General Dental Council

protecting patients, regulating the dental team

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Annual report and accounts 2016

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1 Statutory purpose

The General Dental Council (GDC) is the UK-wide statutory regulator of the approximately 109,000 members of the dental team. This includes approximately 41,000 dentists and 68,000 dental care professionals (DCPs), including dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists, and orthodontic therapists.

Our purpose: We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. We do this by setting standards for dental education, standards of conduct for dental professionals and ensuring that only those who meet the standards are able to join the register of those who can practise.

We are required to investigate allegations of "impaired fitness to practise". Our investigation process is designed to establish whether the allegation, if proved, relates to serious concerns as to the health, competence or conduct of a dental professional that may put patients at risk, or undermine public confidence in dentistry, and take action to manage those risks, including through placing restrictions on practise or, in the most serious cases, removing a professional from the register.

Our legislation, the Dentists Act 1984 (which was amended in 2016) sets us the following objectives:

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

We fulfil our purpose by using our statutory powers to:

- **Grant registration only to those dental professionals who meet our requirements on education and training, health and good character. Only those who are registered with us can practise dentistry in the UK;**
- **Assure the quality of dental pre-registration and training;**
- **Set standards of conduct, performance and ethics for the dental team;**
- **Investigate allegations of "impaired fitness to practise" and take appropriate action;**
- **Protect the public from individuals carrying out dentistry while not registered; and**
- **Require dental professionals to keep their skills up to date through our continuing professional development (CPD) requirements.**

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

In doing so we aim to demonstrate our values, which are:

Fairness: We will treat everyone we deal with fairly.

Transparency: We are open about how we work and how we reach decisions.

Responsiveness: We can adapt to changing circumstances.

Respect: We treat dental professionals, patients, the public, our partners and our employees with respect.

Message from the Chair 2

WILLIAM MOYES,
CHAIR OF THE GDC COUNCIL

Future challenges in a changing and uncertain time

We are currently in an extended period of change and uncertainty, exemplified by a series of unexpected political developments both here and abroad.

Of course, dentistry does not exist in a vacuum. While members of the dental team work hard to deliver the best possible care for their patients, they are also wrestling with other issues that are further removed from patient care. These include managing the practice and all the administration that goes with it, navigating the current NHS dental contract and any possible reform, at least in England, and of course steering through the various forms of regulation that affect both the team and the practice. The context that the dental team work in is therefore shaped, and at times buffeted, by policy decisions that are taken very far away from the practice itself.

The 2017 General Election has delivered an outcome that was unexpected. The political agenda going forward is of course likely to be dominated by the UK's withdrawal from the European Union – at least for the foreseeable future. The implications of this withdrawal for health and regulation are still unfolding, but could include changes to a range of issues from workforce planning to language testing. Indeed, the GMC's consultation on medical licensing assessment is just the latest of many indications that there may have to be substantial changes to the current approach to the regulation of healthcare professionals – and perhaps not before time.

The post-election domestic agenda is not yet fully clear in relation to policy towards health and social care, and the agenda of the devolved administrations are also evolving. In England, we have had a relatively recent steer from the update to the Five Year Forward View regarding the priorities for the NHS. Similarly, in Scotland, the Health and Social Care Alliance has published a delivery plan, which focuses on achieving both better health and care while delivering better value. Throughout the UK there are concerns about how to meet the needs of patients in the context of an ageing population and financial pressures - with the government setting this as a key national priority in Wales. While in Northern Ireland the development of health and social care policies and programmes has been subject to the recent challenges in maintaining the power sharing agreement and the creation of a new administration.

These broad challenges relating to meeting changing patient needs in the context of tight resources and the directions of travel that have been set out in an attempt to address them could well have implications for dentistry. NHS England, for example, has made it clear that primary care needs to be bolstered and at a local level, care needs to be more integrated to meet patients' needs. What does that mean for the dental team working in partnership with their community care colleagues across a local health economy? The Five Year Forward View also set out the need for technology and innovation to be harnessed to support a safer and more efficient health service. How will dental care respond to technological innovations that have implications for how care is delivered?

And the Five Year Forward View is clear about the need to support older people to live healthier lives. Health and social services have long been grappling with how best to care for an ageing population. Demographic change is not news. Yet the question of how an integrated local health economy, which is where most dental services are delivered, is expected to respond to the changing patient needs that an ageing population presents remains largely unanswered. Also unresolved is the question of how health and care professionals deliver care that is in patients' best interests to populations that are increasingly frail with multiple, complex conditions.

Within these broad questions lie particular issues that dentistry must grapple with. There are significant broad generational differences regarding patients' dental care needs. Many elderly people had all of their teeth removed and replaced with dentures; baby boomers received largely restorative care and can be characterised as the 'heavy metal generation'; generation x's and millennials' oral health is much better compared to their parents and grandparents; but the dental care issue for today's children is prevention. Tooth extraction is now the most common cause of hospital admission for under 10s.

What is the role for the dental team in responding to these changing patient needs? How should care be delivered to ensure it meets such a variety of needs?

And what is the changing role for regulation in this complex picture?

One thing is clear: there will be significant pressure on legislative time over this parliament, so we can't rely on Westminster passing new laws to modernise regulation. If we want help to respond to these broad challenges, it won't come from an updated statute book.

Therefore, the challenge for the GDC and our fellow regulators is to make the system of regulation as fair, proportionate, efficient and patient focused as possible, working within the current legislative framework.

The future for the GDC

And this is what the GDC is doing. Informed by extensive discussions with dental professionals, our partners and patients, we have concluded that the model of regulation needs to change to ensure it can meet the challenges that are facing us all. Our view is that this means we need to do more to prevent harm from occurring, rather than responding to it after the fact. Surely this is the best way to protect the public and maintain confidence in dental services?

Our proposition for moving the focus of our activity from enforcement upstream to contribute to prevention has been described in Shifting the balance: a better, fairer system of dental regulation, which we published in January 2017.

As well as setting out a change in direction for the GDC, Shifting the balance signals a change in focus for the Council. My first term as chair was dedicated to resolving largely internal issues that needed to be addressed so the GDC could improve its performance. The GDC today is very different from the one I inherited in October 2013 - new people, new processes, tighter controls and much more transparent and engaged with all our key stakeholders, who have generally welcomed the scale and pace of change and the direction in which the GDC has been taken.

There is more to do to complete the task, and we are pressing ahead with that. But increasingly our focus is on the system of regulation and how that can be improved by translating the ideas in Shifting the balance into concrete improvements.

This work is moving ahead rapidly. We are doing a significant amount of work to deepen and broaden our engagement with patients, dental professionals, students, policy-makers and the organisations that we work with. To support complaints being resolved by the most appropriate body we will be introducing in the autumn a new digital tool that will signpost patients and others to the organisation that is best placed to help them and we are about to start the end-to-end review of our fitness to practise function to identify further ways to improve those processes.

We will report back on progress and next steps for implementing Shifting the balance in the autumn and we will be calling on the many offers of help that we have received to support the shaping of our proposals into meaningful changes that will make the system fairer more proportionate and ultimately patient focused.

Finally, my thanks to my colleagues on the Council and to the executive team for all their hard work in 2016-17. The GDC has gone through some major changes in the last twelve months, the impact of which is already clear. This would not have happened without the considerable work undertaken by the executive, and the Council. I am very grateful to them for their contributions.

Message from the Chief Executive and Registrar

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IAN BRACK,
CHIEF EXECUTIVE AND REGISTRAR

Driving performance, managing costs

The GDC has devoted a great deal of time and resource during 2016 to achieving improvements in our performance. This focus has been reflected in the Professional Standards Authority (PSA) review of the GDC against the standards that they apply to the health professional regulators' statutory functions.

In 2016, the GDC met a total of 21 of a possible 24 standards. This is a significant improvement on 2015's review. In 2017, the GDC will be beginning an end-to-end review of our fitness to practise processes to drive further improvement in this area. Driving improvements in our performance is an essential part of ensuring that we are as effective as possible – but the improvements must be achieved efficiently. High performance cannot come at any cost; the GDC must offer value for money.

In 2016, the GDC developed a modelling and monitoring system that has helped us understand and improve how we manage our caseload, which is the primary driver of our costs. We are now far better placed to model the impacts of the complexity of our cases, as well as the number. This system allowed us to see at the mid-point of 2016 that, whilst our expenditure for the first half of the year was broadly where we expected it to be, if we did not take action, we would spend significantly more that we budgeted for during the second half of the year. Staff responded quickly with substantial cross organisational effort to find efficiency savings, which resulted in the GDC finishing 2016 with a £1.85m surplus, which has helped to strengthen the organisation's financial position.

We have come into 2017 a more financially robust and effective body but we cannot relax our efforts to become a more effective, efficient regulator – driving performance and managing costs.

Time to shift the balance

The GDC began 2016 by publishing *Patients, Professionals, Partners, Performance*, our three-year roadmap. Here, we set out how we will:

- **Put patient and public protection at the heart of our work**
- **Work more closely with dental professionals**
- **Work with our partners to make the system of dental regulation more efficient and**
- **Improve our performance**

We have made good progress in these areas in the past year. There has been more and better engagement with dental professionals, a step change in partnership working with the joint statement on complaints that was achieved through the Regulation of Dental Services Programme Board for example and, as I have already mentioned, a significant improvement in our performance against the PSA's standards for good regulation.

However, we were aware that we must do more to meet our statutory duty to protect patients and ensure the public has confidence in dental services. A radical rethink of the model of dental regulation began, which concluded that the emphasis of regulation needs to shift from enforcement to prevention. This will ensure that better results are delivered for patients and the system is fairer to dental professionals. How we plan to do this is set out in *Shifting the balance: a better, fairer system of dental regulation.*

To be an effective regulator, the GDC needs to do more to prevent problems before they arise. Responding to harm is an essential part of ensuring the public have confidence in dental services - but it is not the best way of protecting the public. A far better response is to stop harm in the first place.

Working in partnership with dental professionals, we will do what we can to prevent harm. But inevitably, complaints about care will at times arise. It is more convenient and helpful to both patients

and practitioners if complaints are resolved in the most appropriate place, which is often in the local practice. If this can't be done, we want to explore ways to provide an independent complaint resolution service, where complaints cannot be resolved within the practice, expanding the role the Dental Complaints Service has in supporting resolution for private patients.

The GDC believes that in order to prevent harm, we must work more effectively with our partners to ensure that these opportunities are fully exploited. This involves, for example, supporting the profession to improve its clinical governance in dentistry, which has become eroded over time in comparison to other areas of primary care.

The growth in the corporate sector provides an opportunity for improved partnership working, not only in resolving complaints early and efficiently, but also supporting professionals to embed the standards for the dental team in their everyday practise.

Finally, however successful we are at shifting the balance of regulation further towards prevention, engagement and supporting the professions in delivering their obligations, we will continue to need to fulfil our statutory duty to investigate allegations of impaired fitness to practise. We are working hard to improve this "enforcement" part of our broader regulatory approach to make it more proportionate, efficient and focused on patient protection.

We want to make sure that we are only using enforcement tools where they are the best ones for the job. Very often that will mean re-routing issues to a more appropriate place to be resolved.

To help make that work, we need to re-state to ourselves and others – the profession, patients and the public at large – that impaired fitness to practise means serious shortcomings in competence or conduct that put individual patients at risk or genuinely damage public confidence in dentistry. Achieving this will require others acting on this, in part by doing more themselves to support issue and complaint resolution, where appropriate.

Highlights of 2016 4

2016 has been characterised by improving what we do now, while developing our plans for how we reform what we do in the future. Highlights from the year were:

Improvement in PSA standards

The 2016 review of the GDC by the PSA found that we met 21 of the 24 standards, up from the 15 we met in the 2015 review. Specifically, the GDC met

- **All four standards for Standards and Guidance**
- **All four standards for Education and Training**
- **All six standards for Registration – up from five in 2015**
- **Seven of the 10 Fitness to Practise standards – up from two in 2015**

This was achieved as a result of significant effort in improving our performance against the standards of good regulation, and that effort is paying off. The GDC is continuing to invest in improving our performance. However, the more substantial gains in improving how we protect patients and work to ensure the public has confidence in dental services will come from the transformative shift from enforcement to prevention, which have been set out in *Shifting the balance: a better, fairer system of dental regulation.*

Introduction of case examiners

On 1 November 2016, the GDC introduced Case Examiners to the fitness to practise process, which replaced the decision-making functions previously performed by the Investigating Committee (IC).

Unlike the IC, Case Examiners have the power to agree undertakings, meaning the GDC will be able to agree the steps that need to be taken to bring the professional's practice up to the required standard, improving the GDC's ability to regulate in a proportionate way.

The 14 Case Examiners – who are a mixture of clinical and lay members - work in pairs. In each case, one clinical and one lay Case Examiner will assess the evidence gathered during an investigation and make use of a suite of outcome options, for example, issuing a warning, offering undertakings (agreements) or taking no further action and closing the case.

So far, Case Examiners have made 356 decisions, with three quarters being made within seven days. Case Examiners are referring significantly less cases to a full hearing, instead using their powers to issue registrants with advice and warnings. The GDC continues to quality assure all Case Examiners' decisions. Learning is fed back at monthly learning and development sessions.

Improvements in modelling of caseload, allowing us to understand the complexity as well as the amount of cases we are managing

The way that the GDC manages its workload and the associated costs is improving. This process, which started in 2015, is informed by careful analysis of our performance and of the results of the policy and operational decisions we take. At that time, the GDC's resources were focused on reducing the backlog of fitness to practise cases that had built up when the GDC was responding to the 120% increase in complaints between 2010 and 2014. This backlog had to be cleared while still managing new cases in a timely way, therefore preventing a new backlog emerging. This was expensive, and managing this level of caseload meant that operational expenditure exceeded operating income in 2015. It also meant that there had to be expenditure in 2016 which had not been included in that year's budget.

In 2016, we have developed a model that will help us manage the complexity of the cases. In order to manage our activity and resources more effectively, we need to improve our understanding of the nature of our FtP caseload. We need to know not only how many cases we have but how complex those cases are. Understanding case complexity helps us better plan our resources because complex cases require more resource. This enables us to ensure that the cases are handled in the most cost-effective manner. It's a continuing process as we get better data and analysis to inform our decisions.

Improved the way complaints about dental care are resolved: NHS Concerns and joint statement on complaints

In 2016, the GDC worked with partners on two major projects to resolve how complaints about NHS dental care are dealt with. Firstly, the Regulation of Dental Services Programme Board, which includes NHS England, the NHS Business Services Authority, the Department of Health, the Care Quality Commission, the General Dental Council and Healthwatch England, developed a joint statement on dental complaints to ensure there is a shared understanding

of the correct route for complaints among regulators, commissioners and providers, minimising confusion among patients about how best to resolve their complaint.

Last year, working with the NHS in England, the GDC also established an improved way to deal with patient concerns. This process seeks to encourage resolution between the dental professional and the patient. Each year, the GDC receives hundreds of concerns that could be resolved locally, and NHS Concerns seeks to reroute these concerns to the local NHS.

When a concern is sent to the GDC which does not significantly impact on a dental professional's ability to practise dentistry, but falls into one or more of the referral criteria, there is an agreement that it will be referred to the NHS to resolve. This will be either through the performance teams or through a formal complaint if the patient decides this is the best option. Such examples of low-level concerns include:

- **Single, isolated incidents where there is not a pattern of repeated behaviour;**
- **Evidence of poor communication between the dental professional and the patient;**
- **Evidence of poor record keeping; and**
- **Where the dental professional has failed to adequately explain dental charges**

This process has been established following a pilot in 2015 with the majority of NHS England's Regional Teams.

So far, NHS Concerns has referred 133 concerns to the NHS, who have accepted all but one of the referrals as meeting the jointly agreed criteria. The most common reason for referral was poor communication. Most of the referrals come from triage – the first part of the FtP process, which means many fewer referrals into the more costly casework process.

Business review 2016 5

1.1 Who we are

The General Dental Council is a UK-wide healthcare regulator, with a remit covering England, Scotland, Wales and Northern Ireland. It is overseen by a Council of 12 members, made up of six lay members and six dental professionals, with a lay non-executive Chair. At the end of 2016 we employed 345 staff.

The legislation that governs our work—the Dentists Act 1984 (amended 2016)—sets several objectives which include:

- **to protect the public;**
- **to promote and maintain confidence in the dental profession; and**
- **to promote and maintain proper professional standards and conduct for members of those professions.**

We maintain the professional registers so that patients and the public can be confident that the treatment they receive is provided by a dentist or DCP who is properly trained, appropriately qualified, and has the necessary technical and personal skills.

We also set standards for the providers of pre-registration dental training (and are currently working towards a system of quality assurance for specialty training), investigate complaints against dental professionals and take proportionate action through our fitness to practice process.

In 2016 we published our road map *Patients, Professionals, Partners and Performance*, this gives the detail on how we will continue to put patients at the heart of what we do between 2016-2019; support the profession; and work with our partners to become a high-performing regulator that has the confidence of patients, dental professionals and the public. One year into the strategy, we published *Shifting the balance* – a discussion paper giving an update on our strategic direction, in which we outline our plans to move the dental regulation system forward by: building better partnerships to improve first tier complaints resolution, working with partners, and refocusing fitness to practice to ensure that cases are dealt with in the most proportionate way. Together, these represent a move towards 'upstream' regulation: identifying and addressing fundamental and systemic problems with long-term solutions, reducing the need for short-term or case-by-case interventions.

In 2016, we had five directorates headed by directors who were members of the Executive Management Team (EMT).

The EMT is responsible for:

- **implementing the strategy approved by the Council;**
- **preparing an annual business plan and budget;**
- **providing regular management reports to the Council, and ensuring that appropriate reports are provided to Council committees regarding matters within their remits;**
- **identifying and reporting to the Council strategic risks and ensuring that ownership for each risk is allocated at the right level with clear accountability; and**
- **reviewing and reporting on other aspects of the governance model.**

The five directorates in 2016 were: HR and Governance, Registration and Operational Excellence, Finance and Corporate Services, Fitness to Practise, and Strategy; which were all overseen by a Chief Executive and Registrar (and Accounting Officer) (from now in this document referred to as Chief Executive and Registrar).

The directorate structure has since been reviewed, and a new structure put in place from 2017.

1.2 Business Plan 2016, summary of achievements

Over the past few years there has been a continuing focus on our objective of becoming a more efficient and high performing organisation.

2016 was the first year of our three-year road-map *Patients, Professionals, Partners, and Performance* (the 4Ps). The strategy gave details about fulfilling our ambition of becoming a high performing and efficient regulator by the end of our strategy.

The business plan is aligned to the 4Ps strategy. The review below shows what programmes and projects were successfully delivered against our four key strategic objectives in 2016.

1.3 Patients

We will put patient and public protection at the heart of what we do and use our powers to maintain and if necessary improve standards of dental care in the UK.

- **We published additional standards, ensuring we are supporting dental professionals in meeting statutory duties based on the findings of the Francis report, specifically around healthcare professionals' Professional Duty of Candour. Research was carried out with the GDC's patient panel in England and Scotland in February 2016 to find out patient views and expectations when something goes wrong with their treatment of care. Findings were drawn upon in developing the guidance. The guidance is linked to GDC's Standards for the Dental Team and was made effective from 1 July 2016, encouraging dental professionals to be open and honest with patients when something goes wrong.**
- **The GDC has taken the necessary steps to introduce mandatory declarations from applicants and existing registrants, confirming they have or will have appropriate indemnity cover for their period of registration or they may be removed from the register.**
- **The GDC has taken an active role in the running of, and preparation, for the Regulation of Dental Services Programme Board—a collaborative body with the GDC, Care Quality Commission, NHS England, NHS Business Service Authority, and Healthwatch as members—including taking on programme management responsibilities for the outputs for the board. Most work streams are now complete and the board will meet less frequently in 2017 and a new oversight group will be initiated.**
- **The GDC reviewed the policy relating to information published about dental professionals on its online register which included the registered addresses for dental professionals. Patients were consulted about what information should be published in future. A survey was carried out with a representative sample of the GDC patient panel to find out what information was necessary for patients using the online register to check that a dental professional was appropriately registered and fit to practise. The research found that name and registration number were sufficient for patients. This evidence influenced the decision taken by the GDC to amend the Dentist Register Regulations and DCP Register rules that determine the information published on the online register.**

1.4 Professionals

We will support dental professionals in delivering good quality dental care. We will work closely with the profession to identify and devise solutions to issues of most concern to patients.

- **We ran an enhanced Continuing Professional Development (CPD) pilot to provide a near-to-live experience of the enhanced CPD (eCPD) requirements and processes. We gained valuable registrant feedback and experience from this. We will use the pilot to inform our eCPD plans for 2017 and beyond.**
- **We have implemented changes to our process to allow us to assess applicants' knowledge of English language from 1 April 2016. We have complied with the EU Directive on the Mutual Recognition of Professional Qualifications (MRPQ) and the legislative changes brought about through the Section 60 Order.**
- **On the 1 November 2016, we introduced Case Examiners to our Fitness to Practise process, with the power to agree undertakings with registrants in suitable cases at an earlier stage aiming to help to reduce the number of cases which go to a final hearing.**
- **We published new guidance on student professionalism to help students as they enter the profession, with some further follow-up work in 2017 planned.**
- **We implemented an approach for the quality assurance of dental nursing education and the awarding bodies to help them maintain the standards we set; this feeds into wider programme of work to review QA processes, focusing on risk. We will continue to monitor this in 2017.**
- **Following a change in the law, the GDC developed and implemented operational processes, during 2016, to assess the English language capability of anyone wishing to**

register as a dental professional in the UK and apply the set criteria. The new powers mean that if the GDC has concerns that a dental professional does not have the necessary knowledge of English to practise as a dental professional, we must request evidence of the applicant's language skills or request the applicant undergo a test to evaluate their knowledge of English before they can register.

1.5 Partners

We will work with our partners in the dental sector to protect patients and make the system of dental regulation in the UK more effective

- **We introduced a Europe-wide alert mechanism to identify professionals who have been prohibited or restricted from practicing in another European Economic Area (EEA) State. The alert mechanism will provide benefits by informing the GDC of any current registrants who may also be registered with another Member State and have had restrictions placed on their practise.**
- **Working with NHS (England), we have agreed and introduced a new process for referring complaints that do not engage fitness to practice issues to NHS complaints handling teams, with a strong encouragement to local resolution between the dental professional and the patient. We are seeking to roll out this mechanism more widely.**
- **We obtained the Professional Standards Authority's (PSA) Fitness to Practice Standard two - Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other regulators within the relevant legal framework. There are 11 agreements in place and operationally implemented with the business. More work on this will continue in 2017, to continue to improve work with our partners.**

1.6 Performance

We will continue to strive to become a high performing, proportionate regulator which has t he confidence of patients, the public and dental professionals.

- **2016 saw further consolidation of new processes introduced in 2015 and internal improvement on our performance and efficiency.**
- **For example, we implemented measures to expedite "interim orders" leading to much improved performance in this area of the business.**
- **We also continued to improve our data retrieval process, to improve our reporting and insight capabilities.**
- **We introduced online applications to improve our service and make it more cost-effective, for applicants and registrants.**
- **We also continued to run our Learning and Development Programme, with a focus on leadership and launching new staff behaviours and values, collaboratively across the organisation.**
- **We introduced a new business planning process to enable us to start looking at the longer-term planning horizon, to ensure we are delivering what we need to at the right time within our limited resources.**
- **We made improvements to the Governance function, reviewing progress in supporting the Council and the executive to effectively carry out their roles.**
- **We reviewed the effectiveness of the Fitness to Practise 18-month forecasting model that we introduced in 2015 and made refinements to the model, improving the accuracy of the model in forecasting FtP activity.**
- **Following the PSA action plan into whistleblowing, we used our established reporting framework to monitor progress against the plan, reporting to the Audit and Risk Committee (ARC) and the Council. The action plan was closed in November 2016, with arrangements to continue to monitor and report against benefits realisation to the Finance and Performance Committee (FPC), the ARC and the Council in 2017.**
- **We ran workshops for all staff and associates to introduce our new whistleblowing policy.**
- **We also made improvements in the running of the Investigating Committee, including revising the IC Guidance Manual to ensure staff clearly understood their roles and responsibilities.**

- **We continue to work hard to improve engagement with our wide range of stakeholders. In 2016, we delivered a substantial programme of improved face-to-face engagement with dental professionals, which is already generating improved relationships and leading to more and better collaborative working. The Dental Professional Forum, which brings together stakeholders within an interest in dentistry, including professional associations, systems regulators and patient groups to discuss key areas of interest, was also established in 2016.**
- **An internal communications strategy was launched in 2016. Several activities have opened new channels for internal communications, using blogs, newsletters and face to face sessions with all staff and senior management and Council members.**

1.7 Business Plan items, carrying over from 2016 to 2017 delivery

Some initiatives planned for delivery in 2016 have been carried over to the 2017 plan. The main reason for rescheduling elements of the 2016 plan to 2017 was that improved engagement with the profession led us to formulate new plans to reform dental professional regulation on which a high priority has been placed by the Council.

