict liability model, the GDC's [prosecution policy](#) provides alternatives to resolving concerns through criminal prosecutions and as a result there are already opportunities to take consistent and proportionate action when the GDC is assured that the public is protected and there is ongoing compliance with the Dentists Act.

It is also the case that there is still a precision of meaning of dental professional titles – and of 'dentist' in particular – which has been lost in respect of some other professional titles. There are circumstances in which people refer to themselves or others as 'doctor' or 'nurse' without being registrants and without any intent to deceive. That is not the case with 'dentist', where it is not easy to think of benign circumstances in which somebody described themselves as a dentist without being one. That clear delineation has value on both public policy and public protection grounds and is a further reason to treat the misuse of such titles as strict liability offences.

(Q32) Do you agree or disagree with our proposal that regulators should be able to appoint a deputy registrar and/or assistant registrar, where this power does not already exist? Please give a reason for your answer.

The GDC Registrar's existing powers of delegation are more flexible than is being proposed here and have proved effective. We would not want to adopt the model of a single appointed deputy but instead keep our current powers in their existing form.

(Q33) Do you agree or disagree with our proposal that regulators should be able to set out their registration processes in rules and guidance? Please give a reason for your answer.

We agree with this proposal. The GDC is currently able to make some rules relevant to registration and produce guidance for registration processes and therefore the proposal will preserve the current arrangements in those cases. In some cases the rules require approval from the Privy Council, as is the case for the dentists Overseas Registration Exam (ORE). The inflexibility of components of the GDC legislative framework is a key barrier to sustained efficiency and effectiveness and the capability to dynamically respond to events such as the pandemic.

(Q34) Should all registrars be given a discretion to turn down an applicant for registration or should applicants be only turned down because they have failed to meet the new criteria for registration? Please give a reason for your answer.

We agree that the Registrar should be given discretion to refuse registration. While this discretion would be used only exceptionally because criteria for registration should be

comprehensive for the majority of cases, allowing discretion for the Registrar will provide an additional means to take action to protect the public. It would be an essential safeguard that if the discretionary power were used, the Registrar would be required to provide reasons for their decision, which would be made available to the applicant and that, as proposed, any such decision could be appealed.

(Q35) Do you agree or disagree that the GMC's provisions relating to the licence to practise should be removed from primary legislation and that any requirements to hold a licence to practise and the procedure for granting or refusing a licence to practise should instead be set out in rules and guidance? Please give a reason for your answer.

We have provided no response to this question because the GMC approach to requirements to hold a licence to practise is not a matter for us.

(Q36) Do you agree or disagree that in specific circumstances regulators should be able to suspend registrants from their registers rather than remove them? Please give a reason for your answer.

We suggest that this proposal requires more clarity before it is included in legislation. The proposal has the potential to have a beneficial effect for registrants whose registration lapses for a short period. In these instances, registrants may simply have made an error, and though it is necessary for public protection to take action, removal from the register is associated with additional requirements for re-entry. A system based on suspension may assist registrants in these situations to return to practise with minimum disruption once they have met the requirements for continued registration.

However, the proposal does not explain the interaction between suspension and removal when the reasons are the same and therefore further explanation is required to inform the GDC's position.

(Q37) Do you agree or disagree that the regulators should be able to set out their removal and readmittance processes to the register for administrative reasons in rules, rather than having these set out in primary legislation? Please give a reason for your answer.

We agree with this proposal. Flexibility to make rules for removal and readmittance to the Registers will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q38) Do you think any additional appealable decisions should be included within legislation? Please give a reason for your answer.

We do not suggest that there are further appealable decisions that should be included within the legislation. The appealable decisions that have been listed are comprehensive, both of currently appealable decisions and new routes for appeal.

(Q39) Do you agree or disagree that regulators should set out their registration appeals procedures in rules or should these be set out in their governing legislation? Please give a reason for your answer.

We agree that appeals procedures should be set out in rules. Flexibility to make rules for appeals will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q40) Do you agree or disagree with our proposal that the regulators should not have discretionary powers to establish student registers? Please give a reason for your answer.

We agree with this proposal. The GDC does not currently hold a student register.

Dental students and trainees work under supervision of registered dental professionals and are not yet expected to meet the requirements for professional practice set out in the standards for the dental team. Therefore, registering students has no clear benefit for public protection. Further, a proliferation of registers, especially registers that do not denote that the individuals listed are autonomous health professionals have the potential to confuse members of the public.

Additionally, the costs of administration of student registers would need to be charged either to students, who are likely to be on low or no incomes, or cross-subsidised through payments made by registrants through their registration and retention fees, which would be in opposition to the GDC fees setting policy.

(Q41) Do you agree or disagree with our proposal that the regulators should not have discretionary powers to establish non-practising registers? Please give a reason for your answer.

We agree with the proposal. The GDC does not currently hold a non-practising register. Even when registrants choose to take roles which are not directly involved in clinical practice, such as in education or research, it is important for them to retain their professional currency. We think it is clearer to registrants and to patients that there is a clear binary choice between remaining on the register and leaving it.

(Q42) Do you agree or disagree that the prescriptive detail on international registration requirements should be removed from legislation? Please give a reason for your answer

We agree with this proposal and welcome the opportunity to unlock some of the restrictions contained in prescriptive, inflexible legislation through work being taken forward in parallel to make amendments to the Dentists Act in respect of international registration.

The current legislative framework for international registration, provides for only a limited range of routes to registration for internationally qualified dentists and dental care professionals. These restrictions have the following negative consequences that the reform proposals have the potential to address:

The Overseas Registration Exam (ORE) for dentists, governed by inflexible primary legislation and rules, is limited by restrictions on: the organisations that may perform the exams on behalf of the GDC; the fees that may be charged to candidates; the structure and sequence of the components of the assessments; and the assessment regulations. Flexibility will empower the GDC to address capacity restrictions in the medium term and work with stakeholders to develop more sustained improvements in the longer term.

The overseas dental care professional assessment process, set out in primary legislation, has been criticised by stakeholders who have reported concerns that the assessment does not include a test of competence as a mandatory component. Flexibility will support the GDC's efforts to review the assessment process and consider whether a test is a proportionate measure.

While the GDC has powers to appoint visitors to inspect international dentist qualifications, there are no corresponding powers to recover costs for the activity. This means the GDC does not currently exercise the power to recognise international dentist qualifications because it would result in cross-subsidy with registration and retention fees which is inconsistent with our fees policy and raises questions of fairness from cross-subsidy from fees paid by UK qualified dental professionals.

The UK's departure from the EU led to a temporary period of near-automatic recognition for some European dentist qualifications. The government's intention is for this to end within two years of the end of the implementation period. There is considerable risk that this will add further capacity pressure to the ORE, which will be the only route offered by the GDC to registration for dentists trained outside of the UK if the ambitions of the reform for international registration route, sponsored by the Department of Health and Social Care, or parallel measures to regulate the recognition of professional qualifications, sponsored by the Department for Business, Energy and Industrial Strategy, are not carried forward urgently.

Fitness to practise

(Q43) Do you agree or disagree with our proposal that regulators should be given powers to operate a three-step fitness to practise process, covering:

- **1: initial assessment**
- **2: case examiner stage**
- **3: fitness to practise panel stage?**

Please give a reason for your answer.

Whilst we believe that the three-stage approach is sensible and proportionate in current circumstances, we urge caution in fixing this – or any other model – in inappropriately detailed legislation. Our current fitness to practise processes are less effective in ensuring patient safety and fairness to registrants than we would like them to be, in part because the legislation has proved too inflexible to adapt to changing circumstances and expectations.

We suggest that legislation should set out the outcomes to be achieved through fitness to practise processes and that how those outcomes are delivered should be a matter for rules. There are some general characteristics and requirements of the fitness to practise scheme which it will undoubtedly be right to set in primary legislation. Within that framework, there should only be the minimum necessary further prescription, with the process detail set in rules which are required to comply with the framework, but are not unduly constrained beyond that. That would allow regulators to focus upon the thresholds for progressing cases through stages rather than the detailed breakdown of stages.

This enhanced flexibility could be balanced by the new accountability framework, particularly the Privy Council's power to intervene, or the accountability framework could be enhanced to support the increased flexibility.

We suggest that this flexibility would be consistent with the principles for the reform programme as it would remove overly detailed prescription from the regulators' legislation, and consistency could be assured through the new duty for collaboration.

(Q44) Do you agree or disagree that:

- **All regulators should be provided with two grounds for action – lack of competence, and misconduct?**
- **Lack of competence and misconduct are the most appropriate terminology for these grounds for action?**
- **Any separate grounds for action relating to health and English language should be removed from the legislation, and concerns of this kind investigated under the ground of lack of competence?**
- **This proposal provides sufficient scope for regulators to investigate concerns about registrants and ensure public protection?**

Please give a reason for your answers.

We believe that health should be maintained as a separate ground for action. There are two reasons for this:

- The existence of health as a distinctive ground for concern means that such cases can be taken forward in a way which can be more supportive and less stressful for affected registrants, in part because they are aware that there is a more limited range of potential sanctions. That means that it can be easier to create opportunities for remediation and to support registrants to remain in the profession. All of that in turn enhances patient protection, since there is an intervention route available which can pre-empt patient harm.
- Merging the separate ground for health into a combined ground of lack of competence may have two unintended effects. The first is that registrants with health conditions may respond negatively to the assertion that their competency has been affected and this may affect their interactions with the GDC and their ability to remediate. The second is that the proposal suggests that health matters will only be able to meet the grounds when there is a lack of competence, when failure to manage a health condition may in some circumstances become a matter of misconduct.

(Q45) Do you agree or disagree that:

- **all measures (warnings, conditions, suspension orders and removal orders) should be made available to both Case Examiners and Fitness to Practise panels; and**
- **automatic removal orders should be made available to a regulator following conviction for a listed offence? Please give a reason for your answers.**

We agree with the proposal for Case Examiners and Fitness to Practise panels to have the same measures. Resolution of cases at an earlier stage will have benefits to members of the public and dental professionals and employers / contractors involved in fitness to practise processes. Additionally, this may provide an opportunity for efficiency and effectiveness savings and rebalancing of regulatory effort towards upstream interventions if cases progress less frequently to the panel stage.

However, we suggest that further consideration is given to the utility of Case Examiners having available measures at the higher end of the scale. Experience from installing a process for voluntary undertakings suggests that the additional time to remediate and also the opportunity to present evidence at a hearing motivate registrants to progress their cases beyond the equivalent stage in the current GDC process. If this pattern is repeated under the new arrangements, it may inhibit the proposed benefits of the proposals. There may be opportunities to adapt the proposals, as they are carried forward into legislation, that may improve the likelihood of resolving cases at the earliest possible stage.

We agree that automatic removal orders should be made available to the regulator following conviction for a listed offence.

(Q46) Do you agree or disagree with the proposed powers for reviewing measures? Please give a reason for your answer.

We agree with the proposed powers for reviewing measures but suggest that further clarity should be provided in legislation that an early review of measures should only be permitted when there is new information that forms the basis of the request for the review. The opportunity to review measures early is an important element for dental professionals to be able to return to practice as soon as possible when the concerns over fitness to practise impairment have been resolved. It is important that this mechanism does not carry any unintended consequences for misuse as a result of repeated requests for early review when no new information has been presented for consideration at the review.

(Q47) Do you agree or disagree with our proposal on notification provisions, including the duty to keep the person(s) who raised the concern informed at key points during the fitness to practise process? Please give a reason for your answer.

We agree with this proposal. Parties to a concern must be kept informed of progress of a case to help them engage and to manage anxieties related to the fitness to practise process. The proposals present a proportionate approach to ensuring information is exchanged at key points during the fitness to practise process.

(Q48) Do you agree or disagree with our proposal that regulators should have discretion to decide whether to investigate, and if so, how best to investigate a fitness to practise concern? Please give a reason for your answer.

We agree with the proposal. Flexibility over whether and how to investigate a concern means that proportionate steps can be taken at different stages of the fitness to practise process to gather information and potentially resolve concerns sooner, identify risks to the public that may require interim measures, and address evidence gaps, if they arise, at later stages of the process.

We suggest that the flexibility to investigate is potentially constrained by the overall inflexibility of the three-step fitness to practise process and suggests there may be changes to be made to the accountability framework that would remove those constraints as previously stated in the response to question 43.

(Q49) Do you agree or disagree that the current restrictions on regulators being able to consider concerns more than five years after they came to light should be removed? Please give a reason for your answer.

We agree with this proposal. The GDC is not currently restricted from considering a concern from events that occurred more than five years before it is raised. Each concern needs to be considered individually, and although matters that have occurred more than five years before they are raised with the GDC are relatively rare, and can carry with them significant challenges to collection of evidence, in some circumstances they warrant consideration in order to protect the public and uphold confidence in the dental professions. Accordingly, the flexibility to be able to decide whether and how to investigate concerns that are raised with us is a critical requirement that will support proportionate and consistent decisions on concerns coming to light more than five years after an event.

(Q50) Do you think that regulators should be provided with a separate power to address non-compliance, or should non-compliance be managed using existing powers such as “adverse inferences”? Please give a reason for your answer.

We agree that regulators should be provided with a separate power to address non-compliance. An additional power, informed by clear rules for its application that recognise that registrants in fitness to practise processes may have mitigating factors affecting their ability to comply, will provide a further tool to address instances of wilful non-compliance. Additionally, non-compliance powers may have benefits in encouraging compliance if it is clear there is a route to take action.

(Q51) Do you agree or disagree with our proposed approach for onward referral of a case at the end of the initial assessment stage? Please give a reason for your answer.

We agree with the proposed approach. Flexibility to decide to refer a case onward to a Case Examiner and seek to apply interim measures will support the GDC’s ability to proportionately resolve cases. Making rules for the management of multiple concerns about the same registrant and to amend the grounds for action will support the GDC to respond to the changing risk profile of a case as new information comes to light.

(Q52) Do you agree or disagree with our proposal that regulators should be given a new power to automatically remove a registrant from the Register, if they have been convicted of a listed offence, in line with the powers set out in the Social Workers Regulations? Please give a reason for your answer.

We agree with this proposal. Automatic removal for conviction of a listed offence provides a proportionate and accelerated means for the GDC to act in cases where there may be significant risk to members of the public (particularly vulnerable people) and uphold confidence in the system of regulation and dental professionals. We also agree that other convictions should have the potential to be considered under grounds of misconduct.

(Q53) Do you agree or disagree with our proposals that case examiners should:

- **have the full suite of measures available to them, including removal from the register?**
- **make final decisions on impairment if they have sufficient written evidence and the registrant has had the opportunity to make representations?**
- **be able to conclude such a case through an accepted outcome, where the registrant must accept both the finding of impairment and the proposed measure?**

- **be able to impose a decision if a registrant does not respond to an accepted outcomes proposal within 28 days?**

Please give a reason for your answers.

We agree with this proposal, but as in the response to question 45, there is some evidence from our current process that accepted outcome measures at the higher end of the scale will be under-utilised.

We also suggest that an additional measure is considered, which is the giving of guidance to a registrant. Advice can be helpful in cases where a case does not warrant a warning, but the registrant's practice can be supported with reference to good practice or the standards for the dental team.

In respect of all other parts of the proposal, the arrangements for accepted outcomes provide a new opportunity to resolve cases sooner, which will bring benefits to the parties to a concern and facilitate the GDC's efforts to shift its emphasis towards upstream regulation.

(Q54) Do you agree or disagree with our proposed powers for Interim Measures, set out above? Please give a reason for your answer.

We disagree with the proposal that Case Examiners should be able to agree Interim Measures by agreement with the registrant. Interim Measures are applied in specific circumstances where the risks to the public are significant enough to warrant it. Inherently, those risks must be managed rapidly and there are rigorous timeframes for consideration and imposition of an interim measure. A model where a registrant's agreement is sought will introduce delays to this measure for public protection, and in many cases is unlikely to be accepted by a registrant. For this reason, we propose that Case Examiners should not be able to agree interim measures with a registrant.

We agree with all other elements of the proposed powers for Interim Measures. The powers, other than those for Case Examiners, will provide the flexibility to respond in a timely way to emerging risks to the UK public and preserve the current capability of the GDC to protect the public.

(Q55) Do you agree or disagree that regulators should be able to determine in rules the details of how the Fitness to Practise panel stage operates? Please give a reason for your answer.

We agree with this proposal. Flexibility to make rules for the Fitness to Practise panel stage will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q56) Do you agree or disagree that a registrant should have a right of appeal against a decision by a case examiner, Fitness to Practise panel or Interim Measures panel? Please give a reason for your answer.

We agree with the proposals for appeal for the most part, but disagree that where a registrant accepts an outcome that it should be appealable. We suggest that for Case Examiner decisions only measures imposed following no engagement from a registrant should be appealable.

(Q57) Should this be a right of appeal to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland? Please give a reason for your answer.

We suggest that additional clarity is required to support proportionate resolution of appeals for Case Examiner decisions. There is an interaction, which is not well explained, between the proposed Registrar review power for Case Examiner decisions and the route of appeal to the relevant Courts. A more proportionate route of appeal for a measure imposed by a case examiner at the first stage would be the Registrar review power, where the option to refer the matter to a fitness to practise panel will provide an opportunity to revisit the matter if required.

We agree with the proposal for appeal of Fitness to Practise and Interim Measures panel decisions.

(Q58) Do you agree or disagree that regulators should be able to set out in rules their own restoration to the register processes in relation to fitness to practise cases? Please give a reason for your answer.

We agree with this proposal. Flexibility to make rules for restoration to the Registers will support the GDC's ability to adapt the regulatory model over time and will unlock currently prescriptive and restrictive legislation that reduces opportunities to make efficiency and effectiveness gains.

(Q59) Do you agree or disagree that a registrant should have a further onward right of appeal against a decision not to permit restoration to the register? Please give a reason for your answer.

We agree with this proposal. Decisions on restoration to the register have the same effect as decisions on application of measures for suspension or removal and therefore a right of appeal is necessary.

(Q60) Should this be a right of appeal to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland? Please give a reason for your answer.

We suggest that the right of appeal should be to the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland. As in the response to question 59, the effect of decisions on restoration have the same impact as application of measures for suspension or removal and, accordingly, the appeals should have the same route for consideration.

(Q61) Do you agree or disagree that the proposed Registrar Review power provides sufficient oversight of decisions made by case examiners (including accepted outcome decisions) to protect the public? Please provide any reasons for your answer.

We agree with this proposal but suggest that it should be modified to include a time limit. The Registrar review power provides a proportionate and accessible route for anyone to request a review of an initial assessment or Case Examiner decision. Locating the first review with the Registrar provides the opportunity for independent assessment by an individual with legal responsibility for protection of the public. This has the potential to resolve the matters under review more rapidly. Additionally, for members of the public, they are not required to engage

with another body until internal routes to review a decision are exhausted, which is a proportionate means of addressing instances where a party disagrees with a decision.

A time limit on the request for a review should be included in the proposal to prevent the ongoing impact of the threat of review on registrants. A time limit of the same period to raise an appeal (28 days) will provide sufficient opportunity for anyone to make a request for review, but simultaneously support registrants who are able to return to practice do so without the potential for the matter to be reopened.

(Q62) Under our proposals, the PSA will not have a right to refer decisions made by case examiners (including accepted outcome decisions) to court, but they will have the right to request a registrar review as detailed above. Do you agree or disagree with this proposed mechanism? Please provide any reasons for your answer.

We agree with the proposal that the PSA should retain its review powers for panel decisions, but not have them extended to case examiner decisions. The Registrar review power is a more proportionate and accessible route for a member of the public or other party, including the PSA, to request a review of a decision.

There will be further measures that provide assurance on decisions made by Case Examiners that precede the opportunity to request a review from the Registrar. Case Examiners at the GDC already operate in a comprehensive decision-making quality framework that supports decision-making and learning. This quality framework would continue to be in operation and extended to the enhanced role that Case Examiners will have.

If the PSA's powers were to be extended it may lead to a disproportionate and confusing framework for review of Case Examiner decisions. For example, it would lead to the potential that a Case Examiner decision for an accepted outcome is subject to consideration at the High Court in England and Wales, the Court of Session in Scotland, or the High Court in Northern Ireland without there ever having been an opportunity for the case to be considered by a fitness to practise panel.

The existing PSA power in relation to GDC panel decisions is almost universally exercised in cases where the registrar has already identified a concern and has invited the PSA to act, so the additional safeguard provided by the PSA is more formal than substantive. It follows that there is no material risk to public protection to which the extension of the PSA's powers would be a proportionate response.

(Q63) Do you have any further comments on our proposed model for fitness to practise?

We have no further comments on the proposed model for fitness to practise. However, we would like to reiterate the point that parts of the proposals still include a level of prescription in primary legislation that has not yet been fully justified. The following areas are suggested for further consideration as the proposals are carried forward to determine if the level of prescription is required:

- holding a single register
- three-step fitness to practise process and further elements of prescription within the fitness to practise process
- the new Deputy Registrar role.

Wherever possible, we suggest that regulators be afforded the discretion to operate flexibly and make use of the new duties and accountability framework to ensure that there is a consistent and proportionate framework for protecting the public through the fitness to practise model, and the wider regulatory effort to meet our statutory objectives.

Regulation of Physician Associates and Anaesthesia Associates

We have not provided responses to **questions 64 to 67** because the regulation of Physician Associates and Anaesthesia Associates is not a matter for the dental professional regulator.

Impact Assessment and Equalities Impact Assessment

(Q68) Do you agree or disagree with the benefits identified in the table above? Please set out why you've selected your answer and any alternative benefits you consider to be relevant and any evidence to support your views.

We agree for the most part with the identified benefits but suggest some more consideration is made of the following matters:

Resolution of concerns should not be measured on speed alone, and the current benefit of "faster resolution of concerns" implies that it may be. Concerns necessarily require careful consideration because they have the potential to affect both members of the public and their safety and confidence in healthcare and regulation, and the rights of healthcare professions to work. It is suggested that this benefit is modified to recognise that concerns being resolved consistently and proportionately at the right time is the intended outcome of the proposals.

Excessively restrictive legislation has not only impacted on the experience of members of public and their perception of the regulators. Healthcare professionals, unfamiliar with the complexities of the prescriptive legislation have also found the system of regulation confusing and inaccessible and therefore may have a negatively framed perception of the regulator. It is suggested that an additional benefit is considered for inclusion related to the perception that healthcare professionals, and the sectors in which they operate, have toward their regulator.

The benefit related to lower central administrative costs of maintaining the legislation will only be realised if the accountability framework supports flexibility for the regulators to adapt to changes in professional practice and risk to the public. Therefore, it is essential that the balance struck as a result of these proposals will be resilient to the evolving landscape in which regulators will be working.

(Q69) Do you agree or disagree with the costs identified in the table above? Please set out why you've chosen your answer and any alternative impacts you consider to be relevant and any evidence to support your views.

We agree with the costs identified in the consultation document and have no additional costs to provide as a direct result of the proposals.

The consultation document acknowledges that costs to regulators will, in turn, become costs that are charged to registrants through registration and annual retention fees. However, we wish to impress that there must be clear justification for any costs that will land on healthcare professionals.

There may be costs associated with any new structures for dental professional education that arise from the opportunities within the revised regulatory framework. The GDC is not in a position to be able to provide information on the potential costs that may arise, and there will be a considerable period of time before there are any firm proposals that emerge from the sector, which would then impact on the system of regulation.

(Q70) Do you think any of the proposals in this consultation could impact (positively or negatively) on any persons with protected characteristics covered by the general equality duty that is set out in the Equality Act 2010, or by Section 75 of the Northern Ireland Act 1998?

- Yes – positively.
- Yes – negatively.
- No.
- Don't know.

Please provide further information to support your answer.

We suggest that there will be impacts on individuals and groups who share protected characteristics and that for the most part those impacts have the potential to be positive. Enhanced flexibility in the legislative framework for GDC regulation offers new opportunities to make changes to the ways that GDC operates.

In addition, the legal duties placed on the GDC for equality and diversity impact assessment, proportionality assessment and consultation will support the GDC's efforts to go beyond the minimum statutory requirements to provide equitable services to members of the public and fair systems of regulation to dental professionals as expressed in our recently published [equality, diversity and inclusion strategy for 2021-2023](#).

Payment by Instalments Implementation – Progress Update

Executive Director	Gurvinder Soomal, Executive Director, Registration & Corporate Resources
Author(s)	James Wray, Senior Programme and Portfolio Manager
Type of business	For noting
Purpose	To update the Council on the progress of the operational implementation of the Payment by Instalments option for registrants.
Issue	To provide the Council with an update on the implementation of the Payment by Instalments project.
Recommendation	The Council is asked to note the update and project status.

1. Background

- 1.1 On receipt of the draft PricewaterhouseCoopers (PwC) feasibility study and associated paper for Payment by Instalments (PBI), on 18 March 2021, the Council approved the proposal to implement Payment by Instalments for the collection of the 2021 Dental Care Professionals (DCP) Annual Retention Fee (ARF).
- 1.2 Corporate Projects had established a Project Board and Project Team in February in order to meet the tight timescales required to operationalise the PBI option to registrants in May, for facilitating the 2021 DCP ARF cycle.
- 1.3 The project introduces the ability for registrants to pay their ARF in instalments based on the following principles:
 - a. Phase 1 of PBI will be for quarterly DCP and dental payments for individual registrants only
 - b. Individuals will sign up via eGDC and declare their intentions for a 12-month commitment as part of their annual renewal process and acknowledge that the scheme will use e-communications to reduce paper and costs.
 - c. Payments are to be taken 1 month in advance of the quarter which is approximately the current arrangement for Annual Renewal.
 - d. Direct Debit (DD) will be the only mechanism permitted for PBI and DD mandates and an eGDC disclaimer must be signed by registrant committing to full year payment.
 - e. The GDC will only send 1 “chasing” email for default payments, i.e. defaulting registrants will receive 1 further reminder via text message (so defaulters have been contacted by two different routes) and then be removed from register if they fail to pay an instalment by the beginning of that payment quarter. A notice of removal will be issued, and the usual removal process will be undertaken at this point.
 - f. Registrants will need to re-register through the Restorations process if they have defaulted and pay their annual fee in full for the restoration. They will also be barred from using PBI for 2 years.
 - g. There is no additional charge for registrants opting to choose PBI

- h. It is currently not possible to automate the process of PBI, and any automation would require an initial investment and cost benefit assessment completing before a decision to change is taken this will be addressed in the close out report for phase 1

1.4 This paper provides an update on the progress to date.

2. Milestones and Progress

2.1 Figure 1 shows the key milestones and progress.

Milestone and description	Target Date	Progress
PBI approved by Council – initial paper following PwC feasibility study	18 th March	Completed
Project Initiation Document approved by Project Board	22 nd March	Completed
eGDC storyboard approved – design and process flow for the eGDC website where registrants can opt for PBI	22 nd March	Completed
Fee Regulations Approved – updated fee regulations approved by Council, effectively allowing PBI to “go live”	30 th April	Completed
Recruitment Approved – recruitment to the additional posts required in Registration Operations and Finances given permission to proceed.	30 th April	Completed
eGDC Go Live – Changes to the eGDC website publicly available and communicated to registrants allowing them to register for PBI	4 th May	Completed
Direct Debit Penny Test – New direct debit processes tested (with 1p) to ensure functionality	7 th May	Completed
Direct Debit IT developments completed – IT developments to enable Direct Debit claim file creating, rejection file processing and mailing reports)	21 st May	Completed
DCP Collection Window – The period in which the ARF is collected from DCPs (This is covered as part of ARF process)	June/ July	In Progress

- 2.2 The project is progressing towards expected timescales and is expected to deliver objectives within agreed tolerances for time and cost.
- 2.3 The changes to the Registration Fee Regulations were approved by Council on 30 April 2021 and the eGDC website allowing DCPs to register for PBI went live on the 4 May 2021.
- 2.4 The associated Terms and Conditions have been developed based on the Fee Regulations and will be clearly visible to registrants on the website alongside the FAQs. The FAQs will be updated as new queries are received either via CAIT, social media or other channels.
- 2.5 A communications plan was developed, and a variety of digital channels were used on 4 May 2021 to inform registrants that the option to take up payment by instalments was live.
- 2.6 A request for additional resource in Registration Operations and Finance for the recruitment of 5 posts and 1 role regrade, as detailed in the table below, was approved by the CEO & Registrar and by the Chairs of FPC and Council. The recruitment is in progress. It should be noted that this resource request was informed by the wider operational requirements in Registration Operations and Finance and is not solely related to PBI.

