

GENERAL DENTAL COUNCIL

GDC | protecting patients,  
regulating the dental team



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## General Dental Council annual report 2006

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This annual report is also available in Welsh.  
Please see our website.

Mae'r adroddiad blynyddol hwn ar gael yn y  
Gymraeg hefyd. Ewch i'n gwefan.

# who we are

We are the organisation which regulates dental professionals in the United Kingdom.

We regulate:

- dentists  
and the following dental care professionals:
- clinical dental technicians
- dental hygienists
- dental nurses
- dental technicians
- dental therapists
- orthodontic therapists

# our mission

Our purpose is to protect the public by regulating dental professionals in the United Kingdom.

## Aims

### **We aim to:**

- protect patients
- promote confidence in dental professionals
- be at the forefront of healthcare regulation

## What we do

### **We:**

- register qualified professionals
- set standards of dental practice and conduct
- assure the quality of dental education
- ensure professionals keep up-to-date
- help patients with complaints about a dental professional
- work to strengthen patient protection

## How we work

### **We will:**

- work inclusively with others
- be accountable
- be open and accessible
- be professional and business-like
- strive to ensure we promote equality of opportunity and diversity in all that we do

## president's review



**Hew  
Mathewson**

Groucho Marx once famously observed of longevity that: "you just have to live long enough". Sometimes, organisations become more venerable without doing much. No one could accuse the GDC of that.

The year 2006 marked our 50th anniversary. In its first half century the GDC developed a commitment to professional regulation that is now second to none: effective, patient-centred, independent, inclusive, and robustly accountable.

When the GDC first met in 1956, it set a registration fee of £4/10s (£4.50p). Since then the registration fee has mushroomed while the Council has shrunk.

The GDC of 1956 had 43 members, of whom just four were lay members. The rest were dentists. Currently, we have 29 members, of whom ten are appointed lay members, and 19 are dental professionals (15 dentists and four other dental care professionals), elected by the profession. This structure reflects a contemporary, team-based and patient-focused profession.

But does it reflect the patient focus sufficiently? The key issue in healthcare regulation today is how better to protect the public, without unnecessarily burdening professionals. We at the GDC aim to address this key issue full on. Partly, modernisation includes reforming membership of our Council.

During the course of the year, a GDC consultation anticipated the Government's 2007 White Paper, *Trust, Assurance and Safety: The Regulation of Health Professionals in the 21st Century*, by identifying independent regulation – independent of government and practitioners – as the way forward.

Hence, we expect all members of the Council to be appointed in the future. Well-meaning professionals will no longer be able to stand for the GDC

"to protect colleagues' interests". That is not what regulation is about. We regulate to protect patients: protecting, maintaining and improving standards to keep out the charlatans. Botched tooth-whitening is the latest horror perpetrated by these pretenders.

By promoting regulatory independence, we leave no doubt about the high standards to which dental professionals work. Appointing members of the GDC also ensures that the range of professional members reflects the diversity of GDC registrants.

Of course, professionals on the GDC bring crucial insights into regulating their peers, and must stay. But the President need not necessarily be a dentist. He or she must be the best person for the job.

Meanwhile, dental professionals are more involved in the GDC's work than ever before, making a real difference across the board. Crucially, they help set the standards that fellow professionals must meet to register, and stay registered. These standards underpin our profession.

They say that the past is another country: 1956, when the GDC was founded, would surely seem very strange to us now. Similarly, fast forward to 2056, and I've no doubt that the reforms we are currently putting in place will seem self-evident.

2006 saw something of a Big Bang in regulatory reform at the GDC. Our challenge now is to keep up the pace, to meet the expectations of an informed and articulate public. We have done much but there is still more to do.

# chief executive's report

Duncan  
Rudkin



If a week is a long time in politics, a decade is a lot longer in healthcare regulation.

Ten years and more of planning led to 2006, the year we implemented major changes in dental regulation. We have achieved much that is concrete, and significant.

We opened the Dental Care Professionals Register. We rolled out a reformed fitness to practise system. And we launched the Dental Complaints Service.

We also registered record numbers of the dental team and extended compulsory professional development for those already on the Register. We reviewed how we assess potential overseas registrants and streamlined their exams. And we considerably progressed how to revalidate dental professionals' continuing 'fitness'.

Concrete and significant achievements, indeed. The Dental Complaints Service now convincingly meets a demonstrable consumer need. Dentistry without the service seems pretty much unthinkable.

The GDC as a whole benefits widely from examples of good practice, but not all practice at the GDC was good in 2006. There were wobbles.

We did not initially think through how to process potential dental care professional (DCP) registrants efficiently enough. Fitness to practise service standards fell, as the number of days our conduct committee met rocketed and staffing failed to keep pace quickly enough. Similar problems with the International Qualifying Examination seriously tried candidates' patience.

But such challenges have prompted rigorous measures to improve performance. And we have made progress.

We held our first conference for all staff in the summer of 2006. I told them I wanted them to be able to say:

- We regulate efficiently and effectively – and we can prove it.
- We give excellent service to our “customers” – and we can prove it.

To this end, we launched a programme of management change, including a new Executive Management Team and External Relations Directorate, and fresh initiatives to encourage a more accountable, open, “can-do” culture. We are introducing new organisation-wide measures of effectiveness, efficiency and service.

Looking forward, constitutional change is in the air. But there will be other influences. We will fall under greater scrutiny (for the first time, by the National Audit Office). We will be expected to liaise more closely with other agencies in dentistry and healthcare generally; listen more closely to patients and public; and engage more closely with national and international institutions.

We will be challenged robustly on our spending, as we should be. We must efficiently register the remaining DCPs – those who wish to – by August 2008. We must chart what registered professionals can and can't do, and where our regulatory writ ceases.

Ever more patient complaints and potential registrants will bring renewed challenges. Meanwhile, regulating dental education demands a new, clear GDC strategy.

To do all this, we need – and have – a skilled and motivated staff. I take considerable pride in the professionalism and achievements of my colleagues.

It has been a challenging, stimulating and largely very enjoyable year. I predict more of the same to come.



# working to protect patients and promote confidence in dental professionals...



## Registering qualified professionals and ensuring they keep up-to-date...

### Key achievements in 2006 included...

- Opening a new register for dental care professionals
- Registering more members of the dental team than ever before
- Making a record number of places available on our qualifying exam for overseas dentists
- Reviewing the way in which we assess the competence of overseas dentists and developing a new exam
- Introducing core CPD subjects for dentists

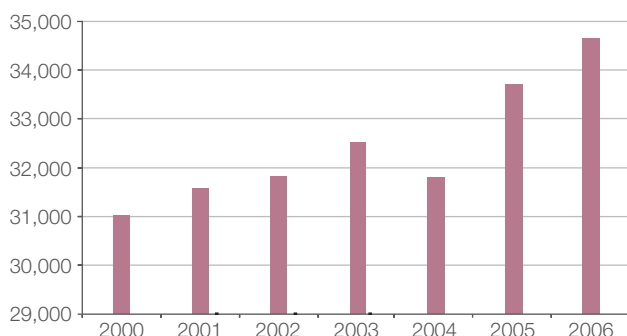
### The Dentists Register

**2,416** dentists were added to the Dentists Register in 2006. Of these:

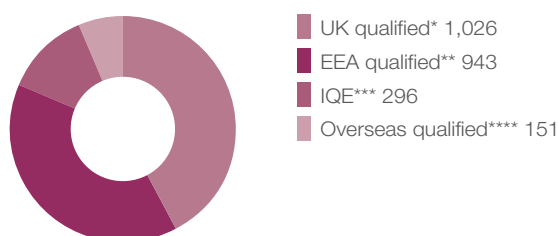
- 39 per cent qualified in Europe outside the UK, and
- Just over 50 per cent were female.

At the end of 2006 there were **34,656** dentists registered to practise in the UK, and an additional **359** dentists were holding a variety of training posts under temporary registration.

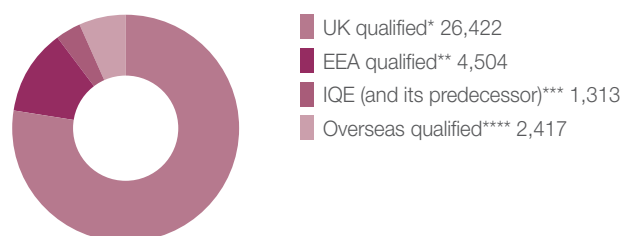
## Number of registered dentists (2000 - 2006)



## Breakdown of dentists added to the Dentists Register in 2006



## Breakdown of the Dentists Register on 31 December 2006



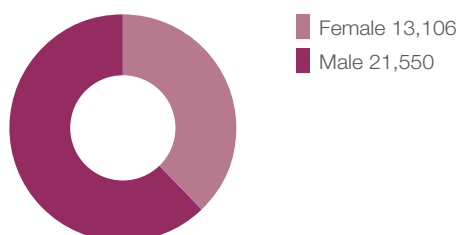
\* Includes British Forces Posted Overseas

\*\* Includes dentists qualified in Switzerland

\*\*\* Dentists from overseas (outside the European Economic Area) had to pass the GDC's International Qualifying Examination (IQE) before they could join the Dentists Register. See below

\*\*\*\*A small number of dentists who qualified overseas retain an historic right to register without sitting the IQE

## Breakdown of the Dentists Register on 31 December 2006

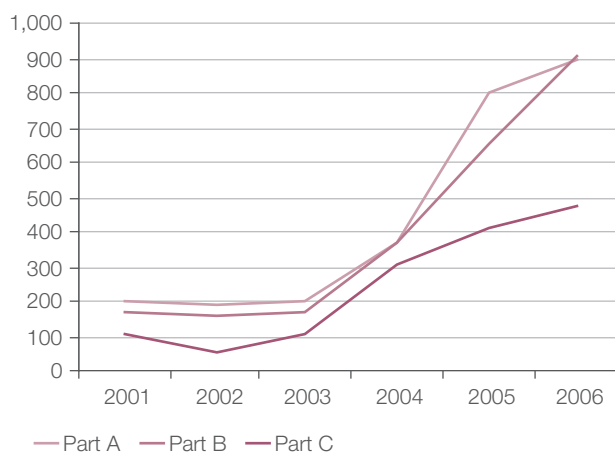


## Assessing dentists from overseas

The IQE (International Qualifying Examination) is a statutory examination that tests the knowledge and clinical skills of dentists who qualified overseas (outside the EEA) whose original primary dental qualifications are not recognised for full registration with the Council. The examination has three parts (A, B and C) which include written and oral examinations, operative tests on a dental manikin and practical clinical examinations. Dentists who pass the IQE can apply to join the Dentists Register.

In April 2006, the GDC introduced on-line assessments for the Part A written papers. This computer based assessment method has moved the IQE forward with modern developments and allows for greater analysis of the results.

A record number of IQE places were made available in 2006, helping to meet an increased demand from dentists wishing to work in the UK. Over the year, 272 dentists qualified to apply for registration after passing the examination, compared to 199 in 2004. The graph below shows how the number of IQE places on offer has increased over the past six years.



Despite the increase in IQE capacity, supply was still not going to match the demand for examination places in 2006. In April 2006, we took the difficult decision to temporarily close the examination to new applicants. The GDC felt this was fairer to existing candidates who had already committed to the examination and who would have faced longer waits if more and more people continued to apply.

