

A meeting of the Council of the General Dental Council

11:45am on Thursday 3 October 2019 at the General Dental Council,
1 Colmore Square, Birmingham, B4 6AJ

Members:

William Moyes (Chair)

Anne Heal

Caroline Logan

Catherine Brady

Crispin Passmore

Geraldine Campbell

Jeyanthi John

Kirstie Moons

Margaret Kellett

Sheila Kumar

Terry Babbs

Simon Morrow

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

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

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

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

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

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

Public Council Meeting

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

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

PART ONE – PRELIMINARY ITEMS

1.	Welcome and Apologies for Absence	William Moyes, Chair of the Council	11:45- 11:55am (10 mins)	Oral
2.	Declarations of Interest	William Moyes, Chair of the Council		-
3.	Questions Submitted by Members of the Public	William Moyes, Chair of the Council		-
4.	Approval of Minutes of Previous Meetings To note approval or amendment of: <ul style="list-style-type: none"> • the minutes of the meeting held on 25 July 2019 	William Moyes, Chair of the Council		Paper
5.	Matters Arising and Rolling Actions List <ul style="list-style-type: none"> • To review the rolling actions list 	William Moyes, Chair of the Council		Paper
6.	Decisions Log To note decisions taken between meetings and under delegation (if any)	William Moyes, Chair of the Council		Oral

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Theme	Time	Status
7.	Chief Executive's Report Ian Brack, Chief Executive and Registrar <i>For noting</i>	Patients, Professionals, Partners, Performance	11:55- 12:05pm (10 mins)	Oral
8.	Corporate Strategy 2020-22 Rebecca Cooper, Interim Executive Director, Strategy <i>For Decision</i>	Patients, Professionals, Partners, Performance	12:05- 12:15pm (10 mins)	Paper

No	Item & Presenter	Theme	Time	Status
9.	<p>Costed Corporate Plan 2020-22 and Budget (CCP)</p> <p>Part A: CCP 2020-2022 Part B: Budget 2020</p> <p>Gurvinder Soomal, Executive Director, Registration and Corporate Resources</p> <p>Samantha Bache, Head of Finance and Procurement</p> <p>David Criddle, Head of Performance Reporting and PMO</p> <p><i>For Decision</i></p>	Patients, Professionals, Partners, Performance	12:15 – 12:45pm (30 mins)	Paper
10.	<p>Registration Fees Policy Implementation</p> <p>Gurvinder Soomal, Executive Director, Registration and Corporate Resources</p> <p>Rebecca Cooper, Interim Executive Director, Strategy</p> <p>Tim Wright, Head of Projects, Programmes and Portfolio Delivery</p> <p><i>For Decision</i></p>	Patients, Professionals, Partners, Performance	12:45 – 13:00pm (15 mins)	Paper
11.	<p>Annual Retention Fee Levels – Funding the CCP</p> <p>Gurvinder Soomal, Executive Director, Registration and Corporate Resources</p> <p>Samantha Bache, Head of Finance and Procurement</p> <p>David Criddle, Head of Performance Reporting and PMO</p> <p><i>For Decision</i></p>	Patients, Professionals, Partners, Performance	13:00 – 13:15pm (15 mins)	Paper
	LUNCH BREAK – 13:15 – 13:45pm			
12.	<p>Annual Retention Fees Regulations</p> <p>Lisa Marie Williams, Executive Director, Legal & Governance</p> <p>Melissa Sharp, Head of In-House Legal Advisory Service</p> <p><i>To make new fees regulations</i></p>	Patients, Professionals, Partners, Performance	13:45 – 13:55pm (10 mins)	Paper

No	Item & Presenter	Theme	Time	Status
13.	<p>Estates Strategy Programme Update</p> <p>Gurvinder Soomal, Executive Director, Registration and Corporate Resources</p> <p><i>For discussion and noting</i></p>	Patients, Professionals, Partners, Performance	13:55 – 14:05pm (10 mins)	Paper
14.	<p>Annual Customer Service Reports: Fitness to Practise</p> <p>Tom Scott, Executive Director, FtP Transition</p> <p><i>For discussion and decision</i></p>	Patients, Professionals, Partners, Performance	14:05-14:15pm (10 mins)	Paper
15.	<p>Committee Appointments and Appointment of the Senior Independent Council Member</p> <p>William Moyes, Chair of the Council</p> <p>Lisa Marie Williams, Executive Director, Legal and Governance</p> <p><i>For Decision</i></p>	Patients, Professionals, Partners, Performance	14:15 – 14:25pm (10 mins)	Paper
16.	<p>Appointment of Independent Member of the Remuneration Committee</p> <p>Lisa Marie Williams, Executive Director, Legal and Governance</p> <p><i>For Decision.</i></p>	Patients, Professionals, Partners, Performance	14:25-14:30pm (5 mins)	Paper
17.	<p>Organisational Performance</p> <p>Part A: Finance Review - Q2</p> <p>Part B: Balanced Scorecard</p> <p>Gurvinder Soomal, Executive Director, Registration and Corporate Resources</p> <p>Samantha Bache, Head of Finance and Procurement</p> <p>David Criddle, Head of Performance Reporting and PMO</p> <p><i>For discussion and noting</i></p>	Patients, Professionals, Partners, Performance	14:30-14:45pm (15 mins)	Paper

No	Item & Presenter	Theme	Time	Status
18.	<p>Dental Complaints Service – Performance Report</p> <p>Tom Scott, Executive Director, FtP Transition</p> <p>Michelle Williams, DCS Head of Operations</p> <p><i>For discussion and noting</i></p>	Patients, Professionals, Partners, Performance	14:45-14:55pm (10 mins)	Paper
19.	<p>Horizon Scanning and Stakeholder Engagement Reports</p> <p>Colin MacKenzie, Interim Head of Communications and Engagement</p> <p><i>For noting</i></p>	Patients, Professionals, Partners, Performance	14:55 – 15:05pm (10 mins)	Paper

PART THREE – CONCLUSION OF BUSINESS

No	Item & Presenter	Theme	Time	Status
20.	Any Other Business	William Moyes, Chair of the Council	15:05-15:10pm (5 mins)	Oral
21.	<p>Review of the Meeting</p> <p>As part of the review, can the Council be satisfied that the organisation is well-governed and specifically that:</p> <ul style="list-style-type: none"> ➤ Time allocated to each paper ➤ Detail, balance, and level of information in papers ➤ Did papers make clear what happened at each Committee. ➤ The Council's work programme is appropriately prioritised and timetabled and balanced ➤ Any items in the Closed Session of Council that could have been considered in the Open Session? 	William Moyes, Chair of the Council	15:10 - 15:15pm (5 mins)	Oral
22.	<p>2019 Council Meeting Dates</p> <ul style="list-style-type: none"> • December 5, 2019 (Birmingham) <p>2020 Council Meeting Dates</p> <ul style="list-style-type: none"> • January 15 & 16, 2020 (Birmingham) TBC • March 18 & 19, 2020 (London) • June 2 & 3, 2020 (London) • July 29 & 30, 2020 (London) • October 21 & 22, 2020 (London) • December 16 & 17, 2020 (London) 			

**Confirmed Minutes of the Meeting of the
General Dental Council
held at 2:00pm on Thursday 25 July 2019
in Public Session
at 37 Wimpole Street, London, W1G 8DQ**

Council Members present:

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

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
Matthew Hill	Executive Director, Strategy
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Tom Scott	Executive Director, FtP Transition
Lisa Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Ian Jackson	Director for Scotland
Colin Mackenzie	Acting Head of Communications and Engagement
Katie Spears	Interim Head of Governance (Secretary)
Janet Adeyemi	Governance Manager
Paula Woodward Pfister	Governance Consultant

In attendance:

Steven Picken	Deloitte (Council Effectiveness)
---------------	----------------------------------

Members of the public.

PART ONE – PRELIMINARY ITEMS

1. Opening remarks and apologies for absence

- 1.1. The Chair welcomed everyone to the meeting and introduced new attendees.
- 1.2. Apologies were received from Sheila Kumar (Council member) and Lucy Chatwin (Head of People Services and standing in for Executive Director, Organisational Development).

2. Declarations of interest

- 2.1. All Council Members declared an interest in relation to item 9, the Council Code of Conduct.

3. Questions submitted by members of the public

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

4. Approval of minutes of the previous meetings

- 4.1. The Council **approved** the full minutes from the public Council meeting held on the 30 May 2019 subject to the following amendments:

- 4.1.1. That the minutes reflect that Kirstie Moons was in attendance and that Catherine Brady was not in attendance.

5. Matters arising from the Open Council meeting held on 30 May 2019 and rolling actions list

- 5.1. The Council **noted** the actions list and **approved** the completion of actions as recommended.

6. Decisions log

- 6.1. The Council **noted** that there had been decisions taken in relation to headcount and budgetary requests.

PART TWO – ITEMS FOR DECISION AND DISCUSSION

7. Annual Customer Feedback Reports

7.1. Fitness to Practise

- 7.1.1. Executive Director, FtP Transition, Tom Scott presented the Customer Service Annual Report for 2018 in relation to Fitness to Practise ('FtP'). It was explained that there had been an upturn in response rates, although response levels were still below the ideal level. Council's attention was drawn to the feedback which broad improvements across a range of metrics in relation to their experience.

- 7.1.2. Council discussed the report and explained that there had been errors in the paper which made it difficult to engage with, for example, in relation to the way in which data had been presented. Concerns were raised that there had been no suggestion of follow up work which would address the points raised in the feedback, noting that it came from a small sample. Council questioned whether there were more effective ways of seeking feedback, although noted the costs of doing so.

- 7.1.3. Council **noted** the paper and agreed the work in this area needed to be improved.

ACTION: Executive Director, FtP Transition to prepare proposal for the next Council meeting in October as to the course proposed to take in relation to this work next year, how response rates could be improved and alternative options for seeking engagement. Consideration to be given to benchmarking against other regulators.

7.2. Registration

- 7.2.1. Executive Director, Registration & Corporate Resources, Gurvinder Soomal presented the Customer Service Annual Report for 2018 in relation to Registration. He outlined the process for seeking feedback and the timescales for doing so.

- 7.2.2. Council was informed that the average response rate for this type of survey is 10% and the team had sent out 12,172 requests for information and had had 1234 responses; slightly over the 10% rate. It was also highlighted that responses to the survey were largely positive; particularly in relation to those applying post the ORE route. Issues identified were actioned through improvement work within the Registration Directorate.
- 7.2.3. Council discussed what action would be taken where respondents 'strongly disagreed' with the questions posed and suggested different technological options for obtaining feedback.
- 7.2.4. There was also a discussion about the methods of application currently being used by applicants and the aim to utilise online applications as much as possible within the constraints of the GDC's legislation.
- 7.2.5. Council **noted** the paper.

8. CSG Terms of Reference

- 8.1. The Chair presented the paper seeking Council's approval for the continuation of the Chair's Strategy Group ('CSG') and the attendant Terms of Reference for a further six-month period from 1 August 2019 to 28 February 2020.
- 8.2. Council were informed that the CSG had most recently focused on work in relation to the further separation of the investigation and adjudication processes within FtP. John Cullinane, Head of Adjudications, had been co-ordinating this work internally and liaising with all parts of the organisation. Council should see an overview of this work at the October meeting.
- 8.3. The CSG had also been overseeing further work on the possibility of paying the Annual Retention Fee ('ARF') by instalments. The FPC had also been supporting this work. Again, it was noted that Council should see this work at the October meeting.
- 8.4. The Council **approved** the terms of reference for the Chair's Strategy Group until 28 February 2020.

9. Council Code of Conduct

- 9.1. Executive Director, Legal & Governance, Lisa Marie Williams presented the paper on the updates required to the Council Member Code of Conduct, following work carried out with the Remuneration Committee ('Remco') and conversations with Council.
- 9.2. Approval was sought for the following amendments to be made to the existing version of the document;
- 9.2.1. That Council members will not normally assume a paid position with the GDC within one year of demitting Council; and
- 9.2.2. That Council members should not be considered Associates of the GDC and should have their own Code of Conduct.
- 9.3. The work that had been undertaken in relation to Associates had made it very clear within the organisation that Council members and Associates were to be treated separately and that Council Members required their own manual which helped make this clear delineation. Work had also been done in relation to what was required of external members of Committees. It was outlined that work remained to be done as part of the Governance review but, for now, the Council was asked to make these minor amendments.
- 9.4. The Council **approved** the proposed amendments to the Council Member Code of Conduct.

10. External Member Appointment

- 10.1. The Interim Head of Governance, Katie Spears, presented the report which sought Council's approval to appoint a new External Member of the Remuneration Committee and to approve the process for that appointment.

- 10.2. It was outlined that the External Member of Remco had stepped down and it was clear from the views of the chair that having an external member was useful for the Committee. The Standing Orders require a decision from Council to make this appointment. The Governance team had begun the process of recruitment, but the post would not be appointed in time for the next Remco meeting in September.
- 10.3. It was explained that, if Council were to approve the recruitment, the team would seek to have the appointment approved at the special meeting of Council in September but if this timeline wasn't able to be met, approval was sought for the proposal that the selected candidate could attend the September Remco meeting in an unofficial capacity.
- 10.4. Council **approved** the proposal to appoint a new External Member of the Remuneration Committee and the process proposed for so doing.

PART THREE - ITEMS FOR NOTING

11. Annual Report and Accounts Update

- 11.1. The Chief Executive and Registrar provided an oral update on the publication and laying of the Annual Report and Accounts of the GDC ('ARA'). He outlined that an issue had arisen at the point that the GDC were seeking approval from the Comptroller and Auditor General ('C&AG') of the National Audit Office. The C&AG that he had taken a different approach to his staff in relation to the restatement of income affected by changes in reporting deriving from the adoption of IFRS15.
- 11.2. It was explained that the C&AG had a wider obligation to ensure transparency and clarity in all accounts in the public sector and it was entirely appropriate for him to intervene in this way, although disappointing for the GDC in terms of laying our accounts.
- 11.3. Council were informed of the plan to ensure that the ARA would be laid in the next Parliamentary session. The team had already re-cast the accounts, a form of wording had been agreed and plans were in place to take the ARA through the scrutiny process of ARC and Council. Once Council approve the ARA, sign off will be sought from the external auditors and the NAO.
- 11.4. The Chief Executive would be writing to the relevant permanent secretaries to outline that the delay in publication was unavoidable and not within the gift of the GDC.
- 11.5. The Council **noted** this update.

12. Annual Reports of the Council's Committees

Audit and Risk Committee (ARC)

- 12.1. The Chair of ARC, Crispin Passmore, gave an oral overview report of the work of ARC since the last Council meeting in May 2019. He noted that the main focus of ARC had been to work to clarify risk appetite and how the organisation reports in different areas. They had taken a particular look at risks that were within the current measure of risk appetite and would give assurance to Council on the process and scrutiny of risks, particularly in relation to FtP.
- 12.2. The Council **noted** this update.

Remuneration Committee (Remco)

- 12.3. The Chair of Remco, Geraldine Campbell, gave an oral overview report of the work of Remco since the last Council meeting in May 2019. She outlined that the EDI Audit report had been circulated to Council and it was likely that this oversight work would remain with Remco, rather than splitting it across Remco and ARC. An EDI Steering Group, led by Alex

Bishop in Organisational Development, had been set up and it would be feeding into the SLT at a workshop in September.

- 12.4. The Committee had seen good papers on workforce planning and was pleased to see a robust look at People within the organisation, with more work to follow in the next six months. There was further work to be done in relation to Associates and a new member of staff had been appointed to lead this work. The work on the pay review was due to be completed in the Autumn.
- 12.5. The Council **noted** this update.

Finance and Performance Committee (FPC)

12.6. The Chair of FPC, Terry Babbs, gave an oral overview report of the work of FPC since the last Council meeting in May 2019. The key issues that were dealt with at FPC at their meeting held the preceding week were as follows:

12.6.1. **The Costed Corporate Plan 2020-2022** – this work is about to be published and FPC received the first version of it, alongside the budget proposals, at that meeting. There was still some finalising work to be done. The FPC would receive the second iteration of this work at a special meeting on 21 August 2019. The last iteration would go to SLT and then FPC on 10 September 2019. This process ought to put the Committee in a position to agree a recommendation for Council at the October meeting. The communications plan would need to be given careful consideration and this timescale would enable Council to approve the Annual Retention Fee appropriately.

12.6.2. **Fees policy work** – this work was currently due to come to FPC on 10 September 2019. This timescale would need to be borne in mind when fixing the special Council meeting for September and would enable FPC to give a firm view to Council in October on this work. The communications plan in relation to both areas should be within the papers that go to FPC on 10 September and then this plan can be shaped before Council in October 2019.

12.7. The Council **noted** this update.

Policy and Research Board (PRB)

12.8. Kirstie Moons, Chair of PRB, gave an oral overview report of the work of PRB that had taken place since the last Council meeting in May 2019. At their June meeting, the Committee had had a robust discussion on the publication on Preparedness to Practise research. A blog had been circulated which the Committee felt was a better way of presenting this material. The PRB had asked the team to take away work looking into the publication protocol.

12.9. The preceding week there had been two co-production workshops; one on the Scope of Practice, which was well attended, and another on Patients and Public on the outcomes of surveys, where they explored views. The PRB was developing other ways of working beyond formal committee meetings.

12.10. The Council **noted** this update.

13. Horizon Scanning Report

- 13.1. Executive Director, Strategy, Matthew Hill presented the report and the Council discussed with interest the recent DHSC publication, the 'National Plan to phase down the use of dental amalgam in England' and the issues that it touched upon in relation to the use of dental practitioners to provide wider services.
- 13.2. The Council **noted** this update.

PART FOUR - CONCLUSION OF BUSINESS

14. Any other Business

- 14.1. The only other item of business mentioned was a request for Governance to take care around the provision of correct papers to Council members. The Chair noted that he was taking a close interest in the progress of work within the Governance team and was confident of improvements.

15. Review of the meeting

- 15.1. Council members agreed that the agenda had been slightly light for this meeting but that there was much to be accomplished in the Autumn sessions.
- 15.2. As this was his last Council meeting, the Chair thanked Matthew Hill, Executive Director, Strategy, for his service at the GDC, noted that he had served the organisation well and wished him luck with his next professional steps.

16. Close of the meeting

- 16.1. There being no further business, the meeting ended at **3:05pm**.

Date of next meeting: 4 or 11 September 2019 (Special Council Meeting to be confirmed)

Name of Chair: William Moyes

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	By?	Governance Comments	Business Comments	Outcome
1	25 Jul 2019	Public Session	7.1.3	Annual Customer Feedback Reports - FTP	Executive Director, FtP Transition to prepare a proposal for the next Council meeting in October as to the course proposed to take in relation to this work next year, how response rates could be improved and alternative options for seeking engagement. Consideration is to be given to benchmarking against other regulators.	TS	20/08/2019	LIVE	30/09/2019	TS	This work will need to go through SLT (03/09) and FPC (10/09) before Council (03/10).		Item will be on the agenda for October Council and has been to SLT on 03/09/2019. Suggest complete once Council have discussed and noted satisfaction with this item.

Corporate Strategy 2020 - 2022

Purpose of paper	This paper introduces the Council's corporate strategy following consultation and the report on that consultation exercise.
Action	For approval
Business Plan 2019	Strategic planning framework: corporate strategy
Decision Trail	<p>The GDC's new policy on fees was approved in October 2018. One of the key changes introduced by that policy is a new approach to consultation on GDC activity and spending.</p> <p>Under the new policy, we have committed to consulting every three years on a corporate strategy, with high level costings attached, which will set out the GDC's priorities and proposed programmes of work over that three year period.</p> <p>The Council approved a version of the strategy for publication in April. The consultation began in May 2019 and ran until 30 July.</p>
Next stage	Following approval the documents will be published in line with the communications plan.
Recommendations	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • Approve the consultation outcome report for publication • Approve the 3 year strategy for publication
Authorship of paper and further information	<p>Rebecca Cooper rcooper@gdc-uk.org 020 7167 6327</p>
Appendices	<ul style="list-style-type: none"> i) Corporate strategy 2020 – 2022 ii) Report on consultation

1. Executive Summary

- 1.1. This paper introduces the final draft of the GDC's corporate strategy for 2020 – 2022 following a 12 week consultation.

- 1.2. The strategy for 2020 - 2022 seeks to draw together the various commitments the GDC has made in *Shifting the balance*, the end to end review of fitness to practise, our work to rationalise our estate and the work to develop an approach to managing, developing and deploying our people.
- 1.3. As required by the GDC's fees policy, we have adopted a new approach to developing our corporate strategy and the associated plans. This new approach involves development of and consultation on a three-year strategy, with high level costs attached. This is aimed at shifting the focus of the debate about the level of the fee on to the cost of achieving regulatory outcomes, and away from our annual budget. The strategy sets out 5 strategic aims, each with a set of objectives. Each of the strategic aims has a cost attached, as well as an explanation of how that cost is borne by the two registrant groups, dentists and DCPs.
- 1.4. The 12-week consultation has now closed, and analysis of the responses has been carried out. Response rates were somewhat lower than expected, but we received constructive and full responses from many of our major stakeholders.

2. Introduction and background

- 2.1. The GDC's revised policy framework for fee setting, which came into effect in January 2019, set out a new approach to strategic planning and consultation with our stakeholders on expenditure.
- 2.2. The policy states that:
 - We will consult every three years on the high-level objectives and associated expenditure plans which will underpin the annual retention fee. The consultation documents will be reasoned, costed and clear about the assumptions on which they are based, particularly in relation to efficiency gains.
 - We will consult on our proposals for distributing the costs of achieving the objectives among different groups and subgroups of registrants, including on any proposed cross subsidy, and any steps that might be taken to minimise the impact on those groups and subgroups.
- 2.3. The policy also states that we will publish, maintain and update a rolling three-year corporate plan, which will be costed at programme/function level, and will outline clear objectives. We will therefore also need to publish, but not consult on, our corporate plan. This will set out in more detail how we propose to achieve the objectives set out in the strategy and will attach timescales to programmes of work. The Council will be involved in the development and prioritisation of that plan.

3. The strategy

- 3.1. The latest draft has been amended following the consultation. It also reflects comments provided in writing by Council members prior to the 11 September meeting.
- 3.2. The strategy reflects on the period 2016 – 2019, and summarises some of the key achievements from Patients, Professionals, Partners, Performance. It then sets out the following:
 - GDC's purpose, role and responsibilities - statutory purpose and mandatory functions
 - Vision – what we want from a system of regulation
 - Organisational values
 - Strategic aims – these aims seek to articulate the organisation's key priorities and how we propose to achieve our statutory purpose.
 - developing and delivering an evidence informed, cost-effective and proportionate 'upstream' regulatory framework, which begins with education, supports career-long learning, and promotes high standards of oral healthcare and professional conduct.

- working with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively.
- developing, embedding and delivering a cost-effective and proportionate model for enforcement action
- Maintaining and developing the regulatory framework
- developing a high performing, sustainable organisation.
- How we will work – these aim to emphasise *how* we will work, as opposed to *what* we will achieve. They are not deemed to be ends in themselves, rather they are tactics that we need to deploy in order to ensure that we achieve our aims.
- Success measures – these set out the things we will look at to understand whether we have been successful not only in completing tasks, but in effecting change.
- Context – this section sets out the background to the landscape in which we are operating and will seek to set out some of the challenges that we, our stakeholders and partners face. It is not intended to be an exhaustive description of everything affecting the sector, rather it is intended as an acknowledgement of the rapid and constant change facing us, our partners and those we regulate.
- Detail on why we have set our objectives, and what we will do in pursuit of them.
- Information on the distribution of costs across the strategic aims. This information has been updated since the consultation as a result of further analysis during the planning and budgeting process, with the proportions assigned to each strategic aim having changed, albeit not significantly.

3.3. There are areas of the strategy in which we have had to allow for uncertainty, including the response to the UK’s exit from the EU and the work to support the broader regulatory reform led by the Department of Health and Social Care.

4. Consultation response report

- 4.1. The consultation responses have been analysed and a report prepared. This sets out the numbers of responses to each question. We did not request binary responses to the questions, but we have sought to determine whether responses were positive/negative/neutral. Many of the negative responses were very brief and contained very little detail or reasoning. They also focused largely on ARF levels rather than on the strategy itself.
- 4.2. Following feedback from the Council at the closed meeting on 11 September, we have reviewed the report to ensure that it is sufficiently balanced, and incorporated feedback from legal colleagues.
- 4.3. The analysis undertaken during the budgeting process, to ensure appropriate alignment of projects to strategic aims has been reflected in the strategy document. The change in the proportion of expenditure within the strategy is as a result of ensuring that projects are correctly assigned to the strategic aims.
- 4.4. The report on the consultation is attached at annex 2.

5. Risks and considerations

<p>Communications</p> <ul style="list-style-type: none"> ● A communications plan has been prepared and will be discussed as a separate agenda item
<p>Equality and Diversity</p>

<ul style="list-style-type: none"> The strategy does not require an equality impact assessment. Assessments will need to be made as projects to achieve the objectives are designed and commenced.
<p>Legal</p> <ul style="list-style-type: none"> There are no immediate legal implications to this strategy.
<p>Policy</p> <ul style="list-style-type: none"> This strategy is the high-level articulation of the GDC’s policy/strategy. The policy framework that supports the organisation’s business will need to be kept under review as work to deliver the strategy gets underway.
<p>Resources</p> <ul style="list-style-type: none"> The strategy forms the basis of the organisation’s expenditure plans for 2020 – 2022.
<p>National</p> <ul style="list-style-type: none"> This strategy will apply across the four nations of the United Kingdom, although there are objectives which affect individual nations differently.
<p>Risks on registers</p> <ul style="list-style-type: none"> This strategy aims to set out how the organisation will deliver on the ambitions described in <i>Shifting the balance</i> as well as how it will respond to external factors, including the UK’s exit from the European Union and emerging plans from the Department of Health and Social Care for broader regulatory reform.

6. Recommendations

- 6.1. The Council asked to approve the strategy and the consultation outcome report for publication.

7. Internal consultation

- 7.1.

Department	Date and consultee name
All SLT members	Since 4 December 2018
Strategic planning framework board members	Since 4 December 2018

8. Appendices

- 8.1. Corporate strategy 2020 – 2022
- 8.2. Consultation outcome report

**General
Dental
Council**

protecting patients,
regulating the dental team

Corporate Strategy 2020-2022

Contents

Foreword from the Chair

Introduction and reflections on 2018-2016

Our purpose, role and responsibilities

Our strategy

Strategic aims and how we will achieve them

Strategic aim 1

Strategic aim 2

Strategic aim 3

Strategic aim 4

Strategic aim 5

Expenditure plans

Table 1: Proposed expenditure by strategic aim

Figure 1: Proportion of costs by strategic aim 2019 compared to 2020-2022

Consultation questions

Annex A – List of abbreviations used

Foreword from the Chair



The General Dental Council exists to protect the public. We do this by maintaining a clear focus on safety, wellbeing and public confidence. This strategy describes how we will do that over the next three years. It has been developed following an extensive process of engagement with partners and stakeholders, including a 12-week public consultation on our aims, objectives and spending plans. It sets out how we plan to deliver our statutory functions and the contributions we seek from dental professionals and other organisations, so that together we can ensure that dental services in the UK are of the highest quality and are

recognised as such.

Key to fulfilling our statutory responsibilities is ensuring that our resources are allocated to reflect our priorities and that opportunities to improve the efficiency and effectiveness of our operations are taken promptly. Much has been achieved in this respect, but there is more to do and we are actively pursuing further opportunities.

The strategy also reflects the change in emphasis in our approach that we described in *Shifting the balance* - not just taking action once things have gone wrong, but increasingly seeking to develop arrangements which promote professionalism, support career-long learning and address the issues dental professionals face at every stage of their career. This approach requires effective partnerships with others across the sector who have a shared interest in public safety and confidence in dentistry. The way we currently describe our mission, 'protecting patients, regulating the dental team', does not necessarily reflect our changed approach and we will consider whether such a strapline is needed. Again, we believe we have made good progress, but, as the strategy illustrates, there is more we want to achieve in the medium term.

We do not underestimate the challenges associated with delivering this strategy, and in doing so with smaller annual budgets than those seen at the GDC in recent years. In fact, we welcome that challenge, and look forward to working with our partners to achieve the objectives we have set.

A handwritten signature in purple ink, which appears to read 'William Moyes'.

Dr William Moyes
Chair
General Dental Council

Introduction and reflections on 2016-2018

Introduction

1. In 2016, we published [Patients, Professionals, Partners, Performance](#), which set out our three-year strategy. A central theme of that strategy was improved engagement – with the public, with registrants and with our partners. As a result, we engaged extensively throughout 2016, and in January 2017 published a discussion document, [Shifting the balance: a better, fairer system of dental regulation](#). This set out our vision for a more proportionate, more efficient and effective system of regulation. At the heart of this vision is the idea that regulation best serves the public and is fairest for the professions if it focuses on preventative action to secure public safety and confidence before things go wrong, rather than intervening only after problems have occurred. This is commonly called ‘upstream’ regulation.

Achievements against our previous strategy

2. The ambitious objectives we set ourselves in **Patients, Professionals, Partners, Performance**, have been substantially delivered.
3. In relation to **patients**, we have undertaken significant work to better understand their needs and the wider expectations of the public and to take those into account in our approach. We have done this using a variety of means, including surveys with large representative cross sections of the population, face-to-face engagement through focus groups and workshops, and liaison with patient representative groups. Using what we learned from this engagement, we have made significant changes to the way in which we interact with the public and have improved the breadth and quality of information available to members of the public, particularly on our website.
4. Under the theme **professionals**, we have made it a priority to listen and engage with registrants, students and trainees across the professions. We have established new and better channels for digital and face-to-face engagement with registrants and taken a broader, more open and transparent approach to consulting on emerging policy and strategy. We have introduced an improved scheme for continuing professional development (CPD). The new scheme aims to give greater weight to professionals’ decisions about their development, enabling them to link it more effectively to their practice and to facilitate, through the introduction of the personal development plan, an effective planning and learning cycle. We also made changes to our fitness to practise process, most notably the introduction of Case Examiners who are able to offer undertakings in cases which might otherwise proceed to a final hearing.
5. We have welcomed the increased co-operation and collaboration with our **partners** and stakeholders which has made our engagement fruitful and constructive. We now have in place significantly improved communication and engagement channels with the governments, health services and systems regulators in each of the four nations; and with professional associations, ‘corporate’ dental providers and indemnity providers. We intend to continue that improvement and ensure that we use those channels effectively to develop stronger relationships with the public, partners and professionals.

6. We have worked very hard to improve our organisational **performance** and efficiency. For example, we reviewed the location of and accommodation for our staff, resulting in the development of an ambitious estates strategy, aimed at improving our ability to recruit and retain staff, rationalise our estate and operate it more cost effectively. A key deliverable of that strategy was a reduction in the number of premises in London. We have already taken significant steps to implement that strategy. Towards the end of 2017, we announced our intention to consolidate our estate and open a new office in Birmingham. A year later, we had completed the first phase and were operating our registration and some of our corporate resources function from Birmingham. By the end of 2019, we will have completed the relocation of the bulk of our operational functions, which will mean most of our staff will be based in Birmingham. This is forecast to offer substantial savings over the life of our 15-year lease.

Building on our engagement with others: Shifting the balance

7. Alongside the work we have undertaken to deliver against our published corporate strategy, since 2017 we have also made significant progress with many of the actions, we committed to in *Shifting the balance*. That described in broad terms how we proposed to develop a more proportionate and efficient system of regulation, based on learning, and focusing on the interests of the public. We described how we would achieve this by developing our approach to 'upstream' regulation and by refocusing our enforcement activity.
8. Education is of course key to a model of regulation that focuses on learning. We have developed new approaches to reviewing learning outcomes and for quality assuring education, using the available intelligence to identify risks and themes. We want to ensure that professionalism is embedded into education and learning throughout registrants' careers. To that end we have engaged extensively and constructively with students. We have also made progress with our plans to further develop our CPD scheme, exploring how it can focus more on learning and outcomes, rather than on hours of activity. We will be publishing these proposals in the near future. The work on CPD is part of a wider programme of work relating to professionalism, which we began in 2018 and will continue to pursue over the life of this corporate strategy.
9. We have made good progress with the dental professions on complaints handling. We have worked collaboratively with our partners across the sector to improve the information available to patients about resolving complaints. 28 organisations worked together, through the profession-wide complaints handling group, to produce accessible information (a poster and a leaflet) describing agreed principles for handling complaints. The ambition of the group is to have these materials displayed in every dental practice across the UK, so that patients are clear about what they can expect from the complaints process. We have also worked closely with the NHS and the Care Quality Commission (CQC) in England to establish protocols for handling concerns raised about dental professionals, to ensure that those concerns are appropriately handled and investigated. Following the success of this in England, we have established a similar mechanism in Wales, and are exploring how we can do so in Scotland and Northern Ireland.
10. In *Shifting the balance*, we also set out our ambition to refocus the use of our fitness to practise powers, seeking to ensure that they are used for their intended purpose, which is to manage any risk to patient safety or public confidence arising from the conduct of dental

professionals. We must, of course, ensure that this risk is managed fairly and proportionately, and we have embarked on an ambitious piece of research, in conjunction with other key regulators, to understand better the factors that influence enforcement decisions.

11. Since publishing *Shifting the balance*, we have seen a drop in the number of fitness to practise concerns. Some of this reduction is a consequence of the work we carried out on our website to appropriately signpost individuals to the organisation most able to deal with their issue¹. The attrition rate in the number of concerns we deal with has correspondingly decreased, meaning that we are now able to target our resources more effectively.
12. More recently we have changed the way in which we deal with concerns immediately following receipt, resulting in processing times for initial decisions falling from an average of 12 working days to four.
13. We have also been working hard to ensure that the Dental Complaints Service (DCS) provides an effective resolution mechanism for patients seeking additional support in dealing with a complaint regarding private treatment. Through improved signposting and detailed review of the processes governing how DCS interacts with the fitness to practise processes we have seen an 80% drop in the number of concerns referred from the DCS to fitness to practise.
14. The progress we have made with those initiatives would not have taken place without the positive engagement we have established with our partners, the professionals we regulate and the public.

Our workforce

15. In order to support a substantially transformed organisation and approach to regulation, we also need to ensure that we design and deploy our workforce effectively. We have begun that work - our 'people strategy' - with a view to ensuring that we continue to have a motivated and committed, workforce who share our commitment to professionalism and delivering services in the public interest. Significant progress will be made on this during 2019, and this will continue into 2020 and beyond.

¹ This reduction in incoming concerns does not necessarily translate into a directly corresponding reduction in cases reaching a hearing, which is where costs are concentrated in the fitness to practise process.

Our purpose, role and responsibilities

16. The GDC plays a key role in the healthcare architecture, working on behalf of the public to support a system in which dental professionals provide good quality care and practise to the highest possible standard.
17. Our overarching purpose when exercising our functions (set out in the Dentists Act 1984 and updated by the Health and Social Care (Safety and Quality) Act 2015) 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
 - to promote and maintain public confidence in the professions regulated [under this Act], and
 - to promote and maintain proper professional standards and conduct for members of those professions.
18. This is a very broad remit. Parliament has given us a range of powers and responsibilities to help us achieve it including:
 - setting and assuring standards of quality in dental education
 - maintaining registers of dentists and dental care professionals who meet the registration requirements
 - setting and promoting professional standards, and
 - investigating allegations of impaired fitness to practise and taking appropriate action.
19. Although there are constraints set by our legal framework, particularly in relation to our fitness to practise process, we are able to exercise discretion in how we fulfil our responsibilities. For example, in line with our duty to set and promote professional standards, we place a requirement on dental professionals to undertake CPD, and much of our engagement activity is aimed at ensuring that the professional standards are understood and embedded. Alongside the mandatory functions, we have additional discretion as to how we achieve our statutory purpose and objectives. We exercise that discretion in a number of ways, for example by taking action against those who practise dentistry illegally. We also fund the DCS, which offers a facilitated resolution service for complaints about private dental treatment.
20. Exercising our discretion means making choices about how we deploy resources. We are consulted on this strategy in order to help inform those choices.

Our strategy

An overview

21. Fulfilling these statutory objectives requires us to operate a fair, proportionate and responsive regulatory framework, which in turn relies on us being an efficient and effective organisation. We have, therefore, set out a vision and five strategic aims which will help us achieve it, and to enable us to demonstrate that we are doing so.

Our vision

22. A system of regulation which:

- Supports the provision of safe, effective oral health care.
- Promotes and embeds clear standards of clinical competence and ethical conduct.
- Embodies the principles of right touch regulation: proportionality, accountability, consistency, transparency, targeted, and agility.

Our values

23. When working to realise this vision, the organisational values that guide how we operate are:

- **Fairness** – we treat everyone we deal with fairly.
- **Transparency** – we are open about how we work and how we reach decisions.
- **Responsiveness** – we listen, and we adapt to changing circumstances.
- **Respect** – we treat everyone with respect.

Our strategic aims

24. Our strategic aims:

- **Strategic aim 1:** developing and delivering an evidence informed, cost-effective and proportionate 'upstream' regulatory framework, which begins with education, supports career-long learning, and promotes high standards of oral healthcare and professional conduct.
- **Strategic aim 2:** working with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively.
- **Strategic aim 3:** developing, embedding and delivering a cost-effective and proportionate model for enforcement action.
- **Strategic aim 4:** maintaining and developing the regulatory framework.
- **Strategic aim 5:** developing a high performing, sustainable organisation.

How will we work to deliver these aims?

25. Achieving these aims will require us to continue to transform our working practices by embedding these ways of working in everything we do:

- Working collaboratively – developing and maintaining effective partnerships with relevant organisations and the professions.
- Being evidence-led – using research to support and inform proportionate decision making and to focus our activity and resources.
- Making the best use of resources – constantly challenging ourselves and our operating practices to ensure value for money.
- Being inclusive – seeing the value and importance of diversity and acting to ensure that this is reflected in our work.

How will we monitor our progress and success?

26. By the end of 2022 we will have made substantial progress in improving our use of evidence, data and intelligence, with a view to being able to demonstrate that:

- Our regulatory activities support and promote professionalism, prevent harm and support public confidence.
- Systems for the public to raise and resolve issues are clearer and more integrated.
- The costs of regulation, their drivers and the ways of reducing them are clear to those we regulate, and we have effective methods of reducing costs and allocating resources in line with our statutory obligations and strategic priorities.
- Our enforcement processes are invoked only when necessary to investigate the most serious cases.
- We operate within all aspects of the law that apply to us.
- We protect confidential information supplied to us by patients, registrants and other bodies.
- We operate governance processes that promote efficiency, clarity and transparency, and that manage conflicts of interest effectively.

27. We have taken steps to develop a programme of monitoring and evaluation to enable us to demonstrate how we are achieving our statutory objectives and our strategic aims. We will continue with that, using evidence to inform improvement and development of our work on a continuing basis. Across the GDC we are using research, monitoring and evaluation increasingly to generate learning, which in the short-term will enable us to explore and understand the more immediate impacts and outcomes of our work.

28. Our key performance indicators will be aligned to our strategic aims and objectives and monitored continuously through our balanced scorecard. We will also develop and implement a longer term-impact evaluation and research programme, in order to achieve and sustain continuous learning.

The regulatory environment: changes, challenges and opportunities

29. Dentistry is complex, surrounded by many different influences and pressures that individual professions have to navigate. Creating an environment that supports professional behaviour

in the public interest requires all those involved in dentistry to work together effectively to identify and address the challenges and opportunities we all face.

30. Oral healthcare does not exist in a vacuum. It is part of a wider health system, which is funded, arranged, delivered and managed differently across the four nations of the UK, and indeed even within those nations.
31. The healthcare system itself is affected by decisions made in other areas, including the arrangements in respect of Britain's relationship with the European Union. This change is likely to have an impact on the supply of the healthcare workforce, which in turn could have an impact on access to dental services, as well as our regulatory framework. We described in some detail in [Moving Upstream](#), published in January 2019, the likely implications of the loss of the current mutual recognition arrangements in respect of EU qualifications. We are still in a position of considerable uncertainty regarding the outcome of the UK's negotiations with the EU and continue to work with others to understand the likely impacts on professional regulation and workforce and to develop plans for a range of scenarios.
32. Despite this uncertainty, work is underway across the UK to develop and implement plans for future healthcare provision.
33. In Scotland, the Oral Health Improvement Plan sets out the priorities in relation to encouraging good oral healthcare and thereby focusing on prevention rather than cure, particularly for children. Similarly, in Wales, the Chief Dental Officer has outlined plans for a contract aimed at improving oral healthcare and ensuring that visits to the dentist and treatment plans are based on health needs.
34. In England, the NHS Long Term Plan sets out themes and priorities for the development of the healthcare system. The plan makes few direct references to developments in dentistry, although there are specific ambitions, particularly in relation to children and people with learning disabilities. Nevertheless, many of the themes are as relevant in dentistry as they are in other spheres of healthcare: a focus on prevention and addressing health inequalities; tackling workforce pressures; harnessing new technology and increasing choice and personalisation in the delivery of care. Against this backdrop, work on reform of the dental contract is underway, which also seeks to focus on prevention and attempts to address some of the issues that have arisen under the current contract and have been highlighted by professionals and others.
35. The differences in structure across the four nations can present challenges when establishing common systems that are easy for the public to understand and navigate. They can, however, also present opportunities for sharing learning, innovating and improving. To support and enable this we will continue to develop and strengthen our engagement with partners in regulation and dentistry across the whole of the UK.
36. Alongside planned developments to service provision, dentistry and the way in which it is delivered have changed significantly in recent years. There are a number of factors influencing that change, including the changing profile of both the patient population and the workforce, the rapidly increasing representation of corporate bodies in dentistry, and the use of technology in practice. This sort of change is likely to continue, with new models of care, an ageing population, health inequalities, changing public expectation, in terms of both care delivery and professional conduct, increasing demand for cosmetic treatments

and fast-moving technology. All of these things raise questions about how we deploy our regulatory powers in pursuit of our overarching purpose of protecting the public. They point to a need for us to be flexible and agile in our approach, and to be able to respond to change.

37. Reform of the legislation that describes our remit and establishes our powers continues to be the subject of discussion in the sector. The GDC has been involved in discussions with the Department for Health and Social Care (DHSC), the Professional Standards Authority (PSA) and the other healthcare regulators on the general issue of regulatory reform. This follows work done from 2013 onwards to review the strengths and challenges of the current legal and operational arrangements for regulating healthcare professionals. The current focus is understanding how innovation in this area is hindered and the opportunities that may be available to create new ways of supporting fair, proportionate and effective regulation in the future which delivers the overall objectives of protecting patients, maintaining public confidence and setting standards for how professionals must work. At the time of publication, these discussions are at an early stage. We are currently unable to estimate the timescale for changes which could have an impact on our work, but it is reasonably certain that, if legislative changes are made, changes to policy in respect of the way we use our powers will follow.
38. Like others, we are also considering the implications of reviews and developments in other areas of healthcare and regulation, for example, the 2018 review of gross negligence manslaughter in healthcare and particularly our approach to understanding and maintaining public confidence.
39. The challenges and pressures facing us and others across the system mean that we need to work with others to understand the environment in which we are operating, anticipate change and make the most of the opportunities that it presents. This will be a key element of our emerging research, data and intelligence strategy and will inform our future plans.

Strategic aims and how we will achieve them

Strategic aim 1:

Developing and delivering an evidence informed, cost-effective and proportionate ‘upstream’ regulatory framework, which begins with education, supports career-long learning, and promotes high standards of oral healthcare and professional conduct.

40. Measured by the pattern of activity and expenditure, the focus of professional regulation in dentistry and indeed across healthcare more widely, has historically been on enforcement action through ‘fitness to practise’ proceedings. Such proceedings are only instigated once harm, or at least a risk of harm, has been identified. The power to investigate concerns regarding the practice, conduct or health of a dental professional is, of course, essential to regulation, but the public are best protected if it is complemented by other mechanisms designed to *prevent* harm - by making sure that entry to the register is properly controlled and by positively influencing behaviour of those whom we register.
41. The GDC sets and publishes standards of conduct for the professions. The current articulation of these standards is in the [Standards for the Dental Team](#), published in 2013. What has become clear through our recent engagement activity is that we have not succeeded in ensuring that the standards we set for professionals are sufficiently understood, either by the public, or by professionals themselves. And, while we have developed it considerably and will continue to do so, we do not yet have a sufficient understanding of the drivers of behaviour among professionals or the changing expectations of the public.
42. We intend to develop a career-long learning-based system and culture aimed at ensuring that patient care is at the forefront of everything dental professionals do. That involves building on work done in 2019 to understand more clearly the expectations of patients and the public in respect of professionalism. It also involves further developing the scheme we have in place for CPD, in line with the proposals we set out in *Shifting the balance*.
43. We want to further encourage and empower registrants to use their professional and ethical judgement as the primary basis for decision making – putting the patient’s interests first. This will involve working with others to address the barriers that prevent or hinder individuals from doing the right thing. This should lead to better experiences for patients and more fulfilling careers for dental professionals.
44. We intend to develop an effective and sustainable model of regulation based on learning and prevention, relying on three key elements:
 - Robust and clear evidence, data and insight to inform choices.
 - A framework which empowers professionals to use their professional judgement and supports learning and improvement.
 - Effective channels and mechanisms for explaining the framework and enabling learning.

We will pursue the following objectives to achieve this aim:

Dental education

- We will continue to develop our approach to assuring the quality of pre-registration education and training, fully implementing the thematic and risk-based approaches that we have piloted in 2019.
- We will use the findings of our first thematic review of education, which focuses on how well UK undergraduate training programmes prepare new dentists for practice, to inform our policy and quality assurance activity in relation to education and training and to work with others to deliver improvements to the structure of education and training systems in dentistry.
- We will use evidence, research and intelligence to further develop our processes for identifying risk, to evolve learning outcomes and to inform our approach to quality assurance, including identifying areas for thematic review.
- We will bring focus to the question of whether selection, often based on academic results, is generating the right pool of talent for the future healthcare workforce.

Ensuring the integrity of the register

- We will continue to ensure that those we register meet the relevant requirements, giving the appropriate scrutiny to applications and subsequent changes, and acting promptly to give effect to decisions or actions affecting an individual's registration.

Professionalism

- We will use research and engagement to develop a better understanding of what professionalism means to the public, and what is important to them in their relationship with dental professionals. This will include establishing and promoting a dialogue between the professions and the public to build a shared view of professionalism.
- We will translate that shared understanding into principles of professionalism, establishing common ground with other regulators where possible. There will be a clear emphasis on acting in the best interests of patients.
- We will use these principles as the basis for reviewing and developing all the standards we set, including those for education and training of dentists and DCPs. We will work collaboratively with the professions and our partners to communicate and embed them into education, learning and practice and to encourage dental professionals to have greater ownership of the principles and standards.

CPD and lifelong learning

- We will continue to embed and evaluate the CPD scheme for dental professionals, working towards completion of the first full cycle for dentists at the end of 2022 and for DCPs in mid-2023. In parallel, we will continue to scope a future model for lifelong learning for dental professionals; exploring a professionally driven, outcomes focused system which moves away from an inputs system driven by regulatory requirements.

- During 2020-2022 we will build on the existing scheme, introducing elements and activities which are beneficial and which professionals should be encouraged to take up, regardless of a formal regulatory requirement placed upon them.

Encouraging and supporting leadership in the profession

- We will work with others, through the Shifting the balance leadership network, to create an environment in which those responsible for deploying professionals in the provision of dental services are playing their part in promoting professionalism.
- We will collaborate with our partners and the professions to develop guidance aimed at influencing and encouraging those who employ, contract or commission dental professionals to deliver services to support high standards of conduct and behaviour.

Sharing learning, influencing and engaging effectively

- We will develop our approach to sharing learning with a range of audiences and will continue to improve how we engage with dental professionals, dental students and trainees and other stakeholders. We will continue to build on research carried out in 2018 that detailed how we are perceived by stakeholders and summarised their most effective and preferred methods of engagement, and we will repeat this research regularly to support this improvement work.
- We will continue to explore how the influence of ‘human factors’ can lead to errors and ultimately patient harm even though the professionals involved have the relevant clinical competence and professionalism to meet our standards of practice. This will be considered against a backdrop of seeking to inform and educate professionals about circumstances that may increase the risk of errors and how to avoid them.
- We will continue to evolve our understanding, insight and dissemination of learning that arises from the analysis of the information that we gather through our fitness to practise processes. We will look to increase the reach, quality, range and impact of learning to assist the profession to take positive action to avoid potential enforcement matters arising.
- We know that the way we currently describe our mission, ‘protecting patients, regulating the dental team’, is a source of contention for many professionals and we agree that it does not do justice to the transformation of the GDC. We intend to review this across all our communication, including consideration of whether a strapline is needed.
- We will develop more effective digital channels that allow two-way engagement, both between professionals and their regulator and between professionals themselves.

Strategic aim 2:

Working with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively.

45. Even in a system with a strong focus on preventing harm through education, engagement and ongoing professional development, there will be times when events occur that give rise to concerns or complaints from patients or members of the public. This is particularly likely to be the case in areas such as dentistry where treatment is often not free at the point of use. When complaints do arise, the process for making them should be clear and accessible and dental professionals should see complaints, and indeed all feedback, as an opportunity to learn and improve.
46. We know that most of the complaints received by dental professionals are resolved quickly and effectively, but still too many of the matters raised with us could have been resolved between the patient and the professional directly. The fact that direct resolution has not taken place or even, in many cases, been attempted, is partly as a result of real and perceived barriers to making complaints and a lack of sufficiently clear information about channels, processes and outcomes. Removing these barriers and promoting effective complaint handling in the practice are therefore key to continuing the reduction in the number of unnecessary fitness to practise referrals.
47. Over the course of 2018 we worked in partnership, with the profession-wide complaints handling group, to develop materials aimed at both patients and professionals about the principles of good complaint handling. This represents a real step forward, both in terms of the approach to collaborative working between those with an interest in this area, and in respect of the material available to professionals, patients and members of the public about the principles to be applied to handling complaints within the dental sector. This was an early but significant step in making the routes for feedback and complaints clear for patients.
48. In addition to providing clear information for patients and professionals about complaint pathways, there is much more to do to develop a comprehensive and coherent system for handling complaints, ensuring that professional regulators, systems regulators, providers of dental services and the NHS in each of the four nations have mechanisms in place that ensure complaints are being dealt with by the appropriate body. The majority of the matters raised with us as fitness to practise concerns are closed before they reach the Case Examiners, and many of them raise issues which could be resolved by others, including by the practice. Therefore, we need to work with our partners and the profession to develop systems in which information can be shared and issues routed to the most appropriate place for their resolution.

We will pursue the following objectives to achieve this aim:

- We will work with our partners in each of the four nations, including systems regulators, health services, patient organisations and the professions to develop a coherent and accessible system for resolving complaints, improving signposting for the public and routing complaints effectively and efficiently between organisations.

- Building on work undertaken already, we will continue to take steps to ensure that members of the public are given appropriate information about how and with which body/organisation they can and should raise concerns and signpost them to support with raising issues where necessary.
- Informed by the blueprint for the system, we will review the DCS to ensure that the role it plays within the system and its funding model are appropriate, and that it is operating in conditions which allow it to provide a high quality and cost-effective service to those who use it.
- We will continue our work with members of the profession-wide complaints handling group to support and educate the professions to understand the value in feedback and complaints and to improve approaches to complaint handling.

Strategic aim 3:

Developing, embedding and delivering a cost-effective and proportional model for enforcement action.

49. Like all healthcare professions, dentistry invites the public to place high levels of trust in it. Regulation is there to underpin that trust. But, however effective upstream measures like promoting professionalism, standards in education and effective handling of complaints and feedback may be, there are always likely to be circumstances in which an individual's conduct and/or competence is simply incompatible with that trust, and where action is needed to restrict an individual's practice, or, in the most serious cases, to remove them from the profession altogether. That means that enforcement – which in professional healthcare regulation is known as 'fitness to practise' – will always be part of the picture, in some form. The purpose of enforcement in this context is not to punish; it is to manage risk proportionately. In addition, it provides significant potential for learning, both for individuals and the professions more widely.
50. We have been very clear about the shortcomings of the fitness to practise process, many of which are imposed by the outdated legislation under which we currently operate. We welcome the opportunity for involvement in ongoing discussions with the DHSC, the PSA and the other healthcare regulators on regulatory reform. As noted above, discussions are at an early stage, but any legislative changes are very likely to require us to revise our policy framework and guidance material, particularly in relation to fitness to practise and other associated procedures.
51. If a new legal framework were to emerge, this would by no means be a panacea. Regardless of the extent and nature of regulatory change, ensuring that our understanding of the factors that affect public safety and confidence is the best it can be will remain of paramount importance. That means improving our understanding of what affects public confidence and ensuring that our enforcement action is properly focused on those cases where such intervention is necessary. It also means ensuring that decisions are supported by robust evidence and insight, enabling a reasoned conclusion on the appropriate intervention to be reached within a reasonable timeframe.

52. We plan to build on the enhancements delivered as part of the End-to-End review of fitness to practise to drive continuous improvement and take forward a range of new initiatives that align with the broader strategic imperatives of the organisation.

53. In addition to the important public protection function provided by our fitness to practise powers, we also seek to protect the public by investigating and prosecuting those who practise dentistry illegally, i.e. without being on our registers. We plan to do more to understand how effective our current approach to this criminal enforcement activity is and whether and how it could be better used to reduce the risk of harm to the public.

We will pursue the following objectives to achieve this aim:

Operating and improving our processes

- Making use of the enhanced technology, process and management information capacity delivered through the End-to-End review, we will further improve timeliness within fitness to practise.
- We will embed our continuous improvement methodology throughout our processes. Through regular analysis of the variability of performance we will be able to determine potential causes of delay so these can be remedied or alternatively identify examples of best practice that can be shared. This will enable our average performance to improve over time as we gain greater insight into our new processes and workload.
- We will evaluate options and consult on proposals for separating the adjudication function from the investigation and prosecution functions.
- We will use our internal scrutiny and quality assurance processes to identify gaps in our regulatory policy framework and our processes and take steps to address these.
- We will manage risk in relation to public safety and confidence by operating an efficient and responsive regulatory enforcement (fitness to practise) process.

Deploying our powers appropriately and effectively

- We will develop and deploy a clear set of principles for enforcement action, to enhance understanding among the public, professionals, stakeholders and our staff of how and in what circumstances we will use our powers.
- We will focus our investigation capacity on those cases which raise serious issues that warrant regulatory intervention, basing our decision making on the growing evidence base, particularly in relation to public confidence. We will incorporate ongoing calibration into that process in recognition of the fact that this is not a static concept.
- We will explore how, and to what extent, we can deploy a broader range of resolutions for matters that are referred to us. This might include:
 - Opportunities for alternative dispute resolution.
 - Developing alternative assessment approaches based on determining criteria.
 - Considering the introduction of a presumed time bar in certain cases.
 - Exploring options for early remediation and accepted regulatory outcomes.

- Informed by the evidence base, we will ensure that our policy framework for enforcement decisions is proportionate, fair and transparent. This will incorporate a better understanding of ‘human factors’, and how decision makers should consider the broader context of a case when determining outcomes or sanctions.
- We will use research and evidence to underpin a review of our criminal enforcement strategy, focusing on public protection and the risk of harm.

Strategic aim 4:

Maintaining and developing the regulatory framework.

54. Fulfilling our statutory purpose and pursuing the strategic aims and regulatory outcomes we have set out above requires the GDC to be an effective and efficient organisation, with sufficient flexibility and agility to respond to changes in the dental and regulatory landscapes. This means identifying and taking opportunities to work with the DHSC and others to improve the legal and policy framework under which we operate.
55. In common with the PSA and other healthcare regulators we have called consistently for reform of the legislation that governs professional healthcare regulation in the UK, which is needed in order to offer the proportionate and graduated responses that good regulation calls for. As noted in the previous section, we continue to be involved in discussions with the DHSC, the PSA and the other healthcare professional regulators on the general issue of regulatory reform. We will continue to engage in and influence the debate on regulatory reform and will work with others to ensure that any forthcoming reform is effectively implemented.
56. Irrespective of legislative change, there is a clear need for us to review our policy framework to ensure that it fulfils our statutory purpose, is aligned with our strategic aims and objectives and supports the deployment of proportionate regulatory interventions.
57. Alongside developments to the legal and policy framework, we need to ensure that we use the data and intelligence we hold to maximum effect. We hold a significant amount of data from which we could extract value. We need to build our capability and strategy in this area to support business decision making, as well as to provide professionals with the information they need to inform their choices, while operating within the legal framework established by the General Data Protection Regulations (GDPR).

We will pursue the following objectives to achieve this aim:

- We will continue to engage in and influence debate and thinking in respect of regulatory reform, contributing both to thought leadership and the evidence base through our programme of research.
- We will ensure that our policy framework aligns with our strategic aims and objectives, and that the way we explain that policy in the guidance we issue to decision makers, professionals and the public is clear and accessible.

- We will work with others to identify, understand and respond to the ongoing challenges arising from Britain's planned exit from the EU, including the possibility of a differential impact across the UK.
- Informed by robust research on its current use and the issues that arise from that, we will undertake a review of the [Scope of Practice](#) for dental professionals, with a view to enabling more effective deployment of the whole dental team and facilitating inter-professional working.
- We will build our evidence base in relation to risk in dentistry using a range of mechanisms. This will include a review of fitness to practise data and decisions, demographic and diversity data and information and data on complaints held by us and others. It will also include an analysis of whether and, if so, how risk differs according to a range of factors, including the diversity of the patient population.
- We will implement our data and intelligence strategy. Our long-term research and intelligence plan will test, evaluate and inform the further development and improvement of all our programmes of work.
- We will develop a programme of monitoring and evaluation to determine whether, how and to what extent our approach to regulation is achieving our objectives so we can understand and measure the difference regulation makes.

Strategic aim 5:

Developing a high performing, sustainable organisation.

58. As with any organisation, if we are to fulfil our statutory purpose and strategic aims, we need to secure our viability and increase our ability to anticipate, prepare for and adapt to changing circumstances.
59. There are two key elements to this. The first is the effective and efficient management of resources. That means more than simply managing money. It means actively seeking ways to improve the way we operate, including how and from where we carry out our business. It means being transparent about the drivers of the cost of regulation and exploring with others what impacts on those drivers. And, it means ensuring that we have access to the infrastructure we need to operate.
60. The other key element is ensuring that we get the best out of our most important asset; our people. We have a committed workforce, and we need to take steps to ensure that staff remain motivated, continue their professional development, and maintain their commitment to our organisational aims. This means fostering a positive, diverse and inclusive working culture and environment, and embedding professionalism in the way we work. It also means effective workforce and succession planning. These things need to be supported by a workable and efficient organisational design.

We will pursue the following objectives to achieve this aim:

Identifying and pursuing efficiencies

- We will continuously review the way we operate to seek efficiencies in how we work.
- We will evaluate the success of the creation of our Birmingham operational hub to understand the extent to which the anticipated benefits have been realised, and to consider whether we can make further efficiencies and savings in relation to our estate.
- We will continue to pursue the implications of our fees policy, including the introduction of application and assessment fees, with a view to achieving a fairer distribution of the costs of regulatory activity.

Maximising the potential of our workforce

- We will continue to build and engage our workforce, who choose the GDC, for their belief in our purpose and because it meets their expectations of work-life balance, development and inclusivity.
- We will develop our workforce to ensure they have the skills required for the present and future.
- We will continue to build operational resilience by embedding and further developing our approach to cross-skilling our staff; allowing greater agility and discretion in the deployment of our resources to match workload priorities.
- We will review the structures and systems that support our organisational design, ensuring that we have effective workforce and succession plans in place. This includes ensuring that staff and associates are deployed in the most effective way, using appropriate and cost-effective arrangements.