Role	Annual Cost
Registration Operations Manager - existing resource regraded to Grade B51	£3,944
2 x Senior Registration Operations officers - Grade B46	£64,547
2 x Registration Operations Officer - Grade B44	£54,466
1 x Assistant Financial Accountant - Grade B49	£41,356
Total Annual Cost	£164,313

- 2.7 There are further 2 posts planned for 2022, as outlined in the table below. A decision on recruitment of these posts will be taken at a later date.

Role/Activity	Costs (per annum)
	Including on costs
Registration Operations	£32,273
1 x Senior Registrations Operations officer (B46)	
1 x Registrations Operations officer (B44)	£27,233
Total	£59,506

- 2.8 The direct debit functionality to take the information from eGDC and pass it on to AllPay (our direct debit function provider) has been completed for quarter 1 and 2 payments. Penny tests have already been successfully completed through the Direct Debit system to provide assurance to the process.
- 2.9 As of midnight, on 13th June 2021 the following metrics apply to sign ups of DCPs to PBI and annual direct debits:

PBI Metrics (DCP)	Current Quarter (Pre-Claim)	
	Number	%
Total of current DCP Direct Debits	19,700	
Number of current PBI registrants <i>Registrants in the current PBI scheme</i>	7,126	36.17%
Final Take up rate: Existing DD registrants <i>(% take up of PBI by registrants with an existing DDI, at the DD Set up deadline (DCP is 31/May))</i>	1,644	8.35%
Final Take up rate: non-DD registrants <i>(% take up of PBI by registrants with a new DDI, at the DD Set up deadline (DCP is 31/May))</i>	5,482	27.83%
Number of PBI registrants (next AR) <i>(Registrants that will be included in the next PBI scheme (includes registrants from Metric 1 unless they exit the scheme))</i>	7,221	36.65%

Future Take Up Rate: Existing DD registrants <i>% take up of PBI by registrants with an existing DDI. Covering both current scheme registrants and future schemes. Providing an early indicator on final take up rates</i>	7,126	36.17%
Future Take Up Rate: non-DD registrants <i>% take up of PBI by DCP registrants with a new DDI. Covering both current scheme registrants and future schemes. Providing an early indicator on final take up rates</i>	95	0.48%
Leaving PBI <i>Number of registrants who opt out of PBI to continue to pay the ARF by another means</i>	144	
<i>Figures are cover the period up to midnight on the 13th June 2021</i>		

2.10 The following additional metrics will be reported against following direct debit collection:

PBI Metrics (DCP)	Current Quarter (Pre-Claim)		
	Cash Value	Number	%
Value of quarterly Direct Debit claim submitted <i>Financial value of claim submitted by Allpay to the bank on GDC behalf (excluding those that have already cancelled their DDI in quarter)</i>	-	-	-
PBI DD rejection rate <i>% of PBI DD's for that quarter reported as rejected by Allpay</i>	-	-	-
PBI Default rate <i>% of PBI DD's for registrant group reported as rejected by Allpay, where registrant does not go on to pay ARF by any other means</i>	-	-	-
Total barred from PBI <i>Cumulative number of registrants who have defaulted and are barred from PBI for 2 years</i>	-	-	-

3. Legal, policy and national considerations

- 3.1 Implementation of Payment by Instalments has previously been approved by Council.
- 3.2 The changes to Fee Regulations were approved by the Council on 30 April 2021.
- 3.3 The Terms and Conditions have also been developed by the In-House Legal team and align to the Fees Regulation changes that Council have approved.

4. Equality, diversity and privacy considerations

- 4.1 The project is using existing systems which are extended to provide the option of payments by instalments and there are no expected impacts to equality and diversity considerations further to existing functionality.

5. Risk considerations

- 5.1 **Operational** – The timetable for implementation is short and ambitious, but achievable and currently on track. Additional resources required to ensure smooth delivery once it becomes BAU have been captured in conjunction with the Heads of Finance and Registration Operations and are outlined above.

- 5.2 **Reputational** –Non delivery of the implementation of PBI has considerable reputational risks associated with it.
- 5.3 **Financial** - The work completed by PwC has enabled the assessment of the most likely take up and default rates. This has enabled us to significantly narrow the potential financial risk of the scheme. The financial impact/ implications are covered in previous papers detailing the proposals for implementation to EMT and Council.
- 5.4 Other known risks associated with the implementation are covered in a previous papers detailing the proposals for implementation to EMT and Council.
- 5.5 **Project risks** are being managed via the Project Board and PMO risk framework.
- 6. Resource considerations and CCP**
- 6.1 The PBI implementation project has been an additional project to Costed Corporate Plan (CCP) and has been included in Corporate Resources (CR) Teamwork Package (TWP).
- 6.2 The PBI project has impacted on the CCP in the following ways:
- a. Corporate Resources TWP; the “Updating Financial Processing and Management Systems” project deferred till the end of the year, the resource impact has been reduced. No further impact on IT projects anticipated.
 - b. Registration TWP; the “Introduce a Paperless Office in Registration” is in early stages of initiation and scoping where only minimal inputs are required.
 - c. Legal and Governance TWP; no impact on projects anticipated.
 - d. Organisational Development TWP; no impact on projects anticipated.
 - e. Fitness to Practise TWP; no impact on projects anticipated.
 - f. Strategy TWP; no impact on projects anticipated.
- 6.3 The project has been project managed by the Birmingham Senior Programme and Portfolio Manager.
- 7. Monitoring and review**
- 7.1 Resources allocated and cost associated with the PBI implementation and management will be reviewed against the PwC proposals as part of our usual budgeting process and project closure, prior to any expansion of the scheme.
- 7.2 The project status will be reporting to EMT monthly as part of the regular CCP Portfolio Status reporting.
- 8. Development, consultation and decision trail**
- 8.1 EMT Board review – 11 May 2021
- 8.2 FPC review – 27 May 2021
- 9. Next steps and communications**
- 9.1 Following this Council update the implementation of PBI will be continued as stated in the project timescales. A close out report will be completed upon project completion.

Appendices

- a. None

James Wray
JWray@GDC-UK.org

08 June 2021

Board Effectiveness and Board Development

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Katie Spears, Head of Governance
Type of business	For discussion
Purpose	The Council is asked to discuss and approve the proposed approach to Board effectiveness in 2021, and to note the short update on Board Development.
Issue	To present for discussion and approval the proposed approach to Board effectiveness planning.
Recommendation	The Council is asked to discuss and approve the proposals outlined in the paper.

1. Key considerations

- 1.1 At its workshop in December 2020 and at a public meeting in March 2021, the Council considered the strategic direction of the organisation’s work around Board development and Board effectiveness. The Chairs’ Group also considered the proposed approach to the 2022 evaluation of Board effectiveness at its meeting on 29 April 2021.
- 1.2 The Council has set a clear direction in relation to development. Planning is underway to deliver this work, with an initial session in October (subject to the views of the incoming Chair).
- 1.3 However, it was clear from the discussion in March that further work was needed to identify the areas of focus for Board Evaluation. Following further internal conversations, and reviewing best practice from the sector, this paper sets out more detailed proposals for discussion and approval.
- 1.4 Direction in relation to this work will allow procurement documentation to be drafted before a number of changes take place in the Governance team in the autumn.

2. Board Effectiveness

- 2.1 At its meeting in March 2021, the Council identified that it would like to include an assessment of its engagement with stakeholders as part of the next external review, due to take place in 2023.
- 2.2 The Chairs’ Group suggested that a further focus of the review should be the extent to which the Board places public protection and public confidence in the professions at the heart of its work. It is proposed that the incoming Chair’s views on the approach to this work are also canvassed during their induction period.
- 2.3 The Financial Reporting Council’s 2018 Guidance on Board Effectiveness provides guidance around the key areas a Board can evaluate its performance or effectiveness:
 - a. Board leadership and purpose
 - b. Division of responsibilities
 - c. Composition, succession and evaluation
 - d. Audit, risk and internal controls; and
 - e. Remuneration.
- 2.4 The Guidance also suggests the following (non-prescriptive) areas for evaluation:

- a. The mix of skills, experience and knowledge on the Council, in the context of the challenges that it faces.
 - b. The clarity of, and leadership given to, the purpose, direction and values of the organisation.
 - c. Succession and development planning.
 - d. How the Council works together as a whole, and the tone set by the Chair and the Chief Executive.
 - e. Key Council and Executive relationships.
 - f. Effectiveness of individual Council Members.
 - g. Clarity of the Senior Independent Council Member's role.
 - h. Effectiveness of Council's Committees.
 - i. Quality of information provided to the Council – papers and presentations.
 - j. Quality of Council discussions.
 - k. Process the Chair uses to ensure sufficient debate for major decisions or contentious issues.
 - l. Clarity of decision-making processes and authorities and
 - m. Effectiveness of the secretariat.
- 2.5 The 2019 external review into Council and Committee effectiveness focussed on the assurance framework, governance support and Committee effectiveness. This led to a programme of work to implement the recommendations set out in that report which is drawing to a close.
- 2.6 With this in mind, it is proposed that there is a lighter-touch review of the Committees in this review, save for the Statutory Panellists Assurance Committee – which was not covered in the last iteration – as it is anticipated that the Council will want to fill this gap in the assurance piece. It is also proposed that the views of the incoming Chair of Council are sought before the final scope of the review is confirmed.
- 2.7 Against the background of the guidance and taking into account conversations with Council Members in relation to this work, the proposed areas for consideration in the next external review of Council effectiveness are set out below. The Council is asked to **consider whether these are the right priorities and which of them are the most important focus** for the Council for 2022. Areas which are less pressing could be included in the next internal review of effectiveness.

Context

1. What does high performance look like in terms of the Council as a whole, as a Council Committee and as individual contributions?
2. How can the organisation measure this most effectively?

Council Performance and Effectiveness

3. How is the Council performing against its ambition to be a high performing Board?
4. How effective is the Council in setting the strategic direction for the organisation?
5. How effective is the scrutiny and challenge provided by the Council and is it driving long term high performance in the organisation to deliver its statutory aims?
6. Given the external challenges for the organisation, such as legislative and organisational reform, does the Council have the right skills mix?

7. Does the Council effectively engage with its stakeholders? Does the Council's engagement with stakeholders positively impact how it takes decisions?

Committee Performance

8. Is the role of the Council's Committees, including the Statutory Panellists Assurance Committee, clear within the assurance framework?
9. Are the Council's Committees adhering effectively to their terms of reference?
10. Does the Council receive the information it needs to take effective decisions?

Council Culture

11. Is the Council effectively placing public safety and public protection at the heart of its work?
12. What are the behaviours displayed by the Council, the way in which it carries out its role and how it sets the organisational tone?
13. How effective is the Council at embedding its core values within the GDC?
14. How can the Council work most effectively in a post-pandemic environment?
15. Do the Executive and Council work effectively together? If not, where are the issues?
16. **What are the positive elements of the organisational culture created by the Council? How can these be effectively preserved for the future? Which elements of the organisational culture created by the Council requirement improvement?**

Succession and Development Planning

17. How can the Council best measure its strengths and skills gaps?
18. How can the organisation best shape future programmes of Board and Senior team development?

Governance and Secretariat

19. What does a modern governance framework look like? What changes could be made to modernise the GDC's governance framework within the constraints of the existing regulatory landscape?
20. In the context of other high performing Boards, does the Council spend the right proportion of its time on both the stewardship of the organisation (setting strategic direction, development of strategic ideas or opportunities) and its oversight and scrutiny function?
21. What improvements could be made to the quality of the information provided to the Council?
22. Is there clarity around the Council's decision-making processes and the scheme of delegations?

2.8 The Council is asked to **discuss and approve** the proposals contained within this paper.

Katie Spears, Head of Governance
kspears@gdc-uk.org

28 May 2021

Organisational Performance – Q1 2021 Review

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Samantha Bache, Head of Finance and Procurement Dave Criddle, Head of Business Intelligence, PMO & Delivery
Type of business	For discussion
Purpose	To present the Council with the quarterly organisational performance key points and supporting reports which are reviewed for assurance.
Issue	The paper reports on the key considerations for organisational performance across CCP budget and delivery covering the Q1 2021 performance period.
Recommendation	The Council is asked to: <ul style="list-style-type: none"> • Discuss and note the main reports and appendices.

1. Introduction

- 1.1 This report provides a summary of the key points raised within organisational performance across the GDC relating covering the Q1 2021 performance period.
- 1.2 **Appendix 1** is the CCP Quarterly Performance Report which provides dashboards and strategic insights of GDC performance in relation to delivery of the CCP towards the Corporate Strategy aims. *This has been updated in Q1 2021 to add a 'Financial Performance Snapshot' dashboard in section 2.1.*
- 1.3 **Appendix 2** is the Financial Forecast dashboard report which provides the forecast budget position at end of Q1 2021. *This report has been updated in Q1 2021 to present as dashboards in an aligned format to Appendix 1.*

2. Assurance

- 2.1 The full suite of Q1 2021 operational performance reports was reviewed by EMT at the 11 May 2021 meeting and the key points and narrative provided in this report have been endorsed by EMT.
- 2.2 Post review, the Accounting Officer confirmed that the paper and its annexes raised all appropriate issues in relation to organisational performance for the reporting period before presentation to FPC. Note that FTP performance is reported in the balanced scorecard and the context/response is covered in greater detail in the FTP Action Plan update.
- 2.3 The Finance and Performance Committee (FPC) reviewed Q1 2021 organisational performance at the 27 May 2021 meeting, where the Committee discussed the following:
 - a. The Organisational Performance cover paper.
 - b. The CCP Quarterly Performance Report.

- c. An abridged Balanced Scorecard containing the key operational performance areas of the business.
- d. The Financial Forecast dashboard report.

2.4 The FPC endorsed the Q1 2021 organisational performance reporting to progress to Council review.

3. Q1 Financial Summary

3.1 The results for the period to end March 2021 are an operating surplus of £26.3m, £1.0m higher than budgeted. The key variances are detailed in the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**.

3.2 The table below summarises the results of the income and expenditure account for the three months ending 31 March 2021. A Financial Performance Snapshot dashboard is included within section 2.1 of **Appendix 1** to present key details in chart views.

	March 2021 Actual	March 2021 Budget	Variance Forecast to Budget
	£000	£000	£000
Income			
Fees	33,941	33,789	152
Investment income	81	-	81
Exam income	-	501	(501)
Miscellaneous income	2	-	2
Total Income	34,024	34,290	(266)
Expenditure			
Meeting fees & expenses	1,073	1,108	35
Legal & professional	1,027	1,631	604
Staffing costs	4,319	4,733	414
Other staff costs	107	175	68
Research & engagement	75	168	93
IT costs	347	416	69
Office and premises costs	353	397	44
Finance costs	134	132	(2)
Depreciation costs	327	312	(15)
Contingency	-	-	-
Total expenditure	7,762	9,072	1,310
Unrealised gain/(losses) on investments	(6)	-	(6)
Operating surplus/(deficit) before tax	26,256	25,218	1,038

4. Q1 Establishment & Organisational Development Summary

4.1 Key points relating to Organisational Development for Q1 are detailed within the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**.

4.2 At the end of March 2021, the total headcount is 22.6 FTE less than budgeted, with 21 posts expected to be recruited over the coming months.

5. Q1 CCP Delivery Summary

5.1 The main points for noting on CCP delivery progress are detailed within the Performance Summary of the CCP Quarterly Performance Report in **Appendix 1**. Additional progress updates against each Strategic Aim and the progress of related projects are provided also within this report.

6. Q1 Operational Performance

6.1 The FPC reviewed an abridged Balanced Scorecard for Q1 2021 at the 27 May 2021 meeting and provide assurance of their review to Council through the Finance and Performance Committee Assurance Report.

7. Appendices

- Appendix 1 - CCP Quarterly Performance Report Q1 2021
- Appendix 2 - Financial Forecast dashboard report Q1 2021

Gurvinder Soomal
Executive Director, Registration and Corporate Resources
Tel: 020 7167 6333
Gsoomal@gdc-uk.org

Samantha Bache
Head of Finance and Procurement
Tel: 020 7167 0049
Sbache@gdc-uk.org

Dave Criddle, Head of BI, PMO & Delivery
dcriddle@gdc-uk.org
Tel: 0121 752 0086

07/06/2021

CCP Quarterly Performance Report

Quarter 1 2021

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q1 2021 CCP quarterly performance for discussion. This report provides a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
Recommendation:	The Council is requested to discuss and note the report
Decision Trail:	EMT 11 May 2021 FPC 27 May 2021 Council 24 June 2021

The key performance insights in Q1 2021 are:

Finance Overview: The results for the period to end March 2021 are an operating surplus of £26.3m, £1.0m higher than budgeted. These remain subject to additional end of year checks and audit review, but no material movements are expected at this time. The key variances, defined as those greater than £100k are:

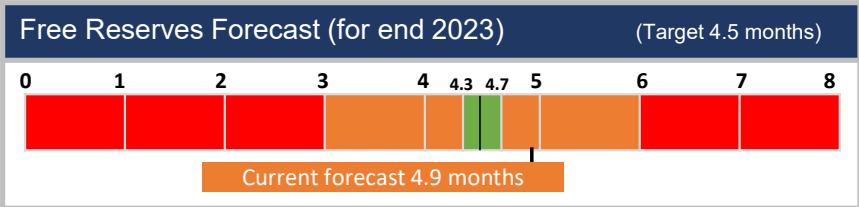
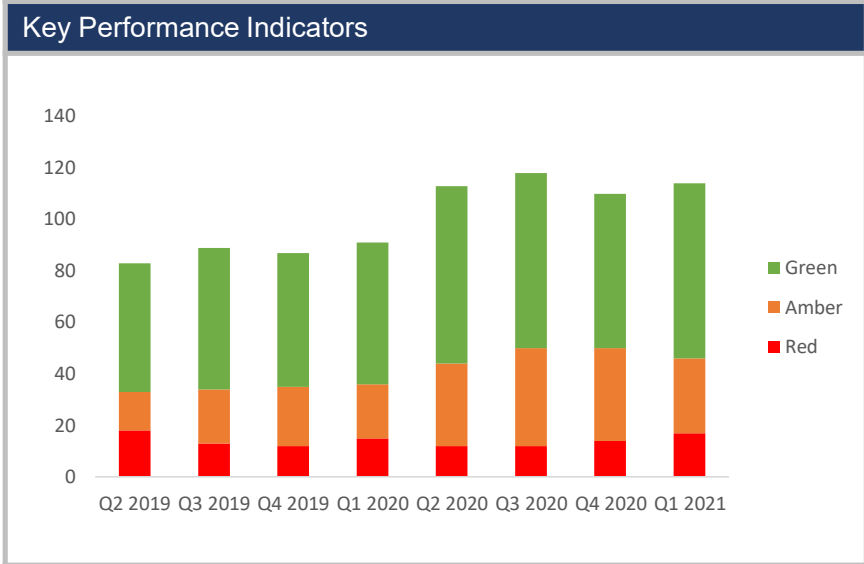
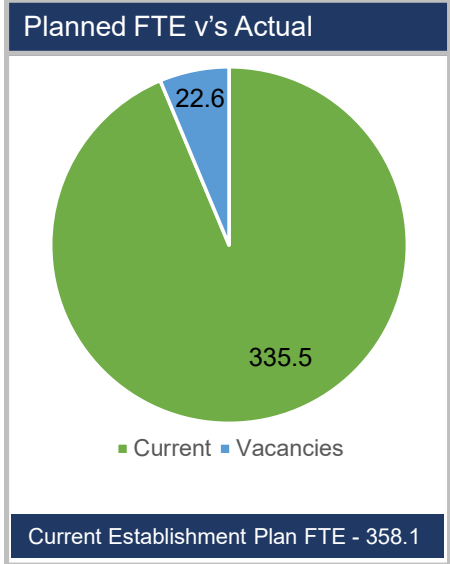
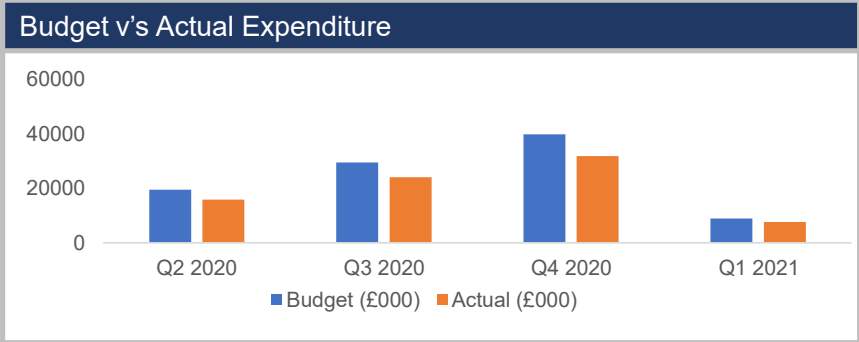
- £604k underspend on legal and professional fees, comprising of:
 - £468k underspend in Registration and Corporate Resources as a result of ORE exam deferment, this will be neutralised by the equivalent reduction in exam income.
 - £93k underspend in legal due to case referrals which have not manifested within IACE and ILAS to date, due to the reactionary nature of their budgets. There is an expectation, with increased Registration/Brexit appeals, that this will be a timing difference recovered in future quarters. Similarly, Hearings support, provided by ELPS, has been pushed into Q4 of 2021, giving a YTD timing difference.
 - £55k underspend in Organisational Development as a result of the reactive nature of trustee pension advice and consultancy support, which is expected to occur later in 2021, as well as delays in recruitment campaigns.
 - £38k in Fitness to Practice in relation to medical advice continues to be delivered by employees and not referred to external providers, resulting in this saving.
 - £50k over spend in Strategy, resulting from a timing difference in relation to payment of the PwC feasibility work on Payment by Instalments.
- £413k underspend from staffing costs, with variances being seen across all directorates due to vacant posts, staff on reduced or furloughed hours and staff on development pay grades.

CCP Delivery Overview: The portfolio MoSCoW ratings were reviewed by FPC on 25 February and where 7 projects previously held as 'Could Do' in the CCP 2021-23 plan were approved to be reinstated as 'Should Do'. In addition amendments to the OD, FtP and Strategy Team Work Packages were also reviewed and approved at this time. All changes have been implemented into the CCP 2021 delivery plan and the budgetary adjustments identified have been actioned. The projects reinstated were: Hearings Separation, State of the Nation, Annual GDC Engagement, Develop and implement a GDC wide Data Strategy, Development of data warehouse and reporting software, Paperless Expenses and the Plain English review of application forms and guidance (which has been merged into 'Review Standardised Registration Communications - Phase 2' project). Overall Q1 delivery progress is on track with key projects updates and action plans in place for projects with exceptions are shown within the Strategic Aim dashboards.

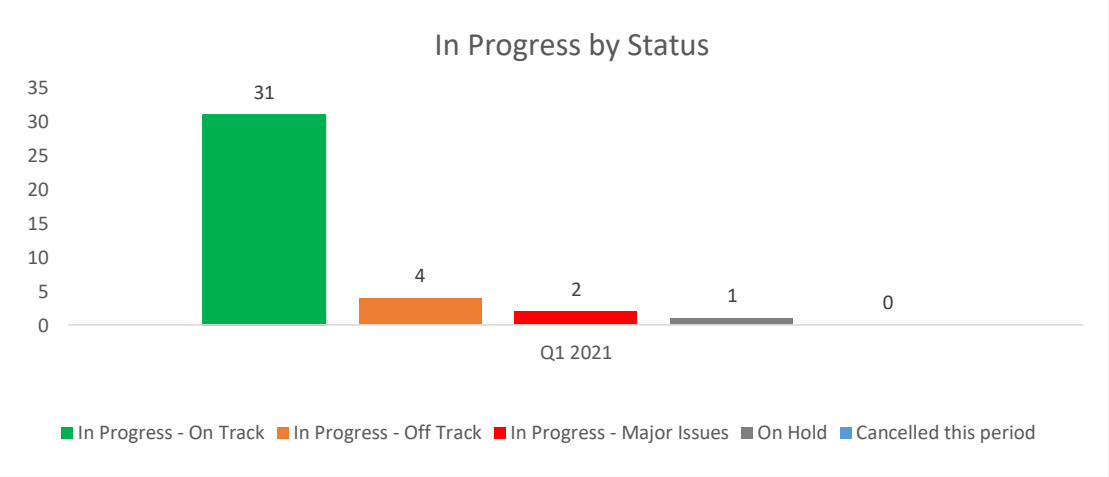
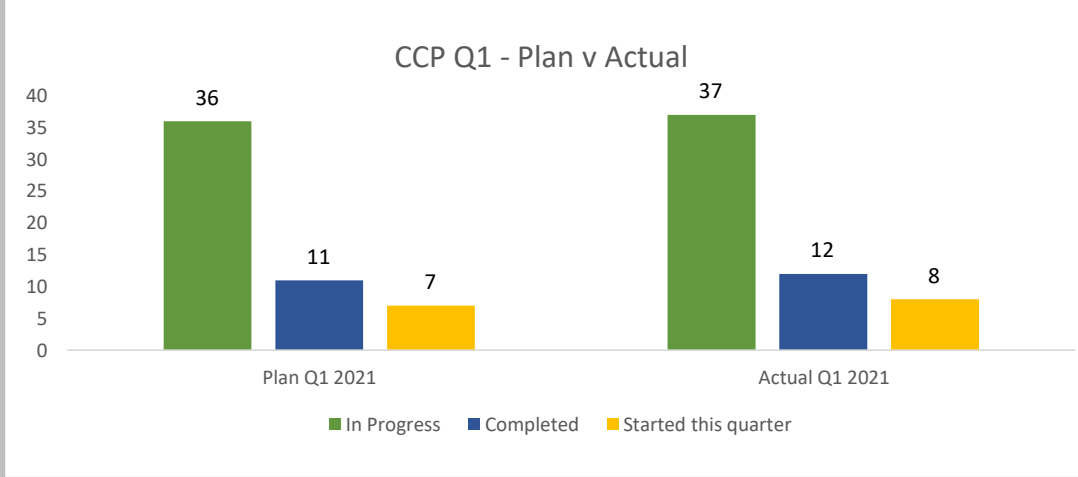
Planning work has commenced on the CCP 2022-24. Learning from last year we have commenced by developing upfront planning principles, which provide the business clarity of the boundaries and direction for all CCP planning to adhere to within the budget, portfolio and workforce. The first planning round has commenced with preparing a first draft budget which looks at known expenditure commitments for operations, contracts and projects in flight having external spend. This provides the business advance visibility during later planning stages of the financial envelope available for additional projects and resources. This first draft budget is to be presented to FPC at their 27 May meeting.