It was also felt to be fairer to potential candidates who would have joined a waiting list with an unrealistic expectation of sitting the examination in the near future.

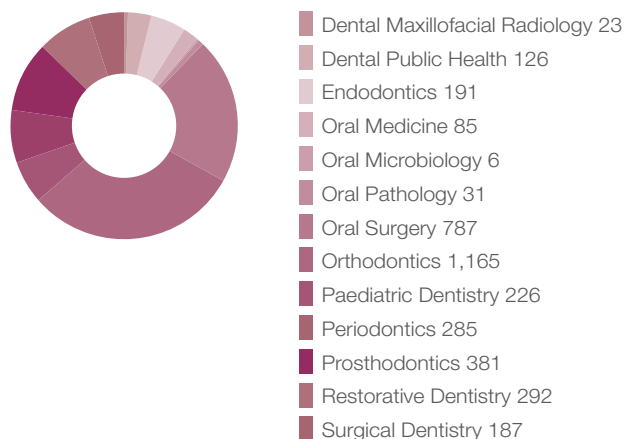
A major review of the IQE, initiated at the end of 2005, continued during 2006. The GDC considered various possibilities for how it could best assess the competence of an overseas dentist to ensure they are safe to practise in the UK. At the end of 2006, the GDC approved the format of a new examination to replace the IQE. This examination, which launched in 2007, makes use of modern assessment methods to provide a robust and fair test for candidates. It will also be better able to cope with fluctuations in demand and, because it is in two parts rather than three, should enable competent candidates to complete the assessment process in a much shorter timeframe. An Examination Board will be established in late 2007 and will be responsible for quality assuring the examination.

### Specialist Lists

Our Specialist Lists in Distinctive Branches of Dentistry show which dentists are entitled to use a specialist title. Dentists are not required to be on a list to work in a particular field of practice, but they cannot call themselves a specialist unless they are. To be included on one of these lists, dentists must have reached a certain level of postgraduate training.

59 specialists were added to the Specialist Lists in 2006, making a total of 3,133 specialists. The following chart shows how many dentists were listed at the end of 2006.

Breakdown of Specialist Lists on 31 December 2006



### Dental Care Professionals Register

On 31 July 2006, the GDC opened a new register for dental care professionals. The new register includes the two dental care professional groups who were already registered with us:

- Dental hygienists
- Dental therapists

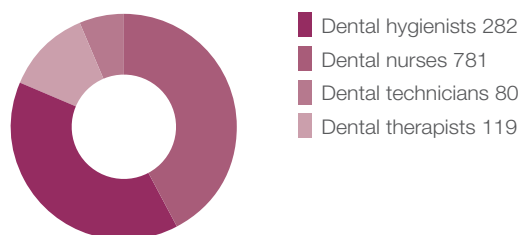
And four other groups:

- Clinical dental technicians
- Dental nurses
- Dental technicians
- Orthodontic therapists

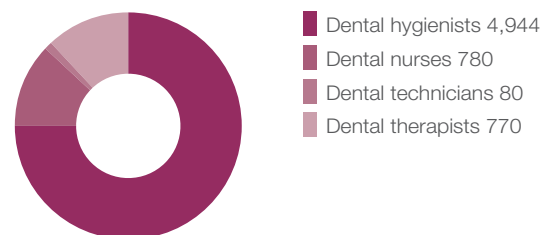
By widening regulation to include additional groups of dental professionals, we aim to boost standards of dental care and improve patient protection. UK dental patients can have confidence that the professionals involved in their dental care have had to meet certain standards and are accountable to the GDC for their actions. Dental nurses and dental technicians have until July 2008 to join our register. For all other dental care professional groups, registration is already compulsory.

In 2006 we registered a total of 1,155 dental care professionals. The pie chart below shows how this breaks down. By the end of 2006 we had a total of 6,130 dental care professionals registered with us.

Breakdown of the dental care professionals added to the Register in 2006



Breakdown of the Dental Care Professionals Register on 31 December 2006

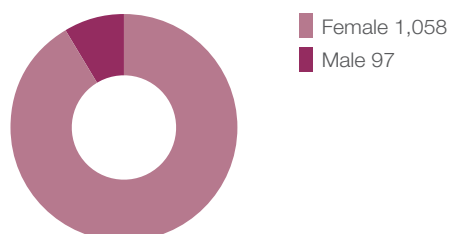


629 people registered as dental care professionals in more than one category:

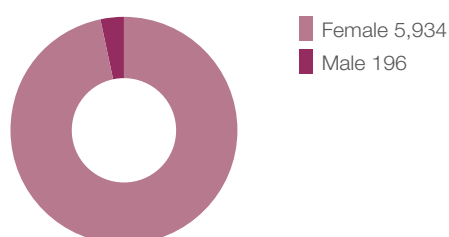
- 627 people registered as dental hygienists and dental therapists
- One person registered as a dental nurse and dental therapist
- One person registered as a dental nurse and dental technician



Breakdown of the dental care professionals added to the Register in 2006



Breakdown of the Dental Care Professionals Register on 31 December 2006



### Reviewing and improving our processes

Dentists who are EEA nationals but have qualified outside the EEA must undergo an assessment of their dental qualifications, knowledge and skills for registration in the UK by a panel of dental experts. In 2006 we reviewed and improved this process to make it as effective as possible for the applicants and the Council.

In June 2006 our rules were changed to allow applicants who were refused registration the right to appeal to a new Registration Appeals Committee. In 2006, the Committee heard one appeal. The appeal was successful.

### Ensuring dental professionals keep up to date

By law, all dentists must do, and keep records of, at least 250 hours of continuing professional development (CPD) in five year cycles. This is a condition of their continuing registration. These requirements were introduced on 1 January 2002 and were rolled out to all dentists in stages.

10,552 dentists completed their first five-year cycle on 31 December 2006. In 2007, these dentists needed to confirm how much CPD they had done over the five years. Dentists who do not comply with the CPD requirements may apply for a six-month grace period to make up the shortfall otherwise they face removal from our register. Each year a number of dentists are selected to take part in a CPD audit, with the first in 2007.

In 2006, following public consultation, we enhanced the CPD scheme for dentists by introducing core subjects. We identified three areas that all dentists should complete verifiable CPD in:

- medical emergencies,
- disinfection and decontamination, and
- radiography and radiation protection.

For dentists working in a clinical environment, we also recommend they keep up to date in legal and ethical issues and complaints handling.

In 2006, the GDC developed proposals for CPD requirements for dental care professionals. Following public consultation in 2007, we will introduce CPD for all DCP groups on 1 August 2008.

### Regulating corporate dentistry

In 2006, the ban which had prevented dental practices from incorporating was lifted.

The GDC is responsible for regulating dental corporate bodies and has placed certain conditions on incorporation. To incorporate, a dental practice must ensure there is a GDC registrant majority on the Board of Directors – which can be dentists, dental care professionals, or a combination. It is a criminal offence for them to be in business otherwise.

In 2008, we will open a list of dental corporate bodies. We will ask for certain information from the listed companies each year and will have the power to impose financial penalties for corporate misconduct.

#### Key challenges for 2007 included...

- Registering a large number of dental care professionals
- Reviewing the Specialist Lists application process
- Preparing to open a list for dental bodies corporate
- Implementing new European legislation in relation to professionals moving between member states

## Assuring the quality of dental education...

### Key achievements in 2006 included...

- Publishing our General Report on our 2003-2005 dental school inspections
- Approving the first programme for the training of clinical dental technicians in the UK
- Beginning a major inspection cycle to DCP programmes and schools 2006-2008

### Assessing new courses for dental professionals

In 2006, the GDC approved 12 submissions from providers of new dental care professional courses which were produced in line with our curricula framework document, *Developing the dental team*. This document defines the training dental care professionals must undertake to become eligible for GDC registration. These courses have been approved provisionally and will be inspected while the first cohort of students progresses through the course. Following a successful inspection, new programmes are given full approval and are recognised as "sufficient" for full registration with the GDC.

Among the new courses was a proposal for a top-up training programme for clinical dental technicians who had previously gained a Canadian qualification. This innovative course was developed by the Faculty of General Dental Practice (UK) together with Kent, Surrey and Sussex Postgraduate Deanery. This is the first training course for CDTs in the UK.

### Inspections

In July 2006, we published a General Report on our 2003-2005 GDC quality assurance inspections of the Bachelor of Dental Surgery (BDS/BChD) programmes at all 13 UK dental schools. The report highlights our key findings and provides a unique snapshot of UK undergraduate dental education. It identifies examples of good educational practice and also makes recommendations for further developing the delivery of dental education.

The GDC began a major exercise to inspect the standard of training provided for dental care professionals in spring 2006. This current series of inspections, which we will complete in 2009, will look at training for all the dental care professional groups and will take in more than 50 education

providers and awarding bodies in total. A panel of inspectors, including DCP subject specialists, dentists and lay members (non dental professionals), has been appointed and trained to undertake this work for us.

For the first time, in 2006 we developed a system of annual monitoring of BDS/BChD programmes in the UK, to follow-up on our findings and recommendations from previous inspections. We intend to extend this annual process to DCP schools in due course.

We also undertook a thematic paper-based survey of decontamination in the UK's dental schools. It is anticipated that more thematic surveys and inspections will take place in the future into such areas as outreach teaching.

Our interest in postgraduate dental education saw an inspection of CPD provision in the Northern Ireland Deanery in 2006.

In May 2006, the Education Committee agreed a series of revisions to our inspection processes and systems, aiming at a lighter touch with shorter inspections and reports. We introduced these changes during the year.

### Supporting developments in dental education

The creation of two new dental schools was announced in 2006. The GDC is committed to working with the new schools as their programmes develop and evolve. To this end, we have recruited a panel of inspectors who will make annual visits to each new school; as well as to those dental schools developing four-year graduate-entry programmes in dentistry.

### Key challenges for 2007 included...

- Continuing work with the new dental schools whose first intake will begin in 2007
- Completing our QA inspections of DCP schools and programmes
- Looking into the provision of formal courses in implantology
- Continuing the revision of our QA work

## Setting standards of dental practice and conduct...

### Key achievements in 2006 included...

- Publishing new guidance in three key areas

One of our key roles is to establish the principles and values which should guide dental practice, and to publish guidance.

Following the publication of our innovative standards guidance 'Standards for Dental Professionals', and supplementary guidance on 'Principles of Patient Consent' and 'Principles of Patient Confidentiality', in 2006 we issued further guidance on:

- Principles of Dental Team Working,
- Principles of Raising Concerns, and
- Principles of Complaints Handling.

'Principles of Dental Team Working' was of particular significance as it was published to coincide with the opening of the DCP Register and changes to the way the dental team works together.

### Key challenges for 2007 included...

- Introducing a policy that will require dental professionals to provide proof of their professional indemnity as part of the fitness for registration assessment.

## Taking action when a dental professional's performance, behaviour or health makes them unfit to practise...

### Key achievements in 2006 included

- Overhauling our procedures to make them more streamlined and robust
- Increasing the number of scheduled hearing days of the Professional Conduct Committee by 41%.

### Strengthening our procedures

From 31 July 2006 a more flexible and robust system came into action for dealing with reports about dental professionals' fitness to practise.