Expenditure plans

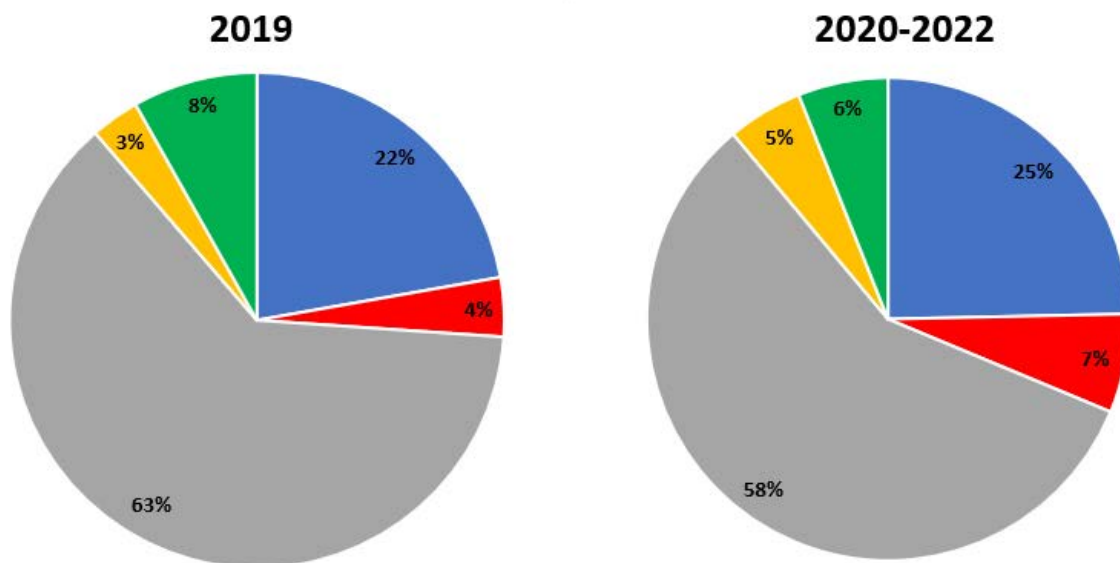
Overview

Table 1: Expenditure by strategic aim²

Strategic aim:	2019 cost (1-year) (£ millions)	2020-2022 total cost (3 years) (£ millions)	2020-2022 annual cost (average/year) (£ millions)
1. Developing and delivering an evidence informed, cost-effective and proportionate 'upstream' regulatory framework, which begins with education, supports career-long learning, and promotes high standards of oral healthcare and professional conduct.	£9.6	£30.0	£10.0
2. Working with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively.	£1.7	£8.0	£2.7
3. Developing, embedding and delivering a cost-effective and proportionate model for enforcement action.	£27.0	£70.1	£23.4
4. Maintaining and developing the regulatory framework.	£1.4	£6.2	£2.1
5. Developing a high performing, sustainable organisation.	£3.5	£7.3	£2.4
Totals	£43.2	£121.6	£40.5

² Figures are rounded to the nearest £100,000.

Figure 1: Proportion of costs by strategic aim 2019 compared to 2020-2022³



- **Strategic aim 1:** Developing and delivering an evidence informed, cost-effective and proportionate ‘upstream’ regulatory framework, which begins with education, support career-long learning, and promotes high standards of oral healthcare and professional conduct.
- **Strategic aim 2:** Working with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively.
- **Strategic aim 3:** Developing, embedding and delivering a cost-effective and proportionate model for enforcement action.
- **Strategic aim 4:** Maintaining and developing the regulatory framework.
- **Strategic aim 5:** Developing a high performing, sustainable organisation.

How we developed these expenditure plans

Meeting the requirements of our fees policy

61. The development of this corporate strategy, the consultation we conducted to invite views on it, and the information we have provided on the costs of delivering it has been undertaken in line with the [commitments we made in our policy on fee charging](#), both in relation to how we calculate the fees we charge and how we explain that to registrants.

62. The fees policy sets out three key principles. These principles and the explanation of them, have been reproduced here:

- **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

³ Percentages are rounded to the nearest % and the total may not add up to 100%.

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

- **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.

63. The exercise to determine expenditure and allocate it to dentists or DCPs is complex. We began by closely examining our expenditure - but simply looking at our existing spending is not enough. We have also developed new strategic aims and objectives and established what delivering them will cost. This required us to make certain assumptions, which we set out below.

Financial assumptions: expenditure

64. We anticipate receiving around 1,500 fitness to practise concerns, annually, over the three-year period. This represents a stabilisation in the levels of incoming concerns following a period of reduction. It is important to understand that a reduction in the number of incoming cases does not necessarily translate into a directly corresponding reduction in cases reaching a hearing, which is where costs tend to be concentrated. Furthermore, the number of cases reaching hearing is not the only driver of cost; the complexity of cases is also a significant factor. Thus, the falling level of concerns reaching us will not automatically produce an equivalent fall in costs.

65. The planned expenditure under each strategic aim covers the total expenditure. There is no expectation that any of the planned activity will be funded from reserves.

66. The fees charged to registrants will include the cost of funding the activity over the three-year period and of maintaining our level of free reserves within the range specified in the Council's reserves policy. Within that range, Council has assessed the level of free reserves necessary to ensure the GDC remains a viable organisation by 31 December 2022, to be equivalent to 4½ months of operating expenditure over the same period. This will be our planning assumption and is the level assessed by Council as delivering the necessary financial resilience.

67. Our fees policy commits us to the introduction of application and assessment fees for applicants, in order to eliminate cross subsidy between registrants and applicants. The

costs associated with first registration have been calculated separately, in line with this commitment.

68. For the purposes of calculating the ARF, in line with the first principle of the fees policy, costs have been apportioned between the two registrant groups according to how they were generated (e.g. the cost of investigating fitness to practise matters generated by each group). Where it has not been possible to apportion costs directly in this way (for example, in relation to fixed costs like premises or communications activity), they have been apportioned in line with the 78/22 average across the whole of the GDC. The fee calculations incorporate no cross-subsidy between the two registrant groups of dentist and DCPs. However, as the DCP group comprises a number of discrete professions, some limited internal cross-subsidy between them is inherent.

Financial assumptions: income

69. Our calculations have been based on the premise that registrant numbers will remain as they were in 2018. No increase or decrease has been incorporated into the projections. Therefore, we are assuming that income will not vary materially over the period.

What happens if our assumptions prove wrong?

70. Should actual costs or income vary materially from the planning assumptions, this would constitute exceptional circumstances and we would deal with them as set out in the policy. Looking first to savings and reserves to meet the costs, and then, if absolutely necessary, revisiting the ARF.

Annex A – List of abbreviations used

ARF – Annual Renewal Fee

CPD – continuing professional development

DCP – Dental Care Professional

DCS – Dental Complaints Service

DHSC – Department of Health and Social Care

EU – European Union

GDC – General Dental Council

GDPR – General Data Protection Regulations

PSA – Professional Standards Authority

UK – United Kingdom

Appendix 2

GDC Strategy 2020 – 2022: consultation outcome report

1. Introduction

- 1.1. In May 2019, the General Dental Council (GDC) published a consultation on its proposed strategy for 2020 -2022. The strategy described the organisation’s vision, values and strategic aims, and provided high level information on the expenditure plans to support the achievement of those aims over the period.
- 1.2. Consulting on the new strategy marks a change in approach for the GDC. This new approach is set out in the GDC’s policy on fees, which was consulted on in 2018, and came into effect from January 2019. It explains that we will consult every three years on the high-level objectives and associated expenditure plans that will underpin the annual retention fee (ARF).
- 1.3. The draft strategy set out five strategic aims, which were developed to describe the GDC’s priorities within its statutory remit. In order to deliver the necessary outcomes, the strategy also identified objectives designed to support the achievement of those aims.
- 1.4. As explained in the fees policy, the resources required to achieve the aims and objectives determine the overall sum that needs to be raised from the collection of fees over the period. One of the key purposes of providing the accompanying financial information was to establish a clearer relationship between the GDC’s aims, objectives and activity and the fees paid by dental professionals. The consultation also therefore contained information on the likely ranges for the annual retention fees for dentists and dental care professionals.
- 1.5. The consultation opened on 8 May and closed on 30 July and invited views on the objectives we had identified to support the achievement of the strategic aims, as well as the expenditure plans associated with them.
- 1.6. It is important to emphasise that while likely ranges for the ARF were indicated in this consultation, the consultation itself was not about the current or future fee levels themselves. Nevertheless, a proportion of the responses we received focused upon that issue. While we understand the impact of fee levels on dental professionals, this report focuses upon the core issues upon which we consulted: the objectives and the expenditure plans which underpin them.

2. Background

- 2.1. The GDC is the regulator of dental professionals in the UK, and one of nine professional healthcare regulators. The GDC is a statutory body established by the Dentists Act 1984 (‘the Act’) and has a broad statutory remit.
- 2.2. In common with all other healthcare professional regulators, our overarching objective, added to the Act by the Health and Social Care (Safety and Quality) Act 2015, is the protection of the public, in pursuit of which we must pursue the three following objectives:
 - To protect, promote and maintain the health, safety and well-being of the public.
 - To promote and maintain public confidence in the regulated professions.
 - To promote and maintain proper professional standards and conduct for members of those professions.

- 2.3. Our legal framework provides a significant degree of discretion in how we achieve those objectives. It affords us opportunities to develop an approach to regulation, in partnership with the professions, that focuses on promoting a positive vision of professionalism in dentistry. Parliament has also set out four functions (our 'statutory functions') that we *must* carry out in pursuit of these objectives. They are:
- To maintain a register of dental professionals who are 'fit to practise'.
 - To set standards for the dental team.
 - To set standards for dental education.
 - To investigate allegations of 'impaired fitness to practise' and take appropriate action where necessary.
- 2.4. The Act also gives us a specific power to assist in the resolution of complaints about a registered professional or a corporate body delivering dental services. We currently exercise that power through the Dental Complaints Service (DCS), which assists in the resolution of complaints about privately funded dentistry. The DCS has no remit in respect of complaints about NHS dentistry, which are governed by a statutory scheme, but does provide information and signposting to NHS patients, to assist them in expressing and directing their complaint appropriately.
- 2.5. Within our statutory functions and specified powers, we have specific duties, but also significant discretion about how we achieve our objectives. We exercise this discretion in a number of ways. For example, we have previously stated our intention to increase activity aimed at preventing harm to patients before it occurs, such as promoting high standards of professionalism. We refer to this sort of activity as 'upstream' regulation, and it is a key component of our strategy.
- 2.6. The proposed strategy set out five strategic aims. These were to:
- Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience
 - Work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay
 - Use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action
 - Maintain and develop the regulatory framework
 - Continue to develop an outcome-focused, high-performing and sustainable organisation
- 2.7. The strategy detailed a set of objectives designed to achieve these aims. These objectives include new initiatives and improvements to existing processes/schemes as well as operational activity such as registration and fitness to practise.

3. Headline analysis of consultation responses

- 3.1. We received 80 responses to the consultation. Fifty-one of these were submitted by individuals, the majority of whom were dentists. Twenty-nine were from organisations. A list of the organisations that responded is provided below.
- 3.2. Not all respondents answered each question, and not all answers addressed the question that was posed. We have therefore provided, in the analysis of the individual questions, details of the number of respondents and a summary of the comments received.
- 3.3. In general, responses from organisations contained more detail than those from individuals, and this is reflected in the analysis. However, not all organisations answered every question.
- 3.4. A significant proportion of the respondents indicated that the financial information provided contained insufficient detail to enable them to draw clear conclusions or provide comment. We will consider how the information can be presented in future in order to enable fuller engagement with the expenditure plans. As set out in our consultation on the fees policy, we will also continue to publish budget information on an annual basis, providing greater detail on costs. That information will, however, be presented in relation to business units rather than aligned to the strategic aims.
- 3.5. The breakdown of the responses we received was as follows:

Responses received*	Number
Total number of responses	80
Total received through online survey	66
Total received by email	14
Total responses from organisations	29
Total responses from individuals	51
Responses from dentists	28
Responses from dentists listed as specialists	3
Responses from dental hygienists and/or dental therapists	2
Responses from dental nurses	15
Responses from other registrant groups	1
Not stated	2

* Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. All duplicates have only been counted once towards the total number of responses.

The GDC received responses from the organisations listed below:

1. Aberdeen University
2. Association of Dental Hospitals
3. BASCD Consultants and Specialists in Dental Public Health Group
4. British Dental Association (BDA)
5. BDA Benevolent Fund
6. British Association of Dental Nurses
7. British Association of Dental Therapists
8. British Orthodontic Society
9. British Society of Dental and Maxillofacial Radiology
10. Chief Dental Officer for Wales
11. Community Dental Services
12. COPDEND
13. Croydon Local Dental Committee

- | | |
|---|---|
| 14. Dental Defence Union | 22. LDC Confederation |
| 15. Dental Mentors UK | 23. NHS Education Scotland |
| 16. Dental Schools Council | 24. Orthodontic National group |
| 17. Faculty of Dental Surgery at the Royal College of Surgeons of England | 25. Royal College of Physicians and Surgeons of Glasgow |
| 18. Faculty of Dental Trainers | 26. Simplyhealth Professionals |
| 19. Faculty of General Dental Practice UK | 27. Society of British Dental Nurses |
| 20. General Medical Council | 28. University of Sheffield School of Dentistry |
| 21. Health Education England | 29. University of Birmingham School of Dentistry |

4. Responses to the consultation: general comments

- 4.1. The main part of this report focuses on the questions on which we sought specific responses from stakeholders. It is worth noting, however, that several respondents, including the British Dental Association (BDA), offered general comments, welcoming the positive and collaborative tone and approach and the themes outlined in the strategic aims and particularly the focus on enabling professionals to exercise and rely on their judgment.

5. Analysis of consultation responses: strategic aims and objectives:

- 5.1. We asked for views on the objectives that had been identified to support the achievement of each of the strategic aims. We also asked for views on the expenditure plans associated with those aims. We did not ask questions requiring a binary response (e.g. yes/no) on the strategic aims but have determined levels of support for the objectives based on the comments and views provided by respondents.

Strategic aim 1

Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience

Number of responses: total

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
36	9	34	14	16	49

Number of responses: organisations

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
20	0	8	4	3	21

Number of responses: Individuals

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
16	9	26	10	13	28

Views and comments on the objectives

- 5.2. The organisations responding to this question expressed explicit support for the work on continuing professional development (CPD), promoting professionalism and human factors, and there was strong support for the proposal to review the GDC's strapline.
- 5.3. There were helpful suggestions from a number of organisations, which we will seek to take into account as the work programmes to achieve the objectives develop.
- 5.4. There were mixed responses to the idea that the GDC would seek to influence student selection via admissions processes. Dental Mentors UK were supportive of the broadening of selection processes to incorporate values as opposed to being based narrowly on academic achievement. The BDA, while generally supportive of the strategic aim and the work to support upstream regulation, expressed concern about the idea that the GDC should influence the selection of those applying for dental education and training, seeing that as the role of educators and/or employers.
- 5.5. Many of the individuals who responded did not comment directly on the strategic aim but offered general comments in relation to fee levels. Of those who directly addressed the aim, responses were short and general in their nature.

Views and comments on the expenditure plans

- 5.6. Views on the expenditure plans under this strategic objective were fairly evenly balanced. It is worth noting that nine respondents (three individuals and six organisations) considered that the detail in relation to the expenditure plans was insufficient to enable them to reach conclusions or offer properly developed views.
- 5.7. A small number of individuals providing views on the expenditure plans were of the view that the expenditure in this area should be increased, given the importance of upstream regulation. Another individual put forward the view that professionals having appropriate regard for professional standards was key to addressing the issue of the cost of regulation.
- 5.8. Those expressing concern about the expenditure plans under this strategic aim focused largely on the ARF levels, and it was suggested by some that there ought to be a further breakdown between DCP professions.

GDC Response

We are encouraged to see the support for our objectives under this strategic aim, which form a key element of our new regulatory approach, first articulated in 2017 in *Shifting the balance*, and built on since then to form the basis of our corporate strategy.

We also welcome the ideas and suggestions from respondents in relation to the specific objectives and work areas and will continue to engage with organisations and individuals as we shape the initiatives and programmes of work.

We note the strong support for us to review our strapline. We will review this across all our communication. This will include consideration of whether a strapline is needed.

We note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As we explained during the development and consultation on our fees policy, we have adopted a new approach to consulting on fees. We believe this represents a significant step forward from our previous position of publishing detailed annual budgets for consultation and a practice of consulting on changes in fee levels. This new approach is designed to invite and generate a more constructive debate about approaches to, and costs and benefits of, regulation. We have therefore sought to provide summary information on the costs associated with delivering our statutory and strategic objectives.

In response to the comments received to the consultation, however, we will consider in future how we can further improve on our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives. We will also continue to publish budget information on an annual basis through our Council papers, providing greater detail on costs. That information will, however, be presented in relation to business units rather than aligned to the strategic aims, and we will not seek views on it. Retrospective financial information will also continue to be published through our Annual Report and Accounts.

The approach to setting fees, including the number of categories into which we divide professionals for the purposes of fee charging, was set out during the consultation on our fees policy. During that consultation we explained that the costs of regulation should be borne by those who incur them, and this is one of the key principles of our fee-setting policy, balanced against a need for ensuring the workability of the regulatory framework and reducing the potential for fee volatility. There was no clear appetite from that consultation to introduce cross-subsidy of some professions by others on the basis of income, and we explained this in the report on that consultation.

Strategic aim 2

Work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay

Number of responses: total

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
32	12	35	21	16	58

Number of responses: organisations

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
18	1	9	8	3	20

Number of responses: Individuals

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
14	11	26	13	13	38

Views and comments on the objectives

- 5.9. Of the organisations providing responses, 18 were explicitly supportive. One organisation did not express explicit support but did positively reference the work of the profession-wide complaints handling initiative, in which it has been involved.
- 5.10. In general, those in support of the objectives under this strategic aim welcomed the GDC continuing its existing work in this area, and wanted to see it developed to ensure patients and the public are clear about the GDC's role and are aided to understand how best they can raise a concern at the most suitable level for effective resolution. Several organisations expressed their desire to continue to be involved in the work as it develops. Some also gave helpful suggestions for how the proposed work to deliver the objectives could be improved.
- 5.11. Many of the organisations which expressed their support for the work in this area did so with reference to ensuring that pathways and mechanisms are clear and accessible for patients and the public, with some also citing the benefits of this to professionals.
- 5.12. Some of those that did not support the objectives cited a lack of clarity as to their meaning, resulting in them being difficult to comment on. A small number of respondents seemed to have misunderstood the GDC's role, with one individual commenting that the GDC should do more to discourage complainants from raising issues.

Views and comments on the expenditure plans

- 5.13. Eight of the 11 organisations offering views in this area supported the expenditure plans under this strategic aim.
- 5.14. Most of those who were not supportive of the expenditure plans were individual dental professionals, who questioned the sums. Some respondents, including the BDA, noted that it was difficult to comment effectively on the expenditure plans because they were insufficiently detailed.

GDC Response

We welcome the support for these proposals, enabling us to continue to build on the positive partnerships that we have developed with professional associations, the NHS, corporate bodies and others in this area. We are particularly encouraged by the responses that indicate continued willingness to engage fully in this work as it develops, with a view to ensuring that systems are clear and accessible for patients and the public.

We consider the expenditure plans in this area to be modest, given the scope for driving real improvement as a result of developments in this area, and are pleased to note that others have reached the same conclusion. Following further analysis during our planning process, the allocation of resources to this strategic aim is, as a proportion of overall expenditure, greater than the allocation on which we consulted. There have been commensurate reductions in the proportions allocated to other areas, including our enforcement activity. The revised allocation will be set out in the published strategy.

We will also consider how we can work with partners to encourage the development of wider support networks for professionals who are subject to fitness to practise investigations.

Once again, we note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As explained in the previous section, we will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives.

Strategic aim 3

Use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action

Number of responses: total

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
28	10	40	15	15	48

Number of responses: organisations

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
20	0	8	5	2	21

Number of responses: Individuals

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
8	10	32	10	13	27

Views and comments on the objectives

- 5.15. Several respondents, both individuals and organisations, called for greater support for registrants undergoing fitness to practise investigations, in recognition of the fact that the process is stressful and that professionals are usually continuing to treat patients while investigations are ongoing.
- 5.16. A number of respondents also called for action by both professionals and the GDC to tackle the rise in inappropriate use of fitness to practise proceedings, particularly citing the small but rising number of instances in which registrants use it as a means of resolving or escalating personal or business disputes.
- 5.17. Only a small number of respondents cited support for specific areas, including the BDA, which expressed support for the development of principles for enforcement action, the use of evidence to ensure a focus on serious cases, exploring a broader range of resolutions and development of a system which takes account of human factors. The BDA Benevolent Fund also expressed support for the work to incorporate consideration of human factors into decision making. The BDA and the FGDP expressed caution, however, about the roles played by the various organisations in that process, noting that there needs to be a clear distinction between the fitness to practise process and the resolution of complaints.
- 5.18. There were mixed responses to the proposed separation of the adjudication function from investigations and prosecutions. Those in support, including the Dental Defence Union, indicated that the separation and independence of decision making was important as a point of principle, while those opposing the idea cited cost as the primary reason for not proceeding, but did not put forward figures to support that assertion.
- 5.19. Two organisations, the BDA and the BADN expressed strong support for the GDC's ongoing work to tackle the illegal practice of dentistry.

Views and comments on the expenditure plans

- 5.20. Once again, some respondents offered comments on the indicative ARF levels rather than on the expenditure itself, although some organisations, including the British Society of Dental and Maxillofacial Radiology commended the fact that the expenditure plans showed a lower operating cost than in the current and preceding years.
- 5.21. Three respondents, including the BDA, were of the view that the detail was insufficient to provide a full response. Two respondents were very positive about the commitment to base actions and decisions in this area on research and evidence and were supportive of investment in the GDC's research and evidence capability, although one respondent called for more detail on plans in this area.

GDC Response

The positive engagement with the proposed objectives under this strategic aim is an indication of the advancing level of debate and discussion about issues that affect the sector, the deployment of our regulatory powers, the drivers of the costs of regulation and ultimately the impact on public safety and confidence.

We will take the views expressed into account as we develop the work programmes under each of the objectives and will continue to engage proactively with stakeholders as that work develops.

Once again, we note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As explained in previous sections, we will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives.

Strategic aim 4

Maintain and develop the regulatory framework

Number of responses: total

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
29	25	25	14	18	47

Number of responses: organisations

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
17	5	6	1	0	27

Number of responses: Individuals

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
12	20	19	13	18	20

Views and comments on the objectives

- 5.22. Several respondents welcomed the proposed investment of effort in the regulatory reform agenda, noting the potential for reform to deliver real benefits in the form of more proportionate, relevant and flexible legislation.
- 5.23. There was strong support for the proposals to review the existing scope of practice, both from individuals and from organisations, including the BADN, Dental Mentors UK and the British Society of Dental Maxillofacial Radiology. Several respondents expressed interest in becoming involved in the work as it develops.
- 5.24. Respondents also largely welcomed the emphasis on building the evidence base to support current and future work and showed an interest in seeing the detail of the plans as they emerge.
- 5.25. There was also clear support for the GDC, in delivering the objectives, working closely with a range of partners and stakeholders.

- 5.26. Many of those who did not support the objectives indicated that they found some of the language hard to understand and engage with, and suggested that it might be made clearer through use of plain English. Other respondents, however, expressed the opposite view, finding the objectives clear and straightforward to understand.

Views and comments on the expenditure plans

- 5.27. Once again, some respondents offered comments on the indicative ARF levels rather than on the expenditure itself, with some respondents suggesting that the ARF be linked to the scope of practice.
- 5.28. As with the other strategic aims, several respondents were of the view that the detail was insufficient to provide a full response.

GDC Response

We welcome the support for the planned review of the scope of practice and will be seeking active engagement from dental professionals and other stakeholders as the work develops.

We note the positive comments in relation to gathering the evidence base to enhance policy making and recognise that the expenditure needs to be targeted to ensure that it is invested most effectively and that it supports the Council in achieving its strategic aims. As set out in the objectives, we are reliant on co-production and are committed to publishing the results of our research.

We will consider whether the wording of the objectives under this strategic aim can be made clearer.

Once again, we note that a significant number of respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As explained in previous sections, we will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives.

Strategic aim 5

Continue to develop an outcome-focused, high-performing and sustainable organisation

Number of responses: total

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
29	6	44	12	7	60

Number of responses: organisations

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
18	1	9	4	0	24

Number of responses: Individuals

Objectives			Expenditure		
Favourable	Unfavourable	Neutral/ No comment	Favourable	Unfavourable	Neutral/ No comment
11	5	35	8	7	36

Views and comments on the objectives

- 5.29. Approximately half of the responses from individuals under this strategic aim did not directly address the consultation question or the strategy as a whole.
- 5.30. Responses from organisations including NHS Education Scotland and SBDN expressed support for the direction of travel, but some also offered a note of caution, describing the objectives as challenging.

Views and comments on the expenditure plans

- 5.31. No organisations stated that they did not support the expenditure plans, although some did note that there was insufficient detail to draw conclusions. Most of those that expressed disapproval offered short comments on the indicative ARF levels and did not engage constructively with the plans.

GDC Response

We are aware that the objectives we have set ourselves under this strategic aim are challenging, particularly in light of our recent move to Birmingham. We are committed to achieving the objectives and are confident that the levels of resourcing we have identified and allocated are appropriate.

We will continue to explain the rationale behind our policy on fee charging, and the impact of it on dentists and dental care professionals, particularly how the cross-subsidy within the fee structure works, why it is present, and who benefits from it.

6. Analysis of consultation responses: financial information

- 6.1. We asked a set of questions in relation to the financial information provided, specifically in relation to whether: the rationale for the proposed distribution of costs between dentists and DCPs and our assumptions in relation to income were sufficiently clear. The questions in this area called for a binary response but did not require this in order to be able to answer the question. A number of respondents therefore provided comments but did not answer yes or no to the questions posed.

Question 11 - Clarity of the rationale for the proposed distribution of costs between dentists and DCPs

Number of responses: total

Favourable	Unfavourable	Neutral / No comment
42	15	22

Number of responses: organisations

Favourable	Unfavourable	Neutral / No comment
17	2	9

Number of responses: Individuals

Favourable	Unfavourable	Neutral / No comment
25	13	13

- 6.2. Fifty-seven respondents gave clear yes/no answers to this question. Of those, 42 found the rationale to be sufficiently clear, and 15 did not. Seventeen organisations considered that the rationale was clear, while the responses provided by 2 organisations, including the BADN, stating that they did not find the rationale sufficiently clear.
- 6.3. Most of the individuals responding to these questions commented on the ARF, with dentists welcoming the reduction and DCPs, particularly dental nurses, expressing concern about the proposed increase. A number of organisations, including the Faculty of Dental Surgery and the Royal College of Surgeons, HEE and the SBDN suggested that there should be more than two fee bands, and some differentiation between the professions in the DCP band.
- 6.4. The BASCD suggested that there should be reductions in fees for registrants who work part time.

Question 12 - Clarity of assumptions in relation to income and expenditure**Number of responses: total**

Favourable	Unfavourable	Neutral / No comment
41	17	21

Number of responses: organisations

Favourable	Unfavourable	Neutral / No comment
15	3	10

Number of responses: Individuals

Favourable	Unfavourable	Neutral / No comment
26	14	11

- 6.5. Those individuals who found the explanations of the assumptions insufficiently clear did not provide much additional comment to contextualise their view, although there were some general comments about the detail of the financial information. Most of the organisations who responded to this question were satisfied with the clarity of the assumptions. Those that were not included the BADN and the BDA, although the BDA acknowledged that the assumptions were clear, and their concern related to the overall lack of detail in the financial information rather than the assumptions themselves. The FGDP were satisfied that

the assumptions were clear but called for a clearer explanation for the level of reserves held by the GDC.

GDC response

We note that there are still some registrants who are concerned about fee levels and the way in which we set those fees. The approach to setting fees, including the number of categories into which we divide professionals for the purposes of fee charging, was set out during the consultation on our fees policy. During that consultation we explained that the costs of regulation should be borne by those who incur them, and this is one of the key principles of our fee-setting policy, balanced against a need for ensuring the workability of the regulatory framework and reducing the potential for fee volatility. There was no clear appetite during that consultation to introduce cross-subsidy of some professions by others on the basis of income, and we explained this in the report on that consultation

We note that some respondents felt unable to draw conclusions based on the high-level financial information provided alongside the strategy. As we explained during the development and consultation on our fees policy, we have adopted a new approach to consulting on fees. We believe this represents a significant step forward from our previous position of publishing detailed annual budgets for consultation and a practice of consulting on changes in fee levels. This new approach is designed to invite and generate a more constructive debate about approaches to, and costs and benefits of, regulation. We have therefore sought to provide summary information on the costs associated with delivering our statutory and strategic objectives.

We will consider in future how we can further improve our presentation of financial information to enable fuller engagement with the plans as they relate to the achievement of strategic aims and objectives. We will also continue to publish budget information on an annual basis through our Council papers, providing greater detail on costs. That information will, however, be presented in relation to business units rather than aligned to the strategic aims, and we will not seek views on it. Retrospective financial information will also continue to be published through our Annual Report and Accounts, and we will explore how we can use this opportunity to further link our financial information to our strategic priorities.

7. Analysis of consultation responses: other comments

- 7.1. In the final question of the consultation, we invited further comment in relation to our proposed activity. Given the general nature of this question, we have not included information on numbers of favourable/unfavourable responses, as it was not possible to characterise responses in this way.
- 7.2. Most of the individual respondents who provided comments, used the opportunity to give their views on the indicative ARF levels, using both other regulators' fees as a comparison. Some individual respondents also suggested that the GDC consider charging fees on a pro rata basis for those restoring their name to the register.
- 7.3. Nineteen organisations provided comments in response to this question, some of which were simply emphasising points that had been made in response to the specific questions.

- 7.4. There was broad support from the organisations who offered comments on the general direction of travel set out in the strategy and particularly the commitment to ensuring continuation of the collaborative working relationship between the GDC and the dental professions. The LDC Confederation, the BADT and the Chief Dental Officer for Wales specifically welcomed the emphasis in the document on working with the dental team. Health Education England indicated that they were satisfied that the objectives set out in the strategy would support the delivery of a safe, proportionate and fair regulatory regime based on evidence and open dialogue with relevant groups.
- 7.5. The BDA, as well as emphasising points made elsewhere about the detail of the financial information, questioned the GDC's reserves policy. The BDA and the Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow commented on the positive impact of increased engagement by the GDC, with the BDA suggesting that the strategy might benefit from inclusion of more detail on that activity.
- 7.6. NHS Education Scotland provided helpful suggestions in relation to the work to support professionalism. The Dental Schools Council emphasised the need for dental professionals working in a range of environments to be engaged effectively, particularly during policy development.

GDC response

We welcome the recognition and support for the direction we have set, which has been informed by increased engagement that we have undertaken in recent years.

We will continue to work with dental professionals, stakeholders and partners as we develop the work programmes of work under each of the aims and objectives.

Costed Corporate Plan and Budget 2020-2022 – Final Draft

Purpose of paper	The purpose of this paper is to present the final draft of the 2020-2022 Costed Corporate Plan and Budget (CCP) for Council discussion
Status	Public
Action	Review and approve the final draft of the 2020 Costed Corporate Plan and Budget as detailed in Appendix 1.
Decision Trail	<p>SLT – 5 March 2019 – SLT discussed and approved the proposed approach and timetable for the development of the 2020-2022 CCP.</p> <p>SLT – 17 June 2019 & 1 July 2019 – SLT held workshops to review, challenge and prioritise newly proposed initiatives that had emerged from the organisation wide planning rounds during Q2 2019.</p> <p>SLT – 2 July 2019 – SLT summarised the actions from the above workshops and approved the paper to be forwarded to FPC review subject to amendments agreed in the 2 July meeting.</p> <p>FPC – 17 July 2019 – FPC initial draft review and recommendations for revisions</p> <p>FPC – 21 August teleconference – FPC review revised version</p> <p>SLT – 3 September – Further review incorporating FPC actions and revisions, and strategic costings</p> <p>FPC – 10 September – Review final draft and recommend the plan to the Council for consideration and approval.</p> <p>Council 11 September – Initial review of final draft</p> <p>SLT – 24 September – Final draft consideration review of CCP and budget</p>
Next step	Pending Council approval – Delivery planning for 2020 Portfolio and Operational plans
Recommendations	<p>Council is asked to:</p> <p>Review and approve the final draft of the 2020 Costed Corporate Plan and Budget as detailed in Appendix 1.</p>

Appendices	Appendix 1 - CCP 2020-2022 Final Draft summary presentation
Authorship of paper and further information	Gurvinder Soomal, Executive Director, Registration and Corporate Resources David Criddle, Head of Performance Reporting and PMO Samantha Bache, Head of Finance and Procurement

1. Executive summary

- 1.1 This paper is to bring the final draft of the CCP 2020-2022 plan for Council review, following the iterative development and review meetings listed in the decision trail.
- 1.2 The CCP 2020-2022 contains a consolidated view of Budget, Headcount, Project Portfolio and Operational activity. The development has comprised iterative business planning and budget setting sessions, where resources and activity plans have been determined with the objective of the delivering the aims and objectives set out in the Corporate Strategy 2020-2022.
- 1.3 The overall CCP 2020-2022 summary of budget, headcount, portfolio and costings mapped to Corporate Strategy aims are detailed in the slides found at Appendix 1.
- 1.4 The key messages to be highlighted for the CCP are:
 - 1.4.1 The activities set out in the project portfolio plan and within operational plans have all been planned in order to deliver the Corporate Strategy 2020-2022 aims and objectives.
 - 1.4.2 The Strategy team have reviewed and confirmed that there is appropriate activity aligned to all objectives detailed within the Corporate Strategy.
 - 1.4.3 Overall budget and strategic aim cost mapping to the Corporate Strategy 2020-2022 are in line with expectations and the consultation figures.
 - 1.4.4 The project portfolio plan has been grouped into logical Programmes and directorate team Portfolios to structure the delivery plan of the portfolio.
 - 1.4.5 External communications of the Costed Corporate Plan 2020-2022 will be incorporated and aligned to the communications for the Corporate Strategy 2020-2022

2. Introduction and background

- 2.1. Following a change to the fees policy which afforded the GDC more flexibility in setting our fee related to alignment to a three-year programme of strategic activity, the CEO commissioned work to develop an internal facing tool (the CCP 2019-2021) that could support and underpin strategic costings in more detail, with reference to activity delivered over a three-year period.
- 2.2. In March 2019, SLT approved the process and timelines for the development of the CCP and budget for 2020-2022.
- 2.3. The PMO, Finance, Strategy and OD teams have worked jointly to produce the CCP, which comprises the budget and long-term financial forecast, the workforce plan, and the overall delivery plan of operational activities and key programmes and projects.
- 2.4. The CCP shows detailed costings for all activities (both change and operational), budget for team headcounts, overhead and resource costs, all aggregated to high level cost profiles and mapped to the new corporate strategy aims.

3. Process to develop the 2020-2022 CCP

- 3.1. The budget setting, workforce planning, and corporate planning process have historically happened in parallel. For the CCP these activities have been carried out as part of an holistic process with joint team working.
- 3.2. The CCP team have been facilitating joint meetings, analysis and delivery of the changes to working documents to ensure an accurate and deliverable CCP is presented to Council for approval.
- 3.3. The CCP process has been a mixture of top down and bottom up planning. A high-level summary of the steps taken to develop the first draft of the CCP are as follows:
 - March – Strategic steer for development of CCP through Workforce Planning SLT Workshop and development of new Corporate Strategy aims/objectives.
 - April – Operational development and distribution of joint CCP templates, guidance, process information and timeline. Facilitation of first planning round meetings with all stakeholders, and completion of planning templates.
 - May – Further strategic input through Corporate Strategy consultation launch and FPC presentation on strategic planning framework and fees. Feasibility analysis and development of first draft of CCP, followed second planning meeting round.
 - June – Final planning meeting round to validate all collated information within each directorate. SLT workshop to present and review the newly proposed initiatives.
 - July - SLT workshop to review, challenge and prioritise newly proposed initiatives and budget considerations. SLT review of first draft on 2 July and FPC review of first draft on 17 July.
 - August – Further budget consolidation to factor in all necessary assumptions, risks and considerations into the figures. Finalisation of all new headcount requests across directorates. Portfolio consolidation to remove operational initiatives, set all initial timelines, perform initial project team capacity analysis and ensure business case of project status is flagged. FPC Teleconference review of V1.6 on 21 August.
 - September – Completion of outstanding budget setting. Completion of Corporate Strategy costing of aims to the CCP 2020-2022 plan. Completion of finalised set of projects to submit in the portfolio plan. SLT review 3 September of V1.8, FPC review of V1.9 - 10 September and Council review of V1.9 on 11 September.

4. Next Steps and Timeframes

- 4.1. Pending Council approval – Delivery planning for 2020 Portfolio and Operational plans

5. Risks and considerations

Communications
The CCP will show detailed costings for activities (both change and operational), aggregated to high level cost profiles and related to the new corporate strategy. This will be communicated as part of the Corporate Strategy. Consideration to narrative and messaging will be required at the point of publication.
Equality and Diversity
This proposal does not impact on equality and diversity. The planning process will include the feasibility analysis of all GDC work including equality impact assessments. However, the process is a facilitator to support this.
Legal

This proposal refers to the statutory level of the GDC, in being a constituent of the strategic planning framework and the impact changes have at this level will play out at the strategic, corporate and operational level.

Policy

This proposal does not impact GDC policy decision making. The planning process will include the feasibility analysis of all GDC work including policy work. However, the process is a facilitator to support decision making and not where the decisions are made.

Resources

The resources to deliver this work are all internal resources.

National

No four nations impact.

6. Recommendations

- 6.1. Council are asked to review and approve the final draft of the 2020 Costed Corporate Plan and Budget as detailed in Appendix 1.

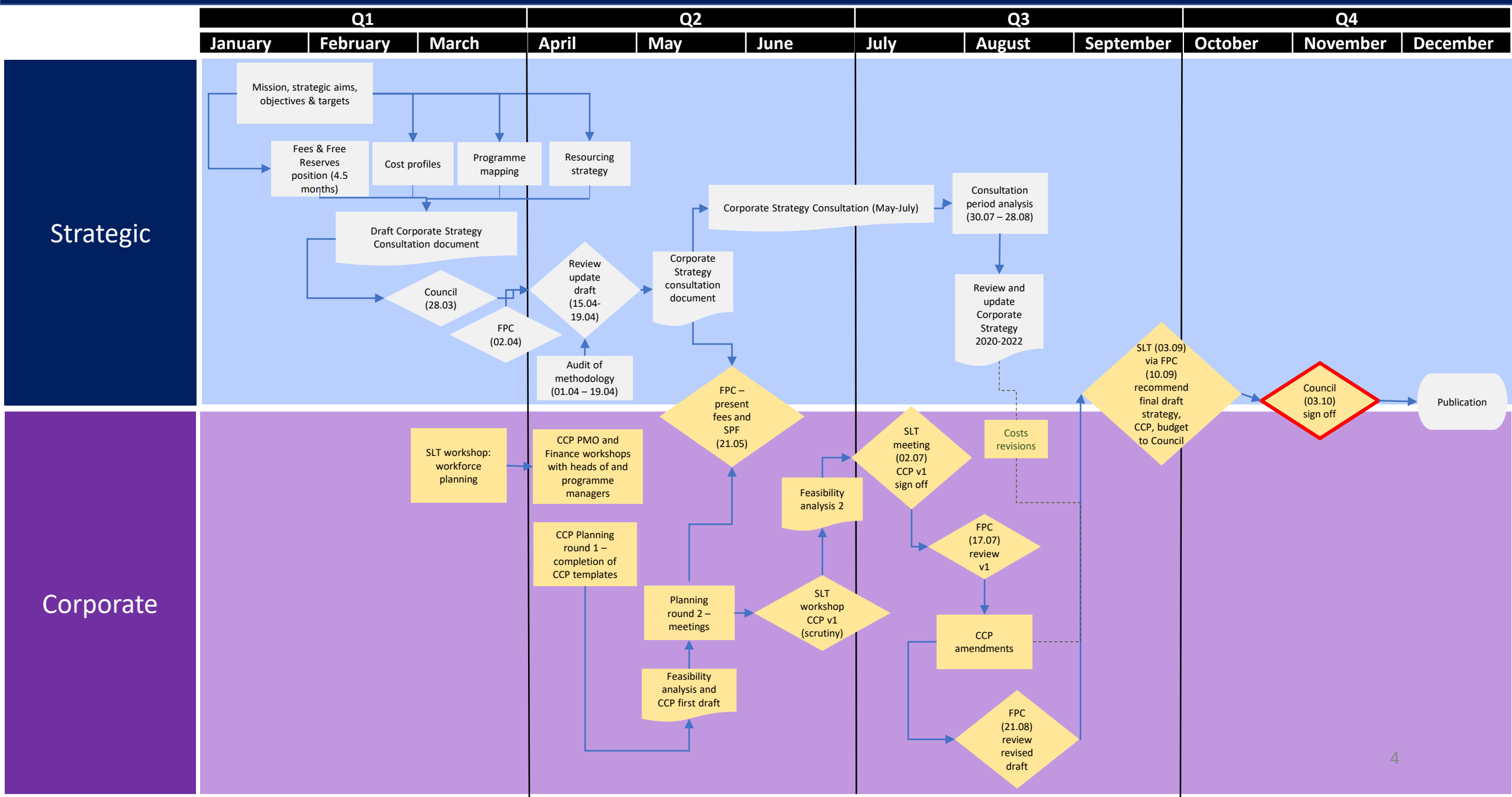
CCP 2020-2022 Final Draft Summary Presentation

Council 3 October 2019



- CCP Timetable - Status in planning stages
- Executive Summary – Overall portfolio, budget & headcount figures
- Budget Summary – Overview, Considerations, Risks & Opportunities
- Strategic Costings – Costings of CCP against Corporate Strategy aims
- Portfolio Plan Summary – Projects, Programme & Portfolio Groupings, Priority Phasing

Corporate Strategy & CCP – milestones and review process



CHANGE PROPOSAL PROJECTS				HEADCOUNT & CAPACITY				BUDGET			
NEW	65			2019 BUDGET HEADCOUNT*	372.3	Year	2020-22 Corporate Strategy	CCP 2020-22	Year	2020-22 Corporate Strategy costings £k	CCP 2020-22 £k
	S: 10	M: 46	L: 9								
PLANNED FLOW THROUGH FROM CCP 2019	22			NET CHANGE	- 8.4	2020	392.7	363.9	2020	40,490	40,426
SLIPPED	4			REQUEST FOR NEW ROLES	11 (+1 regrade)	2021	392.7	362.3	2021	40,949	40,410
TOTAL	91					2022	392.7	362.3	2022	41,538	40,758

*In addition to employee headcount there are 494 associates with current agreements, who each provide between 0.5 and 10 days of services to the GDC on an annual basis.

Budget Summary

High level budget assumptions:

- Vacant posts are costed at market rate.
- Provision included in central contingency for 5 FTE dormant posts.
- 15% differential continues for Birmingham salaries.
- Defined benefit contributions have been held in line with our 2018 triannual review.
- Pay award assumption for 2020,21 and 22 is set at a maximum provision envelope of 3%.
- Non-payroll costs have been built bottom up by budget holders, and are assumed to have no more than 3% applied for inflationary increases.
- 1% other pay provision is included in central contingency for salary reviews, T/Proms and performance related awards.
- Members' remuneration held at current levels.

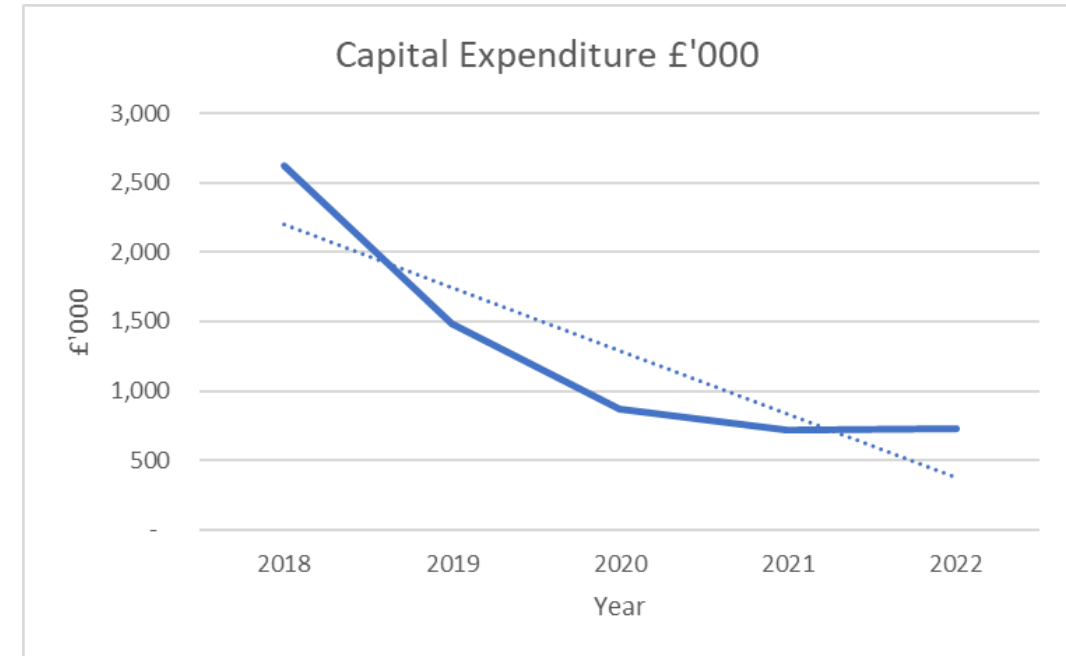
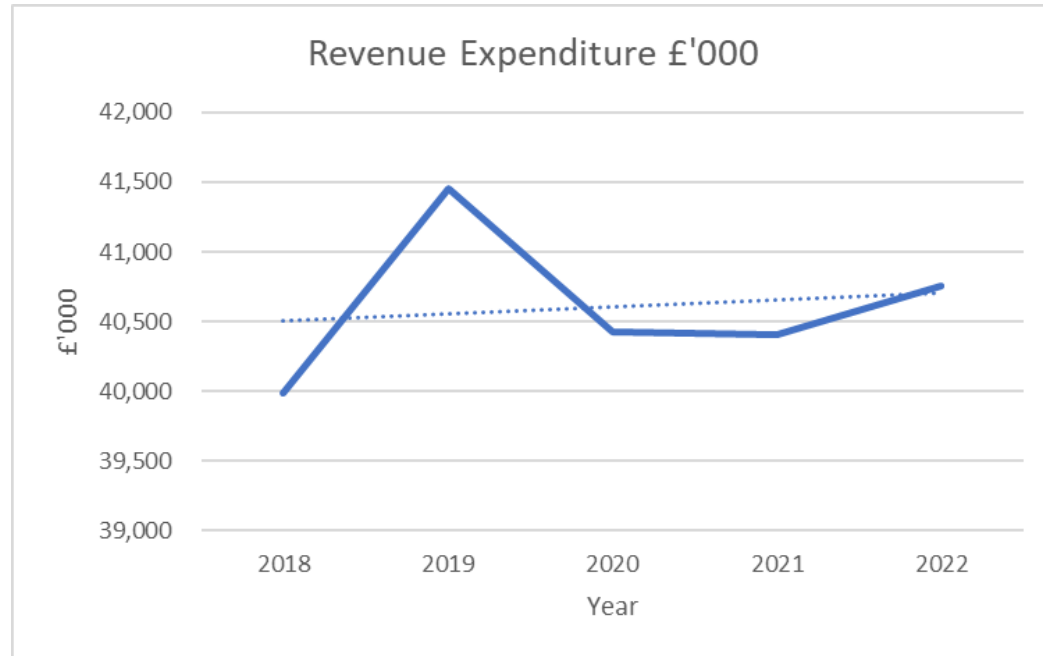
Table 1: Revenue Budget

	Budget 2020 £k	Budget 2021 £k	Budget 2022 £k	Variance 2020 v 2019 %	Variance 2021 v 2019 %	Variance 2022 v 2019 %	Variance 2020 to Q2 %	Total £k
Meeting fees & expenses	4,540	4,609	4,583	-30.7%	-29.7%	-30.0%	-20.8%	13,731
Legal & professional fees	7,639	7,491	7,423	0.3%	-1.7%	-2.6%	-0.1%	22,553
Staffing costs	19,783	20,141	20,505	-3.0%	-1.2%	0.6%	1.1%	60,428
Other staff costs	1,090	1,075	1,095	-29.0%	-30.0%	-28.7%	-12.7%	3,261
Publications	787	655	655	6.2%	-11.6%	-11.6%	4.0%	2,098
IT costs	1,433	1,517	1,615	7.5%	13.8%	21.2%	5.7%	4,566
Premises	2,118	2,136	2,166	21.0%	22.0%	23.8%	0.2%	6,419
Finance costs	354	354	285	44.3%	44.7%	16.4%	-2.1%	993
Depreciation	1,149	1,149	1,148	-2.3%	-2.3%	-2.3%	2.4%	3,445
Contingency	1,533	1,283	1,283	-7.7%	-22.8%	-22.8%	-1.0%	4,100
Total	40,426	40,410	40,758	-6.0%	-6.0%	-5.2%	-2.5%	121,594

Budget envelope indicated in strategy	40,490	40,949	41,538	122,977
<i>Surplus/(deficit) to envelope</i>	<i>64</i>	<i>540</i>	<i>780</i>	<i>1,384</i>

Table 2: Capital budget

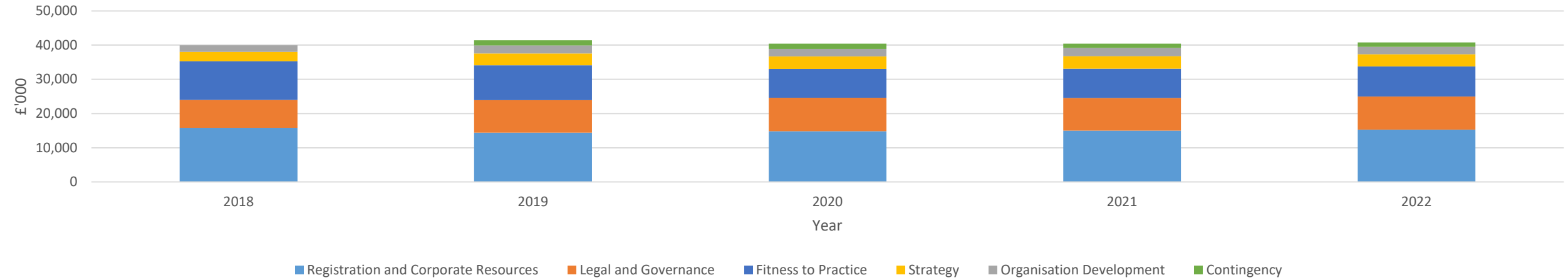
	Budget 2020 £k	Budget 2021 £k	Budget 2022 £k	Variance 2020 v 2019 %	Variance 2021 v 2019 %	Variance 2022 v 2019 %
Facilities	170	120	80	-48.5%	-63.6%	-75.8%
IT	700	600	650	6.9%	-8.4%	-0.8%
Total	870	720	730	-11.7%	-26.9%	-25.9%



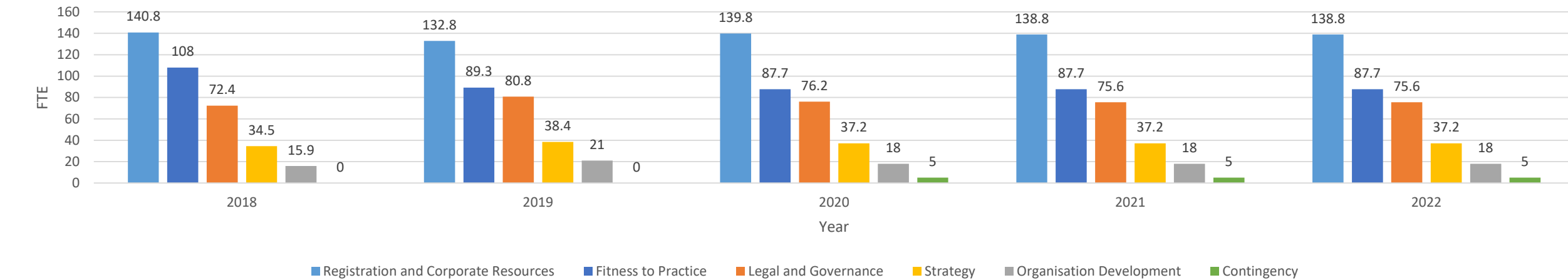
These charts show the profiled expenditure over the life of CCP 2020-2022. These results are compared with 2018 actual expenditure in 2018, and the agreed 2019 budget.

Whilst this shows that levels for predicted 2022 budget are in excess of the 2018 actuals, in real terms the budget for 2022 is in line with actual expenditure in 2018.

Revenue Expenditure by Directorate



FTE by Directorate



Following changes to directorate structures the prior years FTE have been reversed engineered to ensure comparability year to year.

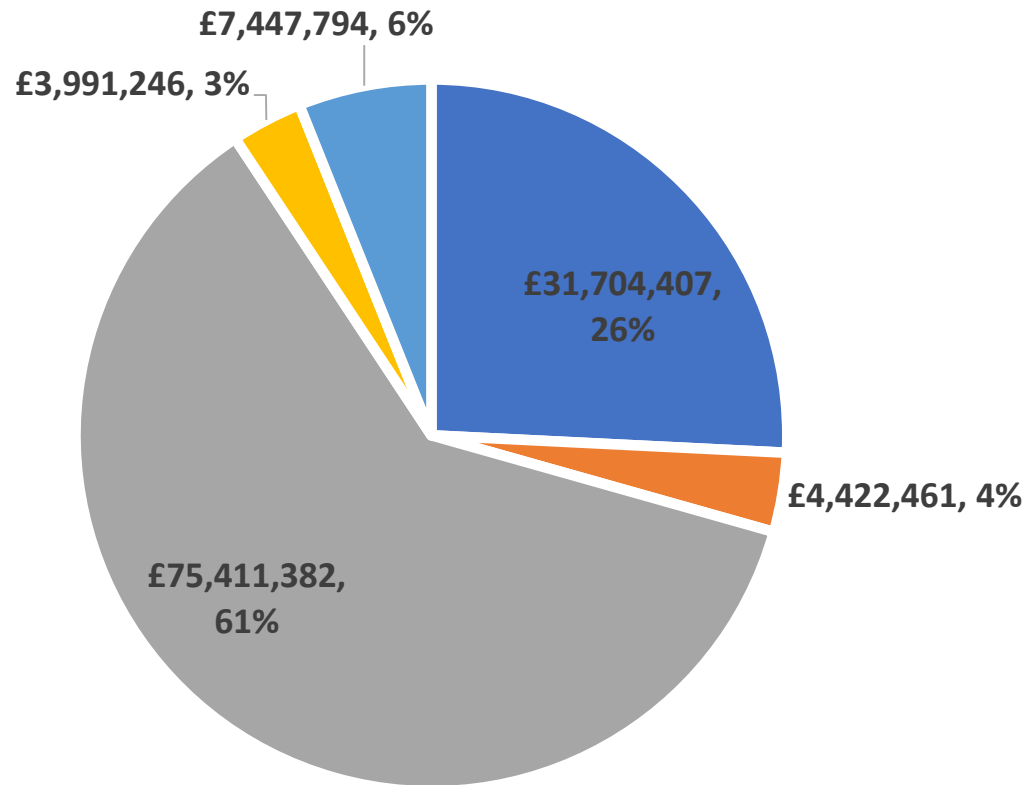
Risks	£k
<p>Risk of Brexit 'no deal' is recognised to now be much higher and will bring with it challenges of how we implement a change to registration following no deal. In the short term it is likely to be a holding position and we don't envisage there being a significant impact of 'no deal' during the initial 2 year period.</p> <p>We have already mitigated a number of our strategic contracts, such as Microsoft agreements, to move our data to UK data centres during 2019. There may be a need to necessitate short term feasibility projects, which would be absorbed by reprioritisation of existing work.</p>	<p><i>No material impact on 2020/21.</i></p> <p><i>Would be absorbed by cost recovery through first registration fees or reprioritisation of work</i></p>
<p>Strategic contract retenders (2021 onwards)</p> <p>Likelihood is an inflation to previous costs of around 7% to the rates held until 2019, impacting on contract expiry.</p>	<p>£280 p.a.</p>
<p>Unintended consequences of introduction of first registration fees on income generation.</p> <p>Should 'free movement' drop away we will have the opportunity to revisit the first registration fee model as the legal risk around full cost recovery will reduce.</p>	<p><i>Largely mitigated by legal limitation of recovery of full costs under model 1. (Assessed to be immaterial)</i></p>
<p>Income risk: risk of reduction in registration numbers. Based on impact of loss of 5% of DCP and Dentist registrants.</p>	<p>£1,891 p.a.</p>

CCP Budget Risks and Opportunities

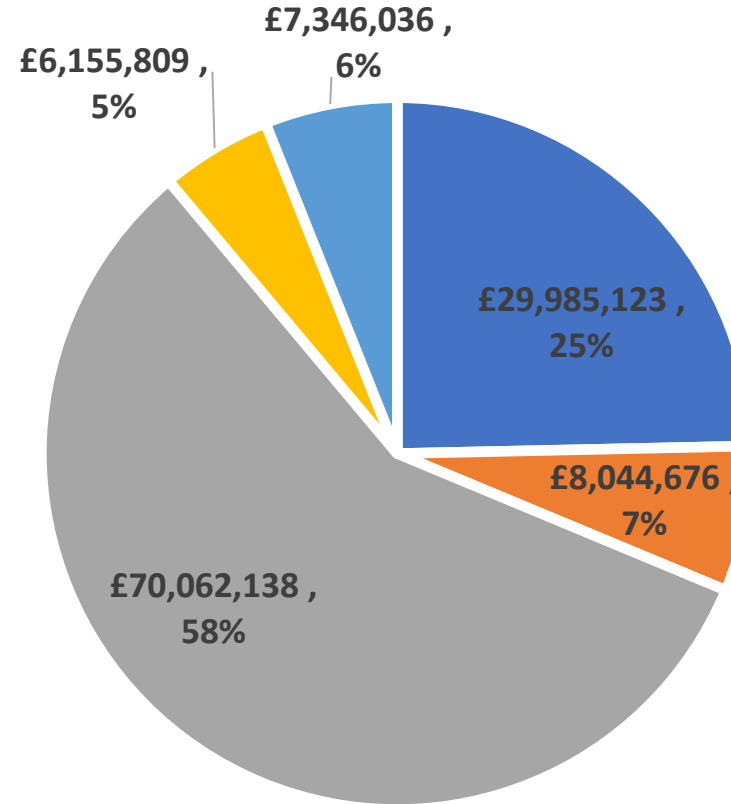
Opportunities	£k
<p>Turnover factor not reduced in payroll budgets as too early to say given estates moves. Estimate based on UK average.</p> <p>CIPD latest UK turnover rate published as 16.5%, with 10% due to leaving voluntary. Equating to 36 leavers over 12 months. Assume each role remains vacant for 3 months (1 month recruitment, 2 months notice) and an average salary including on-costs of £50k.</p> <p>$((50/12) \times 3) \times 36 = \text{£}450\text{k p.a.}$</p>	<p>£450 p.a.</p>
<p>Additional income from investments. The investment portfolio is de-risked by gradually reducing the UK exposure so that overseas investments currently represent over 40% of the total portfolio. Of the UK listed equities held, they are predominantly overseas earners rather than domestically focused companies which are at greater risk from a hard Brexit scenario.</p>	<p>£388 p.a. (offset by management fees, based on 2019)</p>

Corporate Strategy Costings

CONSULTATION - STRATEGIC AIM COSTS MAPPING



CCP 2020-2022 - STRATEGIC AIM COSTS MAPPING



(1) Developing and delivering an evidence informed, cost-effective and proportionate “upstream” regulatory framework, which begins with education, supports career-long learning, and promotes high standards of care and professional conduct

(2) Work with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively

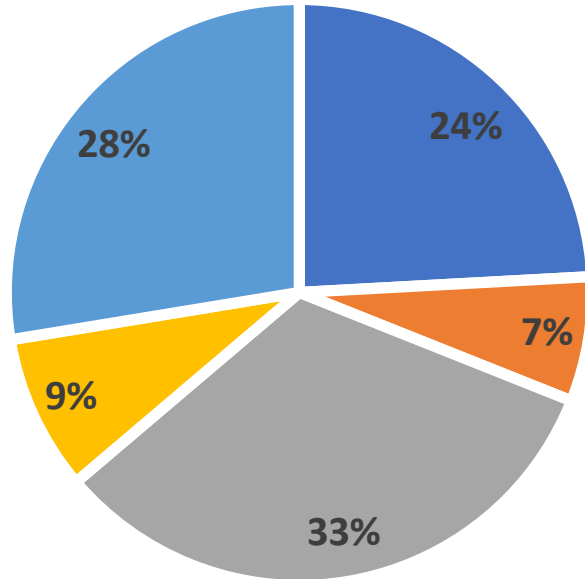
(3) Using evidence, research and evaluation, developing, embedding, delivering and embedding a cost-effective and right-touch model for enforcement action

(4) Maintaining and developing the regulatory framework

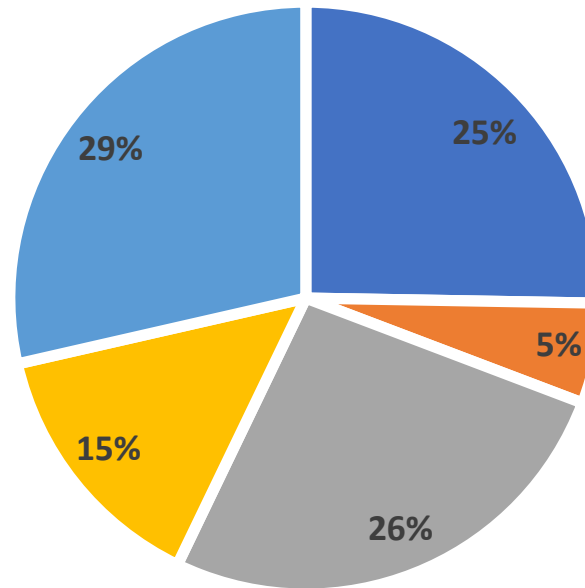
(5) Continuing to develop an outcome focused, high performing and sustainable organisation.