Notable activity in 2016 where delivery carries forward to 2017 includes:

- **Equality Diversity and Inclusion (EDI) strategy and action plan;**
- **estates strategy;**
- **the review of fees policy;**
- **update of the GDC's website;**
- **talent management and people strategy; and**
- **the quality assurance stakeholder forum.**

Statistical and performance report 6

Registration

Dentists and DCPs must be registered with the GDC to practise lawfully in the UK. Everyone who joins the register must be suitably qualified, or pass an assessment, and must meet health and character requirements to be considered fit to practise as a member of the dental team.

Applications can be made in several ways. The applicant must show that they have one of the following:

- **a recognised UK qualification;**
- **a recognised European qualification;**
- **a recognised non-European qualification;**
- **an assessment of suitability to register, via a GDC panel assessment of skills and knowledge (in the case of non-European qualified persons with exempt person status); or**
- **success in passing the Overseas Registration Exam (for non-European overseas qualified dentists who do not benefit from enforceable community rights).**

Specialist lists

The GDC also maintains lists of dentists who are suitably qualified or experienced to be considered specialists in specific areas of dentistry.

Continuing Professional Development (CPD):

Dental professionals have a duty to keep their skills and knowledge up to date during their career. Continuing Professional Development (CPD) can support dentists and dental care professionals to maintain and update their skills, knowledge and behaviour throughout their working life.

It may also help to improve the quality of patient care and treatment. Undertaking CPD is a compulsory part of registration with the GDC. A dental professional must meet our CPD requirements to maintain their registration. We also require evidence of their CPD from any dental professional wishing to re-join the register.

1. The total number of dentists and dental care professionals on the register at 31 December 2016

Registration Type	No of Registrants	% of Total
Dentist	41483	38%
DCP	67880	62%
Total	109363	

Table one is the total number of dentists and DCPs who are on the register. DCPs who have more than one title, for example a dental hygienist who is also a dental therapist, are only counted once in this table. See table 3 for the composition of the register by dental grouping.

There was a 1% increase in the total number of registrants from 108,209 at the end of 2015 to 109,363 at the end of 2016.

2. The composition of the register by gender of dentists and dental care professionals at 31 December 2016[1]

Registration Type	Male	% of Total
Dentist	21690	52%
DCP	5683	8%
All Registrants	27373	25%

Registration Type	Female	% of Total
Dentist	19793	48%
DCP	62197	92%
All Registrants	81990	75%

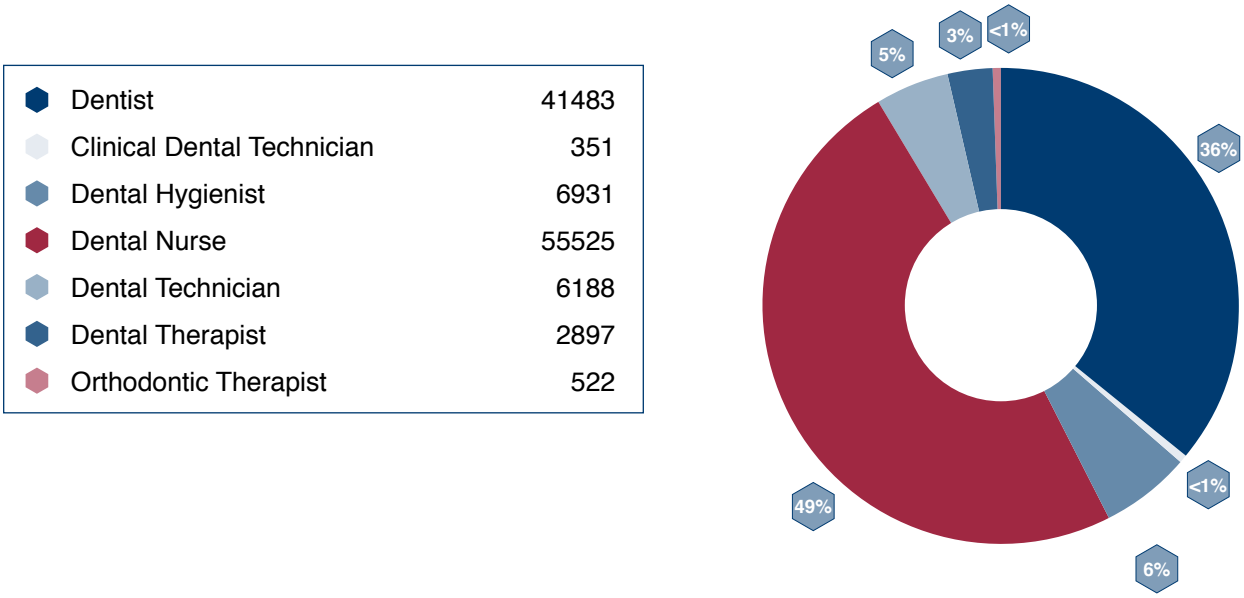
1. Percentages represent the proportion of gender composition to the overall register.

3. The composition of the register by dental grouping at 31 December 2016

Registration Title	No. of Titles	% of Total
Dentist	41483	36%
Clinical Dental Technician	351	<1%
Dental Hygienist	6931	6%
Dental Nurse	55525	49%
Dental Technician	6188	5%
Dental Therapist	2897	3%
Orthodontic Therapist	522	<1%
Total	113897[2]	

There was a 1% increase in the overall number of registered titles in 2016, from 112318 in 2015 to 113897 in 2016.

The composition of the register by dental grouping at 31 December 2016



2. *This table is a count of the number of members of each type of dental professional on the register. A dental professional who has more than one title is counted once for each title that they hold. Therefore, the total for this table will be greater than the overall number of people counted in table one.*

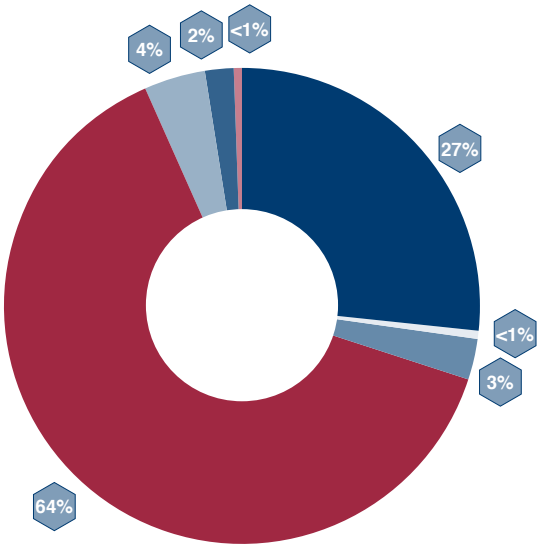
Statistical and performance report continued

4. Additions to the register in 2016 by dental grouping

Registration Title	No. of Registrants	% of Total
Dentist	2255	27%
Clinical Dental Technician	1	<1%
Dental Hygienist	272	3%
Dental Nurse	5230	64%
Dental Technician	263	4%
Dental Therapist	163	2%
Orthodontic Therapist	1	<1%
Total	8185	

Additions to the register in 2016 by dental grouping

Dentist	2255
Clinical Dental Technician	1
Dental Hygienist	272
Dental Nurse	5230
Dental Technician	263
Dental Therapist	163
Orthodontic Therapist	1

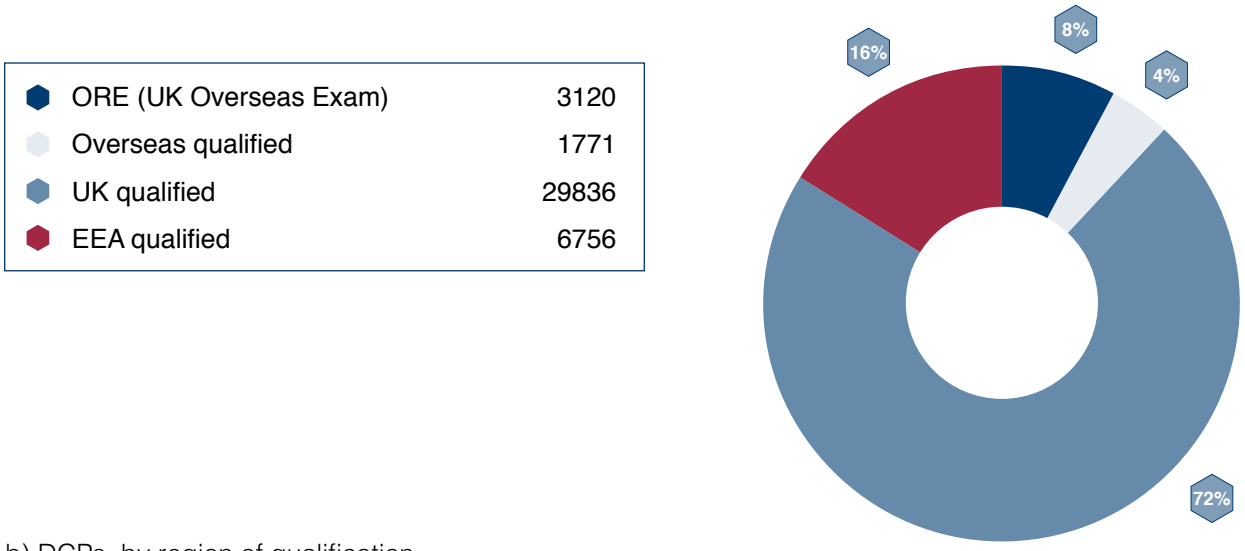


5. Dentists on the register as of 31 December 2016 by region of qualification

a) Dentists, by region of qualification

Region of qualification	No. of registrants	% of Total
ORE (UK Overseas Exam)	3120	8%
Overseas qualified	1771	4%
UK qualified	29836	72%
EEA qualified	6756	16%
Total	41483	

Dentists on the register as of 31 December 2016 by region of qualification



b) DCPs, by region of qualification

Registration Title	UK	UK as % of Total	Outside UK	Outside UK as % of Total	Total
Clinical Dental Technician	349	99%	2	<1%	351
Dental Hygienist	6658	96%	272	4%	6930
Dental Nurse	55198	99%	310	<1%	55508
Dental Technician	6059	98%	128	2%	6187
Dental Therapist	2829	98%	68	2%	2897
Orthodontic Therapist	519	99%	3	<1%	522
Total	71612	99%	783	1%	72395[3]

3. *Includes people who joined the GDC register via verified experience, verified competency or transition from voluntary registers at the point of transitional arrangements during the inception of the DCP register. A limited number of titles have required manual analysis to classify UK/outside UK split. As such minor variations in counts may exist in comparison to other published figures for this reporting period.*

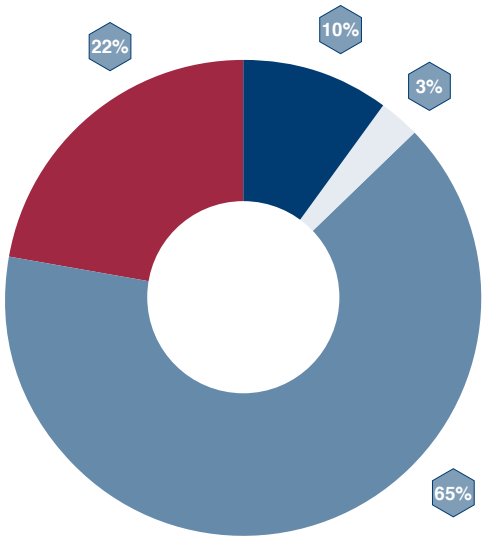
6. Dentists and dental care professionals added to the register in 2016, by region of qualification

a) New additions to the dentist register in 2016, by region of qualification

Region of qualification	No. of registrants	% of Total
ORE (UK Overseas Exam)	215	10%
Overseas qualified	73	3%
UK qualified	1460	65%
EEA qualified	507	22%
Total	2255	

Dentists

ORE (UK Overseas Exam)	215
Overseas qualified	73
UK qualified	1460
EEA qualified	507



b) New additions to the DCP register in 2016, by region of qualification

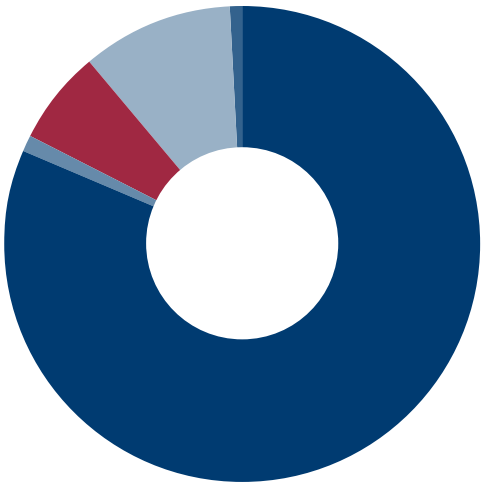
Registration Title	UK	UK as % of Total	Outside UK	Outside UK as % of Total	Total
Clinical Dental Technician	0	0%	0	0%	0
Dental Hygienist	125	76%	39	24%	164
Dental Nurse	4094	99%	45	1%	4139
Dental Technician	161	92%	14	8%	175
Dental Therapist	103	94%	7	6%	110
Orthodontic Therapist	0	0%	0	0%	0
Total	4483		105		4588

7. The gender composition of dentists and dental care professionals added to the register in 2016

Registration Title	Male	% of Total	Female	% of Total	Total
Dentist	1316	58%	939	42%	2255
Clinical Dental Technician	0	0%	1	100%	1
Dental Hygienist	18	7%	254	93%	272
Dental Nurse	103	2%	5127	98%	5230
Dental Technician	163	62%	100	38%	263
Dental Therapist	12	7%	151	93%	163
Orthodontic Therapist	0	0%	1	100%	1
Total	1612		6573		8185

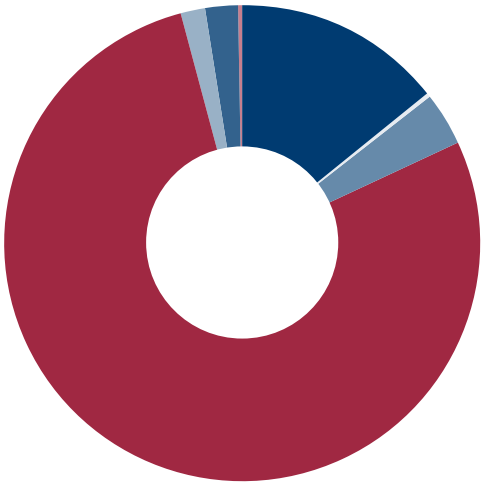
Male

Dentist	1316
Clinical Dental Technician	0
Dental Hygienist	18
Dental Nurse	103
Dental Technician	163
Dental Therapist	12
Orthodontic Therapist	0



Female

Dentist	939
Clinical Dental Technician	1
Dental Hygienist	254
Dental Nurse	5127
Dental Technician	100
Dental Therapist	151
Orthodontic Therapist	1



8. The composition of specialist lists as at the end of 2016[4]

Specialty Type	No. of Titles	% of Total
Special Care Dentistry	311	7%
Restorative Dentistry	306	7%
Prosthodontics	450	10%
Periodontics	375	9%
Paediatric Dentistry	243	6%
Orthodontics	1404	32%
Oral Surgery	742	17%
Oral Microbiology	8	<1%
Oral Medicine	70	2%
Oral and Maxillofacial Pathology	33	<1%
Endodontics	289	7%
Dental Public Health	114	3%
Dental and Maxillofacial Radiology	27	<1%
Total	4372	

9. Register profile – equality and diversity

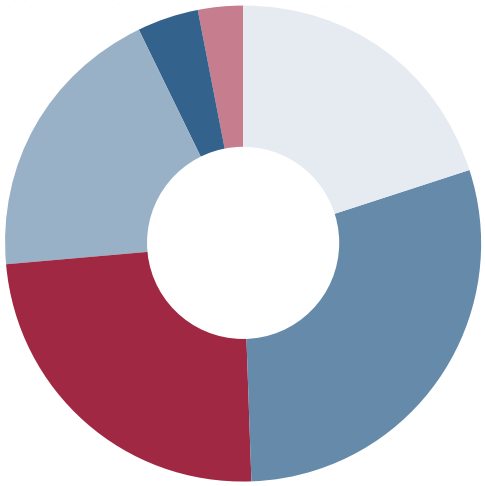
The charts below show our registrant profile analysed with reference to protected characteristics.[5] All registrants are given the option to update this information voluntarily. Several of the characteristics do not have full responses on the charts, categorised as 'Unknown'. Providing this data is not mandatory, however we encourage registrants to provide this information to help us improve our services and processes.

4. *Note on specialist lists: there was an increase of 4% in the number of speciality titles at the end of 2016, from 4204 titles in 2015 to 4372 titles in 2016.*

5. *Under the Equality Act 2010, the following are protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.*

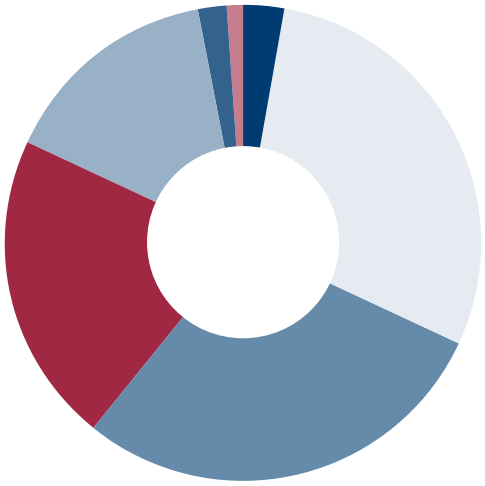
Dentists - age groupings at 31 December 2016

16-21	0%
22-30	20%
31-40	29%
41-50	24%
51-60	19%
61-65	4%
Over 65	3%
Unknown	0%



DCPs - age groupings at 31 December 2016

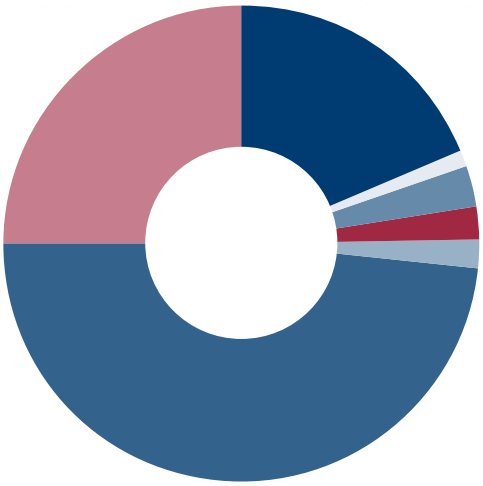
16-21	3%
22-30	29%
31-40	29%
41-50	21%
51-60	15%
61-65	2%
Over 65	1%



Statistical and performance report continued

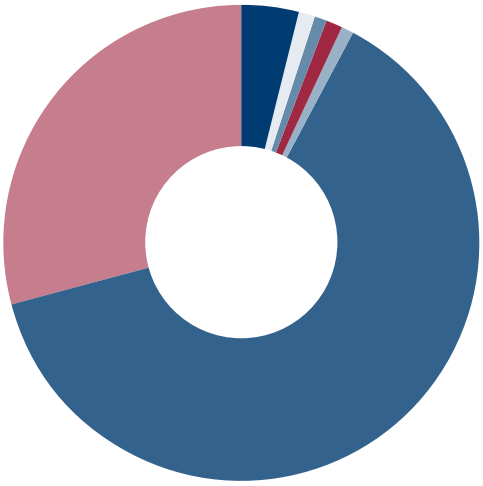
Dentists - ethnic groupings at 31 December 2016

Asian or Asian British	19%
Black or Black British	1%
Chinese or any other ethnic background	3%
Mixed Ethnic Background	2%
Prefer not to say	2%
White	49%
Unknown	25%



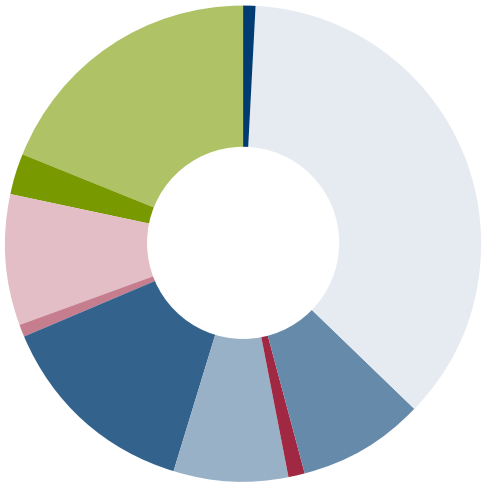
DCPs - ethnic groupings at 31 December 2016

Asian or Asian British	4%
Black or Black British	1%
Chinese or any other ethnic background	1%
Mixed Ethnic Background	1%
Prefer not to say	1%
White	63%
Unknown	29%



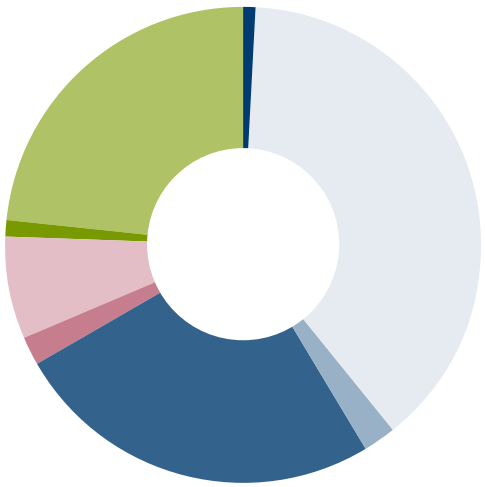
Dentists - declared religious belief at 31 December 2016

Buddhist	1%
Christian	37%
Hindu	9%
Jewish	1%
Muslim	8%
None	14%
Other Religion / Faith	1%
Prefer not to say	9%
Sikh	3%
Unknown	19%



DCPs - declared religious belief at 31 December 2016

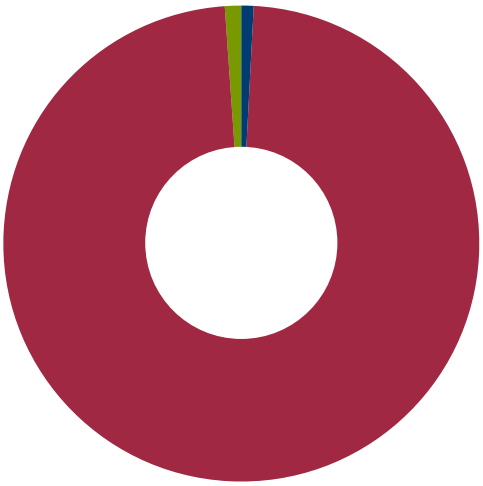
Buddhist	1%
Christian	38%
Hindu	0%
Jewish	1%
Muslim	2%
None	25%
Other Religion / Faith	2%
Prefer not to say	7%
Sikh	1%
Unknown	23%