Key features include:

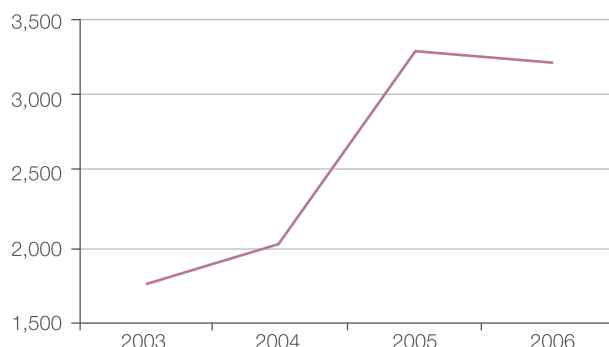
- Civil rather than criminal standard of proof,
- Same procedures for all categories of dental professional,
- A new Interim Orders Committee which can suspend or place conditions on a dental professional's registration pending the outcome of a hearing,
- New procedures to tackle problems of poor professional performance, and
- If somebody is erased ('struck off') it is for a minimum of five years.

To support the new fitness to practise system, we published a series of guidance documents. The guidance aims to promote consistency and clarity in decision-making, and help the public and professionals understand why and how decisions about dental professionals' fitness to practise have been made.

### Analysis of fitness to practise reports in 2006

By the end of 2006, there were over 41,000 dentists and dental care professionals registered with us. Over the year we received a total of **3,196** queries and reports about dental professionals. Around 2 per cent of registered dental professionals found themselves the subject of a report to the GDC. In 2006, 90 registered dental professionals faced a hearing by one of our three Practice Committees, equivalent to around 0.2 per cent of all registrants.

Number of reports received (2003 - 2006)



**There are 3 stages to our fitness to practise procedures:**

### Stage 1

**The number of reports we received break down as follows:**

(Often a report can relate to more than one registrant; and a registrant may be the subject of more than one report)

#### **2,399 queries were received.**

In these cases it was often not clear initially whether a report was being made or a query raised. Some turned into reports, others were resolved by our caseworkers (members of our staff team) through correspondence.

*and*

#### **797 pieces of information about registrants' fitness to practise were received.**

At first sight these items seemed to be making a report. It was decided that 133 of these would either be best addressed by referral to other agencies or referral back to the registrant for local resolution.

*Of these,*

#### **664 reports were analysed by our caseworkers.**

The caseworker analyses the information and decides whether the matter is something we can deal with. We can deal with allegations that a registrant's fitness to practise is impaired because of misconduct, poor professional performance or physical or mental health problems.

#### **414 reports were referred by our caseworkers to the second stage of our procedures.**

### Stage 2

In mid 2006 the launch of our new fitness to practise procedures introduced a new Investigating Committee. Previously cases were considered at this stage by the Preliminary Proceedings Committee. In 2006 the Preliminary Proceedings Committee and the new Investigating Committee made the following decisions:

#### **Preliminary Proceedings Committee:**

**107** dentists (of which there were 106 different cases) were referred to the Professional Conduct Committee for a public inquiry,  
**2** dentists were referred to the Health Committee,  
**68** dentists and **1** dental care professional were sent warning letters, and  
**56** dentists and **1** dental care professional were sent letters of advice.

#### **Investigating Committee:**

**7** dentists were referred to the Professional Conduct Committee for a public inquiry,  
**2** dentists were sent warning letters, 1 of which was a published warning letter, and  
**4** dentists were sent letters of advice.

#### **In addition:**

**1** dentist was referred directly to the Health Committee by the President, who under our previous procedures acted as Screener in health cases, and  
**2** dentists were referred to the Health Committee by the Professional Conduct Committee.

#### **Interim orders**

Where we believe it is necessary for public protection, we can impose interim suspension or conditions restricting a dental professional's registration at any stage in our procedures, pending a final decision on a case. In 2006, the following decisions were made:

- interim suspensions were imposed on **14** dentists,
- interim conditions were imposed on **1** dentist,
- interim suspensions on **6** dentists were reviewed and renewed following an initial hearing in 2005,
- interim suspensions on **2** dentists were reviewed and renewed once during the year,
- interim suspension on **1** dentist was reviewed and renewed twice during the year,

- interim suspensions on **2** dentists were reviewed and renewed three times during the year, and
- interim suspension on **1** dentist was reviewed and renewed four times during the year.

### Stage 3

#### **Fitness to practise hearings – conduct, performance and health**

The third stage in our procedures is a public hearing by one of the following practice committees:

- Professional Conduct Committee
- Professional Performance Committee (introduced in July 2006)
- Health Committee

These committees are made up entirely of trained members of an independent Fitness to Practise Committee (see pages 24 and 25 for membership in 2006). This separates our judicial role in fitness to practise proceedings from our role in standard setting, case investigation and prosecution, and is consistent with modern human rights requirements. The hearings are held in public, although a Committee may decide to hold part of it in private if it feels this is more appropriate (for example, because the case involves sensitive information about a dental professional's health).

#### **The Professional Conduct Committee**

In 2006, the Professional Conduct Committee sat for 168 days of the 196 days scheduled. Other days were lost due to successful adjournment applications or cases taking less time than estimated. The Committee heard 64 cases against dental professionals, 7 resulting from convictions and 57 from allegations of serious professional misconduct (1 was a joint conviction and conduct case). The Committee also heard 3 applications for restoration to the Dentists Register after registrants had been erased for serious professional misconduct, but restored only one of these.

#### **Conduct Hearings 2006 - Outcomes**

Erased with immediate suspension	13
Erased	3
Suspended with immediate suspension	2
Suspended	5
Judgement postponed	7
Admonition	18
Referred to Health Committee	2
Serious professional misconduct – case concluded	4
Not serious professional misconduct	6
Not serious professional misconduct – disapproval expressed	2
Case concluded after postponed judgement	2
<b>Total number of cases heard</b>	<b>64</b>

<b>Issues before Conduct Committee</b> (Cases can often involve more than one issue)	<b>Number of times</b>
Poor treatment	25
Fraud, unjustified claims, etc	17
Poor practice management	10
No professional indemnity insurance	5
Basis of treatment (NHS/private) not clear	5
Failure to obtain consent/explain treatment	5
Conscious sedation issues	4
Abusive behaviour	3
Cross-infection control	2
Prescribing issues	2
Indecent assault	2
Viewing child pornography	1
Abuse of drugs	1

#### **Health Committee**

Our health procedures allow us to act where a dental professional's health problems may put patients at risk. The aim is to protect patients while offering dental professionals appropriate medical care and supervision, and to help them return to safe practice through guided recovery where possible. If necessary, the Health Committee can stop a dental professional from working or place conditions on their registration. Such conditions may be medical (for example, being under the care of a consultant psychiatrist) and/or practice related (for example, a ban on working in a single-handed dental practice or a restriction on the number of hours worked).



If a dental professional is suspended or under conditions this is indicated in the Dentists Register, which is published on our website.

In 2006 the Health Committee met five times and considered 34 cases over 18 days.

Types of cases	Not seriously impaired	Suspended	Conditions imposed	Adjourned	Total
Initial	0	5	3	1	9
Resumed	5	11	9	0	25

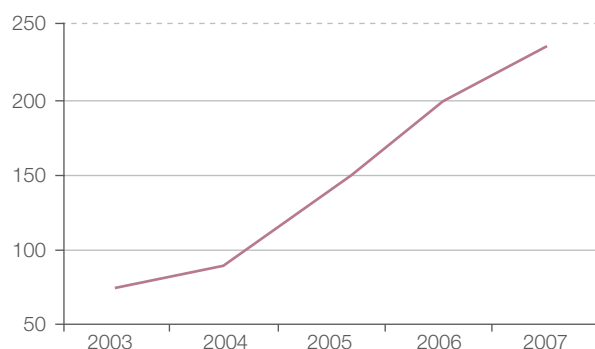
### Professional Performance Committee

The Professional Performance Committee was established in July 2006, as part of the package of changes to our fitness to practise procedures. The Committee will hear cases where a dental professional's performance is consistently falling below an acceptable threshold. No professional performance cases have yet been heard, but the procedures have been developed in preparation for the first hearings.

### More frequent hearing sessions

The Council is committed to processing cases more quickly by holding more hearing sessions – measures have included running parallel sessions. The graph below shows how the number of hearing days of the Professional Conduct Committee has increased year on year. The quorum of the committees hearing cases is three members, though it is usual practice for there to be five members.

### Number of (scheduled) hearing days of the Professional Conduct Committee



### Costs and length of hearings

Costs vary according to the complexity and length of cases. In 2006, the Council's legal costs ranged between £4,000 and £320,000. Costs averaged £65,000 per hearing. In addition to solicitors' and barristers' fees, costs may include those for expert and/or factual witnesses.

The length of the 64 Professional Conduct Committee hearings ranged between half a day (for straightforward conviction cases or postponed judgements) and ten days for the most complex case. The costs for five panel members plus a legal assessor were £4,000 per day, on average. This excludes the GDC's staffing costs.

More information about the Council's fitness to practise procedures is available on our website at [www.gdc-uk.org](http://www.gdc-uk.org) and in our leaflet *How to report a dental professional to us*.

### Illegal practice

The GDC prosecutes those who practise dentistry in England, Wales, Scotland or Northern Ireland without being registered, those who hold themselves out as being prepared to practise dentistry, or who carry out the business of dentistry. In 2006, we brought 15 prosecutions:

- **12** for the illegal practice of dentistry,
- **1** for holding out as being prepared to practise dentistry,
- **1** for both illegal practice and holding out, and
- **1** for the illegal use of the title "dental surgeon".

The prosecutions were brought against 12 dental technicians, one hygienist, one retired dentist and one salesman.

### Key challenges for 2007 included...

- Setting and achieving targets to reduce waiting time for cases to be considered at every stage.
- Planning fitness to practise services in the light of the White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*.

## The Dental Complaints Service - helping resolve complaints about private dental services ....

### Key achievements since launch in May 2006 included...

- Providing information and advice to over 5,000 callers
- Helping more than 1,000 patients and their dental professionals to resolve complaints about private dental care
- Promoting local resolution and involving dental professionals at every stage
- Dealing with most complaints within three days
- Resolving over 99 per cent of complaints without recourse to a panel meeting

In May 2006, the GDC launched the Dental Complaints Service (DCS) – a new UK wide service to help resolve complaints about private dental care as fairly, efficiently, transparently and swiftly as possible. The DCS is funded by the GDC, but operates independently, with its own staff and office in Croydon, Surrey.

Where NHS dental patients have had the NHS complaints process, private patients who have not been able to resolve their complaint with a dental practice previously had limited options open to them. The DCS is now filling that gap.

It allows patients across the UK to complain about any aspect of private dental care, involving any member of the dental team, including members of the team newly registered with the GDC: dental technicians, clinical dental technicians, dental nurses and orthodontic therapists. Dental professionals themselves can, and do, seek the Service's help to resolve complaints where local resolution is proving difficult.

Between 24 May, when the service was launched, and 29 December 2006, the DCS received more than 5,000 phone calls on their local rate hotline (08456 120540), resulting in more than 30 complaints a week. In all, the service helped to resolve 1,051 complaints, mostly within three days. DCS advisers first encourage complainants to use their dental practice's own complaints

procedures, if they have not already done so. If a complaint remains unresolved, DCS advisers discuss it directly with the patient and dental professional concerned. Of the nine out of ten complainants who were referred back to their dental practice, fewer than one in five returned to the DCS with their complaint unresolved.