Broadly the % spread of costs are in line with the consultation strategic aim costings

**CONSULTATION VERSION –
PROJECT VOLUME MAPPING**



**CCP 2020-2022 –
PROJECT VOLUME MAPPING**



- (1) Developing and delivering an evidence informed, cost-effective and proportionate “upstream” regulatory framework, which begins with education, supports career-long learning, and promotes high standards of care and professional conduct
- (2) Work with the professions and our partners to ensure that patients and the public are able to raise and resolve issues effectively
- (3) Using evidence, research and evaluation, developing, embedding, delivering and embedding a cost-effective and right-touch model for enforcement action
- (4) Maintaining and developing the regulatory framework
- (5) Continuing to develop an outcome focused, high performing and sustainable organisation.

Strategy team have reviewed and verified the portfolio alignment to strategic aims and that projects are in place to deliver all objectives.

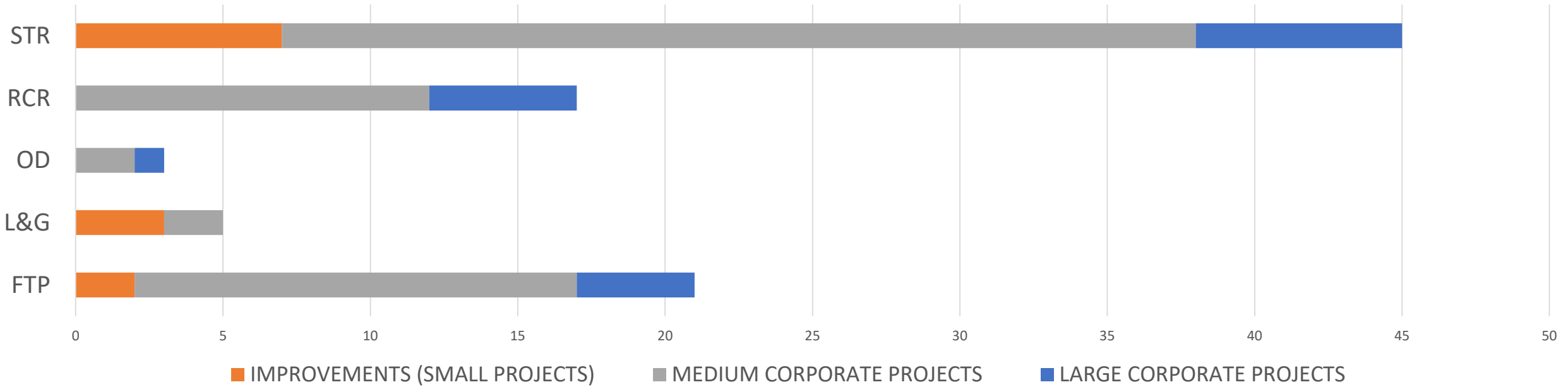
The % spread of projects is broadly aligned to the consultation version mapping.

Portfolio Plan Summary

Portfolio Principles summary:

- Projects and initiatives are planned to deliver the aims and objectives set out in the Corporate Strategy 2020-2022
- The portfolio plan has been grouped into logical Programmes and directorate team Portfolios to provide a structured delivery plan for the portfolio.
- Projects have prioritised into Must do, Should do, Could do (MoSCoW priority) order.

Directorate Portfolio Size Mix



There are 91 projects in the CCP 2020-2022 Final draft portfolio

Programmes

ESTATES PROGRAMME

- Digital Audio Recording Transcription and Storage (DARTS)
- Estates Programme - Strand 2 Estates
- Estates Programme - Strand 2 People

POD PROGRAMME

- POD - 'Growing Our Own' Strategy
- POD - HR Systems Review
- POD - Organisation Design

FEES IMPLEMENTATION PROGRAMME

- Payment by instalments - CRM/ EGDC Payment by Instalment Processing
- Replace Credit Card Processing Systems
- Replace Direct Debit System
- Scrutiny fee and implementation Programme
- Implementation of Fees Policy

SHIFTING THE BALANCE PROGRAMME

- STB - Audience Engagement and Tone of Voice Phase 2
- STB - DCS Review Phase 2 - Alternative Model Assessment and Selection
- STB - Develop a Comprehensive Complaints Resolution Model
- STB - Developing the Concept of Seriousness - Implementation
- STB - Evolving Learning Outcomes
- STB - Future Development of CPD
- STB - Material for New Registrants
- STB - Promoting Professionalism
- STB - Risk-based QA of Education - Full Roll Out
- STB - Audience Engagement Phase 3
- STB - Development of Guidance for management of dental professionals
- STB - Principles of Regulatory Enforcement
- STB Upstream monitoring and evaluation strategy

Programmes

FTP E2E PHASE 2 PROGRAMME

- Allegations drafting
- Communications - informant engagement
- Consistency
- Cross-skilling - FtP deployment
- Early intervention
- IADG review - to include CE
- Learning and insight
- Mutually agreed outcomes
- non-standard standard directions
- Threshold tests
- Webforms - bespoke pathways (whistle-blower, registrant, patient)
- Enhanced Case Management
- Case Direction
- Experts
- Bundles
- Proportionate and targeted sanctions
- Participant support in all FtP processes

HEARINGS PROGRAMME*

- Potential separations of hearings function from GDC
- Hearings on CRM
- Empanelment software
- IOC Project

*The Hearings programme is dependent upon a Council decision to separate Hearings function from the GDC.

If it not decided to separate, the Hearings on CRM & Empanelment software projects would belong to the FTP E2E P2 programme.

Portfolios

CORPORATE RESOURCES PORTFOLIO

- Cloud Phone System Implementation
- Procurement and Contract Management Target Operating Model
- Upgrading of Finance Systems
- Travel booking portal
- Data warehouse and reporting database redevelopment
- Internal reporting self service

REGISTRATION PORTFOLIO

- Paperless office
- Reviewing and updating qualifications and awarding institute data
- Introducing compensation measures for dentists / DCPs – Competency testing
- Plain English review of application guidance / forms

LEGAL & GOVERNANCE PORTFOLIO

- Internal effectiveness review of investigation and advocacy services
- Board Effectiveness Project
- Review of criminal enforcement strategy
- Review possibility of appointing legal apprentices via a certified scheme
- Delegations project

Portfolios

QA PORTFOLIO

- Thematic QA Development
- Student, Foundation dentist and new registrant engagement programmes
- Preparedness for practice
- Revision of Learning outcomes
- Quality Assurance of Specialty Training development
- End to end review of mediated entry (Policy)
- Revision of specialty curricula (Policy)
- Development of education provider workshops
- Development of associate model
- Revision of standards for education
- Review of entry special lists

PRC (POLICY RESEARCH COMMS) PORTFOLIO

- EU Exit - BREXIT
- Developing a picture of indemnity and the impact of that on regulation
- FtP data review
- Website improvement programme phase 2
- Alignment of decision making guidance with strategic policy framework: audit and review
- Accessibility of complaints process: equality and diversity
- Work on human factors
- Regulatory approach to cosmetic procedures
- Supporting Values based care in Dentistry
- Develop and implement a new content and publications strategy
- Regulatory responsibilities for understanding & reducing the impact of stress and mental health issues on public safety & confidence - resilience
- Review of dental technology
- CRM data entry (fixed response); improvement
- FtP data improvement re. FTP review and Upstream
- Further Legislative Changes and broader regulatory reform (s.60s)
- Develop accessible dynamic external data reporting
- Review of Scope of Practise
- FtP monitoring and evaluation strategy
- Develop GDC capability to conduct economic analysis
- Feasibility analysis by Policy & Research Board (PRB) for potential expansion of DCS services to facilitate NHS complaints.

- Following Portfolio capacity analysis across the GDC, the portfolio has been phased to ensure a balanced spread of project timescales.
- As with any 3 year plan the year 1 portfolio is more detailed, with year 3 currently lighter in project volume. Further CCP iterative planning will continue in 2020 to scope further project details for later years of the plan.

	2020				2021				2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
M - Must Do	25	24	21	20	13	12	8	7	4	4	4	3
S - Should Do	19	18	30	29	25	19	17	14	7	7	4	2
C - Could Do	4	4	5	6	5	2	1	0	1	1	0	0
W - Wont Do	0	0	0	0	0	0	0	0	0	0	0	0
TBC - To be confirmed	1	1	1	1	1	1	1	1	0	0	0	2
	49	47	57	56	44	34	27	22	12	12	8	5

Budget 2020

Purpose of paper	To propose a budget for 2020 for recommendation to the Council, in line with our wider work on the CCP 2020-22.
Status	Public
Action	For decision
Corporate Strategy 2016-19	Performance - Objective 2: To improve our management of resources so that we become a more efficient regulator
Decision Trail	<p>SLT – 5 March 2019 – SLT discussed and approved the proposed approach and timetable for the development of the 2020-22 CCP.</p> <p>SLT – 17 June 2019 & 1 July 2019 – SLT held workshops to review, challenge and prioritise newly proposed initiatives that had emerged from the organisation wide planning rounds during Q2 2019.</p> <p>SLT – 2 July 2019 – SLT reviewed the version 1 draft of the CCP 2020-22 ahead of discussion with FPC.</p> <p>FPC – 17 July 2019 – FPC reviewed the assurance process and content of the version 1 draft of the CCP 2020-22.</p> <p>SLT – 6 August 2019 – SLT review of the draft budget, budgeting assumptions, and principles in relation to our approach of fee setting.</p> <p>CEO – 8 August 2019 - Initial review of CCP and budget 2020 following SLT discussion.</p> <p>FPC – 21 August 2019 - Initial review of the draft 2020 budget</p> <p>EMT – 2 September 2019 – CCP Scrutiny session</p> <p>SLT – 3 September 2019 – review of draft budget 2020</p> <p>FPC – 10 September 2019 – review of draft budget 2020</p> <p>Council – 11 September 2019 – review of draft budget 2020</p>
Next stage	N/A
Recommendations	The Council is asked to approve the 2020 budget that envisages an operating spend of £40.43m

<p>Authorship of paper and further information</p>	<p>Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal, Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
<p>Appendices</p>	<p>Appendix 1 - Summary of variances between the 2019 budget and 2019 Q2 forecast .</p>

1. Executive summary

- 1.1. Following a change to the fees policy, the GDC is, for the first time, aligning our budget and fees to our three-year plan of strategic activity. We have been developing our three-year Costed Corporate Plan 2020-22 (CCP) which covers the period of the new strategic cycle and all plan activities are aligned to its strategic aims.
- 1.2. The budget setting process has for the first time been built from the work on the CCP, which ensures that we apply a consistent approach to costing the work to be carried out in delivery of our Corporate Strategy. The draft 2020 budget projects total operating expenditure of £40.43m in 2020, compared with £43.00m in 2019 (6%). The draft 2020 budget is 2.5% lower than the current Q2 2019 forecast.
- 1.3. The draft budget projects a total operating expenditure requirement of £40.43m, compared with our prediction of £40.49m in the development of the Corporate Strategy. This is a small decrease of £0.06m over that projected. The envelope for the three-year CCP period is £1.38m under the total envelope we outlined in the Corporate Strategy consultation.
- 1.4. Activity initiated in years prior will continue to deliver significant efficiency savings in 2020, all of which have been factored into the compilation of the CCP. Most notable efficiencies impacting 2020 are driven by the successful delivery of the Estates Strategy (that completes in December 2019) and phase 1 of the E2E review.
- 1.5. As we set out in our consultation of the Corporate Strategy, the fees charged to registrants will include the cost of funding the activity over the three-year period and maintain our level of free reserves within the range specified in the Council's reserves policy. Within that range, Council assessed the level of free reserves necessary to ensure the GDC remains a viable organisation by 31 December 2022, to be equivalent to four and a half months of operating expenditure over the same period. The approach to funding the CCP, including the recommended level of ARF for the period 2020-22 is covered in a separate funding paper presented to Council for approval today.

2. Background and approach

- 2.1. Following a change to the fees policy, the GDC will now set fees aligned to a three-year programme of strategic activity. The PMO, Finance and People Services teams have been working together to produce the CCP. This comprises the budget and long-term financial forecast, the workforce plan, and the overall delivery plan of operational activities and key programmes and projects.
- 2.2. We have been developing our planned activities for the next three years. The plan covers the period of the new strategic cycle and all plan activities are aligned to its strategic aims. The budget setting process being part of the build of the CCP ensures that we apply a consistent approach to costing the work to be carried out in delivery of our Corporate Strategy.
- 2.3. The cost of the plan will be met from the income sources available to the GDC. These are:
 - First registration fees
 - Annual retention fees (ARF)
 - Examination fees for overseas registrants (ORE)
 - Investment income
- 2.4. As change projects have been identified in the build of the CCP, they have been prioritised and their costs have been analysed (including the impact on cross-cutting enabling functions) and factored into the draft 2020 budget.

- 2.5. Templates were sent to budget holders in April for them to assess their future resource requirements. Scrutiny meetings were then held with each Executive Director and their directorate Heads of Service.
- 2.6. SLT then held a workshop to validate all collated information provided by each directorate, and to challenge new proposed initiatives in June, with a further SLT workshop being held in July to prioritise the directorate change proposals.
- 2.7. At FPC's meeting in July, we presented our work on the development of the CCP which included the key budget assumptions which underpin our approach to budget setting across the period, and the potential cost implications of the CCP. FPC further reviewed the development of this ongoing work at its meetings in August and September 2019.
- 2.8. As we set out in our consultation of the Corporate Strategy, the fees charged to registrants will include the cost of funding the activity over the three-year period and maintain our level of free reserves within the range specified in the Council's reserves policy. Within that range, Council assessed the level of free reserves necessary to ensure the GDC remains a viable organisation by 31 December 2022, to be equivalent to four and a half months of operating expenditure over the same period.

3. High-level budget assumptions

- 3.1. The CCP has been prepared whilst we continue to undertake a major programme of work on the People Strategy and where work is ongoing to firm up the costs associated with this programme. The proposed pay progression model being designed as part of this work has a number of 'levers' which we can adjust to ensure that the project will be at least cost neutral over the life of the plan.
- 3.2. From 2020, the ARF will be set according to the GDC 2018 Fees Policy and the relative income contributions of registrant groups will change. Fee levels will be set for the entirety of the new strategy cycle beginning 2020 with the aggregate costs of the plan in mind. From January 2020, first time registration fees will also be chargeable, which need to be set at an appropriate level to ensure cost recovery and minimise and cross-subsidy.
- 3.3. We currently assume that the number of successful applicants to the register will remain in line with the current projections, however any reduction on income will need to be met by a call on free reserves or reducing the organisational spend through reviewing the three year plan in order to reduce costs.
- 3.4. The key risk to income forecasting remains Britain's exit of the EU. In 2019 we removed the caution rating applied to our income budgets and we do not intend to apply a caution rating for 2020. Initial scenario analysis was completed to understand the potential sensitivity on the ARF of any volatility in registrant numbers as part of our development of the Corporate Strategy Consultation. This work has been revalidated as part of final budget setting process and is being presented as part of the separate funding paper. Any income risk will need to be met from the reserves and is being treated as a financial risk.
- 3.5. 2020 staffing costs have been based on the current 2019 establishment, as modified by projected resource requirements identified by managers and agreed by directors during the building of the CCP. All posts, including vacant posts are costed at market rate.
- 3.6. Pay differentials for Birmingham-based posts have remained set at a discount of 15% to London salaries in line with the Estates strategy programme assumptions and consistent with the assumptions being used within the pay progression project. A pay award assumption of a maximum of 3% has been applied to GDC payroll costs from April 2020. Further work on the pay award will be completed in Q1 2020. A further 1.0% has been budgeted for in-year salary increases to include salary reviews, role re-grades and performance-related awards.
- 3.7. Following the results of the 2018 triennial valuation of the defined benefit pension scheme, and our additional contribution of £2.3m to that scheme, the employer contribution rate was

increased to 20.3% from April 2019. This level of employer contribution has been retained for the period of the CCP.

- 3.8. The FtP budget model has generated a set of forecast FtP assumptions which the business will continue to review, scrutinise and challenge. Work carried out by budget holders in the FtP function to forecast future resources is underpinned by output from the model.
- 3.9. Non-payroll costs have been built bottom up by our budget holders and are assumed to have no more than 3% applied for inflationary purposes per annum.

4. 2020 GDC draft expenditure budget

- 4.1. The draft 2020 budget projects a decrease in total operating expenditure to £40.43m in 2020 from £43.00m, in 2019 (6.0%).
- 4.2. The draft budget projects a total operating expenditure requirement of £40.43m, compared with our prediction of £40.49m in the development of the Corporate Strategy. This is a small decrease of £0.06m over that projected. The envelope for the three-year CCP period is £1.38m under the total envelope we outlined in the Corporate Strategy consultation.
- 4.3. The draft budget is 2.5% lower than the current 2019 Q2 forecast.
- 4.4. Activity initiated in years prior will continue to deliver significant efficiency savings in 2020, all of which have been factored into the compilation of the CCP. Most notable efficiencies impacting 2020 are driven by the successful delivery of the Estates Strategy (that completes in December 2019) and phase 1 of the E2E review.

	Actual 2018 £k	Budget 2019 £k	Forecast Q2 2019 £k	Budget 2020 £k	Variance 2020 v 2019 %	Variance 2020 to Q2 %
Meeting fees & expenses	5,674	6,551	5,730	4,540	-30.7%	-20.8%
Legal & professional fees	6,798	7,619	7,650	7,639	0.3%	-0.1%
Staffing costs	21,574	20,390	19,567	19,783	-3.0%	1.1%
Other staff costs	977	1,536	1,249	1,090	-29.0%	-12.7%
Publications	381	741	757	787	6.2%	4.0%
IT costs	1,305	1,333	1,356	1,433	7.5%	5.7%
Premises	1,956	1,750	2,115	2,118	21.0%	0.2%
Finance costs	259	245	361	354	44.3%	-2.1%
Depreciation	1,061	1,175	1,122	1,149	-2.3%	2.4%
Contingency	-	1,662	1,549	1,533	-7.7%	-1.0%
Total	39,985	43,002	41,456	40,426	-6.0%	-2.5%

- 4.5. The key variances between the 2020 budget and 2019 budget are as follows:

Category	Variance
Meeting fees & expenses: Reduction in meeting costs following the termination of Smithfields contract and bringing hearings in house to Wimpole Street; saving around £1.4m per annum.	(£2.0m) (30.7%)
Staffing costs: Reduction in staff costs following completing of Estates moves seeing reduction for Birmingham salaries, cessation of dual running costs and efficiencies by a reduced headcount driven by the FtP E2E review.	(£607k) (3.0%)
Other staff costs: Reduction in recruitment fees and staff travel costs following the completion of Estates moves (2019 estates budget: £495k). Also includes the result of the review of recruitment cost budget in line with our internal recruitment strategy (£100k reduction).	(£446k) (29.0%)

Publications: Increase in request for funding research projects in line with the Shifting the Balance agenda.	£46k 6.2%
IT Costs: Increase in the costs of Microsoft and other software licences given current licence numbers and retendered costs.	£100k 7.5%
Premises: Following the 2018 end of year audit, a review identified that the accounting standard IFRS16 should be applied in the account for rent and the rent-free period on the Colmore Square accommodation. As a result, the 2019 budget was understated as the rent-free holiday is to be spread over the life of the lease.	£368k 21.0%
Finance Costs: Inclusion of Smith and Williamson investment management fee, estimated to be around £100k per annum, that were not included in the 2019 budget. Their exclusion was due to the timing of the decision to invest being made after the 2019 budget had been set.	£109k 44.3%

4.6. The summary of variances between the 2019 budget and 2019 Q2 forecast (as part of the Q2 Finance Review paper) is included at [appendix 1](#) to this paper for reference.

5. Headcount

- 5.1. At the end of June 2019, actual GDC staff headcount was 376.8 FTE and total budgeted GDC headcount (including vacant posts) was 395.7 FTE, projected headcount to decrease to 362.3 FTE by the end of 2019.
- 5.2. The headcount requirements for 2020-22 were identified by each Executive Director as part of the work on developing the CCP. 11 new posts and 1 amendment to a grading of a post have been identified. Business cases are now to be submitted for approval of this additional headcount following the EMT CCP scrutiny session held on 2 September 2019.
- 5.3. A total of 5.0 FTE has been identified as potential dormant posts required for the life of the CCP to enable the GDC to manage resourcing reactivity to increased volume and consequence of incoming casework, cross-skilling development.
- 5.4. These newly identified posts and potential dormant posts have been factored into the detailed costing work of the CCP.
- 5.5. The table below summarises the 2020 headcount position by directorate, compared with actual headcount in 2018, budget and forecasted headcount in 2019:

	Actual Dec 2018 FTE	Budget Dec 2019 FTE	Forecast Q2 2019 FTE	Budget Dec 2020 FTE	Variance 2020 v 19 %	Variance 2020 v Q2 %
Fitness to Practice	108.0	96.0	89.3	87.7	-8.6%	-1.8%
Legal and Governance	72.4	79.4	80.8	76.2	-4.0%	-5.7%
Organisation Development	15.9	19.9	21.0	18.0	-9.5%	-14.3%
Strategy	34.5	37.8	38.4	37.2	-1.6%	-3.1%
Registration and Corporate Resources	140.8	138.2	132.8	139.8	1.2%	5.3%
Contingency	-	-	-	5.0	5.0	
Total	371.6	371.3	362.3	363.9	-2.0%	0.4%

5.6. Comparative years information in the table above has been reverse engineered to ensure like for like comparability over time since 2018 through to the 2020 budget. This represents the changes in directorate team allocations since 2018 below:

- Legal and Governance forming its own directorate and no longer being considered part of Organisation Development (72.4 FTE).

- Compliance team within Organisation Development being merged into the Internal Audit and Risk function in Registration and Corporate Resources (5.6 FTE).
- Facilities team moving from Organisation Development to Registration and Corporate Resources. (5.0 FTE).

5.7. As anticipated, FtP headcount is reducing year on year following the impact of the End to End Review. We are also seeing a reduction in ILPS headcount during 2020 due to lower volumes.

6. Key FtP budget assumptions

6.1. Finance work closely with both FtP and Legal Services to deliver a budget that is prepared with reference to the FtP budget model assumptions, as modified in line with management insight. This approach was agreed and developed at the end of Q1 2018 and the budget model is reviewed quarterly and the review signed off by both the Executive Director, Fitness to Practice and the Head of Finance and Procurement.

6.2. There is a fundamental review to be completed of the budget model in terms of refining the model to better reflect the changes to the FtP functions and processes as a result of the E2E review. Including incorporating streaming information that has been captured by FtP management in terms of developing greater insight into their incoming workload and providing a view of case complexity. This work is planned to commence in quarter 1, 2020.

6.3. The 2019 Q2 FtP budget model review was completed in July 2019 and the result supplemented with known management information. The following table shows performance against budget for the first two quarters. Any performance varying more than +/- 10 from the budget is shown in 'red' if the target is missed, and in 'green' if it is exceeded:

	Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19	
	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud
Incoming cases	115	146	136	156	124	151	91	146	113	149	101	145
IAT referrals to Assessment	85	104	88	104	92	104	66	104	58	104	71	104
Assessment decisions	96	122	81	122	106	122	67	122	56	122	76	122
Case Examiner decisions	79	80	92	80	94	80	69	80	68	80	76	80
Case Examiners referrals to prosecution	20	23	33	23	33	23	23	23	24	23	28	23
Hearings utilisation	71%	80%	90%	80%	74%	80%	68%	80%	60%	80%	66%	80%

6.4. In the second half of 2018 cases progressed by case examiners had been lower than forecast leading to lower legal costs incurred in the early part of this year. This position has reversed such that ILPS and ELPS are expected to exceed their allocation by 35 cases in 2019. The effect in the second half of 2019 will substantially reverse the underspend seen in the first six months (they are currently forecasting to utilise 100% of their annual budget), but some of the effects of this additional workload are expected to continue into the first half of 2020.

6.5. For the CCP this will simply affect the profiling of costs rather than increasing the budget overall (apart from the additional temporary headcount already factored in to the headcount resource requirement) but at this stage we are estimating that this could impact as much as a 10% increase in costs for conduct, counsel fees and experts in the 2020 budget. We have factored in a central provision of £250k to account for the impact of this materialising within the 2020 budget.

6.6. Key FtP assumptions, as set out in the table below, have been identified as the key drivers of cost for the organisation:

Key FTP assumptions	2016 Actual	2017 Actual	2018 Actual	2019 Budget	2019 Q2 F'Cast	2020 Budget
Incoming complaints	2,630	1,910	1,643	1,708	1,406	1,453
IC/CE referrals for prosecution	315	219	242	348	341	330
ILPs new referrals	208	165	202	282	275	264
ELPs new referrals	107	54	50	54	73	66
ELPS referrals contingency	-	-	-	-	-	-
Scheduled hearing days	1,746	1,658	1,282	1,236	1,122	1,224

6.7. The actual rate of incoming complaints has fallen from an average of 137 cases per month in 2018 to an average of 116 per month in 2019 year to date. The 2020 budget assumes a reduction of 10% on previously budgeted levels on incoming cases. Whilst incoming complaints are reducing, the numbers of serious cases are being sustained and there will not follow a mirrored reduction in cost.

6.8. The average case examiner referral rate in 2018 was 36% and is 38% year to date in 2019 (against a budget of 31%). The 2020 budget assumed a referral rate of 36%, as updated and agreed in our 2019 Q2 budget model review.

6.9. The 2020 budget presumes that hearings utilisation may increase up to 100% in 2020 as the excess work currently in progress at casework, Rule 4 and Case Examiner stage is cleared. £500k of additional provision for an increase in hearings cost as a result of the additional workload is being held in contingency.

7. Central provisions and contingencies

7.1. The Q2 2019 forecast and 2020 budget contain the following central provisions which will fund 'big-ticket activities', the costs for which are not yet certain:

2019 Q2 forecast - central provisions	£000
E2E review programme costs (2019 budget: £215k)	202
In-year salary increases (1%) (2019 budget: £200k)	100
	302

2020 budget - central provisions	£000
E2E review phase 2 - programme costs	233
Hearings – additional workload from 2019	500
ILPS/ELPS allocation of cases from 2019 referrals	250
In-year salary increases (1%)	200
	1,183

7.2. In line with 2019, the use of budget contingencies has been restricted. Budget holders continue to be challenged to justify holding amounts in their budgets that appear to be contingent.

7.3. Where we have identified specific provisions in budgets these have not been removed, but transferred from individual budgets into the CEO's budget:

2019 forecast - contingencies	£000
Legal advice – Corporate Legal	55
Registration appeals and FtP investigations – Illegal Practice	35
Professional fees – Corporate Projects	110
CEO general contingency	100
	300

2020 budget - contingencies	£000
CEO general contingency	100
Enabling provision for dormant posts	250
	350

8. Capital programme

8.1. Proposed capital expenditure included in the draft budget for 2020 relates to the following IT and Facilities projects:

	£000
Facilities:	
Renewal programme works 37 Wimpole Street	120
Provision for major plant failure	50
IT:	
iPad / MDM Replacement enterprise-wide	200
Rolling IT Infrastructure Upgrades	135
Finance Business Central Implementation	65
End-user compute (remaining laptop refresh)	100
HR Systems Strategy	200
	870

9. Financial risk to the 2020 budget

9.1. An assessment of the known financial risks to the 2020 budget is ongoing. The current risk exposure of identified financial risks are:

Risk	Exposure (2020) £k
<p>Strategic contract tenders: Increase in strategic contracts for legal services.</p> <p>Other strategic contract tenders will not impact on 2020 but are being considered to the financial risks in the CCP planning period.</p>	<p><i>Little impact for 2020 as current contracts will run until late 2020.</i></p>
<p>Income risk: risk of reduction in registration numbers. Based on impact of loss of 5% of DCP and Dentist registrants.</p>	<p>1,900</p>
<p>Income risk: Unintended consequences of introduction of scrutiny fees on income generation seeing lower number of applications and increase in appeals.</p> <p><i>(Should 'free movement' drop away we will have the opportunity to revisit the first registration fee model as the legal risk around full cost recovery will reduce.)</i></p>	<p>Largely mitigated by legal limitation of recovery of full costs under model 1.</p> <p>(Assessed to be immaterial)</p>
<p>Risk of Brexit 'no deal' is recognised to now be much higher and will bring with it challenges of how we implement a change to registration following no deal. In the short term it is likely to be a holding position and we don't envisage there being a significant impact of 'no deal' during the initial 2-year period.</p> <p>We have already mitigated a number of our strategic contracts, such as Microsoft agreements, to move our data to UK data centres during 2019. There may be a need to necessitate short term feasibility projects, which would be absorbed by reprioritisation of existing work.</p>	<p><i>No material impact on 2020.</i></p> <p><i>Would be absorbed by cost recovery through first registration fees or reprioritisation of work</i></p>
<p>Potential financial risk exposure</p>	<p>1,900</p>

10. Risks and considerations

<p>Communications</p> <p>The GDC's proposed budget for 2020 will be in the public domain for the first time when this information is presented to the Council. Key messaging on the Budget 2020 and CCP 2020-22 will be included in the Corporate Strategy 2020-22 communication plan as all these activities are co-dependent with each other.</p> <p>Explaining these issues will help the GDC to fulfil its commitment to transparency following the consultation on a new fees policy and a costed corporate plan.</p>
<p>Equality and Diversity</p> <p>New policies, procedures and projects include equality impact assessments and therefore planned work in 2020 will systematically take into account equality and diversity implications.</p>
<p>Legal</p> <p>The GDC must be in a position to fulfil its statutory functions.</p>
<p>Policy</p> <p>Policy projects planned in 2020 are described in the Costed Corporate Plan 2020-22.</p>
<p>Resources</p>

The budget needs to be set appropriately to enable the GDC to fulfil its statutory duties and meet our commitments set out in the Corporate Strategy 2020-22.

The current reserves policy will be reviewed by Council in December 2019.

National

The budget being proposed will affect all four countries in a similar way.

Risks on registers

The budget links to the following risks on the strategic and operational risk registers:

FC4: We fail to continuously identify and implement significant cost efficiency measures.

CF1: The budget setting process and business planning does not deliver plans that are realistic, achievable and facilitate achievement of statutory functions.

11. Recommendation

11.1. The Council is asked to approve the 2020 budget that envisages an operating spend of £40.43m.

12. Appendices

- Appendix 1 - Summary of variances between the 2019 budget and 2019 Q2 forecast.

Appendix 1 – Summary of variances between the 2019 budget and 2019 Q2 forecast

Income	£000s
Fees: More Dentists renewing their registration and more Specialist initial registrations than budgeted.	85
Investment Income: Additional unbudgeted income generated from bank interest and Smith & Williamson investments is now included in the forecast.	437
Not analysed:	13
Increase in income forecast	535
Expenditure	
Hearings: A reduction in legal assessors and members fees as we had 193 unutilised days during the first 2 quarters. Where cases have closed early, these may have incurred professional costs. FtP and Legal have been looking at themes relating to the hearings closing early and have identified issues with witness evidence, however, there is no overall single driver. This isn't expected to be a trend as we are anticipating the costs will increase towards and during Q4. Not all costs will have been incurred by Q4, with throughput impacting 2020.	727
ELPS: The forecast has been increased due to an increase in the number of projected referrals. In the second quarter of the year, 37 cases were referred compared to the 30 cases budgeted.	(124)
Dentists Casework: The accommodation and meeting venue hire forecast have been reduced based on the current trend of spending related to planned meetings.	30
FtP Management: The spend on consultancy, professional fees and project costs all relate to the End to End review and are in line with the work planned at project stage. The reported variance is in relation to the allocation of costs against a budget held in central contingency. The budget has been released from central contingency in July 2019.	(13)
Finance: The Smith and Williamson management fee had not originally been included in the budget for 2019 The forecast has been updated to include the annual fee (£112,000). Depreciation has been reprofiled based on current trend of spend (£30,000)	(142)
IT: Software licenses and software licences support forecast have been reprofiled based on requirements over the two sites and as a result of dual working. IT cloud Hosting has also been reprofiled based on current expenditure.	(23)
Estates: Following the 2018 end of year audit, a review identified that the accounting standard IFRS16 should be applied in the account for rent and the rent-free period on the Colmore Square accommodation. As a result, the rent-free holiday has been spread over the life of the lease and the forecast has been updated to reflect this update. Additionally, services charges had not been included in the original budget at the rate being charged.	(291)
Recruitment - Estates: The recruitment forecast expenditure has been reduced as we continue to lead the recruitment process ourselves as part of our recruitment strategy.	201
Staffing costs: Savings in staffing costs are forecast across the GDC due to both vacant existing and budgeted new posts where recruitment is either on hold or has been delayed. (see note at 4.5).	891

HMRC Refund: Recovery over and above the level expected in relation to tax and national insurance overpayment for Associates expenses in 2010/11.	107
ILPS: New referrals have been allocated over the period; however, the forecast has been reduced based on the estimated throughput of the legal costs.	63
In-House Appeals and Criminal Services: Counsel fees increased due to additional rule 9 workstream internal review FTP allegations – external registration appeals.	(34)
In-House Legal Advisory Service: Increase costs due to 3 pending cases appeal against: a restoration committee, GDC is defending a challenge by a registrant and resolved a case by consent and are still waiting for the Court to finalise the order. A proportion of this is offset by a reduction in the budget of the reactive legal advice budgets.	(27)
Information Governance: Additional cost due to running a review and disposal project on the GDC's approach to archiving.	(15)
HR: A reduction to L&D expenditure due to: reprofiling the timing of the implementation of the coaching procurement framework; all staff conference being postponed; offer of in-house training as appointed someone internal to deliver.	60
HR: Unrequired Legal defence budget that is budgeted within IHLS	93
HR: Decrease in the forecast for HR external adverts due to leading the recruitment process ourselves as part of our recruitment strategy.	76
Facilities: Postage forecast has increased based on current levels of activity on the franking machine and special deliveries.	(18)
Facilities: Rent forecast increased in relation to the Baker Street rent due for January 2019 which wasn't budgeted for in error and update in forecasts for general rates increases from the City of Westminster.	(53)
Research: The publications budget has been increased based on the projects that are planned and the milestones that are expected to be achieved by the year-end. The projects forecasted are Public and Patients Survey, Professionals Survey, Scope of Practice Project and Patient and Public Panel.	(25)
Education QA: There has been a reduced forecast for the number of meetings to be held in the year and the calculation of the number of days payable to the associates. Offsetting this slightly in an increase in the travel forecast of £39k based on the current year to date expenditure.	57
Contingency: Proportionate adjustment for a reduction in contingency (see note at 4.6).	113
Not analysed: Aggregated variances less than £10k.	7
Total decrease in expenditure	1,660
Total decrease in operating expenditure	2,195

Registration Fees Implementation Programme: Implementation of Fees Model

Purpose of paper	This paper provides an overview of work carried out to develop a fees model including a detailed breakdown of application and assessment fees structure to inform and support Council decision on the approach implementation of registration fees on 2 January 2020.
Action	For decision
Corporate Strategy 2016-19	<p>Corporate Strategy 2016 – 2019</p> <p>02 To improve our performance across all our functions so that we are highly effective as a regulator</p> <p>Costed Corporate Plan 2019 – 2021</p> <p>02 To improve our management of resources so that we become a more efficient regulator</p> <p>Corporate Strategy 2020 – 2022</p> <p>01 Operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.</p> <p>05 Continue to develop an outcome-focused, high-performing and sustainable organisation</p> <p>Alignment to SPF – Corporate Strategy 2020-2022</p> <p>Alignment to SPF – Costed Corporate Plan 2020-2022</p>
Decision Trail	<ul style="list-style-type: none"> i. Fees policy effective from 1 January 2019 ii. Fees implementation project initiated Q1 2019 iii. Update to FPC on implementation plans 21 May 2019 iv. Update to FPC on implementation plans 17 July 2019 v. Review of Fees Model at SLT Workshop 12 Aug 2019 vi. Review and endorsement of Fees Model at SLT Meeting 3 Sep 2019 vii. Review and endorsement of Fees Model at FPC Meeting 10 Sep 2019 viii. Review of Fees Model at Special Council 11 Sep 2019

Next stage	This paper seeks approval of the proposed model for registration fees implementation from the Council at its meeting on 3 October 2019.
Recommendations	The Council are asked to formally approve the registration model and specified fee levels (introducing application and assessment fees) for implementation on 2 January 2020.
Authorship of paper and further information	<p>Gurvinder Soomal, Executive Director, Registration and Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p> <p>Tim Wright, Interim Head of Programme & Portfolio Delivery twright@gdc-uk.org 020 7167 6262</p> <p>Ravjeet Pudden, Programme & Portfolio Manager rpudden@gdc-uk.org 0121 752 0071</p> <p>Rebecca Cooper, Head of Policy and Research Programme rcooper@gdc-uk.org 020 7167 6327</p> <p>David Roy, Senior Financial Planning and Analysis Manager droy@gdc-uk.org 020 7167 6283</p> <p>Melissa Sharp, Head of In-House Legal Advisory Service MSHarp@gdc-uk.org 020 7167 6074</p>
Appendices	<p>Appendix 1: Fees model slide-deck (v03/09/2019)</p> <p>Appendix 2: Registration Fees Implementation Equality Impact Assessment September 2019</p>

1. Executive summary

- 1.1. This paper sets out our approach to registration fees, including an overview of work carried out to develop a fees model that introduces application and assessment fees. Supplementary information within the slide-deck (appendix 1) explains the journey of building the fees model and provides visibility of each of its components, as well as detailed breakdown of fees structures and calculations.
- 1.2. The contents of this paper (including appendices) references the alignment to GDC fees policy (following a change to fees policy, effective from 1 January 2019). There are a number of elements of the new policy which have required changes to the way the GDC operates, most particularly the introduction of the new application and assessment fees.
- 1.3. This work has been developed and sponsored by the Fees Implementation Programme Board and was formally reviewed and recommended by the SLT board on 3 September 2019. FPC has also formally reviewed and endorsed this work on 10 September 2019 with an update provided to Council on 11 September 2019

2. Background (see appendix 1, slides 3 to 4)

- 2.1. Early work on registration scrutiny fees was presented to Council in 2016, when four indicative models for a potential approach to fee charging were reviewed.
- 2.2. GDC Fees Policy was developed through 2018 and came into effect from 1 January 2019 which included principles to guide the setting of registration scrutiny fees.

- 2.3. During Q2 2019, the Strategic Planning Framework set 2 January 2020 as the implementation date for the introduction of new fees (application and assessment fees).
- 2.4. This work has evolved significantly to establish a policy compliant fees model since Registration Fees Implementation Programme Board was formed in June 2019. Programme board sponsorship and management has progressed this work through several discretionary management decisions.
- 2.5. The assurance process has included formal review and discussion in monthly programme board meetings, as well as formal governance meetings; SLT workshop of 12 Aug 2019, SLT board meeting of 3 Sep 2019; FPC board meeting of 10 Sep 2019 and Council meeting of 11 Sep 2019. Ongoing feedback and recommendations have led to an FPC endorsed fees model.

3. Structuring the fees model (see annex 1, slides 5 to 22)

3.1. Consideration of fees policy

- 3.1.1. This work is underpinned by and seeks to align with three core principles set out in the GDC fees policy and an additional six key points that were recognised and addressed within the post-consultation outcome report.
- 3.1.2. The fees policy adopted by Council and supplementary internal legal advice on its application has been at the core of the work to develop the fees options presented within this paper, and alignment of these models to the policy has been a primary focus of our work.
- 3.1.3. The three core principles within the GDC fees policy are;
 - Principle 1: Fee levels should be primarily determined by the cost of regulating each registrant group
 - Principle 2: The method of calculating fee levels should be clear
 - Principle 3: Supporting certainty for registrants and the workability of the regulatory framework
- 3.1.4. The six key points from the GDC consultation outcome report are;
 - Key Point 1: A cost-based system of regulation, setting fees according to planned programme of work, therefore fees to be calculated to meet the costs of those plans
 - Key Point 2: Fee per application is an effective way to eliminate cross-subsidy between successful and non-successful applications
 - Key Point 3: Introduction of an assessment fee for applications that require a considerably higher degree of scrutiny (as the cost of processing these applications is higher)
 - Key Point 4: Cross-subsidy could be reduced by implementing a model which sets different fees for different applicant groups (depending on route to registration)
 - Key Point 5: UK registrants currently subsidise the costs of overseas applications; however, due consideration must be given to the need not to create barriers to free-movement within EEA (higher fees for EEA/non-EEA applicants could potentially be a disincentive for those nationals applying to the register)
 - Key Point 6: To consider the introduction of pro-rata fees for those who restore their name to the register following a break from practice (particularly relevant to those registrants with unforeseen and/or exceptional circumstances)

3.2. Discretionary Decisions

The Fees Implementation Programme Board has used their discretion where necessary to make several decisions to allow fees structuring and calculations to progress without undue delay; aligning the fees model as practicably as possible with as many of the fees policy principles and key points. An overview of key decisions is provided below;

- (i) Some applicant routes have been excluded from fees implementation on the basis of legal advice indicating that the risk of challenge would be high if we were to charge fees in connection with an application for registration.
- (ii) Through the work of the fees programme we have discovered gaps where we do not currently collect activity measurement data, and therefore the programme board has not been able to make certain evidence-based decisions. Where programme board felt that inclusion of such activity would only impact fees slightly, these activities were excluded from fees calculations.

It has been suggested that these activities are monitored and captured to then be further explored at a later stage when fees are revised in line with the review of the costed corporate plan.

- (iii) There are additional costs related to processing applications from certain applicant groups, specifically those that have declared health conditions and/or criminal convictions. A decision has been made to exclude these costs of additional processing from new fees, for reasons (a) because the number of such applicants is very small and the impact on the registration fee when shared across all applicants would be negligible, and (b) in our conscientious approach to promote equality of opportunity.
- (iv) For planning purposes, we have used 2018 as a base measure for applicant volume data.
- (v) Whilst seeking alignment to fees policy through the work of this programme, the programme board excluded alternative approaches to fees models that (a) demonstrated weak alignment to the revised fees policy (b) were based on theoretical and/or inaccurate data (c) were not modelled on current GDC costs and corporate planning (d) were regarded legally as potentially disproportionate in terms of the level of cost they sought to recover and (e) were not based on costs that are directly attributable to processing and assessing applications.

3.3. Development of the fees model

3.3.1. The expended effort (staff resource and time) to process and assess applications has been used as base data to calculate exact costs of registration activity. Processing has been categorised into three main areas of relevant activity;

- (i) UK Registration Team
Applicant routes assessed by this team; DCP UK Application, Dentist UK Application and DCP Additional Titles.

Processing these applications requires an average overall time of 30mins. They do not require complex assessment or panel activity.

- (ii) DCP Casework Team
Applicant routes assessed by this team; EEA DCP Assessment Application, Non-EEA DCP Assessment Application, EEA DCP Assessment Additional Titles, Non-EEA DCP Assessment Additional Titles and Temporary Dentist Registration Applications.

Processing these applications requires an average time of between 1hr 15mins to 3hrs 30mins depending on application, which includes for some routes, panel costs including reading time.

(iii) Dentist Casework Team

Applicant routes assessed by this team; Dentist EEA Application, Dentist Overseas Application and Dentist Assessment Applications.

Processing these applications requires an average time of between 1hr to 4hrs depending on application, which includes for some routes, panel costs including reading time.

3.3.2. In line with the fee policy principles, the basic cost of an application has been separated from the additional costs of assessment. All models considered have been developed on this basis of charging separate fees for applications and assessments.

3.3.3. UK applicant routes (processed by the UK Registration Team in 3.3.1) have been deemed as the baseline for processing applications, and therefore, 30 minutes has been set as the minimum expended effort initially required to process an application.

Any complex assessment and/or panel costs including reading time that are beyond the initial application processing of 30 minutes would then introduce the need for an assessment fee for those specific applicant routes.

3.3.4. There are two components that make up both the application and the assessment fee, summarised below:

(iv) Application fee:

- 1) Staff resource and time that is directly related to application processing activity
- 2) Staff resource and time that is related to associated registration activity

(v) Assessment fee:

- 1) Staff resource and time that is directly associated to assessing applications (post-initial application processing activity which is contained within the application fee)
- 2) Staff resource and time that is directly associated with the costs of panels (for those applicant routes that panel costs are relevant to)

3.3.5. Components 1 and 2 are elemental components where costs are computed purely based on processing time and associated activity, these components are essential to the fees model.

3.3.6. The building of components 1 and 2 within the application fee leads to two distinct application fees (a fee for applicant routes assessed by the UK registration team and a fee for applicant routes assessed by the two casework teams).

A blended rate for application fees has been derived by calculating the total income achieved from charging the two variable application fees to the individual registrant groups, then averaging this cost across the total number of registrant applicants.

3.3.7. It is important to note, that additional information has been added to the table to demonstrate the impact of these fee levels to numbers of applicants as a percentage of total applicants (in 2018). The percentages add up to 81.5% (not 100%) due to a number of out of scope routes that make up the remaining 18.5% of total applicant numbers. It is also important to note that 65% of total applicants are UK applicants (in context of the model and the included applicant routes, UK applicants constitute 80% of total applicants we are considering implementing new fees for).

3.4. The proposed fees model:

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

4. Financial analysis

- 4.1. Fees model has been reverse tested to ensure that it generates the correct level of income to cover costs. Please note the following:
 - 4.1.1. Costs relate to the three years of the CCP for 2020-22 and are highest in the final year.
 - 4.1.2. Fees are calculated to be fixed for the term of the CCP on the basis of an average annual cost. They are therefore set to over-collect in the first year and under-collect in the third year.
 - 4.1.3. Registrant volumes are based on figures as at the end of 2018. This excludes the influx of overseas DCPs seen in the early months of 2019, as there is a risk that this may represent a temporary increase and therefore a distorting factor.
 - 4.1.4. Should the increase in registration applications be sustained, it is likely that an additional resource will be required to deal with the workload, the cost of which would broadly offset the additional income generated.
- 4.2. Impact to ARF: Due to the proposed model seeking to recover only the cost of activity that is directly and specifically related to application processing, there are other associated costs (such as staff training time, and registration estate overheads) that sit within this cost centre but will not be recovered through registration fees. The cost of this activity will be covered by the ARF and has been considered in the calculation of the ARF fee (with information on the ARF fee being presented to the Council as a separate item on the 3rd October agenda).

5. Consideration of Council feedback from previous fees discussions

- 5.1. Council members have raised a number of points in relation to the implementation of the fees policy during previous discussions at Council meetings and workshops. Three broad themes have emerged from these discussions in terms of Councils interest:
- 5.2. Impact of the fees policy on registrants who were taking a break from practice in circumstances such as maternity leave, sabbaticals, health issues.

As part of the output of the fees consultation, it was confirmed that the GDC would consider the introduction of pro-rata restoration fees so that people in these circumstances do not have to pay the equivalent of a full year's ARF at the point of registration. As a result, we are planning to introduce restoration fees on a pro-rata basis as part of the implementation of the scrutiny fee. It is important to note that this amendment does not extend to introducing refunds due to leaving the register in advance of the year for which the registration fee has been paid for. Pro-rata restoration fees would be introduced for both Dentists and DCPs from 1 January 2020.
- 5.3. Consideration of DCP earnings relative to fees charged.

The GDC's fees policy is a cost-based system rather than risk based/means tested and therefore it would not be in keeping with the policy to take this factor into account in the setting of fees.
- 5.4. Ensuring that an equality impact assessment has been carried out to review the fees policy and its implementation

An Equality Impact Assessment was carried out in the work leading to the new fees policy effective from 1 January 2019. Work has been carried out in September 2019 to update the Equality Impact Assessment to give consideration updated consideration specifically to the implementation of the policy.

6. Update on fees implementation work packages

6.1. Implementation of Technical Solutions

- 6.1.1. There has been ongoing work to consider technical solutions as part of the IT work package within the Fees Implementation programme.
- 6.1.2. A technical solutions business case was developed by IT to provide analysis on four available options for consideration, together with issues, risks, IT resource, timescales and applicant experience.
- 6.1.3. Programme board members reviewed options for a technical solution in board meeting of 5 September 2019 and have agreed that an option that processes the application assessment fee at online application submission stage is selected for implementation.
- 6.1.4. In summary, this option requires applicants to make a payment during the online application form process (as part of the online application applicants are directed to a payment screen before they submit the form). On receipt of a printed copy of the application form and necessary documents the registration team then continues to process the application as per current business process.
- 6.1.5. Implementation solution is underway and scheduled to be completed for regression testing (including User Acceptance Testing) to begin in November 2019

Refunds Options

- 6.1.6. There has been ongoing work to consider potential refund options related to application and assessment fees.
- 6.1.7. Programme board members reviewed options for a refund solution in board meeting of 5 September 2019 and have agreed that a non-refundable application fee and a refundable assessment fee (within exceptional extenuating circumstances) is the option selected for implementation.
- 6.1.8. To ensure consistency in our approach to refunds, assessment fees are to be refundable only in 'exceptional extenuating circumstances' broadly mirroring the current ORE refund policy. Guidance with clear set of principles to outline examples of exceptional circumstances for refunds will be developed in advance of implementation. We would also consider issuing a refund if a significant error is identified before any assessment work has commenced.

7. Future review of fees

- 7.1. Applicant routes that have significantly higher fee levels should be monitored to understand whether there is any variance to previous trends of application numbers related to those specific routes.
- 7.2. Planning for a revision to fees to include costs that have currently been excluded should be further explored in due course to examine the difference cost recovery makes to fee levels.

8. Next steps

- 8.1. Policy instructions have been issued to ILAS laying out necessary amendments to fee structures so that first draft amended regulations can be prepared for review before proceeding to Council approval.
- 8.2. Council will need to make and seal amendments to fee regulations ahead of fees implementation; governance route:

- 3 October 2019 – Council decision on registration fee model principles, Council decision on ARF levels and Council making fees regulations in respect of the ARF
- December 2019 – Council Making Fees Regulations in respect of registration fees

9. Risks and considerations

<p>Communications</p> <ul style="list-style-type: none"> ▪ Communications have been discussed alongside the work of the fees in programme board meetings as well as within forward-planning sub-group meetings. ▪ A draft communications plan is currently underway to meet the communication and engagement requirements as a result of the work to implement new fees structure by 2 Jan 2020. This communications plan encompasses both communications and engagement related to the ARF and to registration fees
<p>Equality and Diversity</p> <ul style="list-style-type: none"> ▪ An Equality Impact Assessment was carried out in the work leading to the new fees policy effective from 1 January 2019. Work has been carried out in September 2019 to update the Equality Impact Assessment to give consideration updated consideration specifically to the implementation of the policy. The Registration Fees Implementation Equality Impact Assessment September 2019 is included as appendix 2 of this paper.
<p>Legal</p> <ul style="list-style-type: none"> ▪ Legal advice has been sought to understand legislative powers to make and charge fees for applicants on entry to the register; as a result, some applicant routes have been excluded on the basis of advice received. ▪ Policy and In-House Legal Advisory Service (ILAS) have informed of the urgency to commence work on amendments to fees within the programme timeframe. This is reliant on gaining approval to proceed with a recommended fees model and variant option.
<p>Delegations</p> <ul style="list-style-type: none"> ▪ Programme board have used their discretion to make decisions that have enabled the work of fees to progress seeking approval from appropriate governance meetings and committees on-route to scheduled Council decision in Oct 2019
<p>Policy</p> <ul style="list-style-type: none"> ▪ Policy and In-House Legal Advisory Service (ILAS) have informed of the urgency to commence work on amendments to fees within the programme timeframe. This was primarily reliant on gaining SLT approval and FPC endorsement to proceed with a recommended fees model
<p>Resources</p> <ul style="list-style-type: none"> ▪ Apart from staff resource and time which have been included in the financial update contained within the monthly programme board report, there are no additional costs or expenditure to be incurred.
<p>National</p> <ul style="list-style-type: none"> ▪ There is no recognised impact to the four countries within the UK as a result of this programme.
<p>Risks on registers</p>

This programme does not directly link to but has correlation with the following risks on the strategic risk register;

- CP5; Uncertainty over constitutional changes following the referendum result to exit the EU
- CP13; Loss of MRPQ mean GDC options for registering European Dentists are dependent on DHSC action

The Fees Implementation Programme is continuing to liaise closely with the owners of these risks, and further fees related implications will be presented as part of the paper seeking final approval from the Council in October.

10. Recommendations

The Council are asked to formally approve the registration model and specified fee levels (introducing application and assessment fees) for implementation on 2 January 2020.

11. Internal consultation

11.1. The following departments have membership on the programme board;

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

12. Appendices

- Appendix 1: Fees model slide-deck (v13/09/2019)
- Appendix 2: Registration Fees Implementation Equality Impact Assessment September 2019

Registration Fees Implementation Programme (RFIP)

Council Meeting
03/10/2019

1. Provide background and introduction to fees implementation
2. Introduce the fees model, providing a walkthrough to explain structuring of fees
3. Provide detailed information to support the fees model
4. Provide information around the impact of this work to applicants

- Early work on registration scrutiny fees was presented to Council in 2016.
- GDC Fees Policy was developed through 2018 and came into effect from January 2019 which included principles to guide the setting of registration scrutiny fees.
- During Q2 2019, the Strategic Planning Framework set the 2nd January 2020 as the implementation date for the introduction of the new fees model.
- Registration Fees Implementation Programme Board was formed in June 2019. Programme board sponsorship and management has progressed this work through several discretionary management decisions.
- This work has evolved significantly to establish a policy compliant fees model. The assurance process has included formal review and discussion in monthly programme board meetings, as well as formal governance meetings.

- 21 May 2019: FPC Meeting – Provided fees implementation update
- 17 July 2019: FPC Meeting – Provided fees implementation update
- 12 Aug 2019: SLT Workshop – Review and discussion of fees model
- 3 Sep 2019: SLT Meeting – Review and endorsement of fees model
- 10 Sep 2019: FPC Meeting – Review and endorsement of fees model
- 11 Sep 2019: Council Meeting – Discussion and review of fees model
- 3 Oct 2019: Council Meeting – Decision on fee model principles, Council decision on ARF levels and Council making fees regulations in respect of the ARF
- 5 Dec 2019: Council making fees regulations in respect of registration fees

1. Background information – Using the fees policy to inform the model
2. Background information – Initial Application Fees, Assessment Fees, Out-of-Scope Activity
3. Introducing the Building Blocks for each Fee
4. Application Fee and Assessment Fee Building Blocks explained
5. Out of Scope Exclusions explained
6. Application Processing & Assessment Effort and Complexity
7. Payment Bands Based on Equivalent Cost of Processing
8. Fees Model: Unit Cost of both the Initial Application Fee and the Assessment Fee
9. Applicant Payment Journey
10. Supporting Information: Application Route Profiles

The GDC 2018 Fees Policy set three core principles in relation to the implementation of a Registration scrutiny fee:

Principle 1: Fee levels should be primarily determined by the cost of regulating each registrant group

Principle 2: The method of calculating fee levels should be clear

Principle 3: Supporting certainty for registrants and the workability of the regulatory framework

Principles

1
2
3

In addition to the revised fees policy, implementation must align with six key points that were recognised and addressed within the post-consultation report, 'Clear and Certain: a New Framework for Fee-setting':

Key Point 1: A cost-based system of regulation, setting fees according to planned programme of work, therefore fees to be calculated to meet the costs of those plans

Key Point 2: Fee per application is an effective way to eliminate cross-subsidy between successful and non-successful applications

Key Point 3: Introduction of an assessment fee for applications that require a considerably higher degree of scrutiny (as the cost of processing these applications is higher)

Key Points

1
2
3
4
5
6

Key Point 4: Cross-subsidy could be reduced by implementing a model which sets different fees for different applicant groups (depending on route to registration)

Key Point 5: UK registrants currently subsidise the costs of overseas applications; however, due consideration must be given to the need not to create barriers to free-movement within EEA (higher fees for EEA/non-EEA applicants could potentially be a disincentive for those nationals applying to the register)

Key Point 6: To consider the introduction of pro-rata fees for those who restore their name to the register following a break from practice (particularly relevant to those registrants with unforeseen and/or exceptional circumstances)

To make reference where these principles and key points are more prevalent, we have used an indicator on relevant slides.