Statistical and performance report continued

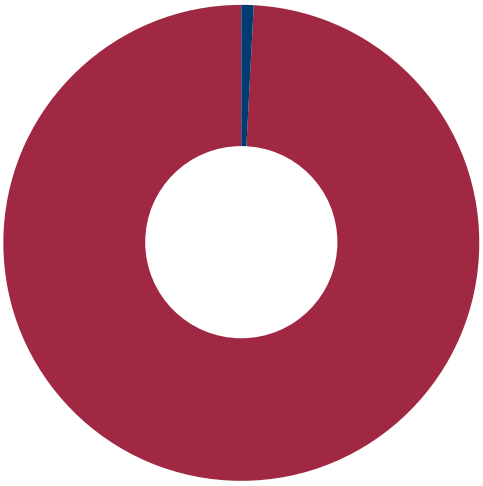
Dentists with disabilities at 31 December 2016

Unknown	1%
No	98%
Yes	1%



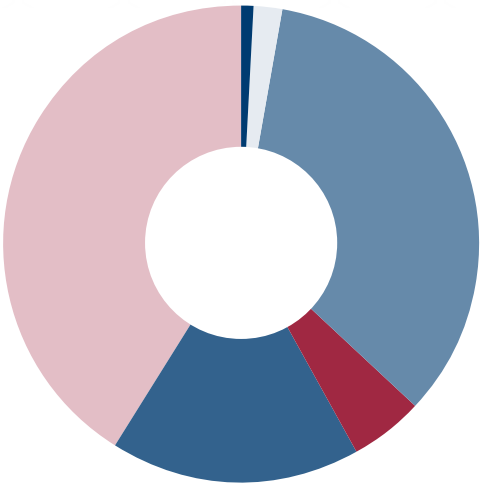
DCPs with disabilities at 31 December 2016

Unknown	1%
No	98%
Yes	0%



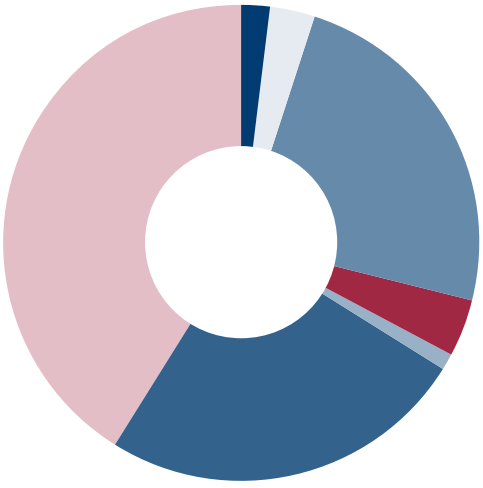
Dentists - marital status at 31 December 2016

Civil Partnership	1%
Divorced	2%
Married	34%
Prefer not to say	5%
Separated	0%
Single	17%
Widowed	0%
Unknown	41%



DCPs - marital status at 31 December 2016

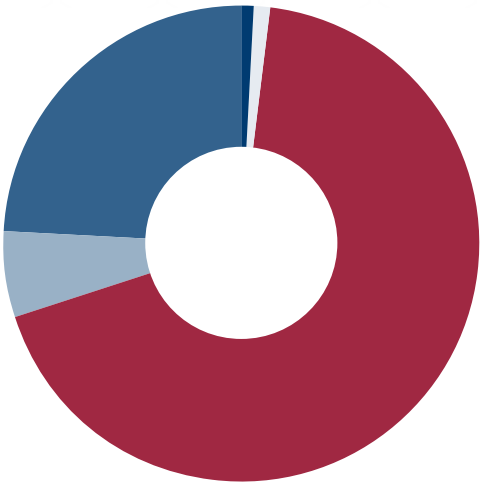
Civil Partnership	2%
Divorced	3%
Married	24%
Prefer not to say	4%
Separated	1%
Single	25%
Widowed	0%
Unknown	41%



Statistical and performance report continued

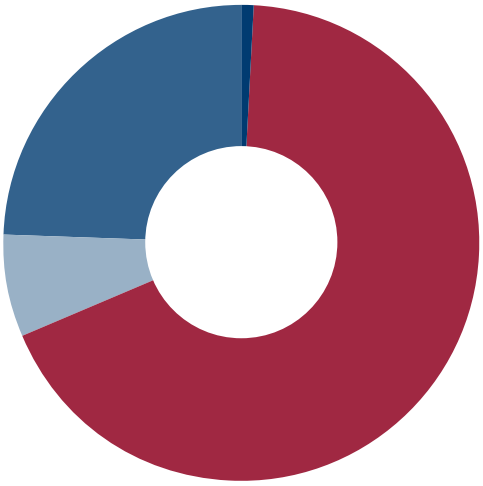
Dentists - sexual orientation at 31 December 2016

Bisexual	1%
Gay Man	1%
Gay Woman	0%
Heterosexual	68%
Prefer not to say	6%
Unknown	24%



DCPs - sexual orientation at 31 December 2016

Bisexual	1%
Gay Man	0%
Gay Woman	0%
Heterosexual	67%
Prefer not to say	7%
Unknown	24%



Fitness to Practise

Dentists and DCPs must meet certain requirements at the point of initial registration and throughout their career to be considered "fit to practise".

When we say that someone is 'fit to practise' we mean that they have the appropriate skills, knowledge, character and health to practise their profession safely and effectively. However, fitness to practise is not just about a practitioner's clinical performance or health.

A practitioner's fitness to practise also includes any actions which they may have taken which affect public confidence in dental professionals and their regulation. This may include matters not directly related to professional practice, for example, committing a criminal act.

If there are concerns that shortcomings in a dental professional's conduct or competence are so great as to put patients at serious risk, or seriously damage public confidence in dentistry, we will investigate and, where appropriate, take action to mitigate that risk. Concerns may arise directly, e.g. from a patient, via referral from another body (for example, a police notification of a criminal caution or conviction), or from other sources.

The process will investigate:

- **serious or repeated mistakes in clinical care, for example mistakes in diagnosis or dental procedures;**
- **failure to examine a patient properly, to secure a patient's informed consent before treatment, keep satisfactory records, or to respond reasonably to a patient's needs;**
- **not having professional indemnity insurance;**
- **cross infection issues (for example, using dirty clinical equipment during treatment);**
- **serious breaches of a patient's confidentiality;**
- **indications of a criminal offence including fraud, theft or dishonesty by a dentist or DCP; or**
- **poor health or a medical condition that significantly affects the registrant's ability to treat patients safely.**

We can act if we believe the FtP of a dental professional may be impaired due to, for example:

- **misconduct;**
- **deficient professional performance;**
- **a criminal conviction or caution in the United Kingdom (or elsewhere if the offence would be a criminal one if committed in the United Kingdom);**
- **physical or mental ill-health; or**
- **following a decision by a regulatory body in the United Kingdom or overseas.**

All FtP complaints are initially reviewed at the triage stage. After an initial assessment or investigation, they are then either closed if no further action is required, or sent for further investigation by the casework team and eventual assessment.

Once they are fully investigated, matters which amount to an allegation of potential impairment of FtP are referred to an Investigating Committee (IC) panel, or since 1st November 2016 to the Case Examiner function[6]. Where the concern does not amount to an allegation of impairment, the matter is closed. The IC panel consists of appointed registrant and lay members (people not on our register) who meet regularly to consider cases.

Their task is to look at the evidence available and decide whether there is a real prospect of the allegations being found proved at a Practice Committee. The panel does not decide whether the allegation is proven but rather, whether there is a real prospect of proving the allegation at a hearing.

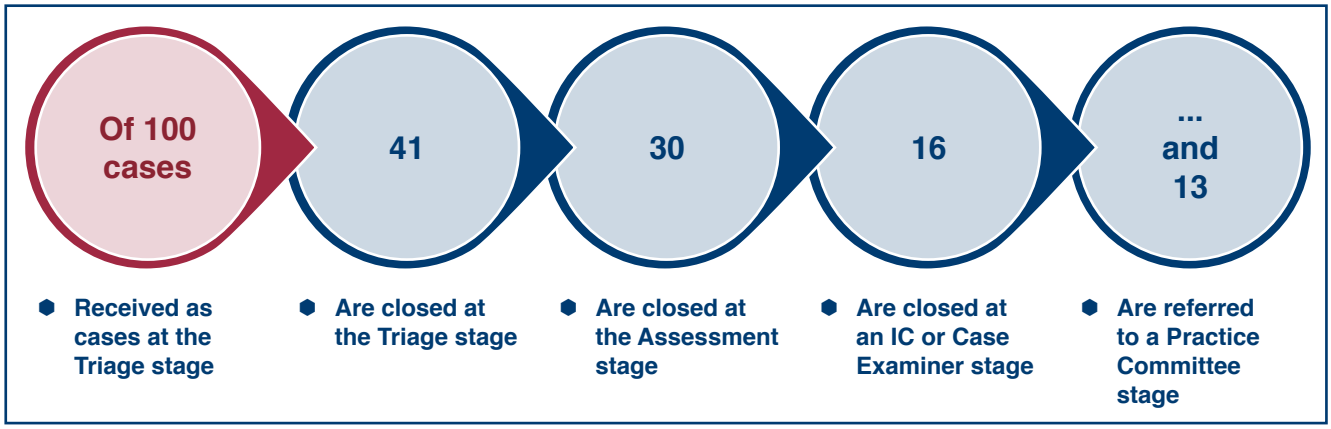
An IC panel may decide that no further action is necessary or that an advice or warning letter is sufficient. In potentially more serious cases, the IC panel may refer the matter to one of three Practice Committees: the Professional Conduct Committee (PCC); the Professional Performance Committee (PPC); or the Health Committee (HC) for a formal hearing.

Dental professionals referred to a Practice Committee will appear before an independent panel of lay and dental professional members as part of a formal hearing where the GDC and the dental professionals both have the right to legal representation.

6. *The GDC introduced case examiners in November 2016 to carry out most of the decision-making functions that were previously performed by the Investigating Committee. The introduction of case examiners will improve the efficiency of fitness to practise processes. For more information on case examiner performance in 2016,* *see page 37.*

Statistical and performance report continued

Using 2016 data the diagram below shows the number of disposals at each stage of the fitness to practise process.



If a registrant's fitness to practise is found to be impaired, we may decide to:

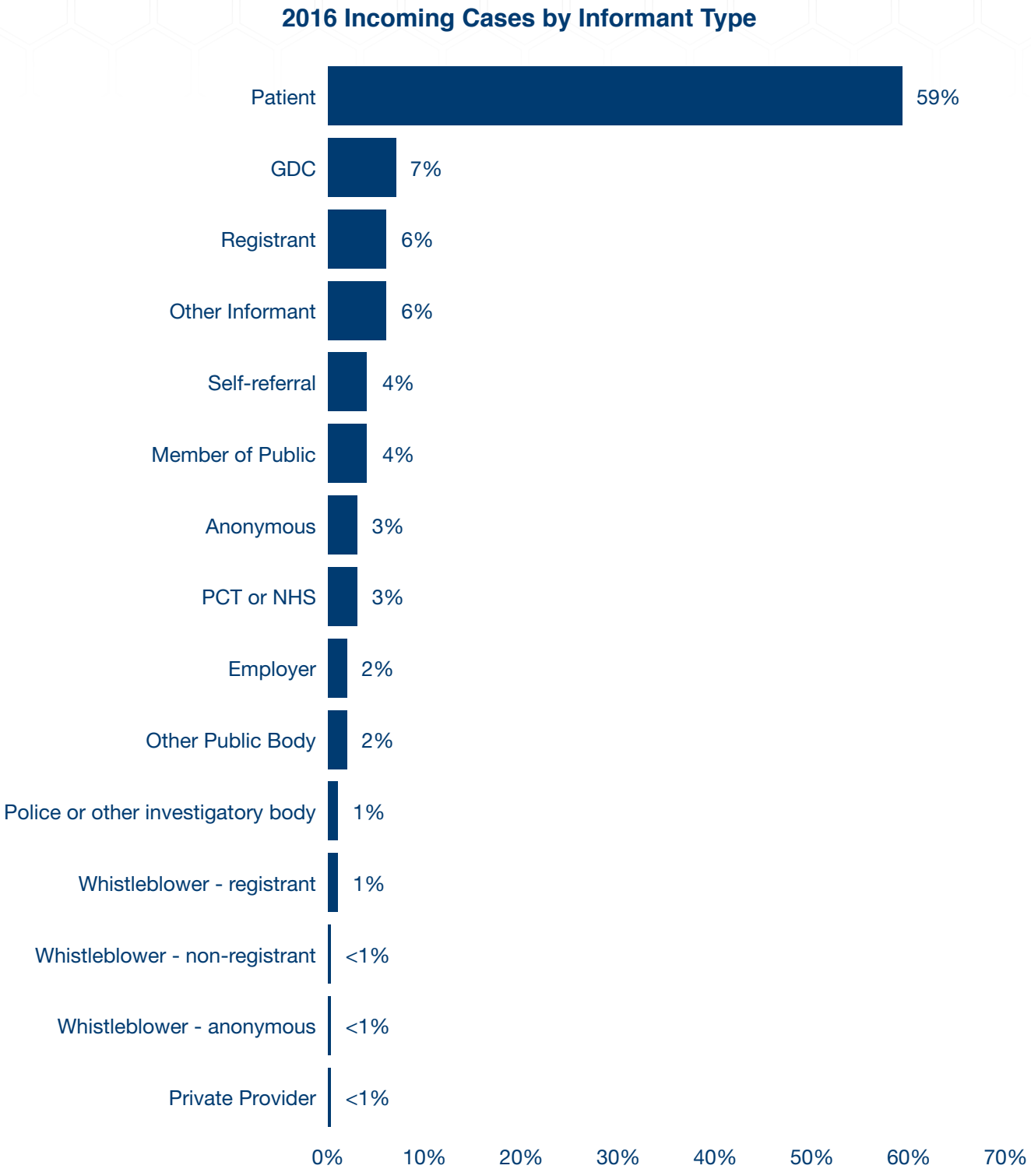
- **take no action;**
- **issue a reprimand;**
- **place conditions on registration;**
- **suspend registration; or**
- **remove an individual from the dentists' or DCPs' register.**

There is also an appeals process.

At any stage in the FtP process, when an allegation suggests a dental professional may cause harm or there are other reasons in the public interest, we may apply for an interim order to prevent that individual from practising, or to place limits on their practice, until their case is heard.

These applications are only made in serious cases. An interim order may be considered necessary for public protection if:

- **there is a real risk of significant harm to the health, safety or well-being of a patient, visitor, colleague or other member of the public if the practitioner was allowed to practise without restriction;**
- **it is otherwise in the public interest to protect public confidence in the profession and uphold and maintain proper professional standards; or**
- **it is in the interests of the registrant concerned.**

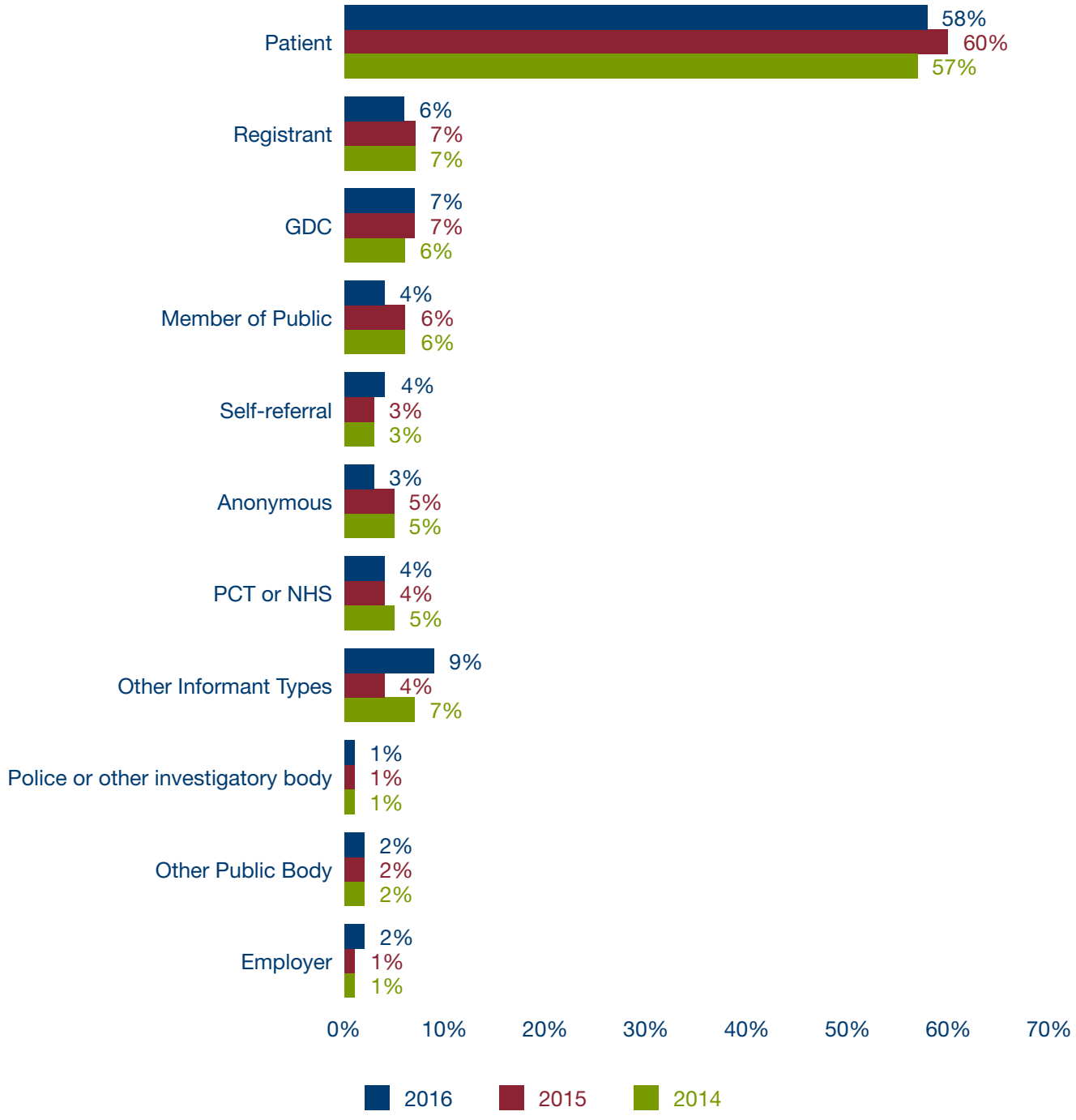


The chart above shows a composition of where complaints came from in 2016. Out of the 2630 complaints received, about six out of ten (1546) came from patients.

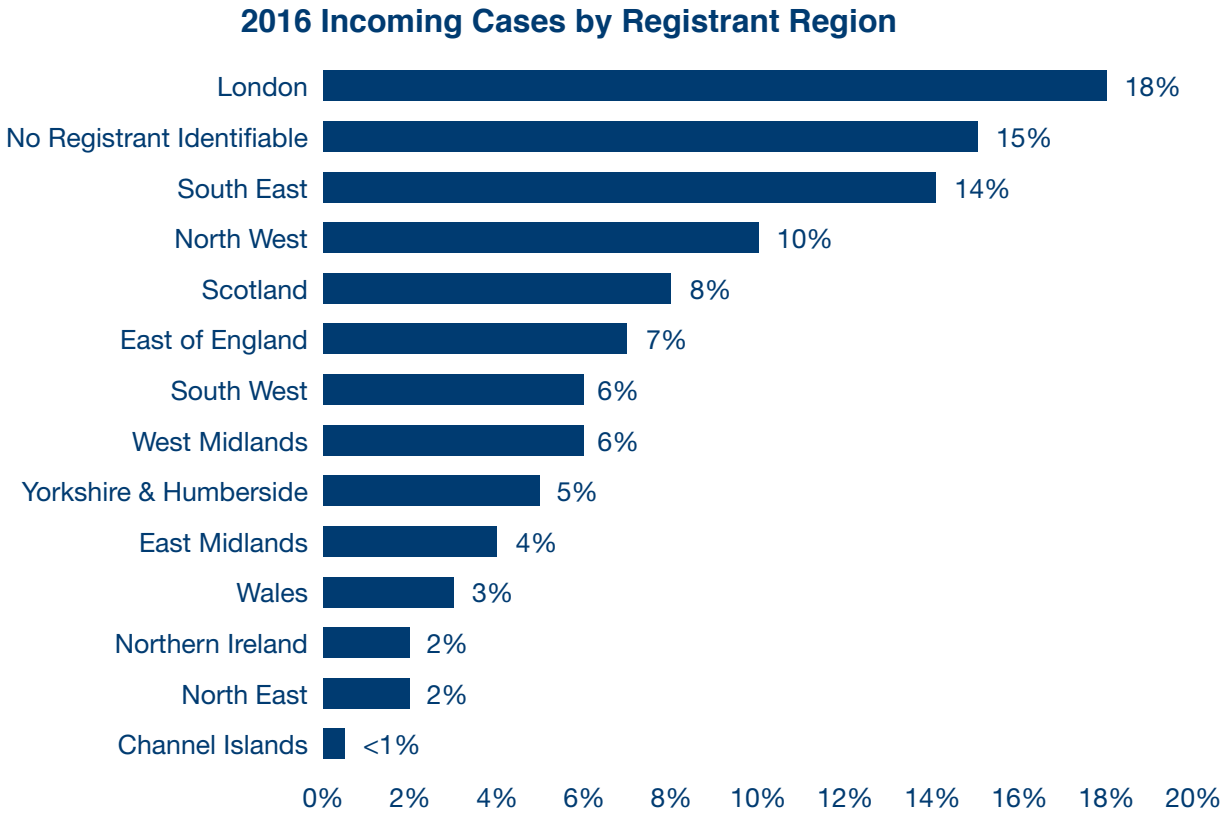
Statistical and performance report continued

The chart below compares the number of complaints in 2016 with the two previous years.

Incoming Case Breakdown by Informant Type 2014 to 2016



The total number of complaints received in 2016 was 2,630, compared to 2,786 in 2015 – a 6% decrease. The chart below gives detail of which region the dental professional is from.[7]



The number of cases considered at each stage of the FtP procedures in 2016 were:

Triage: **2550**
This figure represents the number of cases considered at the triage stage, when cases are screened and may be closed or referred for further investigation. 41% of this total were closed, and 59% referred for assessment. This total is in line with triage closures and referrals in 2015 (2545). This total may not balance with incoming cases in the year (2630, compared to 2786 in 2015), as there will be cases within triage that were received in the previous year.