If the complaint cannot be resolved with the adviser's help, the DCS may invite the patient and dental professional to a complaints panel meeting, facilitated and run by three trained volunteers: two lay and one professional. Panels are convened locally, and can recommend how best to resolve the complaint. Only nine panel meetings were held in the period to the end of December, suggesting that patients and dental practices are positive and flexible in finding a quick resolution together. Of those nine panels three found no complaint to answer. The average time to convene a panel meeting was 13 days.

At any stage, resolving complaints may involve an apology, a refund of fees and/or a contribution by a dental practice towards the costs of remedial treatment.

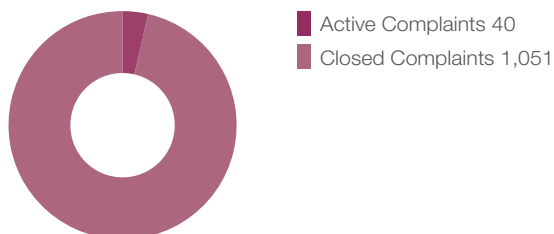
So far, most complaints have been about dentists, with a few about other dental professionals. Most concerned solely private treatment, but a few were about mixed NHS/private treatment, which the DCS can usually help with.

Complaints about treatment most frequently concerned fillings, then dentures, root canal treatment, crowns and bridges. Issues of "pain" or "cost" were cited in four out of five complaints.

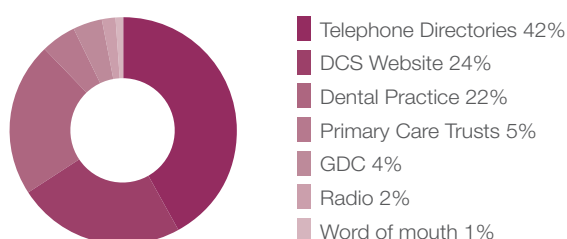
Serious complaints – that raise questions about a dental professional's fitness to practise – continue to be dealt with under the GDC's fitness to practise processes.

For more information about the DCS, visit: [www.dentalcomplaints.org.uk](http://www.dentalcomplaints.org.uk). The DCS will publish an annual report in 2007 following its first year of operation.

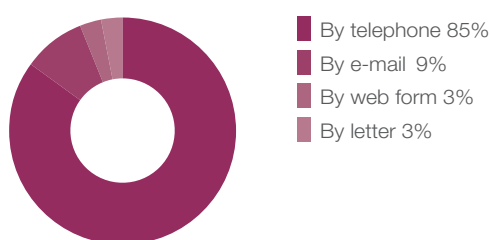
#### Complaints resolution performance



#### Source of referral – how patients heard about the DCS 15 May – 29 December 2006



#### Access – how patients chose to contact the DCS 15 May – 29 December 2006



#### Key challenges in 2007 included...

- Anticipating future demand for the service whilst remaining efficient
- Maintaining the high standards of customer service achieved in the first eight months
- Keeping the dental team informed of the DCS' experience in assisting complaints resolution

## working to strengthen patient protection...

For up-to-date information on how we are strengthening regulation, please visit our website:  
[www.gdc-uk.org](http://www.gdc-uk.org)

We are modernising the way we regulate the dental profession to strengthen patient protection and confidence in the dental team. We have been working closely with the Government, patient interest organisations, dental professional bodies and others to introduce a range of new measures. In 2006, following legislative changes secured in 2005, we:

- set up the Dental Complaints Service – a complaints scheme for private (non-NHS) dental patients,
- extended regulation to cover the whole dental team, including dental nurses and dental technicians,
- reformed our procedures for dealing with misconduct and health issues amongst dental professionals, and introduced new procedures to tackle poor performance, and
- removed the ban on new Dental Bodies Corporate to allow new companies to be set up and provide dental care in a corporate setting.

In November 2006, following reviews of both medical and non-medical healthcare regulation, the Government published proposals aimed at strengthening the regulation of all health professionals. Our response to this consultation, which is posted on our website, highlighted the significant changes we had implemented to strengthen public protection and the strong progress we had made towards introducing a system for the revalidation of all dental professionals. Revalidation will require registered dental professionals to demonstrate on a regular basis that they remain fit for continued registration with us and worthy of their patients' trust. We are consulting widely as we develop the scheme.

The Government has now published its policy on healthcare regulation as a White Paper. In 2007, our focus is on working with the Government to continue to strengthen our role in protecting patients.

# working inclusively with others, being accountable, open, accessible and business like...

## Working inclusively with others

To carry out our UK-wide role we work closely with relevant organisations, including patient and consumer groups, professional groups, Government, other healthcare regulatory bodies, education and training bodies, the UK parliament and the devolved assemblies, as well as the public and the profession. We have made a strong commitment to working inclusively with these stakeholders and to being open and accessible, professional and business-like.

Our consultations in particular play an essential part in our policy-making by drawing on the experience and expertise of others, helping to ensure that the development of policies and procedures are as robust as possible. You can get involved in GDC consultations by logging on to our website: [www.gdc-uk.org](http://www.gdc-uk.org).

In 2006, we established a Stakeholder Relations unit, within our new External Relations Directorate, to ensure:

- a co-ordinated approach to relations with and engagement of stakeholder groups,
- greater public and patient involvement in the Council's work and policy development,
- continued close working with the Council for Healthcare Regulatory Excellence, other health and social care regulators and the UK departments of health,
- the co-ordination of the Council's contribution to the Alliance of UK Healthcare Regulators on Europe (AURE),
- a co-ordinated approach to GDC consultations and replies to external consultations, and
- that developments within regulation (as relevant to the GDC) are taken into account by the Council.



## Patient and Public Involvement

Over the year we continued to work with the other health and social care regulatory bodies to promote patient and public understanding of, and involvement in, our work. In 2006, the Health and Social Care Regulators' Public and Patient Involvement Group, of which the GDC is a member, published a public information leaflet explaining the role of the regulators. The leaflet was distributed to Independent Complaints Advisory Service offices in England, Patient Advice and Liaison Service offices in the West Midlands, Community Health Councils in Wales (in a bi-lingual version), Citizens Advice Bureaux in Scotland and Health and Social Services Councils in Northern Ireland. In 2007, we are also sending it to UK and Scottish parliamentarians and Welsh Assembly members. The Group also commissioned research into the accessibility of the different healthcare professional registers to the public. The GDC is considering the findings of this research in 2007.

## European initiatives

During 2006, the GDC continued to work with the Alliance of UK Healthcare Regulators on Europe (AURE), monitoring and lobbying on European legislation and initiatives affecting healthcare regulation. Healthcare services have now been excluded from a Directive on Services in the internal market, which focuses on eliminating perceived barriers to the provision of services in the EU. The European Commission has since launched a new initiative specifically for healthcare services. Together with AURE, we will continue to work with the Commission and the European Parliament to ensure patient safety aspects are fully considered.

In 2006, we also continued our active involvement in the Healthcare Professionals Crossing Borders project, seeking to promote proactive fitness to practise information sharing amongst healthcare regulators in the EU. This seeks to prevent a healthcare professional who has been suspended or removed from the register in one EU country from continuing to pose a risk to patients by practising unnoticed in another European country.

The GDC is a member of the Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe (CODE), the pan-European dental regulator network.

CODE encourages collaboration between European dental regulators, and promotes the sharing of best practice. It provides an opportunity for dental regulators in Europe to speak with a single voice on issues affecting the regulation of dental professionals. CODE is actively encouraging dental regulators to start implementing the recommendation of the Healthcare Professionals Crossing Borders Project, on proactive sharing of information about dental professionals' fitness to practise between European dental regulatory bodies.

## Being accountable

The Council for Healthcare Regulatory Excellence (CHRE), a statutory overarching body promoting best practice and consistency in the regulation of healthcare professionals, carry out a performance review of the healthcare regulatory bodies every year. CHRE's 2006 report on the GDC highlighted several areas of noteworthy practice, including: the opening of our new Dental Care Professionals Register, revisions to our fitness to practise system, preparations for revalidation, setting up the Dental Complaints Service and introducing a new customer enquiries service. You can view our submission and the CHRE's report on us on their website: [www.chre.org.uk](http://www.chre.org.uk)

The GDC website holds a significant amount of information about our work, including Council papers and decisions, and fitness to practise hearings and decisions. Members of the public can seek clarification or voice any concerns about the Council's business at the question and answer session we hold at the start of each Council meeting. In September 2006 the Council held its first meeting outside London, in Edinburgh.

## Being professional and business-like

During the year the Council continued the development of its planning processes to deliver new policies and associated operational systems on time.

Following the approval of the Council's first five year corporate plan in December 2003, we have now developed departmental plans that align Council activities with the six strategic goals in the corporate plan.



Departmental plans form the basis for the 2007 business plan. The 2007 business plan is published on our website. The corporate plan is being reviewed in 2007.

## Being open and accessible

We are committed to being open and accessible and to keeping all our audiences up to date. Whether through our Customer Enquiries Service, website, publications, press releases or face to face contact at events, our objective is always to provide clear, reliable, comprehensive and timely information about the organisation, our work, our processes and our goals. Our staff team works together with Council members on our External Relations Advisory Group to review and enhance our communications and deliver our Communications Strategy. You can read our current Communications Strategy, for 2007 to 2009, on our website.

## Customer Advice and Information Team

Our Customer Advice and Information Team was introduced in August 2006 to provide a streamlined, efficient and professional approach to the way we respond to our customers' queries. The team are the first point of contact for registrants, potential registrants, patients and others seeking information on our role, policies and procedures. They offer a phone, correspondence and email service, and act as a one-stop shop or re-direct enquirers to one of our specialist teams if required. The team collects valuable information and data on the types of enquiries we receive so that this can be fed into our policy-making, operational development and communications activities, such as our website and newsletter.

## Events

Attending events is an invaluable way of keeping in touch. In 2006 we exhibited at the key events for the dental team, including the dental professional associations' annual conferences. We also exhibited at the Citizens Advice Bureaux and Citizens Advice Scotland annual conferences.

## In the spotlight

Throughout 2006 we have kept the dental team up to date via the dental media, issuing regular press releases, submitting articles, and providing briefings and interviews. Over the year we also

sought to promote our role to the public through the media. This included running a national and regional media campaign to mark the opening of the new register for dental care professionals, and publicising our Prize for Professionalism student awards scheme to regional newspapers. In 2006 our press office responded to more than 600 enquiries.

## Publications

Our tri-annual newsletter, the Gazette, is one of our key tools for keeping our audiences regularly updated on GDC developments. It has a circulation of more than 60,000. Copies go to all the dental professionals on our registers, plus potential registrants and a range of organisations including consumer and patient groups, primary care organisations, citizens advice bureaux, patient advice and liaison services, and education providers throughout the UK. The summer 2006 issue of the Gazette marked the Council's 50th anniversary (in July) with the inclusion of a potted GDC history, authored by former Council member Robin Basker.