During 2016, some indicative models were developed which were shared with the Council at the time. Models considered were:

- Option 1 - Flat scrutiny fee for all applicants
- Option 2 - Flat scrutiny fee for Dentists and flat scrutiny fee for DCPs
- Option 3 - Blend of flat application fee for all applicants and flat assessment fee for certain complex applications
- Option 4 - Specific scrutiny fee per Registration route based on cost of processing the route

In our current work, we have been able to utilise some of the thinking around cost apportionment and data modelling from the 2016. However, in the main part our indicative thinking from 2016 has had to be substantially revised to:

- Align with the nine principles/key points emerging from the 2018 GDC Fees Policy
- Align with the three year budget planning approach now established through the Costed Corporate Plan Process
- Utilise more accurate and granular processing time data that was not available at the time
- Utilise up to date forecasting data to give a better picture of expected activity volumes

Following the introduction of the 2018 GDC Fees Policy, which established the principle that '**Fee levels should be primarily determined by the cost of regulating each registrant group**' option 4 from the above list of 2016 models is the only one which remains compliant with the policy.

As such, a refined version of option 4 has become the focus of our current work.

Consultation Key Point 2: Fee per application is an effective way to eliminate cross-subsidy between successful and non-successful applications



REGISTRATION PROCESSING BUDGET 2020 - 2022

1. REGISTRATION ACTIVITY SPECIFIC TO INITIAL APPLICATION FEES

2. REGISTRATION ACTIVITY SPECIFIC TO ASSESSMENT FEES

3. REGISTRATION ACTIVITY OUT OF SCOPE FOR FEES CHARGING

Consultation Key Point 3: Introduction of an assessment fee for applications that require a considerably higher degree of scrutiny (as the cost of processing these applications is higher)

REGISTRATION PROCESSING BUDGET 2020 - 2022

**1. REGISTRATION ACTIVITY
SPECIFIC TO INITIAL
APPLICATION FEES**

**2. REGISTRATION ACTIVITY SPECIFIC
TO ASSESSMENT FEES**

**3. REGISTRATION ACTIVITY OUT OF
SCOPE FOR FEES CHARGING**

Principle 1: Fee levels should be primarily determined by the cost of regulating each registrant group

REGISTRATION PROCESSING BUDGET 2020 - 2022

1. REGISTRATION ACTIVITY SPECIFIC TO INITIAL APPLICATION FEES

2. REGISTRATION ACTIVITY SPECIFIC TO ASSESSMENT FEES





3. REGISTRATION ACTIVITY OUT OF SCOPE FOR FEES CHARGING







INITIALLY CONSIDERED BUILDING BLOCKS FOR THE APPLICATION AND ASSESSMENT FEES

- 1
- 2
- 1
- 2
- 3

Initial Application Fees

			
Staff time spent directly on basic Registration application processing	Staff time spent on associated Registration activity	Contribution to non application Registration overheads	Contribution to Registration estate overheads
1	2	3	4

Assessment Fees

			
Staff time spent on complex application assessment	Cost of assessment panels (where applicable)	Contribution to non application Registration overheads	Contribution to Registration estate overheads
1	2	3	4



**Not covered in Reg Fees—
To be included in the Annual Retention Fee**

CONFIRMED BUILDING BLOCKS FOR THE APPLICATION AND ASSESSMENT FEES

1

2

1

2

3

Initial Application Fees



Staff time spent directly on basic Registration application processing



Staff time spent on associated Registration activity

Assessment Fees



Staff time spent on complex application assessment



Cost of assessment panels (where applicable)



Not covered in Registration Fees
– To be included in the Annual Retention Fee

Initial Application Fees



PART 1. Staff time spent directly on basic Registration application processing

INCLUDES:

- All processing activity for UK Dentist and DCP applications
- For all other routes: basic equivalent processing activity (data entry, qualification loading, basic checklist processing, etc)



PART 2. Staff time spent on associated Registration activity

INCLUDES:

- Response to queries
- Phone calls
- Complaints/FOI/alert responses
- Banking
- Post handling
- Working with legal/policy on complex cases
- Auditing applications
- Process enhancement/SOP review
- Preparing files for archiving
- Audit activity (within team)
- Audit activity (Mazars/Reg audit liaison)

Assessment Fees



PART 1. Staff time spent on complex application assessment

INCLUDES:

Depending on route, type of activity may include:

- checking eligibility through review of documentation relating to character
- standing and nationality status
- detailed assessment of applicant's syllabus and primary dental qualification, etc



PART 2. Cost of assessment panels (where applicable)

INCLUDES:

- Assessment panel bundle preparation, assessment panel member reading and attendance time, applicant liaison and outcome processing
- Additional element of assessment specific associated activity – eg panel coordination liaison activity

Out Of Scope Activity



TEAM EXCLUSIONS	RATIONALE
Registration Operations teams	Work not related to applications: ARF collection, ORE oversight etc
Registration Support	Application related elements of registration support activity. Although the team play a role in the initial processing of applications, including a small percentage into fees would add an additional layer of complexity.
Customer Advice & Information Team	Application related elements of CAIT customer service work. As per registration support rationale.
ROUTE EXCLUSIONS	RATIONALE
Restoration	Dentists Act 1984 allows us to charge fees on the entry of a name into the register or otherwise in connection with an application for registration. Therefore, the legislation does not permit us to introduce application fees for these particular routes and increases the risk of legal challenge.
Visiting EEA Practitioner	Dentist Act expressly prohibits us from charging any fees in respect of registration in the list of visiting practitioners from relevant European States.
Specialist List	A specialist list application fee already exists
Overseas Registration Examination	Funded by examination fees already
Health/Conviction Assessment	Charging applicants specifically would not be commensurate with ethical, legal and policy considerations
Registration Appeals	Majority of appeal activity relates to Specialist list applications (which are out of scope as noted above)
Adaptation Periods	Applicant will pay assessment fee for the application, but no surcharge for adaptation period

6. Application Processing & Assessment Effort and Complexity

PROCESSING COMPLEXITY

1	UK Reg Dentist	Avg. time to process application (30mins)
5	UK Reg DCP	Avg. time to process application (30mins)
11	UK DCP Additional Titles	Avg. time to process application (30mins)
3	Dentist EEA Application	Avg. time to process application (1hr includes Caseworker assessing)
4	Dentist Overseas Application	Avg. time to process application (1hr includes Caseworker assessing)
8	Temporary Dentist Registration Application	Avg. time to process application (1hr 15mins includes Caseworker assessing)
9	EEA DCP Assessment Additional Titles	Avg. time to process application (3hrs) + panel costs + reading time (1hr 15mins x3)
10	Non-EEA DCP Assessment Additional Titles	Avg. time to process application (3hrs) + panel costs + reading time (1hr 15mins x3)
6	EEA DCP Assessment Application	Avg. time to process application (3hrs 30mins) + panel costs + reading time (1hr 15mins x3)
7	Non-EEA DCP Assessment Application	Avg. time to process application (3hrs 30mins) + panel costs + reading time (1hr 15mins x3)
2	Dentist Assessment Application	Avg. time to process application (4hrs) + panel costs + reading (3hrs x 3)

1
3
3

7. 6 Bands: based on Equivalent Cost of Processing

1	UK Reg Dentist
	UK Reg DCP
	UK DCP Additional Titles
2	Dentist EEA Application
	Dentist Overseas Application
3	Temporary Dentist Registration Application
4	EEA DCP Assessment Additional Titles
	Non-EEA DCP Assessment Additional Titles
5	EEA DCP Assessment Application
	Non-EEA DCP Assessment Application
6	Dentist Assessment Application

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

Please note:

- If a no-deal Brexit materialises, some applicant routes would cease to exist (free-movement legislation)
- The blended rate for application fees is derived by calculating the total income achieved from charging the two variable application fees to the individual registrant groups, then averaging this cost across the total number of registrants applicants. This means that GDC income is unaffected whether individual or blended rates are used.

PAYMENT 1 (APPLICATION FEE)

PAYMENT 2

INITIAL
APPLICATION FEE

ASSESSMENT FEE

VARIABLE FIRST
REGISTRATION FEE
(+ FIXED ARF)

Payable by all
Applicant Routes

Only payable by
non-UK applicant
routes

Pro-rata registration fee payable by all applicants whose applications have been successful.

Fee amount is variable due to the time they join the register in relevant Dentist and DCP cycle

Fixed ARF would only be payable by applicants when they join the register in the last two months of the current ARF cycle (in advance of the ARF deadline)

EXAMPLE 1: **UK Reg Dentist** payment journey having applied **in May** (not within last two months of Dentists ARF cycle);

PAYMENT 1 (APPLICATION FEE)		PAYMENT 2	
INITIAL APPLICATION FEE	ASSESSMENT FEE	VARIABLE FIRST REGISTRATION FEE	FIXED ARF
£22.95	£0.00	£500.00	£0.00

EXAMPLE 2: **EEA DCP Assessment Application** payment journey having applied **in June** (within last two months of DCP ARF cycle);

PAYMENT 1 (APPLICATION FEE)		PAYMENT 2	
INITIAL APPLICATION FEE	ASSESSMENT FEE	VARIABLE FIRST REGISTRATION FEE	FIXED ARF
£22.95	£506.21	£21.66	£130.00

REGISTRATION APPLICANT CATEGORY	APPLICATION FEE BLENDED RATE	TOTAL ASSESSMENT FEE	TOTAL FEES	LOWEST FEE (October)			MOST COMMON FEE (July)			HIGHEST FEE (November)			IMPACT
			APPLICATION FEE (BLENDED) + ASSESSMENT FEE	REG FEE	ARF	GRAND TOTAL	REG FEE	ARF	GRAND TOTAL	REG FEE	ARF	GRAND TOTAL	% APPLICANTS 2018
1 UK Reg Dentist	£22.95	£0.00	£22.95	£187.50	£0.00	£210.45	£375.00	£0.00	£397.95	£125.00	£750.00	£897.95	11.0%
2 Dentist Assessment Application		£662.38	£685.34	£187.50	£0.00	£872.84	£375.00	£0.00	£1,060.34	£125.00	£750.00	£1,560.34	2.0%
3 Dentist EEA Application		£65.65	£88.61	£187.50	£0.00	£276.11	£375.00	£0.00	£463.61	£125.00	£750.00	£963.61	4.5%
4 Dentist Overseas Application		£65.65	£88.61	£187.50	£0.00	£276.11	£375.00	£0.00	£463.61	£125.00	£750.00	£963.61	4.5%
8 Temporary Dentist Registration Application		£79.27	£102.23	£187.50	£0.00	£289.73	£375.00	£0.00	£477.23	£125.00	£750.00	£977.23	0.5%

Please note:

- We have for the purposes of demonstration only, used the higher figure of the consulted Dentists ARF range (£730-£750)

REGISTRATION APPLICANT CATEGORY	APPLICATION FEE BLENDED RATE	TOTAL Assessment Fee	TOTAL FEES	LOWEST FEE (May)			MOST COMMON FEE (March)			HIGHEST FEE (June)			IMPACT
			APPLICATION FEE (BLENDED) + ASSESSMENT FEE	REG FEE	ARF	GRAND TOTAL	REG FEE	ARF	GRAND TOTAL	REG FEE	ARF	GRAND TOTAL	% APPLICANTS 2018
5 UK Reg DCP	£22.95	£0.00	£22.95	£32.49	£0.00	£55.44	£54.15	£0.00	£77.10	£21.66	£130.00	£174.61	51.0%
6 EEA DCP Assessment Application		£506.21	£529.16	£32.49	£0.00	£561.65	£54.15	£0.00	£583.31	£21.66	£130.00	£680.82	2.0%
7 Non-EEA DCP Assessment Application		£506.21	£529.16	£32.49	£0.00	£561.65	£54.15	£0.00	£583.31	£21.66	£130.00	£680.82	2.0%
9 EEA DCP Assessment Additional Titles		£453.36	£476.31	£32.49	£0.00	£508.80	£54.15	£0.00	£530.46	£21.66	£130.00	£627.97	0.5%
10 Non-EEA DCP Assessment Additional Titles		£453.36	£476.31	£32.49	£0.00	£508.80	£54.15	£0.00	£530.46	£21.66	£130.00	£627.97	0.5%
11 UK DCP Additional Titles		£0.00	£22.95	£32.49	£0.00	£55.44	£54.15	£0.00	£77.10	£21.66	£130.00	£174.61	3.0%

Please note:

- We have for the purposes of demonstration only, used the higher figure of the consulted DCPs ARF range (£120-£130)

10. Supporting Information: Application Route Profiles

		Person Profile	% of 2018 register
1	UK Reg Dentist	Dentists qualified in the UK	11 %
5	UK Reg DCP	DCP qualified in the UK	51 %
11	UK DCP Additional Titles	A UK DCP registering a title to expand their scope of practice	3 %
3	Dentist EEA Application	Dentist, qualified in an EEA state, registering to practice in the UK	4.5 %
4	Dentist Overseas Application	Dentist, qualified overseas (non EEA), to practice in the UK	4.5 %
8	Temporary Dentist Registration Application	Dentist, qualified overseas (non EEA), to practice in the UK for a limited period under supervision	0.5 %
9	EEA DCP Assessment Additional Titles	DCP, qualified in an EEA state, registering a title to expand their scope of practice	0.5 %
10	Non-EEA DCP Assessment Additional Titles	DCP, qualified overseas, registering a title to expand their scope of practice	0.5 %
6	EEA DCP Assessment Application	DCP, qualified in an EEA state, registering to practice in the UK	2 %
7	Non-EEA DCP Assessment Application	DCP, qualified overseas, registering to practice in the UK	2 %
2	Dentist Assessment Application	Dentists for whom applications require a greater degree of assessment	2 %

Equality Impact Assessment (EIA) Fee-setting policy

Step 1 – Identify the policy

The term *policy* is interpreted broadly in equality legislation and refers to anything that describes what we do and how we expect to do it. It can range from published policies and procedures to the everyday customs and practices – sometimes unwritten – that contribute to the way our policies are implemented and how our services are delivered.

Published statements of policy are a useful starting point for equality impact assessments, as they establish the overall purpose of particular activities. Please use this form to document your assessment.

Programme title	A new framework for fee setting (this revision includes implementation of fees)
Department/team carrying out the assessment	Strategy
New or previously approved policy?	Fees Policy approved 1 Jan 2019
Date of approval / last review (if known)	N/A
Date of review	16 Sep 2019 (prior to Council approval of Corporate Strategy and Fee Implementation)

Step 2 – Further information

Who is responsible for the policy that is being assessed?	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Rebecca Cooper, Interim Executive Director, Strategy
Describe the main aims, objectives and purpose of the programme	<u>Fees setting policy</u> To revisit and reshape GDC's approach to setting fees, to help ensure that we are regulating fairly and effectively, and that the system of regulation is sustainable for the future.

	<p><u>Fees implementation</u></p> <p>Implementation of a new registration fee structure that aligns with our fees policy and meets the funding requirements of our Corporate Costed Plan 2020-2022.</p>
<p>Are there associated objectives of the policy? If so, please explain.</p> <p><i>Examples include statutory requirements, sector initiatives, etc.</i></p>	<p>To provide clarity to registrants on our overall principles in setting fees in relation to:</p> <ul style="list-style-type: none"> • How we will calculate the overall amount that needs to be raised. • How we will decide how much different groups and subgroups of registrants should contribute to that amount (essentially 'fee bands'). • How we prioritise allocation of resources. • What we will consult on, what we do not propose to consult on, and why. • What we will do in exceptional circumstances.
<p>Who is expected to benefit from this policy?</p>	<p>Improving clarity about our framework for fee-setting will benefit all registrants</p>
<p>Who was consulted on this policy?</p>	<p>The consultation was open to the public for a period of twelve weeks, closing on the 15 May 2018.</p>
<p>How has the policy been explained to those who would be directly or indirectly affected by it?</p>	<p><u>Fees setting policy:</u></p> <p>A consultation document was published on the GDC website and promoted via the registrants' newsletter. Meetings were offered with professional associations representing registrants in advance of the consultation deadline. An interview with Ian Brack about the proposals was given to Dentistry magazine.</p> <p><u>Fees implementation:</u></p> <p>A Communications and Engagement Plan is currently being prepared to deliver key messages to all target audiences (UK, EEA and overseas applicants) utilising appropriate channels of engagement over a scheduled period of time.</p>
<p>What outcome(s) are meant to be achieved from this policy?</p>	<ul style="list-style-type: none"> • Establish a new framework setting the Annual Retention Fee (ARF) • Minimise burdens on registrants by seeking efficiencies wherever possible. • Fee levels should be primarily determined by the cost of regulating each registrant group • The method of calculating fee levels should be clear • Supporting certainty for registrants and the workability of the regulatory framework

	<ul style="list-style-type: none"> • Avoid cross subsidy between different groups and sub-groups of registrants. • Where we consider a degree of cross subsidy to be necessary, we will draw attention to it and explain the rationale. • Provide a clear explanation on what we consult on in the future regarding fees and what we will not consult on.
What factors could contribute to the outcome(s)?	N/A
What factors could detract from the outcome(s)?	N/A

Step 3 – Assess the impact on different groups of people

In the table below, please tick whether the policy affects particular groups of people – the Protected Characteristics – in different ways, compared to other groups.

Positive impact: a policy or practice where the impact on a particular group of people is more positive than for other groups, e.g., accessible website design. It can also include legally permitted positive action initiatives designed to remedy workforce imbalance, such as job interview guarantee schemes for disabled people.

Negative impact: a policy or practice where the impact on a particular group of people is more negative than for other groups (e.g., where the choice of venue for an engagement and involvement event precludes members with a particular disability from participating).

Neutral impact: a policy or practice with neither a positive nor a negative impact on any group or groups of people, compared to others.

Please note: The table below contains the original considerations for each characteristic at the time the original EqIA for the Fee Setting Policy was carried out and when it was reviewed post consultation in Q4 2018 (marked under the title ‘Fee Setting Policy’ within the reasons/comments box for each characteristic). It has been updated further as part of the work to implement the policy during Q3 2019. Updated considerations in relation to implementation are included within each characteristic (marked under the title ‘Fees Implementation’ within the reasons/comments box for each characteristic).

Protected Characteristic	Potentially Positive impact	Potentially Negative impact	Neutral impact	Reasons / comments
Age		✓		<u>Fee Setting Policy:</u>

				<p>A number of respondents to the consultation exercise considered that the policy approach may impact older people, who may work part-time or who are retired. There was also concern that the cost of registration was prohibitive for new graduates who are likely to be younger people. The GDC's proposed policy is based on effort expended and the cost of regulation rather than the income or other circumstances of registrants. We set out clearly in the consultation document the rationale and justification for adopting this policy approach, including the likelihood that the income-based model would potentially result in a more complex system that was more expensive to administer and would actually result in fee increases in many cases. It remains our view that the potential differential impact is justified by the legitimate aim of pursuing a clear and proportionate fee setting policy.</p> <p><u>Fees Implementation:</u></p> <p>No further impact has been identified within this update.</p>
Disability	✓			<p><u>Fee Setting Policy:</u></p> <p>We note the consultation responses that suggest the policy will have a particular impact on those registrants who have to leave and re-join the register due to ill-health or are unable to work full-time. We will consider the extent of any impact in the light of the consultation responses and any possible mitigations, including the introduction of pro-rata fees for those who restore to the register after a break from practice.</p>

				<p><u>Fees Implementation:</u></p> <p>In our response to the consultation on the fees policy, we indicated that we would consider the introduction of pro-rata registration fees for those who restore following a break from practices to address the potential negative impact arising from joining the register for only part of a year. Having carried out the analysis to support the implementation of application and assessment fees, we have confirmed that the GDC will be charging fees on a pro-rata basis for those who restore their name to the register after a break from practice (e.g. during a period of ill health)</p> <p>Previously, in the event of restoring to the register, the applicant has had to pay the equivalent of a full year ARF fee regardless of the point in the year that they joined the register. From the start of 2020, people restoring to the register will only pay the pro-rata equivalent of the number of months remaining in the ARF year that they will be restoring for. No application or assessment fees will be payable for restoration applications.</p> <p>The GDC is continuing to accommodate those with a disability or impairment that may cause challenges with online access, by providing a route to registration that circumnavigates electronic applications (which includes digital payment at the time of application) and is therefore continuing to accept forms and cheques within these exceptional circumstances.</p>
Gender Reassignment			✓	<p><u>Fee Setting Policy:</u></p>

				<p>The revised fees-policy will apply to all registrants equally, irrespective of their protected characteristics. We do not consider that there will be any differential impact on those who belong to this group.</p> <p><u>Fees Implementation:</u></p> <p>No further impact has been identified within this update. From the data available we have not identified that the policy will have a particular impact on those with protected characteristics.</p>
Marriage and Civil Partnership			✓	<p><u>Fee Setting Policy:</u></p> <p>The revised fees-policy will apply to all registrants equally, irrespective of their protected characteristics. We do not consider that there will be any differential impact on those who belong to this group.</p> <p><u>Fees Implementation:</u></p> <p>No further impact has been identified within this update. From the data available we have not identified that the policy will have a particular impact on those with protected characteristics.</p>
Pregnancy and Maternity	✓			<p><u>Fee Setting Policy:</u></p> <p>A number of respondents considered that the policy could have a differential impact on women due to pregnancy and maternity leave and because they are more likely to work part time due to care commitments. The consultation document explained the rationale for retaining a fee structure based on effort expended until and unless there was clear and unequivocal support</p>

				<p>varying the fee according to the circumstances of registrants. We will consider the extent of any impact in the light of the consultation responses and any possible mitigations, including the introduction of pro-rata fees for those who restore to the register after a break from practice.</p> <p><u>Fees Implementation:</u></p> <p>As set out above, the GDC will be introducing pro-rata registration fees for those who restore to the register after a break from practice (e.g. maternity leave) as part of the fee-setting implementation exercise and will not be charging an additional scrutiny fee for the administrative processing of restoration applications.</p>
Race		✓		<p><u>Fee Setting Policy:</u></p> <p>The revised fees-policy will apply to all registrants equally, irrespective of their protected characteristics. We do not consider that there will be any differential impact on those who belong to this group.</p> <p><u>Fees Implementation:</u></p> <p>Although the implementation of the fee charging policy has no direct impact on this characteristic, it is recognised to have an indirect impact insofar as applicants for non-UK routes to registration will by definition be of a nationality from outside the UK.</p> <p>The GDC is permitted to charge differential fees to applicants according to their route to registration in order to recover the variable cost of registering them. We are</p>

				<p>also required to comply with legal obligations in the area of barriers to entry and freedom of movement to ensure that such fees do not create a barrier to free movement within the EEA. In determining the levels for the application and assessment fees, consideration was given to how cost recovery should take place. In order to ensure that implementation of the fees policy was proportionate, it was decided that only the costs of processing applications would be recovered from applicants, and that associated overheads would be excluded from the calculation. The cost of overheads (buildings, IT, etc) have been shared across the whole register and will be funded from the ARF. This was considered to be the most proportionate approach. We consider that the differential impact is justified by the overall policy aim and is minimised by the approach to fee-setting.</p>
Religion or Belief			✓	<p><u>Fee Setting Policy:</u></p> <p>The revised fees-policy will apply to all registrants equally, irrespective of their protected characteristics. We do not consider that there will be any differential impact on those who belong to this group.</p> <p><u>Fees Implementation:</u></p> <p>No further impact has been identified within this update. From the data available we have not identified that the policy will have a particular impact on those with protected characteristics.</p>
Sex	✓	✓		<p><u>Fee Setting Policy:</u></p>

			<p>A number of respondents considered that the policy could have a differential impact on women because they are more likely to take career breaks or work part time due to care commitments. The consultation document explained the rationale for retaining a fee structure based on effort expended until and unless there was clear and unequivocal support varying the fee according to the circumstances of registrants. We will consider the extent of any impact in the light of the consultation responses and any possible mitigations, including the introduction of pro-rata fees for those who restore to the register after a break from practice.</p> <p><u>Fees Implementation:</u></p> <p>As noted above, the GDC will be introducing pro-rata fees for those who restore to the register after a break from practice (e.g. women who may be more likely to take career breaks) as part of the fee-setting exercise.</p> <p>The majority of those on the DCP register are female (76.3%). The introduction of new fees for those entering the register are therefore likely to have a differential impact, simply as a result of that fact. However, those fees are chargeable to all applicants, irrespective of gender, and as such any impact is indirect. We are satisfied that the legitimate aims of the policy, in terms of cost recovery and increasing certainty for registrants about fee levels are sufficient justification for the introduction of the new fees, despite this indirect impact.</p> <p>We have also taken steps to mitigate the inequality identified by respondents to the consultation on the policy</p>
--	--	--	---

				by introducing pro-rata fees for those restoring to the register.
Sexual Orientation			✓	<p><u>Fee Setting Policy:</u></p> <p>The revised fees-policy will apply to all registrants equally, irrespective of their protected characteristics. We do not consider that there will be any differential impact on those who belong to this group.</p> <p><u>Fees Implementation:</u></p> <p>No further impact has been identified within this update. From the data available we have not identified that the policy will have a particular impact on those with protected characteristics.</p>

Step 4 – Promoting equality

Please give a brief description of how this policy promotes equality of opportunity.	The new application and assessment fees are designed to ensure that, where possible, the costs of regulation lie where they fall. The fees will be chargeable to all applicants to the register and will be variable only according to their route to registration. Following a consultation on the policy, respondents identified a potential inequality in relation to the fee chargeable for those restoring their name to the register. Under the current regulations, the fee to be paid upon restoration is the full ARF. In order to mitigate the potential negative impact of this on certain groups, particularly women and those who have taken a break from practice for health or caring reasons, we will charge the fee to restore a professional's name to the register on a pro-rata basis.
If there is no evidence that the policy promotes equality, what changes, if any, could be made to achieve this?	N/A

If there is a negative impact on any equality target groups, can this impact be legally and objectively justified?

Fee Setting Policy:

Professional regulators are expected to be independent from, and therefore not funded by, government. This means that those subject to regulation must bear the costs. The GDC's legislation provides powers to fund all our activity from fee income. Our funding is derived almost entirely from fees and we are expected to design fees and charges to secure full cost recovery. The consultation document set out the principles that we will apply when determining the fee level that we charge in any year. Fundamentally, we state that fee levels should be primarily determined by the cost of regulating each registrant group.

The system of professional regulation in dentistry will continue to be funded almost entirely from fees paid by registrants. However, we have a duty to our registrants to minimise the burden on them by seeking efficiencies wherever possible and have developed a new framework for fee setting which set out the principles we will adhere to achieve this.

We have considered the potential negative impacts identified above and remain of the view that the policy delivers the best response to legitimate aim of delivering a clear and cost-effective system of fee-setting. We have considered the arguments in favour of setting fees by reference to income and individual circumstances and the reasons for rejecting this approach are set out in the consultation documentation. We remain committed to mitigating any negative impacts where possible and will continue to consider the introduction of a pro-rata fee for those returning to the register following a break from practice.

Fees Implementation:

We remain committed to the mitigation of any negative impacts that may indirectly result from the introduction of the fees setting policy. As set out in section 3 (in particular to the protected characteristics of disability, pregnancy & maternity and sex), the main ways this will be achieved is through the introduction of pro-rata restoration fees for returning applicants.

We also recognise the impacts to the protected characteristics as set out in section 3 (in particular those relating to race and age);

In relation to race, the GDC is permitted to charge differential fees to applicants according to their route to registration in order to recover the variable cost of registering them, we have considered that the differential impact is justified by the overall policy aim and is minimised by the approach to fee-setting and have selected a fees model that charges fees at a level that will not create barriers to entry and restriction to freedom of movement.

In relation to age, although some respondents to the fees policy consultation felt there may be a potential impact to older people, those who work part-time, those who are retired and potentially newly qualified graduates who are likely to be younger people, it remains our view that the potential differential impact is justified by the legitimate aim of implementing a clear and proportionate fee setting policy. The GDC's policy is based on effort expended and the cost of regulation rather than the income or other circumstances of registrants. We set out clearly in the consultation document the rationale and justification for adopting this policy approach, including the likelihood that the income-based model would potentially result in a more complex system that was more expensive to administer and would actually result in fee increases in many cases.

How do you intend to communicate or consult in relation to the actions and proposals for improvements?	Public communication about the implementation of the fee setting policy (including improved arrangements for pro-rata restoration fees) will be communicated as part of the programme communication strategy.
--	---

Step 5 – Conclusions and Next Steps

The evidence has not identified any disadvantage or negative impacts.	No further action is required. Sign off this form and send to Head of OD & Inclusion.
The evidence indicates that there are no disadvantages or negative impacts that cannot be easily addressed.	Complete Action Plan
It has not been possible to say whether or not there is a disadvantage or negative impact	Go to Step 6 ' <i>Additional information</i> ' section below
The evidence indicates potential disadvantages or negative impacts that cannot be easily addressed.	Complete Action Plan

Step 6 – Additional Information

What additional evidence are you going to gather? <i>(Please tick any that apply)</i>	<input type="checkbox"/> Advice from experts <input type="checkbox"/> Demographic profiles <input type="checkbox"/> Existing consultation results <input type="checkbox"/> Existing user data <input type="checkbox"/> External verification e.g. expert views of people/organisations representing equality group(s) <input type="checkbox"/> National best practice information e.g. PSA, CQC reports <input type="checkbox"/> New consultation with a specific equality group(s)	Other <i>(please state)</i> :
---	---	-------------------------------

	<input type="checkbox"/> Research reports <input type="checkbox"/> Relevant staff group expertise	
If you have any additional comments please add them here.		

Step 7 – Action plan

Protected Characteristic	Details of possible disadvantage or negative impact	Action to be taken to address the disadvantage or negative impact	Individual responsible	Completion date
Age	Lower income of new entrants to profession or older registrants.	<u>Fee Setting Policy:</u> Continue to have due regard to this potential differential impact and regularly review justification to ensure that it remains valid. <u>Fees Implementation:</u> No further update - continue to monitor	Head of GDC Policy and Research Programme	Ongoing
Pregnancy and Maternity	Requirement to pay full restoration fee on return to practice	<u>Fee Setting Policy:</u> Consider introduction of pro-rata fees for those who restore to the register after a break from practice <u>Fees Implementation:</u>	Head of GDC Policy and Research Programme	Ongoing

		<p>GDC will be introducing pro-rata fees for those who restore to the register after a break from practice (e.g. maternity leave) as part of the fee-setting exercise.</p> <p>No further update - continue to monitor</p>		
Sex	Requirement to pay full restoration fee on return to practice and lower income due to caring responsibilities	<p><u>Fee Setting Policy:</u></p> <p>Consider introduction of pro-rata fees for those who restore to the register after a break from practice</p> <p><u>Fees Implementation:</u></p> <p>GDC will be introducing pro-rata fees for those who restore to the register after a break from practice (e.g. women who are more likely to take career breaks) as part of the fee-setting exercise.</p> <p>No further update - continue to monitor</p>	Head of GDC Policy and Research Programme	Ongoing
Disability	Lower incomes of those required to work part-time.	<p><u>Fee Setting Policy:</u></p> <p>Continue to have due regard to this potential</p>	Head of GDC Policy and Research Programme	Ongoing

	Requirement to pay full restoration fee on return to practice	<p>differential impact and regularly review justification to ensure that it remains valid.</p> <p>Consider introduction of pro-rata fees for those who restore to the register after a break from practice</p> <p><u>Fees Implementation:</u></p> <p>GDC will be introducing pro-rata fees for those who restore to the register after a break from practice (e.g. disability-related sickness) as part of the fee-setting exercise.</p> <p>No further update - continue to monitor</p>		
--	---	---	--	--

Step 8 – Sign off

Name and job title of Assessor:	Ravjeet Pudden (Programme & Portfolio Manager), Tim Wright (Interim Head of Programme & Portfolio Delivery), Rebecca Cooper (Interim Executive Director, Strategy) & Melissa Sharp (Head of In-House Legal Advisory Service)
Date of completion:	18/09/2019
Signed off and approved by Head of OD & Inclusion:	Alex Bishop (Head of Organisational Development and Inclusion) approved 18/09/2019

Date of next review:

(This should be within three years of the date of completion of the original assessment)

September 2022 (as part of the development of the next planned fee setting exercise for the new Costed Corporate Plan) or sooner in the event that any changes to fees levels or the fees model are considered sooner than that point.

Note: when completed a copy of this form should be saved with the relevant strategy, plan, policy, project, contract, major change in service or decision and an electronic copy sent to the Head of OD & Inclusion.

Funding the Costed Corporate Plan 2020-22

Purpose of paper	To propose the level of annual retention fee to fund the CCP 2020-22
Status	Public
Action	For decision
Corporate Strategy 2016-19	Performance - Objective 2: To improve our management of resources so that we become a more efficient regulator
Decision Trail	<p>FPC – 21 August 2019 - Initial review of the high-level funding principles.</p> <p>SLT – 3 September 2019 – review and discussion on the proposed range of the ARF.</p> <p>FPC – 10 September 2019 – review of the proposed ARF for the period 2020-2022.</p> <p>Council – 11 September 2019 – review the proposed ARF for the period 2020-2022</p>
Next stage	N/A
Recommendations	The Council is asked to approve the level of ARF for 2020-22, and approve and seal Fees Regulations 2019, incorporating the agreed fee levels.
Authorship of paper and further information	<p>Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049</p> <p>Gurvinder Soomal, Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333</p>
Appendices	<p>Appendix 1 – Dentist Fees Regulations 2019</p> <p>Appendix 2 – DCP Fees Regulations 2019</p>

1. Executive summary

- 1.1. Following a change to the fees policy, the GDC is, for the first time, aligning our budget and fees to our three-year plan of strategic activity. We have been developing our three-year Costed Corporate Plan 2020-22 (CCP) which covers the period of the new strategic cycle and all plan activities are aligned to its strategic aims. The GDC will now set fees aligned to funding that three-year budget envelope.
- 1.2. The 2020-22 budget envelope, as set out in the Costed Corporate Plan 2020-22 (CCP) is a funding requirement of £121.6m over the planning period, which is £1.4m less than the level we forecast in the Corporate Strategy Consultation.
- 1.3. In line with our published fees policy, the level of ARF is to be set to include the cost of funding the planning period and to build and maintain free reserves at 4.5 months of operating expenditure. This is the level which has previously been approved by the Council to provide the appropriate level of financial resilience to ensure the GDC remains a viable organisation by 31 December 2022.
- 1.4. This paper sets out our high-level funding assumptions and proposes the level of ARF required to fund the CCP, whilst ensuring a level of free reserves of 4.5 months of operating expenditure, as being:
 - Dentist ARF - £680 (representing a reduction of £210 (24.0%) to current fee level).
 - DCP ARF - £114 (representing a reduction of £2 (1.7%) to current fee level).
- 1.5. The proposed model for first registration fees is interdependent with the final level of ARF to be set and is being shared as a separate paper with Council for approval today.
- 1.6. Council is invited to:
 - approve the proposed Dentist and DCP ARF for 2020-22.
 - approve and seal the Fees Regulations 2019, incorporating the agreed fee levels.

2. Background and approach

- 2.1. The work completed by PMO, Finance and People Services on the CCP has developed a fully costed three-year plan. This provides us the three-year budget envelope which is required by the organisation to enable it to deliver our strategic objectives as set out in the Corporate Strategy.
- 2.2. The assurance process followed in the building of this three-year budget envelope is set out in the Budget 2020 paper and CCP slide deck, both of which are being presented to Council for approval today.
- 2.3. Following a change to the fees policy, the GDC will now set fees aligned to funding that three-year budget envelope. The cost of the plan will be met from the income sources available to the GDC.
- 2.4. As agreed through our work on the Corporate Strategy, fees are to be set to enable annual surpluses over the life of the CCP to build and maintain free reserves to the equivalent of 4.5 months of budgeted operating expenditure by 31 December 2022.

3. CCP budget envelope

- 3.1. The estimated 2020-22 budget envelope, as disclosed in the Corporate Strategy 2020-22 Consultation, was a funding requirement of £123.0m.
- 3.2. It should be noted that the original estimate was arrived at by rolling forward the CCP 2019-21 and applying a set of forecasting assumptions to that data. The final CCP has instead been

built bottom up by submissions made by teams and directorates, which have then been through a robust assurance and challenge process.

- 3.3. The detailed planning work for the CCP has identified the following three-year budget envelope requirement for the period 2020-22:

	Budget 2020 £k	Budget 2021 £k	Budget 2022 £k	Total £k
Meeting fees & expenses	4,540	4,609	4,583	13,731
Legal & professional fees	7,639	7,491	7,423	22,553
Staffing costs	19,783	20,141	20,505	60,428
Other staff costs	1,090	1,075	1,095	3,261
Publications	787	655	655	2,098
IT costs	1,433	1,517	1,615	4,566
Premises	2,118	2,136	2,166	6,419
Finance costs	354	354	285	993
Depreciation	1,149	1,149	1,148	3,445
Contingency	1,533	1,283	1,283	4,100
Total	40,426	40,410	40,758	121,594

- 3.4. The shows the result of our planning is a total budget requirement of £121.6m over the planning period, which is £1.4m less than the level we forecast in the Corporate Strategy Consultation.

4. High level funding assumptions

Registration fees

- 4.1. A new fees policy was approved by Council in July 2018 and came into force on 1 January 2019. This policy established three key principles in relation to the setting of fees:
- **Principle 1:** Fee levels should be primarily determined by the cost of regulating each registrant group.
 - **Principle 2:** The method of calculating fee levels should be clear.
 - **Principle 3:** Supporting certainty for registrants and the workability of the regulatory framework.
- 4.2. In line with the fee policy principles, the basic cost of an application has been separated from the additional costs of assessment. All models being considered have been based on this basis of charging separate fees for applications and assessments.
- 4.3. Models are reverse tested to ensure that they generate the correct level of income to minimise cross subsidisation between registrant groups and cover our cost of processing those registration applications. The underlying assumptions applied to our work are:
- Costs to be covered relate to forecasted new registrant numbers over the three years of the CCP. Fees are calculated to be fixed for the term of the CCP on the basis of an average annual cost. They are therefore set to over-collect in the first year and under-collect in the third year.
 - Average processing times have been calculated for each task associated with each group with reference to the specific budgeted salary for the role conducting that task, including employment on-costs.

- Consideration is to be given to the costs of registration overheads to eliminate/reduce to a minimum any elements of cross subsidy from the ARF.
 - Registrant volumes are based on figures as at the end of 2018. This excludes the influx of overseas DCPs seen in the early months of 2019, as there is a risk that this may represent a temporary increase and therefore a distorting factor.
 - Should the increase in registration applications be sustained, it is likely that an additional resource will be required to deal with the workload, the cost of which would broadly offset the additional income generated.
- 4.4. A programme board was established to govern the programme of work in developing an appropriate model. A number of models for setting and administering fees were considered.

ARF

- 4.5. In line with the fees policy and principles supported by FPC in our earlier work of estimating the level of ARF for the Corporate Strategy Consultation, the first-time registration costs have been separated from the cost base to which ARF is to be applied.
- 4.6. Where possible the cost base has been apportioned between registrant groups directly according to cost drivers appropriate for that area of operation and applying any updates to our earlier estimates where more current data is held. Any remaining overhead costs will be pro-rated according to the split of direct costs.
- 4.7. The GDC fees policy refers to the reserves in the section “How we prioritise allocation of resources”. It identifies ensuring the financial viability of the organisation as its first priority in deploying resources to meet its statutory objectives and states that *“this means that we will ensure that we have appropriate cash flow and reserves, in line with the relevant policies and procedures, to operate the GDC as a going concern and to reduce the need for exceptional changes to the fees. We will benchmark the main financial parameters against a range of appropriate comparators.”*
- 4.8. In line with our published fees policy, the level of ARF is to be set to include the cost of funding the planning period and to build and maintain free reserves at 4.5 months of operating expenditure. This is the level which has previously been approved by the Council to provide the appropriate level of financial resilience to ensure the GDC remains a viable organisation by 31 December 2022.
- 4.9. Our previous work assumed that registrant numbers would remain stable with the 2018 registrant base. Detailed forecasting work on registration numbers for 2020 has now been approved. The results of the work predict a moderate increase to the numbers used in the original exercise and these forecasts have been applied to the revised ARF calculation.

ORE

- 4.10. The GDC oversees these examinations, which are in two parts:
- Part one exams are computer-based assessments held at Kings College. There are normally two sittings a year of 200 candidates per diet with a fixed cost of £806.
 - Part two consists of four elements over three days: OSCE assessment, Dental Treatment Plan, Medical Emergencies and Dental Mannequin. We typically run three sessions a year for 144 candidates per diet, with a fixed cost of £2,929 per candidate.
- 4.11. These charges are limited by secondary legislation, so we do not have the power to vary them to effect full cost recovery. It is already the case that the full costs of the ORE team are not recovered through exam income. Additionally, we have been advised of an increase in

charges for the Dental Mannequin element which is significant to the diet (£30k) but not significant to the overall contract (£2m).

- 4.12. The ORE is not cost neutral and is increasing in volatility. It sits outside the scope of the registration fees policy; therefore, the additional costs are to be absorbed within the ARF as the only available mechanism for recouping them. This is currently estimated at around £167k over the three-year period.

Investment Income

- 4.13. This forms a modest proportion of the GDC total income. It also represents a true surplus over expenditure on the basis that over three years a balanced budget has been set with reference to the cost of the CCP absorbed through the fees alone (ARF, ORE and registration fees). It therefore forms a small contribution towards an increase in reserves.
- 4.14. In 2019 we are forecast to receive around £300k in relation to investment income, offset by £112k worth of investment management fees.
- 4.15. Potential income from investments is being recognised as a financial opportunity to the CCP, a decision to include as an opportunity was made after considering the advice from our investment advisors, on their de-risking of the investment portfolio. They have stated *“We have already taken steps to de-risk and have been gradually reducing the UK exposure over the last few years so that overseas investments currently represent over 40% of the total portfolio. Of the UK listed equities held, they are predominantly overseas earners rather than domestically focused companies which are at greater risk from a hard Brexit scenario.”*

5. Forecast free reserves

- 5.1. As a result of the 2019 projected surplus and adjusting for the impact of capital investment and depreciation, it is estimated that by 31 December 2022 free reserves will be £16.2m, the equivalent of 4.8 months of budgeted operating expenditure when based on the forecast 2022 budget requirement.
- 5.2. This forecast level of reserves is in excess of the optimum level of ‘free reserves’ agreed by Council of 4.5 months of operating expenditure, but within our acceptable range for free reserves of between 4 and 6 months of operating expenditure as set by our 2019 Reserves Policy.
- 5.3. We propose to rebate the ARF for 2020-22 to reduce the forecast level of reserves back to the level of 4.5 months agreed by Council.
- 5.4. In line with the 2019 budget setting process the use of budget contingencies has been restricted. Future crystallisations of material financial risks will be addressed by a call on free reserves as required.
- 5.5. The following risks and their financial impact have been identified over the life of the plan where no specific cost provision has been made if those risks were to materialise:

Risk	Exposure £k
Risk of Brexit ‘no deal’ is recognised to now be much higher and will bring with it challenges of how we implement a change to registration following no deal. In the short term it is likely to be a holding position and we don’t envisage there being a significant impact of ‘no deal’ during the initial 2-year period.	No material impact on 2020/21. Would be absorbed by cost recovery through first registration fees or reprioritisation of work

We have already mitigated a number of our strategic contracts, such as Microsoft agreements and moving our data to UK data centres during 2019. There may be a need to necessitate short term feasibility projects, which would be absorbed by reprioritisation of existing work.	
Strategic contract retenders: Likelihood is an inflationary increase of around 7% to a number of strategic contracts.	560
Income risk: risk of reduction in registration numbers. Based on impact of loss of 5% of DCP and Dentist registrants.	5,672
Potential financial risk exposure	6,232

6. Estimates of apportionments to registrant type

- 6.1. We have revalidated our approach to the allocation of costs to each type of registrant that was undertaken as part of our detailed work for the Corporate Strategy Consultation.
- 6.2. The majority of the previously discussed allocation splits were confirmed as still being valid. There were however some minor amendments in relation to the availability of updated data.

7. Annual Retention Fee ranges

- 7.1. The key risk to income forecasting concerns Britain's exit of the EU and the uncertainty around what a 'no deal' Brexit may bring. Whilst we know there is an income risk, it is hard to make a reasonable estimate of what the impact of that risk is likely to be. To date, we have not seen this risk materialise to any substantive degree. The risk around EEA graduates joining registers will be largely borne through a potential short fall in recovery of the first registration fee.
- 7.2. Given our commitment that budgets will be more transparent and contingent provisions minimised we have not provided for an income caution rating within our budget setting, and instead have recognised a financial risk which would be covered in the first instance by a reduction in agreed activity and then by free reserves. Our sensitivity analysis, based on the un-rebated ARF level, shows a potential income risk of £5.7m over the three-year period if registrants were to decrease by 5%.
- 7.3. Given the high levels of uncertainty around income risk we have calculated the ARF required to fund the CCP based on the latest forecast for 2020, with no historical growth applied. Should the register continue to grow at rate equivalent with previous historical trends, our sensitivity analysis shows a potential benefit to income of an average of £0.75m per year over the planning period.
- 7.4. The unrebated ARF to fund the CCP has been calculated as £698 for Dentists, and £117 DCPs. The final level of ARF, which includes a small rebate to reduce and maintain the level of forecasted free reserves at 4.5 months of operating expenditure is:
 - Dentist ARF - £680, representing a reduction of £210 (24.0%) to current fee level.
 - DCP ARF - £114, representing a reduction of £2 (1.7%) to current fee level.

8. Risks and considerations

Communications

Key messaging on the Budget 2020, CCP 2020-22 and ARF will be included in the Corporate Strategy 2020-22 communication plan as all these activities are co-dependent with each other. Explaining these issues will help the GDC to fulfil its commitment to transparency following the consultation on a new fees policy and a costed corporate plan.

External communications will be vital in outlining the GDC's position, the underpinning assumptions and assurance activity around the levels of the dentist and DCP ARFs for 2020-22. Internal communications will also be necessary to inform staff of the outcome of the fee setting, consistent with the wider communication planned on first registration fee implementation.

Equality and Diversity

An equality impact assessment is not necessary as this proposal does not discriminate or disadvantage a particular group.

Legal

The power to prescribe fees in relation to registration is given to the GDC in the Dentists Act 1984. The Regulations require that registrants are notified of the ARF 28 days before the renewal date. The levels are set by the Regulations made under the Act by the GDC. The ARF Level set will be in accordance with the Council approved ARF policy.

The GDC must be in a financial position to fulfil its statutory functions.

Policy

The Corporate Strategy underpins and drives forward our organisational policy for the period 2020-22.

Resources

The ARF needs to be set at a level to enable the GDC to raise funds to carry out its statutory duties, whilst retaining an adequate level of general reserves. The current reserves policy will be reviewed by Council in December 2019.

National

This proposal will not have different impacts on the four nations.

Risks on registers

The budget links to the following risks on the strategic and operational risk registers:

FC4: We fail to continuously identify and implement significant cost efficiency measures

CF1: The budget setting process and business planning does not deliver plans that are realistic, achievable and facilitate achievement of statutory functions

9. Recommendation

9.1. Council are invited to:

- approve the proposed Dentist ARF of £680 and DCP ARF of £114 for 2020-22
- approve and seal the Fees Regulations 2019, incorporating agreed fee levels (Drafts at Appendix 1 and 2).

10. Appendices

- Appendix 1 – Draft Dentist Fees Regulations 2019
- Appendix 2 – Draft DCP Fees Regulations 2019

The General Dental Council (Dentists) (Fees) Regulations 2019

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

Citation and commencement

1. – (1) These Regulations may be cited as the General Dental Council (Dentists) (Fees) Regulations 2019.

(2) These Regulations shall come into force on 3 October 2019.

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

Fees

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

- | | |
|--|---|
| (a) for the first entry of a person’s name in the dentists register: | a fee equivalent to £56.67 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made |
| (b) for the entry of a person’s name in the dentists register on the basis of temporary registration during any period of twelve months: | £ 680.00 |
| (c) for the retention of a person’s name in the dentists register during each period of twelve months following the renewal date: | £680.00 |
| (d) for the restoration of a person’s name to the dentists register: | a fee equivalent to £56.67 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made |

(2) This regulation shall not apply in respect of registration in the list mentioned in section 14(1A)(c) of the Dentists Act 1984.

Refusal to make an entry etc.

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

Notice of retention fee

4. - (1) The registrar shall send to each person registered in the dentists register no less than 28 days before the renewal date—
(a) notice of the fee prescribed under regulation 2(1)(c); and

¹ 1984 c.24; section 19(1) was amended by S.I. 2007/3101; section 19(2) was amended and section 52(1A) and (1B) were inserted by S.I. 2005/2011

- (b) a warning that failure to pay that fee may result in that person's name being erased from the register.
- (2) The notice and warning required to be sent to a person under paragraph (1) shall be sent to—
- (a) that person's address in the dentists register; or
 - (b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person.
5. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not—
- (a) prevent the registrar from erasing that person's name under regulation 6; or
 - (b) constitute the grounds for the restoration of that person's name following erasure under regulation 6,
- provided the notice and warning have been sent in accordance with regulation 4.

Erasure for failure to pay retention fee

6. Where a person fails to pay by the renewal date the fee prescribed under regulation 2(1)(c) the registrar may erase that person's name from the register, provided the notice and warning have been sent in accordance with regulation 4.

7. The registrar may decide not to erase a person's name under regulation 6 where there is an outstanding issue concerning—
- (a) that person's fitness to practise as a dentist; or
 - (b) an entry in respect of that person in the dentists register.

Revocation and savings provisions

8. The General Dental Council (Dentists) (Fees) Regulations 2017 ("the 2017 Regulations") are hereby revoked save that:

- (a) until the 31st December 2019, the fee due to the Council under or by virtue of regulation 2(1)(a), (b) or (d) of these Regulations shall be the amount prescribed under the corresponding provision of the 2017 Regulations; and
- (b) any fees due to the Council under or by virtue of the 2017 Regulations shall remain due to the Council as though they were payable under those Regulations and the powers contained in those Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of the General Dental Council on 3 October 2019

William Moyes
Chair

Ian Brack
Registrar

The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2019

The General Dental Council make the following Regulations in exercise of their powers conferred by section 36F(1) and (2) and section 52(1A) and (1B) of the Dentists Act 1984¹.

Citation, commencement and interpretation

1. - (1) These Regulations may be cited as the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2019.

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

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

Fees

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

(a) for the first entry of a person’s name in the dental care professionals register under a title or titles applying to a profession:

a fee equivalent to £ 9.50 for every month or part thereof from the first day of the month in which the entry is made until the next renewal date

(b) where a person’s name is already registered in the dental care professionals register under a title or titles applying to a particular profession, for any subsequent entry of that person’s name under a title or titles applying to a different profession:

£12.00

(c) for the retention of a person’s name in the dental care professionals register under a title or titles during each period of twelve months following the renewal date:

£114.00

(d) for the restoration of a person’s name to the dental care professionals register:

a fee equivalent to £ 9.50 for every month or part thereof from the first day of the month in which the entry is made until the next renewal date

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

Refusal to make an entry etc.

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

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

Notice of retention fee

4. - (1) The registrar shall send to each person registered in the dental care professionals register no less than 28 days before the renewal date –
- (a) notice of the fee prescribed for retention under regulation 2(1)(c); and
 - (b) a warning that failure to pay that fee may result in that person's name being erased from registration under all titles under which that person is registered in the dental care professionals register.
- (2) The notice and warning required to be sent to a person under paragraph (1) shall be sent to–
- (a) that person's address in the dental care professionals register; or
 - (b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person.
5. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not –
- (a) prevent the registrar from erasing that person's name under regulation 6; or
 - (b) constitute the grounds for the restoration of that person's name following erasure under regulation 6,
- provided the notice and warning have been sent in accordance with regulation 4.

Erasure for failure to pay retention fee

6. Where a person fails to pay by the renewal date the fee prescribed under regulation 2(1)(c) the registrar may erase that person's name from registration under all titles under which that person is registered in the dental care professionals register, provided that notice and warning have been sent in accordance with regulation 4.

7. The registrar may decide not to erase a person's name under regulation 6 where there is an outstanding issue concerning–
- (a) that person's fitness to practise as a member of a profession complementary to dentistry; or
 - (b) an entry in respect of that person in the dental care professionals register.

Revocation, saving and transitional provisions

8. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2018 are hereby revoked, save that:

- (a) until the 31st July 2020, the fee due to the Council under or by virtue of regulation 2(1)(a) or (b) of these Regulations shall be the amount prescribed under the corresponding provisions of the 2018 Regulations;
- (b) until the 31st July 2020, the fee due to the Council under or by virtue of regulation 2(1)(d) of these Regulations shall be a fee equivalent to 1/12 of the amount prescribed under the corresponding provision of the 2018 Regulations for every month or part thereof from the first day of the month in which the entry is made until the renewal date;
- (c) any fees due to the Council under or by virtue of the 2018 Regulations shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of the General Dental Council on 3 October 2019.

William Moyes
Chair

Ian Brack
Registrar

Estates Strategy programme: October 2019 Council (public) update

Purpose of paper	This paper provides a progress update on the GDC Estates strategy programme covering both Strands 1 and 2.
Action	For noting.
Corporate Strategy 2016-19	Performance Objective 2 – To improve our management of resources so that we become a more efficient regulator.
Business Plan 2018	Estates Strategy.
Decision Trail	<p>The decision trail below covers the decisions made in the last three months. All of the previous decisions have been logged within the Estates programme documentation.</p> <p>A paper was submitted to the Council on 25 July 2019 for noting and provided a progress update for the GDC Estates strategy programme covering both Strands 1 and 2 along with the latest quarterly organisation chart.</p> <p>A paper was submitted to the SLT on 6 August 2019 for ratification of the provisional agreements made at the SLT workshop on 8 July regarding the proposed team zones post the Wimpole Street refit along with the meeting rooms to be made available during the refit. SLT provided ratification.</p>
Next stage	This paper is for noting.
Recommendations	The Council is asked to note the contents of this paper.
Authorship of paper and further information	<p>Gurvinder Soomal – Executive Director, Registration and Corporate Resources</p> <p>GSoomal@gdc-uk.org</p> <p>020 7167 6333</p>
Appendices	No appendices

1. Executive Summary

- 1.1. This paper provides a progress update on the GDC Estates strategy programme covering both Strands 1 and 2 for noting.

Strand 1

- 1.2. People Services – the final member of staff from Strand 1 is due to leave in January 2020.
- 1.3. The closure report for Strand 1 is currently being drafted including review of benefits realisation.

Strand 2

- 1.4. Wimpole Street refit – the contract has been awarded to Wates Smartspace who started the nine weeks refit on 30 September as planned and are on target to complete by end of November.
- 1.5. Wimpole Street refit – as well as bringing the GDC's hearings service 'in-house' the refit will also provide informal collaborative workspaces and video conferencing.
- 1.6. Wimpole Street refit – communicated the locations and dates for the team moves for before, during and after the refit works enabling teams to visualise how they can use these spaces.
- 1.7. People Services - as at the end of September the majority of staff from Strand 2 have left the GDC, with the final c. 20 staff due to leave between October 2019 and January 2020.
- 1.8. Recruitment – to date we have filled c. 80% of posts for Strand 2, including staff relocating.

2. Estates strategy programme progress overview – Strand 1

Building update

- 2.1. New building in Birmingham – the appointed contractor, is currently finishing off the final few snagging items and defects in preparation for the final 12 months defects resolution date of 1 November.

People update

- 2.2. People Services – one member of staff left at the end of September and the final member of staff is due to leave in January 2020 as part of Strand 1. To date all notice letters and settlement agreements required have been returned on time and all leavers processed appropriately.
- 2.3. Strand 1 project closure report – this is currently being drafted for Strand 1 and will include the review of the lessons learned, financial assumptions and the benefits realised to date.

3. Estates strategy programme progress overview – Strand 2

Wimpole Street refit update

- 3.1. The contract for the Wimpole Street refit was awarded to Wates Smartspace who started the formal nine weeks refit on 30 September as planned.
- 3.2. We are currently on target for completing the full refit works, including IT, by the end of December 2019 with the new hearings service to be operational in Wimpole Street as from the start of 2020. This aligns with the closure of the GDC's current external hearings venue at Smithfield's at the end of December 2019 enabling the realisation of the planned savings.
- 3.3. Along with bringing the GDC's hearing service 'in-house' we will also be incorporating some of the key learnings from our new Birmingham office with the inclusion of informal and multi-purpose collaborative work spaces as well as video conferencing.
- 3.4. We have finalised the locations and dates for the team moves in Wimpole Street for before, during and after the refit works, minimising wherever possible the disruption to the organisation. This has enabled teams to visualise how they and their colleagues can best use these spaces.

Birmingham building update

- 3.5. We are on target to fit-out the expansion area of the Birmingham office to provide an additional 32 desks by capitalising on the opportunity to re-use some of the surplus furniture and equipment from the Wimpole Street refit.

People update

- 3.6. As at the end of September 2019 and in alignment with the start of the Wimpole Street refit works, the majority of staff from Strand 2 have left the GDC with the final c. 20 staff due to leave between October 2019 and January 2020. All leavers have been given access to the GDC outplacement service with c.70 staff accessing the complete delivery of outplacement services.
- 3.7. Recruitment – we have successfully filled 80% of Birmingham posts for Strand 2, including those who will be relocating, using the ‘tried and tested’ assessment centre model from Strand 1 and with minimal need for use of recruitment agencies. The focus is now on the recruitment of the outstanding posts along with those that have proved to be harder to recruit.
- 3.8. A communications timeline and dedicated intranet page for the Wimpole Street refit has been developed to keep all staff updated and engaged on a regular weekly basis of the key activities for pre, during and post the refit and how they can get involved.

Operational Readiness update

- 3.9. To ensure business continuity and readiness for the forthcoming changes across all sites, the operational leads have developed and are currently delivering their operational readiness plans with the support and input of their respective teams.

Assurance update

- 3.10. A deep dive was undertaken in September of the people and business continuity activities for the Estates programme to provide assurance to the Audit and Risk Committee (ARC), of which positive feedback was received from ARC of the work undertaken.
- 3.11. As part of the ongoing assurance of the Estates strategy programme, we are currently reviewing and revising the Estates financial business case and respective costs and savings projections to ensure that we are still on target to realise the forecasted financial and organisational benefits.

4. Recommendations

- 4.1. The Council is asked to note the contents of this paper.

5. Internal consultation

- 5.1. This paper has not been formally consulted on internally however the updates have been derived from internal consultation with the Estates strategy programme team and key internal stakeholders.

6. Appendices

- 6.1. There are no appendices.

Estates Strategy programme: October 2019 Council (public) update

Purpose of paper	This paper provides a progress update on the GDC Estates strategy programme covering both Strands 1 and 2.
Action	For noting.
Corporate Strategy 2016-19	Performance Objective 2 – To improve our management of resources so that we become a more efficient regulator.
Business Plan 2018	Estates Strategy.
Decision Trail	<p>The decision trail below covers the decisions made in the last three months. All of the previous decisions have been logged within the Estates programme documentation.</p> <p>A paper was submitted to the Council on 25 July 2019 for noting and provided a progress update for the GDC Estates strategy programme covering both Strands 1 and 2 along with the latest quarterly organisation chart.</p> <p>A paper was submitted to the SLT on 6 August 2019 for ratification of the provisional agreements made at the SLT workshop on 8 July regarding the proposed team zones post the Wimpole Street refit along with the meeting rooms to be made available during the refit. SLT provided ratification.</p>
Next stage	This paper is for noting.
Recommendations	The Council is asked to note the contents of this paper.
Authorship of paper and further information	<p>Gurvinder Soomal – Executive Director, Registration and Corporate Resources</p> <p>GSoomal@gdc-uk.org</p> <p>020 7167 6333</p>
Appendices	No appendices

1. Executive Summary

- 1.1. This paper provides a progress update on the GDC Estates strategy programme covering both Strands 1 and 2 for noting.

Strand 1

- 1.2. People Services – the final member of staff from Strand 1 is due to leave in January 2020.
- 1.3. The closure report for Strand 1 is currently being drafted including review of benefits realisation.