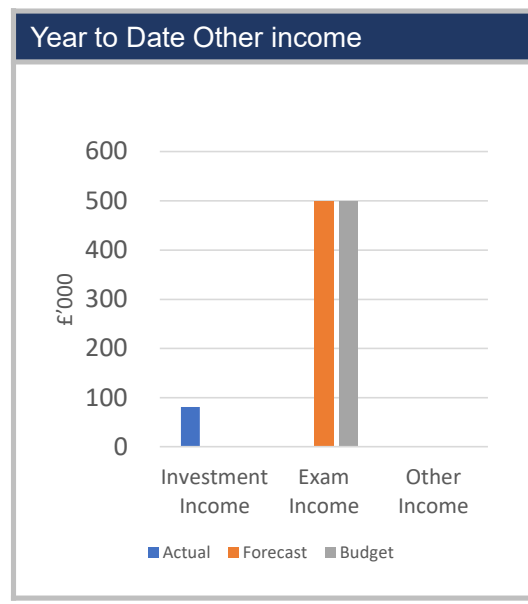
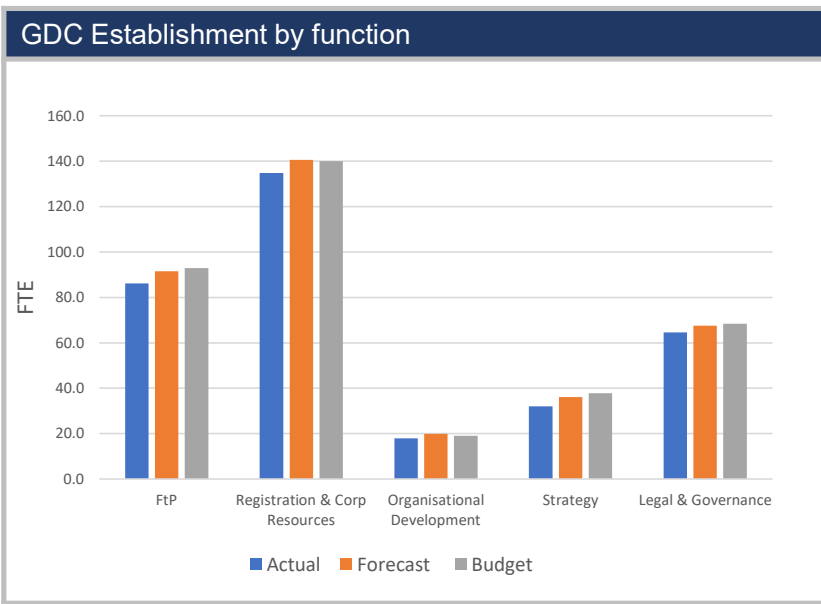
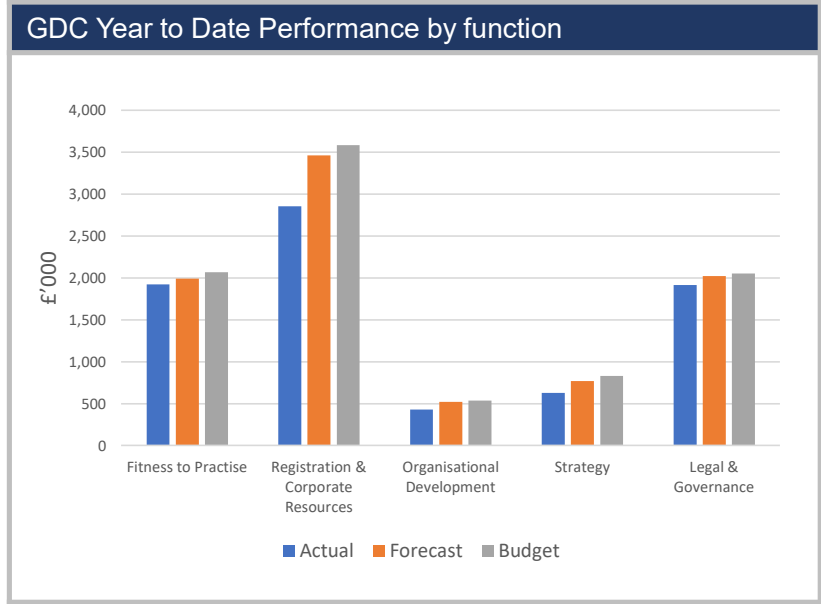
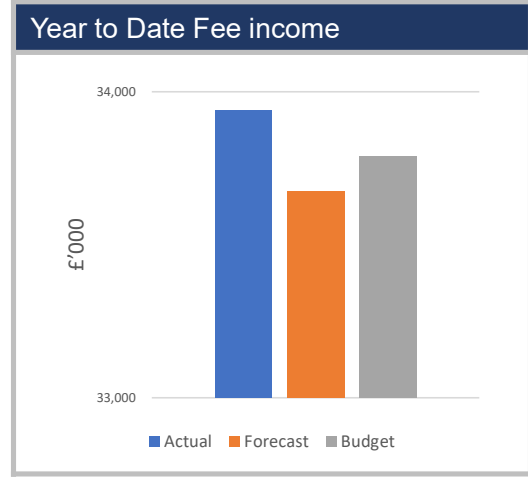
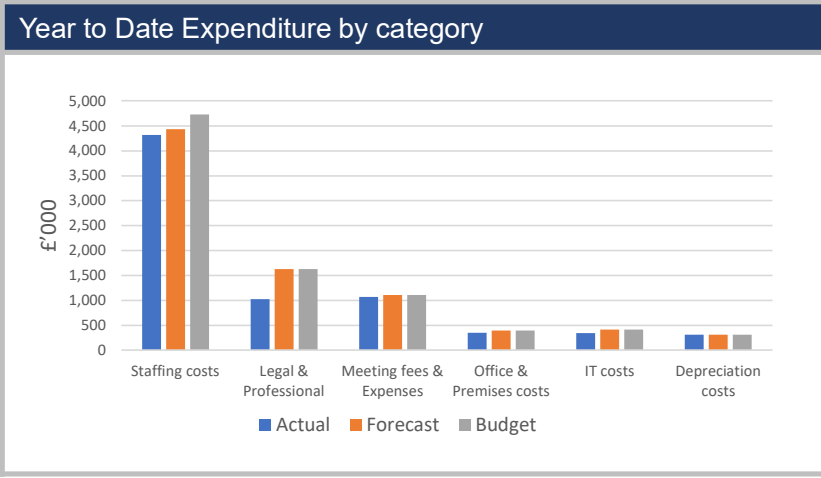
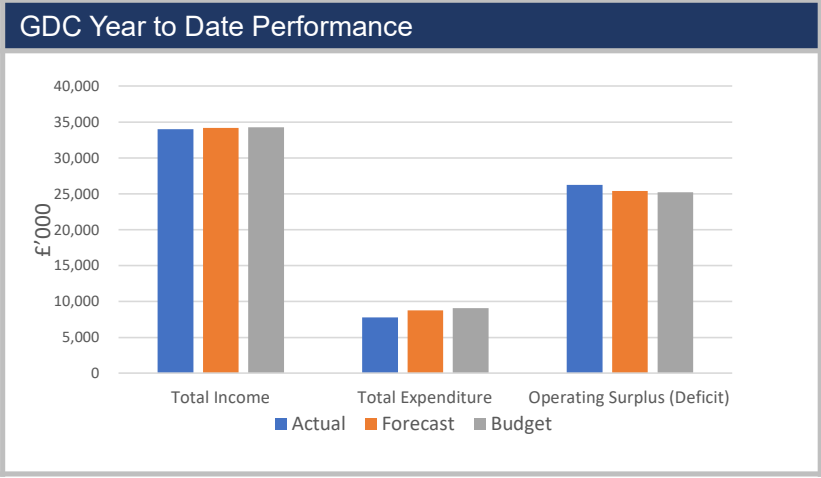
Establishment FTE Plan Overview: The total establishment at end Q1 is 22.6 FTE below budget, with 21 posts expected to be recruited over the coming months.

Organisational Development Overview: There has been a great deal of work concentrated on supporting staff wellbeing and resilience in 2020, which continues into 2021. Overall sickness levels have continued to fall and are showing a drop of 22% this quarter. It is believed this reflects a combination of wellbeing interventions coupled with a reduction in the opportunity to become sick and then infect others in the workplace and the likelihood that individuals feel able to continue to work from home with minor ailments that they might have otherwise called in sick for. The quarterly staff survey shows an increase in positive responses around development. This has improved by 7% on last quarter and is at target performance levels for the first time since the metric was introduced.

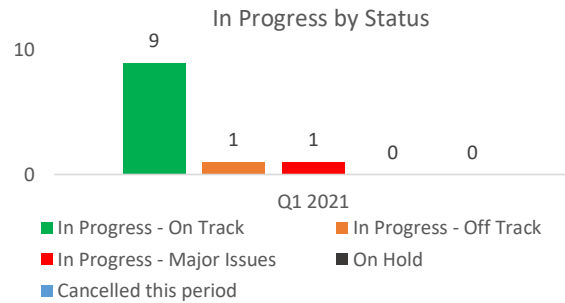
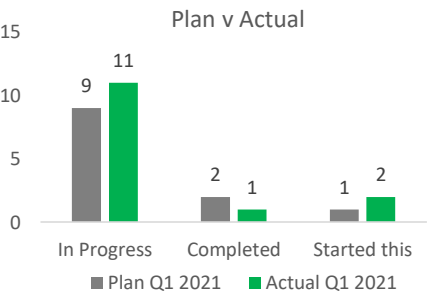


Portfolio Delivery

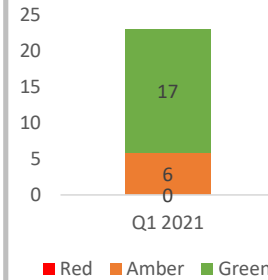




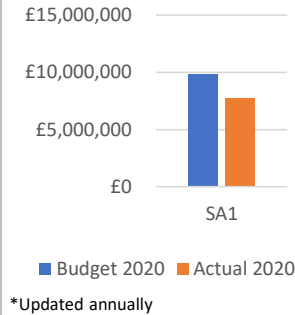
CCP Delivery – Project Progress



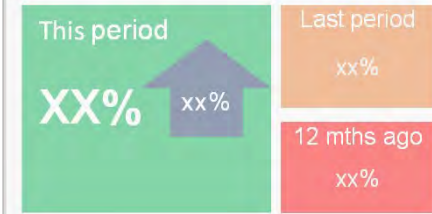
KPIs



Budget v's Actual 2020*



Name of KPI



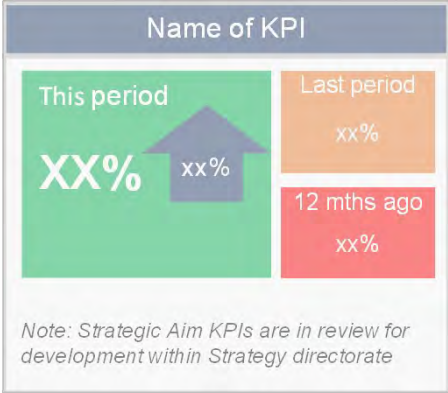
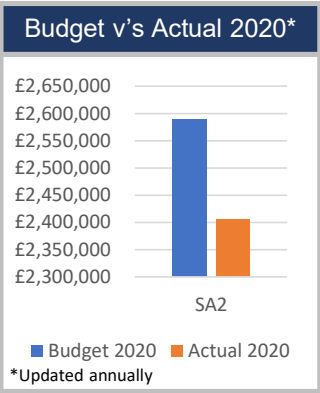
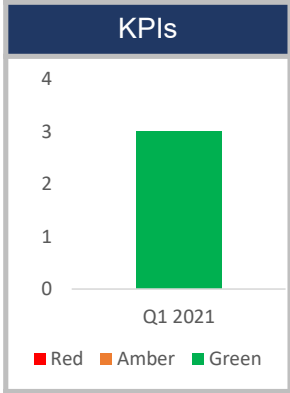
Note: Strategic Aim KPIs are in review for development within Strategy directorate

Progress Summary

- The work to establish and test the framework for an outcomes focused model of upstream regulation is continuing, with a focus on understanding the impact of the GDC's activity on public protection. We have made progress with our approach to monitoring and evaluation and have built both outcome and impact measures into each initiative (e.g., professionalism). Measuring outcomes of initiatives is only possible over the long-term, but FPC is overseeing the development of performance measures for the Strategy directorate which should provide indicators of likely success, and enable effective performance management and improvement.
- Based on the evidence gathered during 2020 we have developed a set of principles of professionalism, which we are beginning to test with internal and external stakeholders. This will form the basis for much of our further upstream work.
- Work is now underway to establish the GDC as an advocate for an understanding of how human factors affect the practice of dentistry, and to understand the impact of these on professionalism and support the development of a learning culture.
- The monitoring and evaluation built into each of the upstream initiatives should enable an improved understanding of the impact of individual components and their collective effect over the life of this strategy.
- The project to 'Consult on learning outcomes and expectations for safe beginners' has commenced in Q1. The project will focus to reflect the shifts in society and in dentistry since the last review, and make updates which provide a set of future-proofed Learning Outcomes.
- The Strategy project to 'Implement further digital improvements' has completed. The project set out a phase of further improvements to the usability and functionality of the GDC website, including specific user journeys improvement, allowing more people to find the content they need more easily.
- The 'Implement a process for mediated entry to specialty lists' project schedule was impacted due to the delayed implementation of the Brexit changes to the Specialist list application forms and their combined update. As part of this piece of work, we are running a pilot for improvements to the process which starts in June 2021 and runs for 6 months, as well as a workshop with the key stakeholders in July. In order to learn from the pilot fully and make any necessary amendments, a change request is submitted to extend to project to Q2 2022. Whilst developments and improvements have been made to date, this approach continues to ensure that we look at every aspect of this process in sufficient detail to ensure that this equivalent route to specialist listing is effective, efficient and robust.

CCP Delivery – Project Progress

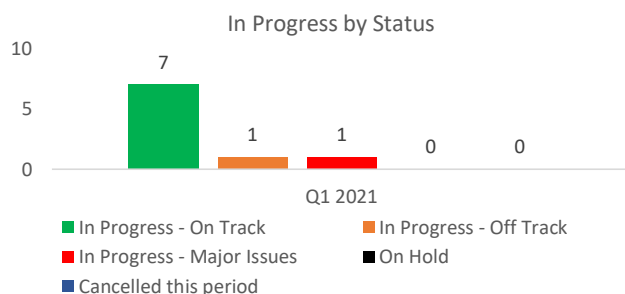
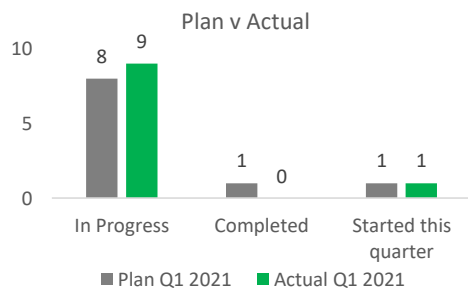
There are currently no in progress projects related to Strategic Aim 2.



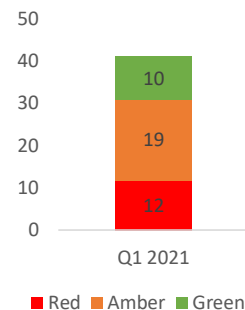
Progress Summary

- Some of our project work to support progress towards this strategic aim was re-planned in Q2 2020 and is currently due to recommence in Q2 (July) of 2021.
- Our work to engage stakeholders on an ongoing basis continues, and levels of interest and engagement are high. Work is ongoing to embed arrangements in Scotland in relation to low level concerns, and discussions have been initiated on the introduction of similar arrangements in Northern Ireland.

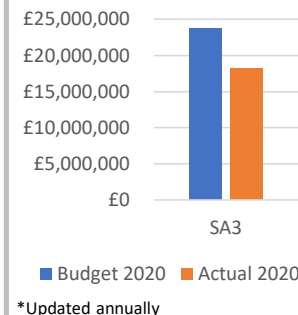
CCP Delivery – Project Progress



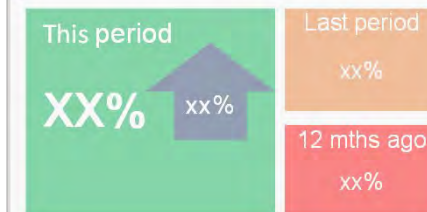
KPIs



Budget v's Actual 2020*



Name of KPI



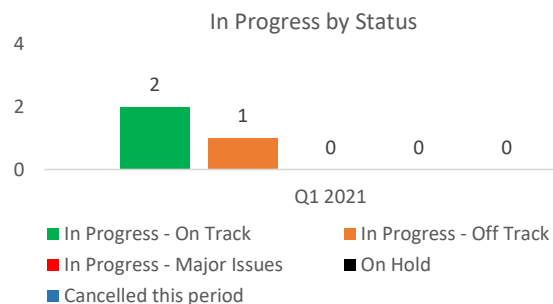
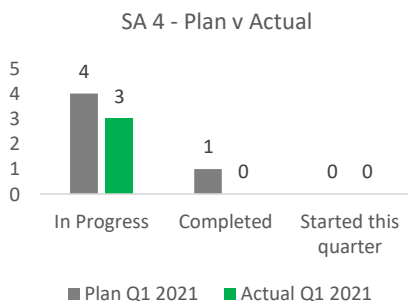
Note: Strategic Aim KPIs are in review for development within Strategy directorate

*Updated annually

Progress Summary

- Findings of the work to understand the concept of seriousness across regulation are due to early in Q2. That work will inform both our guidance to decision makers and our approach to regulatory reform. Evaluation criteria is being built into all initiatives so that we can understand the impact over time of our interventions.
- Work on the separation of the hearings function has commenced and scoping is being undertaken to plan out the work to be delivered this year.
- The **'Principles of regulatory decision making'** was due to complete in Q1 but was not as it was pending review of how to progress. The project team had identified the upcoming regulatory reform as a significant change to the context for this project and gathered further evidence to submit several options for the next steps to the project sponsor - Executive Director for Strategy. Following the review of options a decision has now been made by the project sponsor on 14 April, to close the project and develop a close out report capturing objectives that have been delivered so far as well as benefits, lessons learnt and achievements that can be transferred to the business.

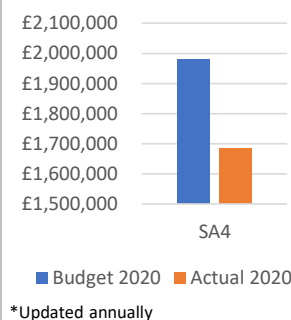
CCP Delivery – Project Progress



KPIs

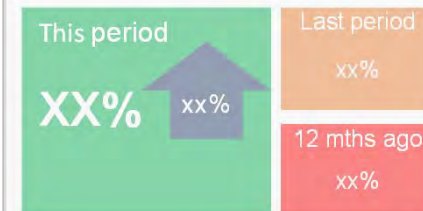
There are no KPIs pertaining to strategic aim 4 reported this quarter

Budget v's Actual 2020*



*Updated annually

Name of KPI

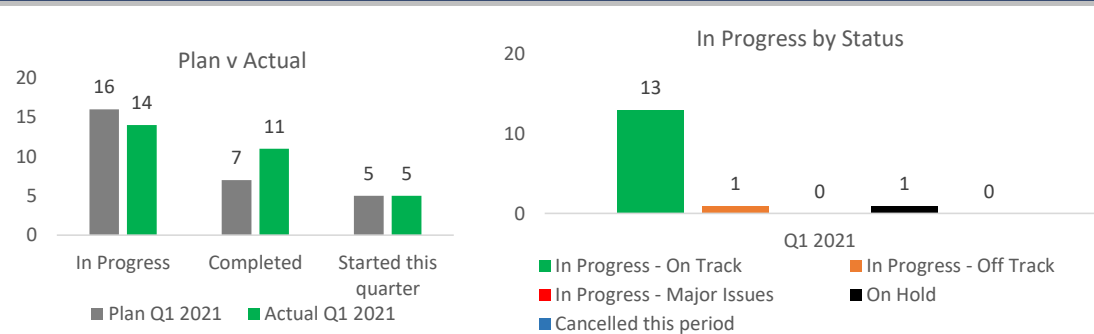


Note: Strategic Aim KPIs are in review for development within Strategy directorate

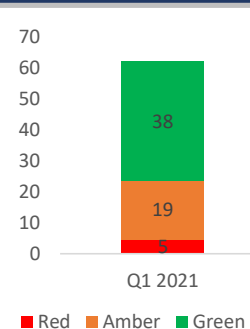
Progress Summary

- The DHSC's consultation on reforming professional healthcare regulation is now open, with a closing date of 16 June 2021. The response to that consultation is being prepared. There is still no timetable for changes to GDC legislation, with the exception of international registration. The eventual timetable depends on a range of factors, including the recently introduced review of regulators and professions in regulation, which were signalled in the White Paper.
- Progress continues to be made on the work to determine the boundaries of regulation, with a workshop planned with Council for the June meeting.
- The Effectiveness review of investigation and advocacy services is the project showing as due to complete in Q1 2021, however this was completed early in December 2020.

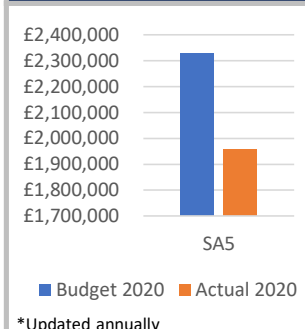
CCP Delivery – Project Progress



KPIs



Budget v's Actual 2020*



Name of KPI



Progress Summary

- The structures that were developed and put in place in the first half of 2020 to understand and support the organisation’s performance have enabled more effective planning and monitoring through the COVID-19 pandemic. Our understanding of the impact on the sector, on professionals and on the public continues to develop, enabling us to adapt. The current planning process focuses on stability and long term financial sustainability. Monitoring is ongoing to understand operational priorities to ensure that in the event budgets are constrained, the essential work continues.
- Payment by Instalments operational Implementation has commenced in order to deliver the option of individual registrants paying by quarterly direct debits for the 2021 DCP ARF period.
- The ‘IT Strategy development and implementation’ project was closed early as once the strategy was embedded, it was determined that the IT projects would be managed individually to adhere to the strategies principles and hence the project work could close.
- The ‘Culture of operating effectively in a Digital Age’ project started sooner than planned, as there was capacity to do so in the Organisational Development Directorate. The project sets out to evolve both our work, and our working environment to ensure that as we use more & varying technology, we continue to put our people and wellbeing first, enabling us to best deliver our purpose and live our values in a digital age.
- The Replace Credit Card Processing System has been held following issues encountered with the selected provider requesting to negotiate the contract outside of framework terms and remove key tender documents. This resulted in the project having to be halted and it has been agreed for this project to be factored into the CCP planning for 2022.

CCP Quarterly Financial Forecast

Q1 2021 Financial Forecast

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q1 2021 Financial Forecast
Recommendation:	The Council is requested to discuss and note the report
Decision Trail:	EMT 11 May 2021 FPC 27 May 2021 Council 24 June 2021

The key performance insights in Q1 2021 are:

Forecast Summary: the budgeted operating surplus of £2.2m could become a surplus of £3.4m by the end of 2021, a movement of £1.2m. The key variances, defined as those greater than £100k on expenditure are.

- **£1,022k ORE income:** Reduction in exam income due to a requirement to cancel planned exams due to Covid-19 restrictions.
- **£1,009k Legal & professional,** consisting of:
 - A reduction in forecast (£943k) due to a requirement to cancel exams due to Covid-19 restrictions, now provisionally only set to take place in September.
 - The Case Progression Team are forecast to save £79k as a result of using less external resources in the review of incoming cases, as they have the capacity to use internal staff (Clinical Dental Advisors) to review and gauge whether the case should progress to Case Examiners.
 - In Organisational Development, a £62k underspend is due to savings on legal costs, consultancy, and pension advice due to savings in anticipated costs in Trustee expenditure and a reduction of physically held trustee meetings due to Covid.
 - Savings are in part offset by a forecast overspend of £76k in ILPS and ELPS due to increased referral and hearings activity, their support to the Hearings team, and a catch up with delayed 2020 cases and planned 2021 hearings.
- **£874k Staffing costs:** This underspend is due to the cumulative effect of several factors across all directorates being vacancies, either in Q1 or posts which are known will be held vacant in the coming months without being backfilled. We are also seeing the benefit of a number of posts budgeted at Market Rate but with current occupants being paid at Development Rate 1, 2 or 3 for which the forecast has now been updated, and there are a small number of cases where staff are working reduced hours versus a budgeted 1.0 FTE.
- **£177k IT costs:** The variance is mainly caused by less anticipated spend on the consultancy line for the final quarter of 2021 due to the portfolio review rescheduling the upgrade/replacement of the Finance System into 2022.
- **£150k Other staff costs:** The prime reason for the variances across the directorates is due to the continued effects of Covid-19, which has resulted in a reduction in travel to meetings and the associated travel, subsistence, and hotel costs

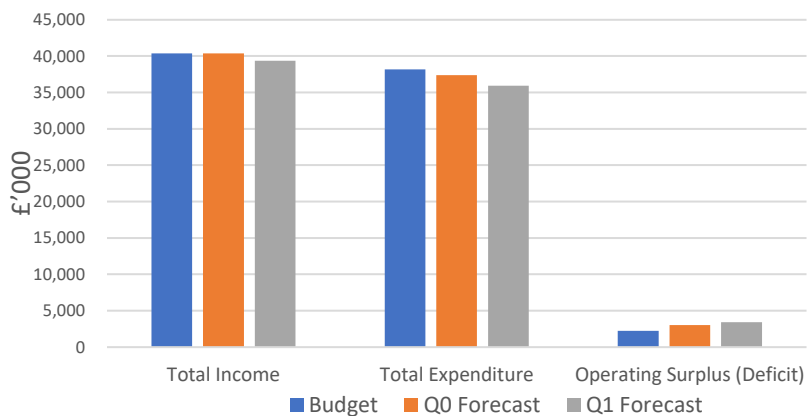
Establishment FTE Plan forecast:

- The latest forecast returns from teams assume headcount of 357.2 FTE at 31 December 2021, compared with an anticipated 356.7 FTE in the original budget.

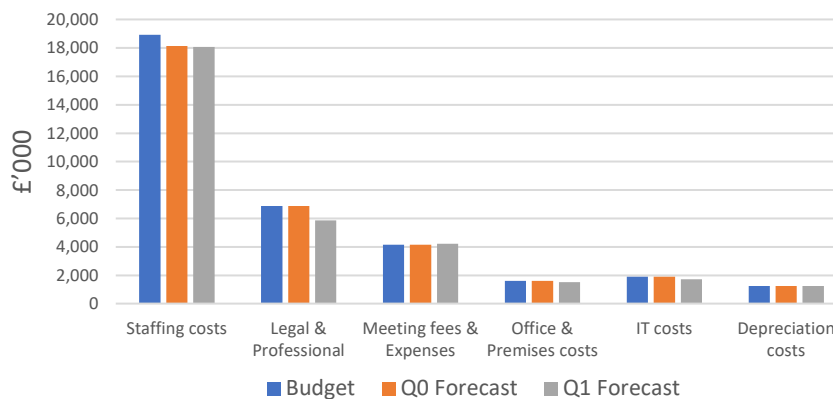
Risks and Opportunity updates:

- In March 2021, Council made a decision to implement a Payment by Instalment scheme for ARF collection (commencing with the DCP 2021/22 collection). Known operating costs as a result of this decision have now been factored into our latest forecast position which has reduced the financial risk from £1.4m to £570k, to reflect retaining the risk associated with scheme default. This will be kept under continuous review once the scheme is live to validate risk estimates.
- There has been a change in the GDC defined benefit pension scheme, whereby the employer pension contribution has reduced to a maximum of 10% from those employers receiving a 20.3% contribution up until 31 March 2021. This will result in an annual saving of up to £145k. Due to the timing of the Council decision, and a period of time required for members to decide on their contribution rate when transferring to the Master Trust pension arrangement, this is not reflected in the Q1 forecast presented.