## Website

Throughout 2006, we continued to develop and expand our website, adding new content to meet the needs of our audiences and to reflect significant changes to our role and work. In spring 2006, the site was awarded Plain English Campaign's Internet Crystal Mark after a thorough assessment of its contents, design and layout. The Internet Crystal Mark is recognition that our website aims to provide clear information for all users. We also made a text-only version of the site available for people with accessibility difficulties. As part of our commitment to ongoing service improvement, in 2006 we carried out an on-line survey to seek visitors' views on the content, design and structure of the site. The results of this survey are now informing the future development of the site.

## Parliamentary activity

In 2006 we introduced a more co-ordinated approach to keeping parliamentarians, both in Europe and the UK, up to date on our work and responding to their queries. We have continued to strengthen and develop our relationships with key parliamentarians and have introduced a new protocol to ensure that requests from parliamentarians and their researchers are handled promptly, efficiently and consistently.

Our focus in the UK had been on the legislation (in the form of statutory instruments) which enabled us to make significant reforms to the work of the Council, in particular the introduction of registration for dental care professionals. We presented oral evidence to the Scottish Parliament Health Committee and briefed members of the Scottish Parliament and the House of Commons to ensure the successful progress of the legislation through the UK parliaments.

## Freedom of Information

The Freedom of Information Act (FOIA) 2000 gives a general right of access to all types of recorded information held by public authorities. Under the Act, an applicant has the right to be told whether the authority holds the information requested and, if so, to receive it unless there are any legal exemptions as defined in the Act. All public authorities have had to respond to individual requests since 1 January 2005 when the General Right of Access to Information held by public authorities came into force.

Between 1 January 2005 and 31 December 2006 the Council responded to 102 queries, 54 in 2005 and 48 in 2006.



# striving to ensure we promote equality of opportunity and diversity in all that we do...



We continued to promote our commitment to equality and diversity in 2006. Our Equality and Diversity Advisory Group met four times during the year, supporting our equality and diversity work programme. This included a diversity monitoring exercise via a questionnaire sent to our registrants. We had a return rate of approximately 75 per cent and the results are published on our website. We also:

- Published a Welsh Language Scheme,
- Published a Disability Equality Scheme. This involved considerable consultation with disabled people and organisations representing disabled people. The Scheme explains how we will ensure disabled people have the same opportunities and choices as non-disabled people,
- Reviewed our premises, products and services to ensure that they are accessible, inclusive and responsive,
- Began an exercise to assess the equality impact of our policies, procedures and working practices,
- Provided ongoing training in equalities and diversity for our staff, and
- Appointed a dedicated Equalities and Diversity Advisor.

## who we are

### Council Membership (as at December 2006)

The Council has 29 members.  
19 are dental professionals (15 dentists and four dental care professionals) who have been elected by dental professionals:

#### Dental members:

Meredyth Bell  
John Chope  
Paul Cook  
Mary Dodd  
Richard Graham  
Andrew Keetley (*until March 2006*)  
Anthony Kilcoyne  
James Lafferty (*from July 2006*)  
Alison Lockyer  
Michael Martin  
Hew Mathewson, *President*  
David Phillips  
Raj Rajarayan  
Josef Rich  
Amolak Singh  
Denis Toppin

#### Dental care professional members:

Julia Brewin  
Rosemarie Khan  
Sheila Phillips  
Mabel Slater

Ten are members of the public. Since April 2005, lay members have been appointed by the NHS Appointments Commission. Previously, lay members were appointed by the Queen.

#### Lay members:

Caroline Abel Smith  
Joan Aitken  
Peter Catchpole  
Suzanne Cosgrave  
David Herbert  
Sally Irvine  
Lesley Kant  
David Murphy  
Derek Prentice  
Carol Varlaam

The four Chief Dental Officers for England, Scotland, Wales and Northern Ireland are associate members (with no voting rights):

Barry Cockcroft – England  
Ray Watkins – Scotland  
Paul Langmaid – Wales  
Doreen Wilson – Northern Ireland (*until August 2006*)  
Donncha O'Carolan – Northern Ireland  
(*from September 2006*)

More information about GDC members  
can be found on our website,  
[www.gdc-uk.org](http://www.gdc-uk.org).

The Council meets in public about four times a year. It is assisted in its work by a number of committees, to whom it delegates some work, by working groups and by panels. These include around 125 people from outside the Council who bring particular expertise to our work. An additional 190 members of the public and dental professionals sit on regional complaints panels for the Dental Complaints Service.



## Council 2006



Caroline  
Abel Smith



Joan  
Aitken



Meredyth  
Bell



Julia  
Brewin



Peter  
Catchpole



John  
Chope



Barry  
Cockcroft



Paul  
Cook



Suzanne  
Cosgrave



Mary  
Dodd



Richard  
Graham



David  
Herbert



Sally  
Irvine



Lesley  
Kant



Andrew  
Keetley



Rosemarie  
Khan



Anthony  
Kilcoyne



James  
Lafferty



Paul  
Langmaid



Alison  
Lockyer



Michael  
Martin



Hew  
Mathewson



David  
Murphy



Donncha  
O'Carolan



David  
Phillips



Sheila  
Phillips



Derek  
Prentice



Raj  
RajaRayan



Josef  
Rich



Amolak  
Singh



Mabel  
Slater



Denis  
Toppin



Carol  
Varlaam



Ray  
Watkins



Doreen  
Wilson



## Council meeting attendance in 2006

	March	2 May	15 May <sup>1</sup>	15 June <sup>1</sup>	July	September <sup>2</sup>	December
<b>Council Members</b>							
Caroline Abel Smith	✓	✓	✓	✓	✓	X	✓
Joan Aitken	✓	X	X	X	✓	✓	✓
Meredyth Bell	✓	✓	X	X	✓	✓	✓
Julia Brewin	✓	✓	✓	✓	✓	X	✓
Peter Catchpole	✓	✓	✓	X	✓	✓	✓
John Chope	✓	a.m. only	✓	✓	✓	✓	✓
Paul Cook	✓	✓	✓	✓	✓	✓	✓
Suzanne Cosgrave	X	✓	✓	✓	✓	X	✓
Mary Dodd	✓	X	X	✓	✓	✓	✓
Richard Graham	✓	✓	X	X	✓	✓	✓
David Herbert	✓	✓	✓	X	✓	✓	✓
Sally Irvine	X	✓	X	✓	✓	✓	✓
Lesley Kant	✓	✓	✓	✓	✓	✓	✓
Andrew Keetley (till March)	✓						
Rosemarie Khan	✓	✓	✓	✓	✓	✓	✓
Anthony Kilcoyne	✓	✓	X	X	✓	✓	✓
James Lafferty (from July)					✓	✓	✓
Alison Lockyer	✓	✓	✓	✓	✓	✓	✓
Michael Martin	✓	✓	✓	✓	X <sup>3</sup>	✓	X
Hew Mathewson	✓	✓	✓	✓	✓	✓	✓
David Murphy	✓	✓	✓	✓	✓	✓	✓
David Phillips,	✓	✓	✓	X	✓	✓	✓
Sheila Phillips	✓	✓	X	✓	✓	X	X
Derek Prentice	✓	✓	✓	✓	✓	p.m. only <sup>4</sup>	✓
Raj RajaRayan	✓	✓	X	X	p.m. only	X	X
Josef Rich	✓	✓	✓	X	✓	✓	✓
Amolak Singh	✓	✓	✓	✓	✓	✓	✓
Mabel Slater	✓	✓	✓	X	✓	✓	✓
Denis Toppin	✓	✓	X	X	✓	✓	✓
Carol Varlaam,	✓	✓	✓	✓	✓	✓	✓
<b>Associate Members</b>							
Barry Cockcroft	✓	a.m. only	X	X	✓	X	a.m. only
Paul Langmaid	✓	✓	X	X	✓	X	✓
Donncha O'Carolan (from September)						X	✓
Ray Watkins	X	X	X	X	✓	✓	✓
Doreen Wilson (till August)	✓	X	X	✓	✓		

X = Apologies    ✓ = Present

<sup>1</sup> Special Council meeting    <sup>2</sup> This meeting took place in Edinburgh    <sup>3</sup> Taken ill at pre-Council meeting

<sup>4</sup> Flight problems to Edinburgh where meeting took place

## Committee attendance 2006

- attendance is shown by the number of morning and afternoon sessions attended - morning sessions end before 2pm and afternoon sessions start after midday (e.g. a meeting that runs from 11:00 to 15:00 would be classed as two sessions),
- attendance is shown as: number of sessions attended out of number of sessions eligible to attend, and
- attendance as an invited guest has not been noted.

	Fitness to Practise Policy Committee	Finance & Human Resources Committee	Education Committee	Registration Committee	Standards Committee
<b>Council Members</b>					
Caroline Abel Smith		7 / 7			
Joan Aitken	3 / 3				
Meredyth Bell				4 / 4	
Julia Brewin	3 / 3				
Peter Catchpole					3 / 4
John Chope					4 / 4
Paul Cook			5 / 5		
Suzanne Cosgrave		6 / 7			
Mary Dodd					4 / 4
Richard Graham		3 / 7			
David Herbert			5 / 5		
Sally Irvine					4 / 4
Lesley Kant			5 / 5	3 / 3	
Andrew Keetley				0 / 1	
Rosemarie Khan					4 / 4
Anthony Kilcoyne					4 / 4
James Lafferty				2 / 2	
Alison Lockyer				4 / 4	
Michael Martin			5 / 5		
Hew Mathewson	3 / 3	7 / 7	4 / 5	4 / 4	3 / 4
David Murphy				3 / 4	
David Phillips	3 / 3				
Sheila Phillips		4 / 7		3 / 4	
Derek Prentice		6 / 7			
Raj RajaRayan		4 / 7			
Joe Rich				3 / 4	
Amolak Singh	3 / 3				
Mabel Slater			5 / 5		
Denis Toppin			5 / 5		
Carol Varlaam	3 / 3				
<b>Associate Members</b>					
Barry Cockcroft				0 / 4	
Paul Langmaid		4 / 7			
Donncha O'Carolan					0 / 1
Ray Watkins			2 / 5		
Doreen Wilson	1 / 3				2 / 3

As President, Hew Mathewson is a member of all committees

- Lesley Kant was co-opted into the Registration Committee in April 2006.
- Jim Lafferty joined the Council in August 2006.
- Doreen Wilson (former Chief Dental Officer of Northern Ireland) left the Council in September 2006.
- Donncha O'Carolan, the acting Chief Dental Officer, replaced Doreen Wilson on Council and on Standards Committee.