Strand 2

- 1.4. Wimpole Street refit – the contract has been awarded to Wates Smartspace who started the nine weeks refit on 30 September as planned and are on target to complete by end of November.
- 1.5. Wimpole Street refit – as well as bringing the GDC's hearings service 'in-house' the refit will also provide informal collaborative workspaces and video conferencing.
- 1.6. Wimpole Street refit – communicated the locations and dates for the team moves for before, during and after the refit works enabling teams to visualise how they can use these spaces.
- 1.7. People Services - as at the end of September the majority of staff from Strand 2 have left the GDC, with the final c. 20 staff due to leave between October 2019 and January 2020.
- 1.8. Recruitment – to date we have filled c. 80% of posts for Strand 2, including staff relocating.

2. Estates strategy programme progress overview – Strand 1

Building update

- 2.1. New building in Birmingham – the appointed contractor, is currently finishing off the final few snagging items and defects in preparation for the final 12 months defects resolution date of 1 November.

People update

- 2.2. People Services – one member of staff left at the end of September and the final member of staff is due to leave in January 2020 as part of Strand 1. To date all notice letters and settlement agreements required have been returned on time and all leavers processed appropriately.
- 2.3. Strand 1 project closure report – this is currently being drafted for Strand 1 and will include the review of the lessons learned, financial assumptions and the benefits realised to date.

3. Estates strategy programme progress overview – Strand 2

Wimpole Street refit update

- 3.1. The contract for the Wimpole Street refit was awarded to Wates Smartspace who started the formal nine weeks refit on 30 September as planned.
- 3.2. We are currently on target for completing the full refit works, including IT, by the end of December 2019 with the new hearings service to be operational in Wimpole Street as from the start of 2020. This aligns with the closure of the GDC's current external hearings venue at Smithfield's at the end of December 2019 enabling the realisation of the planned savings.
- 3.3. Along with bringing the GDC's hearing service 'in-house' we will also be incorporating some of the key learnings from our new Birmingham office with the inclusion of informal and multi-purpose collaborative work spaces as well as video conferencing.
- 3.4. We have finalised the locations and dates for the team moves in Wimpole Street for before, during and after the refit works, minimising wherever possible the disruption to the organisation. This has enabled teams to visualise how they and their colleagues can best use these spaces.

Birmingham building update

- 3.5. We are on target to fit-out the expansion area of the Birmingham office to provide an additional 32 desks by capitalising on the opportunity to re-use some of the surplus furniture and equipment from the Wimpole Street refit.

People update

- 3.6. As at the end of September 2019 and in alignment with the start of the Wimpole Street refit works, the majority of staff from Strand 2 have left the GDC with the final c. 20 staff due to leave between October 2019 and January 2020. All leavers have been given access to the GDC outplacement service with c.70 staff accessing the complete delivery of outplacement services.
- 3.7. Recruitment – we have successfully filled 80% of Birmingham posts for Strand 2, including those who will be relocating, using the ‘tried and tested’ assessment centre model from Strand 1 and with minimal need for use of recruitment agencies. The focus is now on the recruitment of the outstanding posts along with those that have proved to be harder to recruit.
- 3.8. A communications timeline and dedicated intranet page for the Wimpole Street refit has been developed to keep all staff updated and engaged on a regular weekly basis of the key activities for pre, during and post the refit and how they can get involved.

Operational Readiness update

- 3.9. To ensure business continuity and readiness for the forthcoming changes across all sites, the operational leads have developed and are currently delivering their operational readiness plans with the support and input of their respective teams.

Assurance update

- 3.10. A deep dive was undertaken in September of the people and business continuity activities for the Estates programme to provide assurance to the Audit and Risk Committee (ARC), of which positive feedback was received from ARC of the work undertaken.
- 3.11. As part of the ongoing assurance of the Estates strategy programme, we are currently reviewing and revising the Estates financial business case and respective costs and savings projections to ensure that we are still on target to realise the forecasted financial and organisational benefits.

4. Recommendations

- 4.1. The Council is asked to note the contents of this paper.

5. Internal consultation

- 5.1. This paper has not been formally consulted on internally however the updates have been derived from internal consultation with the Estates strategy programme team and key internal stakeholders.

6. Appendices

- 6.1. There are no appendices.

Customer Service Annual Report for 2018 – Re-presentation

Purpose of paper	This paper sets out a summary of the Customer Service feedback received in 2018
Status	Public
Action	For noting
Corporate Strategy 2016-19	Performance - Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2017	2017 Priority 2: Improve our overall performance.
Decision Trail	This paper is prepared on an annual basis as previously agreed with SLT. The paper was discussed at SLT on 3 September 2019.
Next step	
Recommendations	N/A
Authorship of paper and further information	Tom Scott, Executive Director, FtP (tscott@gdc-uk.org)

1. Executive summary

- 1.1. The Fitness to Practise directorate is dedicated to ensuring a high standard of customer service is maintained in all cases. The customer and registrant feedback surveys were introduced in 2016 to provide a platform for external stakeholders to voice their opinions.
- 1.2. We have seen an improvement in 2018 for the number of responses received as compared to 2017. With a total of 100 responses received in 2018 and 57 received in 2017. Although we have seen an improvement in the response rate, the numbers are still very low when considering trends. We are developing proposals to undertake a far more pro-active approach to feedback gathering that will boost the qualitative and quantitative value of feedback going forward. This will also help mitigate any tendency on the part of respondents to couch their feedback within the context of their satisfaction or dissatisfaction regarding the *outcome*, rather than the service provided during the *process*. As part of our improvements we will also seek

feedback from other Healthcare Regulators and seek to benchmark our current and any future process against these organisations.

2. Background

2.1. The Shifting the balance programme is focussed on making improvements to better help the GDC to improve its regulatory work. As part of this programme of work there are four main themes being explored. Moving upstream, improving engagement, refocusing fitness to practise and better first tier complaints resolution.

2.2. A working group developed the core principles regarding complaints resolution that we aim to communicate to patients:

1. All of your feedback is important to us
2. We want to make it easy for you to raise a concern or complaint
3. We follow a complaints procedure and keep you informed
4. We will try to answer all your questions and any concerns you raise
5. We want you to have a positive experience of making a complaint
6. Your feedback helps us to improve our service

2.3. This report looks to analyse the responses received from registrants and informants for 2018. The survey is sent out following the closure of a Fitness to practise (FtP) case at one of the following stages:

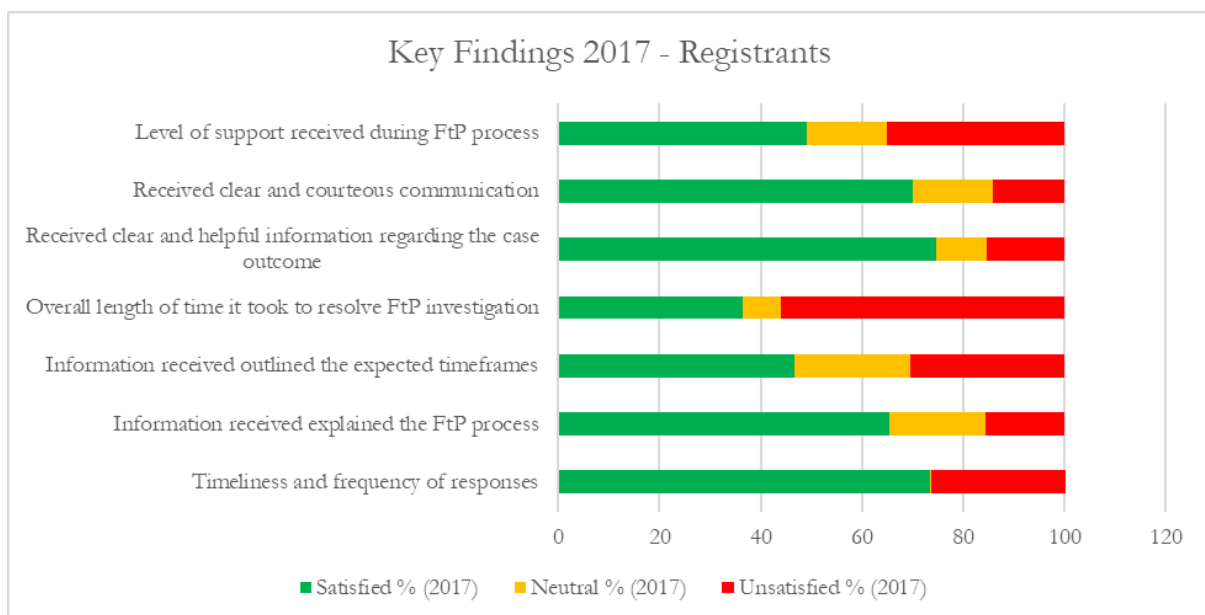
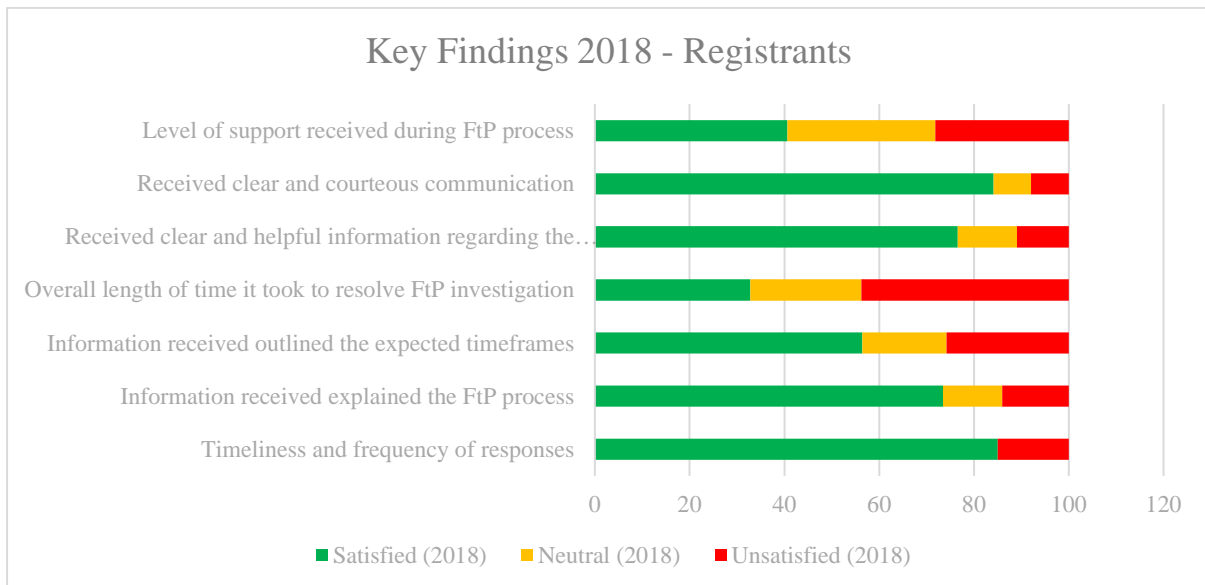
- Initial Assessment (informants only);
- Assessment (only those registrants who were informed that they were in the FtP process);
- Investigating Committee (IC) where (a) there was no further action (b) closed with advice (c) closed with warning;
- Case Examiners (CE) where (a) there was no further action (b) closed with advice (c) closed with warning;
- Prosecutions (registrant who have been involved in the FtP process);
- Hearings (witnesses and registrants who have been subject to a FtP hearing);
or,
- Case Review (those registrants who have had suspensions or conditions imposed, including at the conclusion of interim orders)

2.4. In 2018, a total of 59 registrants and 41 informants responded to survey requests in comparison to 2017 where 34 registrants and 23 informants responded.

2.5. The survey asks whether the individual would like a response to their feedback, giving us a chance to address any issues raised. Only 24.62% of registrants requested a response to their feedback compared to 51.11% of informants. In 2017, 34% of registrants and only 12% of informants requested responses to their feedback. There has been a substantial increase in the number of informants requesting responses to their feedback.

3. Key Findings - Registrant

3.1. This report looks to assess responses to seven pre-determined questions. There are three additional questions for collecting comments, case and contact information. The following charts summarise information received in 2018 as compared to 2017.



Key Themes - Registrant

3.2. When asked if Registrants had any comments the main themes that have arisen from the 2018 surveys were:

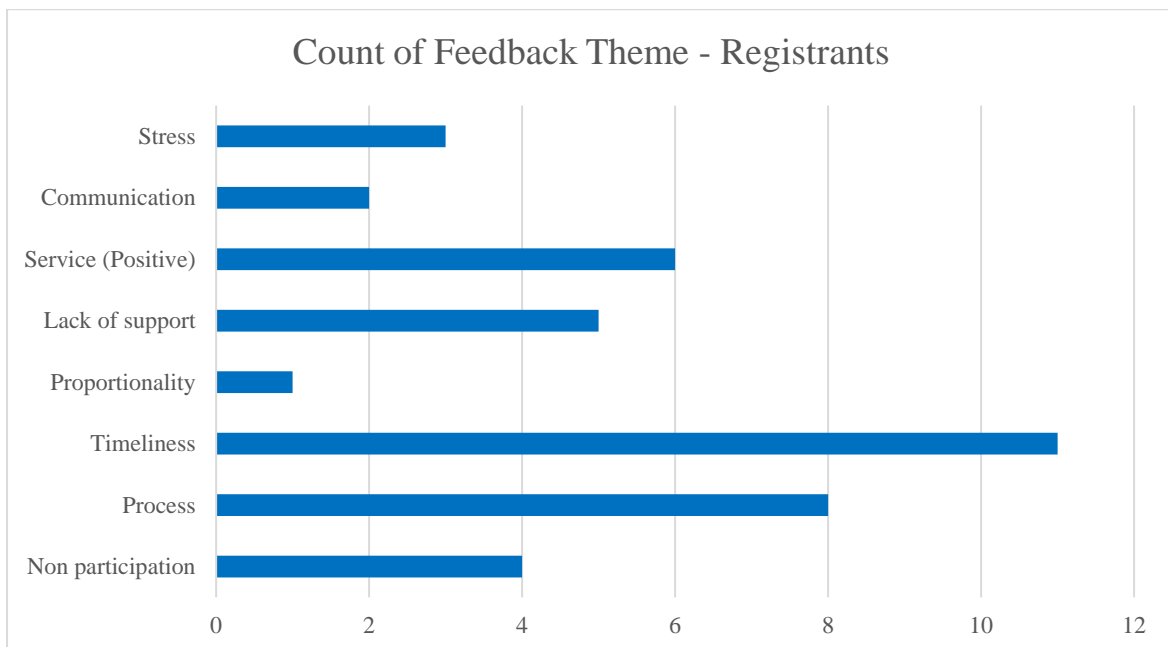
- Lack of timeliness accounted for 27.5% of the total comments received.
- Issues with the FtP process accounted for 20% of the total comments.
- Positive Service accounted for 15% of the total comments.
- Lack of Support accounted for 12.5% of the total comments.

In comparison with the main themes that arose in 2017 were:

- Issues with the FtP process accounted for 32% of the total comments received.
- Lack of timeliness accounted for 22% of the total comments.
- Communication accounted for 19% of the total comments .
- Lack of Support accounted for 16% of the total comments.

3.3. Although lack of timeliness was mentioned more often in 2018, overall fewer registrants have stated dissatisfaction with timeliness in 2018 compared to 2017. Issues with the FtP process and Lack of Support have decreased. Positive Service has arisen as a theme to note.

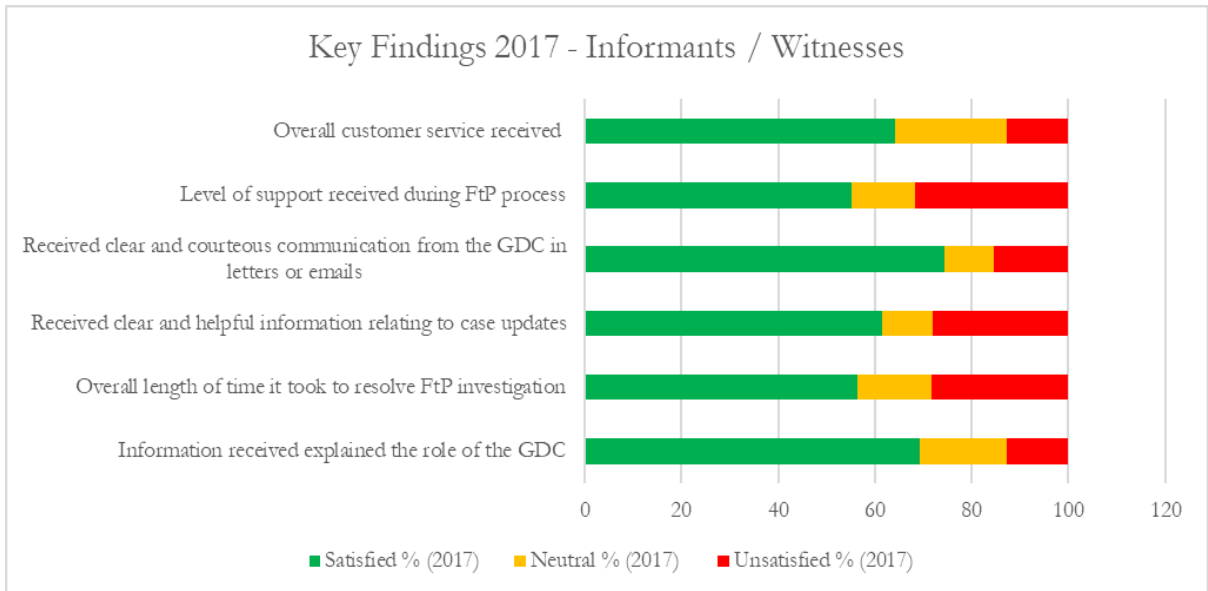
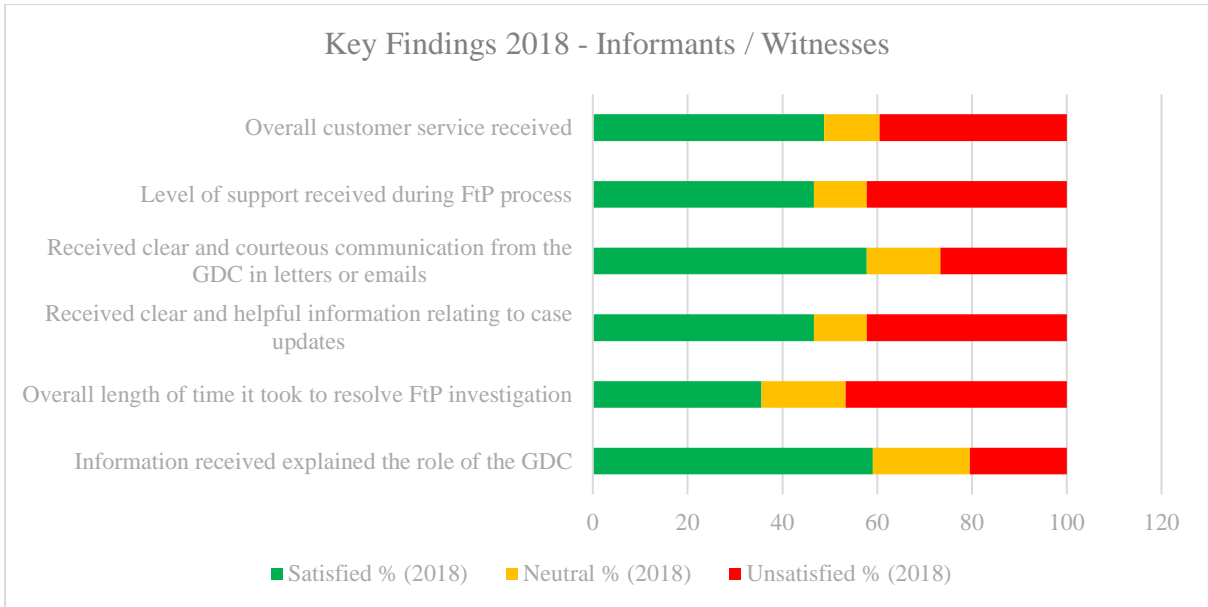
3.4. Feedback from the 2018 surveys suggest that 59.4% of registrants were satisfied with the overall customer service they received from the GDC. This has improved compared to 2017 where 48% of respondents indicated satisfaction.



3.5. When looking at the overall themes identified from registrant feedback, a lack of timeliness is identified as the largest issue noted.

4. Key Findings - Informants

4.1. There are six set questions whereby the answers have been analysed below. There are three additional questions which are used for collecting comments, case and contact information and two additional questions relating to the GDC witness support service. The charts below summarise the responses to the customer survey received in 2018, compared to answers received in 2017.



Witness support

- 4.2. A smaller percentage of respondents indicated that they were aware of the witness support service which is less than the 70% that were aware in 2017.
- 4.3. In addition, a lower percentage of respondents felt supported with the witness service as compared to 77% in 2017 although the majority of respondents were individuals who were not aware of the service.

Key Themes - Informants

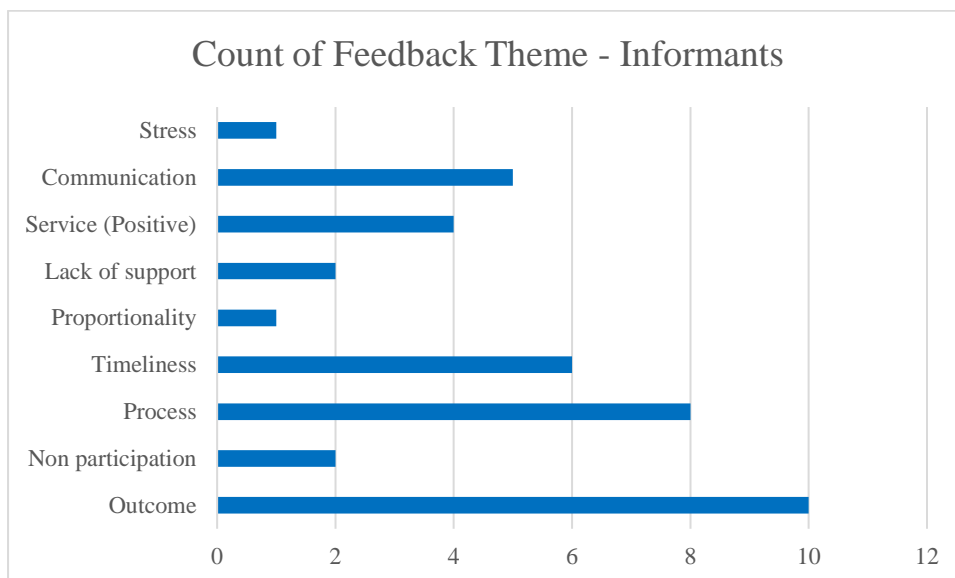
4.4. The main themes that have arose from informant feedback on whether there was anything the GDC could improve was:

- Unhappy with the outcome accounted for 26% of the total comments received.
- Issues with the FtP process accounted for 21% of the total comments.
- Lack of timeliness accounted for 15% of the total comments.
- Poor communication accounted for 13% of the total comments.

In contrast the main themes from 2017 were:

- Issues with the FtP process accounted for 39% of the total comments received.
- Poor communication accounted for 17% of the total comments.
- Unhappy with the outcome accounted for 13% of the total comments
- Good service accounted for 22% of the total comments.

4.5. Good service no longer remains a theme that has been identified and those unhappy with the outcome has increased whereas issues with the FtP process have decreased by a similar margin. Poor communication has decreased however lack of timeliness has arisen as a point of interest to report upon, in contrast to the registrant feedback. Further analysis of this last point identified that since the implementation of team-based-tasking for many casework assessment cases informant satisfaction in relation to the overall length of time taken to resolve FtP investigations was 60% positive.



4.6. When looking at the overall themes identified from informant feedback, issues with the outcome is identified as the main theme to note.

5. Customer Service Initiatives

- 5.1. The customer and registrant feedback surveys are a mechanism to enable us to monitor the levels of customer service that are provided by the FtP directorate to external parties although this is hampered by the lack of response.
- 5.2. Accompanying our external monitoring we have a monthly Outstanding Customer award which has been running since January 2016. Since launch there have been 95 nominations and a variety of winners from across the FtP directorate and across the organisation. This helps to promote and recognise good customer service and cross directorate/department working, encouraging positive work culture.

6. Summary

- 6.1. The lack of volume response makes drawing conclusions and basing subsequent resources on action plans arising from any analysis problematic; there is a real risk that the feedback may not be representative of the broader experience, ultimately resulting in management misdirecting itself in the allocation of scarce resources. We are exploring the cost-effectiveness of undertaking a biannual proactive survey approach to complement our reactive response gathering to help provide much greater levels of confidence in the survey results. Our intention would be to raise overall levels of feedback to around 10% of all participants; around 250-300 responses per annum and create a richer dataset through focused qualitative response gathering and analysis.
- 6.2. Nevertheless, whilst no more than indicative, the general picture of strengthening registrant satisfaction but declining informant satisfaction has chimed with comments received from patient groups participating in the End to End Review of FtP programme insofar as their perception was that the improvements appeared to be focused more on areas impacting on the registrant experience.
- 6.3. This is being responded to through the specific focus on communication with informants and the informant/witness experience within the scope of the End to End Review of FtP Phase II that is due to commence in early 2020 (subject to Council approval).

Committee and Senior Independent Council Member Appointments

Purpose of paper	<p>To set out the process undertaken to review the membership of the GDC's non-statutory committees, the Senior Independent Member appointment and the recruitment process to find a new External member of the Remuneration Committee.</p> <p>To ask the Council to make the suggested appointments.</p>
Action	For approval
Corporate Strategy	Performance Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator
Decision Trail	<p>Appointments to the Finance and Performance Committee were last considered by Council on 26 October 2017.</p> <p>Appointments to the Audit and Risk Committee and Policy and Research Board were last considered by Council on 4 October 2018, to allow Simon Morrow to serve on those Committees.</p> <p>At the 25 July 2019 Council meeting, Council approved the proposal to appoint a new External Member of the Remuneration Committee.</p>
Next stage	N/A
Recommendations	To ask the Council to approve appointments to the Audit and Risk, Finance and Performance and Remuneration Committees (including a new External Member) and to the Policy and Research Board.
Authorship of paper and further information	<p>William Moyes Chair of Council</p> <p>Katie Spears Interim Head of Governance</p> <p>Lisa Marie Williams Executive Director, Legal and Governance</p>

1. Executive summary

- 1.1 The General Dental Council Standing Orders and Resolution for the Non-statutory Committees of Council 2018 provide that the Council should make the appointments of Council members and External members to the non-statutory committees of the GDC, and that the Council should select one of the members to be the SIM.
- 1.2 Therefore, the Council are asked to approve:
 - the membership and Chairs of the non-statutory Committees as set out in **Appendix 1**;
 - Terry Babbs to remain as the SIM for a further term of two years (to end **30 September 2021**); and
 - Ann Brown to be appointed as the new External Member of the Remuneration Committee for a term of four years (to end **30 September 2023**).

2. Membership of Committees and Terms of Office

- 2.1 Council has the following four non-statutory committees:
 - The Audit and Risk Committee (ARC)
 - The Finance and Performance Committee (FPC)
 - The Remuneration Committee (Remco), and
 - The Policy and Research Board (PRB).
- 2.2 All four committees are required to consist of a Chair and at least two Council members, to include a registrant and a lay member. The ARC and the Remco are additionally required to have an External Member, appointed with the approval of the Council.
- 2.3 The Standing Orders require the Chair of Council to make proposals, at a public Council meeting, for the appointment of Council members as Committee Chairs and as members of Committees.
- 2.4 This matter was last considered by Council in October 2018, when Simon Morrow was appointed to Council and joined the ARC and PRB.
- 2.5 Previous appointments to these Committees were made by the Council and these appointments are due to expire on **30 September 2019**. To continue to facilitate the work of these Committees, further appointments are now needed to be made. There also needs to be a further appointment made to the post of the Senior Independent Council member (SIM), as this also expired on **30 September 2019**.
- 2.6 To facilitate a new Committee membership proposal being put before the Council (at **Appendix 1**), the Chair requested that each Council member express an interest in the role they wished to perform, (for either the remainder of their term or for next two years) and sought views on the SIM appointment. Those choices and options were then discussed with individuals, including the Chief Executive.
- 2.7 The outcome of those discussions resulted in one suggested change to Committee membership, that is, for Jeyanthi John to move from the PRB, to become an additional member of the Remco.

2.8 For each of the non-statutory Committees outlined above, the proposed terms of membership are as follows:

- The proposed term of office for all eligible Committee members is two years (to end on **30 September 2021**).
- Three Council members are due to demit office in 2020. These are Geraldine Campbell, Kirstie Moons and Margaret Kellett. In relation to these Council members, the proposed term of office within their respective Committees is one year (to end on **30 September 2020**).
- There are three Council members standing for reappointment in 2020. These are Sheila Kumar, Crispin Passmore and Caroline Logan. Their two-year proposed term of office will be subject to the Privy Council approval of their second term as Council members. The amendments to committee membership are set out in **Appendix 1**.

2.9 For completeness, the Chair's Strategy Group is an established working group of the Council, and not a Committee. The need for the working group is reviewed on a six-monthly basis. The membership of the CSG was last reviewed by Council on 28 March 2019 and has not been reviewed as part of this exercise.

2.10 It will be noted that two members of the Finance and Performance Committee will be demitting office in 2020. This will be taken into account when recruiting the new Council members.

3. Senior Independent Council Member

3.1 The General Dental Council Standing Orders for the Conduct of Business 2017 give Council the option to appoint a SIM. The Orders set out that the role of the SIM is to:

- act as a conduit between members and the Chair regarding any concerns;
- lead of the appraisal of the Chair;
- investigate any complaints about the Chair; and
- occasionally deputise for the Chair.

3.2 Terry Babbs has held this post since October 2017, when he was appointed by the Council until **30 September 2019**. Following discussions with both Terry and other Council members, it is proposed that he serve a second term in this role until **30 September 2021**.

4. Remuneration Committee – External Member

4.1 During 2019, the previous External Member of the Remco indicated that she wished to step down, and, following Council approval in July 2019, a recruitment process (supported by a professional search firm) was undertaken to find a new External Member. At its July meeting, the Council gave permission for the chosen candidate to attend the September Remco meeting as an observer.

4.2 On 15 August 2019, a panel consisting of the Chair of Remco, Geraldine Campbell, member of Remco, Anne Heal, and independent panel member, Cindy Butts, selected Ann Brown as the preferred candidate for the role.

- 4.3 To remind Council members, a professional search firm was procured to support this recruitment campaign, which was led by the Governance team. In response to advertisement and direct approaches, (approximately) 130 applications for the role were received. As part of the procured work around 30 were interviewed by the recruitment consultant and eight candidates were shortlisted.
- 4.4 The shortlist was reviewed by the panel, who chose five candidates to invite to interview. To further support the panel and provide insight into the candidates, Facet Five profiles were obtained on each interviewee. A presentation topic and a number of competency-based questions were drafted and agreed with the panel.
- 4.5 Following interviews, the panel's preferred candidate was Ann Brown and a provisional offer of engagement was made. Ann accepted the offer – subject to appointment by the Council – on Friday 16 August 2019.
- 4.6 To prepare Ann for her role, she has undertaken a short induction which has included meeting the Chair of Council, Chief Executive and Registrar, and key members of people services.

5. Risks and Considerations

<p>Communications</p> <ul style="list-style-type: none"> The Communications team will share the news of Ann Brown's appointment internally and externally following the Council meeting.
<p>Equality and Diversity</p> <ul style="list-style-type: none"> One of the criteria for the appointment of the external search firm included their approach to EDI.
<p>Legal</p> <ul style="list-style-type: none"> Council make appointments to Committees in accordance with the Standing Orders.
<p>Policy</p> <ul style="list-style-type: none"> No impact on policy making.
<p>Resources</p> <ul style="list-style-type: none"> The costs of the recruitment will be met from the governance budget.
<p>National</p> <ul style="list-style-type: none"> Not applicable.
<p>Risks on Registers</p> <ul style="list-style-type: none"> Not applicable.

6. Recommendations

6.1 The Council is asked to **approve**:

- the membership and Chairs of the non-statutory Committees as set out in **Appendix 1**;
- Terry Babbs to remain as the SIM for a further term of two years (to end **30 September 2021**); and
- Ann Brown to be appointed as the new External Member of the Remuneration Committee for a term of four years (to end **30 September 2023**).

Appendix 1

Committee	Proposed Chair	Proposed Members
Audit and Risk Committee	Crispin Passmore*	Cathie Brady
		Simon Morrow
		Sheila Kumar*
		Rajeev Arya (independent member)
Finance and Performance Committee	Terry Babbs	Margaret Kellett ‡
		Kirstie Moons ‡
		Anne Heal
Remuneration Committee	Geraldine Campbell ‡	Anne Heal
		Caroline Logan*
		Jeyanthi John
		Ann Brown (independent member)
Policy and Research Board	Kirstie Moons ‡	Margaret Kellett ‡
		Cathie Brady
		Simon Morrow
		Caroline Logan*
		Geraldine Campbell ‡

* Council members subject to Privy Council approval for a second term

‡ Council members demitting office on 30 September 2020 and to be appointed for one year only

Appointment of the External Member of the Remuneration Committee

Purpose of paper	To ask the Council to approve the appointment of a new External Member of the Remuneration Committee.
Action	For approval
Corporate Strategy	Performance Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator
Decision Trail	At the July 2019 Council meeting, Council approved the proposal to appoint a new External Member of the Remuneration Committee
Next stage	N/A
Recommendations	To ask the Council to approve the appointment of Ann Brown as the new External Member of the Remuneration Committee
Authorship of paper and further information	Katie Spears Interim Head of Governance Lisa Marie Williams Executive Director, Legal and Governance

1. Executive summary

- 1.1 The General Dental Council Standing Orders and Resolutions for the Non-Statutory Committees of Council 2016 provide for the membership of the Remuneration Committee (Remco) to include an External Member. The External Member may take part in discussion and vote on matters under consideration by the Committee, but they do not count towards the quorum.
- 1.2 The previous External Member served for a number of years on the Committee and indicated earlier this year, that she would be stepping down to focus on other roles. Council's approval to recruit a new External Member was obtained in July 2019.
- 1.3 A professional search firm supported the recruitment campaign, which resulted in an interview panel consisting of Chair of Remco, Geraldine Campbell, member of Remco, Anne Heal, and independent panel member, Cindy Butts, selecting Ann Brown as the preferred candidate for the role.
- 1.4 In accordance with the Standing Orders, appointments to Committees are reserved to the Council. Therefore, Council is asked to:
 - **approve** the appointment of Ann Brown as the new External Member of the Remuneration Committee.

2. Recruitment process

- 2.1. A professional search firm were procured to support this recruitment campaign. In response to advertisement and direct approaches, (approximately) **130** applications for the role were received. As part of the procured work around **30** were interviewed by the recruitment consultant and **eight** candidates were shortlisted.
- 2.2. The shortlist was reviewed by the panel, who chose **five** candidates to invite to interview. To further support the panel and provide insight into the candidates, Facet Five profiles were obtained on each interviewee. A presentation topic and a number of competency-based questions were drafted and agreed with the panel.
- 2.3. Interviews took place on Thursday 15 August 2019, with the panel's preferred candidate being Ann Brown. Ann accepted the offer – subject to appointment by the Council – on Friday 16 August 2019.
- 2.4. To prepare Ann for her role, she has undertaken a short induction which has included meeting the Chair of Council, Chief Executive and Registrar, and key members of people services. In accordance with the prior agreement of Council (also sought at the July Council meeting), Ann attended the meeting of the Remco on 26 September 2019 as an observer.

3. Risks and Considerations

Communications <ul style="list-style-type: none">• The Communications team will share the news of Ann Brown's appointment following the Council meeting.• An internal communications piece is also planned.
Equality and Diversity <ul style="list-style-type: none">• No EIA has been carried out.• Bidder's approach to equality and diversity was evaluated as part of the procurement exercise to find a recruitment company.
Legal <ul style="list-style-type: none">• Council make appointments to Committees in accordance with the Standing Orders.
Policy <ul style="list-style-type: none">• No impact on policy making.
Resources <ul style="list-style-type: none">• The costs of the recruitment will be met from the governance budget.
National <ul style="list-style-type: none">• Not applicable.
Risks on Registers <ul style="list-style-type: none">• Not applicable.

4. Recommendations

4.1 Council is asked to:

- **approve** the appointment of Ann Brown as the new External Member of the Remuneration Committee

Balanced Scorecard – Q2 2019 Performance

Purpose of paper	To present the Council with the balanced scorecard covering the Q2 2019 performance period.
Action	For discussion and decision.
Corporate Strategy 2016-19	<p>Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.</p> <p>Objective 2: To improve our management of resources so that we become a more efficient regulator.</p> <p>Objective 3: To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach.</p>
Decision Trail	<p>SLT Board – 6 August 2019</p> <p>FPC – 10 September 2019</p>
Recommendations	<p>Council is asked to:</p> <ul style="list-style-type: none"> • Discuss and note the main report.
Authorship of paper and further information	<p>Gurvinder Soomal Executive Director, Registration and Corporate Resources GSoomal@gdc-uk.org 020 7167 6333</p> <p>David Criddle Head of Performance Reporting & PMO DCriddle@gdc-uk.org 0121 752 0086</p>
Appendices	<p>Appendix 1 – Q2 2019 Balanced Scorecard</p> <p>Appendix 2 – GDC Performance Indicators Master List</p>

1. Executive summary

- 1.1. This paper presents the balanced scorecard covering the Q2 2019 performance period, which is available at Appendix 1.
- 1.2. Council is asked to discuss and note the main report.

2. Introduction and background

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

3. Q2 2019 balanced scorecard report

- 3.1. Key performance headlines are presented within the executive summary of the Q2 2019 report at Appendix 1. For ease of reference, matters noted in the key successes and issues section are set out below:

Key successes

- 3.2. UK Dentist high application volumes handled: The total number of applications received this quarter rose from 25 to 894, which is a 3480% increase compared to Q1. This was due to a high volume of new applications by recent graduates. Despite this, the Average Active Processing Time remained within target levels in Q2. (See section 1.3 Registration Performance Indicators – Process Dashboard).
- 3.3. Improvements in Hearings completed without Adjournment: There was a 24% improvement in Q2 to 88% which is above the 85% target level and up from the red performance of 71% in Q1. (See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)
- 3.4. Reductions in Rule 4 work at Case Examiners: Total Case Examiner cases at the end of Q2 is 172 with 113 at Rule 4, which is a reduction from a total of 284, with 195 in Rule 4 at the end of Q1. (See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)

Key issues

- 3.5. Hearings Serious & Non Serious Data Security Breaches both above target: There was 1 serious data breach where sensitive health information about a registrant's mental health was left unredacted in a public determination. Non-serious data security breach rose by 71% from 7 in Q1 to 12 in Q2 which is twice the performance target level. (See section 3.6 – Information Performance Indicators)
- 3.6. FtP Timeliness Summary: Overall case timeliness has dropped by 7% to 16% in Q2. Investigation timeliness for Receipt to CE Decision is down by 3% to 15% mainly due to

Assessment Timeliness dropping from 51% in Q1 to 37% in Q2, which can be attributed to outgoing London resources closing older aged cases. Both in target within the Investigations stages are IAT Timeliness at 100% and Case Examiner Allocation of Initial Case Examiner decision is at 97%. Prosecutions Timeliness is at 65% down from 70% in Q1 where 12 out of 34 cases were completed beyond the 9 months target and those cases which missed the target were completed on average in 16 months. 'ELPS Timeliness: Disclosure Time Taken' is showing a significant drop in comparison to previous period dropping by 37% to 56% and Cumulative Hearing Performance Against Budget dropped by 6% to 72% in Q2. (See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)

- 3.7. Registration Overall processing time increases: 4 out of the 7 registration routes average overall processing times rose against their performance in the previous quarter, including UK Dentist (+166%), UK DCP (+137%), Restoration (+70%) and Assessed Dentist (+2%). (See actions planned by SLT and section 1.3 Registration Performance Indicators – Process Dashboard)
- 3.8. Governance Performance Indicators are not reportable in Q2: Due to staffing changes and leave within the Governance team, much of the data required for reporting Q2 performance was estimated values rather than actuals. As such it was decided by the directorate to omit reporting of performance in this quarter.

4. Recommendations

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

5. Internal consultation

Department	Date and consultee name
All data contributing departments	Established data leads from each department – July 2019
SLT	SLT Board – 6 August 2019
FPC	FPC – 10 September 2019

6. Appendices

- 6.1. Appendix 1 – Q2 2019 Balanced Scorecard
- 6.2. Appendix 2 – GDC Performance Indicators Master List

GENERAL DENTAL COUNCIL

Balanced Scorecard Report Review of Q2 2019 Performance

Project Management Office

Balanced Scorecard Report
Review of Quarter 2 2019 Performance

Index

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

1.1 Executive Summary - Quarterly Performance

Key Performance Successes

- UK Dentist high application volumes handled:** The total number of applications received this quarter rose from 25 to 894, which is a 3480% increase compared to Q1. This was due to a high volume of new applications by recent graduates. Despite this, the Average Active Processing Time remained within target levels in Q2. (See section 1.3 Registration Performance Indicators – Process Dashboard).
- Improvements in Hearings completed without Adjournment:** There was a 24% improvement in Q2 to 88% which is above the 85% target level and up from the red performance of 71% in Q1. (See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)
- Reductions in Rule 4 work at Case Examiners:** Total Case Examiner cases at the end of Q2 is 172 with 113 at Rule 4, which is a reduction from a total of 284, with 195 in Rule 4 at the end of Q1. (See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)

Key Performance Issues

- Serious & Non Serious Data Security Breaches both above target:** There was 1 serious data breach where sensitive health information about a registrant’s mental health was left unredacted in a public determination. Non-serious data security breach rose by 71% from 7 in Q1 to 12 in Q2 which is twice the performance target level. (See section 3.6 – Information Performance Indicators)
- FtP Timeliness Summary:** Overall case timeliness has dropped by 7% to 16% in Q2. Investigation timeliness for Receipt to CE Decision is down by 3% to 15% mainly due to Assessment Timeliness dropping from 51% in Q1 to 37% in Q2, which can be attributed to outgoing London resources closing older aged cases. Both in target within the Investigations stages are IAT Timeliness at 100% and Case Examiner Allocation of Initial Case Examiner decision is at 97%. Prosecutions Timeliness is at 65% down from 70% in Q1 where 12 out of 34 cases were completed beyond the 9 months target and those cases which missed the target were completed on average in 16 months. ‘ELPS Timeliness: Disclosure Time Taken’ is showing a significant drop in comparison to previous period dropping by 37% to 56% and Cumulative Hearing Performance Against Budget dropped by 6% to 72% in Q2. (See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard)
- Registration Overall processing time increases:** 4 out of the 7 registration routes average overall processing times rose against their performance in the previous quarter, including UK Dentist (+166%), UK DCP (+137%), Restoration (+70%) and Assessed Dentist(+2%). (See actions planned by SLT and section 1.3 Registration Performance Indicators – Process Dashboard)
- Governance Performance Indicators are not reportable in Q2:** Due to staffing changes and leave within the Governance team, much of the data required for reporting Q2 performance was estimated values rather than actuals. As such it was decided by the directorate to omit reporting of performance in this quarter.

1.1 Executive Summary - Looking Forward and Planned Actions

Looking Forward

1. **Implementation for Strand 2 of functions moving to Birmingham:** The relocation of FtP teams to Birmingham is in progress with the second phase of starters to join in September.
2. **Corporate Strategy 2020-2022 consultation completing:** The Corporate Strategy ARF consultation period is completing end of July 2019, which the review and final version to move forward to Council for approval in October.
3. **CCP 2020 – 2022 & Budget final version processing through to SLT in September:** Draft version 1 of the CCP including the budget, headcount and portfolio plans has been reviewed by SLT and FPC in July. Further development to finalise the data is continuing through July and August, with a second review by FPC on 21 August and a finalised version being taken to SLT on 3 September, before moving to FPC on 10 September and then taken to Council for approval in October.

Actions Planned by EMT

1. **Registration monitoring of workload and capacity:** At 2 July 2019 SLT meeting, SLT noted the increase and sustained workload of Registration application volumes within DCP Casework. Several mitigations has been put in place including an additional resource request for DCP Casework, which is a route particularly affected. SLT will continue to monitor the workload, capacity and related performance indicators on a monthly basis, so that effectiveness of current mitigations and any further options can be evaluated regularly. **SLT 6 Aug update – Recruitment for Registration Assessment Panellist is in progress and business case for additional DCP case worker has been forwarded to the chair for approval.**
2. **Governance Performance Indicators immediate review:** Following EMT action 3 in Q3 2018 action is review the entire suit of Governance Performance Indicators as a priority to evaluate if the correct indicators are being used to measure performance, design any performance indicator amendment and address any issues in data collection and reporting. **SLT 6 Aug update – An Initial workshop between PMO and Governance is being held on 29 August.**

FINANCIAL

KPI/FCS/001 - Organisational Income

THIS PERIOD: 101% to budget

PREVIOUS PERIOD: 100%
TARGET: 100%



Further info: Annex A – 1.1

- Total income is higher than budgeted by £0.4m for 2019. This is largely due to the following:
- Higher than budgeted Dentist ARF income (£134k).
- Investment income higher than budgeted for the period (£204k), due to returns from S&W investments.

KPI/FCS/002 - FTP Expenditure

THIS PERIOD: 94% of budget

PREVIOUS PERIOD: 93%
TARGET: 100%



Further info: Annex A – 1.1

- FtP expenditure was £351k lower than budgeted year to date. This is largely due to a favourable variance of £429k on Hearings meeting fees and expenses as the year to date we have 196 lost and wasted days.

KPI/FCS/003 - Non-FTP Expenditure

THIS PERIOD: 90% of budget

PREVIOUS PERIOD: 84%
TARGET: 100%



Further info: Annex A – 1.1

- Overall, non-FtP expenditure was £1.5m lower than budgeted for Quarter 2.
- Staffing costs were £600k lower than budgeted due to delays in recruiting to vacant posts and recruiting roles in Birmingham at lower than budgeted market rate.

RESOURCES

KPI/HRG/004 - Staff Sickness

THIS PERIOD: 1.59 average days

PREVIOUS PERIOD: 1.68 days
TARGET: Average within 2 days



Further info: Annex A – 3.2

- Of those staff sick in Q2, 4.88% were long term sickness and the remaining 95.12% were short term sickness.
- There were 610 days lost in total. When compared against Q1, while there has been an increase in long term sickness and a decrease in short term, the days lost figure has remained consistent.

TIMELINESS

PI/REG/001 & 002
UK Dentist

THIS PERIOD: 9 days

PREVIOUS PERIOD: 4 days
TARGET: 14 days



Further info: Annex A – 1.5

- Q2 saw an increase in Dentist applications received and processed in response to graduates finishing dental school.
- The 895 applications is a 3480% increase in Q2 compared to the 25 received in Q1.

KPI/REG/003 & 004
UK DCP

THIS PERIOD: 12 days

PREVIOUS PERIOD: 3 days
TARGET: 14 days



Further info: Annex A – 1.5

- The applications completed was 12% lower than forecast (1,130).
- There were 32% less apps received compared to the 1,487 received in Q1.

KPI/FTP/014 - IOC Timeliness - Registrar
and Case Examiner Referrals

THIS PERIOD: 100%

PREVIOUS PERIOD: 80%
TARGET: 95%



Further info: Annex A – 2.3

- All 9 cases were heard within 21 working days.

INTERNAL PROCESS

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

THIS PERIOD: 99.9% availability

PREVIOUS PERIOD: 100%
TARGET: 99.7%



Further info: Annex A – 1.3

- 99.9% uptime was achieved with 2 hours and 16 minutes of downtime recorded across the whole of Q2.

KPI/FCS/010 - Dynamics CRM Availability

THIS PERIOD: 99.9% availability

PREVIOUS PERIOD: 100%
TARGET: 99.7%



Further info: Annex A – 1.3

- 99.9% uptime was achieved with 45 minutes of downtime across the whole of Q2.

KPI/FTP/005 - Timeliness: From Receipt to Case Examiner
Decision

THIS PERIOD: 15%

PREVIOUS PERIOD: 19%
TARGET: 75%



Further info: Annex A – 2.1

- Q2 has seen a slight fall in performance, down by 4%.
- The Assessment team are still working on reducing the backlog of older cases and cases which have been delayed at the Rule 4 stage, this will continue to affect performance against this KPI.
- The majority of cases completed in Q2 had already passed the 17 week target

KPI/FTP/008 - FTP Timeliness: Overall Prosecution Case
Length

THIS PERIOD: 16%

PREVIOUS PERIOD: 23%
TARGET: 75%



Further info: Annex A – 2.1

- This indicator is a combined metric that depends on performance throughout the entire process and improvement of each of the underpinning performance indicators will lead to improved performance overall.
- Overall timeliness has fallen in Q2, which can be attributed to the falls against FTP/005 and 009.

KPI/FTP/006 - Proportionate Split of
Internal/External Prosecution Referrals

THIS PERIOD: 19 external referrals

PREVIOUS PERIOD: 18 referrals
TARGET: 21 or fewer referrals



Further info: Annex A – 2.1

- During Q2 2019, 19 external referrals were made compared to the budgeted level of 21.
- As of Q2, 22%/37 cases were transferred to ELPs.

KPI/FTP/025 - Serious Data Breaches

THIS PERIOD: 1 breach

PREVIOUS PERIOD: 0 breaches
TARGET: 0 breaches



Further info: Annex A – 3.6

- There was 1 serious data breach in Q2 2019.
- Further details can be found in section 3.2 of this report.

1.3 Key Performance Indicators – Rationale For Priority Status

FINANCIAL

Organisational Income Collected

Rationale for priority status: Seasonal inclusion of this measure following the Q4 Dentist ARF collection, to provoke discussion of whether the level of income collected has a bearing on planned activity/performance for 2017.

Forecast FTP Expenditure

Rationale for priority status: The delivery of FTP activity within budgeted levels is a key organisational priority and is included to provide ongoing board visibility of cost control in this area.

Forecast Non-FTP Expenditure

Rationale for priority status: The delivery of Non-FTP activity within budgeted levels is a key organisational priority and is included to provide ongoing board visibility of cost control in this area.

HR

Staff Sickness

Rationale for priority status: Sickness levels were above desirable levels for Q2/3 2016, therefore are included to provide visibility of whether this trend is continuing or ceasing.

TIMELINESS

UK DCP Active Processing Time

Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).

Restoration Active Processing Time

Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).

FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals

Rationale for priority status: This KPI relates to the question in the PSA dataset about IOC timeliness and is included to assist ongoing board monitoring of timeliness to support the attainment of standard four.

FTP Timeliness: From Receipt to Case Examiner Decision

Rationale for priority status: This KPI relates to the question in the PSA dataset about casework timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.

FTP Timeliness: Overall Prosecution Case Length

Rationale for priority status: This KPI relates to the question in the PSA dataset about full case timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.

INTERNAL PROCESS

GDC Website and Online Register Availability

Rationale for priority status: Included due to importance of GDC website availability for public access to key GDC information, and in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public.

Dynamics CRM Availability

Rationale for priority status: Included due to importance of Dynamics CRM system availability due to the need for approximately 200 members of staff to have the system available to undertake work on key processes.

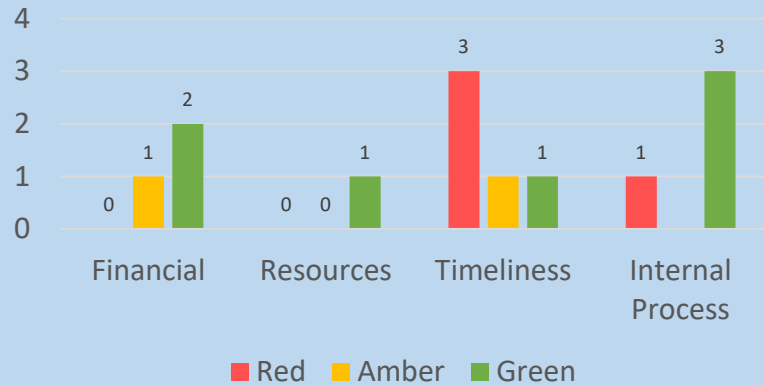
FTP: Proportionate Split of Internal and External Legal Referrals

Rationale for priority status: This measure has been identified as a key driver of organisational cost and is included for ongoing scrutiny of cost control in this area.

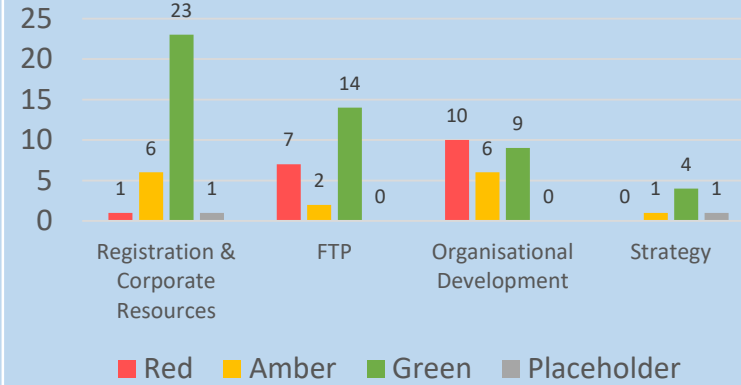
Serious Data Breaches

Rationale for priority status: This KPI relates to the question in the PSA dataset about ICO referrals and is included to assist ongoing board monitoring of data breach volumes to support the attainment of standard ten.

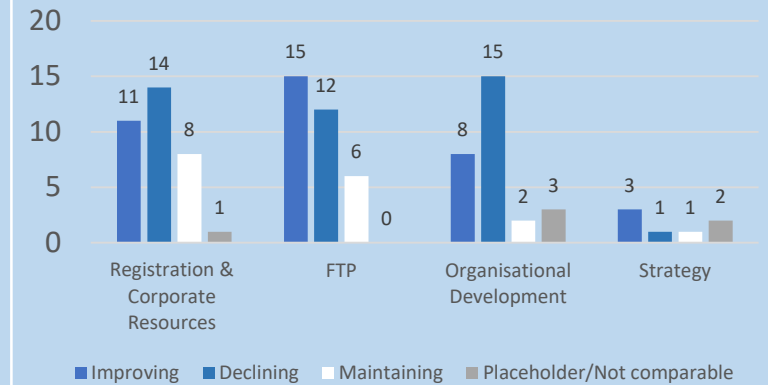
RAG Summary – Key Performance Indicators by Theme



RAG Summary – Performance Indicators by Directorate



Direction of Travel Summary – Performance Indicators by Directorate



Links to Strategic Risk

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

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

Links to Business Plan

The following Business Plan Programmes and projects have closed or completed during Q2, the PMO will continue to track relevant Balanced Scorecard performance indicators to help track and verify benefits:

- People Services - Understanding our Associates - Phase 2: Report was issued to RemCo on 24/6/19 and presented to Chair's Strategy Group, with future continuous improvements to be overseen by the POD Steering Group. A business case signed off for microsite project, which will be managed by the HR Business Partner and supported by the POD programme manager. The project has completed and a Project End and Control report has been signed off by the programme board and issued to PMO. Benefits to be realised in due course.