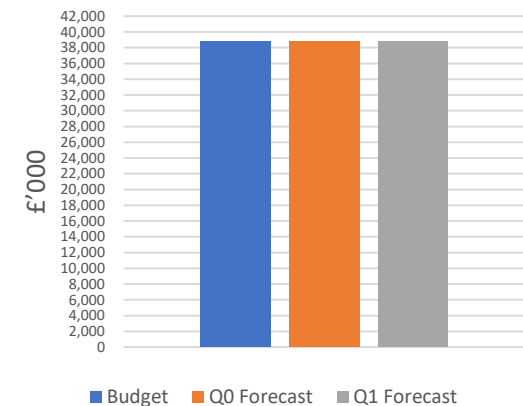
GDC Full Year to Date Performance



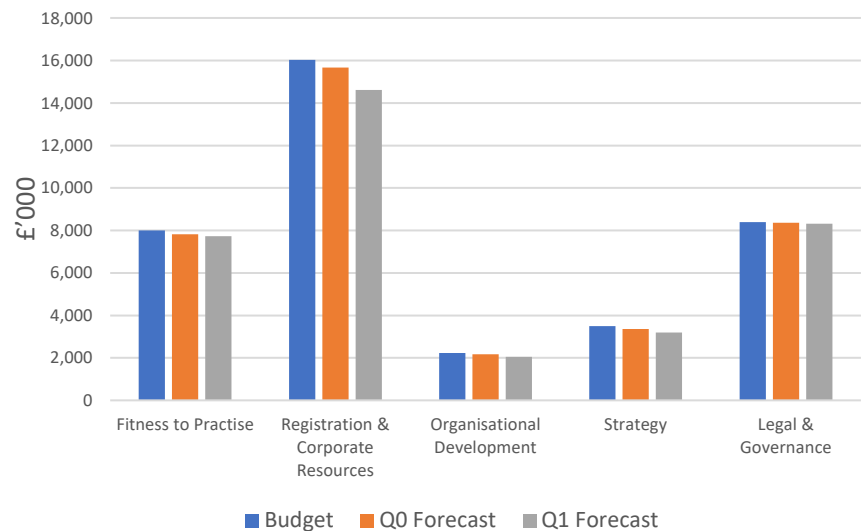
Full Year to Date Expenditure by category



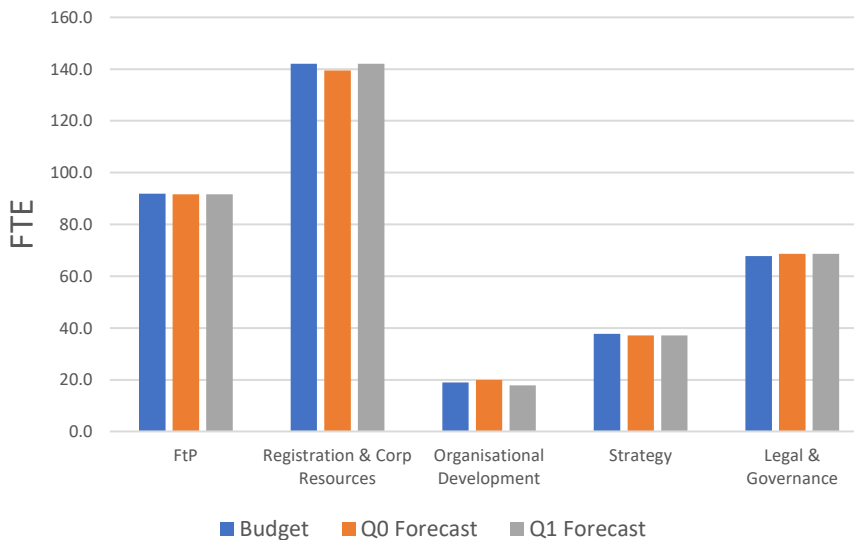
Full Year to Date Fee income



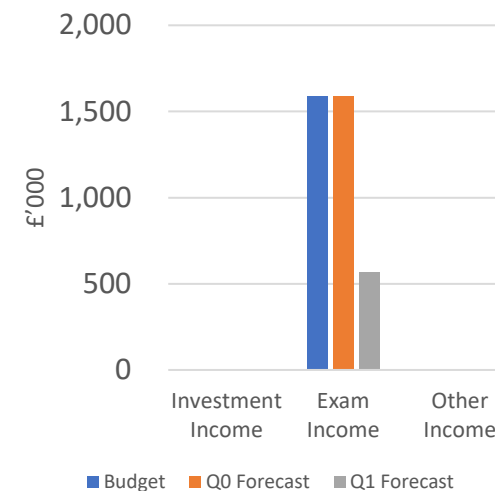
GDC Full Year to Date Performance by function



GDC Establishment by function



Full Year to Date Other income



Performance reporting – strategy directorate

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Rebecca Cooper, Head of Policy and Research Programme
Type of business	For discussion
Purpose	To provide Council with an update on work, produced for the FPC, on the development of an approach for monitoring, managing and reporting on the performance of the strategy directorate, aimed at: <ul style="list-style-type: none"> • supporting and enabling improvement in process, quality and outcome • providing assurance to the Executive, the Council and its relevant committees
Issue	Strategy directorate performance management and monitoring
Recommendation	The Council is asked to consider the update and provide any feedback on points of interest in relation to strategy directorate performance to inform the development of the work.
Appendices	Appendix 1 – slide deck presented to FPC

1. Introduction

- 1.1 Developing and reporting against an appropriate performance management framework offers potential benefits for the organisation, the directorate and its teams by highlighting issues and enabling them to be addressed, resulting in improvements in performance.
- 1.2 In developing this framework, we are seeking to support identification of issues, performance management and improvement, while simultaneously enabling the Finance and Performance Committee (FPC) to carry out its function of scrutinising performance and challenging the Executive. With the agreement of the FPC, we are proceeding with the development of the approach outlined in this paper. The Council, as part of the development process, is invited to comment on areas of interest in performance (e.g. process, quality, outcomes) to help inform the development of the framework. Further development of the framework will be overseen by the FPC, with the final version then being presented to the Council.
- 1.3 The GDC's statutory purpose is fulfilled by operating a range of functions, processes and initiatives. For some parts of the business the function is focused mainly on compliance or transactional operations, with processes that lend themselves well to ongoing measurement. For other parts of the business, the functions are more strategic and less focussed on process and therefore measurement of performance on the basis of numerical indicators is both more challenging and less conclusive as to value. There are of course activities and outputs that could be counted/measured with reference to objective criteria, but doing so without also evaluating outcomes over the longer is potentially misleading, and limits the usefulness of the information in supporting development of future strategic initiatives.

- 1.4 The strategy directorate consists of the policy & research, communications and education quality assurance teams. There are some transactional elements to the work of all three teams, and some useful indicators of good practice/performance can be attached to the processes employed to undertake work. However, the key to overall performance of the directorate lies in the evaluation of the outcomes of the work and initiatives led by the teams, which themselves constitute a significant proportion (by number) of the project workload described in the GDC's corporate strategy and its costed corporate plan (CCP). Reporting on progress, outputs and timeliness on many of these initiatives already takes place via CCP project monitoring.
- 1.5 Adoption of appropriate processes, and production of high-quality outputs increase the likelihood of positive outcomes and achievement of objectives. We therefore describe, in the following sections of this paper, the features of a high-performing strategy function.
- 1.6 Alongside the CCP and project reporting, the GDC's balanced scorecard also contains some indicators for both the Communications and Engagement and Education Quality Assurance teams. While these measures do not provide a full picture of the teams' work, they are useful in offering some insight into the outputs of the teams, and will be useful in developing a fuller and richer picture of performance.
- 1.7 In order to support the FPC to carry out its monitoring and challenge role effectively, it is important to identify the elements of performance that are of interest to the Executive, the Committee and the Council, and to understand how those areas can usefully be assessed and described, so as to enable the identification of good practice and/or areas for improvement.
- 1.8 This paper therefore sets out the proposed approach, which has been discussed and agreed by the FPC, for the Council, and invites comments on further areas of interest.
- 1.9 An earlier version of this paper was presented to the FPC and discussed at its meeting in May 2021. This version incorporates the headlines from that discussion.

2. Strategy directorate performance: what does good look like?

- 2.1 Measuring and understanding the outcomes and impact of the relevant initiatives described in the corporate strategy is the ultimate indicator of performance for the directorate. We have made considerable progress already in developing evaluation frameworks for both our upstream and enforcement activity, and in establishing success measures for our communications strategy. A full and accurate understanding of the impact of most initiatives, however, can only be achieved after significant time has elapsed – and even then there may be some difficulties in establishing direct cause and effect. There are, however, ways of working and approaches to quality management that maximise the likelihood of positive outcomes from initiatives, enable the identification of issues and opportunities, and provide the Executive, the Council and its Committees with the relevant assurance that the GDC's resources are being targeted and deployed effectively.
- 2.2 Broadly speaking there are three categories of measures:
 - Process: articulate the expected approach to be followed to maximise the likelihood of positive outcomes and to measure performance against it. Process measures will often be common across initiatives for the work of a team.
 - Quality: articulate important markers of high-quality work (e.g. clarity) and measure performance against them. Quality markers will often be common across initiatives for the work of the whole directorate.
 - Impact: understand whether and to what extent the stated objectives were met, and whether there were any unintended or unplanned consequences (whether positive or

negative). Impact measures will need to be determined for individual initiatives or sets of initiatives (e.g. the communications strategy). They should be identified at an early stage, and their existence at the right point in the development of an initiative will be one of the process indicators.

- 2.3 There is value in understanding what some quantitative measures tell us about our work and our use of resources, and we should therefore ensure that we identify and measure those elements. We should not, however, seek to rely on them alone to give us the information we need to manage performance. We therefore propose that while there is value in ongoing monitoring of some quantitative measures, as is currently done via the existing measures in the balanced scorecard, full reporting on the strategy directorate's performance is undertaken via an in-depth analysis of quantitative and qualitative information.
- 2.4 In the following section, we will explore the approaches to these categories of measures for the three teams within the directorate.

3. Team level indicators

3.1 Contained in the tables that follow are suggested high level markers of well-functioning processes, quality outputs and impact measures for each of the three teams within strategy

3.2 Policy and Research

Process	Quality	Impact
Clear articulation of a problem statement and objective	Outputs (e.g. council/committee papers, statements, policy positions, consultation documents) are clear and well-reasoned	The extent to which stated objectives have been achieved: <ul style="list-style-type: none"> • Within an appropriate timeframe • Proportionately • Using resources cost-effectively
Available evidence has been identified and obtained appropriately	Outputs make clear, logical and sensible references to the evidence	The extent to which change is attributable to the initiative
A plan and timeline for the work have been produced and reported against, identifying milestones, outputs and potential impacts	Conclusions/proposals are consistent with the available and referenced evidence	
Development of solutions has been collaborative and involved colleagues from all relevant/affected parts of the business	Proposals and positions clearly take into account the context in which they have been developed	
External stakeholders have been engaged and/or consulted with appropriately and at the right time	Proposals are persuasive and convincing	
An approach to evaluation has been identified and clearly articulated	Outputs set out clearly who/what has been influenced	
The team has the necessary skills and experience to undertake the work required		

3.3 Education Quality Assurance

Process	Quality	Impact
The Education QA strategy is clearly articulated	Outputs (e.g. council/committee papers, statements, QA reports, thematic reviews, review of education) are clear and well-reasoned	The extent to which stated objectives have been achieved: <ul style="list-style-type: none"> • Within an appropriate timeframe • Proportionately • Using resources cost-effectively
A plan and timeline for the work of the team has been produced and reported against, identifying milestones, outputs and potential impacts	The standards against which we assess providers are clear and align with our statutory objectives	The extent to which change is attributable to the work of the team
The plan for provider assessment is a result of an evidence based risk assessment	The QA framework and assessment approach takes into account the context in which providers are operating	
Changes to assessment processes involve relevant stakeholders at the right time	The framework and approach to QA are proportionate to achieving the objectives	
An approach to evaluation has been identified and clearly articulated	The risk assessment process takes into account the context in which education providers are operating	
The team have the necessary skills and experience to undertake the required work	Outputs set out clearly who/what has been influenced May include, review of education, identification of thematic reviews Relevant and timely engagement with stakeholders	

3.4 Communications and engagement

Process	Quality	Impact
Clear articulation of a problem statement and objective Available evidence has been identified and obtained appropriately	Outputs (e.g. council/committee papers, statements, consultation documents) are clear and well-reasoned	The extent to which stated objectives have been achieved: <ul style="list-style-type: none"> • Within an appropriate timeframe • Proportionately • Using resources cost-effectively
A plan and timeline for the work have been produced and reported against, identifying milestones, outputs and potential impacts	Communications are consistent in quality and tone	The extent to which change is attributable to the initiative/work of the team
Development of communications campaigns/activities has been collaborative and involved colleagues from all relevant/affected parts of the business	Communications material is accessible against an accepted range of metrics (e.g. readability, visibility)	Evidence of increased awareness and understanding of the GDC's priorities across the whole of the GDC, resulting in increased consistency of external engagement and messaging
Patients and public, and external stakeholders have been engaged and/or consulted with appropriately and at the right time	The balance of proactive and reactive communications is appropriate	Evidence from stakeholders that they feel consulted with and engaged in key activities that affect them
An approach to evaluation has been identified and clearly articulated	Proposals are persuasive and convincing	Change in perceptions of the GDC and evidence of external stakeholders proactively communicating GDC priorities
The team has the necessary skills and experience to undertake the work required	Outputs set out clearly who/what has been influenced.	

3.5 While the process, quality and impact measures described above provide a useful framework for performance management within the directorate, many of them are qualitative and they do not offer up readily accessible numerical indicators that can be reported against for the purpose of monitoring and assurance. As noted above, we believe that an annual in-depth process to examine performance against this framework would provide greater insight and be more meaningful and useful than simply measuring and reporting against those items that can be “counted.”

3.6 Nevertheless, there are quantitative indicators, and qualitative indicators for which we can develop criteria, that may be useful in enhancing our understanding of how well teams and

processes are working, and whether change to plans, timetables or resource allocation are needed. These might include:

3.7

Measure	Comments	Suggested frequency
Quantity of engagement/consultation opportunities offered: how many and who with?	Limited in usefulness unless linked to quality measures	Quarterly
Number of responses to consultation/ engagement	Limited in usefulness unless linked to quality measures	Biannual
Quality of engagement consultation	Subjective, but could develop criteria	Biannual
Link to research/evidence	Needs context	Biannual
Clarity of outputs	Subjective but could develop criteria	Biannual
Persuasiveness of proposals	Subjective but could develop criteria	Biannual
Time taken	Objective, but needs to be linked to other measures and context	Annual
Variance between projected time and actual time	Objective but needs context	Annual
Quality assurance activity reporting	Dependent on the academic year	Annual
Adherence to plans and internal deadlines (e.g. CCP, governance timetables)	Objective but needs to be linked to other measures and context	Quarterly
Team skill/development	Subjective but uses a framework	Annual

4. How we propose to report

- 4.1 Given the limited usefulness of quantitative measures alone, and the need to provide qualitative and contextual analysis, we propose the development of a reporting framework that comprises a combination of quantitative and qualitative indicators (see 3.7 above) and a more detailed narrative performance assessment, that considers the high level indicators (set out at 3.2 – 3.4, above.) Carrying out the necessary analysis, collating the information and drafting the report is likely to require significant time and effort. We therefore propose to prepare and submit the report on an annual basis. As set out in the table at 3.7, however, we propose to provide more frequent reporting against some indicators where that information is useful. Some of these are already included within the balanced scorecard, particularly for the Communications and Engagement team, and we propose that this continues, but that further measures that cover the work of the Policy and Research and Education QA teams are added.

- 4.2 The process needs to ensure sufficient independence and detachment, and while there is likely to be an element of self-assessment/reporting against performance, this will need to be externally validated so as to provide the necessary objectivity. The FPC in particular were keen to ensure that independence in assessment. We will need to work with the PMO and other teams to determine a sensible timetable for reporting that avoids duplication of effort with other reporting cycles (e.g. the PSA performance report).
- 4.3 Following agreement from the FPC, we are providing this update to the Council to offer the opportunity to comment on further areas of interest in respect of performance. We will then proceed with development of the framework for discussion/approval at a future meeting of the FPC.
- 5. Equality, diversity and privacy considerations**
- 5.1 There are no EDI or privacy implications of this proposal. However, EDI is likely to be a repeated feature of evaluation criteria for a range of initiatives.
- 6. Resource considerations and CCP**
- 6.1 The annual in-depth report is likely to be a significant undertaking, so the investment in producing it needs to be proportionate to the benefits realised from it. Given the focus on performance management and improvement, we consider that the investment is worthwhile, but timetables for production of the report should be developed so as to minimise duplication of effort (e.g. with the PSA performance assessment cycle and the GDC annual report)
- 7. Monitoring and review**
- 7.1 Once measures are agreed and reports produced, the Committee will be invited to provide feedback on its usefulness on an annual basis, with a view to making improvements.
- 8. Next steps and communications**
- 8.1 The framework for reporting, together with an outline template for reporting will be developed for discussion/approval by the FPC.
- 8.2 Once the FPC is satisfied with the framework it will proceed to the Council for approval.

Rebecca Cooper, Head of Policy and Research Programme
rcooper@gdc-uk.org
Tel: 07850 069251

10 June 2021



Right time
Right place
Right touch

Policy/strategy KPIs

Council discussion

24 June 2021



Right time Right place Right touch

KPIs – what problem are we trying to solve?

- Understanding the value of what we do
- Provide intelligence and assurance to EMT, FPC and Council
- Enable improvement
-
- Transactional measures available, but inconclusive/misleading



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What would indicate that we are doing a good job?

- Process
 - Has a clear problem statement/objective
 - Available evidence has been identified/obtained as appropriate
 - Developed collaboratively (internally)
 - Engaged/consulted relevant stakeholders (externally)
 - Outputs/outcomes/impact are identified
 - Evaluation approach is clear and appropriate
 - Embed change within organization
 - Secure operational handover



Right time Right place Right touch

What would indicate that we are doing a good job?

- Quality
 - Outputs are clear and well reasoned
 - Outputs are based on evidence
 - Proposals take into account context
 - Proposals are convincing
 - Who/what have we influenced
- Impact
 - Stated objectives are achieved
 - Within an appropriate timeframe
 - Proportionately
 - Within a reasonable cost (£ and opportunity)



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How might we monitor/measure/report on these elements?

- No obvious model of good practice for policy/strategy KPIs, beyond long term evaluation
- Few straightforward/system generated numerical indicators
- Therefore requires additional work to report on performance – combination of objective criteria and (somewhat) subjective judgment
- Need to ensure additional effort adds value (not just reporting for the sake of reporting)
- Use for performance management and improvement as well as monitoring/reporting
- Need to consider frequency of reporting



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What might we use as indicators of good practice?

- Quantity of engagement/consultation: how many and who?
- Consultation response: numbers/quality?
- Quality of engagement/consultation (subjective but using criteria)
- Clarity of papers/proposals (subjective but using criteria)
- Persuasiveness of proposals (subjective but using criteria)
- Time taken from identification of problem to implementation of solution (objective, but doesn't take into account complexity, so perhaps not a useful measure)
- Variance between projected time and actual time
- Use of appropriate evidence
- PSA performance report – examines policy approach
- Project structure/progress/outputs/outcomes (is this just repetition?)
- Team skill/development (subjective, but using a framework)



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Who should monitor performance and how?

- Ongoing “self” assessment supported by audit
- Annual/biannual exercise carried out with PMO
- Marry up with PSA performance reporting timetable, so as to minimise duplication of effort
- Combination of narrative description and limited quantitative measures/indicators



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Risks/pitfalls/challenges

- Relies on alignment of initiatives to strategic aims: need robust challenge on commissioning of work
- Numerical measures are of limited usefulness
- Effort involved in reporting outweighs benefits
- Establishing appropriate delineation between policy development and operational delivery (esp iro success measures on delivery)
- Difficulty in establishing cause and effect

Thank you.

Do you have any questions?



Right time
Right place
Right touch

People Services and Organisational Development Annual Report 2020

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lucy Chatwin, Head of People Services Alex Bishop, Head of Organisational Development and Inclusion Kimberley McDonald, People Partner - Systems and MI John Middleton, Senior People Partner Tim Surch, Senior People Partner
Type of business	For discussion
Issue	To provide a report of People Services and Organisational Development activities, achievements, and workforce metrics for 2020 and a progress update on activities undertaken in 2021
Recommendation	The Council is asked to discuss the contents of this report. We would highlight the following during 2020: <ul style="list-style-type: none"> • The reduction of sickness absence and the wellbeing support that has been provided to employees during the pandemic to underpin organisational resilience and performance. • The identification of a need to improve employee relations policies to streamline and support organisational effectiveness. • Progression made on the EDI agenda. • The learning and development interventions that have been delivered. • The improvements in core people analytics to underpin business decisions. • The volume of hidden activity in People Services that is driven by the associates.

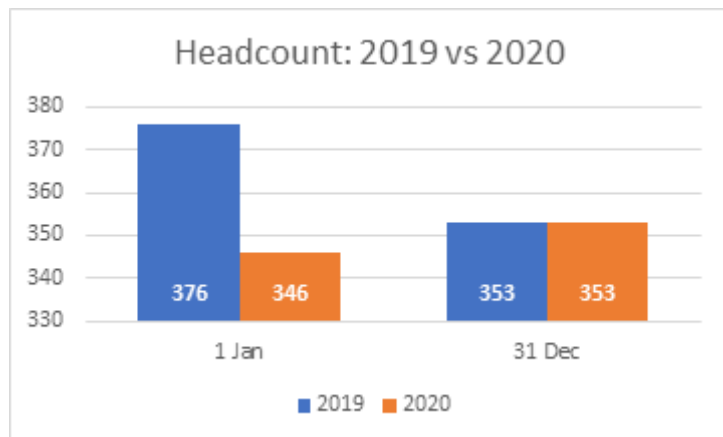
1. Introduction

- 1.1 This paper provides an annual report of the main activities and achievements of the team for 2020. It also includes key workforce metrics for the reporting period 1 January to 31 December 2020 together with a forward look at the directorate's people plans for 2021.
- 1.2 2020 was a demanding year as the team supported the organisation's response to the pandemic. This necessitated a re-focus and, in some instances, a delay or re-prioritisation of delivery.
- 1.3 One of the main focuses this year has been embedding the team and developing the partnering model. As part of the organisation's Internal Audit Plan for 2020, a review was undertaken of the adequacy and effectiveness of the new People Services function, with a

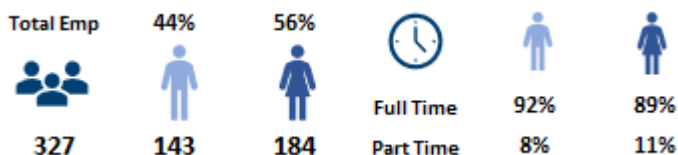
specific focus on how recent changes have embedded across the organisation. The Mazars audit result was received in November 2020 giving substantial assurance.

2. Workforce Metrics

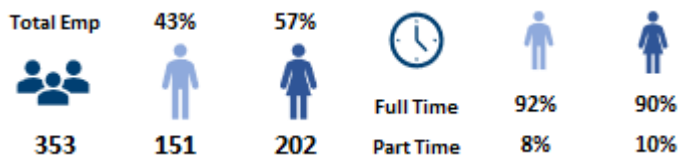
2.1 The following information provides some highlights on the GDC's workforce and its composition:



Permanent employees:



All employees:



2.2 327 were permanent employees (2019: 324) and 26 were fixed-term (2019: 29). This represents a decrease of 7.4% in permanent employees over the past year and a 10.3% decrease in the number of employees on a fixed-term contract over the same period.

2.3 The average employee length of service at the end of 2020 was 2.9 years. This is a slight increase on the previous year's average of 2.5 years. In Birmingham this is an average of 1.3 years, and in London 4.7 years.

2.4 The completion rate for Equality, Diversity and Inclusion (ED&I) data for all employees is 86.2%.

2.5 The Gender split within the GDC remains stable at 57% female and 43% male.

2.6 **Appendix 1** has further information on the staff composition, including data on age, sexual orientation, ethnicity, religion and disability.

2.7 Throughout 2020, a people services dashboard was developed which provides information to aid business continuity and decision-making. The dashboard is used during Partnering meetings with managers and the EMT and is supporting the team in advance of the people system implementation. A review of the OD KPIs was also undertaken during 2020 and following several discussions with FPC, the resultant KPIs were agreed at Council in March 2021.

3. Employee Relations

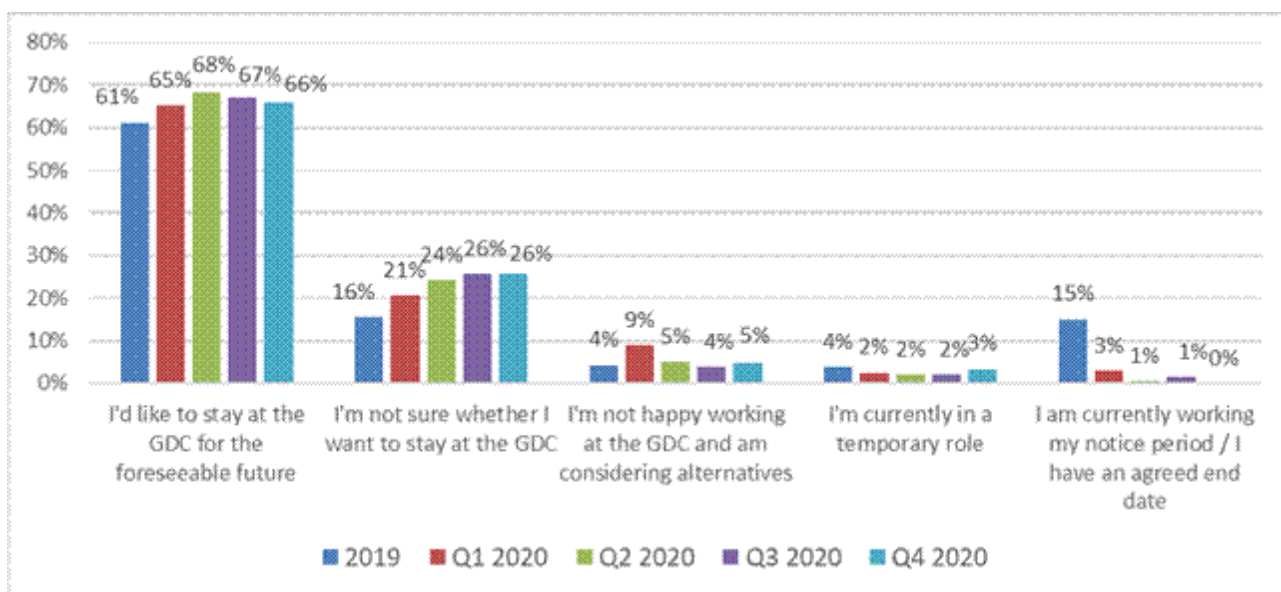
- 3.1 During 2020, the People Services team dealt with seven formal performance/ capability cases (2019: 13) and five formal grievances (2019: 2). There were two disciplinary cases that progressed to the formal stage (2019: 0). In total, the team supported 80 formal and informal employee relation cases (2019: 86).
- 3.2 No employment tribunal claims from employees/ex-employees were received during 2020 (2019: 2). One of the employment tribunals from 2019 proceeded to a virtual preliminary hearing in 2020 after being delayed due to the pandemic. The tribunal ruled that there was no jurisdiction to consider as the claim was out of time and the Claimant (ex-employee) was not at the relevant times disabled for the purposes of the Equality Act 2010.
- 3.3 Whilst working on employee relations cases over 2020, it has become apparent that many of the current HR policies are not fit for purpose and need to be reviewed. For example, the Grievance and Bullying and Harassment policies are very adversarial in their approach, whereas a Resolution focussed policy can support with actively promoting a culture of positive and constructive behaviours aligned to organisational values. This is being addressed in 2021 workplan.
- 3.4 Dealing with the people issues relating to Covid-19 together with some complex employee relations issues (grievance procedures) has meant policy review work has been delayed. In addition, these elongated processes detract the team from undertaking the OD work we would like to invest in to enhance organisational performance such as looking at the root cause of issues. Short term temporary support to focus on key policy development has been requested, which can be funded in budget.
- 3.5 **Sickness (overall):** a total of 2,156 days were lost to sickness in 2020 (2019: 2,702). This represents a reduction in sickness absence of 20.2%. This equates to an average of 6.1 days per employee. (2019: 7.4 days per employee). The CIPD Health and Well-being Survey Report 2020 reports that the average level of employee absence is 5.8 days per year per employee (2019: 5.9 days).
- 3.6 **Sickness (short term):** a total of 1,203 days were taken through short-term absences during the reporting period (2019: 1,886 days). This represents 2.8 days per employee that took short term sickness leave in 2019 (2019: 2.5 days).
- 3.7 **Sickness (long term):** a total of 953 days were taken through long term absences during the reporting period (2019: 816 days). This represents an average of 39.7 days per employee that took long term sick leave in 2019 (2019: 54 days). Long term sickness is classed as continuous sickness leave of more than 20 working days. See section 4.11 for details of covid related absences.
- 3.8 In 2020, 27.4% of absences have either been recorded as 'unknown reason' or 'reason not recorded' (2019: 54%). The reasons for absences are captured during return-to-work discussions but not updated automatically on CipHR. This will be improved when the new People System is implemented.
- 3.9 The main reason for absence during 2020 is due to 'Colds/influenza' at 14%. A total of 0.5% of sickness absence was recorded as work related (2019: 4.7%) with 3.9% of sickness absence being due to mental health conditions which were work and non-work related (2019: 7.1%). In 2019, the main reason for absence was also due to 'colds/influenza' at 10.9%.
- 3.10 Being mindful of the level of absence due to colds and flu, vouchers for free flu vaccinations were made available to staff from September 2020. 50 flu vaccination vouchers were ordered, with all 50 being claimed within two weeks. Due to demand, providers stopped offering vouchers shortly thereafter. To accommodate any shortfall, we offered to meet the

expenses of any staff member who paid for their own vaccination. Three employees took up this offer.