## Members' fees and expenses in 2006

Members	Main Residence	Fees £	Expenses £	Grand Total £
Caroline Abel Smith	Aylesbury	12,834.92	1,706.95	14,541.87
Joan Aitken	Edinburgh	7,350.98	8,599.82	15,950.80
Meredyth Bell	Woodhall - Cumbria	8,672.13	6,193.03	14,865.16
Julia Brewin	London	4,713.84	220.15	4,933.99
Peter Catchpole	Horsham - Sussex	10,419.80	1,519.63	11,939.43
John Chope	Hartland - Devon	9,289.97	7,341.68	16,631.65
Paul Cook	Leeds	7,363.26	8,897.65	16,260.91
Suzanne Cosgrave	Burgess Hill - Sussex	2,969.51	922.32	3,891.83
Mary Dodd	Carmarthen	7,989.53	5,426.31	13,415.84
Richard Graham	Dungannon	8,360.70	9,096.73	17,457.43
David Herbert	Swansea	12,100.88	9,113.39	21,214.27
Sally Irvine	Aldeburgh - Suffolk	10,480.98	3,441.20	13,922.18
Lesley Kant	Norwich	15,017.55	6,474.95	21,492.50
Rosemarie Khan	Cheadle - Cheshire	14,704.26	11,922.98	26,627.24
Anthony Kilcoyne	Keighley - West Yorkshire	2,689.36	3,244.58	5,933.94
James Lafferty	Sheffield	2,877.38	2,633.84	5,511.22
Alison Lockyer	Leicester	21,293.01	6,040.17	27,333.18
Michael Martin	Galhampton - Somerset	10,465.54	6,538.76	17,004.30
Hew Mathewson	Edinburgh	78,041.73*	27,496.59	105,538.32
David Murphy	Belfast	5,302.37	10,660.08	15,962.45
David Phillips	Felden - Hertfordshire	9,179.84	1,506.25	10,686.09
Sheilia Phillips	Southsea - Hampshire	6,166.24	2,306.54	8,472.78
Derek Prentice	London	12,705.87	1,915.28	14,621.15
Raj RajaRayan	London	2,274.42	272.42	2,546.84
Josef Rich	Altrincham - Manchester	6,422.86	3,800.13	10,222.99
Amolak Singh	Keston - Kent	6,442.75	205.78	6,648.53
Mabel Slater	Marple - Cheshire	7,207.07	2,309.35	9,516.42
Denis Toppin	Glasgow	14,787.52	22,340.47	37,127.99
Carol Varlaam	London	16,775.13	1,299.62	18,074.75
<b>Grand Total</b>		<b>334,899.40</b>	<b>173,446.68</b>	<b>508,346.05</b>

\* The President receives a salary for the role

## Appointments Committee

The GDC's Appointments Committee is an independent group of dental professionals and members of the public who appoint and continue to monitor the performance of members of the GDC's Fitness to Practise Committee. They are responsible for the annual performance review of the Fitness to Practise Committee and for overseeing their training programme. In addition they make other ad hoc appointments on behalf of the Council such as Legal Assessors and Director of Appeals. There are seven members:

Hazel Fraser	Graham Hart
Sheila Hewitt	John Hunt
Chris Robinson	Ian Smith
Penelope Vasey	

## Fitness to Practise Committee

The panels which make decisions on dental professionals' fitness to practise are drawn from the Fitness to Practise Committee.

Membership in 2006:

### Dentist members:

Malcolm Bruce	John Gibson
Margaret Gray	Martyn Green
Laurence Jacobs	Howard Jones
Davinderpal Kooner	Anthony Kravitz
Ronnie Laird	Jason Leitch
Julie Macfarlane	Trevor Mann
Sandra Neil	Shiv Pabary
John Radford	John Scott
Fiona Simpson	Colin Smith
Jason Stokes	Frank Van Russell

### Lay members:

Michael Cann	Mary Clark-Glass
Barbara Duffner	Rita Glover
Stewart Goulding	Carol Greene
Mary Harley	Robin Heron
Lorna Jacobs	Jacques Lee
Gillian Madden	Rosemary Melling
Kevin Moore	Deborah Morton
Peter North	Valerie Paterson
Andrew Popat	Judy Love
Helen Potts	Nicola Smith
Dorri Soanes	Kay Whittle

### DCP members:

Gillian Brown	Caroline Clitter
Jane Holt	Shaun Howe
Keddie Kelsall	Alison Williamson

## Education inspectors:

The GDC appointed a panel of 32 people to inspect the standard of training provided for dental care professionals between 2006 and 2009.

### Dentists: (10)

Janine Brooks	Paul Brunton
Barbara Chadwick	John Chope
Martin Fugill	Peter Heasman
Iain Mackie	Suzanne Noble
Ann Shearer	Liz Watts

### Hygienists/therapists: (5)

Baldeesh Chana	Hazel Fraser
Rosemarie Khan	Sarah Murray
Margaret Ross	

### Dental technicians: (6)

Tony Griffin	Jeff Lewis
Caroline Logan	Joseph McIntyre
Christopher Parker	Robert Williams

### Dental nurses: (6)

Beverley Coker	Sara Holmes
Grace Lyon	Anne Riley
Clare Roberts	Diana Wincott

### Lay members: (5)

Peter Catchpole	Miriam Harris
David Herbert	Susan Morrison
Carol Varlaam	

### In addition:

The following carried out three GDC inspections of dental undergraduate provision at dental schools and two inspections of DCP training providers in 2006:

Andrew Smith	Michael Martin
Peter Catchpole	Hew Mathewson
Paul Wright	Denis Toppin
Lesley Kant	Alan Harrison

The following carried out two postgraduate inspections in 2006:

Ian Brook	James Spencer
Denis Toppin	Carol Varlaam
Alasdair Miller	

## Our staff team

In 2006 we recruited 55 new staff. Some of these (24) replaced staff who had left and others were for new posts supporting the expansion of our core functions and rise in levels of our business activity. Three posts were redundancies. Internally, 17 staff achieved promotions or sideways moves to gain further experience or for career development. The Council is now supported by a staff team of 123, headed by the Chief Executive and Registrar, Duncan Rudkin.

To accommodate our increased workforce, in August 2006 we opened a second office, also in central London.

Following a review of our internal structure, we now comprise the following directorates and teams:

- Dental Complaints Service,
- External Relations Directorate (Communications, Stakeholder Relations, Customer Advice and Information, Information Management),
- Human Resources Directorate (HR, Corporate Legal Services, Fitness to Practise Legal Services, Equality & Diversity),
- Operations Directorate (Examinations, Fitness to Practise, Hearings, Income Collection, Registration),
- Resources and Planning Directorate (Finance, IT, Governance, Facilities),
- Quality Assurance, and
- Standards.

The Chief Executive and four Directors (of External Relations, Human Resources, Operations, and Resources and Planning) together form the Executive Management Team. The Executive Management Team (EMT) is responsible for:

- providing leadership to the managers and staff who carry out the Council's business,
- managing and deploying the resources provided by the Council to achieve its objectives, and
- providing the senior executive face of the Council in its relations with stakeholder and partner organisations.

## HR strategy

In 2006, we produced a number of new HR policies and procedures, and reviewed and updated others. These include:

- New staff handbook,
- Performance management,
- Recruitment and selection,
- Discipline and grievance,
- Whistle blowing,
- Age equality, and
- Retirement policy.

## Other development work included:

- Revision of employment contracts,
- The first GDC Staff Conference,
- Pension scheme changes post 'A' day legislation,
- Revised recruitment process,
- New corporate induction,
- Benchmarked salary survey, and
- In-house IT training for all.



The HR work programme for 2007 is extensive and includes:

- Development of full suite of people management and development policies and procedures,
- Training for managers on all new policies and procedures,
- Implementing a new HR information system,
- A reward management strategy,
- Enhanced job evaluation,
- Staff consultation forum,
- Employee engagement survey,
- Leadership and management development,
- Employee assistance programme,
- New occupational health contract,
- Investors in People,
- Internal coaching and mentoring,
- New payroll provider contract,
- Competency framework, and
- Enhanced employee communications.

### Learning and development

The GDC encourages employee learning and development to ensure that each person's role and performance contributes to our strategic objectives, so that these can be fully realised. In 2006 the average number of days for each employee spent on learning and development was 6.4.



# effective resource management and annual accounts

## Financial performance

The GDC continues to ensure it remains financially viable and its resources (the fees our registrants pay) are used wisely.

## Annual retention fees

In 2005, the GDC reviewed the 2006 annual retention fees for dentists, dental hygienists and dental therapists and agreed that there should be an increase of 3.3 per cent (£13) for dentists and a nil increase for dental hygienists and dental therapists. The ARF for dentists has increased by five per cent over the last two years while the ARF for dental hygienists and dental therapists has remained the same. Previously the process for approval of changes to the fees for dental hygienists and therapists had differed from that for dentists. Dentists' fees needed only to be approved by the Privy Council whereas dental hygienists' and dental therapists' fees required parliamentary time. This was not always considered practicable for small increases. Legislative changes in 2006 mean that the GDC can now set its own fee levels for all dental professional groups.

## Income and expenditure

In 2006 fee income increased from £13.4m in 2005 to £14.5m in 2006. Total income, including investment income, increased from £14.1m in 2005 to £15.4m in 2006. The increase in revenue is due mainly to the increase in fees; higher volume of registrants and additional investment income generated from surplus funds and improved interest rates. The pie chart opposite shows the source of our income.

Total expenditure for the year was £13.5m, an increase of £3.9m. The 41 per cent increase in our expenditure was incurred as a result of increased activity necessary to deliver the Council's reform programme and reduce the backlog of conduct cases. There was an increase in staffing levels to support the continuing activities of the Council.

An analysis of our expenditure in 2006 is shown below.

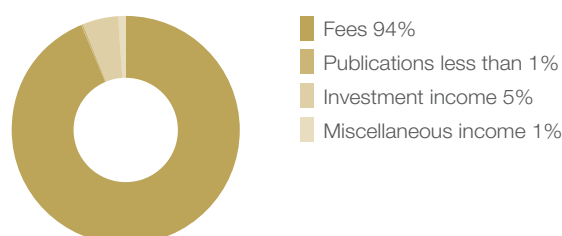
The net result for the year shows a surplus of £1.1m. This increased the Council's reserves from £11m to £12.1m. Included in the reserves is a cash reserve of £9.1m. The Council's policy is to build up a cash reserve equivalent to one year's expenditure. The cash reserve of £9.1m represents 68 per cent of the Council's 2006 expenditure.

## Remuneration of the President, and Chief Executive and Registrar

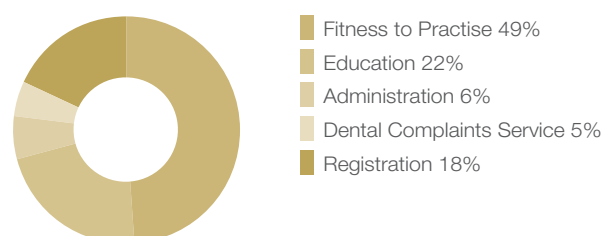
President: £78,042

Chief Executive and Registrar: £103,431

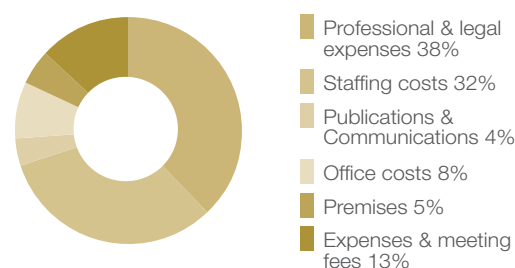
2006 income by source



2006 expenditure by activity



2006 expenditure by type



# annual accounts

for the year ended 31 December 2006



The General Dental Council is constituted under the Dentists Acts, 1957 to 1984, with certain statutory duties, principally keeping and publishing a register and promoting high standards of professional education and professional conduct among dentists. The costs of registration and professional conduct and fitness to practise are included in the accounts of the Council. Costs in connection with professional education are borne by the General Dental Council Charitable Trust.

The financial statements of the General Dental Council Charitable Trust as at 31 December 2006 are available on request.