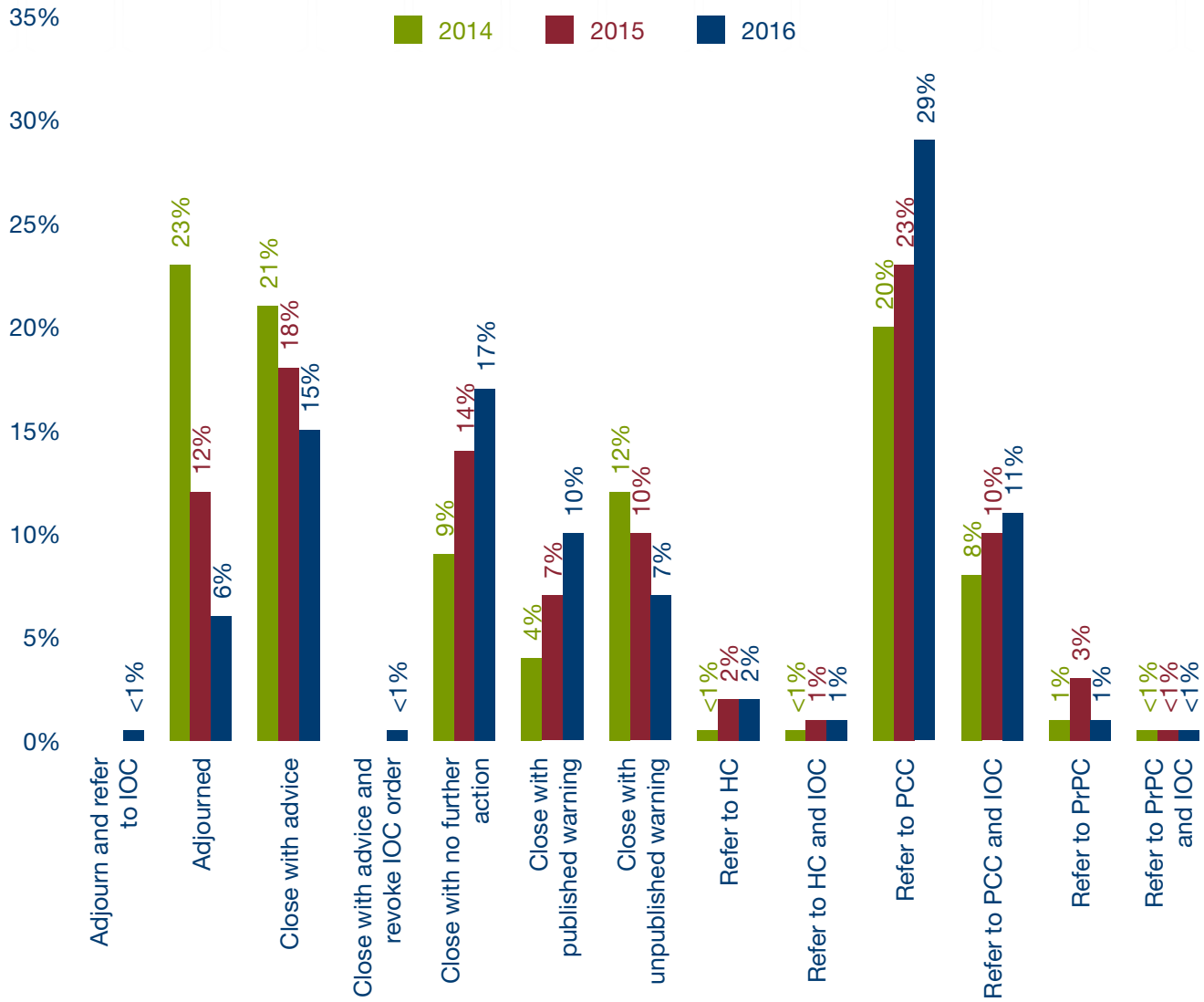
Assessment: **1715**
This is the number of cases considered at the assessment stage when cases may be closed (52%) or referred to the Investigating Committee (48%). This total represents a 14% decrease in assessment closures and referrals compared to 1992 cases in 2015.

7. *No Registrant Identifiable – this relates to examples of complaints received where it has not been possible to identify a GDC registrant from the initial information provided. Although the case is still established and subject to an initial review, given no registrant may be identified, no registrant region is recorded for the case.*

Statistical and performance report continued

Investigating Committee (IC)/ Case Examiners (CE):	**710 (IC Overall: 647; CE Overall: 63)** This is the overall number of cases considered by an Investigating Committee or by newly introduced Case Examiners which resulted in closure, undertakings or referral to a Practice Committee (including Rule 10 reconsiderations: those cases which have returned to the Investigating Committee following an initial referral to a Practice Committee). ● **Of the 647 IC outcomes, 53% were closed and 47% were referred to a Practice Committee.** ● **Of the 63 Case Examiner outcomes, 54% were closed, 44% were referred to a Practice Committee and 2% resulted in Undertakings Accepted.** The combined total represents a 27% decrease in closure and referral outcomes against 2015 (974).
Referrals to Practice:	**333 (IC Overall: 305; CE Overall: 28)** This is the number of cases referred by an Investigating Committee or by Case Examiners to a Practice Committee. This total represents a 23% decrease in Practice Committee referrals compared to 431 referrals in 2015. Of the 333 overall referrals, 92 became Interim Orders Committee referrals – a 25% decrease against 2015 (122). N.B.: individual registrants may account for more than one case.

Investigating Committee Substantive Outcome Breakdown - 2014 to 2016



The chart above shows what happened to the cases which reached the Investigating Committee stage between 2014 and 2016.

Adjourned cases

Between 2014 and 2016 there was a significant decrease in the number of cases being adjourned by the IC to be sent back to the Casework team for further investigation.

Close with no further action

Between 2014 and 2016 there was an increase in the number of cases the IC chose to close without giving the registrant advice or a warning.

Closed with advice

Between 2014 and 2016 there was a decrease in the number of cases the IC chose to close by giving advice to the registrant.

Closed with a warning (published/unpublished)

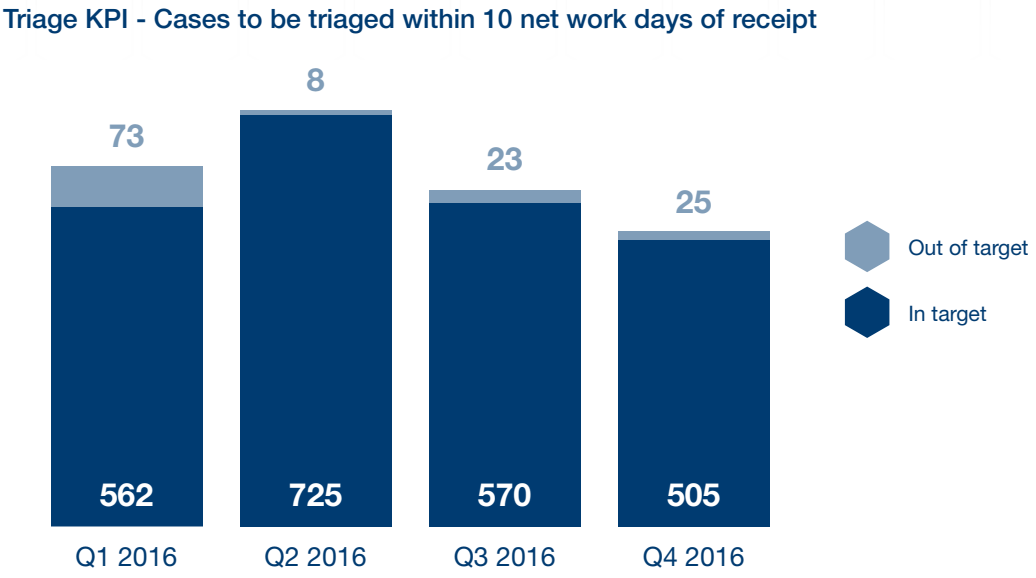
Between 2014 and 2016 the number of published warnings increased and the number of unpublished warnings decreased.

Refer to Practice Committee

Between 2014 and 2016 the IC refereed an increasing number of cases to a Practice Committee, specifically the Professional Conduct Committee.

Statistical and performance report continued

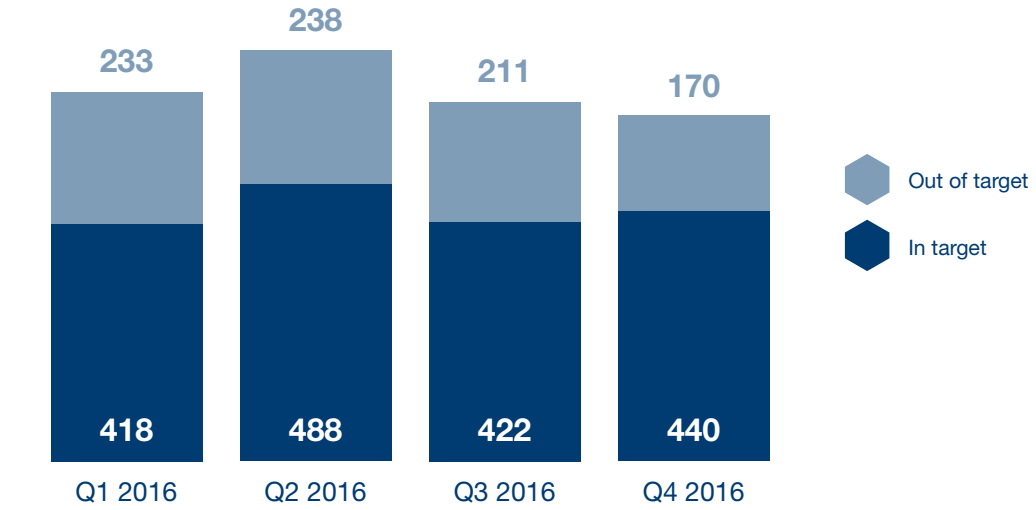
Number of FtP cases received that have been triaged within target of 10 working days



On average, 95% of cases were triaged within ten net working days of receipt in 2016.

In 2016, of the 2545 cases considered at triage, 816 cases were identified which could be closed without further investigation. This enabled resources to be focused on investigating cases where there was a realistic prospect of an allegation of impaired FtP being proven.

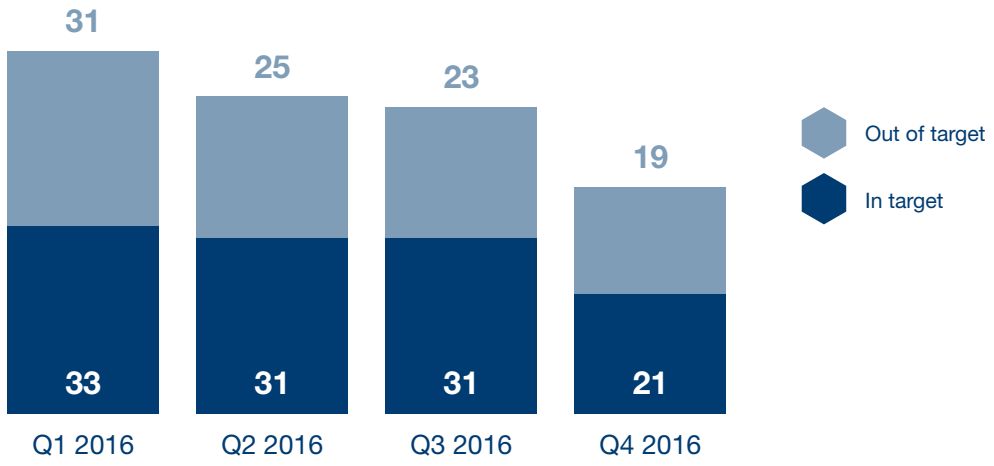
Number of FtP investigation stage cases completed within target of 6 months from date received



On average, 68% of investigation stage cases were completed within the six-month target in 2016.

Number of FtP cases that received an initial hearing within nine months of referral from the IC

Hearings KPI – Cases to reach hearing within nine months of IC referral



On average, 54% (2015: 57%) of cases received an initial hearing within nine months of referral from IC.

The number of live cases awaiting a first hearing, which had missed our nine-month target, stood at 112 at the end of December 2016. This is in comparison to 78 in the previous year, an increase of 44%. The number of cases in the queue awaiting an initial hearing was 239 at the end of 2016, compared to 270 at the end of 2015 – a reduction of 11%.

Statistical and performance report continued

Interim Orders Committee

A statutory committee that considers serious allegations to decide whether it is appropriate to either prevent or to place limits on an individual's practice until their case is heard.

Total number of hearings in 2016: 414
(387 hearings in 2015)

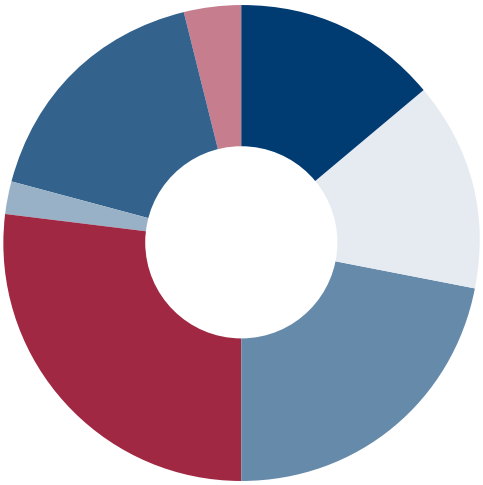
No of cases involving dentists: 308 dentists
(279 dentist hearings in 2015)

No. of cases involving DCPs: 106 DCPs
(66 dental nurses, 24 dental technicians, 4 dental hygienist/therapists and 12 clinical dental technicians)
(108 DCP hearings in 2015)

Outcome	No. of Cases	% of Total
Interim suspension imposed	58	14%
Interim conditions imposed	59	14%
Interim suspension renewed	91	22%
Interim conditions renewed	111	26%
Suspension continued / conditions lifted	9	2%
No order made	71	17%
Adjourned	15	3%
TOTAL OUTCOMES	414	

Interim Orders Committee Outcomes 2016

Interim suspension imposed	58
Interim conditions imposed	59
Interim suspension renewed	91
Interim conditions renewed	111
Suspension continued, conditions lifted	9
No order made	71
Adjourned	15



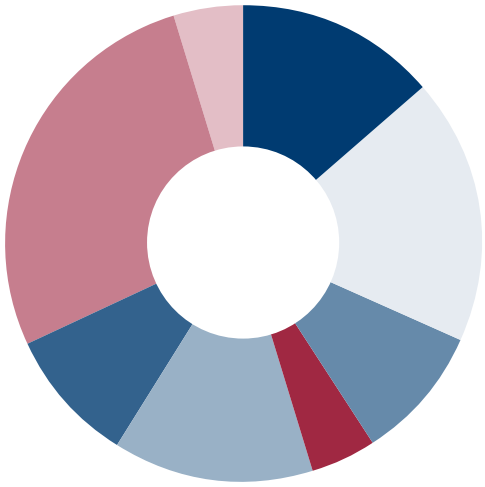
Professional Performance Committee

A statutory committee which is one of the three practice committees. It considers allegations of deficient performance against a dental professional to decide if this deficiency amounts to an impairment of their FtP.

Total number of hearings in 2016: 26
(all were dentists)
(17 dentist hearings in 2015)

Outcome	No. of Cases	% of Total
Initial suspension	3	12%
Initial conditions	4	15%
Suspension at review	2	8%
Conditions revoked, suspension imposed at review	1	4%
Conditions at review	3	11%
Misconduct not found	2	8%
FTP not impaired	6	23%
No current impairment, suspension revoked	4	15%
No current impairment, conditions revoked	1	4%
Total	26	

Professional Performance Committee Outcomes 2016



Professional Conduct Committee

A statutory committee which is one of the three practice committees. It considers allegations of misconduct against a dental professional to decide if this misconduct amounts to an impairment of their FtP.

Total number of hearings in 2016: 282
(269 PCC hearings in 2015)

No of cases involving dentists: 220
(205 Dentist hearings in 2015)

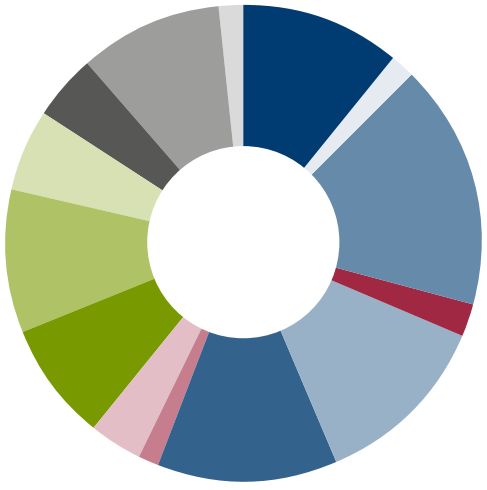
No of cases involving DCPs: 62 (35 dental nurses, 22 dental technicians, 4 clinical dental technicians and 1 dental hygienist/therapists)
(64 DCP hearings in 2015)

Statistical and performance report continued

Outcome	No. of Cases	% of Total
Erasure with immediate suspension	31	11%
Indefinite suspension	5	2%
Initial suspension	47	17%
Suspension revoked, conditions imposed at review	6	2%
Suspension at review	34	12%
Initial conditions	35	12%
Conditions revoked, suspension imposed at review	4	1%
Conditions at review	10	4%
FtP impaired - reprimand	23	8%
FtP not impaired	27	10%
Misconduct not found	16	6%
No current impairment; suspension revoked	12	4%
No current impairment; conditions revoked	28	10%
No case to answer	4	1%
Total	282	

Professional Conduct Committee Outcomes 2016

Erasure with immediate suspension	31
Indefinite suspension	5
Initial suspension	47
Suspension revoked, conditions imposed at review	6
Suspension at review	34
Initial conditions	35
Conditions revoked, suspension imposed at review	4
Conditions at review	10
FtP impaired - reprimand	23
FtP not impaired	27
Misconduct not found	16
No current impairment; suspension revoked	12
No current impairment; conditions revoked	28
No case to answer	4



Health Committee

A statutory committee which is one of the three practice committees. It considers cases where it appears that a dental professional's FtP is affected by either a physical or mental health condition.

Total number of hearings: 35
(33 hearings in 2015)

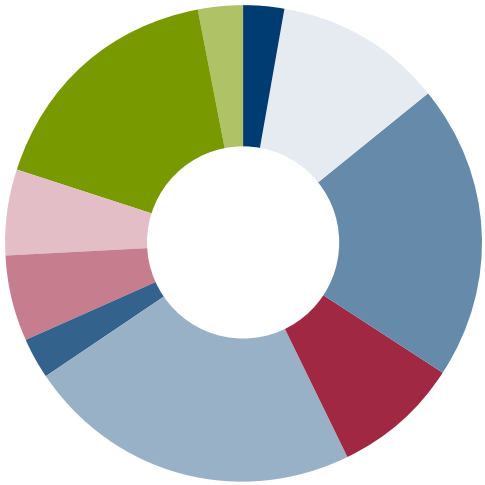
No of cases involving dentists: 24
(25 dentist hearings in 2015)

No of cases involving DCPs: 11 (10 dental nurses and 1 dental hygienist)
(8 DCP hearings in 2015)

Outcome	No. of Cases	% of Total
Erased with immediate suspension[8]	1	3%
Initial suspension	4	11%
Initial conditions	7	20%
Indefinite suspension at review	3	8%
Suspension continued at review	8	23%
Conditions continued at review	1	3%
Conditions revoked, suspension imposed	2	6%
Suspension revoked, conditions imposed	2	6%
No longer impaired, conditions revoked	6	17%
FTP not impaired, case concluded	1	3%
TOTAL OUTCOMES	35	

Health Committee Outcomes 2016

Erased with immediate suspension	1
Initial suspension	4
Initial conditions	7
Indefinite suspension at review	3
Suspension continued at review	8
Conditions continued at review	1
Conditions revoked, suspension Imposed	2
Suspension revoked, conditions imposed	2
No longer impaired, conditions revoked	6
FTP not impaired, case concluded	1



8. *Erasure decision not related to health matters yet has been recorded under a health case on GDC systems for a registrant with simultaneous health and conduct matters.*

Statistical and performance report continued

Hearings adjourned part heard at end of year 20 (2015: 7)

Hearing days in 2016

Number of scheduled hearing days: 1746 (2015: 1866)

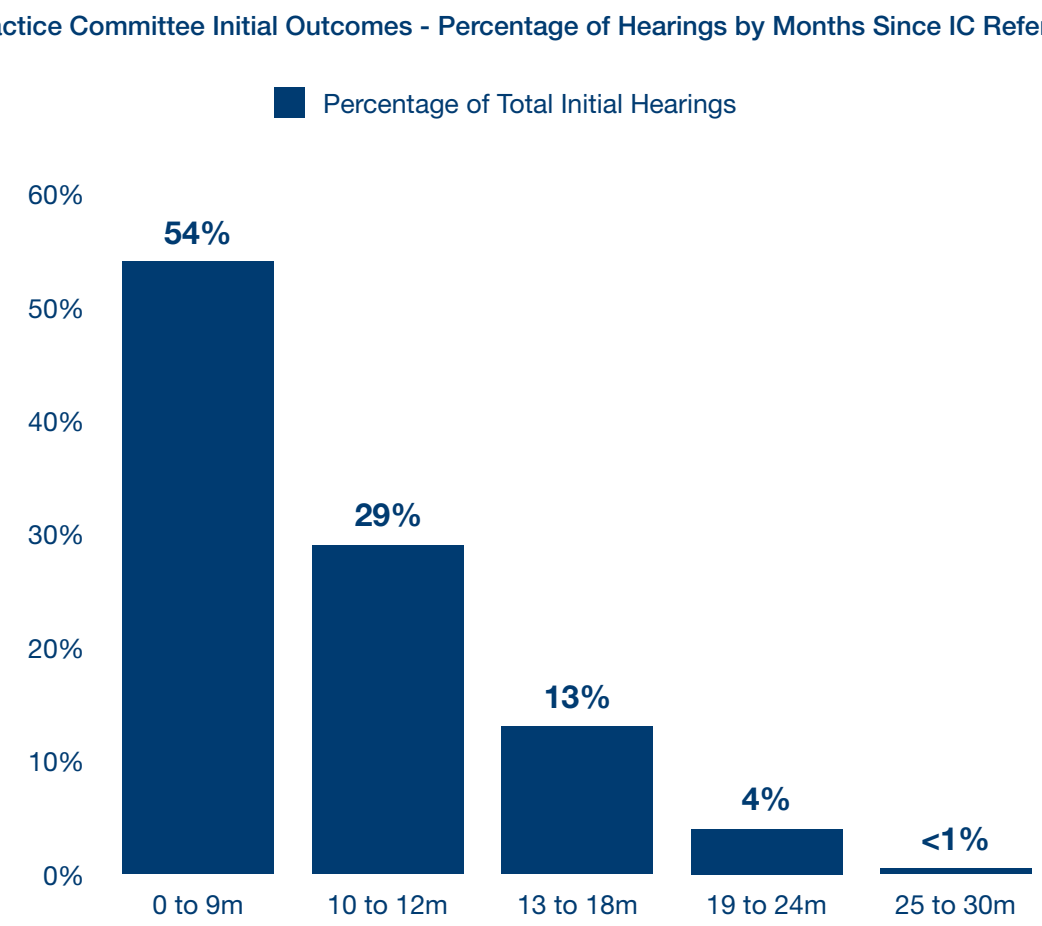
Decrease in scheduled hearing days compared to 2015: 6%

Average length of an initial PCC or PPC hearing: 4 days (2015: 4 days)

Restoration Applications

Number considered	3
Restored	1
Not restored	2
Adjourned	1

Time taken to complete the initial hearing of cases

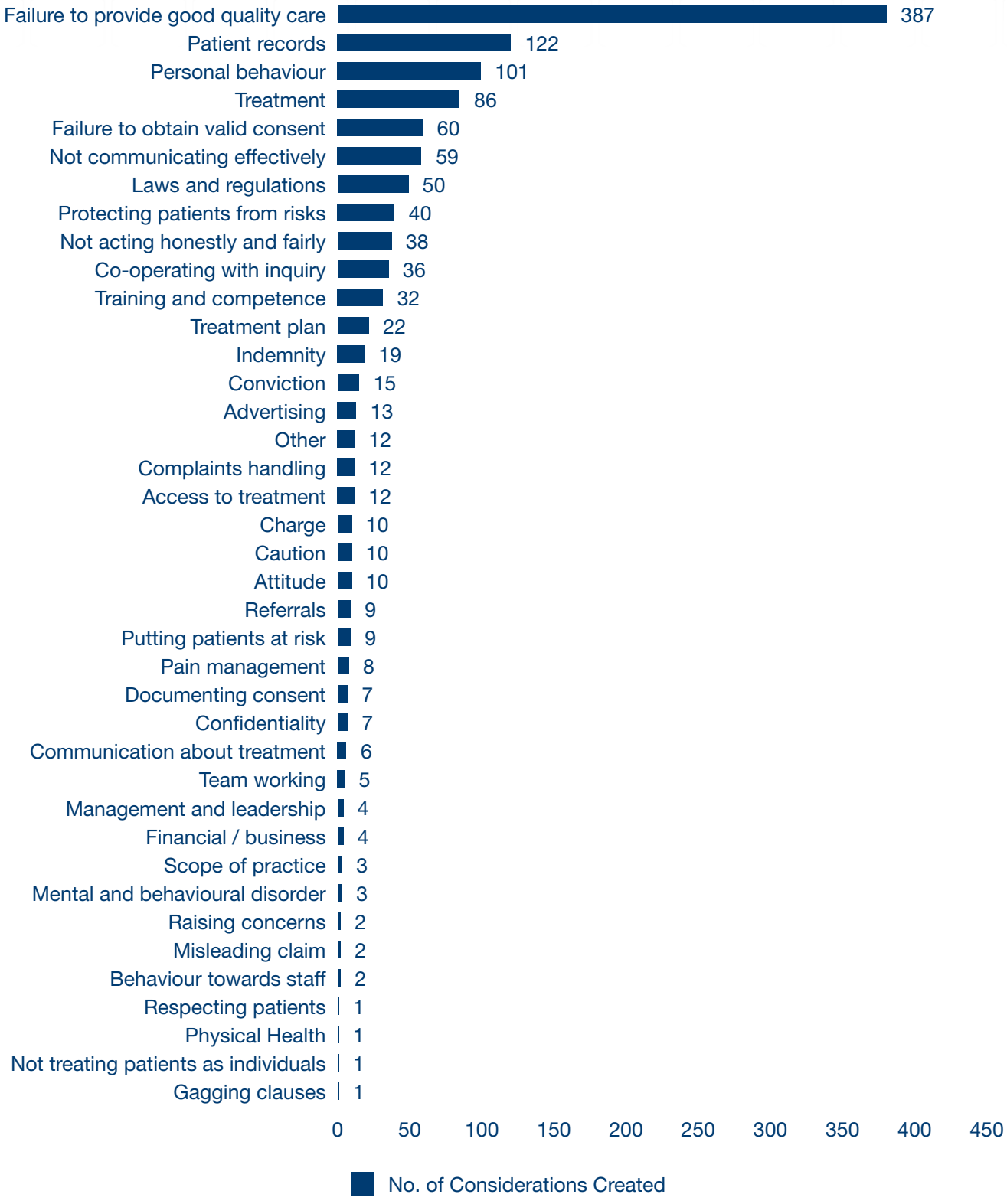


FTP considerations profile – 2016 PCC and PPC Hearings

The GDC uses considerations to record details of the allegations or charges raised against a registrant's Fitness to Practise within a case or hearing.