- 3.11 **Covid-related absence:** This has been monitored and we have regularly reported the statistics to EMT and SLT during the pandemic, together with the number of employees who have been required to self-isolate:
- 20 employees have confirmed they had Covid during 2020.
 - 16 (80%) of the employees who had Covid required time off work sick, the other 4 employees had milder symptoms and reported they were able to work from home.
 - 253 days of sickness were lost due to Covid - 122 days of this (48%) are two employee's long-term sickness':
 - 3 employees had 1-5 days off (19%)
 - 7 employees had 6-10 days off (44%)
 - 2 employees had 11-15 days off (13%)
 - 2 employees had 16-20 days off (13%)
 - 2 employees had 20+ days off (13%)
 - 103 individuals had to self-isolate.
- 3.12 Employee wellbeing became an increasingly high priority during 2020. One of the aims of the wellbeing work started in 2019 was to make a positive impact on absence figures. To this end, our approach was designed to incorporate physical and mental wellbeing.
- 3.13 To support physical wellbeing, we took part in the Virgin Pulse Global Challenge for the second year. This event, which took place between September and November, helped raise awareness of physical activity to improve physical and mental wellbeing, as well as containing content around nutrition, sleep, and stress. 135 employees took part, distributed across 20 teams. Data following the event showed that 65% of participants had adopted a routine of exercising 4 or more times per week. This compared to a figure of 52% of participants before the event.
- 3.14 We marked National Self Care Week, 16-22 November, by running several events around physical, mental and financial wellbeing. This involved a mixture of external experts hosting sessions for staff, as well as a programme of communications to signpost content for staff. This week was also used to re-launch the Employee Assistance Programme, reminding staff that this was a resource available to them 24/7, with a range of ways to access support that is confidential and independent from the GDC.
- 3.15 In addition, the team has supported the business through six restructures of varying complexity, resulting in the redundancy of six members of staff and the change in grading of nine roles, affecting 16 staff in total, and the creation of two additional new roles. Working from home has helped to increase efficiency in the way in which these issues are dealt with as the teams involved are no longer dependent on finding office space to have confidential conversations. It has also meant People Services colleagues have not had to travel to different sites to deal with these issues thus reducing travel costs and time.
- 3.16 During the early period of the pandemic, the Government-sponsored Coronavirus Job Retention Scheme (CJRS - 'Furlough Scheme') was introduced. At any one time, a maximum of 30 staff were on furlough, mainly during June 2020, and a small number of staff were on furlough for part of their working week during July, but all staff returned to full-time working by the beginning of August. Introduction and operation of the Scheme involved close liaison by the People Services team with managers, ILAS and the Payroll team, ensuring that we were fully compliant and operating within the legal framework of the scheme.

4. Employee Engagement

- 4.1 We conducted quarterly pulse surveys to generate meaningful, just-in-time data snapshots, rather than relying on large-scale bi-annual surveys. These were accompanied by quarterly 'You said, we did' updates which provided details around how data had been used to inform specific action.
- 4.2 Response rates to the pulse surveys have been between 53-59% (with a mean average of 56%). Whilst our Research team have advised that this is a reasonable response rate for a recurring, non-incentivised survey, the aim remains to improve response rates into 2021. Some staff have reported a degree of 'survey fatigue', so we will review our methodology for 2021 to maximise impact and take-up.
- 4.3 Overall engagement levels remained consistent throughout 2020. During 2020, the number of staff in the market actively looking to change jobs has fallen. We build our overall engagement profile by asking people about their current career intentions. The table below shows responses throughout 2020.



- 4.4 The sub-indicators in the pulse survey have reflected a general contentment with the way the GDC has responded to a sudden and distinct change in working practices. The tables below show data comparisons across the quarters for recurring questions¹:

	Q4 2020			Difference from Q1	Difference from Q2	Difference from Q3
	Disagree	Undecided	Agree			
My manager supports me to perform better	7	10	83	+3	+1	+3

¹ All figures in the tables are percentages.

- The 'Difference...' columns in the tables show the difference in the positive response percentages compared to previous quarters.
- The colour variations indicate whether the score in Q4 is higher, lower, or the same as the score in the earlier quarter i.e. green indicates that score in Q4 was higher than the earlier quarter, red indicates the score is lower in Q4 than earlier quarters.
- This data is the 'Total group' data i.e. the overall scores for all GDC staff who completed the survey.

My manager sets a good example of behaviour	5	6	89	+11	+6	+6
My manager and I have conversations about my development	15	13	72	-4	-4	0
My manager recognises and celebrates success	8	12	80	No data	No data	+2
I have confidence that staff views are listened to at the GDC	23	35	42	+4	-6	+4
I understand how my role contributes to the overall success of the GDC	2	6	92	No data	No data	-5
I feel valued as an employee of the GDC	16	19	65	No data	No data	+5

	Q4 2020			Difference from Q1	Difference from Q2	Difference from Q3
	Disagree	Undecided	Agree			
I feel the GDC's approach to wellbeing is making a difference to staff	13	29	58	+3	-10	0
I feel my wellbeing is taken seriously by the organisation	15	16	69	+5	-5	+2
I would feel able to raise concerns about my mental health with my manager	13	8	79	+4	0	+3
Employees are treated with dignity and respect regardless of age, gender, disability, ethnic origin, sexuality, religion/belief, gender reassignment or maternity/pregnancy	7	12	81	No data	+4	+3
I have the right level of contact with my manager	4	9	87	No data	-3	+3
I have the right level of contact with my team	3	7	90	No data	+2	0

- 4.5 Data relating to the immediate line manager relationship has remained consistent and generally positive during 2020. This extends to people feeling they have the right level of contact with their manager and team. There is a contrast here with people feeling listened to and people feeling valued. We have found these tend to be aspects that staff associate with a broader, more generic interpretation of 'management' i.e. staff trust, and generally have a strong relationship with, their line manager but feel less connected to, or engaged with, senior leadership above that.
- 4.6 In addition to addressing themes from the pulse surveys centrally, Directorate level reports have been created and shared with the Executive Directors. This has led to the formulation of working groups at manager and team levels to address the results and practical action that can be taken to improve engagement, motivation and morale. For example, managers in the RCR Directorate fed back that they wanted to feel more able to handle mental health

discussions personally rather than just signposting staff. The ED invested in development to upskill those managers as Mental Health First Aiders.

- 4.7 These additional skills, and the additional confidence staff and managers can derive from them, stemmed from a local level conversation with practical aims and outcomes. Maximising ownership of the results and the actions at a local level will be something we build on in 2021.

5. Equality, diversity and Inclusion

- 5.1 The priority for 2020 was the creation and approval of the new Equality, Diversity and Inclusion strategy. With the previous strategy expiring, there was an appetite not only to fulfil our legal obligations under the Public Sector Equality Duty but also to design a strategy that supported our aspirations to become an inclusive employer.
- 5.2 Design of the strategy initially required engagement with staff, and a number of focus groups took place across the business to better understand what EDI looked like at an operational level. Iterations of the draft EDI Strategy were taken to SLT and Remuneration Committee, with valuable challenge and input at each stage. Input was sought from Chair's Strategy Group in September, culminating in a Council workshop in October. The outputs from the workshop helped refine the EDI vision and objectives, with these published at the in the first quarter of 2021.
- 5.3 2020 saw the launch of the staff Equality, Diversity & Inclusion (EDI) networks. The REACH Network – an internal, staff-founded group for Black, Asian and Minority Ethnic (BAME) colleagues and other interested parties – led the organisation's efforts to recognise and celebrate Black History Month in October. Work has also begun by staff to build, launch and promote a women's network and disability network. Each of these groups has an assigned executive sponsor, who helps support the development of the members and helps ensure visibility at all levels of the organisation.
- 5.4 These networks are in addition to launch of the EDI Champions, a group of staff with a particular interest in the field of EDI. The EDI Champions have been used to inform the completion of Equality Impact Assessments, as well as taking responsibility for coordinating staff events aimed at promoting the diversity of our workforce.
- 5.5 Work started in 2020 to involve senior leaders in scoping and developing workstreams around inclusive leadership. A working group was tasked by EMT to look at how we can get the best from diverse teams, with a view to identifying what development is required to help embed inclusivity as an aspect of positive leadership. Work will continue into 2021 as part of the *Building Leadership* project.

6. Recruitment and Retention

- 6.1 **Recruitment campaigns:** People Services partnered with recruiting managers to deliver 79 recruitment campaigns during 2020 (2019: 183). Campaigns have been managed virtually which has provided a number of benefits for example, logistically it has been easier for candidates to attend MS Teams interviews as no travelling is required, it has allowed for more interviews to take place at the same time and place due to not having to find meeting room space which supports a quicker turnaround of interviews and selection exercise tests.
- 6.2 **Cost per hire:** our average spend per hire over 2020 was £932. The equivalent figure in 2019 was £999; a reduction of 7%. According to the CIPD Resourcing and Talent Management Planning Survey 2020, the median UK cost per hire is £2,000.
- 6.3 The majority of recruitment campaigns were paused from May-September 2020 to allow for priorities to be re-assessed as the pandemic took hold. When recruitment recommenced, we saw a significant rise in the number of applications being received for vacancies. For example, 100 applications were received for a Communications Officer role we recruited for

in July. In the run up to Christmas, there was an increase in applicants applying when this is typically a much quieter time to recruit.

- 6.4 Fixed term contracts are proving more difficult to recruit to. Historically, they have been used at the GDC to provide a flexible resource, this has been particularly useful during the estates programme. However, given the uncertain recruitment conditions we are operating in due to the pandemic, they are generally unattractive as candidates are looking for more security. The resourcing strategy project, due to commence later this year will seek to address ways to fix this issue.
- 6.5 **Retention:** Natural turnover for the GDC in 2020 was 9% (2019: 17%). Total staff turnover for 2020 was 15% compared to the 2019 figure of 51%, which was so high due to the move to Birmingham. According to the CIPD Resourcing and Talent Planning Survey 2020, the median UK rate of labour turnover for 2019 was 16%.

7. Associates

- 7.1 The number of Associates at the end of December 2020 was 407 (this excludes DCS volunteers.) There have been two major recruitment campaigns during the year, for FtP Panellists and Clinical Advisers and Experts, to replace those whose appointments are coming to the end of their second term. Through the year, a total of 149 new appointments were made and 115 re-appointments. This involved a large amount of work for People Services who undertook the right to work checks together with raising and issuing a new agreement to provide services to each individual. This piece of work is imperative given the importance of the Somerville case and helping to manage the risks by ensuring we have the correct checks and balances in place to mitigate against GDC Associates falling within worker status.
- 7.2 Excluding the Panellists whose terms came to an end in January 2021, and for whose replacement activity has already been completed, around 85% of our current Associate workforce (for whom accurate start dates are held) had been in-role for less than 3 years at the end of 2020. The quality of this data will be improved through the coming year as one of the objectives of the Effective Associates project is to strengthen management reporting ability on this group through more accurate and better- supported reporting functionality.

8. Learning and Development

- 8.1 The sudden shift to remote working required us to rethink the way we delivered core content to staff. The inability to deliver content face-to-face resulted in a steep learning curve as we utilised online meeting tools (Skype, and then more recently MS Teams) in a way that was new to the organisation. Online content cannot be approached in the same way as face-to-face sessions, so there was a need to review, change and develop new content to ensure it worked in the changed working environment.
- 8.2 We continued to deliver induction content to new starters throughout 2020, realising the added importance of helping new employees feel connected to their employer despite the physical disconnection. Induction content is one area where we utilised the ability to record sessions and start building a library of on demand resources. Live induction sessions have traditionally been site-specific. Hosting these online has meant that Birmingham and London starters can be inducted together. This helps new staff start to build networks across the wider business, and helps promote 'One GDC' by minimising impact of two-site working. Whilst always part of the plan for 2020, the speed with which content has been generated has been accelerated.
- 8.3 Online content has enabled us to accommodate a greater number of delegates than face-to-face delivery would allow. Manager huddles have been deliberately made up of managers from both locations. This has helped to promote consistency across teams and locations, promoting the principle of 'One GDC'. The use of Facet 5 Teamscape as a tool to

help teams understand one another and work more effectively together has been taken online.

- 8.4 Recording content and then making this available 'on-demand' has proved a more efficient way to reach a greater number of learners. Additionally, as the recording process only needs to happen once, we are able to make better use of subject matter experts i.e. these are often time-poor senior managers who would not be able to attend multiple sessions to share important technical knowledge. The content created to support new schemes of delegation was an example of this.
- 8.5 We have seen a focus on personal resilience in 2020 and have provided or sourced content to support staff and managers as they work in these challenging circumstances. We sourced a round of workshops in April 2020 that were booked completely full, enabling just over 110 staff to start looking at tools and tips to assist resilience. We offered staff the chance to join a wellbeing programme run by a company called Varvel, which was a structured four-month programme, based around identifying personal challenges and solutions to bolster resilience.
- 8.6 Utilising our Thriving at Work intranet site, we have offered a constant stream of free webinars for staff to sign up to. This has proved a cost-effective way to supplement the tailored content offered in-house, and has meant that staff have access to experts and industry leading providers in a way and at a time that suits them.
- 8.7 One opportunity afforded by online platforms was the ability to bring more people together more easily. The fact that sessions are not necessarily limited by room sizes means that broadcast-style content could be offered widely to a significant number of staff at one time.
- 8.8 *Lunch and learn* sessions have proved a frequent and effective way to engage staff in an informal learning environment. External speakers have been used to deliver content around Black History month. and around maternity and the workplace. These sessions have averaged around 30 attendees, and the maternity discussions led to our participation in the #IamRemarkable initiative, encouraging women and other underrepresented groups to celebrate their achievements in the workplace and beyond.
- 8.9 Manager huddles have become an established part of our engagement with leaders. Bringing our leadership cohort together to share good practice has resulted in some success stories where groups have become autonomous and have continued to meet to coach each other around challenges they are facing.
- 8.10 We have continued to utilise Facet 5 as a tool to support personal development and team cohesion. It has increasingly become a tool that has helped people identify their development drivers during lockdown. By enabling people to better understand what motivates them and where their strengths lie, managers and OD staff have been able to tailor development conversations so people can focus their thinking and maximise any free time they have by undertaking self-guided learning.

9. Priorities for 2021

- 9.1 The focus for 2021 is how we work as lockdown restrictions ease. Starting in December 2020 and continuing in Q1, 2021, Senior People Partners and People Partners held individual discussion with 24 Heads of Departments to review working flexibly within their teams.
- 9.2 The discussions focused on 3 main areas. (1) Impact of lockdown and working flexibly within their teams (2) location of working and use of the offices/homeworking (3) Different types of working flexibility options. The findings were presented to EMT to help inform their thinking on new ways of working.

- 9.3 Ensuring our operating policies are fit for purpose and reflect current best practice and employment legislation.
- 9.4 The following projects within the CCP link to new ways of working in the following ways:
- Building Leadership – this project will define what we want from our leaders at the GDC, and then support our managers to build/enhance the skills, knowledge and behaviours to deliver this vision.
 - People system – when implemented, the system will enable the team to have real time information about the workforce so it can be analysed to help provide insights for future workforce planning.
 - Rewarding Contribution – the current pay structure lacks the flexibility the GDC needs to be an agile organisation, this project will enable us to address this issue, together with looking at it in the context of new ways of working and the impact this may have on terms and conditions of employment.
 - Culture of operating effectively in a digital age – this project will help evolve our work and work environment to ensure as we use more/different technology, we continue to put our people and wellbeing first, enabling us to best deliver our purpose and live our values in a digital age.
 - Effective Associates – the impact of any changes to the way in which we work will need to be reviewed through the lens of an Associate to continue to ensure this large proportion of our workforce who deliver significant proportion of the GDC’s regulatory work are being managed effectively and efficiently. New ways of working could bring financial efficiencies should more remote activities take place.
 - Policies and Working Practice Changes due to Covid-19 - develop guidance for managers with regards to policies and practices.

10. Legal, policy and national considerations

- 10.1 Work within the people services and OD teams is affected by employment legislation. The team works closely with members of the In-House Legal Advisory team, Information Governance team and external specialist legal advisers, seeking advice and guidance where required.

11. Equality, diversity and privacy considerations

- 11.1 EDI is an integral to the work of the People and Organisational Development Directorate and explicit impact is considered at all stages of work.
- 11.2 Objective 3 of the EDI Strategy commits to ‘Embed an inclusive workplace culture at all levels in the GDC where all staff feel valued, welcome, integrated and included’. Much of the work underway in the Directorate – and that planned for 2021 – will help to deliver this objective. Work to improve the people data available to the team will help to demonstrate the impact of work around EDI, and planned work around leadership will help to embed the knowledge and practices required to build and lead inclusive teams.

12. Development, consultation and decision trail

- 12.1 The Finance and Performance Committee received this report at its May 2021 meeting.

13. Next steps and communications

- 13.1 This paper will be presented to Council in June 2021.

Appendices

- 2020 GDC Staff composition for Age, Sexual Orientation and Religion

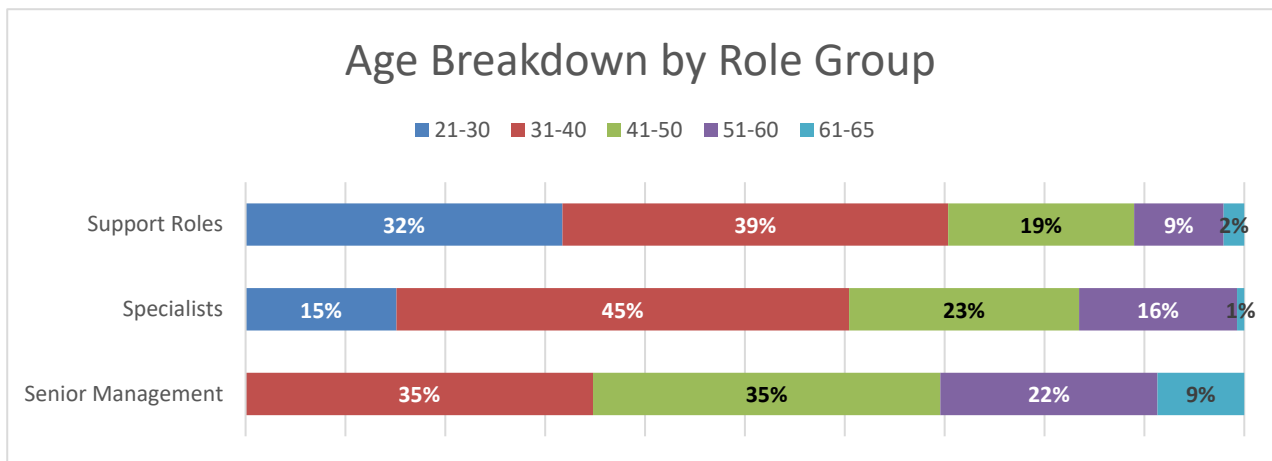
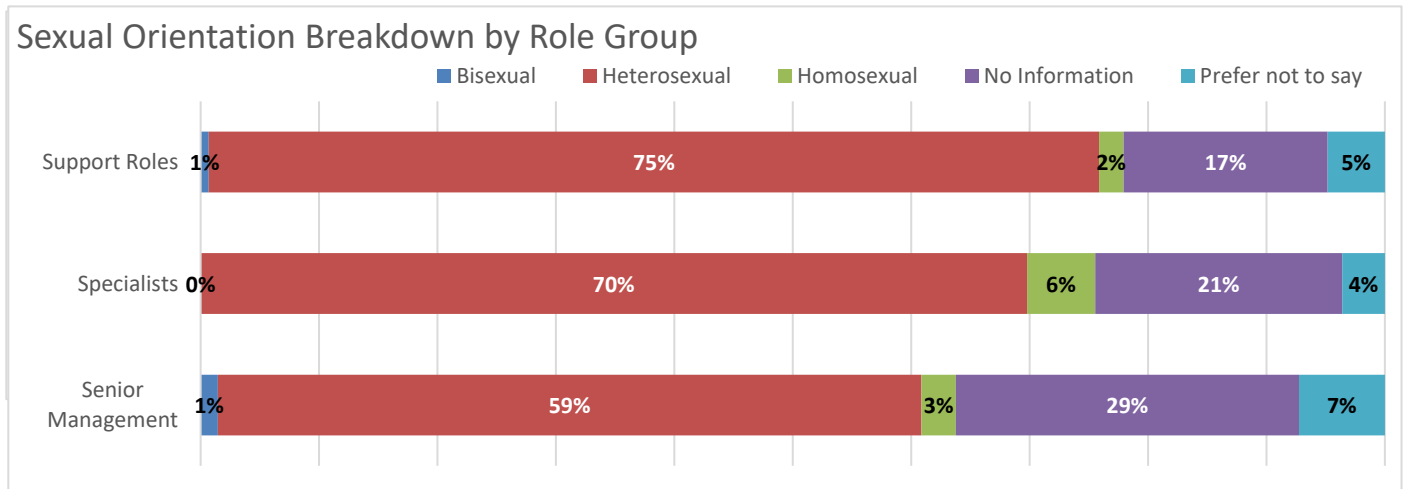
Lucy Chatwin, Head of People Services

lchatwin@gdc-uk.org

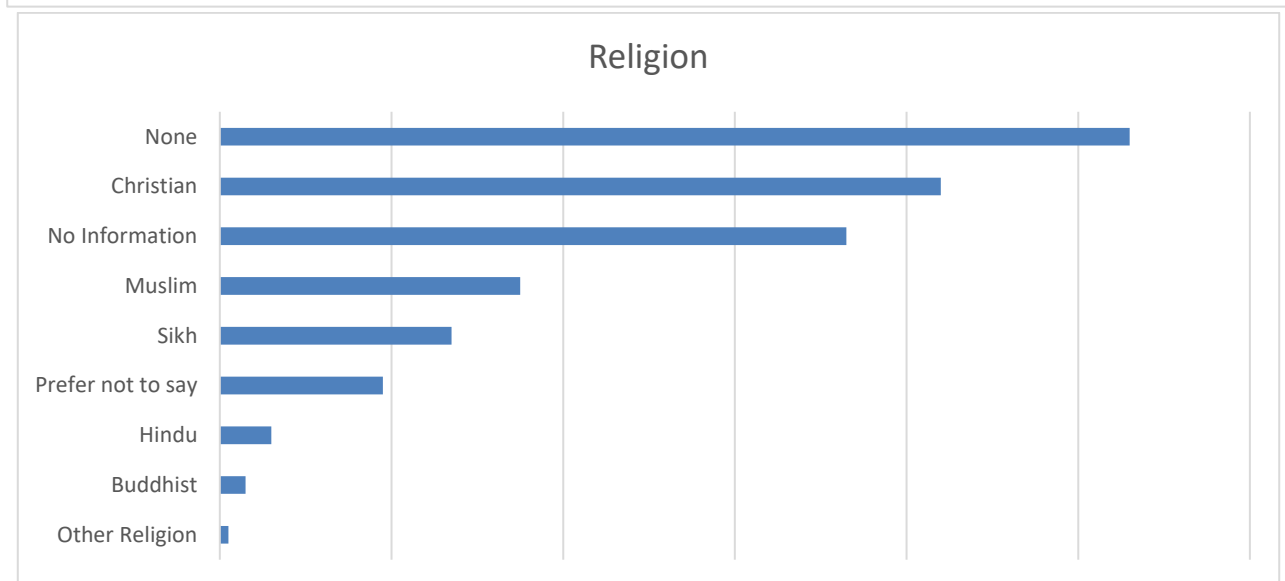
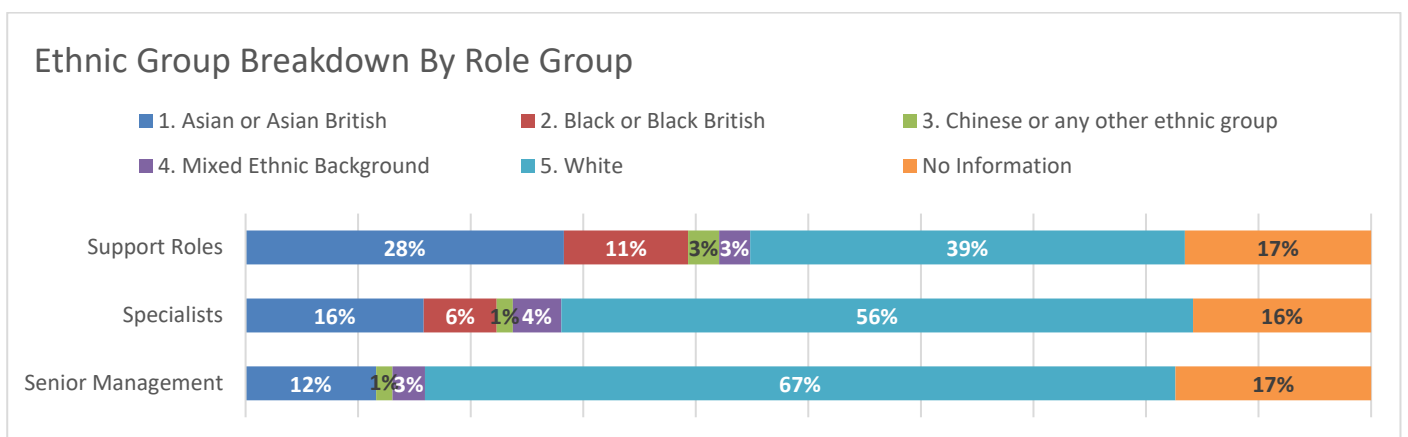
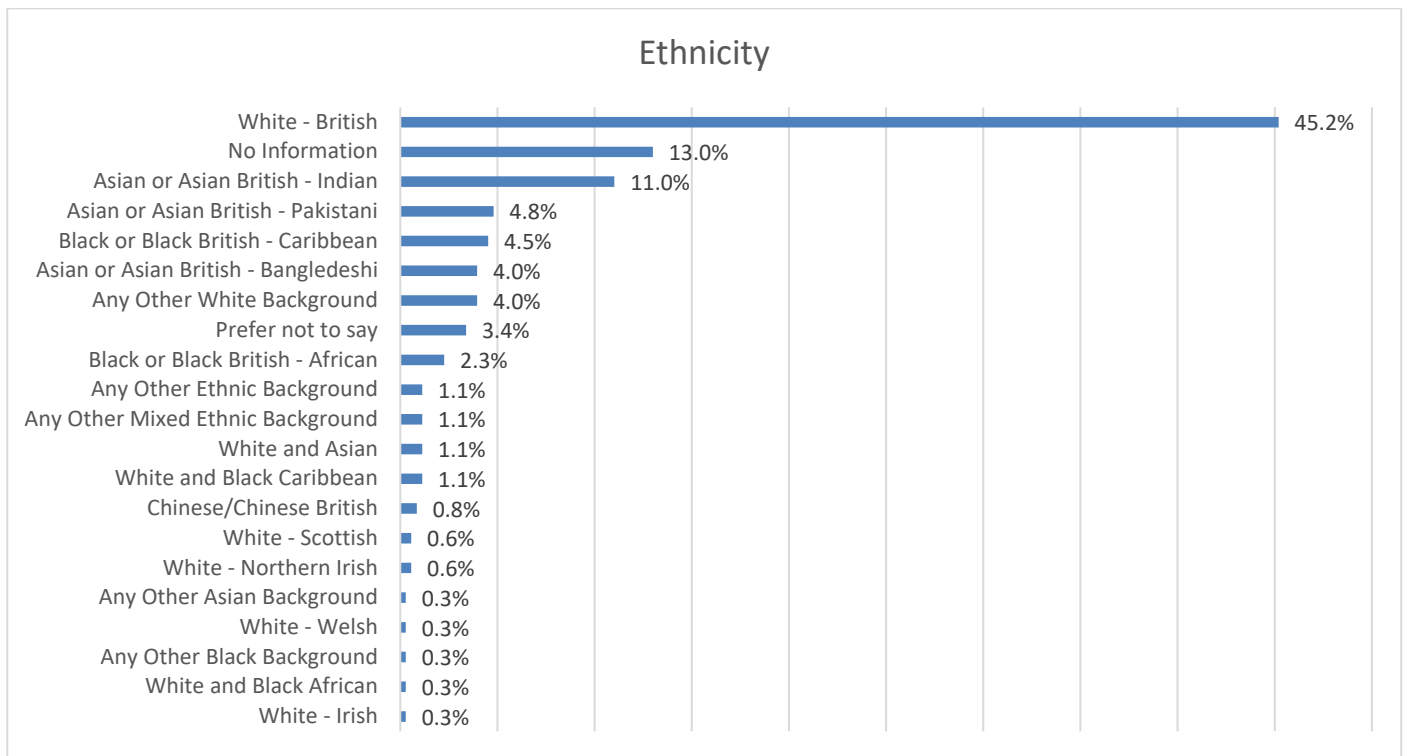
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09 June 2021

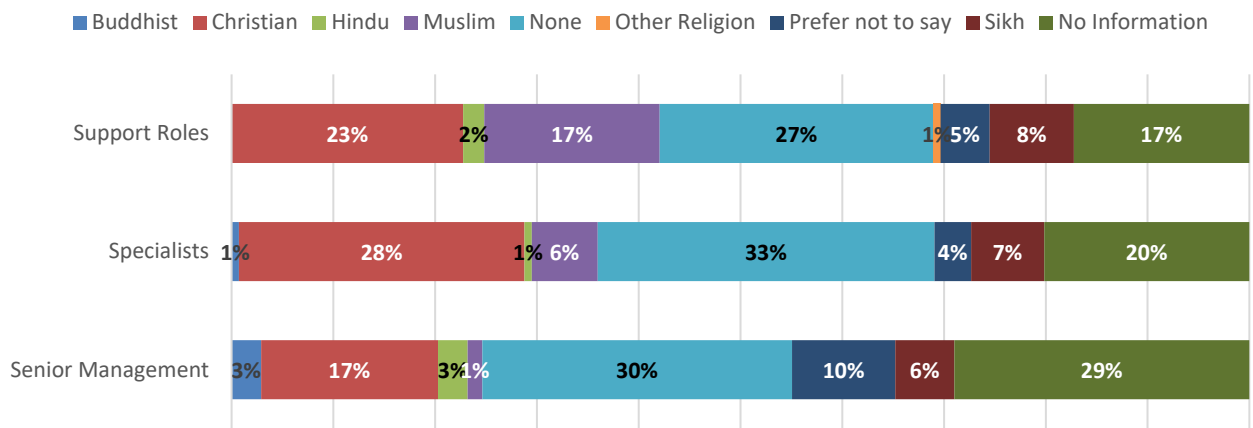
2020 GDC Staff composition for Age, Sexual Orientation, Ethnicity and Religion²



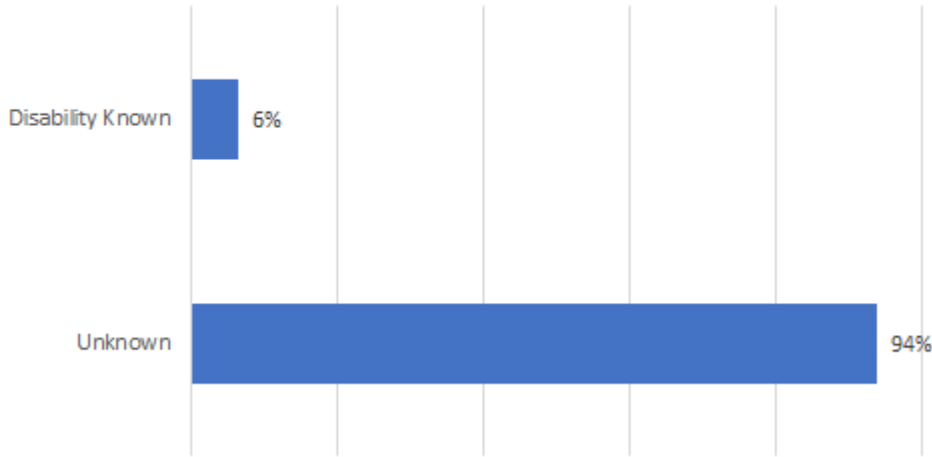
² For reporting purposes Support Roles are roles Grade 47 and below, Specialists Grade 48-53, and Senior Management Grade 54 and above.