INCOME AND EXPENDITURE ACCOUNT For the year ended 31 December 2006

	Note	2006	2005
		£'000	£'000
<b>Income</b>			
Fees	1	14,477	13,399
Sales of publications	2	47	41
Interest & Dividends	3	786	599
Miscellaneous income		80	89
		<u>15,390</u>	<u>14,128</u>
<b>Expenditure</b>			
Council & Committee Meetings	4	1,841	1,178
Legal & Professional Services	5	5,121	4,048
Publications		534	414
Salaries & Wages		3,803	2,544
Superannuation	13	462	352
Office Administration		1,027	556
Premises Depreciation	8	240	229
Other Premises Costs		434	220
		<u>(13,462)</u>	<u>(9,541)</u>
<b>Excess of income over expenditure</b>		<u>1,928</u>	<u>4,587</u>
Taxation	7	<u>(1)</u>	<u>-</u>
		<u>1,927</u>	<u>4,587</u>
Deduct			
GDC Charitable Trust	6	<u>(988)</u>	<u>(707)</u>
<b>Retained Surplus</b>		<u>939</u>	<u>3,880</u>
Actuarial gain / (loss) on pension scheme	13	<u>164</u>	<u>(665)</u>
		<u>1,103</u>	<u>3,215</u>
<i>Balance Brought Forward</i>		10,998	7,783
<i>Balance Carried Forward</i>		<u><u>12,101</u></u>	<u><u>10,998</u></u>

The notes on page 32 form part of these accounts

**BALANCE SHEET as at 31 December 2006**

	Note	2006 £'000	2005 £'000
<b>Fixed assets</b>			
Tangible fixed assets	8	3,486	3,487
Investments	9	170	170
		<u>3,656</u>	<u>3,657</u>
<b>Current assets</b>			
Debtors & prepayments	10	242	230
General Dental Council Charitable Trust	15	935	380
Bank deposit accounts		22,600	21,200
Cash at Bank & in hand		503	448
		<u>24,280</u>	<u>22,258</u>
<b>Creditors: amounts falling due within one year</b>			
Creditors	11	2,258	2,028
Fees in advance		12,909	12,319
		<u>15,167</u>	<u>14,347</u>
<b>Net Current Assets / (Liabilities)</b>		<u>9,113</u>	<u>7,911</u>
<b>Creditors: amounts falling due after more than one year</b>	12	(138)	-
<b>Provision for pension liability</b>		<u>(530)</u>	<u>(570)</u>
<b>Total Assets less Current Assets / (Liabilities)</b>		<u>12,101</u>	<u>10,998</u>
<b>Net Assets</b>		<u><u>12,101</u></u>	<u><u>10,998</u></u>
<b>Reserves</b>			
General		12,631	11,568
Pension	16	(530)	(570)
		<u><u>12,101</u></u>	<u><u>10,998</u></u>

HEW MATHEWSON *President*

C B ABEL SMITH *Finance & HR Committee Chairman*

**CASH FLOW STATEMENT For the year ended 31 December 2006**

	Note	2006 £'000	2005 £'000
<b>Net cash inflow from operations</b>	17	2,314	13,265
<b>Returns on investments and servicing of finance</b>			
Investment income receipts		786	599
Taxation		(1)	-
<b>Capital expenditure and financial Investment</b>			
Payment for tangible fixed assets		(656)	(207)
<b>Transfer to General Dental Council Charitable Trust</b>		(988)	(707)
<b>Net cash inflow</b>	18	<u><u>1,455</u></u>	<u><u>12,950</u></u>

*The notes on page 32 form part of these accounts*



## ACCOUNTING POLICIES

The accounts have been prepared in accordance with applicable accounting standards. The particular policies adopted are as follows:

- (i) The accounts are prepared under the historical cost convention.
- (ii) The Council's long leasehold properties at 37/38 Wimpole Street and 13/15 Wimpole Mews are stated at cost depreciated over their estimated useful lives, which are 50, 20 and 10 years. The cost includes capital refurbishment and all leasehold improvement work.
- (iii) Depreciation is calculated to write off the cost of tangible fixed assets over their estimated useful lives which are as follows:
  - 5 years for general furniture and equipment;
  - 3 years for photocopiers, faxes and computer hardware;
  - 2 years for computer software.

Assets over a capitalisation limit of £1,000 are treated as fixed assets. Those not over £1,000 are written off to expenditure in the year of purchase.

- (iv) In accordance with precedent a proportion of certain expenditure is charged by the Council to the General Dental Council Charitable Trust and it is also the practice of the Council to make a donation to the Trust of a sufficient sum to ensure that the Trust is in a position to meet its consequent commitments.

Expenditure is accounted for on an accruals basis. Irrecoverable VAT is included with the item of expense to which it relates.

- (v) Investment income (other than bank interest) is treated on a cash basis inclusive of related tax credits. The market value of investments is compared with cost in a note to the accounts but credit is not taken for any unrealised profit or losses thereon.
- (vi) Assets acquired under finance lease agreements are capitalised in the balance sheet and are depreciated in accordance with the Council's policies stated in (iii) above. The outstanding liabilities under such agreements less interest not yet due are included in creditors. Interest is charged to the income and expenditure account over the term of each agreement and represents a constant proportion of the balance of capital repayments outstanding.
- (vii) The Council is a mutual body for taxation purposes and is only liable for tax on its investment income and for capital gains tax.
- (viii) In order for registrants to retain their names in the Dentists Register or Rolls of Dental Auxiliaries or Specialist List, a retention fee for the following year is required by 31 December of the current year. The fees received prior to 31 December are treated as fees in advance and any fees received after 31 December are treated on a receivable basis.
- (ix) The Council operates and contributes to a defined benefit pension plan for its employees. The assets of the scheme are held separately from those of the Council being invested in a with profits insurance policy with Friends Provident Life and Pensions Limited. The Council has adopted the FRS 17 approach for accounting of retirement benefits. The FRS 17 approach requires the movement in the pension scheme for the year to be reported in the Income and Expenditure account and the accumulated deficit or surplus to be reported in the Balance Sheet.

Defined benefit pension scheme 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 superannuation costs. Actuarial gains and losses are recognised immediately within other recognised gains and losses.

The defined benefit scheme assets are measured at fair value at the balance sheet date. Scheme liabilities are measured on an actual basis at the balance sheet 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 presented separately after other net assets on the face of the balance sheet.

The Council set up a defined contribution scheme but the assets are kept entirely independent from those of the Council scheme. The plan is not contracted out of the State Second Pension. Contribution is voluntary and Council will make matching contributions of up to 5% of the pensionable salary for any employee that decides to join.

Contributions to the defined contribution scheme are charged to the income and expenditure account as they fall due.

## NOTES TO THE ACCOUNTS

		2006 £	2005 £
<b>1. Fees</b>			
Total original registration pro-rata for 2006		453,900	424,446
Temporary registration	97 at £409	39,673	110,088
Retention	32,886 at £409	13,450,374	12,498,156
Restoration after erasure	360 at £100	36,000	34,800
Professionals Complementary to Dentistry (To July 2006)			
Enrolment	231 at £10	2,310	2,590
Retention	5,391 at £68	366,588	354,144
Restoration	88 at £10	880	890
Dental Care Professionals (From August 2006)			
Total original registration pro-rata for 2006		786	-
Initial registration	1,819 at £72	130,968	-
Restoration Fee	12 at £18	216	-
Specialist registration	38 at £250	9,500	23,500
Fees Discount	55 at £261	(14,355)	(50,373)
Specialist appeal fees		-	500
		<u>14,476,840</u>	<u>13,398,741</u>
<b>2. Sales of publications</b>			
Dentist Register		44,973	37,996
Dental Auxiliaries Rolls		2,353	2,699
		<u>47,326</u>	<u>40,695</u>
<b>3. Interest and Dividends</b>			
Listed Securities		9,328	9,391
Bank deposits		776,860	589,776
		<u>786,188</u>	<u>599,167</u>
<b>4. Council and Committee Meetings</b>			
Fees and Expenses		1,371,256	997,459
Administrative expenses		469,719	180,688
		<u>1,840,975</u>	<u>1,178,147</u>
<b>5. Legal and Professional Services</b>			
Fees and Charges		4,312,193	3,371,137
Disbursements		808,936	676,790
		<u>5,121,129</u>	<u>4,047,927</u>
<b>6. General Dental Council Charitable Trust</b>			
Gift Aid Payment		786,188	599,167
Donation		202,106	107,910
		<u>988,294</u>	<u>707,077</u>
<b>7. Taxation</b>			
Notional tax credit on dividend income		933	939
Amounts recovered in respect of prior years		-	(1,215)
		<u>933</u>	<u>(276)</u>

NOTES TO THE ACCOUNTS (Continued)

	Leasehold Property £	Furniture & Equipment £	IT £	Total £
<b>8. Tangible Fixed Assets</b>				
<b>Cost</b>				
As at 1 January 2006	4,532,611	175,575	497,807	5,205,993
Additions	131,306	120,399	404,303	656,008
Disposals	-	47,162	32,600	79,762
	<u>4,663,917</u>	<u>248,812</u>	<u>869,510</u>	<u>5,782,239</u>
As at 31 December 2006				
<b>Depreciation</b>				
As at 1 January 2006	1,508,436	88,276	122,571	1,719,283
Depreciation charge	300,078	42,108	314,349	656,535
Disposals	-	47,162	32,600	79,762
	<u>1,808,514</u>	<u>83,222</u>	<u>404,320</u>	<u>2,296,056</u>
As at 31 December 2006				
<b>Net book value</b>				
As at 31 December 2006	<u>2,855,403</u>	<u>165,590</u>	<u>465,190</u>	<u>3,486,183</u>
As at 31 December 2005	<u>3,024,175</u>	<u>87,299</u>	<u>375,236</u>	<u>3,486,710</u>

Included within the net book value of IT is £75,674 in respect of assets held under finance lease agreements.  
Depreciation of £21,621 has been charged to the income and expenditure account during the year.

An element of the depreciation charge made on assets is recharged to the General Dental Council Charitable Trust.  
Of the depreciation charge for the building £240,062 has been allocated to the Council.

	Cost 2006 £	Market Value 2006 £	Cost 2005 £	Market Value 2005 £
<b>9. Investments</b>				
Listed Securities	159,651	437,918	159,651	394,693
Unit Trusts	10,267	111,038	10,267	112,200
	<u>169,918</u>	<u>548,956</u>	<u>169,918</u>	<u>506,893</u>

	2006 £	2005 £
<b>10. Debtors &amp; prepayments</b>		
Trade Debtors	287	74,576
Other Debtors	29,924	33,184
Prepayments and accrued income	<u>211,706</u>	<u>122,569</u>
	<u>241,917</u>	<u>230,329</u>
<b>11. Creditors: amounts falling due within one year</b>		
Finance Leases	32,690	-
Trade creditors	450,901	245,215
Other creditors	3,951	-
Other taxation and social security	256,425	202,524
Accruals and deferred income	<u>1,514,008</u>	<u>1,580,181</u>
	<u>2,257,975</u>	<u>2,027,920</u>

## NOTES TO THE ACCOUNTS (Continued)

	2006 £	2005 £
<b>12. Creditors: amounts falling due after more than one year</b>		
Other creditor	105,049	-
Finance Leases	32,690	-
	<u>137,739</u>	<u>-</u>
Finance leases		
Due within one year	32,690	-
Between one and two years	32,690	-
	<u>65,380</u>	<u>-</u>

## 13. Staff Pension Fund

The Council operates a defined benefit Plan. A full actuarial valuation was carried out as at 1 April 2004 and updated to 31 December 2006 by a qualified independent actuary.