Considerations are closely aligned with the GDC's Standards for the Dental Team and are recorded by group, sub-group, and particular. The chart below references the specific number of considerations recorded within all sub-groups for those matters heard at GDC hearings during the year.

Considerations Created in Hearings Sub Groups 2016



Council and committee structure 7

Council Structure

The Council consists of 12 members: six dental professional members and six lay members. The members of the Council in 2016 were as follows:

Dental professional members	Lay members
Catherine Brady	Terry Babbs (from 6 October 2016)
Margaret Kellett	Geraldine Campbell
Kirstie Moons	Michael Carroll (until 5 October 2016)
Lawrence Mudford	Rosemary Carter
Jayendra Patel	Alan MacDonald
David Smith	William Moyes (Chair)
	Neil Stevenson

David Smith, who was temporarily suspended from the Council with effect from 10 December 2015 had his suspension lifted by the Privy Council on 15 August 2016, following the GDC Registrar's decision that the allegation made against him did not amount to an allegation of impaired fitness to practise.

Council meetings attendance in 2016

Name	Jan	Mar	Apr	Jun	Jul	Oct	Nov - Dec
Terry Babbs*							✔
Catherine Brady	✔	✔	✔	✔	✔	✔	✔
Geraldine Campbell	✔	✔	✔	✔	✖	✔	✔
Michael Carroll**	✔	✔	✔	✔	✔	✔	
Rosemary Carter	✔	✔	✔	✔	✔	✔	✔
Margaret Kellett	✔	✔	✔	✔	✔	✔	✔
Alan MacDonald	✔	✔	✔	✔	✔	✔	✔
Kirstie Moons	✔	✔	✔	✔	✔	✔	✔
William Moyes (Chair)	✔	✔	✔	✔	✔	✔	✔
Lawrence Mudford	✔	✔	✔	✔	✔	✔	✔
Jayendra Patel	✔	✔	✔	✔	✔	✔	✔
David Smith***						✔	✔
Neil Stevenson	✔	✔	✔	✔	✔	✔	✔

** Terry Babbs was appointed to the Council from 6 October 2016*

*** Michael Carroll resigned from the Council with effect from 5 October 2016*

**** David Smith's suspension from the Council was lifted on 15 August 2016*

The statutory committees of the General Dental Council

Under the Dentists Act 1984 (as amended), the GDC has responsibility for dealing with allegations of impaired practise involving members of the dental profession.

There are six statutory committees to assist in fulfilling the GDC's statutory duty as set out in Section 2 of the Dentists Act 1984. The committees comprise independent panellists who are lay people, dentists and DCPs. Council members do not sit on the statutory committees but they are accountable to the Council for their performance.

These committees are:

- **Investigating Committee:** Considers allegations of impaired FtP to determine whether such allegations should be referred to one of the three practice committees (Professional Conduct, Health or Professional Performance Committee) for a full inquiry.
- **Interim Orders Committee (IOC):** A case can be referred to the IOC at any stage to consider whether an order (such as a suspension) against a dental professional's registration is appropriate before a full inquiry.
- **Professional Conduct Committee:** Considers allegations of misconduct against a dental professional to decide if the misconduct amounts to an impairment of their ability to practise dentistry.
- **Health Committee:** Considers cases where it appears that a dental professional's performance is affected by either a physical or mental health condition.
- **Professional Performance Committee:** Considers allegations of deficient performance against a dental professional to decide if this deficiency amounts to an impairment of their ability to practise dentistry.
- **Registration Appeals Committee:** Considers appeals from dental professionals on the grounds of either being refused entry onto the register, removed or not restored to the register (but not by a practice committee).

Members for these committees are appointed by the Appointments Committee (now known as the Statutory Panellists Assurance Committee or SPC), who assist the Council to appoint, recruit and oversee the work of statutory committee members. Further information on the work and membership of the Council's statutory committees can be found on our website.[9]

9. *https://www.gdc-uk.org/about/who-we-are/committees*

Council and committee structure continued

The Council is supported by five non-statutory committees:

Committee	Council members
Statutory Panellists Assurance Committee[10] (Oversees the recruitment, training and performance management of the statutory committees which make up the FtP panel and its Investigating Committee.)	Rosie Varley (lay member – Chair) Martyn Green (registrant member) Tim Skelton (lay member) Nigel Fisher (registrant member)
Audit and Risk Committee (Monitors the integrity of the financial statements, reviews governance, internal control, risk management systems and internal and external audit services)	Alan MacDonald (Chair) Lawrence Mudford David Smith Catherine Brady
Finance and Performance Committee (Challenges and monitors financial and operational performance. Works with the executive to develop business plans and annual budgets)	Michael Carroll (Chair) (until 5 October 2016) Terry Babbs (Chair) (from 6 October 2016) Margaret Kellett Kirstie Moons Jayendra Patel
Remuneration Committee (Establishes procedures for the remuneration of the Chief Executive and Registrar, the Executive Management Team, Council members and overall staff remuneration policy)	Neil Stevenson Geraldine Campbell Jayendra Patel (from 3 March 2016)
Policy and Research Board (Provides oversight of the development and implementation of strategy, policy and research initiatives)	Rosemary Carter (Chair) Catherine Brady Geraldine Campbell Kirstie Moons Lawrence Mudford

Independent members of Committees who served in 2016:

Audit and Risk Committee	Jason Davies
Remuneration Committee	Philippa Hird

Executive Management Team

The Executive Management Team are the Executive Directors, the Principal Legal Adviser and Head of Communications and Engagement. The Executive Directors are:

- **Ian Brack, Chief Executive and Registrar and Accounting Officer (appointed 16 May 2016, Interim Chief Executive and Registrar and Accounting Officer from 1 February to 16 May 2016)**
- **Evlynne Gilvarry, Chief Executive and Registrar and Accounting Officer (until 31 January 2016)**
- **Jonathan Green, Director of FtP (from 1 January 2017, Executive Director, FtP)**
- **Matthew Hill, Director of Strategy (from 1 January 2017, Executive Director, Strategy)**
- **Kate Husselbee, Director of HR and Governance (until 11 January 2017)**
- **Graham Masters, Director of Finance and Corporate Services (until 7 April 2017)**
- **Gurvinder Soomal, Director of Registration and Operational Excellence (from 1 January 2017, Executive Director, Registration and Corporate Resources, with executive responsibility for the Finance function)**
- **Sue Steen, Interim Director of HR and Governance (from 5 January 2017 until 20 April 2017)**
- **Bobby Davis, Executive Director, Organisational Development (from 22 May 2017)**

10. *The Statutory Panellists Assurance Committee was formerly the Appointments Committee, following a name change in 2016 to better reflect the role and remit of the committee.*

8 Remuneration report

The Remuneration Committee

The remuneration report covers a review of the Council for 2016.

The Council maintained the appointment of a Remuneration Committee for specific matters relating to the remuneration of Council members, and executive directors and for an overall staff remuneration policy.

The committee was chaired by Neil Stevenson.

The membership of the committee was as follows: Geraldine Campbell, Jayendra Patel from 3 March 2016 and, as an independent member, Philippa Hird. The committee operates within specific terms of reference and usually meets four times per year.

Council members' remuneration

The Chair's annual remuneration is set by the committee based on prevailing rates for similar positions and the amount of time required to perform the role. The remuneration for the Chair was set in October 2013 at a rate of £55,000 per annum.

Council members are remunerated at an annual rate, set in October 2013, of £15,000 per year with supplements for committee chairs of £3,000 per annum.

Executive directors' remuneration

Salary progression for executive directors is dependent on individuals' performance and external benchmarking of pay. Whilst the Chief Executive and Registrar makes recommendations on their executive directors, any salary increases or other payments are approved by the Remuneration Committee. The remuneration policy for the Chief Executive and Registrar and directors does not include any provision for performance payments.

To support our strategic ambitions to continue to build an effective and efficient organisation which will improve our overall performance and drive improvements in dental regulation, we are committed to attracting, developing and retaining highly talented employees. By managing and recognising our talent we will build a high-performance environment and encourage a learning organisation. Improvements to our recognition and development approach in 2017 will support talent management as a key priority.

The previous Chief Executive and Registrar's contract of employment required a termination notice period of six months by the employee or the employer. The remaining executive directors' contracts require a termination notice period of three months to be given by the employer or the employee after the probationary period. Ian Brack, who was appointed as Interim Chief Executive and Registrar from 1 February 2016 and on a permanent basis from 16 May 2016, has a contract of employment that requires a termination notice period of six months by the employee or the employer.

All the executive directors are members of either the defined benefit section or the defined contribution section of the GDC pension scheme.

The Chief Executive and Registrar is appointed directly by and is accountable to the Council and has delegated authority from the Council to the extent described in the Governance statement. The statement makes clear that it is the Council's role to set the direction of the GDC in line with its mission and purpose, ensuring systems are in place to enable it to monitor performance, to hold the Executive to account, and to ensure probity. The remuneration details disclosed for the Chief Executive and Registrar are provided in full below, along with disclosure of taxable emoluments, excluding any compensation payments, in salary bands for the other executive directors.

Remuneration report continued

For the highest paid member of staff during the year, the Chief Executive and Registrar, Ian Brack (2015: Evlynne Gilvarry, the previous Chief Executive and Registrar), remuneration and employer pension contributions were:

Emoluments		Taxable benefits		Total remuneration		Pension contributions	
2016 £000	2015 £000	2016 £000	2015 £000	2016 £000	2015 £000	2016 £000	2015 £000
140	172	-	3	140	175	8	37

The taxable emoluments and employer pension contributions of the other executive directors who served in 2016, including salary increases or other payments (but excluding any compensation payments, which are detailed below) fell into the following salary bands:

	Emoluments		Pension contributions	
	2016 £000	2015 £000	2016 £000	2015 £000
Graham Masters	100 - 105	95 - 100	22.5 - 25	22.5 - 25
Kate Husselbee	105 - 110	110 - 115	22.5 - 25	22.5 - 25
Gurvinder Soomal+	105 - 110	95 - 100	20 - 22.5	17.5 - 20
Jonathan Green++	110 - 115	110 - 115	20 - 22.5	17.5 - 20
Matthew Hill	110 - 115	15 - 20	5 - 7.5	0 - 2.5
Evlynne Gilvarry+++	50 - 55	170 - 175	10 - 12.5	35 - 37.5
Frances Low	-	60 - 65	-	10 - 12.5
Tim Whitaker	-	5 - 10	-	0 - 2.5

In aggregate, remuneration for the executive directors who served during 2016 amounted to £800,000 (2015: £833,000). This includes a compensation payment to one executive director of £64,777.

The remuneration of the highest-paid director, the Chief Executive and Registrar, was 3.9 times (2015: 4.4 times) the median remuneration of the workforce, which was £36,090 (2015: £34,351).

No benefits-in-kind were paid to executive directors during the year, except for the previous Chief Executive and Registrar (2015: also £nil, based on the 2015 accounts).

+ includes the selling back of untaken leave of £3,696 in 2015 and £2,361 in 2016

++ includes the selling back of untaken leave of £2,115 in 2015 and £2,440 in 2016

+++ includes the selling back of untaken leave of £15,493 in 2015

Staff remuneration policy

The remuneration policy for staff is developed by the Director of Governance and HR in conjunction with the Chief Executive and Registrar, and executive directors and then considered by the Remuneration Committee.

The GDC is committed to the principles of equal pay for work of equal value for all employees and aims to ensure that its pay systems are fair and free from bias. We have a duty to promote gender equality and undertake Equal Pay Reviews to identify and eliminate any pay gaps that cannot be explained on objective grounds.

Pension arrangements continued to be reviewed during the year to respond to the need to control the expenditure required to fund the defined benefit section of the pension scheme. The GDC continues to operate a defined benefit pension scheme for staff but this section of the scheme was closed to new joiners from 1 July 2016. The GDC also operates a trust-based defined contribution scheme that meets and exceeds auto-enrolment requirements.

Staff numbers and emolument details

The average number of full time equivalent employees, including the executive directors, during the year analysed by function were:

	Permanently-employed staff	Others	2016 Number total	2015 Number total
Fitness to Practise and hearings	161	14	175	158
Registration	72	2	74	65
Policy and stakeholder management	13	-	13	14
Governance	8	-	8	14
Human resources	10	1	11	11
Quality Assurance	11	-	11	11
Dental Complaints Service	9	-	9	9
Corporate services	37	1	38	38
Total	**321**	**18**	**339**	**320**

The number of staff, including the executive directors, whose taxable emoluments, excluding any compensation payments, fell into higher salary bands were:

	2016 Number total	2015 Number total
£60,000 but under £70,000	10	15
£70,000 but under £80,000	6	2
£80,000 but under £90,000	2	1
£90,000 but under £100,000	1	-
£100,000 but under £110,000	3	2
£110,000 but under £120,000	2	2
£130,000 but under £140,000	1	-
£170,000 but under £180,000	-	1

Remuneration report continued

Of the above list, 13 staff members were members of the defined benefit section of the pension scheme (2015: 18 staff members) and ten staff members were members of the defined contribution section of the pension scheme (2015: 11 staff members). Pension accrued by the highest paid employee under the defined contribution scheme was £7,894 (pension accrued by the highest paid employee in 2015: defined benefit scheme £28,956 and under defined contribution scheme £7,600).

The difference in percentage terms between the median earnings for women and men working full-time in 2016 was 14% (2015: 15%), in favour of men. This compares to external benchmarking of 9.4% at 1 April 2016.[11]

Council members' fees and expenses paid:

	Members Fees		Members Expenses		Tax and NI		Total	
	2016 £000	2015 £000	2016 £000	2015 £000	2016 £000	2015 £000	2016 £000	2015 £000
Catherine Brady	15	9	1	1	1	1	17	11
Terry Babbs*	5	-	-	-	-	-	5	-
Geraldine Campbell	15	15	5	5	3	3	23	23
Michael Carroll**	14	18	3	4	4	5	21	27
Rosemary Carter	18	18	5	5	4	4	27	27
Margaret Kellett	15	15	5	4	7	5	27	24
Alan MacDonald	18	18	11	13	6	7	35	38
Kirstie Moons	15	15	6	5	6	5	27	25
William Moyes	55	55	22	29	16	19	93	103
Lawrence Mudford	15	15	4	-	3	1	22	16
Jayendra Patel	15	15	5	3	3	2	23	20
David Smith***	16	17	2	6	2	3	20	26
Neil Stevenson	18	16	7	8	8	9	33	33
	234	**226**	**76**	**83**	**63**	**64**	**373**	**373**

Expenses directly incurred in the performance of duties are reimbursed in accordance with the GDC's expenses policy and procedures for Council members and recognise the GDC's national role, requiring at least one member to be based in each of the four countries of the UK, and the differing responsibilities of individual Council members. The income tax and National Insurance payable includes the employer's National Insurance on member's fees and for expenses, which are a taxable benefit-in-kind.

The figures in the above tables have been subject to audit.

Ian Brack
Chief Executive and Registrar
22 June 2017

** From 6 October 2016*

*** Until 5 October 2016*

**** Fees to David Smith were paid to a trading company Phoenix Dental Castings until 31 March 2016, of which he is the managing director, including an element equivalent to employers NIC (£518 in 2016 and £2,000 in 2015.) From 1 April 2016 fees were paid to him as taxable remuneration, in line with all other Council members.*

11. *Annual Survey of Hours and Earnings 2016, collected by the Office for National Statistics*

9 Social responsibility report

Procurement

Our approach to procurement is based on robust processes and procedures to achieve best practice and value for money. All procurement activity is monitored to ensure there is openness and transparency, equality of opportunity and environmental sustainability in our approach.

We are committed to helping to combat modern slavery. We act ethically and with integrity in all our business dealings and relationships. In so doing we are committed to implementing and enforcing effective systems and controls to ensure modern slavery is not taking place anywhere in our own businesses or those of our suppliers. The nature of our business means that the risk of modern slavery in our business and first line of our supply chain is low.

We continue to seek opportunities for efficiencies whilst ensuring that our statutory duties are met.

Health and safety

The GDC is committed to promoting a healthy and harm free environment for all staff and visitors. Health and safety is regularly reviewed by the Executive Management Team and the Health and Safety Committee.

New health and safety induction arrangements have been put in place for staff and contractors. An Indoor air quality survey was carried out at 37 Wimpole Street with satisfactory results. In 2016, there were five accidents of a minor nature that occurred in our main London offices. The GDC Health and Safety Policy was reviewed.

Environmental

To reduce the amount of paper and ink used, print usage is actively managed and monitored. Staff are encouraged to use scanning and electronic filing. GDC Committees are now primarily using electronic documents instead of paper. Reports showing numbers of pages printed are periodically sent to all staff as part of a drive to reduce waste. In 2016 there was a 52% reduction in printed pages, because of these initiatives, compared to 2015. All confidential waste and mixed waste continues to be recycled.

The GDC headquarters on 37 Wimpole Street incorporates a sustainable design, energy efficiency and CO2 reduction. For example, the building uses LED lighting operated on movement detection so most areas switch on and off automatically. The GDC has procured electricity on a green tariff.

Staff

As of December 2016, there were 345 members of staff employed (in 2015 there were 318). The increase of 8.5% relates to the 14 new posts which formed part of a departmental restructure in FtP, including our in-house legal team and Case Examiners. A year on year comparison of average full-time equivalent staff numbers (which takes account of staff who work part-time hours) and related staff costs is set out in the Financial Review.

Gender and age

Women represent 63% of the workforce (2015: 62%). Those aged 50+ represent 12% of the workforce (2015 8%).

Ethnicity

Available data shows that 32% (2015: 35%) of our staff are from a white background and 24% (2015: 23%) from an ethnic minority background.

We do not have data for the remaining 44% (2015: 42%), as staff are responsible for completing their own equality and diversity data via the online self-service portal of our HR database and completion of equality and diversity data is not a mandatory requirement.

We will be reviewing the mechanisms for collecting and reporting equality and diversity monitoring information. Part of this work will include developing a monitoring guide for staff. This will ensure our equality and diversity monitoring is consistent and more importantly appropriate analysis is taking place so service delivery and workforce initiatives and intervention is intelligence-led.

Equality, Diversity and Inclusion (EDI)

In 2016 we have recruited to the new post of Head of Equality and Diversity.

We believe equality should be something that everyone should work to achieve and the following work streams support that goal:

- **We have revised our EDI policy statement to incorporate 'inclusion'.**
- **We have refreshed our approach to undertaking Equality Impact Assessments and a toolkit has been developed providing guidance to staff.**
- **To encourage data collection, we are now in the process of developing a monitoring guide for staff. This will ensure our EDI monitoring is consistent and more importantly appropriate analysis is taking place so service delivery and workforce initiatives and intervention is intelligence led.**
- **We are currently developing our strategy and action plan to ensure we comply with our statutory duties and embed EDI across all our functions.**
- **We have outlined an annual programme of notable dates and events in relation to EDI and we will work with the internal communications team to ensure staff, Council members and Associates are made aware and involved in events throughout the year.**
- **Plans are underway to update our EDI pages and contents on our intranet site and external web pages.**

Staff engagement

The GDC has an elected staff forum which meets bimonthly. It is chaired by a member of the Executive Management Team (EMT). The forum represents all the teams in the GDC and discusses a range of staff matters including reviewing current HR policies and introducing new ones. If changes are proposed that might impact on all staff, consultation meetings are held, regardless of whether formal consultation is a legal requirement. Sometimes this takes place at quarterly staff briefings. The quarterly briefings are also an opportunity for staff to discuss issues and topics more informally with the Chief Executive and Registrar and EMT.

We are due to review the way we measure and report on staff satisfaction and staff engagement. As part of this, we are looking at when and how future surveys will take place. In the past, we have relied upon large-scale surveys, run every two years (with the last taking place in 2015). This approach has traditionally provided a useful snapshot of staff opinion, however the growth of the organisation means it no longer allows us the detail and granularity we would like. Moving forward, it is planned that we will survey in a more flexible and targeted way e.g. frequent, small-scale surveys on dedicated topics. This would ensure the data we gather is relevant and representative, and enable us to act directly on what staff tell us. Information about our approach to staff surveys will be published during quarter two of 2017.

Staff also have an opportunity to express views and to ask the Executive Management Team questions on the intranet whenever they wish. A monthly internal newsletter keeps staff up to date and special communications are provided on specific topics as and when required.

10 Financial review

Analysis of Income and Expenditure by Regulatory Function

The Accounts on pages 66 to 93 show our income and expenditure in standard accounts format. To provide stakeholders with additional information the following table shows our performance by Regulatory function:

	2016 £000	2016 £000	2015 £000	2015 £000
Income				
Registration	44,536		44,065	
Overseas Registration	1,877		1,828	
Other operating income	27		52	
		46,440		**45,945**
Expenditure				
Regulatory activities				
Fitness to Practise and Hearings	26,107		25,856	
Registration	2,739		2,355	
Overseas Registration Exam	1,951		1,910	
Policy and Stakeholder Management	1,131		1,324	
Governance	1,796		2,306	
Operational Excellence	793		988	
Quality Assurance	867		838	
Dental Complaints Service	565		567	
		35,949		**36,144**
Support activities				
Finance, HR and CEO	3,915		5,274	
Accommodation and Office Services	2,108		2,021	
Information Technology	2,145		2,079	
Depreciation and Amortisation	1,141		1,167	
		9,309		**10,541**
Total Expenditure		**45,258**		**46,685**
Investment Income		762		625
Adjustment to tax and social security costs				1,350
Surplus before Taxation		**1,944**		**1,235**
Taxation		(85)		27
Retained Surplus after Taxation		**1,859**		**1,262**

The General Dental Council is funded predominantly from fees paid by dentists and DCPs who are required under the Dentists Act to be registered with the Council to practise dentistry in the United Kingdom. Fees are also paid to us by dental professionals to maintain their entry on our specialist lists.