Actions Planned by EMT – Q2 2018 Report

1. **The EMT have agreed to de-escalate PI/HRG/005 – Natural Turnover following the acceptance that turnover will remain high for the considerable future.** This is due to the office move to Birmingham. Commentary will still be provided through the Executive Summary of the balanced scorecard. **STATUS Q2 2019 – COMPLETE**
2. **A review of data security breaches will be undertaken by the Information Governance Group (IGG).** The IGG will act as an assurance group for understanding the reasons behind data security breaches and will report to EMT with its findings to support the performance of KPI/FTP/025 – Serious Data Breaches. Following discussion at September FPC, a review of the terminology used to classify data breaches will be carried out to improve the wording currently applied and remove the ‘non-serious data breach’ misnomer - **STATUS Q2 2019 - COMPLETE – REDESIGN OF DSI SCORING AND PERFORMANCE INDICATORS WAS APPROVED BY SLT IN MAY. FROM JULY 2019 REPORTING THE NEW SCORING AND PERFORMANCE INDICATORS WILL BE IMPLEMENTED**
3. **In response to the decrease in performance in PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken, the EMT have discussed and agreed a root cause review of the empanelment process.** This will assist with understanding the constraints that impact performance and what can be done to improve performance. **STATUS Q2 2019 – COMPLETE – ACTIVITIES IDENTIFIED IN THE FTP END TO END PROGRAMME TO ENSURE CASES ARE REFERRED TO HEARINGS WHEN APPROPRIATE WITHIN 9 MONTH TIMESCALES ARE EMBEDDED IN STANDARD PROCESSES.**
4. **Following the increase of cases at the Rule 4 stage, and the new process now in place, the EMT have agreed a review of its effectiveness to be undertaken.** This review will focus on timeliness and note whether there has been an increase in the time spent handling correspondence. - **STATUS Q2 2019 - COMPLETE – TEAM BASED TASKING WITHIN THE RULE 4 PROCESS HAS REDUCED RULE 4 QUEUE TO UNDER 100 CASES AND HAS ACHIEVED STEADY STATE IN THE CASE NUMBERS AND ON-GOING PROCESS FLOW.**

Actions Planned by EMT – Q3 2018 Report

1. **The Registration Management team have developed an action plan to minimise performance interruption in Q4.** The team will particularly be focusing on measures to prioritise the progression of the oldest live applications during this period, to avoid the development of a processing backlog occurring during the transfer from London to Birmingham. **STATUS Q2 2019 – COMPLETE**
2. **EMT will continue to monitor FTP timeliness and focus on improving red timeliness performance indicators.** A number of improvement activities that will help to improve timeliness have now either been delivered or are close to delivery as part of the FTP End-to-End Review (including: introduction of team based tasking, introduction of case front-loading and the improvement of IAT, Rule 4 and hearing listing processes). Early benefits of these measures, as well as focused day-to-day management activity, have helped to reduce IAT and Assessment backlogs evident in Q2. With backlogs now reduced and improvement projects delivered/delivering, the management team expect the manifestation of improvement & backlog reduction work to translate into measurable timeliness improvements over forthcoming quarters. **STATUS Q2 2019 – ONGOING – SEE UPDATE IN ACTIONS FOR Q1 2019 SECTION**
3. **Action is being taken to address red Governance performance indicators (PI/HRG/010 & 012).** A new Head of Governance has been appointed who will start work in November, which will fill the main recent resourcing gap referred to in section 3.1 of the report. They will lead on work to encourage improvement in timely paper completion by paper authors across the organisation, and review some current software issues in the paper uploading process. An exercise has been carried out to revise sequencing arrangements for 2019 to assist paper authors in managing the flow of EMT, sub-committee and Council between board meeting dates. **STATUS Q2 2019 – ONGOING – IMPROVEMENT WORK HAS NOT TAKEN PLACE IN 2019 AS EXPECTED, AS THE INCOMING HEAD OF GOVERNANCE FOCUSED ON THE DAY TO DAY DELIVERY OF THE SECRETARIAT FUNCTION. A REQUIREMENT FOR FURTHER RESOURCES WAS IDENTIFIED EARLY IN THE YEAR AND APPROVAL GIVEN IN MAY TO RECRUIT AN INTERIM SPECIALIST AND FURTHER GOVERNANCE MANAGER, BOTH OF THESE RESOURCES ARE NOW IN PLACE. THE INCOMING HEAD LEFT THE GDC IN JULY AND AN INTERIM APPOINTED FROM WITHIN THE ORGANISATION IN THE SAME MONTH. WORK ON IMPROVING THE SECRETARIAT FUNCTION WILL NOW RE-COMMENCE.**
4. **Development work is being planned by EMT in relation to several areas of the Balanced Scorecard.** Organisational Turnover measures are being reviewed to give better visibility of organisational stability in the context of current organisational priorities/challenges. Internal Communications measures are being reviewed to consider whether more appropriate measures of employee engagement can be introduced. Quality Assurance measures will be reviewed to give greater insight into the outcomes of work in this area. **STATUS Q2 2019 – ONGOING – FULL SUITE OF INDICATORS FOR ORGANISATIONAL DEVELOPMENT ARE BEING TESTED INTERNALLY BY PEOPLE SERVICES TEAM. GOVERNANCE KPIS TO BE REVIEWED IN Q3 2019**

Actions Planned by EMT – Q4 2018 Report

1. **For the RED Governance performance indicators (PI/HRG/010 & 012) action is being taken.** The team are working to develop a workplan to identify and prioritise improvement initiatives for 2019. Additionally, there are plans to evaluate potential solution options of a document sharing system to replace the current 'lannotate' ipad method of distributing board papers, with the objective being to improve the workflow and timeliness of papers. **STATUS Q2 2019 – FOLLOWING THE HEAD OF GOVERNANCE'S DEPARTURE IN JULY 2019, THE PROJECT TO SCOPE AND RECOMMEND AN ALTERNATIVE ONLINE SUPPORT SYSTEM HAS BEEN TRANSFERRED TO THE LEGAL OPERATIONS AND EXTERNAL CONTRACT MANAGER. A PAPER WILL BE TAKEN TO SLT IN SEPTEMBER FOR APPROVAL.**
2. **Some aspects of probation procedures and probation measurement will be reviewed.** Performance indicators will be redesigned to avoid a skew by removing fixed term contract workers from the calculation. Further granularity will give insight into directorate specific probation success levels, and further narrative will be considered to provide analysis of broad themes arising from exit interviews. Additionally, a review is planned to consider the how the GDC can make best use of the probation period, to see whether there are merits in considering; a possible amendment to allow flexibility to the current probation sick pay policy, a possible gradation upwards of notice periods during probation based on seniority of the post; and, a possible means to confirm probation success for people who has significant/expert experience coming into role and who quickly demonstrate their capability and suitability when in role. **STATUS Q2 2019 – THE PROBATION SUCCESS KPI CRITERIA WAS REVISED TO ACCURATELY HIGHLIGHT LEAVERS FROM Q1 2019. THE OVERALL EMPLOYEE LIFECYCLE KPI FRAMEWORK IS BEING NOTED AT FPC IN JULY AND TRACKING BEING IMPLEMENTED AND TESTED IN ORGRANISATIONAL DEVELOPMENT BEFORE PROPOSING BALANCED SCORECARD CHANGES.**
3. **EMT will continue to focus closely on FTP performance.** EMT will continue to closely review FTP performance in light of the downturn in timeliness noted this quarter and will have a focussed discussion in this area at each monthly meeting. Additionally, EMT have discussed considering ways to bring to Council attention some of the monthly narrative which they review that is not currently exposed by quarterly reporting. For example, the October EMT scorecard noted that Prosecutions Timeliness (PI/FTP/009) was the best monthly performance in 2018 at 93% and the November EMT scorecard noted that there had been improvements in all Hearings indicators (considering utilisation, adjournment and outcomes). Consideration will be given to how supplementary data/narrative can be provided to the Council to summarise some of EMT's monthly reviews and insights. Additionally, some additional data and amendments to amber bandings will be implemented to the scorecard from the start of 2019 to better inform the Council of emerging improvements/concerns **STATUS Q2 2019 – ONGOING – SEE UPDATE IN ACTIONS FOR Q1 2019 SECTION**

Actions Planned by EMT – Q1 2019 Report

1. **Hearings completed without adjournment will be monitored.** As a result of the 12 out of 42 hearings in Q1 2019 being adjourned, from February an 'unexpected outcomes' working group has been formed with representation from FtP and Legal & Governance to assess prevention and responsive measures to either avoid cases ending this way and/or find other cases to fill the gap. EMT will monitor the feedback from this group and the results ongoing. **STATUS Q2 2019 – ONGOING – HEARINGS COMPLETED WITHOUT ADJOURNMENT IMPROVED IN Q2 TO 3% ABOVE THE 85% TARGET, WHICH IS 18% IMPROVEMENT FROM THE POSITION IN Q1 WHERE THE PERFORMANCE WAS IN RED AT 71%. THE WORKING GROUP MONITORING 'UNEXPECTED OUTCOMES' WILL CONTINUE ON ONGOING BASIS TO REVIEW CASE TO ATTEMPT TO MINIMISE THE VOLUME OF ADJOURNMENTS.**
2. **EMT continual focus closely on FTP timeliness.** EMT acknowledged some positive improvements in FtP timeliness through Q1 2019 but as levels are still significantly below target levels. April and May monthly performance levels show fluctuations in performance. EMT discussed in June SLT board meeting in depth options of additional resource levels, with the acknowledgement of risks for sustaining timeliness during the FtP team handover from London to Birmingham. EMT will continue to review ongoing and address options for resourcing. **STATUS Q2 2019 – ONGOING – OVERALL TIMELINESS, INVESTIGATION TIMELINESS AND PROSECUTION TIMELINESS PERFORMANCE ALL DECLINED FROM Q1 2019 PERFORMANCE (SEE SECTION 2.1 FTP END TO END PROCESS DASHBOARD), WHICH IS ATTRIBUTED MOSTLY TO THE RELOCATION AND HANDOVER OF FTP TEAMS TO NEW STAFF IN BIRMINGHAM. A PARTICULAR DECLINE IN TIMELINESS TO CASEWORK ASSESSMENT IN Q2 IS ASSOCIATED WITH THE 16 DEPARTING STAFF AT WIMPOLE STREET FOCUSING ON COMPLETING OLDER CASES BEFORE LEAVING THE GDC RATHER THAN WORK ON NEWER CASES, AND THIS IMPACTED PERFORMANCE. DUE TO FURTHER UNPLANNED VOLUNTARY STAFF DEPARTURES, FTP ARE EXPLORING RECRUITMENT OF A SMALL NUMBER OF STAFF TO ASSIST IN POSTROOM DUTES PRIOR TO NEXT SUBSTANTIVE STAFF INTAKE IN SEPTEMBER.**

FOR DISCUSSION AT 6 AUG 2019 SLT MEETING

There is NO amendments to reporting criteria to be formally requested at the August SLT meeting. The following updates are for noting only:


1. Facilities team performance indicators have been relocated into the Registration & Corporate Resources section
2. Updated Senior Responsible Officer in Organisational Development section to Lucy Chatwin

ANNEX A


Registration and Corporate Resources Directorate Performance Indicators

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


KPI/FCS/001 – Organisational Income

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget.</i>	 THIS PERIOD: 101% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> Total income is higher than budgeted by £0.4m for 2019. This is largely due to the following: Higher than budgeted Dentist ARF income (£134k). Investment income higher than budgeted for the period (£204k), due to returns from S&W investments. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/ efficiency										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% to budget</td> </tr> <tr> <td>Green when:</td> <td>100% +</td> </tr> <tr> <td>Amber when:</td> <td>98% to 99.9%</td> </tr> <tr> <td>Red when:</td> <td>97.9% or lower</td> </tr> </table>		TARGET LEVEL:	100% to budget	Green when:	100% +	Amber when:	98% to 99.9%	Red when:	97.9% or lower
TARGET LEVEL:	100% to budget									
Green when:	100% +									
Amber when:	98% to 99.9%									
Red when:	97.9% or lower									
Total ARF income received by the GDC is sufficient to fund its operations.										


KPI/FCS/002 – FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Total forecast annual operating expenditure by the FTP directorate (inc FtP Commissioning) compared with budget</i>	 THIS PERIOD: 95% <i>PREVIOUS PERIOD: 94%</i>	<ul style="list-style-type: none"> This KPI compares the quarter 2 actual results for FtP operating expenditure to the agreed quarter 2 budget. FtP expenditure was £351k lower than budgeted year to date. This is largely due to a favourable variance of £429k on Hearings meeting fees and expenses as the year to date we have 196 lost and wasted days. Legal assessors costs were £31k adverse to budget, as the number of referrals has increased as expected at Q1. The reported adverse variance of £82k on staffing costs does not take account of Estates parallel running costs. These are £170k for the year for FtP, £85k YTD, so true staffing costs are actually in line with budget. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/ efficiency										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% to budget</td> </tr> <tr> <td>Green when:</td> <td>98% to 102%</td> </tr> <tr> <td>Amber when:</td> <td>Below 98% OR 102.1% to 105%</td> </tr> <tr> <td>Red when:</td> <td>Above 105%</td> </tr> </table>		TARGET LEVEL:	100% to budget	Green when:	98% to 102%	Amber when:	Below 98% OR 102.1% to 105%	Red when:	Above 105%
TARGET LEVEL:	100% to budget									
Green when:	98% to 102%									
Amber when:	Below 98% OR 102.1% to 105%									
Red when:	Above 105%									
The costs of running FTP operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.										


KPI/FCS/003 – Non-FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget</i>	 THIS PERIOD: 90% <i>PREVIOUS PERIOD: 84%</i>	<ul style="list-style-type: none"> This KPI compares Quarter 2 actual results for non-FtP operating expenditure to the agreed budget. Overall, non-FtP expenditure was £1.5m lower than budgeted for Quarter 2. Staffing costs were £600k lower than budgeted due to delays in recruiting to vacant posts and recruiting roles in Birmingham at lower than budgeted market rate. Non-FtP Legal & professional fees were £460k lower than budgeted. ILPS legal fees has been lower than budgeted as there is a lower number of cases coming to hearing in the first 2 quarters. Meeting fees were lower than budgeted £202k. The majority of which is due to the timing of budgeted meetings in Education QA/RCR/Legal. There is an underspend of £282k in Other staff costs due to recruitment, as the recruitment drive continues to be managed in house. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/ efficiency										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% to budget</td> </tr> <tr> <td>Green when:</td> <td>98% to 102%</td> </tr> <tr> <td>Amber when:</td> <td>Below 98% OR 102.1% to 105%</td> </tr> <tr> <td>Red when:</td> <td>Above 105%</td> </tr> </table>		TARGET LEVEL:	100% to budget	Green when:	98% to 102%	Amber when:	Below 98% OR 102.1% to 105%	Red when:	Above 105%
TARGET LEVEL:	100% to budget									
Green when:	98% to 102%									
Amber when:	Below 98% OR 102.1% to 105%									
Red when:	Above 105%									
The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.										


PI/FCS/004 – Pension Scheme Funding Position

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities</i>	 THIS PERIOD: Surplus of £0.3m (101%) <i>PREVIOUS PERIOD: Deficit of £0.3m (101%)</i>	<ul style="list-style-type: none"> This KPI is updated annually when we receive the Pension Scheme accounts. This will be updated in Q3 as this is when the information is received from the external provider. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/ efficiency										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% or greater</td> </tr> <tr> <td>Green when:</td> <td>Less than £2m shortfall</td> </tr> <tr> <td>Amber when:</td> <td>Between £2m and £5m shortfall</td> </tr> <tr> <td>Red when:</td> <td>Greater than £5m shortfall</td> </tr> </table>		TARGET LEVEL:	100% or greater	Green when:	Less than £2m shortfall	Amber when:	Between £2m and £5m shortfall	Red when:	Greater than £5m shortfall
TARGET LEVEL:	100% or greater									
Green when:	Less than £2m shortfall									
Amber when:	Between £2m and £5m shortfall									
Red when:	Greater than £5m shortfall									
The GDC DB pension scheme assets are sufficient to meet the scheme's liabilities and, where this fails to be the case, the scheme is fully funded to avoid a call on the employer for further contributions.										


PI/FCS/005 – Financial Reporting Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline.</i>	THIS PERIOD:  2 out of 3 Months within deadline <u>PREVIOUS PERIOD: 2 out of 3</u>	<ul style="list-style-type: none"> May month end reporting was delayed as the Birmingham team has been under-resourced with an interim in the management accountant post. The team is working to build resilience with tasks and have been developing a more in department understanding of the organisation and the costs centres within it. Processes are currently being reviewed to ensure processes are clear and reporting in timely and accurate.
CORPORATE STRATEGY LINK		
Performance Objective 2: Management of resources/efficiency		
DESIRED OUTCOME	TARGET LEVEL: 3 out of 3 months to deadline Green when: 3 out of 3 months Amber when: 2 out of 3 months Red when: 1 out of 3 or fewer	
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports		


PI/FCS/006 – Fees and Expenses Payments Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines</i>	THIS PERIOD:  Fees – 79%, Expenses – 82% <u>PREVIOUS PERIOD:</u> Fees – 100%, Expenses – 90%	<ul style="list-style-type: none"> 79% of fees were paid on time, against a target of 95%. 82% of expenses were paid within deadline, against a target of 95%. Late payment of fees was due to a delay in the claims being sent through to the finance team. Reminders have been sent out to the Lead contacts, to encourage earlier submissions of expense claims The late payment of expenses was due to pending queries on submitted claims.
CORPORATE STRATEGY LINK		
Performance Objective 2: Management of resources/efficiency		
DESIRED OUTCOME	TARGET LEVEL: 95% processed within deadline Green when: 95% + Amber when: 85% to 94% Red when: 84% and lower	
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.		

PI/FCS/007 – Invoices and Refunds Timeliness


KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of invoices and refunds that are processed in line with recognised deadline</i>	THIS PERIOD:  AVERAGE: 86%: Invoices: 95% Suppliers: 96% Refunds: 70% <u>PREVIOUS PERIOD:</u> AVERAGE: 76%: Invoices: 87% Suppliers: 87% Refunds: 55%	<ul style="list-style-type: none"> Q2 performance for invoices is 95%, which is 5% above the target of 90%. The number of suppliers paid within our 30 days payment terms is 96%, 6% above target. Only 70% of refunds were paid on time against the target of 90%. There was a delay in processing refunds during April as the Finance team experience resourcing issues (one batch with 2 refunds totalling £19 was delayed).
CORPORATE STRATEGY LINK		
Performance Objective 2: Management of resources/efficiency		
DESIRED OUTCOME	TARGET LEVEL: 90% processed within 30 days Green when: 90% + Amber when: 75% to 89% Red when: 74% and lower	
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.		

PI/FCS/008 – Adherence to Purchase Order Policy


KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Value of invoices where a purchase order has not been raised at the point of commissioning the service/product</i>	THIS PERIOD:  £63.4k <u>PREVIOUS PERIOD:</u> £42.4k	<ul style="list-style-type: none"> £63.4k of invoices were not compliant in this period, which is £86.6k below the £150k target. £19k HR Mercer invoice related to Reward structure design that is waiting a purchase order approval. £10k IT CIPHR invoice related to the annual subscription. A PO had been raised but not quoted. £11k Governance Morgan Hunt invoice that were sent through without detailing the purchase order number. The Invoices have since been reissued with the correct purchase order. £10k Finance BWB invoice related to the FTP Audit for April to May 2019. The PO had not been raised due to a change in the lead contact for raising the PO.
CORPORATE STRATEGY LINK		
Performance Objective 2: Management of resources/efficiency		
DESIRED OUTCOME	TARGET LEVEL: Less than £150k non invoiced spend Green when: Below £150k Amber when: Between £150k and £400k Red when: Above £400k	
GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.		

PI/FCS/019 – Organisational Efficiencies


ORGANISATIONAL
INDICATOR

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The actual realisation of planned organisational efficiencies in comparison to budgeted levels</i>	 THIS PERIOD: 98% <i>PREVIOUS PERIOD: 100%</i>		<ul style="list-style-type: none"> Overall efficiency savings in Q2 was £1.0m which is inline with target. This is due to: <ul style="list-style-type: none"> ILPS continuing to take the majority of the cases referred to prosecution. The implementation of Case Examiners which continue deliver savings. £0.2m savings realised from replacing stenographers with loggers. £0.3m savings in Hearings' venue hire costs due to a reduction in the number of external venues used. Overall savings is off-set by costs relating to STB & Estates.
CORPORATE STRATEGY LINK	TARGET LEVEL:	For efficiency savings to be equal to or greater than the budgeted level	
Performance Objective 2: Management of resources/ efficiency	Green when:	Forecast yearly efficiency savings at 100% or greater of budgeted level	
DESIRED OUTCOME	Amber when:	Forecast yearly efficiency savings at 95% to 99% of budgeted level	
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports.	Red when:	Forecast yearly efficiency savings at less than 80% of budgeted level	


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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the GDC website is available.</i>	 THIS PERIOD: 99.9% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 99.9% uptime was achieved with 2 hours and 16 minutes of downtime recorded across the whole of Q2. There was a short outage on 24 June 2019 due to an issue with our denial of service protection service Cloudflare. Traffic we route via their protection to the GDC public website was affected from numerous locations for a number of minutes.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public) and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	


PI/FCS/010 – eGDC Site Availability DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the eGDC website is available.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 100% uptime was achieved with no issues recorded during the period and with the site available for applicants and registrants to make online service interactions during Q2.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	

KPI/FCS/011 – Dynamics CRM Availability DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the Dynamics CRM organisational database is available.</i>	 THIS PERIOD: 99.9% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 99.9% uptime was achieved with 45 minutes of downtime across the whole of Q2. There was a short outage of Dynamics affecting many Microsoft customers. The issue occurred on 30 April and was attributed by Microsoft to a SQL Timeout error
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	


PI/FCS/012 – GDC Exchange Email Availability DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that GDC Exchange Email is available.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 100% uptime was achieved with no issues recorded during the period with GDC email available for all users continuously during Q2.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	

1.2 IT Performance Indicators


PI/FCS/013 – IT Service Desk Timeliness

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of IT support/development requests that are processed within service level agreement timeframes.</i>	 THIS PERIOD: 98% PREVIOUS PERIOD: 96%	<ul style="list-style-type: none"> Performance has increased by 2% in Q2 2019 with 98% processed within the service level agreement. 1,881 service desk requests were completed over this period, 339 less than Q1 2019. This performance indicator is a composite measure taking into account all IT service desk requests carried out across IT support, web and database services. Target response times range depending on the nature of the request - from 30 minutes for straightforward desktop issues to 20 days for complex change requests.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME		
The IT team provide timely and effective IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.		
TARGET LEVEL:	95% within deadline	
Green when:	95% to 100%	
Amber when:	90% to 94.99%	
Red when:	0% to 89.99%	

PI/FCS/014 – IT Customer Service Feedback

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of customer survey feedback received in the 'satisfactory' category.</i>	 THIS PERIOD: 100% PREVIOUS PERIOD: 99%	<ul style="list-style-type: none"> 99.6% of users rated their service as good or very good thus remaining in target for Q2 2019. 487 surveys were completed. The IT customer survey operates in the manner of a 'pulse' survey – users are sent a link after every completed service desk request to enable that specific interaction to be assessed.
CORPORATE STRATEGY LINK		
Performance Objective 2: Cost reduction/efficiency		
DESIRED OUTCOME		
The IT team provide a good level of customer service in the effective provision of IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.		
TARGET LEVEL:	95% satisfactory	
Green when:	95% to 100%	
Amber when:	90% to 94.99%	
Red when:	0% to 89.99%	

NOTES FOR BELOW INDICATORS:
 'Overall' Processing Time = Total time taken, including the time when the application was on hold awaiting further applicant information to be provided.
 'Active' Processing time = Time only where the ability to process the application is in the control of the GDC.

REGISTRATION AND CORPORATE RESOURCES KEY PERFORMANCE INDICATORS
 SENIOR RESPONSIBLE OFFICER: GURVINDER SOOMAL

	PI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	KPI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA & Overseas Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
A. Average Overall Processing Time	THIS PERIOD ↓ 16 Calendar Days <i>PREVIOUS PERIOD</i> 6 Calendar Days	THIS PERIOD ↓ 19 Calendar Days <i>PREVIOUS PERIOD</i> 8 Calendar Days	THIS PERIOD ↓ 34 Calendar Days <i>PREVIOUS PERIOD</i> 20 Calendar Days	THIS PERIOD ↑ 30 Calendar Days <i>PREVIOUS PERIOD</i> 34 Calendar Days	THIS PERIOD ↓ 100 Calendar Days <i>PREVIOUS PERIOD</i> 98 Calendar Days	THIS PERIOD ↑ 89 Calendar Days <i>PREVIOUS PERIOD</i> 130 Calendar Days	THIS PERIOD ↑ 27 Calendar Days <i>PREVIOUS PERIOD</i> 35 Calendar Days
B. Average Active Processing Time	THIS PERIOD ↓ 9 Calendar Days <i>PREVIOUS PERIOD</i> 4 Calendar Days	THIS PERIOD ↓ 12 Calendar Days <i>PREVIOUS PERIOD</i> 3 Calendar Days	THIS PERIOD ↓ 14 Calendar Days <i>PREVIOUS PERIOD</i> 6 Calendar Days	THIS PERIOD ↑ 19 Calendar Days <i>PREVIOUS PERIOD</i> 25 Calendar Days	THIS PERIOD ↑ 67 Calendar Days <i>PREVIOUS PERIOD</i> 69 Calendar Days	THIS PERIOD ↑ 61 Calendar Days <i>PREVIOUS PERIOD</i> 85 Calendar Days	THIS PERIOD ↓ 24 Calendar Days <i>PREVIOUS PERIOD</i> 22 Calendar Days
C. Contextual Measures	Incoming 895 applications received	1,144 applications received	281 applications received	186 applications received	58 applications received	166 applications received	56 applications received
	Processed 486 applications completed	998 applications completed	202 applications completed	120 applications completed	12 applications completed	40 applications completed	39 applications completed
	Work In Progress 399 live applications at quarter end	229 live applications at quarter end	88 live applications at quarter end	75 live applications at quarter end	39 live applications at quarter end	104 live applications at quarter end	36 live applications at quarter end
D. Insights	<ul style="list-style-type: none"> Q2 saw an increase in Dentist applications received and processed in response to graduates finishing dental school. 895 applications is a 3480% increase in Q2 compared to the 25 received in Q1. The total number of applications completed was 18% higher than forecast during Q2 (411). 	<ul style="list-style-type: none"> The applications completed was 12% lower than forecast (1,130). There were 32% less apps received compared to the 1,487 received in Q1. There were 38% less live DCP applications at the end of Q2 compared to the 371 live applications in Q1. 	<ul style="list-style-type: none"> Restorations completed was 11% higher than forecast. Applications received was 42% less than the 486 received in Q1. There were 25% less live applications in Q2 compared to the 118 in Q1. 24% were Dentist Restorations whereas 76% were DCPs. 	<ul style="list-style-type: none"> 120 EEA & Overseas Dentist applications were processed during Q2, which was 6% lower than forecast (128). There were 26% less applications received than the 250 applications received in Q1. There were 28% less live applications in Q2 compared to the 166 live applications in Q1. 	<ul style="list-style-type: none"> 12 applications were completed which was four applications higher than forecast. There were 9% more live applications in Q2 compared to the 43 live applications in Q1. All applications were considered by a registration panel within statutory limits; delays occurred due to requiring updated information from applicants post panel 	<ul style="list-style-type: none"> Applications received was 6% less than the 176 in Q1. The number completed was 24 (150%) more than the 16 applications that was forecasted for Q2. There were two less live applications in Q2 compared to the 106 live applications in Q1 	<ul style="list-style-type: none"> 26 applications were completed which is three lower than forecast. 56 applications were received during Q2 which is 59% lower than the 138 received the previous quarter. There were 10% less live applications in Q2 compared to the 40 live applications in Q1

1.4 Registration Performance Indicators – Process Dashboard Reference Sheet

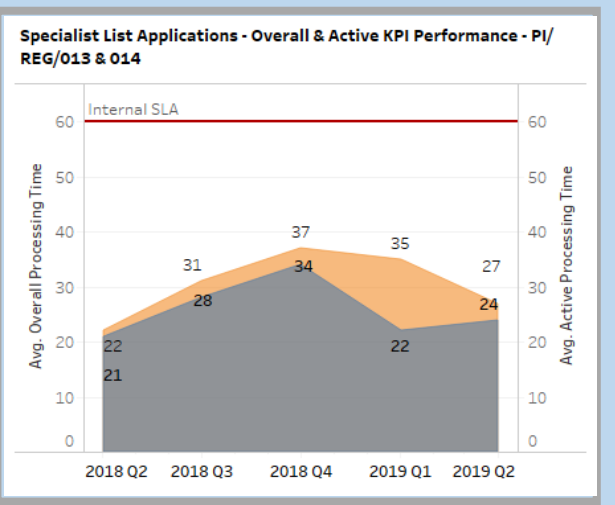
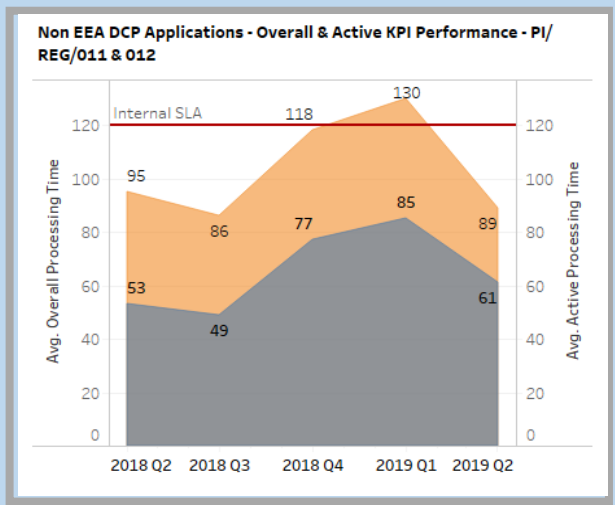
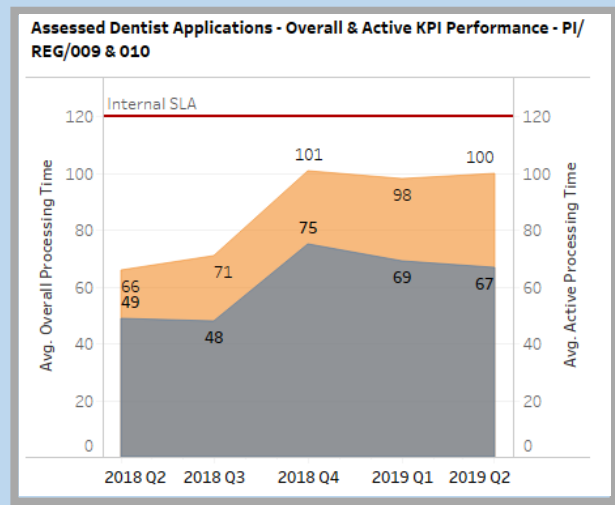
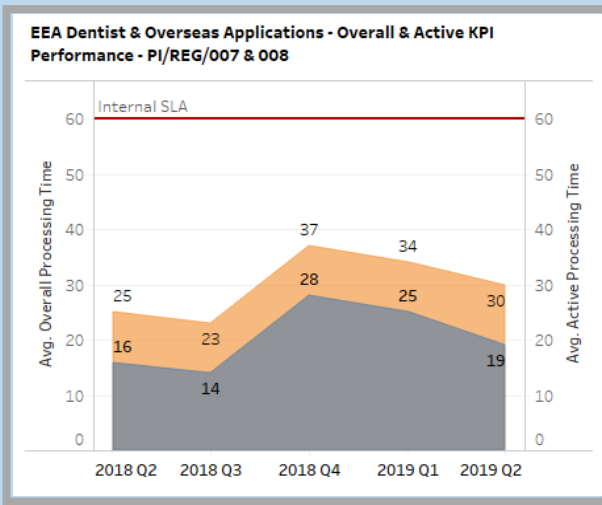
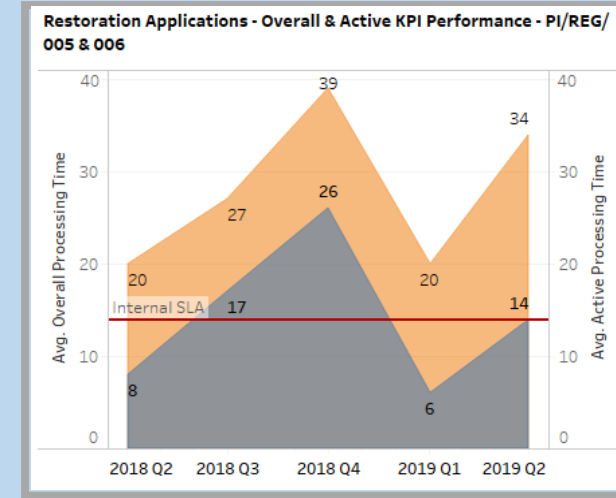
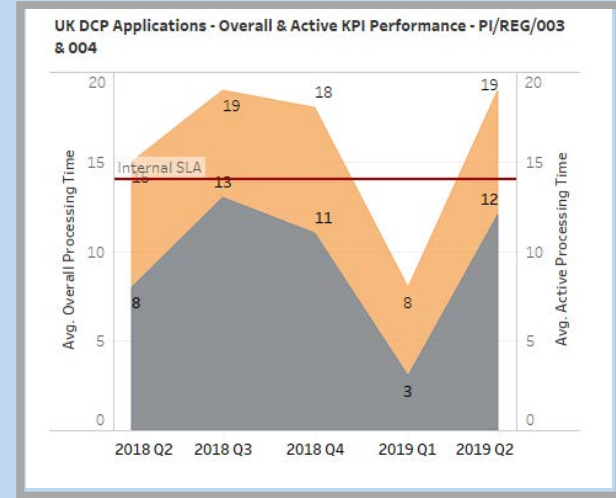
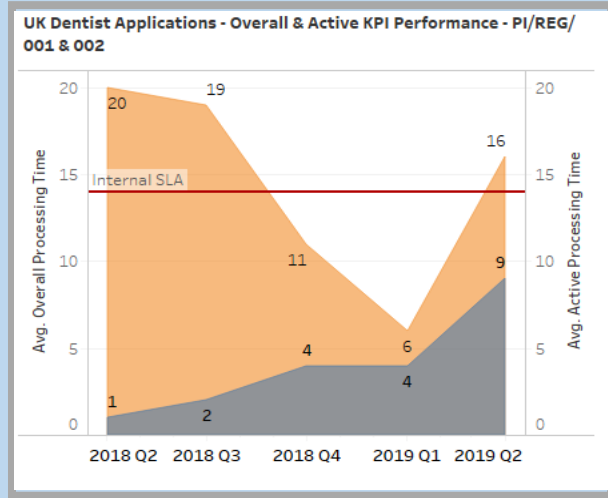
DEPARTMENTAL INDICATORS	PI/REG/001 & 002 UK Dentist	PI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
	DESCRIPTION	<p>PI/REG/001: The average overall time taken to process all UK Dentist Applications</p> <p>PI/REG/002: The average time taken with days on-hold removed to process all UK Dentist Applications</p>	<p>PI/REG/003: The average overall time taken to process all UK DCP Applications</p> <p>PI/REG/004: The average time taken with days on-hold removed to process all UK DCP Applications</p>	<p>PI/REG/005: The average overall time taken to process all Restoration Applications</p> <p>PI/REG/006: The average time taken with days on-hold removed to process all Restoration Applications</p>	<p>PI/REG/007: The average overall time taken to process all EEA Dentist Applications</p> <p>PI/REG/008: The average time taken with days on-hold removed to process all EEA Dentist Applications</p>	<p>PI/REG/009: The average overall time taken to process all Assessed Dentist Applications</p> <p>PI/REG/010: The average time taken with days on-hold removed to process all Assessed Dentist Applications</p>	<p>PI/REG/011: The average overall time taken to process all Assessed DCP Applications</p> <p>PI/REG/012: The average time taken with days on-hold removed to process all Assessed DCP Applications</p>
TARGET LEVEL:	Within 14 Calendar Days	Within 14 Calendar Days	Within 14 Calendar Days	Within 60 Calendar Days	Within 60 Calendar Days	Within 80 Calendar Days	Within 80 Calendar Days
GREEN when:	Average 0-14 Days	Average 0-14 Days	Average 0-14 Days	Average 0-60 Days	Average 0-60 Days	Average 0-80 Days	Average 0-80 Days
AMBER when:	Average 15 - 90 Days	Average 15 - 90 Days	Average 15 - 90 Days	Average 61 - 90 Days	Average 61 - 90 Days	Average 81 - 120 Days	Average 81 - 120 Days
RED when:	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	121 Days (Statutory Time Limited Level) +	91 Days (Statutory time limit level) +
DESIRED OUTCOME	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement.						
Corporate Strategy Link	Performance Objective 1 & 2: Highly effective regulator and management of resources.						

1.5 Registration Performance Indicators

– Process Dashboard – Historic Tracking

Registration Processing Times


- Overall
- Active



1.6 Supplementary Registration Performance Indicators


PI/REG/015 – Call Centre Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of inbound calls from members of the public that are answered by the Customer Advice and Information Team (CAIT).</i>	 THIS PERIOD: 92% PREVIOUS PERIOD: 97%	<ul style="list-style-type: none"> 11,980 out of 13,039 offered calls were handled during Q2 2019. The number of calls received had decreased by 3% compared to the 13,319 received in Q1 2019. 								
CORPORATE STRATEGY LINK										
Performance Objective 1 & 2: Highly effective regulator and management of resources										
DESIRED OUTCOME										
The majority of customer service calls can be answered by CAIT in a timely fashion prior to the caller ceasing to wait in the call queue.										
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>85% + calls are answered</td> </tr> <tr> <td>Green when:</td> <td>85% +</td> </tr> <tr> <td>Amber when:</td> <td>65% to 84%</td> </tr> <tr> <td>Red when:</td> <td>64% or lower</td> </tr> </table>	TARGET LEVEL:	85% + calls are answered	Green when:	85% +	Amber when:	65% to 84%	Red when:	64% or lower	
TARGET LEVEL:	85% + calls are answered									
Green when:	85% +									
Amber when:	65% to 84%									
Red when:	64% or lower									


PI/REG/017 – Registration Applications Processed

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The year to date number of additions to the Register compared to budgeted levels.</i>	 THIS PERIOD: 99% to budget PREVIOUS PERIOD: 105%	<ul style="list-style-type: none"> The income generated from applications is 1% below forecast for Q2 2019. 1,891 applications was completed against the 1,908 forecast in Q2 2019 . Of the applications completed: <ul style="list-style-type: none"> 53% were UK DCP applications. 26% were UK Dentist. 11% were Restoration. 6% were EEA Dentist and Non-EEA Dentist. 1% was Specialist. 0.3% was Temporary Registration. 2% was Overseas DCP. 								
CORPORATE STRATEGY LINK										
Performance Objective 1 & 2: Highly effective regulator and management of resources										
DESIRED OUTCOME										
Volume of applications coming in to the GDC remains in line with the levels expected when the budget is set to help maintain expected income position. Once arrived, applications are processed at the rate expected to maintain product processing expectations.										
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% of expected registrations</td> </tr> <tr> <td>Green when:</td> <td>95% +</td> </tr> <tr> <td>Amber when:</td> <td>85% and 94%</td> </tr> <tr> <td>Red when:</td> <td>84% or less</td> </tr> </table>	TARGET LEVEL:	100% of expected registrations	Green when:	95% +	Amber when:	85% and 94%	Red when:	84% or less	
TARGET LEVEL:	100% of expected registrations									
Green when:	95% +									
Amber when:	85% and 94%									
Red when:	84% or less									

PI/REG/019 – Minimum Acceptable Productivity

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of all Registration staff reaching minimum acceptable productivity (MAP) targets.</i>	 THIS PERIOD: 100% PREVIOUS PERIOD: 100%	<ul style="list-style-type: none"> All of the UK Registration Officers met their relevant MAP during Q2 2019. 2,320 applications were received and 1,686 were completed during Q2. There were 716 live applications at the quarter end. The total number of live applications, 970, has increased by 27% compared to the 762 live applications at the end of Q1. The overall average time to process was 20 days, an increase by nine days compared to the previous quarter which was 11 days. The average active processing time was 11 days during Q2 which is a seven day increase compared to Q1. Currently, MAPs are only reportable for the UK Registration area but development is ongoing to ensure a robust set of MAPs are live and monitored for both DCP and Dentist Casework teams in 2019. 								
CORPORATE STRATEGY LINK										
Performance Objective 1 & 2: Highly effective regulator and management of resources.										
DESIRED OUTCOME										
Team member productivity is high, supporting wider objectives to process volumes of incoming work in a timely fashion.										
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>95%+ of staff meeting MAP's</td> </tr> <tr> <td>Green when:</td> <td>95%+</td> </tr> <tr> <td>Amber when:</td> <td>85% to 94%</td> </tr> <tr> <td>Red when:</td> <td>84% or lower</td> </tr> </table>	TARGET LEVEL:	95%+ of staff meeting MAP's	Green when:	95%+	Amber when:	85% to 94%	Red when:	84% or lower	
TARGET LEVEL:	95%+ of staff meeting MAP's									
Green when:	95%+									
Amber when:	85% to 94%									
Red when:	84% or lower									

1.6 Supplementary Registration Performance Indicators

PI/REG/016 – Registration Customer Satisfaction

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Combined % of respondents either strongly agreeing or agreeing with the statement "I was satisfied with the customer service I received from the GDC".</i>	<div style="background-color: #4CAF50; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: 89%</p> <p>PREVIOUS PERIOD: 91%</p> </div>	<ul style="list-style-type: none"> 88.55% of 349 respondents were positive about the Registration department's customer service supplied throughout the application process during the quarter. 8.8% provided neutral feedback and 0.8% provided negative feedback. UK Registration: 85% positive, 5% negative, 10% neutral OS DCP: 86% positive, 7% negative, 7% neutral OS Dentist: 95% positive, 1% negative, 4% neutral ORE: 94% positive, 0% negative, 7% neutral
CORPORATE STRATEGY LINK		
Performance Objective 1 & 2: Highly effective regulator and management of resources		
DESIRED OUTCOME	TARGET LEVEL: 80% or above	
Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.	Green when: 80% +	
	Amber when: 60% to 79%	
	Red when: 59% or lower	


PI/REG/018 – Registration Audit Pass Rate

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of Registration applications that pass audit inspection.</i>	<div style="background-color: #4CAF50; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: N/A</p> <p>PREVIOUS PERIOD: 90.37%</p> </div>	<ul style="list-style-type: none"> No data or insight were provided this quarter
CORPORATE STRATEGY LINK		
Performance Objective 1 & 2: Highly effective regulator and management of resources		
DESIRED OUTCOME	TARGET LEVEL: 90% pass rate	
All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.	Green when: 90% and 100%	
	Amber when: 80% and 89%	
	Red when: 79% or lower	


PI/FCS/014 – Health & Safety Incident Occurrence

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	THIS PERIOD: 0 incidents  PREVIOUS PERIOD: 0	<ul style="list-style-type: none"> During Q2 2019, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.
CORPORATE STRATEGY LINK	TARGET LEVEL: No incidents occur	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: No incidents occur	
DESIRED OUTCOME	Amber when: 1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)	
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Red when: 1 or more prohibition notice	

PI/FCS/015 – Serious Accident Occurrence

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	THIS PERIOD: 0 accidents; 0 Near Miss  PREVIOUS PERIOD: 0 accidents, 0 near misses	<ul style="list-style-type: none"> No serious accidents and no near misses were recorded in Q2 2019 that met this definition.
CORPORATE STRATEGY LINK	TARGET LEVEL: No accidents occur	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: No accidents occur	
DESIRED OUTCOME	Amber when: 1 or more internally recognised near miss	
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Red when: 1 or more serious accident	


PI/FCS/016 – Staff Satisfaction – Working Environment

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey.</i>	THIS PERIOD: N/A PREVIOUS PERIOD: 62%	<ul style="list-style-type: none"> Due to the move to Birmingham this survey is on hold. GVA Acuity were engaged to carry out a workstyle study.
CORPORATE STRATEGY LINK	TARGET LEVEL: 75% or above	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: 75% +	
DESIRED OUTCOME	Amber when: 50% to 74%	
Facilities team are recognised to provide a good level of customer service in all aspects of the day to day running of the GDC estates.	Red when: Below 49%	


PI/FCS/017 – Wimpole Street Lift Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service.</i>	THIS PERIOD: 7  PREVIOUS PERIOD: 6	<ul style="list-style-type: none"> This is a composite measure which captures the number of hours where one of either the main Wimpole Street lift (serving the basement floor up to floor 5), or the rear Wimpole Street Mews lift (serving the basement floor up to Mews floor 2) are out of action. During Q2 2019 there was 2 reactive visits to remedy faults on lifts and also a Net2 server reset was required to call front lift.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% availability (8 hours)	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: 8 hours or less	
DESIRED OUTCOME	Amber when: 8.1 hours to 15.9 hours	
Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.	Red when: 16 hours +	

PI/FCS/018 – External Contractor Performance

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>Number of jobs completed by external contractors within their given priority SLA</i>	THIS PERIOD: 92.09%  <i>PREVIOUS PERIOD: 93.79</i>		<ul style="list-style-type: none"> This performance indicator is based on the jobs completed by GVAAcuity, the GDC's external contractor. Jobs are either reactive or planned and performance is reported as inside or outside the SLA. This SLA changes depending on the priority level given to the task. The target level for jobs to be completed within SLA has been set as 95% (GDC). GVAAcuity logged 139 jobs during Q2 2019 of which 92.09 % were within SLA of the combined Reactive and Planned Jobs.
CORPORATE STRATEGY LINK	TARGET LEVEL:	95% within SLA	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when:	95% +	
DESIRED OUTCOME	Amber when:	70% and 94%	
The Facilities team are aware of the areas of the working environment that matter most to staff and staff have a mechanism for feeding back on the working environment.	Red when:	69% or less	

Fitness to Practise Directorate Performance Indicators

2.1 FTP Process Performance Indicators Dashboard

2.1a Draft revised format of FTP Process Performance Indicators Dashboard

2.2 FTP Process Performance Indicators Dashboard Reference Information

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

2.4 Interim Orders Committee Timeliness Performance Indicators

2.5 Interim Orders Committee Compliance Performance Indicators

2.6 Dental Complaints Service Performance Indicators

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

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

A summary relating to supportive indicators is noted below:

- PI/FTP/001 – The Initial Assessment Team (IAT) average timeliness rose to 100% in Q2.
- PI/FTP/002 – The majority of cases completed in Q2 had already passed the 17 week target. As the Birmingham team grows and the team continue to conclude the older cases, but equally progress the newer matters more quickly, it is hoped performance against this KPI will return to between 50-60% by the last quarter of 2019.
- PI/FTP/003 – Assessment referral to Case Examiner completion has increased slightly to 9%
- PI/FTP/004 – Q2 has seen performance against the 7 day initial decision target increase to 97%.
- PI/FTP/009 – Q2 saw the percentage of cases against this PI fall from 70% to 65%. Out of 34 cases, 12 missed the 9 month target. 4 of these cases took over 20 months to complete, the remaining 8 were completed within 14 months. The reasons were due to: panel recusing themselves, availability of experts/other parties, 3 week hearing availability, cases being joined, additional allegations added, disclosure issues.
- PI/FTP/010 – ILPS disclosure timeliness increased to 98% in Q2.
- PI/FTP/011 – 35 out of 40 cases were completed without adjournment in Q2.
- PI/FTP/012 – Performance against this PI slightly increased to 98%, 39 cases had facts proved.
- PI/FTP/028 – ELPS disclosure timeliness fell to 56% in Q2. 1 case was not disclosed on time as there were issues with the expert report that need additional time to resolve. The second was due to an expert's family bereavement
- PI/FTP/029 – As of Q2 2019, 72% of hearing days were delivered, 680 days have been scheduled and 487 days were used. Days were lost due to successful Rule 6E applications and nothing to list in there place and cases being postponed. The wasted days were mainly due to hearings finishing early and no cases listed for panels.

	IAT	Assessment	Case Examiners	ILPS	ELPS	Hearings	
A. Headline Timeliness Performance Indicators	KPI/FTP/008 – Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome) TARGET: 75% within 15 months THIS PERIOD: 16% PREVIOUS PERIOD: 23%						
	KPI/FTP/005 – Investigation Timeliness: Receipt to CE Decision TARGET: 75% within 6 months THIS PERIOD: 15% PREVIOUS PERIOD: 19%			PI/FTP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing TARGET: 80% within 9 months THIS PERIOD: 65% PREVIOUS PERIOD: 70%			
B. Supportive Measures	PI/FTP/001 – IAT Timeliness: Receipt to IAT Decision TARGET: 95% within 20 days THIS PERIOD: 100% PREVIOUS PERIOD: 99%	PI/FTP/002 – Assessment Timeliness: Receipt to Assessment Decision TARGET: 70% within 17 weeks THIS PERIOD: 37% PREVIOUS PERIOD: 51%	PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion TARGET: 75% within 9 weeks THIS PERIOD: 9% PREVIOUS PERIOD: 8%	KPI/FTP/006 – Proportional Split of Internal/External Prosecution Referrals TARGET: 21 or fewer cases referred externally per quarter THIS PERIOD: 19 ELPS referrals PREVIOUS PERIOD: 18 ELPS referrals		PI/FTP/011 – Hearings Completed Without Adjournment TARGET: 85% THIS PERIOD: 88% PREVIOUS PERIOD: 71%	
			PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision TARGET: 95% within 7 days THIS PERIOD: 97% PREVIOUS PERIOD: 95%	PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken TARGET: 80% of cases disclosed within 98 days THIS PERIOD: 98% PREVIOUS PERIOD: 88%	PI/FTP/028 – ELPS Timeliness: Disclosure Time Taken TARGET: 80% of ELPS cases disclosed within 98 days THIS PERIOD: 56% PREVIOUS PERIOD: 93%	PI/FTP/012 – Hearings Completed With Facts Proved TARGET: 80% THIS PERIOD: 98% PREVIOUS PERIOD: 94%	
						PI/FTP/029 – Cumulative Hearing Performance Against Budget Forecast TARGET: 90% hearing days delivered THIS PERIOD: 72% PREVIOUS PERIOD: 78%	
C. Contextual Measures	Incoming	303 cases	196 cases	106 cases	60 cases	19 cases	70 cases
	Processed	285 cases	199 cases	171 cases	58 cases	14 cases	39 cases
	Referral Rate	68%	55%	45%	76%	24%	21%
	Work In Progress*	22 cases Est. Queue Length – 4 days	499 cases (487 – Assessment + 12 – Rule 9) Est. Queue Length – 25 weeks	172 cases (51 - CE Support + 113 - Rule 4 + 8 - Rule 6E) Est. Queue Length – 11 weeks	196 cases Est. Queue Length – 9 months	55 cases Est. Queue Length – 11 months	226 cases (219 – Awaiting PCC + 7 – Adjourned) Est. Queue Length – 11 months

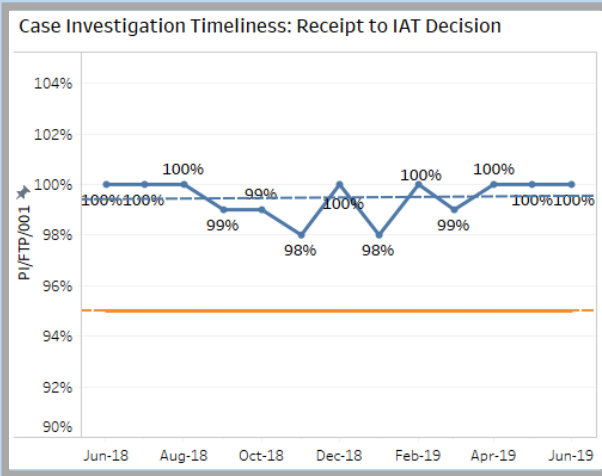
*Note - Work In Progress is a closing period count and not intended to reflect previous period work in progress plus those incoming and minus processed.

2.2 FTP End-to-end Process – Targets

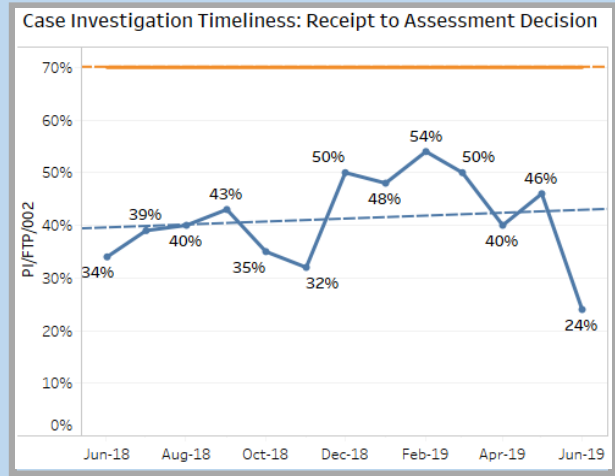
Reference Sheet

DEPARTMENTAL INDICATORS	KPI/FTP/Ref IAT	KPI/FTP/Ref Assessment	KPI/FTP/Ref Case Examiners	KPI/FTP/Ref ILPS	KPI/FTP/Ref ELPS	KPI/FTP/Ref Hearings
A. Headline Timeliness Performance Indicators	PI/FTP/008 <i>The proportion of cases that reach an initial hearing within 15 months of receipt</i> TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO6]*					
	PI/FTP/005 <i>The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt</i> TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*			PI/FTP/009 <i>The proportion of prosecution cases heard within 9 months of referral for prosecution</i> TARGET: 80% + on time Green: 80%+ Amber: 70 - 79% Red: <70% (PO 1 & PO 5)* [DO6]*		
B. Supportive Measures	PI/FTP/001 <i>The proportion of cases to clear IAT within 20 working days of receipt</i> TARGET: 95% + on time Green: 95%+ Amber: 85 - 94% Red: <85% (PO 1 & PO 5)* [DO1]*	PI/FTP/002 <i>The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt</i> TARGET: 70% + on time Green: 70%+ Amber: 60 - 69% Red: <60% (PO 1 & PO 5)* [DO2]*	PI/FTP/003 <i>The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral</i> TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*	PI/FTP/006 <i>The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions</i> TARGET: 7 or fewer ELPS referrals per month Green: 7 or fewer Amber: 8 – 9 Red: 10+ (PO 2)* [DO4]*		PI/FTP/011 <i>The proportion of initial hearings to be completed without adjournment</i> TARGET: 85% Green: 85%+ Amber: 80 - 84% Red: <80% (PO 2)* [DO8]*
				PI/FTP/010 <i>The proportion of ILPS cases to be disclosed within 98 working days of referral</i> TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/028 <i>The proportion of ELPS cases to be disclosed within 98 working days of referral</i> TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/012 <i>The proportion of cases heard at initial hearings to have facts proved</i> TARGET: 80% Green: 80%+ Amber: 70 - 79% Red: <70% (PO 5)* [DO9]*
						PI/FTP/029 <i>The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted</i> TARGET: 90% hearing days delivered Green: 90% or above Amber: 80 – 90% Red: <80% (PO 2)* [DO10]*
	(PO)* Objectives (PO 1) Performance Objective 1: Reduce time taken to investigate complaints (PO 2) Performance Objective 2: Management of resources/ efficiency (PO 5) Professional Objective 5: Timely, fair and proportionate FTP action					
[DO]* Desired Outcome DO1: Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.						

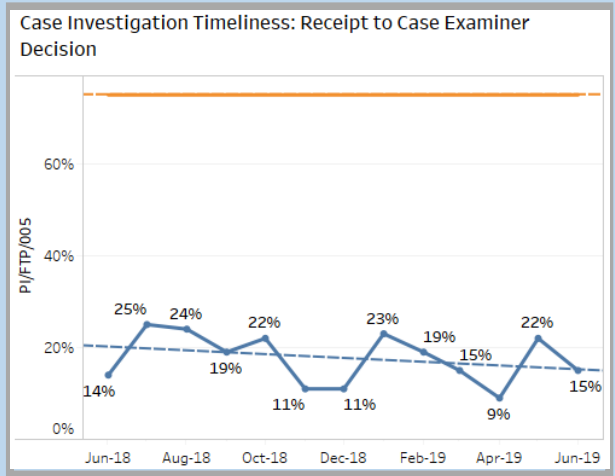
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



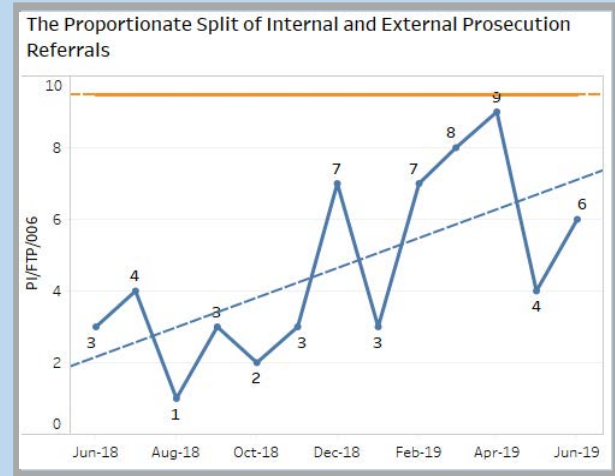
Target = 95% within 20 days



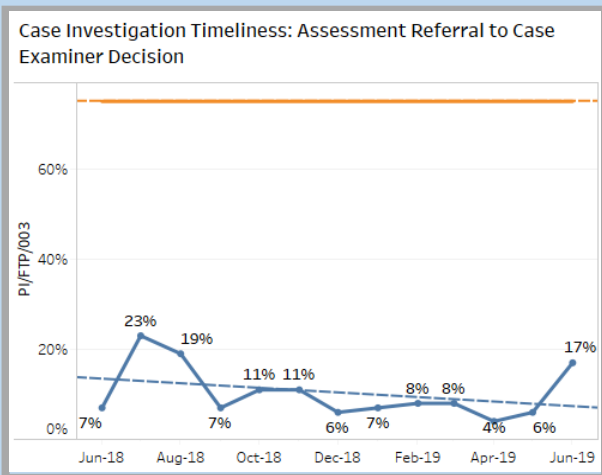
Target = 70% within 17 weeks



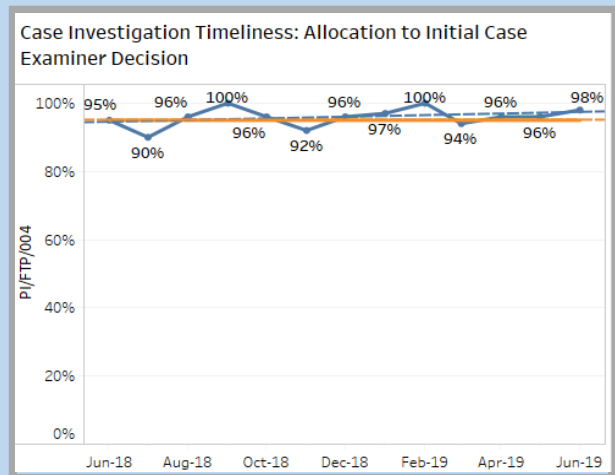
Target = 75% within 6 months



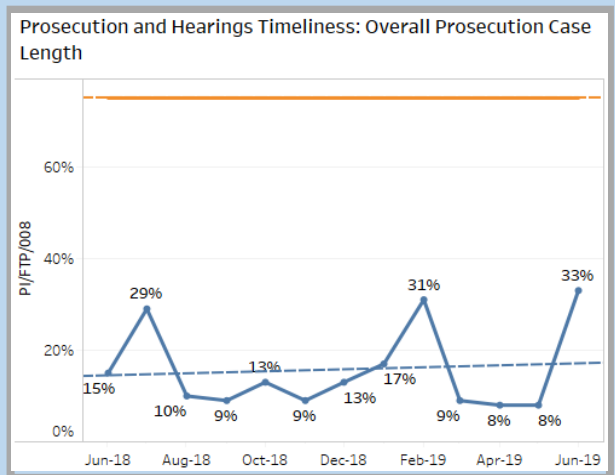
Target = 21 or fewer cases referred externally per quarter



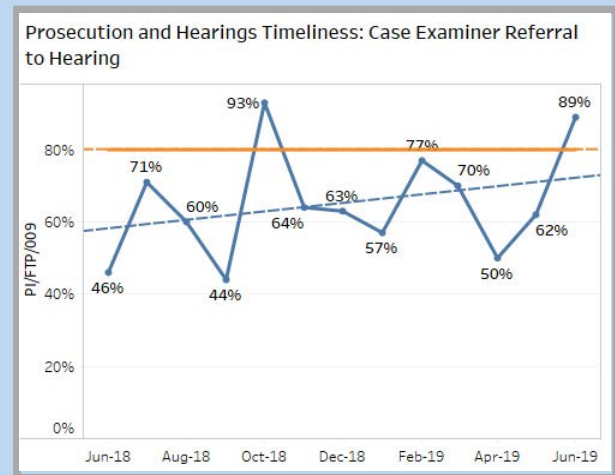
Target = 75% within 9 weeks



Target = 95% within 7 days

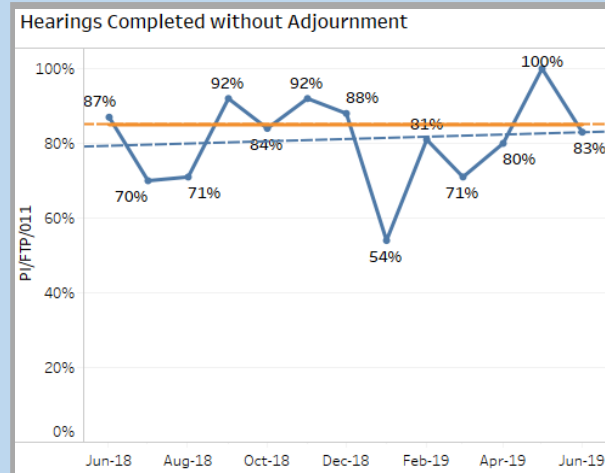


Target = 75% within 15 months

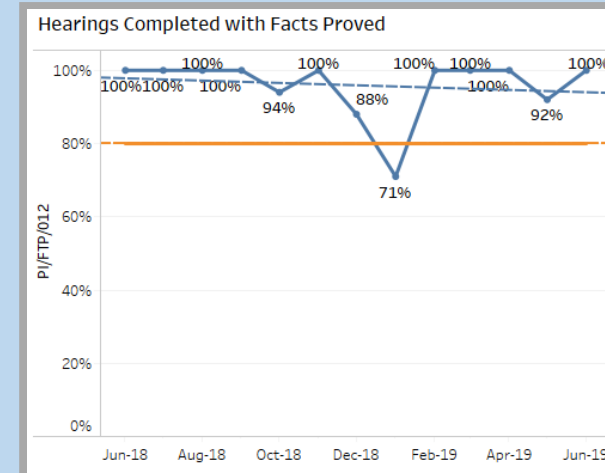


Target = 80% within 9 months

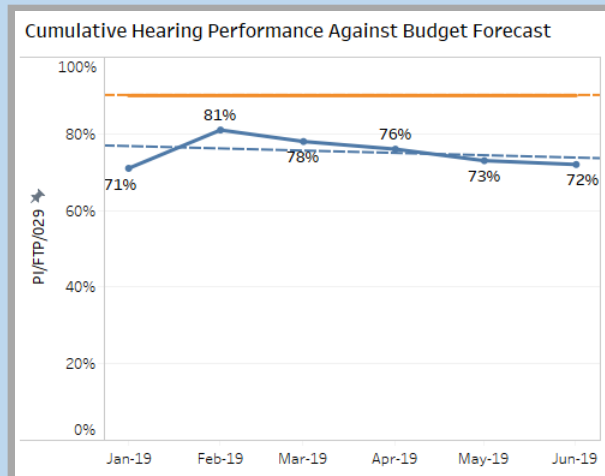
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



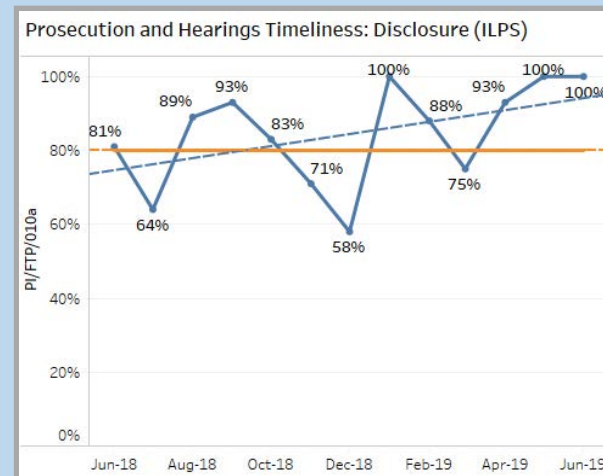
Target = 85%



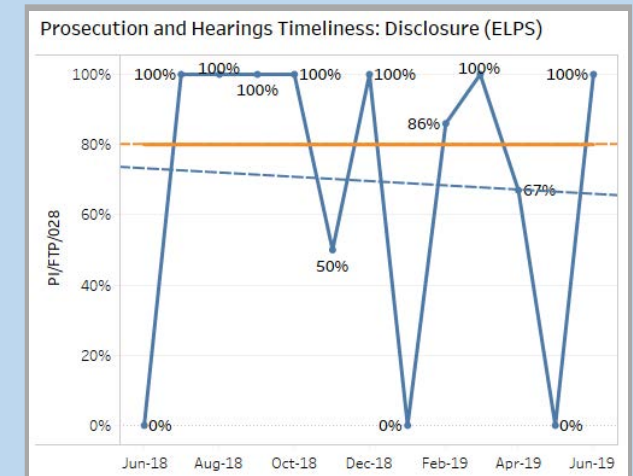
Target = 80%



Target = 90% hearing days delivered (YTD)



Target = 80% of cases disclosed within 98 days




Target = 80% of cases disclosed within 98 days

2.4 FTP Performance Indicators – Interim Orders Committee Timeliness

KPI/FTP/014 – IOC Timeliness: Registrar and Case Examiner Referrals

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of initial IOC cases to be heard within 21 working days of referral by Registrar or Case Examiner.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 80%</i>	<ul style="list-style-type: none"> All 9 cases were heard within 21 working days.
CORPORATE STRATEGY LINK		
Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.		
DESIRED OUTCOME		
Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.		
	TARGET LEVEL: 95% + on time	
	Green when: 95% +	
	Amber when: 85 - 94%	
	Red when: <85%	


PI/FTP/015 – IOC Timeliness: IAT Referrals

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of initial IAT IOC cases to be heard within 28 working days from receipt.</i>	THIS PERIOD: N/A <i>PREVIOUS PERIOD: 50%</i>	<ul style="list-style-type: none"> No cases contributed to this PI in Q2 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.		
DESIRED OUTCOME		
Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.		
	TARGET LEVEL: 95% + on time	
	Green when: 95% +	
	Amber when: 85- 94%	
	Red when: <85%	

PI/FTP/016 – IOC Timeliness: IAT Referrals (following consent chase)

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of initial IAT IO cases requiring consent chase to be heard within 33 working days from receipt.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> There were 2 cases which were referred by IAT following consent chase and both met the PI.
CORPORATE STRATEGY LINK		
Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.		
DESIRED OUTCOME		
Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.		
	TARGET LEVEL: 95% + on time	
	Green when: 95% +	
	Amber when: 85- 94%	
	Red when: <85%	

2.5 FTP Performance Indicators – Interim Orders Committee Compliance

PI/FTP/017 – Resumed Order Statutory Compliance: Jurisdiction

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.</i>	<div style="background-color: #4CAF50; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: 100%</p> <p>PREVIOUS PERIOD: 100%</p> </div>	<ul style="list-style-type: none"> No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q2 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.		
	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/FTP/018 – Interim Orders Statutory Compliance: Statutory Reviews

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of review interim order hearings to be heard within the stated statutory deadlines.</i>	<div style="background-color: #4CAF50; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: 100%</p> <p>PREVIOUS PERIOD: 100%</p> </div>	<ul style="list-style-type: none"> No review IOC hearings were heard after expiry of orders during Q2 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.		
	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

PI/FTP/019 – Interim Orders Statutory Compliance: High court extensions

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of High Court extension orders to be made before expiry of interim order.</i>	<div style="background-color: #4CAF50; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: 100%</p> <p>PREVIOUS PERIOD: 100%</p> </div>	<ul style="list-style-type: none"> No High Court Extension orders were made after expiry of an order in Q2 2019.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.		
DESIRED OUTCOME		
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.		
	TARGET LEVEL: 100% compliant	
	Green when: 100%	
	Amber when: N/A	
	Red when: <100%	

2.6 Dental Complaints Service Performance Indicators

PI/STR/001 – Timeliness of DCS Enquiry Handling

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:

The proportion of DCS enquiries that are completed within 48 hours.