In respect of members on the benefit structure who joined the Council before 12 May 1999 and two members who joined after, contributions are payable each month at the annual rate of 27% of Pensionable salary. Of those who joined after 12 May 1999, contributions are payable each month at the annual rate of 22%. Members on the benefit structure who joined the company on or after 12 May 1999 pay 5% of their Pensionable Salary towards the scheme.

The major assumptions used by the actuary for the update at 31 December 2006 were as follows:

	2006	2005	2004
Rate of inflation	3.3%	3.0%	2.9%
Rate of salary increased	5.3%	5.0%	4.9%
Rate of increase in pensions in payment where LPI applies	3.2%	3.0%	2.9%
Rate of increase in pensions in payment LPI min 3.0%	3.8%	3.5%	3.4%
Discount rate	5.2%	4.8%	5.3%

The assets of the plan and the expected rate of return were:

	Value at 2006 £'000	Long term rate of return	Value at 2005 £'000	Long term rate of return	Value at 2004 £'000	Long term rate of return
Fair value of assets – with profit policy	£4,152	4.7%	£4,334	4.2%	£3,842	4.6%
Fair value of assets – other	£0	4.7%	£500	4.2%	£0	4.6%
Fair value of assets – Axa Framlington	£922	5.7%	-	-	-	-
Fair value of total assets	£5,074		£4,834		£3,842	
Present value of plan liabilities	£5,604		£5,404		£4,203	
Net pension liability	<u>(£530)</u>		<u>(£570)</u>		<u>(£361)</u>	

	2006 £'000	2005 £'000	2004 £'000
<b>Movement in deficit during the year</b>			
Deficit in scheme at beginning of the year	(570)	(361)	(284)
Movement in year:			
Current service costs	(436)	(334)	(369)
Contributions	370	837	307
Other finance costs	(58)	(47)	(35)
Actuarial gain / (loss)	164	(665)	20
Deficit in scheme at end of the year	<u>(530)</u>	<u>(570)</u>	<u>(361)</u>

## Analysis of the amount charged to the income and expenditure account

Current service cost	<u>436</u>	<u>334</u>	<u>369</u>
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# NOTES TO THE ACCOUNTS (Continued)

	2006 £'000	2005 £'000	2004 £'000
<b>13. Staff Pension Fund (Continued)</b>			
<b>Analysis of the amount (debited) / credited to the income and expenditure account</b>			
Expected return on pension scheme assets	202	185	175
Interest on pension scheme liabilities	(260)	(232)	(210)
Net return	(58)	(47)	(35)
<b>Analysis of actuarial gain / (loss) recognised in the income and expenditure account</b>			
Actual return less expected return on pension scheme assets	69	(49)	(40)
Experience gains and losses arising on the scheme liabilities	54	129	15
Changes in assumptions underlying the present value of the scheme liabilities	41	(745)	45
Actuarial gain / (loss)	164	(665)	20
<b>Analysis of reserves</b>			
General reserve excluding pension liability	12,631	11,568	8,144
Pension reserve	(530)	(570)	(361)
Total reserves	12,101	10,998	7,783

	2006 £'000	2005 £'000	2004 £'000	2003 £'000
<b>History of experience gains and losses</b>				
Difference between the expected and actual return on scheme assets	69	(49)	(40)	(104)
Percentage of scheme assets	1%	(1%)	(1%)	(3%)
Experience gains and losses on scheme liabilities	54	129	15	14
Percentage of the present value of the scheme liabilities	1%	2%	0%	0%
Changes in assumptions underlying the present value of the scheme liabilities	41	(745)	45	(580)
Percentage of the present value of the scheme liabilities	1%	(14%)	1%	(16%)
Total amount recognised in the income and expenditure account	164	(665)	20	(670)
Percentage of the present value of the scheme liabilities	3%	(12%)	0%	(18%)

It is assumed that the Pension Plan liabilities are excluded from assets where liabilities are matched by annuities

All pensioners receive a guaranteed increase of 3% p.a. under the terms of the Plan for service to 6 April 1997. Service after 6 April 1997 is treated in accordance with the 1995 Pensions Act. Any further compensation for the rise in the cost of living is considered on an annual basis.

In 2006 the annual premium contribution was £385,681 (2005 £847,423, 2004 £307,028) of which £62,035 (2005 £66,022, 2004 £56,084) was apportioned to the General Dental Council Charitable Trust and £323,646 (2005 £781,401, 2004 £250,944) to be charged in the accounts of the Council. Included in the annual premium was a contribution £15,388 (2005 £10,168, 2004 nil) for the defined contribution pension plan. The Council's Superannuation charge of £462,339 (2005 £351,944, 2004 £410,875) also included sums paid to augment pensions in payment, life assurance premium, and amounts relating to the deficit in the pension scheme.



## NOTES TO THE ACCOUNTS (Continued)

### 14. Employees Remuneration

The number of staff whose taxable emoluments fell into higher salary bands was:

	2006	2005
£50,000 but under £60,000	1	2
£60,000 but under £70,000	4	2
£70,000 but under £80,000	-	-
£80,000 but under £90,000	-	1
£90,000 but under £100,000	1	-
£100,000 but under £110,000	1	1

### 15. Related Party Transactions

During the year the Council made donations of £202,106 (2005 £107,910) and a Gift Aid payment of £786,188 (2005 £599,167) to the General Dental Council Charitable Trust which is a related party as the Trust and the Council have Trustees and members of the committee in common. Expenditure recharged to the General Dental Council Charitable Trust during the year was £2,851,980 (2005 £2,287,860). At 31 December 2006 £935,255 (2005 £380,171) was owed by the Trust to the Council.

	2006 £	2005 £
<b>16. Pension Reserve</b>		
As at 1.1.2006	(570)	(361)
Surplus / (charge) for the year	40	(209)
As at 31.12.2006	<u>(530)</u>	<u>(570)</u>
<b>17. Net cash inflow from operations</b>		
Excess of income over expenditure	1,928	4,587
Non operating cash flows eliminated:		
Investment income	(786)	(599)
Pension reserve funding deficit movements	124	(456)
Depreciation	657	501
Increase in debtors	(567)	(116)
Increase in creditors	958	9,348
Net cash inflow from operations	<u>2,314</u>	<u>13,265</u>
<b>18. Reconciliation of net cash flow to movement in net funds</b>		
Increase in cash in period	1,455	12,950
Change in net funds	1,455	12,950
Net funds brought forward	21,648	8,698
Net funds carried forward	<u>23,103</u>	<u>21,648</u>

### 19. Analysis of changes in net funds

	At 1 January 2006 £'000	Cash Flows £'000	At 31 December 2006 £'000
Cash at Bank and in hand	448	55	503
Bank deposit accounts	21,200	1,400	22,600
	<u>21,648</u>	<u>1,455</u>	<u>23,103</u>

## INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE GENERAL DENTAL COUNCIL

We have audited the accounts of The General Dental Council for the year ended 31 December 2006 which comprise of the Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and related notes. These accounts have been prepared under the historical cost convention and the accounting policies set out therein.

This report is made solely to the Council Members, as a body. Our audit work has been undertaken so that we might state to the Council Members' those matters, which 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 opinion we have formed.

### Respective Responsibilities of the Council and Auditors

The purpose of this statement is to distinguish the Members of Council's responsibilities for the accounts from those of the auditors as stated in their report.

The Dentists Act 1985 requires the Council to keep accounts of all sums received or paid by them under the Act. The Members of the Council are responsible for preparing the annual report and accounts. The Members of Council are responsible for safeguarding the General Dental Council's assets and hence for taking reasonable steps for the prevention and detection of error, fraud and other irregularities.

In preparing the annual accounts giving a true and fair view, the Members of Council should follow best practice and:-

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- state whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the annual accounts.
- prepare the annual accounts on the going-concern basis unless it is inappropriate to assume that the General Dental Council will be able to continue in operation.

Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the Accounts give a true and fair view and are properly prepared in accordance with the Dentists Act 1984. We also report to you if, in our opinion, the other information is not consistent with the accounts, if the Council has not kept proper accounting records and if we have not received all the information and explanations we require for our audit. Our responsibilities do not extend to any other information.

## Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An Audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts. It also includes an assessment of the significant estimates and judgements made by the Council in the preparation of the accounts, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the accounts are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we evaluated the overall adequacy of the preparation of information in the accounts.

## Opinion

In our opinion the accounts of the General Dental Council give a true and fair view, in accordance with the United Kingdom Generally Accepted Accounting Practice, of the state of the Council's affairs as at 31 December 2006 and of its income and expenditure for the year then ended and have been properly prepared in accordance with the Dentists Acts 1957 to 1984.

Horwath Clark Whitehill LLP  
Chartered Accountants and  
Registered Auditors

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London EC4Y 8EH

# publications

The following publications are all available from the GDC website at [www.gdc-uk.org](http://www.gdc-uk.org).

## Information

- Who we are and what we do
- What you can expect from your dental professional
- How to report a dental professional to us
- GDC Gazette

## Guidance

- Standards Guidance
- The First Five Years - A Framework for Undergraduate Dental Education
- Developing the Dental Team - Curricula Frameworks for Registrable Qualifications for Professionals Complementary to dentistry
- Continuing Professional Development for Dentists

If you would like any of these publications in hard copy, a different format (for example large print or audio), or a language other than English, please contact us:

**Email:** [xxxxxxxxxxxxx@xxxxxx.xxx](mailto:xxxxxxxxxxxxx@xxxxxx.xxx)

**Tel:** 020 7009 2784

# annual report 2006 feedback survey

We are committed to providing all our stakeholders with reliable and relevant information, and to continually improving our communications. We would be very grateful if you could spend a few minutes completing the questionnaire below. We will use the information you provide to help us improve our communications and will not make reference to individuals in any feedback that we use or may publish.

Name:

Role/Organisation:

## GDC

I am a ☐ dentist ☐ DCP \*Other (please specify)

Overall, did you find the Report informative?

☐ yes, very informative ☐ informative ☐ no, not at all informative

Are there any areas of our work or topics that you would like to see included in future Reports?

Did the Report give you a clearer understanding of the GDC's work?

☐ yes ☐ no ☐ no opinion

After reading the Report, what are your perceptions of the GDC?

Have you had any contact with the GDC before?

☐ yes ☐ no

If yes please give details (optional)

Have you visited the GDC website at [www.gdc-uk.org](http://www.gdc-uk.org)?

☐ yes ☐ no

If yes, what did you think of the content?

☐ very good ☐ good ☐ satisfactory ☐ poor ☐ very poor

What did you think of the structure?

☐ very good ☐ good ☐ satisfactory ☐ poor ☐ very poor

What additional information would you like to find there?

Thank you for taking the time to send us your feedback.

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GDC

Thank you for taking the time to complete this form.  
The comments we receive are very helpful, because what you think about the GDC matters to us.  
Your co-operation is much appreciated.

annual report 2006 feedback survey