Financial review continued

Income analysis:

Total operating income during the financial year increased by £0.5m to £46.4m (2015 - £45.9m). The increase was largely due to an additional 463 dentists renewing their registration in 2016, compared with 2015.

Expenditure analysis:

Total expenditure decreased to £45.3m in 2016 (2015 - £46.7m), with increased expenditure on some functions offset by lower expenditure on other functions.

Fitness to Practise and Hearings costs increased by £0.2m to £26.1m (2015 - £25.9m) due to:

- **A reduction in the number of new cases referred for prosecution from 431 in 2015 to 333 cases in 2016 lead to a £0.1m decrease in the cost of prosecuting Fitness to Practise cases by both the In-house Legal Prosecution Team (ILPs) and external legal providers. Since the number of referrals allocated to external legal providers reduced steadily through 2016, a large part of the impact of fewer cases referred on Fitness to Practise costs will be realised in 2017.**
- **A 6% decrease in the number of Hearing days from 1,866 days in 2015 to 1,746 days in 2016, and a reduction in the allowance payable to Fitness to Practise panellists to reimburse them for the cost of overnight accommodation resulted in a £0.5m reduction in the cost of Hearings.**
- **An increase in resources deployed to assist the Casework team to implement process improvements and to process cases more speedily in line with performance standards, resulted in a net increase in expenditure of £0.1m.**
- **A £0.7m increase in Fitness to Practise staffing costs due to a requirement for interim senior management resource to fill vacant permanent positions temporarily and to drive improvement projects related to the PSA action plan and legislative amendments that resulted in the introduction of improvements to our Fitness to Practise processes.**

A £0.4m increase in Registration costs is partly offset by a £0.2m decrease in Operational Excellence costs, due to the impact of a restructuring of Registration team and the Project Management Office. The remaining £0.2m relates to additional staffing required to resource activity relating to eCPD and indemnity checking.

A £0.2m decrease in policy and stakeholder management costs is due to an increase in the use of the GDC patient panel for research, rather than commissioning separate external research, and efficiency savings accruing from improved management of contracts relating to publications and events.

A £0.5m decrease in governance costs is due to a reduced requirement for external corporate legal advice and lower staffing cost following a restructure of the team.

A £1.2m decrease in Finance, HR and CEO costs was largely due to one off costs in 2015 relating to the completion of the organisational change programme and professional fees relating to the claim from HMRC for reimbursement of prior year tax and National Insurance Contributions.

Accommodation and office services costs have increased by £0.1m which reflects the end of the temporary reduction in building rates payable due to business rates relief, for which the GDC was eligible during the redevelopment of 37 Wimpole Street.

Throughout 2016, the GDC continued with initiatives to generate efficiency savings. We achieved new efficiency savings of £0.4 million in the year. In addition, we also generated ongoing savings of £3.7 million from projects begun in previous years. We have therefore achieved total annual efficiency savings of £4.1 million in 2016, representing 9% of the 2016 cost base, resulting in cumulative savings over five years of some £12.5m. Throughout the process of identifying efficiency savings, careful consideration has been given to ensure that implementation of any saving initiatives does not put public protection at risk. Indeed, the GDC continues to use these savings to fund the programme of improvement of the fitness to practise function.

During the year £0.6m was received from HMRC relating to the £1.3m claim for reimbursement of prior

year National Insurance and income tax payments following agreement of the tax status of committee members, panellists and inspectors. At the year-end, a debtor of £0.7m remains in the financial statements which is expected to be received in 2017.

Outlook

In 2014, the GDC requested legislative amendments that were agreed to in 2016 via a section 60 order and allowed us to introduce significant improvements to our Fitness to Practise processes. The changes affected the investigation stage of the Fitness to Practise process, and the relevant parts of the organisation have already been restructured in a way that ensures our processes our simpler, improving decision-making while delivering significant cost savings in 2017 and beyond.

Initiatives to generate efficiency savings will continue in 2017, with the organisation continuing to be tasked with meeting challenging targets for new efficiencies. Measures already identified and implemented will contribute £1.1m in 2017, while new measures will generate additional savings of £2.7m, making a total of £3.8m. We will continue to ensure that the process of identifying efficiency savings does not put public protection at risk.

Pension Fund

In accordance with the financial reporting standard for pension costs, IAS 19, Quantum Advisory, the pension scheme actuary, valued the defined benefit section of the pension scheme as at 31 December 2016. Per their analysis, the defined benefit section of the scheme experienced a net actuarial reduction in fund value for 2016 of £6.3m, against that reported in last year's accounts. This is largely because of the use of a lower discount rate assumption, reflecting lower yield on high-quality corporate bonds deemed of equivalent term and currency to the plan's liabilities. Meanwhile, payments into the plan and interest received were exceeded by payments from the plan by £0.2m. This resulted in an overall decrease on the pension scheme of £6.5m, and an IAS 19 pension deficit of £0.6m (2016) from a pension surplus of £5.9m (2015). This does not relate to the triennial valuation of the defined benefit section of the pension scheme that was carried out as at 1 April 2015, indicating an actuarial funding level surplus of £1.5m and which recommended that the employer contribution levels to the defined benefit section of the scheme be set at 18% with effect from 1 April 2016 until the next triennial valuation.

Liquidity risks

The cash balances of the GDC increased to £38.9m (2015 - £33.8m). These balances are cyclical and peak in December/January and July/August. Cash funding levels are depleted between these periods because GDC receipts are at their highest in December, when dentists pay their annual retention fee, and in July, when DCPs pay their annual retention fee. GDC expenditure is evenly spread throughout the year.

In 2014, the GDC liquidated £6.1m of investments, held in a mix of equities and fixed interest securities, to improve cash balances over the last 6 months of 2014. Following receipt of annual retention fees in December 2014, the £6.1m was reinvested in January 2015 and a further £11.5m was divested throughout 2015, resulting in a net £5.4m reduction in the value of the GDC's investments in the year. At the start of 2016, we were projected to have less than

£5m in cash resources at the lowest point in our cash cycle – in both November 2016 and 2017. As such, further divestment of equity investments was required to maintain the £5m cash minimum as set out in our investment policy. By September 2016, the GDC had divested £3.4m leaving £0.8m of its portfolio invested.

The GDC is satisfied that it is not exposed to any significant liquidity risk. Those balances not needed for short term operational reasons are placed for a three-month term as a money market deposit which is currently reviewed and renewed at the end of each term.

Reserves:

Total reserves as at 31 December 2016 totalled £12.2m (2015: £16.9m), of which general reserves are £12.1m (2015: £10.1m).

The reserves policy was reviewed and agreed by the Council in 2016. It has regard for the:

a. **objectives of the GDC in pursuit of our statutory and regulatory responsibilities**

b. **risks to the income and expenditure of the GDC**

c. **planned major capital spending programmes**

In setting a target level, Council considered that reserves at a minimum of three months of operating spend (2016: £11.3m) was appropriate, with an aspirational target to increase to a range of four to six months of annual operating expenditure (2016: £15.1m to £22.6m). This range is subject to annual consideration by the Council's Finance and Performance Committee when it proposes the budget for the following year to the Council.

External Auditors:

The accounts have been audited by our auditors, haysmacintyre of 26 Red Lion Square, London WC1R 4AG and in accordance with the Dentists Act 1984 by the Comptroller and Auditor General, National Audit Office, 157-197 Buckingham Palace Road, Victoria, London SW1W 9SP. The independent auditor's report can be found on page 67 of this report, and the certificate and report of the Comptroller and Auditor General on page 68.

Disclosure of audit information to the Auditors:

So far as we are aware, there is no relevant audit information of which the General Dental Council auditors are unaware. We have taken the steps that we ought to have taken to make ourselves aware of any relevant audit information and to establish that the General Dental Council auditors are aware of that information.

11 Statement of the General Dental Council and the Chief Executive and Registrar's responsibilities

Under the Dentists Act 1984, the GDC is required to prepare annual accounts in the form determined by the Privy Council. The accounts are prepared on an accruals basis and must give a true and fair view of the GDC and of its income and expenditure, changes in reserves and cash flows for the financial year.

In preparing the accounts, the GDC and the Chief Executive and Registrar as Accounting Officer are required to:

- **observe the accounts determination issued by the Privy Council, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;**
- **make judgements and estimates on a reasonable basis;**
- **state whether applicable accounting standards, as set out in the accounts determination, have been followed, and disclose and explain any material departures in the accounts; and**
- **prepare the accounts on a going-concern basis, unless it is not appropriate to do so.**

The Privy Council has appointed the Chief Executive and Registrar as Accounting Officer of the GDC. The Accounting Officer is responsible to the Council for the propriety and regularity of its finances, for keeping proper records and for safeguarding the GDC's assets.

The GDC and the Chief Executive and Registrar as Accounting Officer of the GDC have considered the above requirements and are of the opinion that, where they apply to the GDC, they have been complied with in all material circumstances, with any significant issues being detailed in the Governance Statement that follows.

Governance statement 12

Scope of responsibility

As Accounting Officer, I am responsible for maintaining effective governance and ensuring that a sound system of internal control is in place to support the GDC's policies, aims and objectives whilst safeguarding the organisation's assets, for which I am personally accountable. In carrying out my responsibilities as Accounting Officer I take into consideration, but am not bound by, the guidance provided by *Managing Public Money*.

I was appointed by the Privy Council as the Accounting Officer with effect from 1 February 2016 in my role as interim Chief Executive and Registrar. Following my appointment to the substantive post, I was appointed as Accounting Officer by the Privy Council on 11 May 2016.

In making my assessment, I have drawn on reports by, and discussions with, internal auditors, ongoing monitoring of our risk registers. I also drew assurance over the course of the year from the Executive Management Team of the GDC.

The system of internal control that is applied to the GDC is designed to manage risks, acknowledging that it is not possible to eliminate them entirely.

Governance arrangements

The GDC is a body corporate constituted under the Dentists Act 1984 as amended. There are 12 members of the Council, comprising six dental professionals and six lay members, one of whom is the Chair. A lay Council member resigned with effect from 5 October 2016. Following a short recruitment process the Privy Council appointed a new lay Council member to serve the remainder of the departing Council member's term of office. Three Council members were reappointed for a second term of office from 1 October 2016. Further information on the membership of the Council can be found in Section 7 of this Report. The Council also appointed one of its number as the Senior Independent Council member during the year.

As the GDC is not classified as an Arm's Length Body, it is not required to comply with 'Corporate governance in central government departments: Code of practice 2011'. We nevertheless take into account the good practice principles expressed in the document in developing and reporting on our governance arrangements.

It is the Council's role to set the direction of the GDC in line with its mission and purpose; to ensure systems are in place to enable it to monitor performance and to hold the Executive to account; and to ensure probity. The Council has determined that it can most effectively carry out its functions by delegating certain matters to subsidiary bodies or the Executive. Those delegations are contained in a Scheme of Delegation. The Council will not delegate:

- **Approval of strategy**
- **Statutory rule-making**
- **Approval of the annual business plan and budget**
- **Approval of the annual report and accounts and any report required to be laid before the Parliaments**
- **Holding the Executive to account for its management of the organisation, through reports and monitoring**

The Council and its Committees operate in accordance with the relevant Standing Orders, which were revised in 2016. The Standing Orders include the terms of reference for the Committees and clear arrangements for the management of any conflicts of interest. Council members' declarations of interests are publicly available.

The Council has overseen the implementation of the risk management framework agreed in 2015. Both the strategic and operational risk registers have been refreshed across the organisation and have been linked to the risk appetite set in early 2016 for key aspects of the delivery of the first year of the 2016 - 2019 Corporate Strategy.

As part of the overall Corporate Strategy, the Council has overseen the development of the proposals in *Shifting the balance: a better, fairer system of dental regulation.* This discussion document was launched at the end of January 2017 and we are discussing the proposals with stakeholders.

Council oversight of strategic risks

The Council monitors strategic risks; and is presented with an update on the strategic risk register (SRR) on a regular basis. The SRR is reviewed and approved by the Executive Management Team (EMT) and Audit and Risk Committee (ARC) prior to going to Council. Where the Governance timetable does not permit the SRR to be seen by the EMT and the ARC prior to a Council meeting, a risk update paper is presented to Council. The paper details any areas of significant change or concern that need to be brought to the attention of Council.

Amongst other things, the SRR allows the Council to assess the extent to which strategic risks are being mitigated through effective controls; to identify those that are outside organisational appetite levels; and to determine how the organisation is performing against realistic and approved annual target risk exposure positions. When presented at any forum, the SRR is supported by a risk management paper which highlights key areas of concern, underperformance, emerging or dormant issues. This puts the SRR into context and explains what it means to the GDC.

These risk documents presented to and scrutinised by the Council provide information to support and guide decision-making and enable both monitoring of progress against the corporate strategy, and holding the Executive to account for its performance.

To support the SRR, and to ensure that all risks include within are of a genuine strategic nature, each Directorate has an operational risk register (ORR). The ORRs are subcategorised by team. Alternate ORRs are presented at each ARC meeting. As a result, all ORRs are reviewed by EMT and ARC on an annual basis.

Disclosure of principle risks and uncertainties.

The GDC's Risk Management framework allows for consideration of both strategic and operational risks, covering all areas of potential concern. At the year end, the SRR was populated by 14 strategic risks.

These included:

- **Risks in relation to both the achievement and retention of PSA standards;**
- **Lack of confidence from stakeholders; and our ability to effectively communicate with stakeholders;**
- **Financial risks, relating to setting of achievable and realistic budgets in a timely manner; the achievement of budget and budgetary control processes; as well as identifying cost efficiency measures where they may exist;**
- **The performance of GDC staff and Management; as well as the performance and evaluation of key management forums; and**
- **Corporate risks in relations to areas such as data protection and security, equality and diversity and the uncertainty around upcoming constitutional changes.**

Following the publication of the PSA report into matters referred to them by a whistleblower on 21 December 2015, the Council approved a comprehensive action plan to address the recommendations in the report and to make additional improvements in areas where there were no direct recommendations, e.g. internal governance. The Council established extraordinary arrangements for monitoring progress against the action plan throughout 2016.

The arrangements were brought to a close in November 2016, after the ARC and the Council indicated that they were assured that the findings of the report had been adequately and robustly addressed. Any outstanding actions have been included in the Business Plan for 2017 and all actions will continue to be monitored via our benefits tracking report to confirm that the learning from the PSA whistleblowing report has been embedded. A final closure report will come to the ARC and the Council in the summer of 2017.

The impact of unbudgeted expenditure in FtP was a significant risk to the budgeted surplus of £2.2m at

the end of 2016. This risk was principally mitigated through cost efficiencies across all Directorates, improvements in forecasting and tighter controls on external legal spend. As a result, a surplus of £1.85m (after taxation) was achieved at year end.
The GDC has continued to develop and improve its forecasting mechanisms - those now in place are much more robust - and the number of cases taken on by the in-house legal prosecution team has increased significantly, reducing the use of external legal providers.

The impact of the introduction of case examiners from 1 November 2016 is being closely monitored. Performance against the benefits set out in the business case will unfold over the course of 2017. At present, it is expected that budgetary savings of the order predicted in the business case will be achieved.

Council effectiveness

All Council members have been appraised using the system set up in 2015. Further development needs are considered as part of the appraisal process. The appraisals of three Council members were used to support the Council's recommendation that they should be reappointed when their first terms of office ended on 30 September 2016. All three members were reappointed by the Privy Council from 1 October 2016.

The Chair has been subject to an appraisal process, led by the Senior Independent Member of the Council. The Chair was also recommended for reappointment when his first term of office ends on 30 September 2017 and the Privy Council has reappointed him for a further four-year term of office from 1 October 2017.

A formal evaluation of the Council's effectiveness was conducted in 2016. The Council has agreed that an effectiveness review will take place annually. The review will be conducted by an external third party every third year and will be internally led in the intervening years. The 2016 Council effectiveness review was led by the then Director of Governance and HR. It culminated in a workshop in November 2016. The key findings were developed into an action plan covering five areas; a shared understanding of the GDC's priorities, the implementation of the three-year corporate strategy, developing organisational resilience, development of the GDC's relationships with external stakeholders and the management of the information received by the EMT Board and Council. The findings and action plan have been shared with the EMT and will be taken forward in 2017.

The Council has also approved revised versions of the key policies that make up the Governance manuals for Council members, Associates and Statutory Committee members. Council members also received training on both the revised whistleblowing policy and guidance and equality and diversity during 2016.

The attendance of Council members at Council meetings is recorded in the minutes, which are available on our website. A table of members' attendance is provided in section 7 of this report.

Non-statutory committees

The Council has established five non-statutory committees as follows:

- **Statutory Panellist Assurance Committee (SPC), previously the Appointments Committee**
- **Audit and Risk Committee**
- **Finance and Performance Committee**
- **Remuneration Committee**
- **Policy and Research Board**

The membership of the committees includes both registrant and lay Council members, with the exception of the SPC, which is made up of registrant and lay members appointed by the Council.

The Committees report to the Council on their work after each meeting and each Committee submits an annual report to the Council at the end of each year summarising its performance against its work programme.

Remuneration Committee

The Remuneration Committee is a non-statutory committee of the Council, the key purpose of which is to establish a transparent procedure for the remuneration of the Chief Executive, EMT, Council members (including the Chair) and other associate post holders. The Committee is also responsible for ensuring that there are appropriate incentives to encourage enhanced performance and that rewards are made in a fair and responsible manner, and are linked to the individual's contributions to the success of the GDC and the successful performance of the GDC in general.

The Committee also reviews the process for making recommendations to appoint and reappoint Council members and agrees that arrangements for the annual review of the Council's performance and effectiveness with the Chair.

Audit and Risk Committee

The Audit and Risk Committee is a non-statutory committee of the Council whose key purpose is to monitor on behalf of the Council the integrity of the financial statements, review the GDC's governance, internal control and risk management systems and review the internal and external audit services, including whether the actions identified in audit reports are carried out. The Committee also has responsibility for overseeing the production and integrity of the Annual Report and Accounts for recommendation to the Council for approval.

The Committee provides assurance to the Council on the adequacy and effectiveness of the GDC's risk management processes and obtains assurance on risk management arrangements from the internal auditors. The Committee also reviews the status and trends of all risks in the strategic risk register. During the year, the Committee has reviewed the implementation of the new risk management framework, reviewed the recommendations from internal audit reports, and held separate meetings to review progress against the PSA action plan. The Committee approved a revised whistleblowing policy and guidance for staff and a revised anti-fraud and anti-bribery policy for staff and recommended revised whistleblowing and anti-fraud and anti-bribery policies for Council members and associates to the Council for approval. The Committee also received an annual whistleblowing report and reports on any whistleblowing investigations undertaken during the year.

The National Audit Office (NAO) has also facilitated a review of the Committee's effectiveness. A questionnaire was completed by Committee members and members of the GDC staff who supported the Committee. A workshop was then held to review the findings, which was facilitated by the NAO. The action plan has focused on ensuring that the Committee has a strategic focus and receives the right level of information to comply with its terms of reference. The Committee has also reviewed the timetable for the Annual Report and Accounts and it has been agreed that the 2017 Annual Report and Accounts will be approved by Council by the end of April 2018, subject to finalisation of the dates of Committee and Council meetings in 2018.

Internal Audit Services

Mazars LLP has provided the GDC's internal audit service during 2016. Eleven internal audits were undertaken in 2016, supplemented by an advisory internal audit reviewing the planned changes to the GDC's compliance team.

Following each internal audit assignment; recommendations were made to improve elements of either the control framework or the application of the control framework. Following the agreement of these recommendations, an officer responsible for implementing each recommendation was assigned and an implementation date was agreed.

Audit assurance findings ranged between the three possible assurance levels – substantial assurance, adequate assurance and limited assurance – but no fundamental priority recommendations were made during the year.

The overall internal audit opinion from Mazars, on the basis of the audit work undertaken in 2016, was that the GDC's strategic governance and risk arrangements were generally adequate and effective to manage its achievement of its objectives. However, at a local level, improvements were required regarding the operational management of risks. In particular, Mazars provided limited assurance opinions in respect of the quality assurance of education and training, performance management, information security and data protection and the leadership development programme, concluding that internal control arrangements for these were not adequate and effective.

Mazars' overall assurance rating reflected the targeting of the audit plan both at known areas of weakness and areas of significance where management were not able to gain assurance of performance, in order to gain a better understanding of the detailed issues. The internal audits where the audit opinions indicated limited assurance have provided valuable detailed information and recommendations which will inform management initiatives to address the areas of weakness which were highlighted.

An internal audit plan for the period 1 April to 31 December 2017, developed with Mazars, was approved by the Audit and Risk Committee at its meeting in 22 March 2017. In future, the internal audit plan will be based on the calendar year in line with the GDC's financial year.

Moreover, the GDC now has in place a centralised Internal Audit recommendation implementation tracking function. A recommendation tracker is maintained, and confirmation is sought from recommendation owners on the status of recommendations when their implementation date is reached. Recommendation implementation performance is reported to EMT and the Audit and Risk Committee.

Executive Management Team

The Council is supported by staff, headed by the Chief Executive and Registrar, who is also the Accounting Officer, and the other members of EMT. The Council sets strategy and policy, and determines the outcomes and outputs of the GDC in support of its purpose and values. The means by which those outcomes and outputs are achieved is a matter for the Chief Executive and EMT. The Chief Executive is accountable to the Council for the Executive's performance.

The members of EMT comprise the Executive Directors of the organisation who share collective responsibility for actions and decisions taken, regardless of their individual line management responsibilities, plus the Principal Legal Adviser and the Head of Communications.

EMT is responsible for:

- **implementing the strategy approved by the Council;**
- **preparing an annual business plan and budget;**
- **providing regular management reports to the Council, and ensuring that appropriate reports are provided to Council committees regarding matters within their remits;**
- **identifying and reporting to the Council strategic risks and ensuring that ownership for each risk is allocated at the right level with clear accountability; and**
- **reviewing and reporting on other aspects of the governance model.**

During 2016, EMT has met formally as a board at least once a month. A work plan has been in place to ensure these meetings cover the main areas of work within the GDC and a review of papers to be presented to the Council. Decision papers to EMT include an analysis of the key risks. EMT Board meets on an informal basis in the intervening weeks. Exceptional EMT meetings are convened as required.

A review of the Directorate structure took place during 2016. There was a reduction in the number of Executive Directors from five to four, from 8 April 2017, following the departure of the Finance & Corporate Services Director. The remits of the four Executive Directors are as follows:

Executive Director, Fitness to Practise

- **Casework, adjudications, quality assurance and FtP improvement, Dental Complaints Service**

Executive Director, Registration and Corporate Resources

- **Registration, customer services, finance, procurement, business planning & project management, IT, audit & risk**

Executive Director, Organisational Development

- **Legal services, information governance, human resources, governance, equality & diversity, compliance and facilities**

Executive Director, Strategy

- **Strategy and policy, communications and engagement, research and education, quality assurance**

Management information

The expansion of the GDC's data warehouse continued throughout 2016, enhancing its role as the comprehensive source for corporate reporting across the organisation. The data warehouse has been developed to enable reporting on the newly introduced Case Examiner procedures in the FtP Directorate and expanded to enable reporting on Illegal Practice team activity. In addition to the expansion to include new areas, existing Registration, FtP and Internal Legal warehouse functionality continued to be refined.

The GDC has strengthened its business planning arrangements in 2016, aligning the process and reporting with the Project Management Office following a review of organisational business planning and reporting arrangements in mid-2015. Benefits of the revised approach to monitoring of the business plan include the availability of monthly reporting to EMT and improved accountability and visibility of areas of the business that do not have recognised project documentation in place to support their initiatives. Alongside the development of the 2017 Business Plan, the GDC has revised its planning and monitoring framework. This will give the GDC the tools it needs to plan robustly every year, following a routine business plan cycle.

The revised process has significantly increased focus on engagement, resulting in a more streamlined plan, more closely aligned with strategic objectives and with greater EMT and business lead buy-in to the delivery of the plan.