CORPORATE STRATEGY LINK

Performance objective 1: Improve performance across functions so we are highly effective as a regulator

DESIRED OUTCOME

DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe.

ACTUAL PERFORMANCE

THIS PERIOD: 93%

PREVIOUS PERIOD: 84%

TARGET LEVEL: 80% or above

Green when: 80%+

Amber when: 75% to 79%

Red when: < 75%

PERFORMANCE INSIGHTS:

- In total 646 out of 695 enquiries were dealt with within 48 hours.
- Enquiry numbers have risen by 25% and continue to do so. In comparison to Q2 2018- there were 552 enquiries logged compared to 695 this quarter, the improvement on this SLA is positive, however, the increase in workload does have an effect on the service across the 3 KPIs.

PI/STR/002 – Timeliness of DCS Case Resolution

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:

The proportion of DCS cases that are completed within 3 months.

CORPORATE STRATEGY LINK

Performance objective 1: Improve performance across functions so we are highly effective as a regulator

DESIRED OUTCOME

DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner.

ACTUAL PERFORMANCE

THIS PERIOD: 85%

PREVIOUS PERIOD: 90%

TARGET LEVEL: 80% or above

Green when: 80% +

Amber when: 75% to 79%

Red when: < 75%

PERFORMANCE INSIGHTS:

- Case timeliness has reduced due to 3 cases progressing to the panel stage. This adds approx. 6 weeks on to the case times due to arranging a suitable time.

PI/STR/003 – DCS Customer Service Feedback

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:

The proportion of feedback received which falls into the categories of 'good' or 'excellent'.

CORPORATE STRATEGY LINK

Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach

DESIRED OUTCOME

DCS service users are left with a positive perception of their experience of engaging with the DCS process.

ACTUAL PERFORMANCE

THIS PERIOD: 83%

PREVIOUS PERIOD: 92%

TARGET LEVEL: 90% or above

Green when: 90% +

Amber when: 85% to 89%

Red when: < 85%

PERFORMANCE INSIGHTS:

- The feedback numbers are relatively low, total of 15 responses. 11 very satisfied or satisfied, 1 neutral and 2 dissatisfied. Those that were dissatisfied were regarding the remit of DCS not being able to advocate on behalf of the patient due to our impartiality and the other unhappy as they were signposted to Denplan who facilitate their own complaints in the first instance. These are cases which are outside of the DCS remit and therefore are reflected in negative feedback. The DCS Review is currently looking at the optimisation of the service, the review aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner. These aspects that we cannot assist with will be looked into as part of the review.

Legal & Governance Directorate Performance Indicators

3.1 Governance Performance Indicators

3.2 Information Performance Indicators

3.3 Illegal Practice performance Indicators

PI/HRG/010 – Council/Committee Paper Circulation Timeliness

ORGANISATIONAL
INDICATOR

KEY PERFORMANCE INDICATOR:

The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

Providing papers to Council members and the Executive with adequate time to consider content supports good evidence based decision-making.

ACTUAL PERFORMANCE

THIS PERIOD: Nil Return

PREVIOUS PERIOD: 79%

TARGET LEVEL: 90% within deadline

Green when: 90% to 100%

Amber when: 70% to 89%

Red when: 0% to 74%

PERFORMANCE INSIGHTS:

- Governance PIs are not available for Q2 2019 due to insufficient accurate data being available to report.

PI/HRG/011 – Council/Committee Paper Quality

ORGANISATIONAL
INDICATOR

KEY PERFORMANCE INDICATOR:

The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

Council members need to be appropriately informed and have good information to make evidence based decisions.

ACTUAL PERFORMANCE

THIS PERIOD: Nil Return

PREVIOUS PERIOD: 83%

TARGET LEVEL: 75% satisfaction

Green when: 75% to 100%

Amber when: 50% to 74%

Red when: 0% to 49%

PERFORMANCE INSIGHTS:

- Governance PIs are not available for Q2 2019 due to insufficient accurate data being available to report.

PI/HRG/012 – Council/Committee Minutes Circulation Timeliness

ORGANISATIONAL
INDICATOR

KEY PERFORMANCE INDICATOR:

The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

Providing minutes to Directors on time ensures points discussed in meetings are sufficiently and correctly recorded, and can then be forwarded to the Chair for further scrutiny.

ACTUAL PERFORMANCE

THIS PERIOD: Nil Return

PREVIOUS PERIOD: 5

TARGET LEVEL: Less than 2 late

Green when: 0-2 sets of minutes over a day late in period

Amber when: 3-4 sets minutes over a day late in quarter

Red when: 5+ sets minutes over a day late in quarter

PERFORMANCE INSIGHTS:

- Governance PIs are not available for Q2 2019 due to insufficient accurate data being available to report.

PI/HRG/013 – Corporate Complaints Timeliness

DEPARTMENTAL
INDICATOR

KEY PERFORMANCE INDICATOR:

The number of corporate complaints responded to within the 15 working day deadline.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

All corporate complaints are responded to within the 15 working day deadline.

ACTUAL PERFORMANCE

THIS PERIOD: Nil Return

PREVIOUS PERIOD: 92%

TARGET LEVEL: 100% within deadline

Green when: 85% - 100%

Amber when: 75% to 84%

Red when: 0% to 74%

PERFORMANCE INSIGHTS:

- Governance PIs are not available for Q2 2019 due to insufficient accurate data being available to report.

PI/FTP/023 – Freedom of Information Statutory Compliance

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).</i>	<div style="background-color: yellow; padding: 10px; text-align: center;"> <p>THIS PERIOD: 98%</p> <p>PREVIOUS PERIOD: 98%</p> </div>	<ul style="list-style-type: none"> 1 out of 40 requests breached the statutory deadline. The request was received by the CAIT team but not forwarded to the Information Governance team for processing until after the deadline for a response had passed. The CAIT team have changed their process to ensure information requests are identified and escalated as soon as they are received. 								
CORPORATE STRATEGY LINK										
Performance Objective 3: Transparency about our approach										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% compliant</td> </tr> <tr> <td>Green when:</td> <td>100%</td> </tr> <tr> <td>Amber when:</td> <td>91% – 99%</td> </tr> <tr> <td>Red when:</td> <td><=90%</td> </tr> </table>	TARGET LEVEL:	100% compliant	Green when:	100%	Amber when:	91% – 99%	Red when:	<=90%	
TARGET LEVEL:	100% compliant									
Green when:	100%									
Amber when:	91% – 99%									
Red when:	<=90%									
Requests for information under the Freedom of Information Act are processed within statutory timeframes.										

PI/FTP/024 – Data Protection Act Statutory Compliance

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of Subject Access Requests to be responded to within 30 calendar days (incl. extension timeframes)</i>	<div style="background-color: yellow; padding: 10px; text-align: center;"> <p>THIS PERIOD: 98%</p> <p>PREVIOUS PERIOD: 94%</p> </div>	<ul style="list-style-type: none"> 1 out of 56 requests missed the 30 day target. This request missed the deadline due to workload and staffing pressures within the team. 								
CORPORATE STRATEGY LINK										
Performance Objective 3: Transparency about our approach										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% compliant</td> </tr> <tr> <td>Green when:</td> <td>100%</td> </tr> <tr> <td>Amber when:</td> <td>91% - 99%</td> </tr> <tr> <td>Red when:</td> <td><=90%</td> </tr> </table>	TARGET LEVEL:	100% compliant	Green when:	100%	Amber when:	91% - 99%	Red when:	<=90%	
TARGET LEVEL:	100% compliant									
Green when:	100%									
Amber when:	91% - 99%									
Red when:	<=90%									
Subject Access Requests under the Data Protection Act are processed within statutory timeframes										

KPI/FTP/025 – Serious Data Security Breaches

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The number of serious incidents requiring self-reporting to the Information Commissioners Office</i>	<div style="background-color: red; padding: 10px; text-align: center;"> <p>THIS PERIOD: 1</p> <p>PREVIOUS PERIOD: 0</p> </div>	<ul style="list-style-type: none"> There was 1 serious data breach in Q2 2019. Sensitive health information about a registrant's mental health was left unredacted in a public determination and was online for over three weeks. The matter was reported to the ICO who were satisfied with the processes in place and the work taken in response to the incident. The registrant affected by the breach has indicated their intention to seek compensation from the GDC. 								
CORPORATE STRATEGY LINK										
Performance Objective 1: Improve performance across our functions										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>Zero self reports</td> </tr> <tr> <td>Green when:</td> <td>0</td> </tr> <tr> <td>Amber when:</td> <td>N/A</td> </tr> <tr> <td>Red when:</td> <td>1 or more</td> </tr> </table>	TARGET LEVEL:	Zero self reports	Green when:	0	Amber when:	N/A	Red when:	1 or more	
TARGET LEVEL:	Zero self reports									
Green when:	0									
Amber when:	N/A									
Red when:	1 or more									
The GDC handles all confidential information securely, fulfilling its obligations as a data handler and avoiding the need for any serious breach reporting to the PSA										


PI/FTP/026 – Non Serious Data Security Breaches

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The volume of non-serious data breaches (recognised to amount to an 'amber' incident classification) recorded across the GDC.</i>	<div style="background-color: red; padding: 10px; text-align: center;"> <p>THIS PERIOD: 13</p> <p>PREVIOUS PERIOD: 7</p> </div>	<ul style="list-style-type: none"> During Q2, 13 out of 29 data security breaches were classified as amber or significant: <ul style="list-style-type: none"> 8 related to data being disclosed to the incorrect recipient. 2 related to incorrect data being disclosed to the intended recipient. 2 related to lost/stolen patient records 1 has yet to be confirmed 								
CORPORATE STRATEGY LINK										
Performance Objective 1: Improve performance across our functions										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td><= 6 per quarter</td> </tr> <tr> <td>Green when:</td> <td>0 – 6</td> </tr> <tr> <td>Amber when:</td> <td>7 – 12</td> </tr> <tr> <td>Red when:</td> <td>Over 12</td> </tr> </table>	TARGET LEVEL:	<= 6 per quarter	Green when:	0 – 6	Amber when:	7 – 12	Red when:	Over 12	
TARGET LEVEL:	<= 6 per quarter									
Green when:	0 – 6									
Amber when:	7 – 12									
Red when:	Over 12									
The GDC handles all confidential information securely, fulfilling its obligations as a data handler and avoiding the need for any serious breach reporting to the PSA										


DEPARTMENTAL INDICATOR

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:							
<i>The proportion of IP cases to have a charging decision made within 9 months of receipt.</i>	 THIS PERIOD: 88% PREVIOUS PERIOD: 91%	<ul style="list-style-type: none"> During Q2 2019, 2 out of 16 cases missed this PI. In one case, this was due to ongoing difficulty in securing external investigators (the internal investigators were known to the suspect, having investigated him previously). The matter was then closed in May. The second matter was investigated by the Police Service Northern Ireland, with support from the GDC, so the investigation and charging/closure timescales were outside of the control of the GDC. 							
CORPORATE STRATEGY LINK									
Performance Objective 1: Improve performance across our functions									
DESIRED OUTCOME									
Illegal Practice cases are concluded in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.									
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>90% + on time</td> </tr> <tr> <td>Green when:</td> <td>90% +</td> </tr> <tr> <td>Amber when:</td> <td>85 - 89%</td> </tr> <tr> <td>Red when:</td> <td><85%</td> </tr> </table>	TARGET LEVEL:	90% + on time	Green when:	90% +	Amber when:	85 - 89%	Red when:	<85%
TARGET LEVEL:	90% + on time								
Green when:	90% +								
Amber when:	85 - 89%								
Red when:	<85%								


DEPARTMENTAL INDICATOR

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:							
<i>The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.</i>	 THIS PERIOD: 97% PREVIOUS PERIOD: 93%	<ul style="list-style-type: none"> 229 out of 236 enquiries were reviewed within 3 working days. 							
CORPORATE STRATEGY LINK									
Performance Objective 1: Improve performance across our functions									
DESIRED OUTCOME									
Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.									
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>95% + on time</td> </tr> <tr> <td>Green when:</td> <td>95% +</td> </tr> <tr> <td>Amber when:</td> <td>90 - 94%</td> </tr> <tr> <td>Red when:</td> <td><90%</td> </tr> </table>	TARGET LEVEL:	95% + on time	Green when:	95% +	Amber when:	90 - 94%	Red when:	<90%
TARGET LEVEL:	95% + on time								
Green when:	95% +								
Amber when:	90 - 94%								
Red when:	<90%								

DEPARTMENTAL INDICATOR

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:							
<i>The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.</i>	 THIS PERIOD: 99% PREVIOUS PERIOD: 93%	<ul style="list-style-type: none"> 157 out of 158 cases were assessed within 5 working days. 							
CORPORATE STRATEGY LINK									
Performance Objective 1: Improve performance across our functions									
DESIRED OUTCOME									
Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.									
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>95% + on time</td> </tr> <tr> <td>Green when:</td> <td>95% +</td> </tr> <tr> <td>Amber when:</td> <td>90 - 94%</td> </tr> <tr> <td>Red when:</td> <td><90%</td> </tr> </table>	TARGET LEVEL:	95% + on time	Green when:	95% +	Amber when:	90 - 94%	Red when:	<90%
TARGET LEVEL:	95% + on time								
Green when:	95% +								
Amber when:	90 - 94%								
Red when:	<90%								

Organisational Development Directorate Performance Indicators

4.1 HR Performance Indicators – Recruitment


4.2 HR Performance Indicators – Resources

4.3 HR Performance Indicators – People Planning, Engagement and Development

4.1 – HR Performance Indicators - Recruitment


PI/HRG/001 – Recruitment Campaign Timeliness

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks</i>	 THIS PERIOD: 88% <i>PREVIOUS PERIOD: 93%</i>	<ul style="list-style-type: none"> In Q2 we made 74 appointments across both sites Overall: 65 out of 74 (88%) campaigns were completed within 6 weeks. This is a decrease on the previous period as recruitment activity continued to rise (74 appointments up from 58) In London: 26 out of 26 posts were filled within 6 weeks (100%) In Birmingham: 39 out of 48 posts were filled within 6 weeks (81%) All of the roles that were not filled within 6 weeks were part of ongoing campaigns due to the Estates strategy Birmingham's recruitment activity remains high (48 appointments up from 42 in the previous quarter). 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>90% within deadline</td> </tr> <tr> <td>Green when:</td> <td>90% to 100%</td> </tr> <tr> <td>Amber when:</td> <td>70% to 89%</td> </tr> <tr> <td>Red when:</td> <td>69% or lower</td> </tr> </table>		TARGET LEVEL:	90% within deadline	Green when:	90% to 100%	Amber when:	70% to 89%	Red when:	69% or lower
TARGET LEVEL:			90% within deadline							
Green when:			90% to 100%							
Amber when:			70% to 89%							
Red when:	69% or lower									
PERFORMANCE OBJECTIVE 1: High quality recruitment										
DESIRED OUTCOME										
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.										


PI/HRG/002 – Recruitment Campaign Cost

DEPARTMENTAL
INDICATOR


PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The average cost per employee recruitment</i>	 THIS PERIOD: Average Cost: £973.14 <i>PREVIOUS PERIOD:</i> <i>£1019 Average Cost</i>	<ul style="list-style-type: none"> There has been a slight reduction in the average cost per hire in Q2 2019 when compared with Q1 2019. This quarter includes costs attributed to a media campaign to launch Strand Two, 50% cost was applied in Q1 and the final 50% cost has been included in Q2 figures. Agency usage continues to be minimal and used in only 10 out of 74 appointments (7%). 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>Average cost below £2500</td> </tr> <tr> <td>Green when:</td> <td>100% or lower than target</td> </tr> <tr> <td>Amber when:</td> <td>101% to 120%</td> </tr> <tr> <td>Red when:</td> <td>120% +</td> </tr> </table>		TARGET LEVEL:	Average cost below £2500	Green when:	100% or lower than target	Amber when:	101% to 120%	Red when:	120% +
TARGET LEVEL:			Average cost below £2500							
Green when:			100% or lower than target							
Amber when:			101% to 120%							
Red when:	120% +									
PERFORMANCE OBJECTIVE 2: Cost reduction/efficiency										
DESIRED OUTCOME										
The costs of recruiting new staff are not excessive and remain within budgeted/target levels.										

KPI/HRG/003 – Recruitment Right First Time

ORGANISATIONAL
INDICATOR


PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of roles recruited to first time.</i>	 THIS PERIOD: 87% <i>PREVIOUS PERIOD: 95%</i>	<ul style="list-style-type: none"> 87% of campaigns completed this quarter were recruited for during the first attempt. 11 roles were not recruited to during the first attempt – 9 in Birmingham and 2 in London. Of these 11 roles, 2 were from FtP, 1 from Strategy, 4 from Registration, 2 from Finance and 2 from IT. 4 of these roles were offered and accepted, however the candidates withdrew prior to their start date. 5 roles proved difficult to recruit to and were either advertised multiple times before being filled or no suitable candidates were found. 2 roles were placed on hold or no longer required. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>90% of employees</td> </tr> <tr> <td>Green when:</td> <td>90% + of campaigns filled first time</td> </tr> <tr> <td>Amber when:</td> <td>70% to 89% of campaigns filled first time</td> </tr> <tr> <td>Red when:</td> <td>69% or fewer campaigns filled first time</td> </tr> </table>		TARGET LEVEL:	90% of employees	Green when:	90% + of campaigns filled first time	Amber when:	70% to 89% of campaigns filled first time	Red when:	69% or fewer campaigns filled first time
TARGET LEVEL:			90% of employees							
Green when:			90% + of campaigns filled first time							
Amber when:			70% to 89% of campaigns filled first time							
Red when:	69% or fewer campaigns filled first time									
PERFORMANCE OBJECTIVE 1: High quality recruitment										
DESIRED OUTCOME										
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.										

KPI/HRG/018 – Recruitment Probation Success

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Percentage of employees who passed probation in this quarter</i>	 THIS PERIOD: 81.9% <i>PREVIOUS PERIOD: 85%</i>	<ul style="list-style-type: none"> 5 of the 31 employees due to complete their probation in Q2 2019 failed to complete their probation (3 resignations and 2 Dismissals within probation) All 5 employees were due to complete their probation in Q2. All 3 employees who resigned were from Registration and Corporate Resources. The 2 Dismissals within Probation were from Policy & Comms and Registration and Corporate resources. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>90% of employees</td> </tr> <tr> <td>Green when:</td> <td>90% + of employees meet criteria</td> </tr> <tr> <td>Amber when:</td> <td>70% to 89% of employees meet criteria</td> </tr> <tr> <td>Red when:</td> <td>69% or less of employees meet criteria</td> </tr> </table>		TARGET LEVEL:	90% of employees	Green when:	90% + of employees meet criteria	Amber when:	70% to 89% of employees meet criteria	Red when:	69% or less of employees meet criteria
TARGET LEVEL:			90% of employees							
Green when:			90% + of employees meet criteria							
Amber when:			70% to 89% of employees meet criteria							
Red when:	69% or less of employees meet criteria									
PERFORMANCE OBJECTIVE 1: High quality recruitment										
DESIRED OUTCOME										
Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.										


PI/HRG/004 – Staff Sickness

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The average number of employee sickness days for all GDC staff</i>	<p>THIS PERIOD:  1.59 Days Average</p> <p><i>PREVIOUS PERIOD:</i> 1.68 Days Average</p>	<ul style="list-style-type: none"> The average sickness figures are based on both long-term (LTS), and short-term sickness (STS) For reference, long-term sickness is based on absences of 20 days or more Of those staff sick in Q2, 4.88% were LTS and the remaining 95.12% were STS. There were 610 days lost in total LTS accounted for 171 days (28% of the total) STS accounted for 439 days (72%) When compared against Q1, while there has been an increase in LTS and a decrease in STS, the days lost figure has remained consistent. Compared to Q2 2018 there has been a 14.5% (103.5 day) decrease in total days lost against Q2 2018.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	Within 2 Days Average	
DESIRED OUTCOME	<p>Green when: Average 0 – 2 days</p> <p>Amber when: Average 2.1 – 3.0 days</p> <p>Red when: Average 3.1 days +</p>	
For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels		


PI/HRG/005 – Staff Turnover : Natural

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The natural rate of organisational GDC turnover</i>	<p>THIS PERIOD:  2.6% Turnover</p> <p><i>PREVIOUS PERIOD:</i> 4.6% Turnover</p>	<ul style="list-style-type: none"> Q2 saw 10 voluntary leavers - R&CR x5, FTP x4, OD x1, EMTx1 4 of the 10 leavers had less than 12 months' service 2 of the 10 leavers were on a FTC but left before it ended. 2 of the 10 voluntary leavers completed the exit questionnaire. Amongst the reasons for leaving: <ul style="list-style-type: none"> 1 referred to the nature of the work itself 1 referred to the end of their fixed term contract. Of the 10 leavers: <ul style="list-style-type: none"> 2 leavers were based in Birmingham and left during their probation. It is to be expected that a proportion of employees joining as part of a set-up would leave, as employees go through a "settling-in" period and decide whether the role and/or organisation is right for them. If these 2 leavers were excluded and we look at "business as usual" leavers, the figure for natural turnover would be 2.09%
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	Within 2.6% Turnover	
DESIRED OUTCOME	<p>Green when: 0% to 2.6%</p> <p>Amber when: 2.7% to 5%</p> <p>Red when: 5.1% +</p>	
For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

PI/HRG/006 – Staff Turnover : Overall

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The overall level of organisational turnover</i>	<p>THIS PERIOD:  8.9% Turnover</p> <p><i>PREVIOUS PERIOD:</i> 12.7% Turnover</p>	<ul style="list-style-type: none"> Q2 saw 34 leavers in total, of which 24 were not identified under natural turnover: <ul style="list-style-type: none"> 1 dismissal during probation 1 dismissal outside probation period 4 due to fixed-term contract ending 18 compulsory redundancies relating to the Birmingham relocation If the 18 compulsory redundancies were excluded, the turnover for this period would be 4.2% The overall turnover (%) has improved since Q1 2019, given the improved natural turnover figure, continues to evidence the impact of redundancies as part of the Estates Strategy on this indicator. If we also exclude the 2 leavers previously discussed as part of the natural turnover and focus on "business as usual" leavers only, this figure would be 3.66%
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	Within 3.7% Turnover	
DESIRED OUTCOME	<p>Green when: 0% to 3.7%</p> <p>Amber when: 3.8% to 5.9%</p> <p>Red when: 6.0% +</p>	
For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

PI/HRG/014 – Staff Engagement

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Average engagement scores from staff taken from a six monthly staff survey</i>	<p>THIS PERIOD: N/A</p> <p><i>PREVIOUS PERIOD:</i> N/A%</p>	<ul style="list-style-type: none"> Overall engagement of 46% was measured in the August 2017 staff survey. 72% of staff responded to the survey. The 2019 iteration of the staff survey went live on 20 June, and will close on 10 July. Thereafter, focus groups will be conducted to drill down into key themes and help identify areas for action. Data will be available from Q3. There will not be a dedicated stand-alone action plan following the 2019 survey. Instead, any actions will be incorporated into existing workstreams of the People & OD Strategy.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Talent management	70% or above	
DESIRED OUTCOME	<p>Green when: 70% +</p> <p>Amber when: 50% to 69%</p> <p>Red when: 49% or less</p>	
Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.		

PI/HRG/015 – Internal Opportunities

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Quarterly percentage of roles filled by internal staff compared against external recruitment</i>	<div style="background-color: #4CAF50; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: 52%</p> <p><i>PREVIOUS PERIOD: 87.5%</i></p> </div>	<ul style="list-style-type: none"> This metric was previously only based on roles filled in London due to the Estates relocation. We have now included Birmingham roles, but excluded FtP multiple posts campaigns as part of the estates relocation. 28 out of 58 vacancies (52%) were recruited to by internal candidates (excluding FtP estates campaigns). As the majority of staff in Birmingham are new they are less likely to move into other position. The inclusion of Birmingham posts reflects in the reduction since Q1. 								
CORPORATE STRATEGY LINK										
Performance Objective 1: Talent management										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>50% or above</td> </tr> <tr> <td>Green when:</td> <td>50% +</td> </tr> <tr> <td>Amber when:</td> <td>30% to 49%</td> </tr> <tr> <td>Red when:</td> <td>29% or less</td> </tr> </table>	TARGET LEVEL:	50% or above	Green when:	50% +	Amber when:	30% to 49%	Red when:	29% or less	
TARGET LEVEL:	50% or above									
Green when:	50% +									
Amber when:	30% to 49%									
Red when:	29% or less									
Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.										

PI/HRG/016 – Key Roles with Identified Successor

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Percentage of key roles in the organisation that have an identified successor in place</i>	<div style="background-color: #cccccc; color: #333; padding: 10px; text-align: center;"> <p>PLACEHOLDER AWAITING AVAILABILITY OF DATA</p> </div>	<ul style="list-style-type: none"> Effective succession planning reduces the risk that business critical roles are left vacant at short notice, thus safeguarding business continuity. Effective successors/deputies increase capacity in key roles, as well as providing development opportunities that can improve engagement and staff retention. Organisational Design (Workforce Planning) project commenced in 2018, including work with consultants on review of resourcing approach. Work on business critical roles continues as part of the workforce planning project. We had hoped that data might be available in 2018 but it is now unlikely to be available before Q3 2019. Even then, the format of this measure might need to be updated as the project evolves. 								
CORPORATE STRATEGY LINK										
Performance Objective 1: Talent management										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>95% or above</td> </tr> <tr> <td>Green when:</td> <td>95% +</td> </tr> <tr> <td>Amber when:</td> <td>75% to 94%</td> </tr> <tr> <td>Red when:</td> <td>74% or less</td> </tr> </table>	TARGET LEVEL:	95% or above	Green when:	95% +	Amber when:	75% to 94%	Red when:	74% or less	
TARGET LEVEL:	95% or above									
Green when:	95% +									
Amber when:	75% to 94%									
Red when:	74% or less									
An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.										

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

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities.</i>	<div style="background-color: #ffc107; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: 44%</p> <p><i>PREVIOUS PERIOD: 48%</i></p> </div>	<ul style="list-style-type: none"> As staff have been leaving the GDC through Strand 2 across Q2, we would expect some fall off in engagement rates. Moving into 2019 Q3 as things settle, would expect to see the engagement levels rise again. Will be moving onto a new system in August which will allow us to create more engaging publications for staff. We will investigate the open rates for Colmore Square and identify any local factors that could increase engagement. 								
CORPORATE STRATEGY LINK										
Performance objective 1: People management and strong leadership.										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>60%</td> </tr> <tr> <td>Green when:</td> <td>50% or above</td> </tr> <tr> <td>Amber when:</td> <td>40% to 49%</td> </tr> <tr> <td>Red when:</td> <td>39% or under</td> </tr> </table>	TARGET LEVEL:	60%	Green when:	50% or above	Amber when:	40% to 49%	Red when:	39% or under	
TARGET LEVEL:	60%									
Green when:	50% or above									
Amber when:	40% to 49%									
Red when:	39% or under									
GDC staff members have opened the staff newsletter and as a result are well informed and engaged with key organisational priorities. This supports the wider GDC commitment to transparency (corporate value in 4Ps) and improving the GDC's engagement with all of our audiences (objective in comms and engagement strategy).										

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.</i>	<div style="background-color: #ffc107; color: white; padding: 10px; text-align: center;"> <p>THIS PERIOD: 30%</p> <p><i>PREVIOUS PERIOD: 31%</i></p> </div>	<ul style="list-style-type: none"> This reports 'click through rates', where staff have clicked into an intranet/website item from items in the staff newsletter, to find out more about the topics covered. This reflects their engagement with factors and events in the external environment that will/could have an effect on the GDC. We have evolved the newsletter to encourage engagement. Although less people have opened the newsletter in Q2, the click rate remains stable, which indicates employees who do open the newsletter are continuing to engage with its content and click through. 								
CORPORATE STRATEGY LINK										
Performance objective 1: People management and strong leadership.										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>40%</td> </tr> <tr> <td>Green when:</td> <td>40% or above</td> </tr> <tr> <td>Amber when:</td> <td>25% to 40%</td> </tr> <tr> <td>Red when:</td> <td>24% or under</td> </tr> </table>	TARGET LEVEL:	40%	Green when:	40% or above	Amber when:	25% to 40%	Red when:	24% or under	
TARGET LEVEL:	40%									
Green when:	40% or above									
Amber when:	25% to 40%									
Red when:	24% or under									
Staff are more aware and have a better understanding of factors and events in the external environment that will/could have an effect on the GDC.										

Strategy Directorate Performance Indicators

5.1 Communications Performance Indicators

5.2 QA Performance Indicators

5.3 Strategy Performance Indicators

PI/STR/013 - GDC newsletter engagement

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:

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

CORPORATE STRATEGY LINK

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

DESIRED OUTCOME

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

ACTUAL PERFORMANCE

THIS PERIOD: 21.8%

PREVIOUS PERIOD: 42.5%

TARGET LEVEL:	>=50%
Green when:	>=50%
Amber when:	40% - 49%
Red when:	<40%

PERFORMANCE INSIGHTS:

The Q2 open rates were significantly impacted by an IT change that resulted in emails going into junk. This issue has now been resolved but had a significant impact on email open rates for the April and May newsletters.

- Average open rate for the 3 newsletters in Q2 2019 is 21.8%.
- The open rate in April was 9.9% and May 11.8%. This was back to previous levels of over 43% in June
- Average click-through rate for the 3 newsletters in Q2 is 1.4%
- Most popular topics and their open rate, following click-through:
 - Annual Renewal 45.7%
 - Enhanced CPD 23.1%
 - Revised standards for speciality education 17.6%

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

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:

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

CORPORATE STRATEGY LINK

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

DESIRED OUTCOME

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

ACTUAL PERFORMANCE

THIS PERIOD: 73

PREVIOUS PERIOD: 97

TARGET LEVEL:	>=60 engagements
Green when:	>=60 engagements
Amber when:	50-59 engagements
Red when:	<50 engagements

PERFORMANCE INSIGHTS:

Attended the Dentistry Show 2019 conference where we engaged with over 400 registrants and 50 students. In addition we engaged with 500 dentists and 190 DCP's through other events.

Engagement by partner type is broken down as follows:

• Defence Union	0	Dental School	1
• Education	13	Government	8
• NHS	4	Patient group	1
• Professional body	9	Profession wide	9
• Registrant DCP	2	Registrant Dentist	5
• Regulator	14	Student Dentist/DCP	2
• Other	5		

The breakdown of engagement by country:

• UK	9
• England	35
• Scotland	22 (mainly 1-1 meetings)
• Wales	3
• Northern Ireland	2
• International	2

PI/STR/004 - Media engagement

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:

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

CORPORATE STRATEGY LINK

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

DESIRED OUTCOME

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

ACTUAL PERFORMANCE

THIS PERIOD: 28

PREVIOUS PERIOD: 45

TARGET LEVEL:	>=35
Green when:	>=35
Amber when:	20 – 34
Red when:	<20

PERFORMANCE INSIGHTS:

- 28 pieces of coverage driven by proactive media work, which is a drop from 45 the previous period. Part of this drop is influenced by our changed approach to IP prosecution media work.
- In addition to proactive media, 33 pieces of reactive media coverage were gained in relation to a cross infection control FtP case. This ensured accurate messaging about the GDC's public safety role was included.

- Proactive media coverage included stories relating to the 2020-2022 Corporate Strategy, the DCP annual renewal, Moving Upstream report, and the joint statement on reflective practice.
- 16 media enquiries responded to within deadline.

PI/STR/014 - Digital engagement

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:

The level of engagement we have through our website

CORPORATE STRATEGY LINK

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

DESIRED OUTCOME

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

ACTUAL PERFORMANCE

THIS PERIOD: 302,002

PREVIOUS PERIOD: 348,716

TARGET LEVEL:	>330k
Green when:	>330k
Amber when:	280k – 330k
Red when:	<280k

PERFORMANCE INSIGHTS:

The lower website visit numbers are expected for Q2. The higher visitor numbers in Q1 were due to a spike in traffic to the CPD section in January. Percentage of returning visitors vs new visitors to the website was 35% returning and 65% new, consistent with Q1

Most visited website pages were:

1. Press releases
2. Registration
3. ORE
4. Hearings
5. Enhanced CPD

Most used search terms when on our website were:

- CPD; PDP; standards; scope of practice; Jobs
- There were 169,000 GDC impressions (opportunity to view) on Twitter, =12,000 on Q1.

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

DEPARTMENTAL
INDICATOR

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

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

DEPARTMENTAL
INDICATOR

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

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

DEPARTMENTAL
INDICATOR

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

PI/STR/012 – Proportion of inspections that require re-inspection

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of inspections that require re-inspection</i>	<p>THIS PERIOD – 2018/19 – N/A</p> <p>PREVIOUS PERIOD – 2017/18 – N/A</p>	<ul style="list-style-type: none"> Under the new risk based process the GDC are no longer doing reinspection, so this PI is redundant for 2018/17 and going forward.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
The majority of institutions pass inspection first time round without the need for re-inspection, indicating that they are meeting required standard without need for re-inspection	<p>TARGET LEVEL: <15% re-inspection</p> <p>Green when: <15% re-inspection</p> <p>Amber when: 15% - 29% re-inspection</p> <p>Red when: 30%> re-inspection</p>	

PI/STR/008 – Standards Perception

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>Degree of evidence of positive perception of the GDC's Standards to be tested through data collected as part of the wider work of the Shifting the Balance Programme.</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA		<ul style="list-style-type: none"> This performance indicator will be fully developed in line with the data collection plan for the Shifting the Balance programme.
CORPORATE STRATEGY LINK			
Professionals objective 4: To guide dental professionals in meeting the standards we set for them.			
DESIRED OUTCOME	TARGET LEVEL:	TBC	
GDC Registrants are able to understand and engage with the GDC Standards in order to employ them in their work, helping to protect patient safety.	Green when:	TBC	
	Amber when:	TBC	
	Red when:	TBC	

SECTION 1 - BALANCED SCORECARD CONTROL LOG

Formal change control to balanced scorecard definitions commenced following the publication of the first report. EMT approved amendments to definitions since this point are listed below.

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
1	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	FTP - Casework	Case Repatriation	Jonathan Green (Director of FTP)	<ul style="list-style-type: none"> * Title - Case Repatriation * Definition – The volume of cases transferred to the NHS for handling in line with the recognised annual target for case repatriation * Target – 200 cases per year (as defined in the NHS Raising Concerns business case) * Green when – 17 per month + * Amber when – 13 to 16 per month * Red when – 0 to 12 per month * Ref number - PI/FTP/027 	EMT board meeting - 06/02/2017	Q1 2017 scorecard
2	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	FTP - Information	Non-Serious Data Breaches	Jonathan Green (Director of FTP)	<ul style="list-style-type: none"> * Title - Non-Serious Data Breaches * Definition – The volume of non-serious data breaches (recognised to amount to an 'amber' incident classification) recorded across the GDC. * Target – Less than 2 non-serious data breaches per month * Green when – 0 to 2 per month * Amber when – 3 to 4 per month * Red when – 5+ per month * Ref number - PI/FTP/026 	EMT board meeting - 06/02/2017	Q1 2017 scorecard
3	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	Finance	Organisational Efficiencies	Graham Masters (Director of Finance & Corporate Services)	<ul style="list-style-type: none"> * Title - Organisational Efficiencies * Definition – The actual realisation of planned organisational efficiencies in comparison to budgeted levels * Target – For efficiency savings to be equal to or greater than the budgeted level * Green when – Forecast yearly efficiency savings at 100% or greater of budgeted level * Amber when – Forecast yearly efficiency savings at 95% to 99% of budgeted level * Red when – Forecast yearly efficiency savings at less than 95% of budgeted level * Ref number - PI/FCS/019 	EMT board meeting - 06/02/2017	Q1 2017 scorecard
4	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/009	QA	Education providers - Proportion meeting 'Patient Protection' standards for education'	Ross Scales (Interim Head of QA & Education)	<ul style="list-style-type: none"> * Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards * Target level - 70% met and less than 10% not met * Green when - 70% met an less than 10% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
5	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/010	QA	Education providers - Proportion meeting 'Governance' standards for education	Ross Scales (Interim Head of QA & Education)	<ul style="list-style-type: none"> * Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards * Target level - 50% met and less than 20% not met * Green when - 50% met an less than 20% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
6	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/011	QA	Education providers - Proportion meeting 'Student Assessment' standards for education	Ross Scales (Interim Head of QA & Education)	<ul style="list-style-type: none"> * Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards * Target level - 50% met and less than 10% not met * Green when - 50% met an less than 10% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
7	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/012	QA	Proportion of inspections that require re-inspection	Ross Scales (Interim Head of QA & Education)	<ul style="list-style-type: none"> * Definition - Proportion of inspections that require re-inspection * Target level - <15% re-inspection * Green when - <15% re-inspection * Amber when - 15% to 29% re-inspection * Red when - 30%> require re-inspection 	EMT board meeting - 03/05/2017	Q1 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
8	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/004	Communications	External Mass Engagement	Lisa Cunningham (Head of Communications)	<ul style="list-style-type: none"> * Definition - The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work * Target level - 20 (proactive) * Green when - 15+ (proactive) * Amber when - 12-14 (proactive) * Red when - 11 or fewer (proactive) 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
9	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/005	Communications	External Face-to-Face Engagement	Lisa Cunningham (Head of Communications)	<ul style="list-style-type: none"> * Definition - The number of face to face engagement events with they GDC's key stakeholders. * Target level - 35 engagements * Green when - 30+ engagements * Amber when - 25-29 engagements * Red when - 24 or fewer engagements 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
10	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/006	Communications	Internal Communications - Awareness of Organisational Priorities	Lisa Cunningham (Head of Communications)	<ul style="list-style-type: none"> * Definition - Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities (short-term definition to be amended when survey becomes available during Q2) * Target level - 60% * Green when - 50%+ * Amber when - 40% to 49% * Red when - 39% or under 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
11	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting V local reporting. Subsequent contact has led to Lisa-Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	ILPS Staff Productivity	Lisa-Marie Roca (Principal Legal Advisor), Mark Caprio (Legal Operations Manager), Peter Day (Head of FTP QA & Monitoring)	<ul style="list-style-type: none"> *All target and RAG levels to remain unchanged. * Amendment to be made to definition and therefore also the method of measuring actual performance * Previous definition - The proportion of ILPS staff to reach annual time recording targets by team role * New definition - Actual amount of overall billable team time recorded as a proportion of the overall target time * Rationale of change - FTP legal team view that the revised indicator is a more pertinent measure on the basis that staff holidays will generally skew the % of staff target and what's more important is that regardless of the number of people, what matters is that we have met the number of hours of work that the team need to complete each month 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
12	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting V local reporting. Subsequent contact has led to Lisa-Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	Prosecution Timeliness - Disclosure Time Taken	Lisa-Marie Roca (Principal Legal Advisor) & Mark Caprio (Legal Operations Manager)	<ul style="list-style-type: none"> * Measure to be split in two to give better visibility of the ILPS team and ELPS team in performing to this target. * Target levels and RAG levels for both measures to match originally defined indicators. * Rationale of change - Need to give greater visibility of whether adverse/positive performance in this area is driven by ILPS or ELPS as they are managed by the business as distinct entities 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
13	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/004	HR	Staff Sickness	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	<ul style="list-style-type: none"> * Target level to remain unchanged at 2 days * Green band to remain unchanged at 2 days or lower * Amber band to be amended from 2.1-6 days to 2.1-3.0 days * Red band to be amended from 6.1 days+ to 3.1 days+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational sickness levels. 	EMT board meeting - 03/05/2017	Q1 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
14	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/005	HR	Natural Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to be changed from 1.05% turnover to 2.6% turnover * Green band to change from 0%-1.05 to 0%-2.6% * Amber band to be amended from 1.06%-4.5% to 2.7%-5% * Red band to be amended from 4.6 days+ to 5.1+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
15	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/006	HR	Overall Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to be changed from 3% turnover to 3.7% turnover * Green band to change from 0%-3% to 0% to 3.7% * Amber band to be amended from 3.1%-5% to 3.8% to 5.9% * Red band to be amended from 5.1%+ to 6.0%+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
16	Request from Head of Finance to amend method of measurement	Full development of placeholder performance indicator	PI/FCS/005	Finance	Invoices and Refunds Timeliness	Melanie Stewart (Head of Finance) Sally Cripps (Financial Operations Manager)	* Target level and all RAG thresholds remain unchanged * An amendment has been made to the way in which the invoice indicator is intended to be measured. Previously, time to process individual invoices was proposed to be measured, but the new measure evaluates the success rate of paying our suppliers within our payment terms of 30 days which is a more suitable measurement of performance. * Invoice payments and refunds will be reported on within this PI as a composite measure, with the RAG rating being driven by the weaker performing out of the two factors.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
17	Request from Executive Director, Organisational Development for a measurement of Facilities customer satisfaction and it being recognised that it is possible to measure the effectiveness of external contractors.	Addition of new performance indicator	PI/FCS/018	Facilities	External Contractors Performance	Bobby Davis (Executive Director, Organisational Development), Stephen Lillywhite (Head of Facilities Management)	* Title - External Contractors Performance * Definition – Number of jobs completed by external contractors within their given priority SLA * Target – 85% within SLA * Green when – 85% + * Amber when – 70% and 84% * Red when – 69% or less * Ref number - PI/FCS/018	EMT board meeting - 22/08/2017	Q2 2017 scorecard
18	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Staff Satisfaction	Bobby Davis (Executive Director, Organisational Development)	* Title - Staff Engagement * Definition – Average engagement scores from staff taken from a six monthly staff survey * Target – 70% or above * Green when – 70% + * Amber when – 50% and 69% * Red when – 49% or less * Ref number - PI/HRG/014	EMT board meeting - 22/08/2017	Q2 2017 scorecard
19	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Internal Opportunities	Bobby Davis (Executive Director, Organisational Development)	* Title - Internal Opportunities * Definition – Quarterly percentage of roles filled by internal staff compared against external recruitment * Target – 50% or above * Green when – 50% + * Amber when – 30% and 49% * Red when – 29% or less * Ref number - PI/FCS/015	EMT board meeting - 22/08/2017	Q2 2017 scorecard
20	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Key Roles with Identified Successor	Bobby Davis (Executive Director, Organisational Development)	* Title - Key Roles with Identified Successor * Definition – Percentage of key roles in the organisation that have an identified successor in place * Green when – 95% + * Amber when – 75% and 94% * Red when – 74% or less * Ref number - PI/FCS/016	EMT board meeting - 22/08/2017	Q2 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
21	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/007	HR	Staff Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
22	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/008	HR	Leadership Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
23	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/009	HR	Leadership Behaviour Survey Results	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
24	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Addition of new performance indicator	PI/HRG/017	Governance	Corporate Complaints Timeliness	Bobby Davis (Executive Director, Organisational Development)	* Title - Corporate Complaints Timeliness * Definition – The number of corporate complaints responded to within the 15 working day deadline * Green when – 85% + * Amber when – 75% to 84% * Red when – 0% to 74% * Ref number - PI/HRG/017	EMT board meeting - 31/10/2017	Q3 2017 scorecard
25	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Removal of performance indicator	PI/HRG/013	Governance	Governance Meeting Costs	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to this being outside of the control of the team.	EMT board meeting - 31/10/2017	Q3 2017 scorecard
26	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Addition of new performance indicator	PI/FCS/016	Facilities	Staff Satisfaction - Working Environment	Bobby Davis (Executive Director, Organisational Development), Stephen Lillywhite (Head of Facilities Management)	* Title - Staff Satisfaction - Working Environment * Definition – % of staff who are satisfied with the working environment at the GDC * Green when – 75% + * Amber when – 50% to 74% * Red when – 0% to 49% * Ref number - PI/FCS/016	EMT board meeting - 12/02/2018	Q4 2017 scorecard
27	A) Finance & Performance Committee and Council discussion at November and December 2017 board meetings which queried the usefulness of this performance indicator B) Request from Executive Director, FTP Transition to remove performance indicator	Removal of performance indicator	PI/FTP/027	FTP	Case Repatriation - Triage and Assessment Referrals to NHS	Tom Scott (Executive Director, FTP Transition)	Performance indicator to be removed due to target being an absolute figure and the type of incoming cases the GDC receives being outside of our control. Analysis of case plans has shown that no referrals are being missed.	EMT board meeting - 12/02/2018	Q4 2017 scorecard
28	Request from Executive Director, Organisational Development for Compliance performance indicator to be removed	Removal of performance indicator	PI/REG/021	Compliance	Compliance Audit Findings	Bobby Davis (Executive Director, Organisational Development)	Performance indicator to be removed from report while consideration is given to how the Compliance team is reported on alongside the Internal Audit function. Revised performance indicators across Compliance and Internal Audit will be considered in 2019 reporting.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
29	Request from Council to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/001	FTP	IAT Timeliness: Receipt to IAT Decision	Tom Scott (Executive Director, FTP Transition)	Target level to be adjusted to 20 days following Council request.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
30	Request from Executive Director, FTP Transition and Principal Legal Advisor to split performance indicator	Post-go-live amendment to performance indicator	PI/FTP/010	FTP	ILPS Timeliness: Disclosure Time Taken	Tom Scott (Executive Director, FTP Transition), Lisa-Marie Williams (Principal Legal Advisor)	Performance indicator to now focus solely on ILPS performance.	EMT board meeting - 30/07/2018	Q2 2018 scorecard
31	Request from Executive Director, FTP Transition and Principal Legal Advisor to split performance indicator	Addition of new performance indicator	PI/FTP/028	FTP	ELPS Timeliness: Disclosure Time Taken	Tom Scott (Executive Director, FTP Transition), Lisa-Marie Williams (Principal Legal Advisor)	* Title - ELPS Timeliness: Disclosure Time Taken * Definition – The proportion of ELPS cases to be disclosed within 98 working days of referral * Green when – 80% + * Amber when – 75% to 79% * Red when – 0% to 74% * Ref number - PI/FTP/028	EMT board meeting - 30/07/2018	Q2 2018 scorecard
32	Request from Executive Director, Registration and Corporate Resources for PMO performance indicator to be removed.	Removal of performance indicator	PI/REG/020	Registration and Corporate Resources	PMO Engagement Survey Results	Gurvinder Soomal (Executive Director, Registration and Corporate Resources)	Performance indicator to be removed from the report due to the changing nature of the PMO's role and how business planning is now embedding into business as usual rather than being considered as one-off activity on an annual basis.	EMT board meeting - 30/07/2018	Q2 2018 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
33	Request from Executive Director, FTP Transition and Principal Legal Advisor to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/014 PI/FTP/015 PI/FTP/016	FTP	IOC Timeliness Measures	Tom Scott (Executive Director, FTP Transition)	All cases that are being relisted for an IOC, to be excluded from the cohorts of cases measured within these indicators.	EMT board meeting - 24/11/2018	Q3 2018 scorecard
34	Request from the Executive Director FTP Transition to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/013	FTP	Hearings Lost & Wasted Days	Tom Scott (Executive Director, FTP Transition)	Hearings Lost & Wasted Days' is retitled to 'Hearing Days Utilised. This follows EMT discussion about changing the emphasis of this indicator in line with other FTP indicators (with the target level set at the aspiration to meet desirable levels, rather than to avoid undesirable levels) and the change is provisionally made in this version of the report with a target level of 80% or above, amber range of 76% to 79% and red of less than or equal to 75%. This criteria is the inverse measurement of the previous levels set when the emphasis of the measurement was focused on lost/wasted rather than productive days.	SLT board meeting - 17/12/2018	Q4 2018 scorecard
35	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	All FTP performance indicators with the exception of PI/FTP 017, 018 & 019	FTP	All FTP indicators other than those relating to Interim Orders Committee	Tom Scott (Executive Director, FTP Transition)	All FTP performance indicators that measure performance in percentages* are to be amended so that the amber bands are consistently span a range running to 10% below the existing target/desired performance level. This change is proposed so that so that they can act as an early warning signal for improving or deteriorating performance. At present the narrow bands mean that performance is prone to switching from red to amber or vice versa with very little warning It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards. *With the exception of Interim Orders Compliance Indicators 017/018/019 which will all continue to have no amber band.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
36	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	On the FTP End to End Dashboard in the 'Contextual Measures' section, it is agreed to start expressing volumes of work incoming and in progress at each stage, with supplementary data on the number of weeks/months it will take to clear that work based on standard processing times to give a better indication of whether backlogs are starting to emerge. It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (implemented) Monthly version - January 2019 (implemented)
37	Request from Executive Director Strategy and Organisational Development	Move of performance indicators section	PI/STR/006 PI/STR/007	STR to OD	Internal Communications - Awareness of Organisational Priorities and Understanding of the External Environment	Bobby Davis (Executive Director, Organisational Development)	Performance indicators to be moved from section 4.1 Communication & Engagement Performance Indicators to Section 3.4 HR Performance Indicators - People Planning, Engagement and Development	SLT board meeting - 12/02/2019	Q4 2018 scorecard
38	Request from Executive Director Legal & Governance	Removal of performance indicator	PI/FTP/007	Legal	ILPS Staff Productivity	Lisa-Marie Williams (Executive Director, Legal & Governance)	Performance indicator to be removed. The rationale for removing this indicator is that it measures individual employee performance which is more a matter for operational management team reporting rather than for SLT/FPC Council attention. At the time that the Balanced Scorecard was introduced in 2017, staff productivity in ILPS was a particular area of attention in line with several aspects of ILPS performance that were recognised to need improvement at that time. This is no longer the case, and this measure is now routinely reported as green hence removal.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - February 2019 (implemented)
39	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0023	Information	Freedom of Information Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
40	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0024	Information	Data Protection Act Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
41	Request from Executive Director, FTP Transition	Post-go-live amendment to supplementary FTP indicators	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	FTP End to End Dashboard is proposed to have the Contextual measures section of the dashboard redeveloped to provide a balance sheet for each case stage. Thereby for each case stage the Opening Caseload + New Incoming - Processed - Cancelled will all be included and reconcile to provide the Closing Caseload for the end of the period.	SLT board meeting - 12/02/2019	Pending - Data required is pending further development

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

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

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

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/014	Facilities	Health & Safety Incident Occurrence	Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Performance Objective 1 & 2: Highly effective regulator and management of resources	No incidents occur	No incidents occur	1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)	1 or more prohibition notice	Organisational	Quarterly	PI
PI/FCS/015	Facilities	Serious Accident Occurrence	Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Performance Objective 1 & 2: Highly effective regulator and management of resources	No incidents occur	No incidents occur	1 or more reported near miss	1 or more reported serious accident	Organisational	Quarterly	PI
PI/FCS/016	Facilities	Staff Satisfaction - Working Environment	Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey	Facilities team are recognised to provide a good level of customer service in all aspects of the day to day running of the GDC estates.	Performance Objective 1 & 2: Highly effective regulator and management of resources	75% or above	75% +	50% and 74%	49% or less	Departmental	Quarterly	PI
PI/FCS/017	Facilities	Wimpole Street Lift Availability	The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service	Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.	Performance Objective 1 & 2: Highly effective regulator and management of resources	95% availability (8 hours)	8 hours or less	8.1 hours to 16 hours	16 hours +	Departmental	Quarterly	PI
PI/FCS/018	Facilities	External Contractors Performance	Number of jobs completed by external contractors within their given priority SLA	The external contractors used by the GDC respond to the organisation's job requests quickly and efficiently.	Performance Objective 1 & 2: Highly effective regulator and management of resources	95% within SLA	95% +	70% and 94%	69% or less	Departmental	Quarterly	PI

SECTION 3 - GDC PERFORMANCE INDICATORS MASTER LIST - STRATEGY DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/STR/004	Communications	External Mass Engagement	The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work	The GDC is able to plan effectively in order to positively influence and shape media coverage and to reduce the volume of reactive media coverage to the lowest possible level. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: Improve our communication with dental professionals and stakeholders	35> (proactive)	>35 (proactive)	21-34 proactive	20 or fewer (proactive)	Organisational	Quarterly	PI
PI/STR/005	Communications	External Face-To-Face Engagement	The number of face to face engagement events with they GDC's key stakeholders.	An increasing number of Registrants are able to hear GDC messaging in face to face updates, to enable the delivery of key messages. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: Improve our communication with dental professionals	>60 engagements	>60 engagements	51-59 engagements	50 or fewer engagements	Organisational	Quarterly	PI
PI/STR/008	Standards	Standards Perception	Degree of evidence of positive perception of the GDC's Standards to be tested through data collected as part of the wider work of the Regulatory Reform Programme	GDC Registrants are able to understand and engage with the GDC Standards in order to employ them in their work, helping to protect patient safety.	Professionals objective 4: To guide dental professionals in meeting the standards we set for them	TBC	TBC	TBC	TBC	Departmental	TBC	Placeholder awaiting development
PI/STR/009	Quality Assurance	Education providers - Proportion meeting 'Protecting Patients' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Protecting Patients standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	70% met and less than 10% not met	70% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/010	Quality Assurance	Education providers - Proportion meeting 'Governance' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Governance standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 20% not met	50% met and less than 20% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/011	Quality Assurance	Education providers - Proportion meeting ' Student Assessment Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Student Assessment standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 10% not met	50% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/012	Quality Assurance	Proportion of inspections that require re-inspection	Proportion of all institutions inspected within the period that require follow up re-inspection	The majority of institutions pass inspection first time round without the need for re-inspection, indicating that they are meeting required standard without need for re-inspection	Professional Objective 2: Help ensure professionals are properly trained	<15% re-inspection	<15% re-inspection	15% to 29% re-inspection	30%> re-inspection	Departmental	Quarterly	PI
PI/STR/013	Communications	GDC newsletter engagement	The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.	More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.	Performance objective 1: Improve our communication with dental professionals and stakeholders.	>50%	.>50%	40-49%	<40%	Organisational	Quarterly	PI

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

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/001	UK Registration	UK Dentist Overall Processing Time	The average overall time taken to process all UK Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	90 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/002	UK Registration	UK Dentist Active Processing Time	The average time taken with days on-hold removed to process all UK Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/003	UK Registration	UK DCP Overall Processing Time	The average overall time taken to process all UK DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/004	UK Registration	UK DCP Active Processing Time	The average time taken with days on-hold removed to process all UK DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/005	UK Registration	Restoration Overall Processing Time	The average overall time taken to process all Restoration Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/006	UK Registration	Restoration Active Processing Time	The average time taken with days on-hold removed to process all Restoration Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/007	Dentist Casework Registration	EEA Dentist Overall Processing Time	The average overall time taken to process all EEA Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/008	Dentist Casework Registration	EEA Dentist Active Processing Time	The average time taken with days on-hold removed to process all EEA Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/009	Dentist Casework Registration	Assessed Dentist Overall Processing Time	The average overall time taken to process all Assessed Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/010	Dentist Casework Registration	Assessed Dentist Active Processing Time	The average time taken with days on-hold removed to process all Assessed Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/011	DCP Casework Registration	Assessed DCP Overall Processing Time	The average overall time taken to process all Assessed DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 120 Days	121 Days (Statutory Time Limited Level) +	Departmental	Monthly	PI
PI/REG/012	DCP Casework Registration	Assessed DCP Active Processing Time	The average time taken with days on-hold removed to process all Assessed DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81-120 Days	121 Days (Statutory Time Limit Level) +	Departmental	Monthly	PI

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

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/013	Dentist Casework Registration	Specialist List Overall Processing Time	The average overall time taken to process all Specialist List Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/014	Dentist Casework Registration	Specialist List Active Processing Time	The average time taken with days on-hold removed to process all Specialist List Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/015	Customer Advice & Information team	Call Centre Availability	The proportion of inbound calls from members of the public that are answered by the Customer Service and Information team	The majority of customer service calls can be answered by the customer service team in a timely fashion prior to the caller ceasing to wait in the call queue.	Performance Objective 1 & 2: Highly effective regulator and management of resources	85% + calls are answered	85% +	65% to 84%	64% or lower	Departmental	Monthly	PI
PI/REG/016	Cross Directorate	Registration Customer Satisfaction	Combined % of respondents either strongly agreeing or agreeing with the statement "I was satisfied with the customer service I received from the GDC".	Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.	Performance Objective 1 & 2: Highly effective regulator and management of resources	80% or above	80% +	60% to 79%	59% or lower	Departmental	Monthly	PI
PI/REG/017	Registration	Registration Applications Processed	The year to date number of additions to the Register compared to budgeted levels	Volume of applications coming in to the GDC remains in line with the levels expected when the budget is set to help maintain expected income position. Once arrived, applications are processed at the rate expected to maintain product processing expectations	Performance Objective 1 & 2: Highly effective regulator and management of resources	100% of Expected Registrations	95% +	85% and 94%	84% or less	Departmental	Monthly	PI
PI/REG/018	Cross Directorate	Registration Audit Pass Rate	The proportion of Registration applications that pass audit inspection	All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.	Performance Objective 1 & 2: Highly effective regulator and management of resources	90% pass rate	90% and 100%	80% and 89%	79% or lower	Departmental	Monthly	PI
PI/REG/019	Cross Directorate	Minimum Acceptable Productivity	The proportion of all Registration staff reaching minimum acceptable productivity (MAP) targets	Team member productivity is high, supporting wider objectives to process volumes of incoming work in a timely fashion	Performance Objective 1 & 2: Highly effective regulator and management of resources	95%+ Of Staff Meeting MAP's	95%+	85% to 94%	84% or Lower	Departmental	Monthly	PI
PI/FCS/001	Finance	Organisational Income	Total income received by the GDC from all registrant types compared with budget	Total ARF income received by the GDC is sufficient to fund its operations	Performance Objective 2: Management of resources/ efficiency	100% + to budget	100% +	98% to 99.9%	97.9% or lower	Organisational	Quarterly	KPI
PI/FCS/002	Finance	FTP Expenditure	Total forecast annual operating expenditure by the FtP directorate compared with budget	The costs of running FTP operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organiaational	Quarterly	KPI
PI/FCS/003	Finance	Non-FTP Expenditure	Total forecast GDC annual operating expenditure (excluding the FtP directorate), compared with budget	The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organisational	Quarterly	KPI
PI/FCS/004	Finance	Pension Scheme Funding Position	The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities	The GDC DB pension scheme assets are sufficient to meet the scheme's liabilities and, where this fails to be the case, the scheme is fully funded to avoid a call on the employer for further contributions.	Performance Objective 2: Management of resources/ efficiency	100% or greater	Less than £2m shortfall	Between £2m and £5m shortfall	Greater than £5m shortfall	Organisational	Quarterly	PI

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

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/005	Finance	Financial Reporting Timeliness	The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline	The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports	Performance Objective 2: Management of resources/ efficiency	3 out of 3 months delivered to deadline	3 out of 3 months	2 out of 3 months	1 out of 3 or fewer	Departmental	Quarterly	PI
PI/FCS/006	Finance	Fees and Expenses Payments Timeliness	Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines	The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	Performance Objective 2: Management of resources/ efficiency	95% processed within deadline	95% +	85% to 94%	84% and lower	Departmental	Quarterly	PI
PI/FCS/007	Finance	Invoices and Refunds Timeliness	Proportion of invoices and refunds that are processed in line with recognised deadline (Note: RAG rating driven by the weaker performing out of the two factors)	The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	Performance Objective 2: Management of resources/ efficiency	90% processed within 30 days	90% +	75% to 89%	74% and lower	Departmental	Quarterly	PI
PI/FCS/008	Finance	Adherence to Purchase Order Policy	Value of invoices where a purchase order has been raised at the point of commissioning the service/product	GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.	Performance Objective 2: Management of resources/ efficiency	Less than £150k non invoiced spend	Below £150k	Between £150k and £400k	Above £400k	Organisational	Quarterly	PI
PI/FCS/019	Finance	Organisational Efficiencies	The actual realisation of planned organisational efficiencies in comparison to budgeted levels	For efficiency savings to be equal to or greater than the budgeted level	Performance Objective 2: Management of resources/ efficiency	For efficiency savings to be equal to or greater than the budgeted level	Forecast yearly efficiency savings at 100% or greater of budgeted level	Forecast yearly efficiency savings at 95% to 99% of budgeted level	Forecast yearly efficiency savings at less than 95% of budgeted level	Organisational	Quarterly	PI
PI/FCS/009	IT	GDC Website and Online Register Availability	The proportion of time that the GDC website is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (including the online register and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/010	IT	eGDC Site Availability	The proportion of time that the eGDC website is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI
PI/FCS/011	IT	Dynamics CRM Availability	The proportion of time that the Dynamics CRM organisational database is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/012	IT	GDC Exchange Email Availability	The proportion of time that GDC Exchange Email is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI
PI/FCS/013	IT	IT Service Desk Timeliness	The proportion of IT support/development requests that are processed within service level agreement timeframes	The IT team provide timely and effective IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.	Performance Objective 1: Improve performance across all functions	90% within deadline	95% to 100%	90% to 94.99%	0% to 89.99%	Departmental	Monthly	PI
PI/FCS/014	IT	IT Customer Service Feedback	The proportion of customer survey feedback received in the 'satisfactory' category	The IT team provide a good level of customer service in the effective provision of IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.	Performance Objective 1: Improve performance across all functions	95% satisfactory	95% to 100%	90% to 94.99%	0% to 89.99%	Departmental	Monthly	PI

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

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
Additional Registration information to be provided in the 'Registration process flow' section for each route to registration for the following fields: <i>Incoming, applications Processed, applications Work In Progress applications.</i> These are being classified as 'contextual measures' rather than 'Key Performance Indicators'												

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

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

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

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

Additional FTP information to be provided in the 'FTP process flow' section for each route process stage for the following fields: *Incoming, cases ,Processed, cases , Referral rate, Work In Progress.*
These are being classified as 'contextual measures' rather than 'Key Performance Indicators'

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

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

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD

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

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD

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

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

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

Q2 Finance Review

Purpose of paper	To report on the General Dental Council's financial performance outturn for the six months to 30 June 2019.
Action	For discussion and noting
Status	Public Session
Corporate Strategy 2016-19	Performance Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan 2018	Objective 2: Manage, the GDC's finances effectively, maintaining sufficient reserves to ensure resources are available to manage our statutory functions
Decision Trail	Paper discussed at SLT Board meeting 6 August 2019. Paper discussed at FPC meeting 10 September 2019.
Next stage	N/A
Recommendations	Council is asked to discuss and note the report on the GDC's financial performance for the six months to 30 June 109
Authorship of paper and further information	Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049 Gurvinder Soomal, Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333
Appendices	Annex A – Staff Headcount analysis Annex B – Balance sheet [June Financial performance report already distributed]

1. Executive summary

- 1.1. This paper is to report on the GDC's financial performance for the six months ending 30 June 2019. At the end of June, the GDC's operating surplus was £2.4m higher than budgeted at £23.1m.
- 1.2. Income was £0.4m higher than budgeted from more dentists renewing their registration in December 2018 than budgeted. There has also been higher income generated from investments resulting in further income of £0.3m than budgeted.
- 1.3. Expenditure was £1.9m lower than budgeted of which, £1,000 is a result of recurring savings, £678,000 are cumulative Q1 and Q2 'one-off' savings achieved in 2019, and £1.2m are savings resulting from timing differences.
- 1.4. Council is asked to discuss the report on the GDC's financial performance for the six months to 30 June 2019.