Religion Breakdown by Role Group



Disability



Chair, Council Member and Chief Executive Appraisal Process 2021

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lucy Chatwin, Head of People Services
Type of business	For decision
Purpose	This paper sets out the proposed appraisal processes for the Chair of Council, Council Members and the Chief Executive
Issue	To provide the Council with the 2021 appraisal process
Recommendation	The Council is asked to approve the appraisal approach for 2021

1. Introduction

- 1.1 The appraisal process for Council members was approved by Council in September 2020 and the process for the Chair and Chief Executive was approved by Council in December 2020. Both processes were scrutinised by the Remuneration and Nomination Committee in July and September 2020, respectively. The objective setting process for the Chair and Chief Executive was approved by Council in March 2021 and was scrutinised by the Remuneration and Nomination Committee in February 2021.
- 1.2 As the Chair is demitting office in September 2021, it is proposed that a light touch review of the appraisal processes is undertaken for 2021 given that there were no substantial concerns raised from the Remuneration and Nomination Committee or Council. However, the Remuneration and Nomination Committee provided feedback in February 2021, requesting that any future process is designed to ensure the objectives for the Chair and Chief Executive are fully aligned to the strategy and can be cascaded to the entire organisation.
- 1.3 The Remuneration and Nomination Committee scrutinised the contents of this paper at its meeting in May 2021 and wish to recommend the details set out for approval by Council.
- 1.4 It is expected that when the new Chair is fully onboarded, feedback will be obtained from them on the appraisal process with a view to a full review taking place for the 2022 appraisal cycle. The feedback from the Remuneration and Nomination Committee will be taken into consideration when the new process is designed.

2. The Process

- 2.1 The table below highlights the current appraisal processes and the proposed changes for 2021:

	Current Process	Proposed changes to process for 2021
Council Member	<ul style="list-style-type: none"> • Self-Reflection: <ul style="list-style-type: none"> ○ Completion of form 	No changes to process, however it is proposed the Chair will:

	Current Process	Proposed changes to process for 2021
	<ul style="list-style-type: none"> • Feedback from others¹: <u>For Committee Chairs</u> <ul style="list-style-type: none"> ○ Chief Executive ○ Lead Executive Director for the Committee to which they are attached <u>For Council Members</u> <ul style="list-style-type: none"> ○ Chair of one Committee upon which they sit – as decided by the Lead Executive Director for the Committee ○ Lead Executive Director for the Committee to which they are attached • Appraisal conversation: <ul style="list-style-type: none"> ○ Held with Chair 	<ul style="list-style-type: none"> • Meet with the new Chair and provide an effective handover which will include relevant information from appraisal conversations such as contributions, development, aspirations. • Oversee and liaise with the Governance team to develop an effective development programme for Council. <p>It is proposed the new Chair will:</p> <ul style="list-style-type: none"> • Undertake a thorough induction, which includes meeting with each Council member
Chair	<ul style="list-style-type: none"> • Self-Reflection: <ul style="list-style-type: none"> ○ Completion of form • Feedback from others²: <ul style="list-style-type: none"> ○ Committee Chairs ○ Chief Executive ○ EMT • Appraisal conversation: <ul style="list-style-type: none"> ○ Held with Senior Independent Council Member (SICM) • Objectives: <ul style="list-style-type: none"> ○ Review of 2021 ○ Setting for 2022 	<p>It is proposed that the process is streamlined reducing the requirement for feedback and the completion of the self-reflection form.</p> <p>It is proposed the Chair will:</p> <ul style="list-style-type: none"> • meet with the SICM to discuss their achievements and progression of the 2021 objectives before demitting office. <p>The objective setting process for the new Chair is included on the Remuneration and Nomination Committee's forward workplan for November 2021.</p>
Chief Executive	<ul style="list-style-type: none"> • Self-Reflection: <ul style="list-style-type: none"> ○ Completion of form • Feedback from others³: <ul style="list-style-type: none"> ○ Committee Chairs ○ EMT • Appraisal conversation: <ul style="list-style-type: none"> ○ Held with Chair • Objectives: 	<ul style="list-style-type: none"> • Remove the self-reflection form: <ul style="list-style-type: none"> ○ This was new for the process in 2021 and this addition has proved to add little value and be more cumbersome to administer. To streamline the process, self-reflection should form part of the appraisal meeting to add value and quality to the conversation.

¹ Council members are encouraged to have informal conversations with one another to provide peer feedback. The Chief Executive can raise issues to the Chair of Council regarding Council members but will not normally provide individual feedback.

² Council members that are not Committee Chairs have the option of providing feedback to the SICM via the Governance team.

³ Council members that are not Committee Chairs have the option of providing feedback to the Chair via the Governance team.

	Current Process	Proposed changes to process for 2021
	<ul style="list-style-type: none"> ○ Review of 2021 ○ Setting for 2022 	<p>It is proposed the Chief Executive will:</p> <ul style="list-style-type: none"> • meet with the current Chair prior to them demitting office to discuss their progression towards objectives so assurance can be given to the new Chair during handover.

2.2 The appraisal process for the Independent Member of the Remuneration and Nomination Committee and Statutory Panellists Assurance Committee (SPC) members will remain unchanged this year as it is based on the Council Member's process. The new Independent Member of the Audit and Risk Committee is due to take office in the summer 2021 and therefore will not be appraised until 2022.

2.3 Appraisal conversations for Independent Members take place with the Chair of the relevant Committee of which they are a member. The Chair of Council will conduct the appraisal of the Chair of the SPC.

3. Reappointments

3.1 There are three Council members due to be reappointed in 2021. These appointments seek the assurance of the PSA who have published guidance on the process entitled the "*Good practice in making council appointments.*" This guidance states that Council Members' performance must be satisfactory, and their skills and experience must continue to meet the Council's needs. An effective appraisal is one way of demonstrating evidence of the requirements as outlined in the guidance. The appraisals for these members were conducted in 2020, prior to the Council recommending their reappointment to the Privy Council in December 2020.

3.2 One Council Member's first term ends in September 2022. As all the Council Members will be appraised prior to the Chair demitting office, this will allow for an effective appraisal to be used to inform the Council's decision on any prospective reappointment.

4. Legal, policy and national considerations

4.1 Not applicable.

5. Equality, diversity and privacy considerations

5.1 The appraisal processes have not significantly changed and do not negatively impact on people with particular protected characteristics. Paperwork can be made available in a larger or different format should this be required.

5.2 Council Members, the Chair and Chief Executive are asked to comment on how they have shown a commitment to equality, diversity and inclusion. It is envisaged that this will form an integral part of the appraisal conversation.

6. Risk considerations

6.1 Not applicable.

7. Resource considerations and CCP

7.1 Not applicable.

8. Monitoring and review

- 8.1 Progression on the development of the appraisal processes for 2022 will be monitored by the Remuneration and Nomination Committee who will scrutinise the process before it is presented to Council for approval.

9. Development, consultation and decision trail

- 9.1 The Remuneration and Nomination Committee discussed the proposed approach for 2021 and it was recommended for approval by the Council.
- 9.2 The Executive Director, Organisational Development has consulted with the Chair of Remuneration and Nomination Committee and the Chief Executive who both agree that a full review of the processes should happen when the new Chair has been onboarded.
- 9.3 The Senior Independent Council Member who is responsible for appraising the Chair of Council has been consulted and agrees with approach as set out in this paper.

10. Next steps and communications

- 10.1 The Governance team will manage the appraisal process and will organise suitable times for the appraisal conversations to take place.

Appendices

None

Lucy Chatwin, Head of People Services

lchatwin@gdc-uk.org

Tel: 0121 752 0095

24 May 2021

Public affairs, policy and media update – June 2021

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Nyree Connell, Policy Manager Toby Ganley, Head of Right Touch Regulation Katherine McGirr, Policy Manager Tom Chappell, Media Manager Lisa Bainbridge, Stakeholder Engagement Manager
Type of business	To note.
For Council only	-
Issue	This paper provides Council with an analysis of public affairs, public policy and media developments, providing an external context to support discussions and decision-making by Council.
Recommendation	To note.

Contents

This report included the following sections:

1. [Policy developments in healthcare](#)
2. [Policy developments in dentistry](#)
3. [Developments in professional regulation](#)
4. [Summary of media issues and coverage](#)
5. [Public affairs and parliamentary updates](#)

1. Policy developments in healthcare

The Health and Care Bill was announced

- 1.1. The Department for Health and Social Care (DHSC) published its White Paper, [Integration and Innovation: working together to improve health and social care for all](#), setting out the Government's proposals for reform of the health and care sector. The Government plans to present a Bill to give effect to these proposals at the start of the 2021–22 parliamentary session. Should the Bill receive Royal Assent, implementation of the reforms will begin in 2022.
- 1.2. As described in the Queen's Speech [background paper](#), the purpose of the Bill is to:
 - Lay the foundations for a more integrated, efficient and accountable health and care system - one which allows staff to get on with their jobs and provide the best possible treatment and care for their patients.
 - Give the NHS and local authorities the tools they need to level up health and care outcomes across the country, enabling healthier, longer and more independent lives.

[Back to contents](#)

2. Policy developments in dentistry

Direct-to-consumer orthodontic treatment

- 2.1. In May, the GDC published its policy position [Statement on 'direct-to-consumer' orthodontic treatment along](#) with supporting information for both [dental professionals](#) and [the public](#).

Diversity in Dentistry Action Group report

- 2.2. The Diversity in Dentistry Action Group (DDAG) was set up by the Office of the Chief Dental Officer (OCDO) in England to promote a collaborative approach to shape a dental profession which respects, values and lives by the principles of equality, diversity and inclusion. Whilst set up by the OCDO in England, it aims to share learning and good practice across the UK. The GDC is a member of the DDAG stakeholder group.
- 2.3. DDAG's report, [Equality, diversity and inclusion within dentistry - a profession-wide commitment](#), published on 14 May, sets out the group's aims, plans, recommendations and over 20 suggested actions. The publication represents a joint commitment by the stakeholder organisations to the key principles for change under which the suggested actions are grouped:
 - Working together to address inequalities and increase diversity in dentistry.
 - Ongoing improvement through constant enquiry, investigation and learning.
 - Creating a positive open learning culture across the profession and organisations which develops understanding and supports people to embrace diversity and inclusion.
 - Exploring and developing opportunities for representation and inclusion.
 - Actively committing to addressing racism and discrimination.

- Organisational commitment to change at all levels.
- Embracing workforce diversity.

2.4. The Executive Director, Strategy gave a presentation to a DDAG meeting on 26 May on zero tolerance in dental regulation.

Online event promoting disability awareness in dentistry

2.5. In March, the Faculty of General Dental Practice UK/College of General Dentistry hosted an online event with ProDental CPD to promote [disability awareness in dentistry](#). The webinar addressed issues faced by patients, parents, carers and their families. The Faculty and the College of General Dentistry also highlighted the challenges faced by colleagues with learning difficulties.

[Back to contents](#)

3. Developments in professional regulation

PSA publications on regulatory reform

3.1. The Professional Standards Authority (PSA) has published a [number of responses](#) providing its reactions to the regulatory reform proposals out for consultation from the DHSC. The latest, [Three things to get right for public protection](#), was published in May.

3.2. The PSA has been focused on three main areas:

- extending its powers to appeal decisions to include the proposed accepted outcomes at the Case Examiner stage
- retaining health as separate grounds for action, and
- securing a power to check how regulators have made any rules.

CQC launches its new five-year strategy

3.3. Having completed its consultation exercise, the [Care Quality Commission \(CQC\) has launched a new five-year strategy](#). The GDC provided views through participation in a number of CQC stakeholder engagement events and workshops.

3.4. There are four themes in the strategy:

- People and communities: focused on people's experiences of and expectations from health and care services. This includes when people and communities access, use, and move between services.
- Smarter regulation: This is about being flexible and dynamic. Using data better will enable more targeted visits. They also plan to update ratings more often, presenting a more up-to-date view of quality.
- Safety through learning: They want to make learning and improvement central to responding to safety concerns. They plan to take action when lessons aren't learned in ways that improve safety.
- Accelerating improvement: They plan to be more targeted on areas that need the most support, concerning themselves with improvement in individual services as well as how the system works together.

3.5. There are two core ambitions that run through each of these themes:

- Assessing local systems: Providing independent assurance to the public of the quality of care in their area.
- Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services.

GMC set new targets to eliminate disproportionate complaints and training inequalities

3.6. The General Medical Council (GMC) has found clear evidence of [disproportionality complaints and training inequalities, and has set targets](#) to be met by 2026 and 2031. Achieving these targets will involve working through others to make workplaces more inclusive, improving fitness to practise referral forms, helping stakeholders understand their thresholds, and insuring diversity is better reflecting in teaching and learning.

[Back to contents](#)

4. Summary of media issues and coverage

Introduction of pay by instalments ARF option

4.1. The GDC's introduction of a pay by instalments ARF option in March was widely welcomed and saw significant coverage in dental sector media, with stories in [Dental Nursing](#), [Dentistry](#), [Dental Review](#), and [The Probe](#). A number of professional associations released statements welcoming the new payment option ([British Association of Dental Nurses](#), [British Society of Dental Hygienists and Therapists](#), [BDA](#)).

Statement on direct-to-consumer orthodontics

4.2. The GDC published an updated statement on [direct-to-consumer orthodontics](#) in May, alongside supporting guidance for patients and dental professionals. The story featured in bulletins from Sky News and a number of radio stations. It also featured in [The Sun](#). There was significant dental sector media coverage including from [Dentistry](#), [The BDJ](#), [The Probe](#), [Dental Review](#), and [Dental Tribune](#). Dentistry also published [this endorsement](#) from Orthodontist Emma Laing.

4.3. A number of organisations released supporting statements including [British Orthodontic Society](#), [Oral Health Foundation](#) and orthodontic appliance manufactures [Align Technology](#) and [Henry Schein](#). [The BDA](#) took a different and somewhat confusing line. While welcoming the statement, it also called for 'meaningful regulation.' It has been pointed out that the statement and supporting information is designed to support dentists in correctly applying the Standards for the Dental Team.

GDC responds to publication of regulatory reform consultation

4.4. The [GDC's initial response to DHSC proposals](#) upon the release to the consultation [Regulating healthcare professionals, protecting the public](#) was published by [The Probe](#).

Undercover fitness to practise

4.5. Following the GDC's admission that it had acting unlawfully in appointing undercover investigators in a fitness to practise case when it did not have reasonable justification to do so, April saw dental sector media reports in [Dentistry](#), [The Dentist](#) and [Dental Review](#).

- 4.6. Providing further context on the issue, GDC Executive Director Fitness to Practise, John Cullinane [wrote a blog post](#) which was subsequently republished by [Dental Review](#), [The Probe](#), [Smile](#) and the [British Dental Nurses Journal](#).

Dental Complaints Service 2020 Review

- 4.7. The publication of the 2020 Dental Complaints Service Review saw coverage in [Dental Review](#) and [The Probe](#).

CPD reminder for dental care professionals

- 4.8. With the launch of the 2021 dental care professional annual renewal period, the GDC asked professionals to double-check they were meeting all CPD requirements. Coverage in [Dental Review](#), [The Dentist](#), [The Probe](#), [Dental Nursing](#), [British Dental Nurses Journal](#) and [Smile](#).

Fitness to practise and illegal practice

- 4.9. The following fitness to practise cases have featured in the media:

- The [Eastern Daily Press](#) and the [Norwich Evening News](#) reported on the hearing of dentist [Ana-Maria Teodorescu](#).
- The [Telegraph and Argus](#) reported on the hearing of [Dr Waqar Mohammed](#).
- The [Knutsford Guardian](#) and the [Warrington Guardian](#) reported on the hearing of dentist [Beatrice Luciola](#).

[Back to contents](#)

5. Public affairs and parliamentary update

BDA calls for literature review for relaxation of COVID-19 controls

- 5.1. The British Dental Association (BDA) has called on the four Chief Dental Officers to collectively commission the Scottish Dental Clinical Effectiveness Programme (SDCEP) to [develop a roadmap for safe relaxation of current COVID-19 restrictions](#) currently limiting access to dentistry across the UK.
- 5.2. The BDA has asked for a review of the evidence and wider conditions for a de-escalation of infection prevention controls, including relevance of aerosol generating procedures, PPE, and standard operating procedures. The BDA stresses the need to increase capacity to help with access issues, missed or delayed diagnosis of oral cancers and oral health inequalities.

BDA calls for action on oral health inequalities

- 5.3. The BDA has [called on](#) ministers to act on the latest report from Public Health England, [Inequalities in oral health in England](#), warning that without dedicated action from Government, inequalities will widen as a result of the pandemic. The report shows relative inequalities in the prevalence of tooth decay in five-year-old children in England increased from 2008 to 2019.

PHE publishes Wider Determinants of Health tool

- 5.4. Public Health England (PHE) published the [Wider Determinants of Health](#) online tool in May. It is an ongoing project that will be developed over time, and provides data and resources for consideration of the individual, social and environmental factors which influence the health of the population and impact on inequalities in health in the UK.

Mental Health Wellness in Dentistry Framework

- 5.5. The Dental Professional Alliance has launched a new [Mental Health Wellness in Dentistry Framework](#), with [active support from the GDC](#), which provides practical guidance to dental teams on how to:

- start a conversation about mental health
- recognise the signs and symptoms of mental health problems
- select appropriate workplace training, and
- effective signposting.

Healthwatch England on access to dentistry

- 5.6. New data from [Healthwatch England](#) indicates four in five people (80%) have struggled to access timely care during the last COVID-19 lockdown, alongside a recorded 22% rise in calls and complaints about dentistry between January and March 2021.
- 5.7. The review also found a lack of consistency across the country when it comes to accessing a dental appointment. It was reported some were asked to wait up to three years for an NHS appointment, while others able to afford private care said they secured an appointment within a week.

Which? warning on online teeth whitening products

- 5.8. Which? issued a statement on 25 May warning consumers that a teeth-whitening trend driven by social media users could be leading people to buying [products from online marketplaces with illegal levels of hydrogen peroxide](#), which can burn gums and cause permanent damage to teeth.

PSA statement on sexual misconduct cases

- 5.9. The PSA has released a [statement on sexual misconduct disciplinary cases](#) in health and social care following the murder of Sarah Everard. It notes ‘in two recent cases, the courts agreed with us that panels’ decisions were not sufficient to protect the public and, in one of them, erased the registrant.’
- 5.10. The PSA will, this year, increase its focus on this topic and consider how regulators train their staff and panels to recognise and respond to sexual misconduct; and how education about sexual conduct is incorporated into the education and training of health professionals.

Dental Defence Union analysis of casework during lockdown

- 5.11. The Dental Defence Union has [published](#) a breakdown of over 500 cases in which they have supported dental professionals between the start of lockdown in March to the end of 2020.

5.12. In the majority of cases, members wanted advice on an aspect of patient care in order to pre-empt potential problems, just 9% of cases were about complaints. The top five reasons for complaints were: treatment availability, dissatisfaction with treatment, fees and refund requests, communication issues, and COVID19 infection control measures.

Botulinum Toxin and Cosmetic Fillers (Children) Act

5.13. The [Botulinum Toxin and Cosmetic Fillers \(Children\) Act](#) was given Royal Assent in April making it an offence to administer botulinum toxin or a subcutaneous, submucous or intradermal injection of a filler for a cosmetic purpose to those under the age of 18.

Queen's Speech for the 2021/22 session

5.14. HM the Queen set out her Government's legislative programme in [the Queen's Speech 2021](#) at the State Opening of Parliament. The Speech included a professional qualifications bill and a health and care bill, to take forward [proposals contained in the recently published White Paper](#).

Professional Qualifications bill introduced to the House of Lords

5.15. The [Professional Qualifications Bill](#) was introduced to the House of Lords on 12 May. The bill has completed second reading and is now at committee stage.

Workforce burnout and resilience in the NHS and social care

5.16. The Health and Social Care Committee (House of Commons) has issued its second report of the session on [Workforce burnout and resilience in the NHS and social care](#).

New Health Minister appointed in Wales

5.17. [Eluned Morgan MS](#), the former Deputy Minister for International Relations and the Welsh Language has been appointed as the new Health Minister in the Welsh Government. She is a former MEP and has sat in the [House of Lords as Baroness Morgan of Ely](#) since 2011. Eluned Morgan MS takes over the health role from Vaughan Gething MS, who held the Health Minister post for the last five years.

Chief Dental Officer for Wales announces retirement

5.18. Dr Colette Bridgman, Chief Dental Officer for Wales has announced her retirement after five years in the role. She retires in July and an announcement on her replacement is expected shortly.

Scottish Parliament elections

5.19. Following the 6 May 2021 Scottish Parliament [elections](#), the SNP was returned as the single party of government, with 64 MSPs of the 129 elected, one seat short of an overall majority. The Conservatives (31 MSPs) were second and Labour (22 MSPs) came third. The Green Party returned eight MSPs and the Lib Dems four.

5.20. Following her re-election as First Minister, Nicola Sturgeon MSP outlined her government's [priorities](#). Included in the parliamentary statement was a commitment to: '...prepare legislation to remove dental charges for care leavers – as the first step towards abolishing dental charges altogether.' Ms Sturgeon also said that: 'The election result delivered a substantial majority in this Parliament for an independence referendum

within the current term;’ and the FM announced that structured talks, supported by the civil service, are taking place between the Scottish Government and the Scottish Green Party with a view to possibly reaching a formal Cooperation Agreement.

- 5.21. The First Minister has completed a sizeable re-shuffle of [Cabinet and Ministers](#). Of note is the appointment of Humza Yousaf MSP as cabinet secretary for health and social care, alongside Maree Todd MSP as minister for public health. Shirley-Anne Somerville MSP has been appointed cabinet secretary for education and skills, with Jamie Hepburn MSP as minister for higher and further education.

Northern Ireland Health and Social Care Bill

- 5.22. The Northern Ireland [Committee for Health](#) received a number of briefings on the Health and Social Care Bill on 27 May. Contributors included the Northern Ireland Government Association (NILGA), local commissioning groups and professional organisations including the BDA.
- 5.23. The Bill, which was first brought to the Assembly on 8 March 2021, aims to dissolve the Regional Health and Social Care Board and transfer its functions to the Department of Health and Health and Social Care Trusts to ensure that health services are better connected. The Bill presents an opportunity to review how dentistry and oral health is administered and will have direct implications for dentists and oral health in Northern Ireland.
- 5.24. Topics for discussions in the session included the lack of consultation on proposed changes, lack of clarity on the proposed administrative structures, and tackling growing oral health inequalities. The planned dissolution date of the Regional Health and Social Care Boards is scheduled for March 2022.

Northern Ireland consultation on duty of candour

- 5.25. The Northern Ireland Department of Health is currently consulting policy proposals on being open and a Duty of Candour. The consultation opened on 12 April and is due to close on 2 August. The Department is specifically seeking views on:
- Policy options for the statutory organisational Duty of Candour.
 - Policy options for the statutory individual Duty of Candour.
 - The policy framework for Being Open guidance.

MPs debate oral healthcare in England

- 5.26. On 25 May a Westminster Hall, House of Commons, debate was held on [Oral Health and Dentistry](#) in England. The debate covered a wide range of issues including contract reform, access and inequalities, water fluoridisation, the challenges facing dental professionals, and workforce pressures.
- 5.27. Reference to issues relating to recognition of overseas qualifications was made by Peter Aldous MP, who stated: ‘... EU-trained dentists should be recognised. Their role is vital, and there must be continued access to NHS dentistry for EU-trained professionals, thereby preventing further shortfalls from arising.’
- 5.28. The Government response was provided by Jo Churchill MP, Parliamentary Under Secretary of State (Minister for Prevention, Public Health and Primary Care) who

acknowledged the recent Healthwatch report and noted that the government was working with the GDC on international registration.

[Back to contents](#)

Lisa Bainbridge, Stakeholder Engagement Manager

lbainbridge@gdc-uk.org

Tel: 020 7167 6384

9 June 2021

Stakeholder engagement report – June 2021

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Daniel Knight, Stakeholder Engagement Manager Lisa Bainbridge, Stakeholder Engagement Manager Gordon Matheson, Head of Scottish Affairs Leighton Vale, Head of Welsh Affairs Kristen Bottrell, Interim Policy Manager Serena Monaco, Stakeholder Engagement Officer
Type of business	To note.
For Council only	Not applicable.
Issue	This paper provides Council with a summary of stakeholder engagement activities 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. [Summary of engagement in numbers](#)
2. [Summary of UK-wide engagement](#)
3. [Professions-wide complaints handling initiative](#)
4. [Summary of engagement in Scotland](#)
5. [Summary of engagement in Wales](#)
6. [Summary of engagement in Northern Ireland](#)
7. [Summary of engagement in England](#)
8. [Stakeholder appointments](#)

1. Summary of engagement in numbers

- 1.1. Between 18 March 2021 and 10 June 2021, we attended or hosted a total of 93 online meetings and events. Of these:
 - 8 were events led by the GDC
 - 17 were regularly scheduled meetings with key stakeholders, and
 - 68 were meetings and events that we attended, or presented at, which were arranged by an external organisation.