Performance reporting

The GDC carried out a review of its key performance indicators (KPIs) and balanced scorecard in 2016 to streamline its reporting to Council, Committees and EMT. The Council requested this piece of work as a post-implementation review of the balanced scorecard report 18 months after it was introduced. The review was a cross-organisational project to consider which of the GDC's performance measures are critical to success, reframing KPIs as distinct from other supportive measures. The Council approved the new balanced scorecard framework and the KPIs at its meeting in October 2016. Final work was carried out towards the end of the year to refine performance measures in advance of operational implementation in advance of running the first version of the new report during Q1 2017.

Governance statement continued

Data breaches and information security

Information governance

During 2016, the GDC continued to develop and improve the way it manages information, identifies and responds to data security incidents, and ensures compliance with the Freedom of Information Act 2000 (the FOI Act) and the Data Protection Act 1998 (the DPA).

During the year, we strengthened our information governance capability, including through modest recruitment. These changes significantly increased the knowledge and resources available to support, advise, and train staff in the management of information and information requests. All new staff receive training on the FOI Act, the DPA, and data security as part of the corporate induction programme and there is ongoing training for current staff. All training sessions were reviewed and updated in 2016.

The GDC's Information Governance Group, which provides support and assurance to EMT, has been reinvigorated with champions from different directorates responsible for the GDC's information assets. This Group is part of the comprehensive information governance framework we have begun to develop which will also see a member of EMT appointed as Senior Information Risk Owner.

Data security incidents

During 2016, the GDC embedded its system for reporting and responding to data security incidents. Improved awareness of the need to report incidents and of the reporting system itself led to an increase in recorded incidents. This has enabled us to more quickly identify and recover information that has been lost or disclosed inappropriately through accident or error, respond to any immediate risks, and identify learning that will improve our policies and processes.

In 2016, 127 Data Security Incidents (2015: 39) were recorded by the GDC. Two incidents were considered serious enough that we self-reported them to the Information Commissioner. A third incident was reported to the Information Commissioner by a third party.

The Information Commissioner considered these incidents and concluded the GDC's response and the changes it had implemented were appropriate. On that basis, the Commissioner decided that they should not take any enforcement action.

Information requests

During 2016, the GDC received a total of 471 (2015: 512) requests for corporate information under the Freedom of Information (FOI) Act and personal information under the Data Protection Act (subject access requests). A significant number of the FOI requests received by the GDC were for information relating to registrants, such as their indemnity information. A large proportion of the subject access requests received by the GDC were from people involved in a fitness to practise complaint seeking case information such as the clinical adviser's report.

We responded to 471 information requests (391 FOI requests (2015: 56) and 80 subject access requests (2015: 108)). 94% of FOI requests were responded to within the statutory timeframes (20 working days) or an extension was appropriately claimed to carry out a public interest test. 93% of subject access requests were responded to within the statutory timeframes (40 calendar days).

Of the 471 information requests the GDC responded to in 2016, seven requests were appealed to the Information Commissioner (six FOI requests and one subject access request). The Information Commissioner upheld the GDC's approach and decision in all seven of these complaints.

Conclusion

In 2016, the Council has focused on the implementation of the first year of the 2016-19 Corporate Strategy and the development of the proposals set out in *Shifting the balance,* published in January 2017. The Risk Management Framework has been embedded and there are clear monitoring and oversight processes in place. Significant improvements have been made to the forecasting of expenditure, particularly in relation to the legal costs of the FtP process. Compliance with the PSA standards for good regulation has also improved, with the 2016 report achieving compliance with 21 of the 24 standards.

Ian Brack
Chief Executive, Registrar and Accounting Officer
22 June 2017

13 Accounts 2016

Independent auditor's report to the General Dental Council

14

Annual report and accounts 2016

We have audited the financial statements of the General Dental Council for the year ended 31 December 2016 which comprise the Income and Expenditure Account, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Reserves and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union.

This report is made solely to the Members of Council, as a body, in accordance with the Dentists Act 1984 and the directions issued thereunder by the Privy Council. Our audit work has been undertaken so that we might state to the Members of Council those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council and the Council members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Council, Chief Executive and auditor

As explained more fully in the Statement of the Council and Chief Executive's Responsibilities, the Council and Chief Executive as Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements

In our opinion, the financial statements:

- **give a true and fair view of the state of the Council's affairs as at 31 December 2016 and of its surplus for the year then ended;**
- **have been properly prepared in accordance with IFRSs as adopted by the European Union; and**
- **have been prepared in accordance with the requirements of the Dentists Act 1984 and the directions issued thereunder by the Privy Council.**

Matters on which we are required to report by exception

- **We have nothing to report in respect of the following matters where we to report to you if, in our opinion:**
- **the information given in the Annual Report is inconsistent in any material respect with the financial statements; or**
- **sufficient accounting records have not been kept; or**
- **the financial statements are not in agreement with the accounting records and returns; or**
- **we have not received all the information and explanations we require for our audit.**

haysmacintyre

Statutory Auditor
London

22 June 2017

haysmacintyre are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.

15 Certificate and report of the Comptroller and Auditor General to the Houses of Parliament

I certify that I have audited the financial statements of the General Dental Council for the year ended 31 December 2016 under the Dentists Act 1984. The financial statements comprise: the Income and Expenditure Account, the Statement of Financial Position, Statement of Cash Flows, Statement of Changes in Reserves and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Council, Chief Executive and auditor

As explained more fully in the Statement of General Dental Council and Chief Executive's Responsibilities, the Council and Chief Executive are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to examine, certify and report on the financial statements in accordance with the Dentists Act 1984. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the General Dental Council's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the General Dental Council; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on financial statements

In my opinion:

- **the financial statements give a true and fair view of the state of General Dental Council's affairs as at 31 December 2016 and of surplus for the year then ended; and**
- **the financial statements have been properly prepared in accordance with the Dentists Act 1984 and the Privy Council determination issued thereunder.**

Certificate and report of the comptroller and Auditor General to the Houses of Parliament continued

Opinion on other matters

In my opinion:

- **the parts of the Remuneration Report to be audited have been properly prepared in accordance with the Privy Council determination made under the Dentists Act 1984; and**
- **the information given in the Message from the Chair, Message from the Chief Executive and Registrar, Business Review, Statistical and Performance Report, Council and Committee Structure, Social Responsibility Report and Financial Review for the financial year for which the financial statements are prepared is consistent with the financial statements.**

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- **adequate accounting records have not been kept or returns adequate for my audit have not been received from branches not visited by my staff; or**
- **the financial statements and the parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or**
- **I have not received all of the information and explanations I require for my audit; or**
- **the Governance Statement does not reflect compliance with HM Treasury's guidance.**

Report

I have no observations to make on these financial statements.

Sir Amyas C E Morse - 26 June 2017

Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP

16 Income and expenditure account

For the year ended 31 December 2016

	Note	2016 £000	2015 £000
Income			
Fees	2	44,536	44,065
Overseas Registration Exam	3	1,877	1,828
Miscellaneous	3	27	52
Total operating income		**46,440**	**45,945**
Expenditure			
Staff costs	5	18,911	18,537
Legal and professional fees	6	12,691	13,699
Council and committee meetings	7	9,203	9,953
Administration	8	3,468	3,370
Accommodation	9	741	727
Communications and publications	10	244	399
Total operating expenditure		**45,258**	**46,685**
Surplus/(deficit) after operational expenditure		**1,182**	**(740)**
Adjustment to tax and social security costs		-	**1,350**
Investment income	4	165	367
Realised gains on sale of investments	14	597	258
Surplus/(deficit) for year after investment income and adjustment		**1,944**	**1,235**
Taxation	11	(85)	27
Retained surplus/(deficit) after taxation		**1,859**	**1,262**
Other comprehensive income/(expenditure)			
Items that will or may be reclassified to profit or loss			
Unrealised (loss)/gains on investments	14	(221)	(530)
Items that will not be reclassified to profit or loss			
Actuarial (loss)/gains on pension scheme assets	19	(6,302)	3,582
Total other comprehensive expenditure/(income)		**(6,523)**	**3,052**
Total comprehensive (expenditure)/income for the year		**(4,664)**	**4,314**

All income and expenditure relates to continuing activities

Statement of financial position 17

As at 31 December 2016

		Note	31 Dec 2016 £000	31 Dec 2015 £000
Non-current assets:				
Property, plant and equipment		12	10,594	11,011
Intangible assets		13	601	801
Financial assets - available for sale assets		14	756	3,477
Provision for pension asset		19		5,859
Total non-current assets			**11,951**	**21,148**
Current assets:				
Trade and other receivables	<1yr	15	2,517	2,940
Cash and cash equivalents		16	38,899	33,766
Total current assets			**41,416**	**36,706**
Total assets			**53,367**	**57,854**
Current liabilities				
Trade and other payables	<1yr	17	**4,233**	**5,180**
Other liabilities		17	58	54
Deferred income		17	36,026	35,548
Corporation tax		17	**123**	**55**
Total current liabilities			**40,440**	**40,837**
Non-current assets plus/less assets/liabilities			**12,927**	**17,017**
Non-current liabilities:				
Pension Liability		19	611	-
Deferred tax		17	111	148
Total non-current liabilities			**722**	**148**
Assets less liabilities			**12,205**	**16,869**
Reserves				
General reserve			**12,121**	**10,113**
Pension reserve			**(611)**	**5,859**
Unrealised gains on investment reserve			**695**	**897**
Total reserves			**12,205**	**16,869**

The financial statements were approved by the Council Members and were signed on their behalf on 22 June 2017:

William Moyes
Chair

Ian Brack
Chief Executive and Registrar

18 Statement of cash flows

For the year ended 31 December 2016

	Note	2016 £000	2015 £000
Cash flows from operating activities			
Surplus from operating activities	**I&E**	1,182	610
Depreciation and amortisation		1,141	1,007
(Profit)/loss on disposal of property, plant and equipment		(2)	160
Decrease/(increase) in trade and other receivables	**15**	423	(1,169)
Decrease/(increase) in trade payables and other liabilities	**17**	(464)	952
Pension reserve funding movements	**18**	168	213
Use of provisions		-	(135)
Net cash inflow from operating activities		**2,448**	**1,638**
Cash flows from investing activities			
Purchase of property, plant and equipment	**12**	(366)	(4,886)
Purchase of intangible assets	**13**	(158)	(215)
Proceeds from sale of assets		2	27
Proceeds from sale of financial assets	**14**	3,301	10,728
Purchase of financial assets	**14**	(204)	(5,648)
Investment income	**4**	165	367
Net cash inflow/(outflow) from investing activities		**2,740**	**373**
Tax		(55)	(108)
Net increase in cash and cash equivalents in the period		**5,133**	**1,903**
Cash and cash equivalents at the beginning of the period	**16**	**33,766**	**31,863**
Cash and cash equivalents at the end of the period	**16**	**38,899**	**33,766**
Net increase in cash and cash equivalents		**5,133**	**1,903**

Statement of changes in reserves 19

For the year ended 31 December 2016

	Note	General reserve £000	Pension reserve £000	Unrealised gains on investment reserve £000	Total reserves £000
Balance at 31 December 2014		**8,638**	**2,490**	**1,427**	**12,555**
Changes in reserves for 2015					
Total comprehensive income for the year	**I&E**	4,314	-	-	4,314
Actuarial gain on pension scheme	**18**	(3,582)	3,582	-	-
Reserves transfer		213	(213)		-
Unrealised gains on investments	**14**	530		(530)	-
		1,475	**3,369**	**(530)**	4,314
Balance at 31 December 2015		**10,113**	**5,859**	**897**	**16,869**
Changes in reserves for 2016					
Total comprehensive income for the year	**I&E**	(4,664)	-	-	(4,664)
Actuarial loss on pension scheme	**18**	6,302	(6,302)	-	-
Reserves transfer		149	(168)	19	-
Unrealised gains on investments	**14**	221		(221)	-
		2,008	**(6,470)**	**(202)**	**(4,664)**
Balance at 31 December 2016		**12,121**	**(611)**	**695**	**12,205**

20 Notes to the Accounts

1. Accounting policies

The financial statements have been prepared on a 'going concern' basis and under the historical cost convention, as modified by the inclusion of investments at market value, in accordance with International Financial Reporting Standards (IFRS) as adopted by the EU and taking into consideration the accounting principles and disclosures of the Government Financial Reporting Manual (FReM). The principal accounting policies adopted in the preparation of the financial statements, which have been applied consistently, are detailed below.

The General Dental Council was established by act of Parliament in 1956 and is domiciled in the United Kingdom.

The principal place of business is 37 Wimpole St, London, W1G 8DQ. The financial statements are presented in the General Dental Council's functional currency of pounds sterling.

1.1 Format of the accounts

The General Dental Council is required to prepare its annual accounts in a form as determined by the Privy Council. The Privy Council are required to lay the certified accounts before each House of Parliament and the Scottish Parliament. The statutory purpose of the General Dental Council is given in the introduction of the Account Report.

1.2 Standards, amendments and interpretations to published standards not yet effective

The Council has assessed the following standards, amendments and interpretations that have been issued but are not yet effective and determined not to adopt them before the effective date when adoption would be required because the changes would have no, or an immaterial effect on these accounts and would not provide additional information that would aid the reader:

- **IFRS 9 Financial Instruments – effective date: accounting periods beginning on or after 1 January 2018, not yet EU endorsed. IFRS 9 simplifies the classification and measurement of financial assets.**
- **IFRS 16 Leases - effective date: accounting periods beginning on or after 1 January 2019, not yet EU endorsed. IFRS 16 specifies how an entity will recognise, measure, present and disclose leases. The standard provides a single lessee accounting model, requiring lessees to recognise assets and liabilities for all leases unless the lease term is 12 months or less or the underlying asset has a low value.**
- **IFRS 15 Revenue from contracts with customers - effective date accounting periods beginning on or after 1 January 2018. The standard establishes the principles that an entity shall apply to report useful information about the nature, amount, timing and uncertainty of revenue and cash flows arising from a contract with a customer.**
- **Amendments to IAS 7 Statement of Cashflows - effective date accounting periods beginning on or after 1 January 2017. The amendments are intended to clarify IAS 7 to improve information provided to users of financial statements about an entity's financing activities.**

The Council anticipates that the adoption of these standards and interpretations will not have a material effect on the statement of financial position or the results for 2015 and 2016.

1.3 Critical accounting estimates and judgments

To be able to prepare financial statements in accordance with IFRS, the General Dental Council must make certain estimates and judgments that have an impact on the policies and the amounts reported in the annual accounts.

The estimates and judgments are based on historical experiences and other factors including expectations of future events that are believed to be reasonable at the time such estimates and judgments are made. Actual experience may vary from these estimates.

The estimates and assumptions which have the most significant risk of causing a material adjustment to the carrying amounts of assets and liabilities are discussed below:

i) Pension benefits

The General Dental Council accounts for pensions in accordance with IAS 19 Employee Benefits. In determining the pension cost and the defined benefit obligation of the General Dental Council's defined benefit pension scheme, several assumptions are made which include the discount rate, salary growth, price inflation, the expected return on the schemes' investments and mortality rates. The Council has adopted IAS19 (2011) which is effective for periods beginning 1 January 2013. The assumptions are agreed with the qualified actuary and used to calculate

the pension provision. Further details are contained in note 19 to the accounts.

ii) Depreciation and amortisation

The General Dental Council accounts for depreciation and amortisation in accordance with IAS 16 Property, Plant and Equipment and IAS 38 Intangible Assets. The depreciation and amortisation expense is the recognition of the decline in the value of the asset and the allocation of the cost of the asset over the periods in which the asset will be used. Judgments are made on the estimated useful life of the assets, which are regularly reviewed to reflect the changing environment.

iii) Provisions

The General Dental Council accounts for provisions in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets. The provisions are based on estimates of value provided by appropriate qualified valuers.

Further details are contained in the accounting policy on provisions below (note 1.13) and note 18 to the accounts.

1.4 Going Concern

The GDC has reviewed projected fee income, the operations and cash flow forecasts for the next 12 months. The GDC considers that it is appropriate to prepare the statement of financial position on a going concern basis.

1.5 Property, Plant, Equipment and Intangible Assets

Tangible Non-Current Fixed Assets are reported as Property, Plant and Equipment under IAS 16. Where appropriate, Information Technology software and development assets have been classified as Intangible Assets under IAS 38.

Assets under construction are held at the accounting date at cost until they become capable of being operational, when they are transferred to the non-current asset class to which they relate.

Property, plant, equipment and intangible assets are stated at cost, net of depreciation and any provision for impairment.

Expenditure is only capitalised where the cost of the asset or group of assets acquired exceeds £1,000.

1.6 Depreciation and amortisation

Depreciation and amortisation are provided to write off the cost of the non-current assets evenly over their estimated useful lives. The depreciation and amortisation expense is included within the administration expense line in the income and expenditure account under comprehensive income and expenditure. The useful lives are as follows:

a) Capital refurbishment and all leasehold improvement works at 37/38 Wimpole Street, London W1G 8DQ and 13/15 Wimpole Mews are depreciated over the remainder of the lease or over their estimated useful lives if shorter - between 20 years and 10 years.

b) Other useful lives are shown below.

- **Furniture and fittings up to 10 years**
- **Plant and equipment up to and including 25 years**
- **IT equipment up to four years**
- **IT software, licences and software assurance up to five years**

Depreciation rates are reviewed on a regular basis comparing actual lives of assets with the accounting policy rates.

1.7 Impairment

At each statement of financial position date, the GDC reviews the carrying amounts of its assets to determine whether there is any indication the assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated to determine the extent of the impairment loss. An impairment loss is charged to the income statement immediately.

When there is a subsequent increase in the recoverable amount of an asset due to a change in the estimates used to determine the recoverable amount, it is treated as a reversal of the previous impairment loss and is recognised to the extent of the carrying amount of the asset that would have been determined (net of amortisation and depreciation) had no impairment loss been recognised. The reversal is recognised in the income and expenditure statement immediately.

1.8 Expenditure

Expenditure is accounted for on an accruals basis when either the goods have been received or the service performed. Irrecoverable VAT is included with the item of expense to which it relates.

1.9 Income

All income is accounted for when there is adequate certainty over entitlement, amount and receipt.

All fees for the registration period from dentists are deferred to the commencement of the registration period the fee relates to. The registration period for dentists is 1 January to 31 December.

All fees for the registration period from DCPs are recognised in full in the financial year when the income is received. The registration period for DCPs is 1 August to 31 July.

Fees receivable in respect of Overseas Registration Exams are recognised when the examinations are sat.

Miscellaneous fees, other sales and other income are recognised when the related goods or services are provided.

Investment income is recognised when dividends or interest falls due and is stated gross of recoverable tax.

1.10 Finance leases

The terms of all Council's leases are reviewed and where the rewards and risks of ownership rest with the Council, leases are treated as finance leases. The capital values of finance leases, together with the current value of future capital repayments are held as assets and liabilities in the statement of financial position. Leases other than finance leases are classified as operating leases. Operating leases are charged to the Income and Expenditure Statement on a straight-line basis over the term of the lease, taking account of any lease incentives in accordance with the terms of IAS 17.

The Council also reviews all service contracts to determine whether the contracts include an embedded finance lease under the terms of IAS 17 as interpreted by IFRIC 4.

1.11 Taxation

The Council is taxed as a mutual organisation and is therefore only taxed on outside sources of income.

Historically this has been investment income.

Deferred tax is recognised on all taxable temporary differences. However, deferred tax is not provided on initial recognition of an asset or liability unless the related transaction affects tax or accounting profit. In addition, a deferred tax asset is recognised for all deductible temporary differences to the extent that it is probable that the taxable profit will be available against which the deductible temporary difference can be used. Deferred tax assets and liabilities are measured at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled. Measurement is also based on the tax consequences of recovering or settling the carrying amount of assets and liabilities. Changes in deferred tax assets or liabilities are recognised as a component of tax expense in the income and expenditure account.

1.12 Pension Schemes

The Council operates three pension schemes within the same trust—the General Dental Council 1970 Pension and Life Assurance Plan. The assets of the schemes are held separately from those of the Council and are invested as described in note 18.

Defined Contribution 2014 section: This section was established with effect from 1 February 2014, considering pension reforms regarding auto-enrolment and is now the main pension scheme for employees. Contributions are set as a percentage of pensionable salary, with the employer contribution set at a minimum of 6% and a maximum 10% of pensionable salary. Contributions are charged to the income and expenditure account as they fall due.

Defined Benefit section: This section was closed to new employees who received offers of employment dated after 31 December 2014. Existing employees could transfer their pension into this scheme until 1 July 2016, when it was closed to all new joiners. The defined benefit pension section's current service costs and the net of the scheme interest cost and the expected return on the scheme assets for the year are charged to the income and expenditure account within 'pension costs'. Actuarial gains and losses are recognised immediately within 'other comprehensive income'.

The defined benefit section's assets are measured at fair value at the statement of financial position date. Scheme liabilities are measured on an actuarial basis at the statement of financial position date using the projected unit method and discounted at a rate equivalent to the current rate of return on a high quality corporate bond of equivalent term to the scheme liabilities. The resulting defined benefit asset or liability is disclosed separately in the statement of financial position

Defined contribution 'top up' section: This section was closed to new joiners with effect from 1 April 2014. Contribution is voluntary and the Council will make matching contributions of up to 5% of the pensionable salary. Contributions are charged to the income and expenditure account as they fall due.

1.13 Financial Assets

The Council classifies all its financial assets into either 'financial assets at fair value through profit or loss' or

Notes to the Accounts continued

'available-for-sale financial assets', depending on the purpose for which the asset was acquired. Currently, the Council only holds the following assets at fair value with movement put through other comprehensive income:

Investment available for sale: these comprise investments of listed securities, fixed interest securities, equities and a unit trust which is a managed fund comprising a mixed portfolio of listed securities and cash deposits. These are treated as non-current investments available for sale and are included at market value at year end date. The fair value of the investments is based on the closing quoted bid price at the accounting dates.

Unrealised gains and losses arising from changes in market value are included within other comprehensive income, and are taken to the investment revaluation reserve. On disposal, the cumulative gain or loss previously recognised in reserves is reclassified to income and expenditure account.

Cash and cash equivalents: these include cash in hand, deposits held at call with banks.

Financial liabilities: The Council classifies all its' financial liabilities into financial liabilities at fair value through profit or loss. Below are the types of liabilities within the category, depending on the purpose for which the liability was incurred.

Trade and other payables: these are initially recognised at fair-value and then carried at invoiced value or amortised cost. These arise principally from the receipt of goods and services. The value of these liabilities is disclosed within note 17.

Provisions: a provision is recognised in the statement of financial position when the Council has a present legal or constructive obligation because of a past event, it is probable that an outflow of economic benefits will be required to settle the obligation and a reliable estimate of the outflow of economic benefits can be obtained.

1.14 Reserves

Reserves comprise the following:

General reserves

Represents the retained results after the transfer of actuarial gains and losses on pension scheme assets and/or liabilities and unrealised gains/losses on investment.

Pension reserve

Represents the actuarial gains and losses on pension scheme assets arising from the revaluation of the General Dental Council provision for defined benefit pension scheme asset/liability.

Unrealised gains on investment reserve

Represents unrealised gains and losses arising from the revaluation of investments over their historical cost.

1.15 Financial instruments

The details of the various categories of financial assets are outlined in note 14 to note 16. The details of the various categories of financial liabilities are outlined in notes 17 and 18.

Credit Risk

Exposure to credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. This is not considered to be significant. The General Dental Council does not use financial instruments that increase its own credit risk profile and has no external debt exposure. It uses a variety of risk mitigations including credit rating assessments to assess credit risk of counter parties including suppliers and financial institutions.

Liquidity risk

The Council currently has no borrowings and relies primarily on fees for its cash requirements. The cash balances are cyclical and peak in December/January and July/August.