2. Income and expenditure account for six months to 30 June 2019

- 2.1. The table below summarises the income and expenditure account for the 6 months ending 30 June 2019. It shows that actual income is £0.4m higher than budgeted and expenditure for the period is £1.9m lower than budgeted. The result for the period is a £24.1m surplus of income over expenditure, £2.4m higher than the £21.7m surplus budgeted, and £1.1m higher than forecasted at the end of Q1.

	Year to Date					Full Year		
	Actual	Forecast	Budget	Variance to Forecast	Variance to Budget	Forecast	Budget	Variance to Budget
	£000	£000	£000	£000	£000	£000	£000	£000
Income								
Fees	42,082	41,994	41,927	88	154	45,858	45,747	111
Investment income	279	225	25	54	254	433	50	383
Exam income	1,014	1,014	1,005	0	9	1,597	1,588	9
Miscellaneous income	9	8	3	1	6	11	6	5
Total Income	43,384	43,240	42,961	143	423	47,898	47,390	508
Expenditure								
Meeting fees & Expenses	2,855	3,205	3,514	350	659	6,423	6,551	128
Legal & Professional	3,458	3,739	3,894	282	436	7,762	7,619	(142)
Staffing costs	9,812	9,972	10,330	160	518	19,672	20,390	717
Other staff costs	506	598	789	93	283	1,498	1,536	38
Research & Engagement	270	323	429	54	159	771	741	(29)
IT costs	691	700	690	9	(1)	1,336	1,333	(3)
Office & Premises costs	1,054	986	891	(68)	(163)	1,916	1,750	(166)
Finance costs	127	150	86	23	(41)	359	245	(114)
Depreciation costs	588	593	590	5	2	1,192	1,175	(17)
Contingency	0	0	0	0	0	1,612	1,662	50
Total Expenditure	19,362	20,268	21,213	907	1,852	42,540	43,003	462
HMRC Refund	(107)	(107)	0	0	107	(107)	0	107
OPERATING SURPLUS / (DEFICIT) BEFORE TAXATION	24,130	23,080	21,747	1,050	2,382	5,465	4,388	1,077

- 2.2. Income was £0.4m higher than budgeted due to the following:

- More dentists renewing their registration in December 2018 than budgeted.

- Additional unbudgeted income generated from bank interest and S&W investment totalling £0.3m.

2.3. The key drivers for expenditure being £1.9m lower than budgeted were as follows:

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

Recurring' savings/(overspend)	£000s
HR/Estates: The recruitment budgets are underspent in both Estates (£145,000) and HR (£26,000) as we try to lead the recruitment process ourselves as part of our recruitment strategy. The expectation is for the underspend to continue however this may be at a reduced rate if we incur costs for external recruitment where we struggle to fill any vacant roles. The recurring savings element of the recruitment budget has been assessed by looking at the results of the Q2 forecasting, to eliminate variances we believe relate to timing differences.	171
Estates: The overspend is as a result of the Colmore Square rent budgeted on the basis that the rent holiday would be spread over a five-year period. However, aligned to accounting policy IFRS16, the rent holiday must be spread over the life of the lease. Therefore, the budget for 2019 is understated.	(123)
Finance: S&W investment management fee not budgeted for in 2019.	(47)
	1
'One-off' savings/(overspend)	
ILPS: There has been an increase in the travel to Birmingham to support the FtP teams based in Birmingham whilst they transition the service to Birmingham.	(9)
CEO & Executive Directors: Increased travel to Birmingham now the organisation is located over two regional sites, as well as increased presence in Birmingham as services transition.	(14)
Estates: The service charge for Colmore Square relates back to September 2018, where the Q4 2018 expense was not accrued in 2018.	(45)
HR: Legal defence budget was provided for in 2019 however this function is now the responsibility of our In-House Legal Advisory Services team. The Learning and development budget activity has been delayed and led to the budget requirement being reduced by £60k, with the remaining activity to be now be completed next year.	108
Education QA: The original budget was based on 60 meetings costed at £353 per day, however the budget should have been based 11 people completing multiple meetings in one day and claiming £353 per day. Inspections budget was were also higher than actual recorded. This is partly offset by increase in travel and subsistence required for some of the team now located in Birmingham.	82

Staff costs: Vacant posts across the organisation which are in the process of being recruited to but have not yet been filled (net saving of £494k when considering any temporary staff cover). In addition, several the new Birmingham posts have been recruited below market rate, generating a saving of around £106k at the end of the half year.	600
DCS: There has been reduced accommodation and meeting venue hire due to lower number of panels year to date.	23
FtP Management: The overspend on consultancy and professional fees and project costs, all relate to the End to End review. The project cost was for a corporate video and the consultancy support. The provision for this work is held in an E2E enabling provision in contingency and will be adjusted for in Q3.	(13)
Facilities: Rent for Baker Street (January 2019) that was incorrectly omitted during budget setting (£10k). General rates were budgeted lower than the rates received by City of Westminster (£44k).	(54)
	678
Savings/(overspends) from timing differences	
Hearings: 193 lost and wasted days in the first two quarters has resulting in lower productive days than that budgeted year to date. Hearing days deferred are increasing the forecast in Q4 to bring the overall budgeted spend closer to profile.	432
Governance: Member recruitment, meeting venue hire and consultancy has not taken place when budgeted and reprofiled into the latter part of the year.	88
HR: The budget profiling of Life Assurance and Income Protection premiums due for payment later in the year.	99
FtP Staff costs: The budget overspend on staff costs relate to parallel running costs for the transfer of the function to the Birmingham office under the Estates Strategy, which had not been profiled to the FtP budget during the budget setting process.	(82)
HR: Expenditure on Learning and Development has not taken place according to the original budget profile. Courses budgeted to take place in Q1 but have now been rescheduled to Q3 and Q4.	63
Estates: The profiling of expenditure on recruitment external adverts is due later in the year for the recruitment of roles in Birmingham transitioning from London	11
Finance: Profiling difference in relation to bank charges, which fluctuate accordingly with income received.	(16)
Research: There has been delays in commissioning of research projects, in particular around the Seriousness Review, which is a joint procurement with the NMC, and the Accessibility in the Complaints Handling research.	141
In-House Appeals & Criminal Services: There has been lower than budgeted illegal practice cases, the budget was evenly profiled over the year. The budget is expected to be spent in the latter part of the year.	16
In-House Legal Advisory Service: The budget is for appeals and external miscellaneous legal advice that is hard to plan for. The budget is expected to be spent in the latter part of the year.	43
ILPS: 164 new referrals were budgeted to be allocated to the in-house legal prosecution service (ILPS) between October 2018 and June 2019, 177 new referrals were allocated over the period, however we are waiting to see the throughput of the legal costs which will hit later in this financial year.	220

ELPS: Although referrals to ELPS YTD are seven above budget which is also the expected full year forecast, referrals in Q4 2018 were lower than forecast, resulting in lower than budgeted external legal costs. We think that the impact of higher level of referrals than budgeted will impact on cost in 2020.	181
Casework: More instances of medical advice sought because of improved processes which are now embedded.	(12)
Not analysed	(11)
	1,173
Total expenditure variance to budget	1,852

3. Staff headcount at 30 June 2019

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

Contract type	March 2019 FTE	June 2019 FTE	Movement FTE (-)/+
Permanent	311.4	321.6	10.2
Fixed Term Contract	46.2	50.2	4
Temporary Staff	4	5.0	1
Total	361.6	376.8	15.2

3.2. This is 15.2 FTE more than was reported at the end of March 2019 but 18.9 FTE fewer than budgeted as at the end of June 2019. The table at Annex A analyses total GDC headcount by cost centre at 30 June 2019.

4. Recommendations

5.1 Council is asked to discuss and note the report on the GDC's financial performance for the six months to 30 June 2019.

5. Appendices

- Annex A – Staff Headcount Analysis
- Annex B – Balance Sheet

Annex A COST CENTRES	PERIOD							YEAR END			
	ACTUAL				Q1 FORECAST	BUDGET	BUDGET VS ACTUAL	FORECAST	BUDGET	FORECAST VS BUDGET	FORECAST VS ACTUAL
	PERMANENT	FIXED TERM CONTRACT	TEMPORARY STAFF	TOTAL (INCLUDING TEMPS)							
FtP - Casework	43.6	8.6	0.0	52.2	44.4	46.4	(5.8)	40.1	34.6	(5.5)	(12.1)
FtP - Initial Assessment	5.0	1.0	0.0	6.0	6.0	6.0	0.0	1.0	1.0	0.0	(5.0)
External Legal Prosecution Services	1.0	0.0	0.0	1.0	1.0	1.0	0.0	1.0	1.0	0.0	0.0
FtP - Case Examiners & IC	13.6	1.0	0.0	14.6	16.6	15.6	1.0	11.6	17.0	5.4	(3.0)
FtP - Case Review	7.0	0.0	0.0	7.0	7.0	7.0	0.0	3.0	2.0	(1.0)	(4.0)
FtP Hearings	22.8	7.0	0.0	29.8	27.8	31.8	2.0	26.0	31.8	5.8	(3.8)
FtP - Improvement/Management	4.0	0.0	0.0	4.0	3.0	3.0	(1.0)	1.0	3.0	2.0	(3.0)
Dental Complaints Service	6.6	0.0	0.0	6.6	6.6	6.6	0.0	6.6	6.6	0.0	0.0
Total Fitness to Practice	103.6	17.6	0.0	121.2	112.4	117.4	(3.8)	90.3	97.0	6.7	(18.8)
Registration (RC01-RC03)	19.0	0.0	0.0	19.0	21.0	21.0	2.0	24.0	21.0	(3.0)	5.0
Registration - Operations (RC04-07)	22.0	2.0	0.0	24.0	27.0	28.0	4.0	27.0	28.0	1.0	3.0
ORE - Exams (RC06)	4.0	0.0	0.0	4.0	4.0	4.0	0.0	4.0	4.0	0.0	0.0
Registration - Management (RC09)	3.0	0.0	0.0	3.0	4.0	4.0	1.0	3.0	4.0	1.0	0.0
Projects	5.8	4.0	0.0	9.8	13.8	13.6	3.8	12.8	13.6	0.8	3.0
PMO	5.0	1.6	0.0	6.6	6.6	7.0	0.4	7.0	7.0	0.0	0.4
Finance & Procurement	12.0	1.0	2.0	15.0	13.0	12.0	(3.0)	13.0	13.0	0.0	(2.0)
IT	21.0	1.0	0.0	22.0	25.0	26.0	4.0	24.0	26.0	2.0	2.0
CEO & Executive Directors	6.0	0.0	0.0	6.0	6.0	6.0	0.0	6.0	5.0	(1.0)	0.0
Corporate Resources	4.0	0.0	0.0	4.0	4.0	7.0	3.0	7.0	6.0	(1.0)	3.0
Facilities	4.0	0.0	0.0	4.0	5.0	5.0	1.0	5.0	5.0	0.0	1.0
Total Registration & Corporate Resources	105.8	9.6	2.0	117.4	129.4	133.6	16.2	132.8	132.6	(0.2)	15.4
In-House Legal Services	26.8	7.0	1.0	34.8	33.8	33.8	(1.0)	38.0	33.8	(4.2)	3.2
Illegal Practice	9.8	2.0	0.0	11.8	11.8	11.8	0.0	11.8	10.8	(1.0)	0.0
Corporate Legal	5.0	2.0	0.0	7.0	9.8	10.8	3.8	9.0	10.8	1.8	2.0
Governance	9.0	2.0	2.0	13.0	11.0	11.0	(2.0)	11.0	11.0	0.0	(2.0)
Information Governance	4.0	2.0	0.0	6.0	6.0	6.0	0.0	6.0	6.0	0.0	0.0
Legal Management	4.0	0.0	0.0	4.0	4.0	6.0	2.0	4.0	6.0	2.0	0.0
Total Legal	58.6	15.0	3.0	76.6	76.4	79.4	2.8	79.8	78.4	(1.4)	3.2
HR	16.0	3.0	0.0	19.0	21.0	18.9	(0.1)	21.0	19.9	(1.1)	2.0
Compliance	2.6	1.0	0.0	3.6	4.6	5.6	2.0	0.0	5.6	5.6	(3.6)
Total Organisational Development	18.6	4.0	0.0	22.6	25.6	24.5	1.9	21.0	25.5	4.5	(1.6)
Policy	11.6	3.0	0.0	14.6	15.6	18.0	3.4	15.6	15.0	(0.6)	1.0
Communications & Engagement	7.6	1.0	0.0	8.6	9.0	9.0	0.4	8.0	9.0	1.0	(0.6)
Research	3.0	0.0	0.0	3.0	4.0	3.0	0.0	4.0	4.0	0.0	1.0
Education QA	11.8	0.0	0.0	11.8	11.8	9.8	(2.0)	9.8	9.8	0.0	(2.0)
Scotland	1.0	0.0	0.0	1.0	1.0	1.0	0.0	1.0	1.0	0.0	0.0
Total Strategy	35.0	4.0	0.0	39.0	41.4	40.8	1.8	38.4	38.8	0.4	(0.6)
HEADCOUNT CHARGED TO OPERATING SPEND	321.6	50.2	5.0	376.8	385.2	395.7	18.9	362.3	372.3	10.0	(2.4)

ANNEX B

For the period ending 30th June 2019

Balance Sheet

	31-Dec-18 £'000	30-Jun-19 £'000
Assets & Liabilities		
Property, plant & equipment	11,699	11,189
Intangible assets	213	182
Pension asset	3,930	3,930
Receivables	1,795	1,446
Less:		
<i>Deferred income</i>	(41,714)	(1,734)
<i>Payables</i>	(7,917)	(5,257)
<i>Non current assets</i>		
	(31,994)	9,756
Represented by		
Reserves:		
<i>General (Opening)</i>	(15,528)	(20,907)
<i>Total income/(expenditure) for the year/YTD</i>	(5,380)	(24,130)
<i>Unrealised gain on investments</i>		
<i>General (Closing)</i>	(20,907)	(45,037)
<i>Pension (unrealised)</i>	(3,930)	(3,930)
<i>Investments (unrealised)</i>	173	173
	(24,664)	(48,794)
Funds		
Investments	14,315	15,199
Cash balances	42,343	23,839
	56,658	39,038
	31,994	(9,756)

Update on performance of the Dental Complaints Service

Purpose of paper	To report on the performance of the Dental Complaints Service (DCS) for quarter 2 (Q2), 2019
Status	Public
Action	For noting and discussion.
Corporate Strategy 2016-19	Patients: Objective 4 – To direct patients who have concerns to the most appropriate organisation, so that problems can be resolved quickly, fairly and cost effectively. .
Business Plan 2017	Continue to raise awareness of the service and drive down the number and age of complaints.
Decision Trail	
Next stage	Not applicable.
Recommendations	The Council is asked to note and discuss the paper.
Authorship of paper and further information	Michelle Williams DCS Head of Operations mwilliams@dentalcomplaints.org.uk T: 020 8253 0811
Appendices	

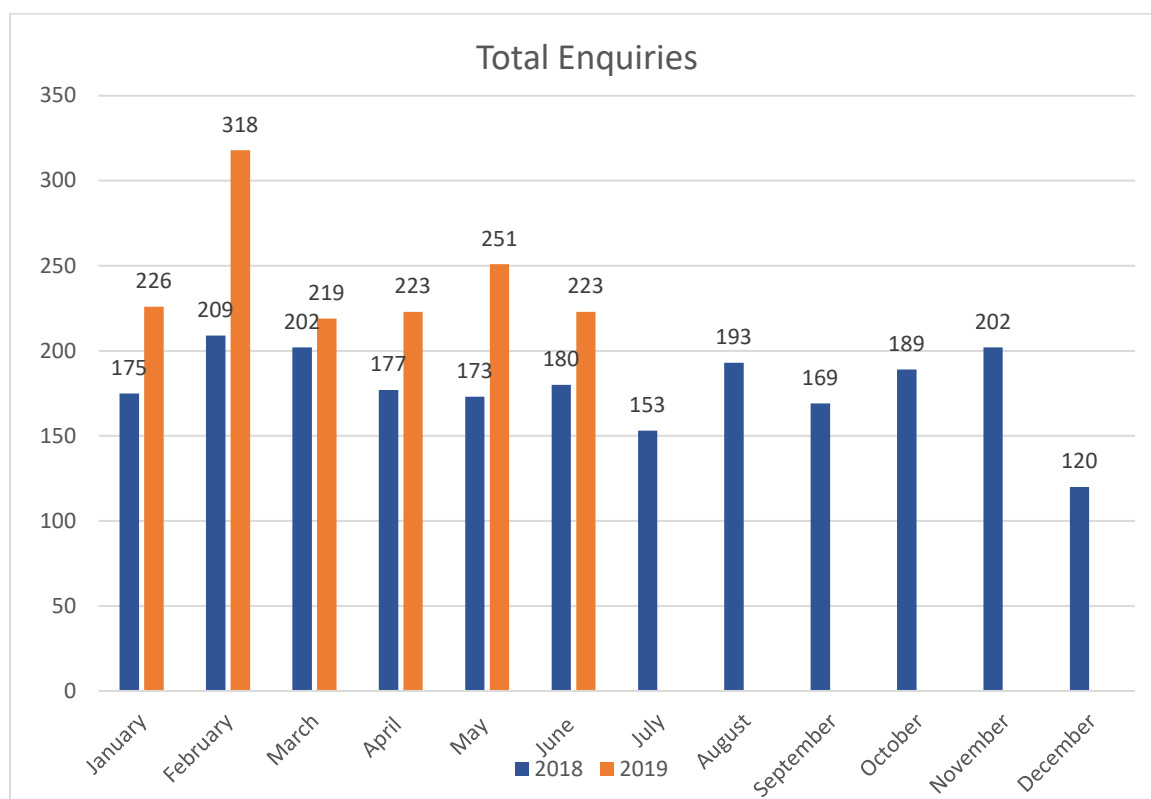
1. Executive summary

- 1.1. This paper summarises the performance of the service in Quarter 2 2019, as well as providing information about the current status of DCS, the challenges faced and how these are being addressed.
- 1.2. Stakeholders have recognised the improvements in performance delivered in 2018, including the demonstration of clear demarcation lines between DCS and FtP functions and the significant reduction in referrals to FtP.
- 1.3. To move the service forward further, the DCS review phase 2 aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner as part of the broader efforts to develop a system wide model for the handling of complaints

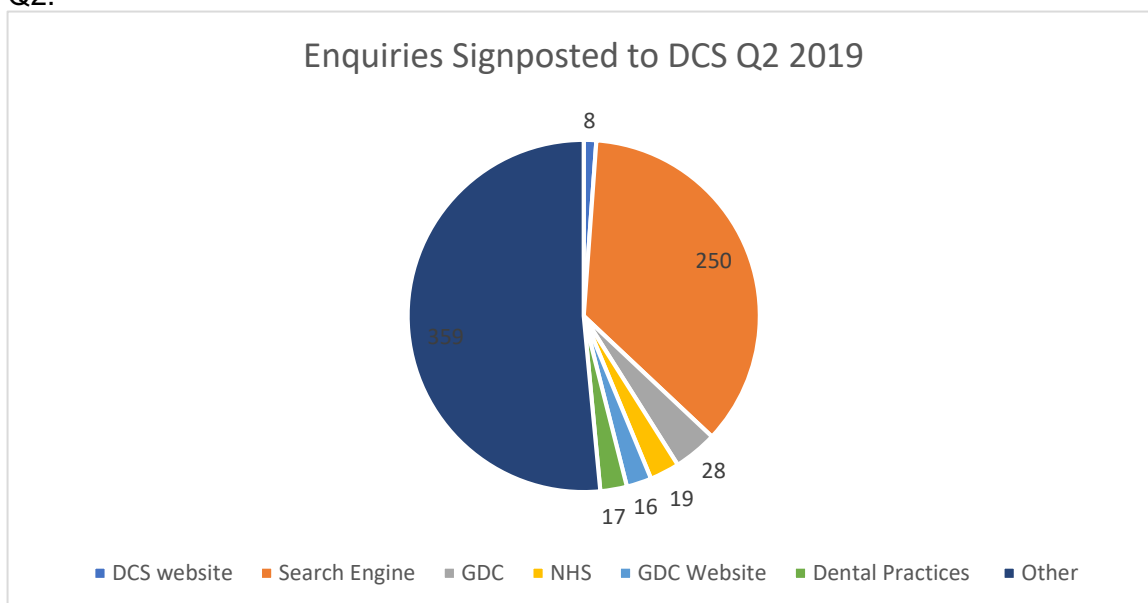
2. Analysis of Performance

Incoming enquiries

- 2.1. The DCS record data for all initial enquiries and complaints. During Q2, 697 enquiries were received, 93% (647) of these enquiries were responded to within 2 days an improvement from 84% in Q1.
- 2.2. The average number of enquiries for 2019 has risen to 243 per month in comparison to 186 in 2018, an increase of 30%.



- 2.3. The following diagram details how the main enquiries were signposted to DCS in Q2.



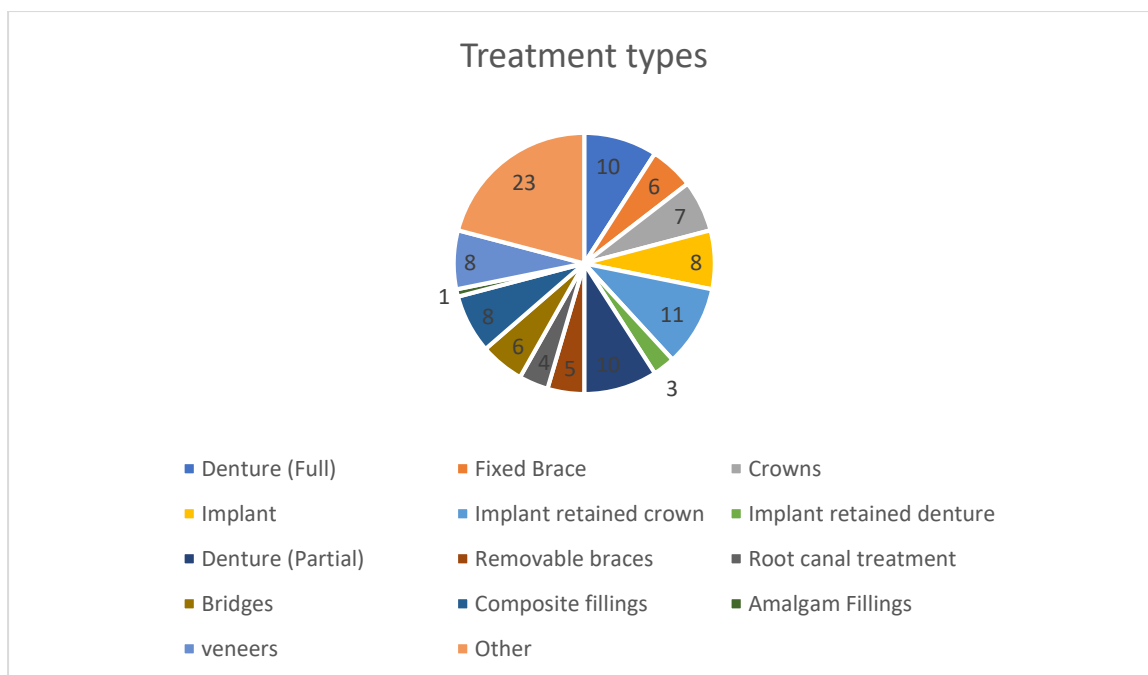
- 2.4. Of the 697 enquiries logged in Q2, 100 cases were opened. 3 referrals to FTP were made (0.43% against enquiries). All enquires are signposted to their dental professional to seek local resolution and if appropriate to the relevant organisation which enables the patient to resolve their concerns appropriately (GDC, Care Quality Commission, NHS Health Boards, Oral Health Foundation, Citizen Advice Bureau and other public bodies). Of those cases raised within the DCS remit the complaints related to:

Complaint issues

- 2.5. The most common issues raised in Q2 by complainants were a perceived failure of treatment (91%) other causes include, availability for treatment (5%) or the patient not being provided with a treatment plan (1%).

Treatment types

- 2.6. Main treatment types relating to complaints raised:



- 2.6 During Q2 there were 6 complaints regarding fixed braces, 5 regarding removable braces. 11 complaints regarding implant retained crown, 5 implant retained full dentures, 3 implant retained partial dentures and 8 regarding the actual implant. 95% (102) of the complaints raised related to the more costly forms of treatment such as dentures, braces, bridges, crowns and implants.

An analysis of the complaints over the last 12 months is included below. As shown DCS received the highest number of complaints (84) in relation to orthodontics, fixed braces (70) and an additional 26 complaints regarding removable braces (logged as invisalign within our system but other brands are used). The second highest (83) for the period were in relation to full (44) and partial dentures (39).

27. DCS Cases Received by Treatment Type

Treatment Sub Type	2018 Q3	2018 Q4	2019 Q1	2019 Q2
Advice/Information (General Practice)	2	3	0	1
Brace (Orthodontics)	19	15	18	6
Bridge (Restorative)	10	7	5	6
Cosmetic Bonding (Non Dental Cosmetic Treatment)	3	1	1	1
Crown (Restorative)	16	12	8	7
Denture - Full Set (Prosthodontics)	12	12	6	10
Denture - Partial (Prosthodontics)	12	13	1	10
Extraction (Surgical Dentistry)	1	1	1	2
Filling - Amalgam (Restorative)	13	8	6	1
Filling - Tooth Coloured (Restorative)	12	5	4	8
General Anaesthesia (General Practice)	1	0	0	0
Gingival Lift (Periodontics)	0	0	0	1
Gingival Recession (Periodontics)	0	0	0	1
Implant Retained Abutment	0	0	2	0
Implant Retained Crown	0	0	1	11
Implant Retained Denture Full	0	0	0	5
Implant Retained Denture Partial	0	0	2	3
Implants (Surgical Dentistry)	11	8	1	8
Impression (General Practice)	0	0	0	1
Infection Control (General Practice)	0	1	0	0
Invisalign (Orthodontics)	7	6	8	5
Jaw Manipulation (Orthodontics)	0	1	0	0
Onlays (Restorative)	0	1	0	2
Root Canal (Endodontics)	10	4	4	4
Scale and Polish (Periodontics)	0	1	0	0
Tooth Bleaching and Whitening (Cosmetic Dental Treatm..)	3	3	0	1
Tooth Sensitivity (General Practice)	1	1	0	0
Veneer (Restorative)	7	4	3	8
Grand Total	140	107	71	102

Geography of complaints

2.7. The below table details the geographic region that private complaints arose from over the last 12 months. London was consistently the highest region that generates complaints.

DCS - Registrant and Informants by Region

10. Incoming Cases - Dentists by Region

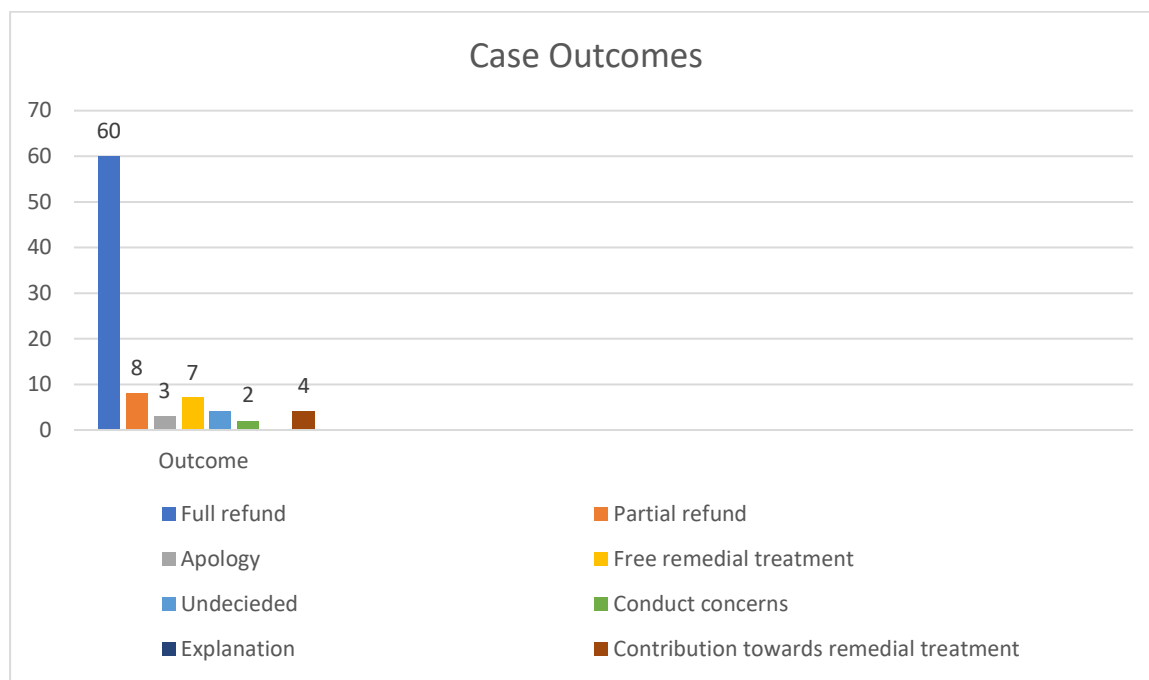
Registered Country Region	2018 Q3	2018 Q4	2019 Q1	2019 Q2
London	30	26	20	26
South East	10	16	11	10
Scotland	14	4	3	6
East of England	10	5	5	2
North West	10	2	3	5
Yorkshire & Humber	10	3	2	2
South West	3	7	2	4
West Midlands	5	2	5	4
North East	2	3	3	3
East Midlands	2	4	3	3
Wales	3	3	1	2
Null	1	1	1	2
Northern Ireland	1	1		
Channel Islands	1			

Null entry, Q4 2018 - the registrant has provided an address in Kenya.

Outcomes

- 2.8. In Q2 2019, the outcomes relating to the 82 concluded cases are detailed in the table below. 85% of all cases were resolved within 3 months during Q2 a 5% decline on Q1. The average resolution time for Q2 was 52 days. We continue to resolve the overwhelming majority of cases we open, demonstrating the on-going interest in and value of the current service.
- 2.9. The most common outcome is to obtain a refund to enable the patient to have their treatment completed by another dental professional. 73% of the resolved cases were resolved following a full refund by the dental professional. During Q2 this amounted to £27,505 from the £31,665 initially requested.
- 2.10. A partial refund was the second most common outcome with 10% of complaints resolved followed by 9% of complaints being resolved by way of free remedial treatment. When assessing a complaint, the complaints officer will detail each outcome the patient is seeking, often a dental professional will apologise for the distress or need for the patient to complain without request. It could be considered that by the dental professional apologising for the upset that may have been caused by the need to complain, without prompting, makes the patient feel they have been listened to and received a sincere and authentic apology and therefore do not need to pursue this further as an outcome.

2.11.



2.12.

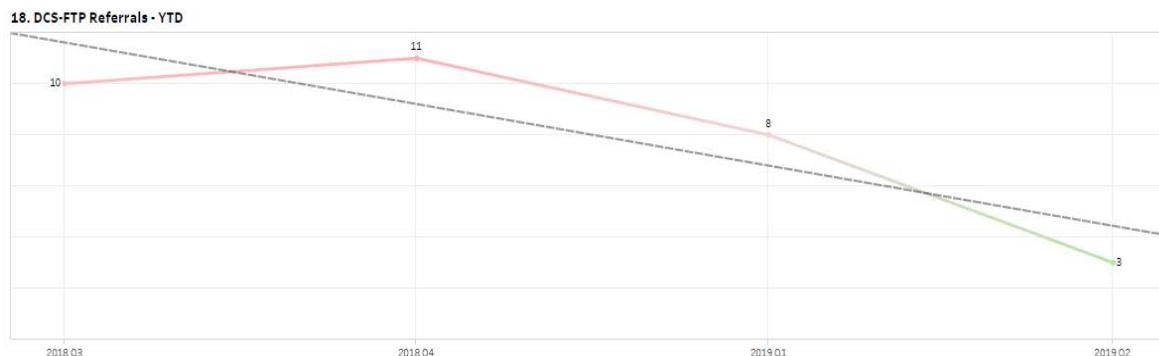
Note: Patients can raise more than 1 complaint/issue and outcome for each aspect of the complaint.

The relationship with FtP

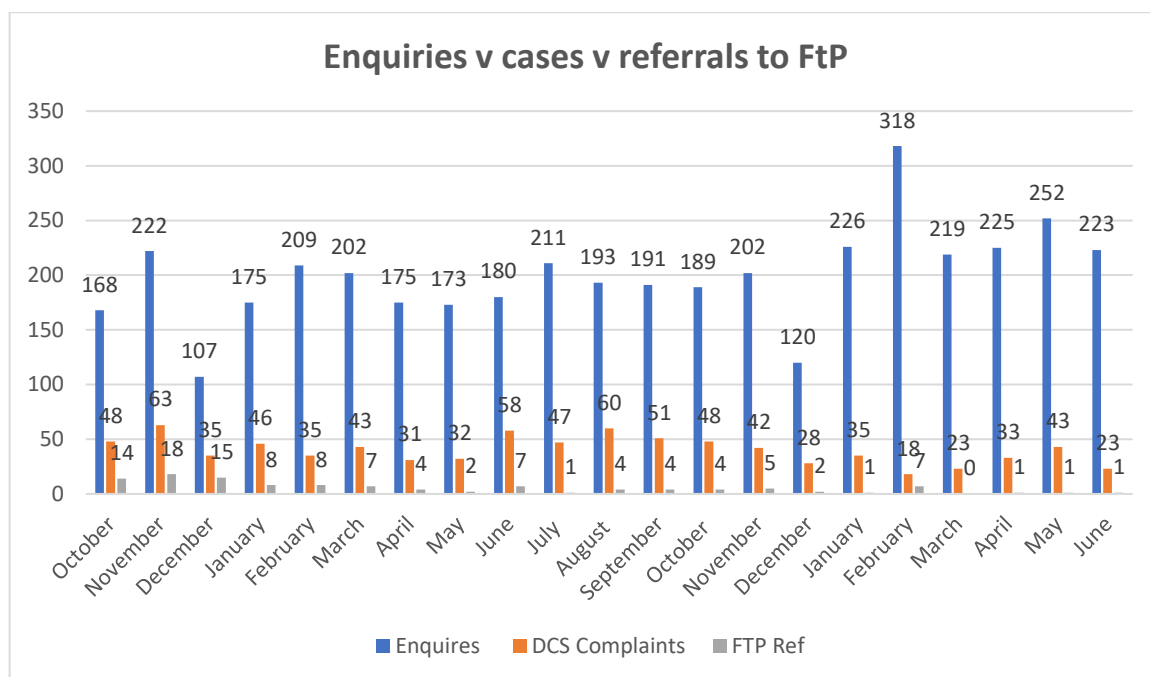
- 2.13. Incoming complaints are assessed against the DCS remit and FTP referral Principles which were introduced on 1 March 2018 as part of the DCS review project. If the complaint does not fall within the DCS remit and DCS are unable to

assist, the patient is referred to the appropriate organisation, this includes: NHS England, ICO, CQC, FTP or they are advised to seek independent legal advice.

- 2.14. All enquiries that either fall within the DCS remit or raise FTP concerns in-line with the FTP principles, are logged and processed as cases. During 2018 there were a total of 57 FTP referrals in comparison to 187 during 2017.
- 2.15. Following the implementation of the new principles the referrals to FTP have dropped significantly to 0.43% in Q2. The average for 2017 was 30.8%



- 2.16. A comparison between the enquiries, cases logged, and the number of referrals made to FTP have been detailed below in figure 4. To ensure that DCS refer cases appropriately a log is kept of cases where the patient advises that they would like the dentists conduct investigated and they are guided through the GDC triage process. Once logged cases can run concurrently between FTP and DCS.



2.17.

DCS enquiries v complaints v referrals to FtP in the last 18 Months

Illegal Practice

- 2.18. 2 referrals were made from DCS to the Illegal Practice team during Q2.
- 2.19. DCS will continue to use the Scope of Practice document to determine if a referral is required to illegal practice.

Performance

2.20. The number of cases concluded by DCS in Q2 are set out below in figure 6. The average resolution time has risen to 52 days at the end of Q2. This is an increase of 3 days in comparison to Q1. This was in part due to increased overall volumes and also due to a single complex case arising at the end of the quarter involving multiple patients where a discussion regarding liability between the current practice owner, the previous owner (the practice went into administration), a registrant who has remained with the practice and the respective indemnity organisations. This has resulted in extended communications with patients seeking redress. This matter is also impacting Q3 performance.

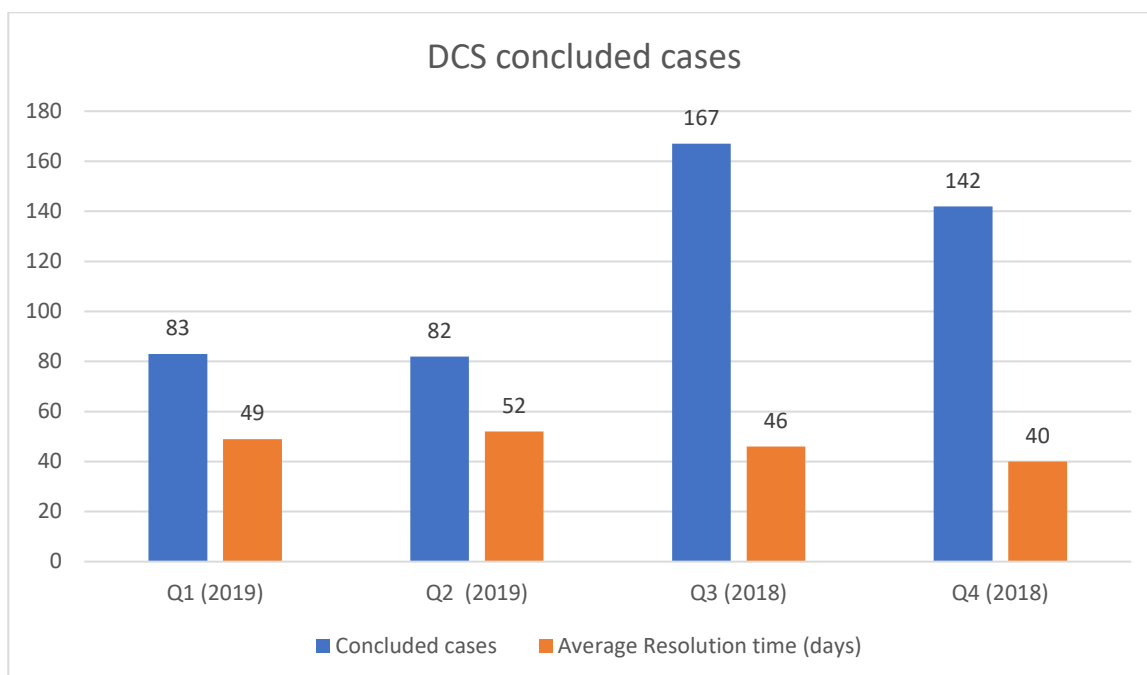


Figure 6. DCS concluded cases for Q1 2019

2.21. Concluded cases are complaints that have closed at either of the four operational stages. No cases were progressed to the panel meeting stage during Q2.

2.22. When cases are closed, feedback forms are sent to both the patient and Dental Professional to obtain feedback on the service that they have received. In Q1 the overall level of customer satisfaction shows 91% of respondents found the service they received good or excellent. This has dropped to 83% in Q2 following 1 response whereby the patient was unhappy with the scope of DCS' remit and 2 were neutral. All feedback is fed back into the DCS Review to enable the DCS to fulfil its objectives where possible.

2.23. DCS are currently investigating other ways of obtaining feedback from Dental Professionals as the return rate remains relatively low. This will enable us to gain a clear understanding of the Dental Professional's experience of the service and see where we can improve. This work commenced in February 2019 with the engagement of the British Dental Association and the endorsement of the 3 main indemnifiers. The survey will be completed by 15 August 2019.

NHS Complaints signposting

2.23.1. Following signposting to the NHS by DCS feedback is sought as to the outcome of complaints resolution within the NHS. 21 Automated feedback requests were sent by DCS during Q2. With only 2 responses received during this period. 1 case was resolved and 1 not by the dental professional.

DCS Review Phase 2

2.21. Following the operational improvements made as part of the DCS Review Phase 1 Phase 2 of the DCS review commenced on 1 September following the initial project board meeting on 16 August. This phase of the review aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner. It will contain three key deliverables:

- The optimisation of the current DCS model within its existing jurisdiction;
- A review and feasibility assessment of alternative models (i.e. who could fund and deliver the service), identifying a preferred model; and
- A service rebrand and launch based on the selected alternative model (if appropriate).

2.24. As discussed during the Q4 update to council DCS are currently working with NHS England to look at the feasibility of assisting with the resolution of NHS complaints that require facilitating. Further information will be provided when this becomes available.

2.25. The DCS annual review will also be produced by the end of Q3. This will incorporate the data and learning we hold since the last annual review in 2014.

3. Recommendations

- For Council to note and discuss the performance of DCS in Q2 2019.

Stakeholder engagement report – Council October 2019

Purpose of paper	This is the latest GDC stakeholder engagement report. It provides Council and staff visibility of the organisational changes and engagement activities with our stakeholders. The report seeks to inform decision making and to facilitate discussions about engagement activity that will assist with the delivery of strategic objectives.
Status	For noting.
Action	For noting.
Corporate Strategy 2016-19	Having an enhanced understanding of our stakeholders and engagement activities is integral to the successful delivery of <i>Patients, Professionals, Partners, Performance</i> . An improved level of engagement and partnership working is a priority of the <i>Shifting the balance</i> work programme.
Business Plan 2019	Having an improved engagement with our stakeholders and partners is integral to the successful delivery of the business plan, as set out in Moving upstream .
Risk register	Not applicable.
Decision trail	On 27 January 2016, Council approved the <i>Communications and Engagement Strategy</i> . Objective C of this Strategy is to engage effectively with external and internal audiences. This report is designed to support this objective.
Next stage	This paper will be distributed to staff for information and discussion.
Recommendations	There are no recommendations in this paper.
Authorship of paper and further information	Lisa Bainbridge, Stakeholder Engagement Manager. For further information please contact Lisa Bainbridge x6384.
Appendices	Appendix 1 – Stakeholder engagement calendar

Contents

This report includes the following sections:

1. Stakeholder appointments and updates
2. Stakeholder engagement activities report
3. Stakeholder engagement calendar

1. Stakeholder appointments and updates

1.1. Ministerial appointments

Jo Churchill MP was appointed Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care (which includes responsibility for Dentistry) in July.

2. GDC Stakeholder Engagement Activities

2.1. Northern Ireland

The GDC attended a meeting of regulators with the Northern Ireland Department of Health on 23 September. The meeting was an opportunity to gather views and discuss ways of working together in the future.

2.2. Scotland

The GDC attended the Scottish Government Regulators Conference Planning meeting on 5 August. The conference is due to take place on 2 November 2020 at the Edinburgh International Conference Centre. The planning committee is aimed at identifying themes and key speakers for the event.

On 9 August, the GDC Director for Scotland met with the interim Chief Dental Officer (CDO) Scotland. The meeting focussed on discussing GDC developments and issues currently faced by the CDO. We also met with the Interim Deputy CDO Scotland on the 21 August, to discuss forthcoming GDC initiatives and to invite the interim CDO to present at the Dental Professional Forum which is being held in Edinburgh in late November.

On 23 August, our Director for Scotland attended a Brexit Briefing; the event featured various discussions in relation to the current political climate and considered future implications of Brexit on healthcare services.

The GDC attended a meeting with the Director of British Dental Association (BDA) Scotland, on 27 August. The meeting focussed on the findings from BDA Scotland's survey of dentists on a range of issues and outlined actions to be taken to ensure dentists' views are conveyed effectively.

The Director for Scotland met the Health & Social Care Alliance Scotland (The Alliance) on 28 August, the General Pharmaceutical Council's (GPhC) Director for Scotland, on 29 August and the Senior Dental Adviser, at NHS National Services Scotland (NSS) on 4 September. The GDC was also represented at the International Conference of Legal Regulators on 05 September organised by the Scottish Regulatory Forum.

The GDC also met with a member of the Scottish Health Council, on 13 September to provide an update on the latest GDC developments and discuss the Scottish Health Council's progress.

Wales

On 25 September the GDC met with the CDO and Deputy CDO for Wales. This was a regular catch up where both the GDC and Welsh Government were able to provide updates on several areas including the GDC's Corporate Strategy, upcoming new appointments and future publications and events.

2.3. England

On 21 July the GDC met with the Postgraduate Dean for Health Education England (HEE). The following issues were discussed: preparedness for practise of UK graduates, return to practise for those who had been out of work for some time and next steps for both organisations.

Dental Clinical Fellows attended a leaving event organised by the Faculty of Medical Leadership and Management Fellows on 23 August. The GDC provided a presentation at this farewell event. Our interim Executive Director, Strategy, also attended the Clinical Fellows welcome event for the 2019 intake on 2 September; hosted by the Faculty of Medical Leadership and Management.

On 28 September the GDC presented at the National Health Students Conference held in Manchester. The presentation covered the role of the GDC including routes to registration and our key role in education.

2.4. BDS foundation and vocational Dentist (FD) engagement

Between August and September, we provided numerous induction presentation to BDS students in their first year of study and foundation/vocational dentists entering the NHS.

The presentations enable us to engage with students and new registrants early on in their professional education and working lives to build positive relationships and ensure that there is consistent messaging around the role of the GDC, as well as on key issues such as promoting professionalism, continuing professional development and effective handling of feedback and complaints

Details of the events attended by the GDC are provided below:

BDS presentations

- 30 July - University of Glasgow
- 13 September - Peninsula Dental School
- 20 September - Cardiff Metropolitan University
- 27 September - Kings College London

Foundation/Vocational Dentist inductions

- 08 August- North of Scotland
- 15 August- South East Scotland
- 02 September- HEE North West
- 03 September- HEE Yorkshire and Humber
- 06 September- HEE Thames Valley and Wessex

- 10 September- Northern Ireland Medical and Dental Training Agency
- 13 September- HEE Midlands and East
- 13 September- HEE London and Kent, Surrey and Sussex
- 20 September - HEE Midlands and East
- 25 September- Health Education and Improvement Wales
- 27 September- East of England
- 3 October - HEE Winchester

2.5. Education

The GDC attended a meeting with the Joint Committee on Surgical Training (JCST) on 8 August.

On 8 August we also attended a meeting with The Royal College of Surgeons to discuss the quality assurance of speciality training and on 5 September, we attended a meeting of the Committee of Postgraduate Dental Deans and Directors.

The quality assurance team hosted an event for awarding bodies on 6 September in Birmingham. The program for the day included sharing details of the role and purpose of the GDC quality assurance function, descriptions of the forthcoming changes to the monitoring, inspection and submissions processes and feedback on stakeholder experiences of working with us and how we can improve.

2.7 Health professional regulators

The Medicines & Healthcare Products Regulatory Agency (MHRA) visited the GDC on 12 August to provide a presentation on the EU devices directive, which comes into effect in May 2020. Staff from Strategy and Fitness to Practise teams attended the session in London.

The GDC took part in the Healthcare Regulators events group meeting on 2 September and provided a briefing on the Corporate Strategy 2020-2022.

A meeting between the GDC and CQC stakeholder teams took place on 5 September. It was an introductory meeting with the CQC's Parliamentary and Stakeholder Engagement Officer. The group discussed the projects that both organisations are working on at the moment and looked at research being carried out into care for the elderly in care homes. The meeting also discussed opportunities to work together in the future and the role each organisation can play at the Moving Upstream Conference.

2.8 International Engagement

We were visited by the Registrar and Assistant Professor at the Faculty of Dentistry, Royal College of Dental Surgeons of Ontario on 5 August. The discussion with our Registrar and Chief Executive included developments in education quality assurance.

The Chief Executive of the Australian Dental Council visited us on 19 August. She met with several staff members to discuss quality assurance in education, the Overseas Registration Exam and our research programme.

On the 20 August we welcomed guests from the Korean Institute of Dental Education and Evaluation to discuss the accreditation of dental programmes and a range of policy and operational issues.

The Association for Dental Education Europe Conference was held in Berlin from 21 to 23 August. We presented the findings of our CPD literature review and the direction of travel for CPD policy, as set out in our discussion document, currently out for consultation. We also attended sessions on sustainability and resilience in dentistry.

-oOo-

Annex 1 – Stakeholder engagement calendar

Find the stakeholder calendar for September-October 2019.

September - October 2019

Westminster, England ▾

Today 66° F / 50° F

Tomorrow 65° F / 53° F

Thursday 69° F / 54° F

Search

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
16 Sep 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Me... 10:00 FW: Dental Foundation Tra...	17 11:00 Meeting with the DTA officeholders (attendees in notes... 12:00 JC & CMK: DTA on the FOI...	18 09:00 DSTAG; Meeting Room - WS (G.5) Board Room (22); Manj... 15:00 CDS meeting; Colmworth; ...	19	20 09:15 FD induction - HEE Midlands and East; Hilton East ... 10:00 BDS induction - Cardiff Me...	21
23 09:00 TG-Protect's Better Profess... 09:00 TBC to attend update mee... 09:30 SPEAC Meeting; Meeting R...	24 SLT Board	25 09:00 Update meeting with Welsh CDO and Deputy CDO; Cardiff; C... 11:30 FD induction Health Educat...	26 FW: EA TRAINING DAY; TBA; Krut... 09:00 PH Toby - Public Policy exc... 10:00 GDC Education Associates ...	27 13:00 BDS induction - Kings Coll... 13:30 FD induction - East of Engl... 15:00 Alex Bowerman - CDO tea...	28 CM-NW (National Health Careers Conferences); Manchester
30 08:00 reminder to invite Clare Callan to SPEAC from October o... 09:30 SPEAC Meeting; Meeting R...	1 Oct Cache DN inspection meeting; K... City & Guilds Inspection; James ... 08:30 October 2019 - MH to atte...	2 Council (workshop) 10:00 RD: HEE Shaping the patie... 15:00 FW: Healthcare Profession...	3 Council (budget) 09:30 FD Induction - HEE Winchester; Meon Valley Hotel, ...	4	5
7 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting...	8 10:00 RS: East meeting West: cultural perspectives in medical professionalism and wellbeing; ...	9 09:00 Bridgewater Annual Symp... 13:30 BDS Induction - University ... 14:00 MD: Senate of Dental Spec...	10 14:00 Judicial Diversity Forum (Officials); Central London	11	12
14 09:30 SPEAC Meeting; Meeting R... 10:30 FW: DSAG meeting; online ... 12:00 MD: Dental Schools Council	15 09:00 RS & KCH: Dental Schools Council 10:00 Tom Scott: Welsh Dental C...	16 10:00 CMK: GMC Wales UK Advisory Forum; stakeholder 10:00 BDS induction - University ...	17 10:00 RD: BDA Northern Ireland Oral Health Matters; Stormont, Belfast, BT4 3ST; stakeholder	18 09:30 FD Induction - HEE North East and North Cumbria; Durham Centre, Belmont Industrial Estate,...	19
21 09:30 SPEAC Meeting; Meeting Room - WS (2.1F) 2nd Floor Meeting Room (SKYPE); Meeting...	22 SLT Board 10:00 Advancing Dental Care Ed... 13:30 BDS induction - Newcastle ...	23 08:30 IJ: Aberdeen Dental School, Preparing for Practice module, fi... 10:30 Chair: Visit to Northern Irel.	24 Belfast BDS Inspection; James Marshall	25 12:30 Confirmed meeting with RCSPG in Glasgow re QA of specialist training; Manjula Das	26