[Back to contents](#)

2. Summary of UK-wide engagement

Regulatory reform

- 2.1. We hosted a series of stakeholder engagement meetings to review the consultation proposals from the Department of Health and Social Care (DHSC), set out in [Regulating healthcare professionals, protecting the public](#). The Executive Director, Strategy, attended all group sessions.
- 2.2. From 10 to 14 May there were four stakeholder engagement events hosted by the GDC on regulatory reform. There were 103 attendees over the four sessions, and around 70 stakeholder organisations represented. Further, there were individual meetings with Dental Protection in April and Bupa and Healthwatch England in May.
- 2.3. The Head of Public Policy provided attendees with a summary of the main proposals put forward by DHSC in the consultation and invited them to provide their reflections and observations, as well as anything that the GDC might consider in formulating our response. There were a considerable number of questions posed for which further details from government are required, and important points raised about proposals for health concerns and how annotated registers would be used.

Dental Professional Forum

- 2.4. An online meeting of the Dental Professional Forum was held on 27 April, with 32 attendees from professional organisations, defence unions, education providers and dental corporates.
- 2.5. Presentations included an update on the quality assurance of dental education and training/graduation of students in 2021, the launch of Supporting the dental team: a guide for managers and employers, an update on the results from our professionalism research and a summary of key issues concerning regulatory reform.

COVID-19 response

- 2.6. Monthly meetings of the Cross Nation Stakeholder Group on Education continued through the reporting period, facilitated by GDC and bringing together representatives of education providers, postgraduate trainers and the four nations.

Scope of practice workshops

- 2.7. As part of the next phase of the [Scope of Practice \(SoP\) review](#), we are holding a series of online workshops throughout June with dental professionals and stakeholder organisations to help develop the content of revised SoP guidance.
- 2.8. We are dedicating a workshop to each of the dental professions to explore their respective scope of practice and gain feedback on what the content of the revised guidance should look like, including what the parameters of their scope of practice should be, and what specific matters should or shouldn't be included in the guidance.
- 2.9. Further workshops are being organised to take place over the Summer to seek the views of defence unions and patient-facing stakeholder organisations. Following the workshops, we will develop the revised Scope of Practice guidance which we will share through a full public consultation towards the end of 2021 before finalising and publishing.

[Back to contents](#)

3. Professions-wide complaints handling initiative

- 3.1. The Professions-wide complaints handling initiative brings together organisations from across the dental sector to discuss and support best practice in local resolution of complaints, helping professionals and patients to get the most from feedback and complaints.
- 3.2. The group is convened as a forum for members to bring items of note. Recent discussions have focused on work being done by stakeholders on complaints handling. The group is unique in healthcare professional regulation and presents an opportunity to gain a wide range of perspectives from experts in complaints handling.
- 3.3. The first meeting of the group for 2021 was held in April. The Dental Complaints Service (DCS) Head of Operations presented the DCS Annual report, followed by a discussion on the impact of COVID on complaints, facilitated by Nockolds resolution, who run the Optical Consumer Complaints Service/Veterinary Client Mediation Service. The Parliamentary Health Services Ombudsman also provided an update on their Complaints Standards Framework.
- 3.4. The group will meet again in July.

4. Summary of engagement in Scotland

- 4.1. Engagement activity in Scotland continues to deepen and extend. In this past quarter, the Head of Scottish Affairs met with: CDO Tom Ferris; Dr David Felix, NES; Paul Cushley, NHS NSS; the full Board for Academic Dentistry and the BfAd COVID-19 working group; Jason Birch, Head of the Scottish Government's Regulatory Unit; Scotland Heads/Directors of GMC, NMC and GPhC; Healthcare Improvement Scotland; the Director and policy team at BDA in Scotland; Prof Philip Preshaw, the newly appointed dental Dean at Dundee; the Royal College of Surgeons of Edinburgh; Jimmy

Boyle, Vocational Training National Lead; and Alex Bowerman and Shaun Howe, officials in the CDO's office.

4.2. Principal issues discussed included:

- Scotland's perspective on regulatory reform
- remobilisation of services and supply of PPE
- the development of an Emerging Concerns Protocol for Scotland
- the ongoing impact of the pandemic on dental education
- developing the DCP 'voice'
- shaping public/patient engagement within the context of the new model of dental care
- VT training during the current cohort's extended year.

4.3. During this reporting period, the recently developed and well-received series of online one-hour presentations in Scotland were further extended and included sessions for: health board directors of dentistry, dental practice advisors, NHS NSS dental advisors and reference team, and the University of the Highlands and Islands hygiene and therapy annual student conference. The subjects covered included: GDC's corporate strategy and CCP, our response to the pandemic, the implementation of Scotland's low level concerns protocol, education quality assurance, and regulatory reform.

4.4. A programme of themed presentations (to be finalised but likely to include professionalism, eCPD, fitness to practice and the learning outcomes review) are being planned for later in 2021 covering dental directors and advisors, and extending to Local Dental Committees across the country, and Vocational Trainees. All the stakeholder groups who have received a presentation recently have requested further sessions.

[Back to contents](#)

5. Summary of engagement in Wales

- 5.1. We continue to progress our stakeholder engagement in Wales. The Head of Welsh Affairs has recently met with the clinical leads for dentistry at several of Wales' health boards to discuss dental public health matters locally.
- 5.2. We have developed a strong relationship with the Chief Dental Officer for Wales whom we meet with monthly. With the announcement of her impending retirement, we will be looking to establish a similar relationship with her successor. The Head of Welsh Affairs also meets regularly with representatives of Public Health Wales and Health Education and Improvement Wales (HEIW). With the latter he has met with the Associate Dean for Dental Foundation Training and, with education matters high on the agenda, has scheduled monthly meetings with the Head of HEIW.
- 5.3. The GDCs statutory responsibilities around the Welsh language have been high on the agenda over the last six months and, with a new Government appointed in May, we expect legislation around the Welsh Language Standards for Healthcare Regulators to be forthcoming. We continue to monitor matters that may impact our work in this area.
- 5.4. Education and quality assurance continues to be a key issue and engagement with the Cardiff Dental School continues. Regular updates are received from the Head of the

School on numbers of BDS students likely to graduate this year and adjustments to the teaching process as a result of the pandemic.

- 5.5. We continue to engage directly with the profession in Wales through regular meetings with the Director of the BDA. Meetings are also planned with several LDCs.
- 5.6. Other key meetings include the Welsh Dental Committee on 15 June and the recently reconstituted 'Getting the Balance right in Wales' committee on 2 June.

[Back to contents](#)

6. Summary of engagement in Northern Ireland

- 6.1. The GDC have commenced quarterly meetings with Michael Donaldson, Chief Dental Officer for Northern Ireland, to share information and identify opportunities for collaboration. The first of these was held on 29 April, where discussions included mutual recognition of professional qualifications, the effects of COVID-19 on undergraduate and foundational/vocational training and regulatory reform.
- 6.2. A follow up to the meeting, including the Executive Director, Fitness to Practise, and Donncha O'Carolan, Regional Lead for General Dental Service, Department of Health (DoH) Northern Ireland, was held on 17 May to discuss the process for the management of underperformance cases. Different options were considered, including the potential for an MOU, but it was agreed that a less prescriptive process would be preferred, that allowed for informal, anonymised conversations to seek guidance before acting. It was agreed that information would be shared between the teams to clarify the best points of contact to discuss these cases.
- 6.3. Work on the development of a referral process for low-level concerns to the Health Service in Northern Ireland, similar to the arrangements in place in England, Wales and Scotland, has progressed with a follow up meeting taking place on 17 May to review and agree proposed amendments to the draft process. Key stakeholders in attendance included the Chief Dental Officer, Regional Lead for Hospital, Community and Public Health Dentistry, at Health and Social Care Northern Ireland, and representatives from General Dental and Ophthalmic Services, the Department of Health Northern Ireland and the BDA's Northern Ireland Director. Amendments were confirmed and next steps agreed, with the process planned to be launched later in the year.
- 6.4. During this period, we have also become a member of the Northern Ireland Joint Regulatory Forum, a group which is made up of representatives from the healthcare regulators based in Northern Ireland. In the meeting that took place on 14 May, discussions included collaboration at the NICON Conference in October, the potential for an Emerging Concerns Protocol in Northern Ireland and responses to the DoH consultation on policy proposals for a statutory duty of candour. As a result of this meeting, we were also invited to attend the Nursing and Midwifery Council's workshop on reflections from the pandemic on 3 June.

[Back to contents](#)

7. Summary of engagement in England

- 7.1. Policy leads from the Strategy Directorate met with Health Education England in March to discuss advanced practice and credentialling and in June on the Advancing Dental Care programme.
- 7.2. The Interim Head of Nations and Engagement attended a session in March with enthusiastic dental nurse students to talk about the role of the GDC and professionalism. All attendees agree that more of this type of engagement should and could take place, as more students and staff were now able to join this type of online meeting with ease.
- 7.3. Members of the Strategy Directorate have attended the second round of stakeholder engagement events with NHS Digital on the digital strategy for dentistry in April. The workshops focused on potential benefits and barriers to implementation. The development of the strategy continues but it is currently a programme without investment in need of government support.

[Back to contents](#)

8. Stakeholder appointments

- 8.1. Dr Anna Ireland has been appointed as the new National Lead for Dental Public Health at Public Health England.
- 8.2. The College of General Dentistry has [appointed two more Ambassadors](#), Dr Louise Belfield and Dr Marina Harris. More Ambassadors will be appointed in the coming months as the College moves towards its formal launch.

[Back to contents](#)

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Extension of the Chair’s Strategy Group

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Katie Spears, Head of Governance
Type of business	For decision
Issue	To seek approval from the Council of the continuation of the Chair's Strategy Working Group (CSG) for a three-month period from 24 June 2021 to 30 September 2021.
Recommendation	The Council is asked to approve the continuation of the Chair's Strategy Working Group and its terms of reference until 30 September 2021.

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 3 June 2020 and are appended to this paper (**Appendix 1**). The CSG has no decision-making powers or delegated authority. The continuation of the Group was extended by the Council in December 2020. The CSG considered whether the Group should continue at its meeting on 29 April 2021 and recommended that the Council be asked to extend the Group until the appointment of the new Chair, until 30 September 2021, whereafter the new Chair’s views could be sought as to whether the Group ought to continue to exist.
- 1.3 As the Group has been a useful forum for the Executive to seek feedback and input into early strategic initiatives, it is recommended that it continue beyond the appointment of the new Chair in October 2021, although it is recognised that the new Chair may wish to review the need for the Group, in conjunction with the Council and the Executive, in due course.
- 1.4 The CSG’s key purpose is to act as a hub of early strategic development of initiatives to further the organisation’s aims by:
 - Identifying strategic initiatives to reduce the GDC’s cost base.
 - Carrying out horizon scanning and stakeholder engagement
 - Acting as a catalyst for early policy initiatives.
- 1.5 The Group will 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 the Council.

- 1.6 Previous work undertaken by the CSG include proposals relation to the plans to separate investigation and adjudication, scrutiny of the plans to review the GDC Corporate Strategy, the impact of Covid-19 on education quality assurance and on the economics of the dental industry. The Group has also fed into the work being undertaken by the communications team around the perception of the public of the GDC as a regulator and is exploring methods of Alternative Dispute Resolution, alongside providing insight to inform the organisation's response to the regulatory reform agenda.
- 1.7 If approved, it is anticipated that the group will consider the following key areas over the next three months:
- Alternative Dispute Resolution around fitness to practise concerns.
 - Legislative reform.
 - Board Development and Senior Team implementation plans and
 - Acting as a ginger group for early policy development.
- 1.8 It is planned that the CSG will meet four times in 2021 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 three months, until 30 September 2021.

Appendices

- a. CSG – Terms of Reference

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

18 May 2021

Appendix 1

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 minimum 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. Quorum
 - 3.1 The quorum of the CSG shall be two Council members.¹
4. Changes to the Terms of Reference
 - 4.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council.
5. Co-opted members
 - 5.1 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.
6. Key purpose
 - 6.1 To act as a hub of early strategic development of initiatives to further the organisation's aims by:
 - Identifying strategic initiatives to reduce the GDC's cost base.
 - Carrying out horizon scanning and stakeholder engagement
 - Acting as a catalyst for early policy initiatives.
7. Delegated Powers
 - 7.1 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.
8. Functions and Duties
 - 8.1 To examine strategic opportunities that arise as a result of horizon scanning and stakeholder engagement and to generate and scrutinise policy initiatives to further the statutory purposes of the organisation.
 - 8.2 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.

¹ In line with the GDC Standing Orders and Resolution regarding the Non-Statutory Committees of the Council 2018, part 14 and r5.1 of the Resolution.

9. Reporting

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

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

10. Frequency of Meetings

10.1 As required.

10.2 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.

11. The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2018 apply to this working group as if it were a Committee of the Council.

Corporate Complaints Annual Report 2020

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Katie Spears, Head of Governance Polly Button, Governance Manager Tom Newman, Governance Team Administrator
Type of business	For noting
Purpose	The Council is asked to note the annual Corporate Complaints report. At its March 2021 meeting, the EMT Board approved the proposal that the annual report on Corporate Complaints is reported to EMT and ARC only. The ARC can, in turn, provide assurance to the Council in this area. This is to align with the approach taken to other Governance reporting, and the revised assurance framework put in place following the Deloitte review into Board effectiveness.
Issue	This is the annual report on Corporate Complaints received by the organisation, to identify any emerging trends or issues. The EMT Board approved the report in March 2021 and the ARC noted the report for presentation to the Council in April.
Recommendation	The Council is asked to: <ul style="list-style-type: none"> • Note the annual report on GDC Corporate Complaints from the period 1 January 2020- 31 December 2020. • Note the future reporting pathway for this report.

1. Key considerations

- 1.1. Corporate complaints to the GDC are handled in line with the complaints handling process set out in the policy on '*Enquiries, Corporate Complaints and Priority Correspondence*' which was approved by the SLT Board on 10 December 2019 and is administered by the Governance team.
- 1.2. Corporate complaints are defined within the policy as expressions of dis-satisfaction with the service provided by the GDC or by its employees. They will generally require investigation, review or an explanation. The GDC will, in the first instance, seek to resolve concerns locally and, where a complaint is about the service provided by the GDC, it will only be treated as a corporate complaint if the team managing the original process (which is

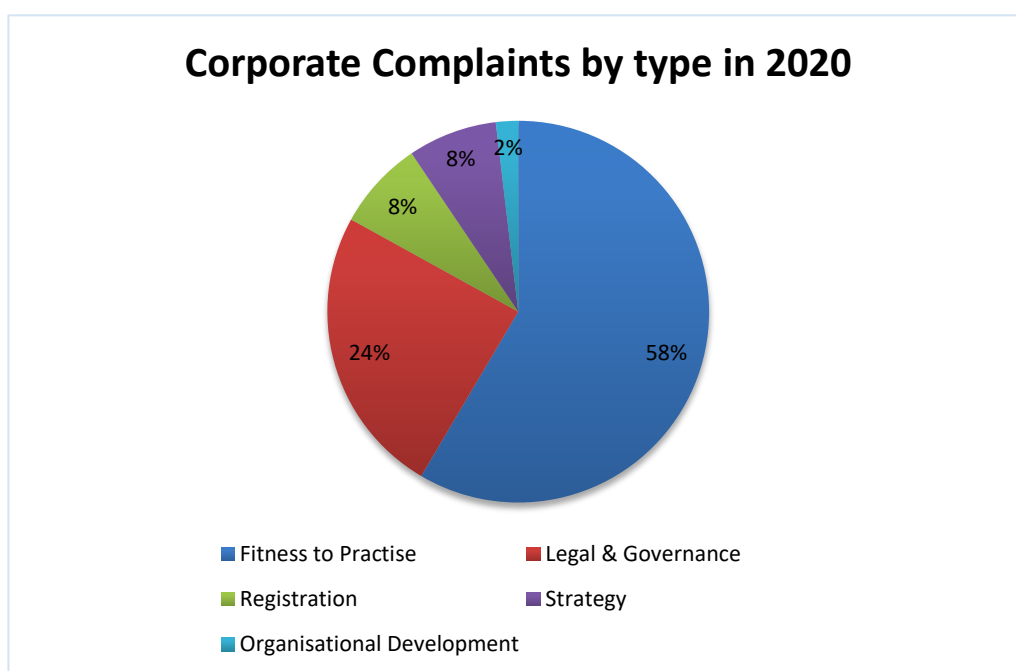
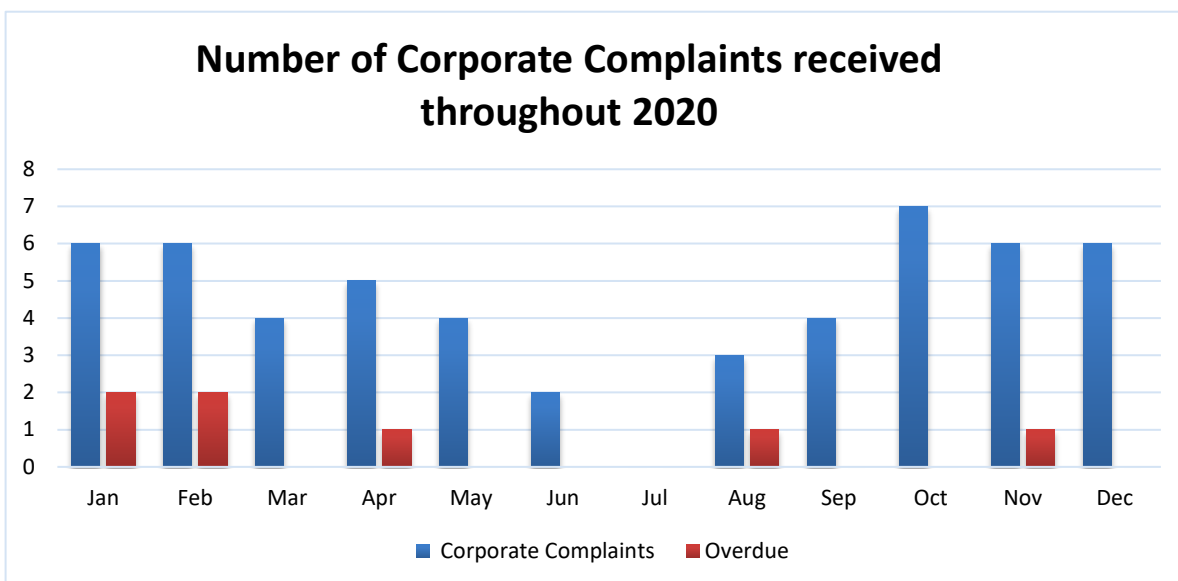
- the subject of the complaint) has responded to the concerns raised by the complainant and those concerns have been renewed.
- 1.3. The Professional Standards Authority (PSA) examine evidence as to how the GDC responds to corporate complaints as part of its more holistic assessment of Standard 4; '*The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.*' The timing of this report has been reviewed to align with the reporting cycle to the PSA, to avoid duplication of effort.
 - 1.4. As part of the review of the Terms of Reference of the Committees of the Council, the ARC has been tasked with providing assurance to the Council on the governance framework. Accordingly, the EMT agreed that the annual report on corporate complaints will be reviewed by the EMT and then presented to the ARC, which will provide assurance to the Council. Currently, the paper is also presented to the Council. At its March 2021 meeting, the EMT has approved a revised governance pathway, to reflect the new approach to assurance taken by the Council and this also aligns with the approach taken to reporting on managing conflicts of interests and declarations of gifts and hospitality.
 - 1.5. The Governance team receive corporate complaints centrally and allocate them to the appropriate Directorate for responses to be drafted. The team will also chase responses and co-ordinate their review by the Chief Executive's Office.
 - 1.6. Since the implementation of the revised policy in December 2019, the Governance team have fully developed and embedded a Standard Operating Procedure (SOP), to log the receipt of complaints and priority correspondence, to track responses and maintain a centralised method of data capture (CRM), to ensure effective performance reporting.
 - 1.7. For the whole of 2020, the Governance team achieved 100% compliance with its KPI that corporate complaints were allocated to the appropriate team within three working days of receipt. The other performance indicator on the balanced scorecard measures compliance with expectation that responses to corporate complaints are sent out by the organisation within 20 working days. This element incorporates factors outside of the control of the Governance team, namely the time taken to draft and provide a response and the quality assurance process. In 2020, 87% of complaints were responded to within the agreed timescales. As this was new data reporting, it was not possible to make a direct comparison to previous years' performance.
 - 1.8. In February 2021, following long-term development work with the IT team, a new CRM feature was installed to better record the outcomes to corporate complaints. This feature allows data to be collected as to whether complaints were *upheld, partially upheld or not upheld*, in relation to each complaint and to include fuller details of any organisational learnings.
 - 1.9. As part of an effort to effectively collate lessons learned, Directorates have nominated Corporate Complaint Champions, and the Governance team seek their views on the outcomes from the complaints and, where the complaint has been *upheld or partially upheld*, the team now require a description of the learning points which will enable enhanced data reporting and trend analysis. This process aligns with the PSA approach to this area, namely that organisations have processes in place to embed lessons learnt from complaints handling.

2. Summary of Corporate Complaints data

2.1. In 2020, there were 53 Corporate Complaints in total, of which 46 (87%) were resolved and responded to within the set timescale. Of the seven complaints that were not compliant with the timescales:

- a) Five required more extensive input at the quality assurance stage.
- b) One response was significantly delayed (taking 115 days) largely as a result of Directorate delays. As this was a single instance, it is not considered that it points to a systemic issue.
- c) One further complaint was received directly into Fitness to Practise (FtP), and due to an administrative error, the Governance team received the complaint 37 working days after the deadline had elapsed.

2.2. The charts below show a high-level summary of the number complaints received across the year and by directorate:



2.3. Despite the Covid-19 pandemic, the number of complaints in 2020 remained fairly consistent, with peaks seen at the beginning and end of the year. The broad themes of

these complaints were two-fold: concerns raised about the handling of Fitness to Practise cases and enquiries about the organisation's response to Covid-19. Overall, in 2020, the FtP directorate received 58% of all complaints. These complaints largely related to concerns raised about the handling or outcomes of Fitness to Practise cases which, given the type of contentious work handled in this area, may be expected. These complaints were generally responded to expeditiously and, although lessons were learned in relation to individual cases, no broad themes for improvement were identified. A drop in the number of complaints received in the middle of the year may be attributed to the reduced volume of incoming FtP cases within this period.

- 2.4. In addition to the corporate complaints received, the team also handle priority correspondence in line with the policy and, after the pandemic containment measures were put in place, the Office of the Chief Executive and GDC Chair received 70 such enquiries between March – July 2020. These enquires largely concerned whether registrants were required to pay the Annual Retention Fee (ARF) during the first lockdown and whether dental practices would be advised to close as a result of the pandemic. Responses were drafted by the Communications team, facilitated by the Governance team and approved by the Chief Executive. Particularly in the latter part of 2020, when key Council decisions on the Costed Corporate Plan, Budget, Annual Retention Fee and Reserves Policy were anticipated, the Communications team worked to proactively communicate key organisational messages which was, in part, aimed at reducing the influx of enquiries to the organisation about the rationale behind these types of decisions.
- 2.5. The majority of complaints were received by email or web form and, where physical letters were received by Colmore Square or Wimpole Street, these were scanned by colleagues attending the offices in person and passed onto the Governance team.
- 2.6. In 2020, one complainant was added to the list of Habitual & Vexatious contacts. This assessment was carried out in line with the Habitual and Vexatious policy and this meant that the individual concerned had exhausted the GDC's complaint processes and, by virtue of their conduct, and would not receive any further responses from the organisation unless novel matters were raised.

3. Legal, policy and national considerations

- 3.1. No issues have been identified.

4. Equality, diversity and privacy considerations

- 4.1. The Governance team ensures that no information concerning personal or sensitive personal data is provided in correspondence without prior discussion and guidance from the Information Governance team.

5. Risk considerations

- 5.1. Issues identified by the Governance team in relation to capturing Corporate Complaints, which were present prior to August 2019, have now been addressed via the SOP development and no significant risks have been identified currently.

6. Resource considerations and CCP

- 6.1. Oversight of corporate complaints forms part of the business-as-usual work for the Governance team and is handled in accordance with the newly embedded policies and SOPs. The Governance team will continue to work closely with the wider business and ensure timely responses. The recently implemented CRM changes and organisational

learnings will further improve this area of work with enhanced data reporting and trend analysis.

7. Monitoring and review

- 7.1. This work will continue to be closely monitored with annual reporting to EMT and ARC - which provides assurance to the Council on the governance framework. The Governance team internally circulate weekly updates of all open complaints, priority correspondence and enquiries as management information.

8. Development, consultation and decision trail

- 8.1. The Corporate Complaints and Priority Correspondence Policy is reviewed every two years with the next review due in December 2021. The work aligns with the Habitual and Vexatious policy review and will be taken into account when reviewing both policies.

9. Next steps and communications

- 9.1. Following the newly implemented CRM changes, emerging themes and learning points will be closely monitored by the Governance team to ensure compliance and improvements to future reporting.
- 9.2. The Governance team will undertake the following next steps:
- a. Any complaints received in January 2021, before the CRM changes were introduced, will be reviewed to see if these outcomes can be captured to ensure a full reporting suite for 2021.
 - b. With the extended lockdown, the scanning of post will be kept under review and the Governance team will liaise with Facilities at both sites on a regular basis.
 - c. When reviewing the Habitual and Vexatious Policy, the Governance team will ensure alignment with the Corporate Complaints and Priority Correspondence Policy.
- 9.3. The Council asked to **note** the annual report and to **note** the amended governance pathway for reporting.

Appendices

- a. None

Polly Button, Governance Manager

pbutton@gdc-uk.org

18 May 2021

Procurement Policy 2021

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement Erica Williams, Procurement Manager
Type of business	For approval
Purpose	This paper is presented to the Council following the Finance and Performance Committee’s review and endorsement of the Procurement Policy 2021. Public: This paper is being presented as part of the public session at the 24 June 2021 Council Meeting. <i>(Paper to be considered by correspondence)</i>
Issue	To present the annual review of the GDC’s Procurement Policy
Recommendation	The Council is asked to approve the Procurement Policy 2021 and the proposed amendment to its approval forum (EMT) in the future.

1. Background

- 1.1 Our financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC’s latest requirements, arrangements, and internal controls, including correct terminology.
- 1.2 Our Procurement Policy was due for annual review in December 2020; however, our review was intentionally delayed enabling us time to consider and reflect any changes immediately introduced as a result of Brexit.