Cash funding levels are depleted between these periods because Council receipts are at their highest in December, when dentists pay their annual retention fee, and in July, when DCPs pay their annual retention fee. Council expenditure is evenly spread throughout the year. Therefore, the Council considers there is no significant exposure to liquidity risk.

Currency risk

All material assets and liabilities are denominated in sterling, so it is not exposed to any currency risk from direct holdings in overseas equities. However, some of the collective funds held are invested overseas, and some companies may declare dividends in currency other than sterling but pay in sterling, and so may be subject to currency fluctuations.

The GDC has a reserves policy. Due to registration renewal cycles and the payment methods of registrant fees, the GDC holds a significant amount of cash in short-term deposit accounts to cover the expenditure expected to be incurred over the payment period.

Interest rate risk

Dental professionals pay fees in advance. Surplus funds are held as follows:

- **Fixed term deposit – the majority of the surplus funds are held in the short-term money market. Competitive rates are sought on money-market investments.**
- **Investments – The remainder of the funds are invested in a portfolio of equities and unit trusts where there is always a risk of diminution in value.**

The Council continues to monitor the financial markets using an investment strategy that avoids undue risk and detriment to the GDC's regulatory responsibilities.

The Council approved a revised statement of investment principles in December 2011 and this was reconfirmed in December 2016, whereby the GDC will aim to achieve an investment risk portfolio that seeks to achieve investment returns broadly in line with inflation.

The interest rate risk is not considered to be significant in terms of the General Dental Council relying on interest income to a sizeable extent to fund its operations.

2. Income

	2016		2015
	Nos	£000	£000
Fees			
Dentists			
Total new registration	1897	898	900
Temporary registration	33	29	32
Retention	39432	35,094	34853
Restoration after erasure	192	162	1
Total	**41554**	**36,183**	**35,786**
Dental care professionals			
Total new registration	4572	307	303
Retention	65138	7,556	7,601
Restoration after erasure	1064	124	6
Total	**70774**	**7,987**	**7,910**
Specialist			
Specialist registration	181	63	68
Specialist annual retention	4209	303	301
Specialist restoration fee	26	-	
Total	**4416**	**366**	**369**
Total fees		**44,536**	**44,065**

The above numbers reflect registrants paying fees during the year as opposed to the number of registrants on the register at 31 December 2016.

Notes to the Accounts continued

3. Miscellaneous income

Exam fees	1,877	1,828
Other operating income	27	52
	1,904	1,880

3. Investment Income

Interest bank deposits	94	55
Dividends - listed securities	71	312
	165	367

5. Staff numbers and related costs

	2016			2015
	Permanently employed staff	Others	Total	Total
(a) Staff costs comprise:	£000	£000	£000	£000
Wages and salaries	13,318	-	13,318	12,329
Social security costs	1,357	-	1,357	1,286
Pension costs	1,680	-	1,680	1,765
Termination payments	221		221	434
Other staff costs	1,056	-	1,056	1,332
Sub total	**17,632**	**-**	**17,632**	**17,146**
Temporary staff	-	1,279	1,279	1,391
Total	**17,632**	**1,279**	**18,911**	**18,537**

(b) Employees - Headcount

	2016			2015
	Permanently employed staff	Others	Total	Total
Fitness to practise and hearings	161	14	175	158
Registration	72	2	74	65
Policy and stakeholder management	13	-	13	14
Governance	8	-	8	14
Human Resources	10	1	11	11
Quality Assurance	11	-	11	11
Dental Complaints Service	9	-	9	9
Corporate services	37	1	38	38
Total	**321**	**18**	**339**	**320**

(c) Employees - Remuneration

	2016 Number total	2015 Number total
£60,000 but under £70,000	10	15
£70,000 but under £80,000	6	2
£80,000 but under £90,000	2	1
£90,000 but under £100,000	1	-
£100,000 but under £110,000	3	2
£110,000 but under £120,000	2	2
£130,000 but under £140,000	1	-
£170,000 but under £180,000	-	1

13 staff members from the above list were part of the 'defined benefit' pension scheme (2015: 18 staff members) and 10 staff members on the defined contribution' pension scheme (2015:11 staff members). Pension accrued by the highest paid employee under the defined contribution scheme was £7,894 (2015: pension accrued by the highest paid employee under the defined benefit scheme was £28,956 and under the defined contribution scheme was £7,600).

Chief Executive and Registrar – Remuneration

Emoluments	Emoluments Pension	Accrued Pension	Accrued
2016 £000	2015 £000	2016 £000	2015 £000
140	172	8	37

Notes to the Accounts continued

6. Other administration costs

	2016 £000	2015 £000
Legal and professional services		
Auditor's remuneration and expenses:		
External audit – including VAT	21	21
External audit - National Audit Office	4	4
Internal audit	85	20
Professional Standards Authority Fees	277	120
Conduct hearings	4,305	4754
Counsel fees	1,461	1,368
Expert fees	1,645	1,271
Examinations costs	1,672	1,650
Other fees and charges	2,949	3,956
Other disbursements	272	535
Total	**12,691**	**13,699**

	2016 £000	2015 £000
During the year, the General Dental Council received the following non-audit services from its external auditors haysmacintyre:		
For corporation taxation advice	2	5
	2	5

	2016 £000	2015 £000
7. Council and Committee meetings		
(a) Council fees and expenses		
Fees paid to Council Members	233	224
Expenses paid to Council Members	139	150
Council meeting expenses	131	100
	503	**474**
(b) Committee and panel fees and expenses		
Fees paid to committee and panel members	2,749	3,043
Expenses paid to committee and panel members	975	1,127
Professional fees and expenses for committees and panels	1,641	1,707
Venue hire cost and other meeting expenses	3,335	3,602
	8,700	**9,479**
Total Council and Committee meetings	**9,203**	**9,953**
8. Administrative expenses		
Depreciation	783	598
Amortisation	358	409
Loss on disposal of property, plant and equipment	(2)	160
Provisions:		-
Movement in dilapidation provision	-	(51)
Rentals under operating leases:		-
Hire of office machinery	28	36
Building leases	963	880
Interest charges	-	-
Information technology support and maintenance	779	748
Personnel costs	24	32
Other operating costs	535	558
	3,468	**3,370**
9. Accommodation		
Other accommodation costs	741	727
	741	**727**
10. Communications and Publications		
Total Communications and Publications	244	399
	244	**399**

11. Taxation

(a) Analysis of tax charge

	2016 £000	2015 £000
Current tax		
UK corporation tax on profits of the year	122	66
Prior year tax adjustment	-	(24)
Foreign taxation	-	-
Total current tax charge	**122**	**42**
Deferred taxation		
Origination and reversal of timing differences	(29)	(47)
Effect of tax rate change on opening balance	(8)	(22)
Total deferred tax	**(37)**	**(69)**
Tax on profit on ordinary activities	**85**	**(27)**

(b) Factors affecting the tax charge for the period

The Council is taxed as a mutual organisation and is therefore only taxed on outside sources of income. Historically, this has been investment income.

	2016	2015
Factors affecting the tax charge for the period		
Profit for year	1,946	1,225
Expected charge at 20.25% (2015: 20%)	389	248
Effects of:		-
Difference between actual tax rate and the main corporate tax rate	-	(57)
Non-taxable income	(369)	(201)
Movement in the deferred tax balance due to a change in tax rates	(3)	(16)
Tax on equalisation and value increasing fixed interest investments	68	23
Prior year tax adjustment	-	(24)
Current year tax charge	**85**	**(27)**

12. Property, plant and equipment

	Leasehold Proper	Plant & Equipment	Furniture & Fitting	Information Technology	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000
Cost						
At 1 January 2016	12,761	1,003	572	657	-	14,993
Additions	26	68	22	250	-	366
Transfers	-	-	-	-	-	-
Impairment	-	-	-	-	-	-
Disposals	-	-	-	(10)	-	(10)
At 31 December 2016	**12,787**	**1,071**	**594**	**897**	**-**	**15,349**
Depreciation					**-**	
At 1 January 2016	3,422	154	74	332	-	3,982
Charged in year	390	118	119	156	-	783
Disposals	-	-	-	(10)	-	(10)
At 31 December 2016	**3,812**	**272**	**193**	**478**	**-**	**4,755**
Net book value:						
At 31 December 2016	**8,975**	**799**	**401**	**419**	**-**	**10,594**
At 31 December 2015	**9,339**	**849**	**498**	**325**	**-**	**11,011**

13. Intangible assets

	Software	Licenses	Assets under Construction	Total
	£000	£000	£000	£000
Cost				
At 1 January 2016	1,740	349	147	2,236
Additions	-	12	146	158
Transfers	97	-	(97)	-
At 31 December 2016	**1,837**	**361**	**196**	**2,394**
Amortisation				
At 1 January 2016	1,198	237	-	1,435
Charged in year	309	49	-	358
At 31 December 2016	**1,507**	**286**	**-**	**1,793**
Net book value:				
At 31 December 2016	**330**	**75**	**196**	**601**
At 31 December 2015	**542**	**112**	**147**	**801**

Notes to the Accounts continued

14. Financial assets - available for sale assets

	2016			2015
	Equities £000	Fixed Interest Securities £000	Total £000	£000
Balance as at 31 December 2015	**3,477**	**-**	**3,477**	**8,829**
Additions	204	-	204	5,648
Disposals	(3,301)	-	(3,301)	(10,728)
	380	-	380	3,749
Realised gains on investments	597	-	597	258
Unrealised gains on investments	(221)	-	(221)	(530)
Balance as at 31 December 2016	**756**	**-**	**756**	**3,477**

Income generated from the financial assets for the year ended 31 December 2016: Equities £71,250 (2015: £85,468) and Fixed interest securities £0 (2015: £215,536). The above financial assets are quoted in an active market and are included at market value.

All above financial assets are treated as level one for the purposes of disclosure under IFRS 7, because all amounts have been determined by reference to quoted prices in an active market.

15. Trade receivables and other current assets

	31 Dec 2016 £000	31 Dec 2015 £000
Amounts falling due within one year		
Trade receivables	-	-
Other receivables	182	397
Prepayments and accrued income	2,335	2,543
Total	**2,517**	**2,940**

The ages of all debtors are current and there are no amounts past due, but not impaired. There is no bad debt provision. There are no impaired financial assets.

16. Cash and cash equivalents

	2016 £000	2015 £000
Balance at 1 January	**33,766**	**31,863**
Net change in cash and cash equivalent balances	5,133	1,903
Balance at 31 December	**38,899**	**33,766**
The following balances were held at:		
Commercial banks and cash in hand	18,681	33,715
Short term bank deposits	20,218	51
Total	**38,899**	**33,766**

17. Trade payables and other current liabilities

	31 Dec 2016 £000	31 Dec 2015 £000
Amounts falling due within one year:		
Corporation tax	123	55
Other taxation and social security	484	444
Trade payables	1,450	2,126
Other payables	104	13
Accruals	2,195	2,597
Deferred income	36,026	35,548
Deferred operating incentive	58	54
Total	**40,440**	**40,837**
Amounts falling due after more than one year:		
Deferred tax	111	148
	111	**148**
Total	**40,551**	**40,985**

18. Financial Instruments and financial risk management

Financial Assets	31 Dec 2016 £000	31 Dec 2015 £000
Amortised costs		
Cash and bank balances	38,899	33,766
Trade and other receivables	2,478	2,940
Total	**41,377**	**36,706**
Fair value through profit and loss		
Equities	756	3,477
Total	**756**	**3,477**

Notes to the Accounts continued

These comprise investments of listed securities, equities and a unit trust which is a managed fund comprising a mixed portfolio of listed securities and cash deposits. These are treated as non-current investments available for sale and are included at market value at year end date. The fair value of the investments is based on the closing quoted bid price at the accounting dates. The investments are categorised as level one for the purposes of disclosure under IFRS 7.

Financial Liabilities	**31 Dec 2016 £000**	**31 Dec 2015 £000**
Trade and other payable	4,291	5,289
Total	**4,291**	**5,289**

These are initially recognised at fair-value and then carried at invoiced value or amortised cost. These arise principally from the receipt of goods and services. There are no other liabilities held at fair value.

It is the General Dental Council's opinion that the carrying value of trade receivables and trade payables approximates their fair value due to the short-term maturities of these instruments.

Credit Risk

Exposure to credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. This is not considered to be significant. The General Dental Council does not use financial instruments that increase its own credit risk profile and has no external debt exposure. It uses a variety of risk mitigations including credit rating assessments to assess credit risk of counter parties including suppliers and financial institutions.

Liquidity risk

The Council currently has no borrowings and relies primarily on fees for its cash requirements. The cash balances are cyclical and peak in December/January and July/August.

Cash funding levels are depleted between these periods because Council receipts are at their highest in December, when dentists pay their annual retention fee, and in July, when DCPs pay their annual retention fee. Council expenditure is evenly spread throughout the year. Therefore, the Council considers there is no significant exposure to liquidity risk.

Currency risk

All material assets and liabilities are denominated in sterling, so it is not exposed to any currency risk from direct holdings in overseas equities. However, some of the collective funds held are invested overseas, and some companies may declare dividends in currency other than sterling but pay in sterling, and so may be subject to currency fluctuations.

The GDC has a reserves policy. Due to registration renewal cycles and the payment methods of registrant fees, the GDC holds a significant amount of cash in short-term deposit accounts to cover the expenditure expected to be incurred over the payment period.

Interest rate risk

Dental professionals pay fees in advance. Surplus funds are held as follows:

- **Fixed term deposit – the majority of the surplus funds are held in the short-term money market. Competitive rates are sought on money-market investments.**
- **Investments – The remainder of the funds are invested in a portfolio of equities and unit trusts where there is always a risk of diminution in value.**

The Council continues to monitor the financial markets using an investment strategy that avoids undue risk and detriment to the GDC's regulatory responsibilities.

The Council approved a revised statement of investment principles in December 2011 and this was reconfirmed in December 2016, whereby the GDC will aim to achieve an investment risk portfolio that seeks to achieve investment returns broadly in line with inflation.

The interest rate risk is not considered to be significant in terms of the General Dental Council relying on interest income to a sizeable extent to fund its operations.

19. Pension Fund

The GDC operates a defined benefit plan which is wholly funded by contributions from the GDC and pension scheme Members. A full actuarial valuation was carried out as at 1 April 2015 and updated to 31 December 2016 by a qualified independent actuary.

As at 31 December 2016 the Plan has a deficit of £0.6m based on the IAS 19 assumptions adopted. The defined benefit section of the scheme experienced a net actuarial reduction in fund value for 2016 of £6.3m, against that reported in last year's accounts. This is largely because of the use of a lower discount rate assumption, reflecting lower yield on high-quality corporate bonds deemed of equivalent term and currency to the plan's liabilities. Meanwhile, payments into the plan and interest received were exceeded by payments from the plan by £0.2m. This resulted in an overall decrease on the pension scheme of £6.5m, and an IAS 19 pension deficit of £0.6m (2016) from a pension surplus of £5.9m (2015).

The duration of the Plan is approximately 30 years and therefore future cash flows are expected to be paid for more than 30 years.

The principal assumptions used by the actuary for the update at 31 December 2016 were as follows:

	2016	2015
Rate of inflation	4%	3%
Rate of salary increase	4%	4%
Rate of increase in pensions in payment where RPI max 5.0%	3%	3%
Rate of increase in pensions in payment where RPI min 3%, max 5%	4%	4%
Rate of increase in pensions in payment where RPI max 2.5%	2%	2%
Discount rate	3%	4%
Proportion of employees opting for early retirement at age of 60	50%	50%
Assume life expectations on retirements age 65:		
Retiring today - males	24	24
Retiring today - females	25	25
Retiring in 20 years - males	25	25
Retiring in 20 years - females	27	26

The mortality assumptions for the current period-end follows the SINA Light with rates of improvement in line with CMI 2014 model (long-term 1% pa).

The major categories of scheme assets as a percentage of total scheme assets are as follows:

	2016	2016	2015	2015
Equities	£20,412	76%	£18,203	79%
With profits fund	£2,994	11%	£3,549	16%
Bonds	£3,133	12%	£1,162	5%
Cash	£134	1%	£29	0%
Total	**£26,673**	**100%**	**£22,943**	**100%**

None of the pension scheme assets are invested in the General Dental Council.

	2016 £000	2015 £000
The actual return on the scheme assets in the year	3,324	1,305

Notes to the Accounts continued

	2016 £000	2015 £000
Analysis of the amounts debited / (credited) to the income and expenditure account:		
Current service cost	(1,459)	(1,577)
Net interest expense on net pension obligation	221	87
Total amount charged within net incoming/(outgoing) resources	(1,238)	(1,490)
Re-measurement of net pension obligation	(6,302)	3,582
Total charge	**(7,540)**	**2,092**
The amounts recognised in the statement of financial position		
Present value of funded obligations	(27,285)	(17,083)
Fair value of assets	26,674	22,942
(Deficit) / surplus	**(611)**	**5,859**

	2016 £'000	2015 £'000
The amounts in the statement of other comprehensive income		
Actuarial (loss)/gain on plan assets	2,421	525
Actuarial (loss)/gain on defined benefit obligation	(8,723)	3,057
of which due to experience	*76*	*2,383*
of which due to demographic assumptions	-	*(14)*
of which due to financial assumptions	*(8,799)*	*688*
Total (loss)/gain in statement of other comprehensive income	**(6,302)**	**3,582**

The Council expects to contribute £1,552,000 to its defined benefit pension scheme in 2016

	2016 £000	2015 £000
Sensitivity analysis of the defined benefit obligation is as follows:		
Discount rate reduced by 0.1% pa (2015: 0.1% pa)	26,485	15,583
RPI inflation increased by 0.1% pa (2015: 0.1% pa)	26,785	16,783
Salary growth increased by 0.1% pa (2015: 0.1% pa)	27,585	17,283
Mortality - life expectancy of each member increases to that of someone one-year younger	26,585	16,683

Changes in the present value of the defined benefit obligation are as follows:		
Defined benefit obligation at 1 January	17,083	18,010
Interest expense	682	693
Service cost	1,459	1,577
Contributions by members	371	352
Actuarial loss/(gain)	8,723	(3,057)
Benefits paid from plan assets /administrative expenses paid	(1,033)	(492)
Defined benefit obligation at 31 December	**27,285**	**17,083**

Change in the fair value of the scheme assets are as follows		
Fair value at 1 January	22,942	20,500
Interest income	903	780
Return on plan assets in excess on interest income	2,421	525
Employer contributions	1,070	1,277
Plan participants' contributions	371	352
Benefits paid/ administrative expenses paid	(1,033)	(492)
Fair value as at 31 December	**26,674**	**22,942**

Change in recoverable surplus and components of scheme performance

	2016 £000	2015 £000
Opening balance	5,859	2,490
Current service cost	(1,459)	(1,577)
Interest on surplus	221	87
Net pension cost	(1,238)	(1,490)
Employer contributions	1,070	1,277
Actuarial (loss)/gain	(6,302)	3,582
Closing balance	**(611)**	**5,859**

Notes to the Accounts continued

	2016 £000	2015 £000	2014 £000	2013 £000
Amounts per current and previous periods				
Return on plan assets in excess of interest income	2,421	525	107	2,290
Experience gains/(losses) on scheme liabilities	76	2,383	(41)	352
Changes in assumptions underlying the present value of the scheme liabilities	(8,799)	688	(2,949)	(617)
Defined benefit obligation	(27,285)	(17,083)	(18,010)	(12,690)
Scheme assets	26,674	22,942	20,500	17,884
Surplus	(611)	5,859	2,490	5,194

Asset gain	**2016**	**2015**	**2014**	**2013**
Amount	£2,421	£525	£107	2,290
% of scheme assets	9.1%	2.3%	0.5%	12.8%
Liability experience gain				
Amount	£76	£2,383	£41	£352
% of scheme liabilities	0.3%	14.0%	-0.2%	2.8%

It is assumed that the pension plan liabilities are excluded from assets where liabilities are matched by annuities.

For service prior to 6 April 1997 pensioners receive a guaranteed annual increase in pension of 3%. Service after 6 April 1997 is treated in accordance with the 1995 Pensions Act, being based on RPI or CPI as appropriate. Any further compensation for the rise in the cost of living is considered on an annual basis.

In 2016 the annual premium contribution was £1,511,566 (2015: £1,547,193). Included in the annual premium was a contribution of £442,043 (2015: £268,055) for the defined contribution pension plan. The scheme was in deficit at year end.

The plan is constituted as a trust and is legally and financially separate from the employer. The trustees have responsibilities in relation to the trust that are set out in the trust's deed and rules. In summary, the trustees are responsible for:

- **The administration and management of the scheme for the purposes of the Finance Act 2004.**
- **The appointment or removal of an actuary for the purposes scheme as the trustees think fit and proper.**
- **The appointment or removal of an auditor for the purposes of and in accordance with the Pensions Act 1995.**
- **Making available to scheme members, beneficiaries and certain other parties, audited financial statements for each scheme year.**
- **Making available certain other information about the plan in the form of an Annual Report**
- **Preparing and maintaining a written statement of investment principles.**
- **Agreeing with the GDC the amount and timing of contributions to be made by members and by the GDC and to ensure their payment.**

The plan, as with most other defined benefit pension schemes, faces many risks including:

- **the risk that the future investment return on assets will be insufficient to meet the funding objective,**
- **the risk that inflation may be different from that assumed,**
- **the risk that falls in asset values will not be matched by similar falls in the value of liabilities, thereby reducing the funding level of the plan,**
- **the risk that unanticipated future changes in mortality, or other factors, will increase the cost of the benefits,**
- **the risk that the Council may not be able to pay contributions or make good deficits in the future,**
- **the risk associated with the potential exercise (by members or others) of options against the plan,**
- **the risk of adverse legislative changes.**

This list is not exhaustive.

Due to the risks above, any adverse experience following from them may mean additional contributions are required in the future.

The exact level of contributions and the period over which these would be spread will depend on negotiations between the Council and the trustees of the plan typically following a triennial valuation.

The calculations are based upon an assessment of the plan's liabilities as at 31 December 2015. The sensitivities have been calculated using the same methodology.

These have been based upon the preliminary results of the 1 April 2015 formal triennial actuarial valuation projected forward with allowance for benefit accrual, expected investment return, actual contributions and cash flows and have been adjusted to allow for the IAS19 assumptions detailed below.

The results and sensitivities are therefore calculated approximately.

If liabilities and sensitivities had both been calculated as at 31 December 2015 using actual membership data at that date, the results might differ. However, any difference would not be expected to be significant.

The GDC also provides a deferred contribution scheme.

20. Commitments under leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods:

Total lease values must be recorded against each expiry category. i.e. where a lease has annual payment of £1,000 over a 10-year term, it is necessary to record £1,000 under expiry <1year, £4,000 under expiry two to five years and £5,000 under expiry > five years.

	31 Dec 2016 £000	31 Dec 2015 £000
Obligation under operating leases comprise:		
Land and buildings		
Not later than 1 year	806	867
Later than 1 year and not later than 5 years	37	783
Later than 5 years	177	182
	1,020	**1,832**
Other:		
Not later than 1 year	-	3
Later than 1 year and not later than 5 years	-	-
	-	**3**

Notes to the Accounts continued

21. Capital Commitments

The GDC has no contracted capital commitments which were not included in these financial statements at 31 December 2016. (2015: The GDC has no contracted capital commitments which were not included in these financial statements at 31 December 2015.)

22. Related-party transactions

There were no related party transactions during the year ended 31 December 2016, other than the fees and expenses paid to Council members as disclosed in note seven to the accounts. Details of amounts paid to individual Council members are set out in the report on page 51.

(2015: There were no related party transactions during the year ended 31 December 2015, other than the fees and expenses paid to Council members as disclosed in note seven to the accounts).

22. Contingent liabilities

The GDC has no contingent liabilities at 31 December 2016 (2015: There were no contingent liabilities at 31 December 2015).

23. Post-balance sheet

There were no post-balance events to note.

24.

The Accounting Officer (Chief Executive and Registrar) authorised these financial statements for issue on 22 June 2017.

21 Advisers

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