2. 2021 Annual review

- 2.1 The Procurement Policy sets out the rules which should be followed to ensure GDC is meeting its legal obligations. Over the next 12 months, the Procurement Team will also be developing its intranet page to provide more user-friendly and interactive guidance which will support the application of the Procurement Policy.
- 2.2 Our review of the policy has considered the ongoing work on the Procurement Target Operating Model project (PTOM), which has now developed “to be” process maps that will underpin our procurement framework and the processes to be followed.
- 2.3 Following our full review of the Procurement Policy the key change delivered was alignment of the format of the Policy with the wider suite of Financial Policies. This was to make it easier to navigate and digest by users. In doing so, we have been able to shorten the policy by removing some of the detailed process information. This will instead be set out in Standard Operating Procedures which are being developed as part of the PTOM work.
- 2.4 The key policy changes proposed are summarised below, with the full policy being provided in **Appendix 1** to this paper:

Table 1 policy changes summary

New Policy	Existing Policy
Removed reference to Official Journal of the European Union (OJEU) and aligned terminology to draft Statutory Instrument issued by the Minister for the Cabinet Office.	Inclusion of OJEU requirement
Removed detailed guidance on Procurement Exceptions, which is a separate detailed policy, and which was agreed by Council in December 2020.	Inclusion of full Procurement Exception requirements and process
Inclusion of guidance for off-payroll staff which reflects the change in tax legislation and our responsibilities from 1 April 2021. (Page 8)	Silent

3. Legal, policy and national considerations

- 3.1 The GDC as a “body governed by public law” is a designated a “contracting authority” as defined by the Public Contract Regulations 2015 (PCR).
- 3.2 The PCR requires goods and services to be procured by open competition and in accordance with the procurement principals of Proportionality, Transparency, Non-Discrimination, Equal Treatment, and Mutual Recognition. Not complying with the PCR would be considered a breach of legislation.
- 3.3 In December 2020, the UK left the European Union, changing the landscape of UK Procurement. So far, the main changes to the public procurement regulatory regime are:
- Relevant legislation was updated at the end of 2020 to address deficiencies caused by the UK leaving the EU.
 - All new UK public procurement opportunities which are at or above the PCR threshold will need to be published on the UK e-notification service called Find a Tender service (FTS). The FTS means new UK opportunities will no longer be sent to the Official Journal of the European Union (OJEU).
 - The UK will comply with the World Trade Organisation Agreement on Government Procurement (GPA), as an independent member from 1 January 2021.
- 3.4 The Government is considering further reforms to the public procurement regulations and is currently consulting on a Green Paper which aims to create a regulatory framework that delivers the best commercial outcomes with the least burden on businesses and the public sector. Should these changes be agreed upon and brought into legislation, our Procurement Policy and underpinning processes will require a substantive update.
- 3.5 The key points that the reform is proposing are:
- overhauling the complex and inflexible procurement procedures and replacing them with three simple, modern procedures:
 - a new **flexible procedure** that gives buyers the freedom to negotiate and innovate to get the best from the private, charity and social enterprise sectors.
 - an **open procedure** that buyers can use for simpler ‘off the shelf’ competitions.
 - a **limited tendering procedure** that buyers can use in certain circumstances, such as in crisis or extreme urgency.
 - removing the Light Touch Regime as a distinct method of awarding contracts and applying the rules applicable to other contracts to services

- establishing a single digital platform for supplier registration that ensures they only have to submit their data once to qualify for any public sector procurement.
- requiring all contracting authorities to implement the Open Contracting Data Standard so that data across the public sector can be shared and analysed at contract and category level.
- introducing a new requirement to publish contract amendment notices so that amendments are transparent and to give commercial teams greater certainty over the risk of a legal challenge.
- making it mandatory to publish a notice when a decision is made to use the limited tendering procedure.

4. Equality, diversity, and privacy considerations

- 4.1 On all procurement activity, regardless of threshold, all bidders should be treated equally, transparently and in a non-discriminatory manner. Our policy has been drafted with that principle in mind and includes guidance on equality in procurements.

5. Monitoring and review

- 5.1 Compliance with the Procurement Policy is monitored by the Procurement Team and quarterly exception reports are provided to the Finance and Performance Committee for visibility.
- 5.2 Whilst the 'Procurement Policy' and the 'Procurement Exceptions Policy' will be reviewed annually we are monitoring any need to amend the policy mid-cycle should we need to implement any changes as a result of changes to the external procurement environment, such as those sets out in the consultation Green Paper 'Transforming public procurement.' (section 3.4 and 3.5)

6. Development, consultation and decision trail

- 6.1 The Senior Counsel and Head of In-House Legal Advisory Service was consulted to confirm that the Procurement Policy reflects recent relevant legislative changes.

7. Next steps and communications

- 7.1 In line with the decision the Council took in December 2020, that operational policies that relate to operational management should be signed off by the EMT, we propose that this policy – which falls into the same category – should have the same approval pathway in future. The Council is asked **to approve** this approach.

Appendices

- a. Procurement Policy 2021

Samantha Bache, Head of Finance and Procurement
sbache@gdc-uk.org
Tel: 07540 107 486

07 June 2021

Procurement Policy 2021

Version number: 1.0	Approved by:
Effective from:	Date of review:
Owner: Erica Williams, Procurement Manager	

Summary of policy

Our over-riding procurement policy principle is that all procurement decisions should be legally compliant and based on achieving value for money (the best mix of quality and effectiveness for the least outlay). This will usually be achieved through competition of our requirements unless there are compelling reasons not to.

Scope

This policy applies to all staff with a role to procure goods or services on behalf of the GDC, and those with delegations to take procurement route decisions. It is the responsibility of those employees to read and be familiar with the contents of this policy and any other related procedures.

It is important to recognise that this policy cannot cover every eventuality. The Chief Executive and Accounting Officer can exercise reasonable discretion on an exceptional case basis to agree a contract can be directly awarded to a supplier without competition.

Further information

If you have any questions relating to this policy, please contact:

- Erica Williams. Procurement Manager
- Samantha Bache, Head of Finance and Procurement
- Gurvinder Soomal, Executive Director, Registration and Corporate Resources

Section Guide	Page
Procurement Overview	3
Legislative and Contractual compliance	3
Spend Exempted from the PCR	3
Procurement thresholds	4
Procuring Goods/services/Works	4
Competition Waiver/Single Tender Action	7
Estimating the total value of the contract	8
Considerations before starting a Procurement	8
Terms and Conditions	10
Ethics and Behaviours	10
Declaration of Interest	11
Confidentiality	11
Gifts or hospitality	11
Contract signing	11
Payment of Invoices	12
Reference Statement	12
Document Retention	12
Appendix 1 – High-Level Roles and Responsibilities	14
Appendix 2 – High-Level PCR Procurement Timeframe	15

Procurement Overview

Procurement is the process of buying goods, services and works from external suppliers. The procurement process begins when a need to buy something is identified and will generally end after the contract is awarded. The contract will be managed within the directorate by a nominated Contract Manager to ensure it delivers the expected outcomes to the right quality, within contract cost, and at the specified due date.

Our procurements are subject to a legal framework, under the Public Contracting Regulations 2015 (PCR), which encourages free and open competition and value for money in line with internationally and nationally agreed obligations and regulations. By aligning our policy with this legal framework, we can ensure that all procurement activity is conducted with openness, probity, and accountability.

Our Procurement Policy also gives due consideration to the principles of non-discrimination, equal treatment, transparency, mutual recognition, and proportionality for all procurements.

Legislative compliance

When carrying out procurement activity, we must ensure that the GDC complies with all relevant legal legislation. This will include (but is not limited to):

- The Public Contracts Regulations 2015(PCR)
- The Bribery Act 2010
- Modern Slavery Act 2015
- The Freedom of Information Act 2000
- The Social Security Contributions (Intermediaries) Regulations 2000
- Equality Act 2010 – Public Sector Equality Duty (PSED)
- Late Payment of Commercial Debts (Interest) Act 1988

Spend exempted from the PCR

The following goods, services and works do not fall within the scope of the PCR:

- direct employment PAYE contracts and associated pension contributions
- contracts relating to the acquisition of land or real estate.
- contracts for financial services in connection with the issue or transfer of securities/financial instruments
- legal representation or legal advice is given in preparation of any of the proceedings in relation to arbitration, conciliation, judicial proceedings before the courts, tribunals or public authorities.
- legal services provided by trustees or appointed guardians or other legal services the providers of which are designated by a court or tribunal.
- central bank services.

Procurement Thresholds

The table below sets out the minimum level of competition required when procuring goods, services or works contracts.

Table 1 Procurement thresholds

Threshold levels (Excluding VAT)	Level of Competition required
Below £10,000	A minimum of 1 quotation is required
Between £10,001 - £24,999	A minimum of 3 quotations are required
Between £25,000 and the PCR threshold Levels	Formal competitive tender
PCR Services and Goods (Supply) £189,330	Formal Competitive Tender
PCR *Works £4,733,252	
PCR *Light Touch Regime (LTR) Services £663,540	

PCR thresholds are set every 2 years, the thresholds above are valid from 1 January 2020 – 31 December 2022.

*The LTR is a specific set of rules set out in the PCR for certain service contracts that tend to be of lower interest to cross-border competition. Those service contracts include certain legal services, educational and healthcare as defined in the Regulation.

Procuring Goods/Services/Works

For the purchase and payment of some [very] low-value goods and services, the use of a corporate credit card may be appropriate. For more information, please see the [Corporate Credit Card Policy](#) or speak to your directorate's Finance Business Partner.

Procurements are either self-service or Procurement Team led. Self-service procurements are led by the directorate, are considered low value/low risk, and use the Request for Quotation process. They are procured largely without any direct engagement from the Procurement Team:

Low value – Contract value under £25k, be careful about any requirements close to this threshold level unless you can absolutely guarantee no additional spend will be required.

Low risk – Generally requirements are low risk where the supplier is not being given access to confidential information or personal data and do not require access to our IT environment and property.

Procurement Team led requirements are generally more complex and for requirements over £25k, which have more obligations that need to be met. These need more engagement from the Procurement Team to ensure the GDC's obligations are fully discharged.

Table 2 Self-service – Directorate led procurement.

Self-service - Directorate led (Request for Quotation)	
Below £10,000	<p>As a minimum, 1 quote is required for this procedure; but it is recommended that 2 or 3 suppliers are asked to provide a quote to be able to demonstrate value for money and to ensure the minimum number of quotes are received.</p> <p>For this value of spend, the quote may be written, verbal, taken from the internet (i.e. AO, Amazon etc.) Where quotations are not in writing you are required to make a brief note on how the decision to purchase was formed. This information along with any other supporting information, such as a contract, terms and conditions etc. should be attached to the finance system when raising a Purchase Quote/Purchase Order.</p> <p>Any agreed contract should be on the bases of GDC’s Standard Terms and Conditions. Where this is not the case, the proposed Terms and Conditions or any amendments to the GDC Standard Terms and Conditions should be reviewed by GDC’s ILAS before a contract is awarded.</p> <p>The directorate must ensure there is no conflict of interest in placing an order. A purchase order must be raised and approved before committing the spend.</p> <p>All documents should be retained for audit purposes.</p>
Between £10,001 - £24,999	<p>As a minimum 3 quotes are required for this procedure; but it is recommended that 4 or 5 suppliers are asked to provide a quote to be able to demonstrate value for money and to try and ensure the minimum number of quotes are received. Where 3 quotes cannot be secured then a Single Tender Action form is required.</p> <p>Any contract agreed should be on the bases of GDC’s Standard Terms and Conditions. Where this is not the case, the proposed Terms and Conditions or any amendments to the GDC Standard Terms and Conditions should be reviewed by GDC’s ILAS before a contract is awarded.</p> <p>The directorate must ensure there is no conflict of interest in placing the order. A Purchase Order is required before and spend is committed.</p> <p>An audit trail must be maintained, and all documents must be retained for audit purposes.</p>

Table 3 Procurement Team led procurement

Procurement Team Led
<p>Please discuss your requirement with the Procurement Manager at the earliest opportunity and they will work collaboratively with you to provide advice and support to deliver a compliant procurement. The high-level roles and responsibilities are set out in Appendix 1.</p> <p>A contract award notice must be published by the procurement team for all contracts with a value of £25,000 or more. This includes those contracts awarded by Single Tender Action.</p>

Procurement Team Led

We have several methods to procure goods, services and works. The approach taken will depend on the contract value, the goods, services or works required, the complexity of the requirement and the duration of the contract.

Procurement Led requirements will take a more formal approach. Our approach allows for a more consistent approach to the market, takes advantage of best practice and lessons learnt and focuses on value for money and laying the foundations for more effective contract management. Procurement also ensures we are complying with our legal obligations as not meeting our obligations increases the risk of the award decision being challenged by a supplier.

The typical Invitation to Tender document set used in this type of procurement are as follows:

- Invitation to Tender letter
- Specification/Statement of Requirement (which includes details of what is required, details of what the supplier needs to submit to respond to the requirement and how that information will be used in an evaluation).
- The Terms and Conditions (e.g GDC's Standard Terms and Conditions or an approved Framework set of Terms and Conditions)
- Appendices such as the Pricing Matrix.

A high-level PCR procurement timeframe is set out in Appendix 2

£25,000 –
PCR
threshold
level

For this value of spend, a formal competitive tendering process is required. Goods, Services or Works may be procured through an existing framework or where there is not a suitable framework and the estimated value of the contract is below the PCR threshold, through a below threshold open competition procedure.

Framework agreement – these are fully compliant PCR agreements for specific goods, services or works. There is an exclusive list of suppliers that can be accessed under these agreements. Suppliers would have already agreed to the framework terms and conditions as part of the original procurement and there is usually an agreed pricing schedule. This procedure can enable contracts to be put in place quickly, subject to the complexity of the actual requirement. The Procurement Team have access to a variety of framework agreements awarded by other bodies.

Below Threshold Open Tender Procedure – with this type of procedure an advert is placed on the 'Contracts Finder' portal and any supplier that can meet the contractual requirement can submit a tender.

Any contract formed should be on the basis of the GDC's Standard Terms and Conditions. Where changes are proposed to the GDC's Standard Terms and Conditions or where it is not suitable to use the GDC Standard Terms and Conditions, ILAS should be engaged in a review before a contract is awarded.

Procurement Team Led	
£25,000 – PCR threshold level	<p>The directorate must ensure there is no conflict of interest in placing the order. A Purchase Order must be raised and approved before the spend is committed.</p> <p>The awarded contract will be listed on the GDC's Contract Register and will be monitored through its duration.</p> <p>A full audit trail will be maintained by the Procurement Team, and all documents will be retained for audit purposes (not just the successful quotation.)</p>
PCR threshold level and above	<p>For this value of spend, a formal competitive tendering process is required.</p> <p>Goods, Services or Works may be procured through an existing framework or where there is not a suitable framework and the estimated value of the contract is above the PCR threshold, through a PCR procurement procedure such as the Open Procedure or the Restricted Procedure.</p> <p>e-Notification - where the estimated contract value is equal or above the PCR threshold and where there is not a framework available, then the legislation sets out a variety of procurement procedures. These procurements must comply fully with the Public Contracts Regulations 2015. The procedures are highly prescriptive with specific requirements relating to advertising, the content of the specification, tender evaluation methodology, contract award and bidder feedback. The process must be run through an electronic tendering portal.</p> <p>The most common procedures used to procure Goods/Services and Works:</p> <p>Open Procedure – This procedure is generally used where the market for goods, services or works is limited. All interested suppliers may submit a tender in response to the invitation to tender.</p> <p>Restricted Procedure – Where there is a large number of suppliers in the market, we may look to pre-qualify suppliers to ensure they can meet the minimum standard (technical, financial and economic) before inviting a supplier to tender.</p> <p>The awarded contract will be listed on the GDC's Contract Register and will be monitored through its duration.</p> <p>There are other procedures available under the PCR for very complex procurements which are not routinely used within the GDC. If you have a complex procurement and would like further information please speak to the Procurement Team</p>

Competition Waiver/Single Tender Action

We recognise that we are not always able to follow our normal procurement procedure as set out in this Procurement Policy. Where we are looking to operate outside of the normal procedure and we have the flexibility under the Public Contract Regulation (PCR) and

Procurement Policy Notes (PPN), we may consider there is a case for a Single Tender Action (STA).

An STA must only be used in exceptional circumstances. For further information on when it's appropriate to use an STA, please see the [Procurement Exceptions Policy](#).

Where an STA is being considered please engage with the Procurement Team as early as possible. STA's will only be approved if they are justifiable in line with the Procurement Exceptions Policy.

Estimating the total value of the contract

The total estimate value of a procurement/contract is required to determine whether it meets or exceeds the relevant value threshold (as set out above). When calculating the estimated value, we must act in good faith and use good judgement.

The value is the total amount excluding Value Added Tax (VAT).

When calculating the estimated total value of a procurement/contract, it must include everything required for the full delivery of the goods, services or works. This includes but is not limited to:

- cost (delivery, implementation, licenses, support, maintenance, training, professional services/consultancy etc.)
- options to purchase additional goods, services or works
- the full contract term including any options to extend the term of the contract
- paying any premiums, fees or commissions to the supplier or a broker
- any payment due to the supplier.

The contract value should not be disaggregated or sub-divided to avoid the more appropriate and optimal method for procuring the requirement. Under the PCR, this behaviour could be considered to be circumventing the rules.

The procurement team can provide advice and support on establishing the estimated value of the contract.

Considerations before starting a Procurement.

Budget/Business Case

To ensure that expenditure has been approved and an appropriate formal project management process is in place, any high-value contract which relates to a significant change project (as opposed to a more straightforward "Business as Usual" requirement) will need a business case to be developed and is subject to approval before undertaking the formal procurement exercise. For further information, please contact the Corporate Projects Team.

Off-Payroll Staff

We are responsible for assessing whether the off-payroll rules apply when we engage a contractor through an intermediary. Individuals who provide their personal services to the GDC, even if it is on a temporary basis via an intermediary, for example, their own limited

company, a personal service company, partnership, agency or another third party, may fall within the scope of these rules.

We are required to make an assessment from 1 April 2021, [in line with updated guidance](#), to establish whether a contract falls in the off-payroll rules and to issue suppliers with a "Status Determination Statement". This will set out whether the off payroll working rules apply. If the off payroll working rules apply, we are then responsible for deducting Income Tax and employee National Insurance contributions from payments we make to them at source, and for paying additional employer National Insurance contributions on top of this.

The rules do not apply where we are fully contracting out services to a third party (such as an outsourcing company) and the personal services of named/selected workers does not form part of the scope of our requirements.

If you need more information or think that this may apply to your requirement, please speak to the Procurement Team, who will liaise with People Services and Payroll as necessary.

Equality in procurements

We are committed to upholding and promoting equality and diversity in all of its activities, and the procurement process is designed to support that, by ensuring that potential suppliers are not discriminated against on the basis of a protected characteristic. We will also require potential suppliers to demonstrate their commitment to these principles.

In some cases, our legal obligations under the Equality Act 2010 also require decision-makers to have due regard to certain factors. This will not apply to every procurement but will depend on the wider project that the procurement is intended to support. It is recommended that an initial screening is completed with the support of Organisation Development (OD) and Inclusion and ILAS as appropriate. A full impact assessment may then be required.

Data Protection

We are committed to ensuring it appropriately manages and protects personal data. Where we are sharing data with a supplier a Data Protection Impact Assessment (DPIA) may be required to help us identify the most effective way to comply with our data protection obligations, ensuring that expectations of privacy and risks to personal data are considered and mitigated at the outset or early stage of a project and are regularly reviewed and updated as the project progresses.

For more information on Data Protection and DPIA, please contact the Information Governance team.

Information Security

All suppliers or third parties that require access to the GDC's Premises, information systems or data as part of the service they provide must comply with the GDC Information Security Policies. Details of these policies must be provided before access being granted. Staff responsible for contracts where access is required must ensure supplier/third party can meet the requirements of the IT security policy.

During the contract, the supplier access to GDC's data must be monitored and reviewed to ensure that information security requirements are being satisfied. Where the contract is being transferred or terminated, appropriate provisions must be in place to ensure the continued security of information and systems. Suppliers/third parties will be asked where appropriate to demonstrate their compliance with the policies.

Travel Solution

Crown Travel Management (CTM) has been appointed as our travel services provider. It is expected that staff will make their travel and accommodation arrangements using the [CTM booking portal](#) and within the prescribed limits set out in the [Staff Expenses Policy](#).

Temporary staff (contingent labour)

All requirement for contingent labour (temporary workers, interim managers and specialist contractors) must go through People Services. People Services will support Service Managers to buy-in the right resource, assess the off-payroll position and put in place a compliant contract. People Services will also assist with temp to temp, temp to perm and transfer/introduction fees.

Terms and Conditions

GDC's Standard Terms and Conditions of Contract (T's &C's) must be used when entering into contracts for the supply of goods or services where a framework contract is not being used. Our T's &C's are written to protect the interests of the GDC, in the case of a dispute regarding the contract, to ensure that legal requirements are met, and obligations appropriately discharged.

Where goods or services are procured through a framework agreement; the framework call-off terms must be used. No significant changes to the T's &C's are permissible under the law. For works contracts, special terms and conditions designed for works contracts may be used.

It is not recommended to contract under a supplier's T's &C's as they will not adequately protect the GDC's interest. Where the suppliers' terms are proposed as the bases of a contractual relationship; the T's &C's must be reviewed by Legal before a contract is entered into. Some supplier's terms and conditions include an automatically auto-renewal clause. This should not be accepted as these are anti-competitive behaviour.

Ethics and Behaviours

All staff involved in procurement activities are expected to always behave ethically. All staff need to be open, honest, fair and impartial in their dealings with suppliers. In particular, staff must familiarise themselves with, and comply with the Anti-Fraud and Anti-Bribery Policy and the Gifts and Hospitality Policy.

Staff involved in a procurement exercise are expected to display the behaviours set out in GDC's staff behaviour expectation.

Declaration of Interest

All GDC staff must complete the annual declaration of interest statement and return a completed statement to People Services.

All staff engaged in a procurement exercise will be required to declare and record any personal interest, business or personal relationships with, or friends/relatives employed by potential or actual bidders for GDC contracts and subsequently withdraw from the procurement process.

The Directorate is responsible for monitoring potential conflicts of interest and taking prompt action to address any issues identified.

Confidentiality

All confidential information submitted as part of the procurement process must be kept confidential. Evaluation panel members must not share or discuss confidential information with anyone outside of the GDC unless the procurement is published as a joint/collaborative procurement with another Contracting Authority. Any disclosure of confidential information will need to be in accordance with the Freedom of Information Act 2000.

Gifts or hospitality

The acceptance of gifts or hospitality is rarely, if ever, appropriate and the acceptance of gifts or hospitality during a procurement exercise will almost always be misconstrued. Staff involved in procurement activity, or others who may be perceived to be in a position of influencing procurement decisions, must not solicit or accept contributions of any kind from suppliers, or those bidding for GDC contracts.

Invitations from suppliers or potential suppliers to sporting, cultural or social events where hospitality is central should not be accepted except with the consent of the director of the member of staff concerned or, in the case of a director, the Chief Executive.

Any gift and any material hospitality offered, whether accepted or not, must be notified to and recorded in the Gifts and Hospitality Register. The Executive Director, Organisational Development holds this register. "Material hospitality" is all cases of hospitality beyond an inexpensive working meal. The register is a public document. All staff involved in a procurement exercise should familiarise themselves with [GDC's Gifts and Hospitality Policy](#).

Contract signing

Contracts awarded by the GDC must be signed by a duly authorised individual in accordance with the Financial Delegation Policy.

Table 4 Contract award delegated authority

Limit (ex VAT)	Delegated Authority (all required)
< £25,000	Cost Centre Budget Holder
£25,000 - £149,999	Directorate Director
>£150,000	Chief Executive

Limit (ex VAT)	Delegated Authority (all required)
	(in the absence of the CEO, the Executive Director, Registration and Corporate Resources can approve)

Payment of Invoices

All invoices must be sent directly to the finance team for processing. Valid invoices will be paid within 30 days of an invoice. In exceptional circumstances, a shorter payment term might be agreed upon by the finance team.

Invoices which are not paid within the 30 days or other agreed payment terms are subject to the Late Payment of Commercial Debts (Interest) Act 1988; under which suppliers are entitled to claim interest on payments made outside the agreed payment term, or where no payment term was agreed, 30 days after receipt of a valid invoice. Invoices must be goods receipted in the finance system in a timely manner to meet the 30 days turn-a-round time. If an invoice is being disputed, please let the finance team know, which will pause the time on the 30-day payment term.

Reference Statement

We may be asked for a reference statement on a suppliers' performance on a contract. This is a normal part of the procurement process and is important to suppliers when tendering public sector contracts.

Where possible we should look to provide a reference statement, which is accurate, objective and supported by evidence. The reference statement should not be a surprise to the supplier which could negatively affect them being awarded a contract.

Reference statements should be reviewed by the Procurement Team before being issued.

Document Retention

It is important to ensure that good records keeping is done as part of the procurement and contract management. Good record keeping will support us manage the contract effectively and support us meeting our legal obligations. The information may also be used to help us to defend our award decision and for audit purposes.

Records must be kept and disposed of in accordance with the [GDC's Business Information and Records Management Policy](#).

The following documents must be kept for a minimum period:

Table 5 Self-service – Retention of procurement records

Document Type	Retention Period
Sealed Contracts	12 years from the end of the contract
Contracts (not under seal)	6 years from the end of the contract

Document Type	Retention Period
Unsuccessful Tender	2 years from the date of the contract award
Successful Tender	6 years from the end of the contract
Invitation to Tender documents – including Specification and any appendices, Evaluation criteria and Terms and conditions.	6 years from the end of the contract
Contract variation including contract extension.	6 years from the end of the contract

Appendix 1 – High-Level Roles and Responsibilities

Chief Executive Officer (CEO/AO)

The CEO has overall accountability for procurement compliance and expenditure at the GDC. The CEO will issue a delegated authority letter annually to the Executive Directors which will set out their procurement authority and accountability.

Executive Director, Registration and Corporate Resources

The Executive Director, Registration and Corporate Resource is responsible for overseeing compliance with this policy and the GDC's procurement function.

Executive Directors

Executive Directors for each directorate are responsible for promoting and ensuring good procurement practices are carried out within their directorate. They are ultimately accountable for all expenditure in relation to the procurement of goods, services and works that fall within the scope of their delegated budget. Executive Directors may delegate down day to day budget management responsibility to delegated Budget Holders.

Budget Holders

Budget Holders are accountable for all expenditure in relation to the procurement of goods, services and works that fall within their budgets. In exercising this delegated authority, budget holders are required to observe the GDC's Procurement Policy and adhere to the processes defined in the Procurement Policy.

Service Manager

The Service Manager is responsible for executing the delivery of a procurement that supports the delivery of the corporate strategy. The service manager roles in key communicating the business requirement and bringing subject matter expert knowledge to support the successful delivery of the contract.

Procurement Specialist

The Procurement Specialist provides advice and support in delivering good procurement practices, in full compliance with the PCR and industry best practice.

Technical Specialists

As part of a procurement other technical specialists may be brought into the procurement project to provide advice or support, these include Legal, Information Governance and IT Services.

In-House Legal Advisory Service

In-House Legal Advisory Service will provide advice and support on legal matters, including the risks of following a particular procurement route and changes to terms and conditions, but the final decision as to how to proceed rests with the contract owner (with ED or CEO/AO approval where required).

Information Governance Team

The Information Governance team will provide advice and support in the management of data within a contract in line with the General Data Protection Act, and may be asked to engage in procurement evaluations where considered appropriate.

IT Services Team

The Information Technology services team will provide advice and support on IT security standards and measures and may be asked to engage in procurement evaluations, where considered appropriate.

All staff

It is essential that all GDC staff involved in the procurement of goods, services or works within GDC take the following action:

- Familiarise themselves and comply with all relevant policies, including but not limited to:
 - Procurement and Procurement Exception Policies
 - Financial Policies and Procedures
 - Information Governance Policy
 - Gifts and Hospitality Policy for Staff
 - Financial Delegated Authority
 - Anti-fraud, bribery, and corruption policy.
- Ensure that participation in the procurement is in accordance with acceptable GDC [staff behaviours](#).
- Promote and ensure good procurement practice within their team and that GDC resources are used to the maximum benefit of the GDC in the provision of its services. This means that the purchasing mechanisms must be effective and proportionate, whilst achieving the best value.
- Engage in procurement activity in a manner that does not unnecessarily damage GDC's reputation.

Appendix 2 – High-Level PCR Procurement Timeframes

There are a number of factors that need to be considered when setting the procurement timeframe such as:

- Legal minimum timeframes
- Best practice
- Internal process and governance arrangements
- Internal resource capacity
- The level and complexity of the information to be submitted a part of the tender.
- Market conditions
- The number of other tenders GDC has out with the same supply market.

Procurement Procedures	Minimum legal timeframe
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Prior Information Notice (PIN) (optional notice which can be used for both the PCR open and restricted Procedure	A PIN notice and be issued a maximum of 12 months before a procurement commences, But There must be a minimum of 30 days between a PIN being for publication and the commencement of the procurement
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PCR Open Procedure	
Despatch of contract Notice and all invitation to Tender documents to receipt of suppliers tender	Minimum 30 days
Mandatory Standstill	Minimum 10 days

PCR Restricted Procedure	
Despatch of contract notice to receipt of Standard Selection Questionnaire	Minimum 30 days
Despatch of Invitation to Tender documents to receipt of supplier's tenders	Minimum 30 days
Mandatory Standstill	Minimum 10 days