

# General Dental Council

## Periodic review

2024/25

The General Dental Council regulates dental professionals in the UK.

There are:

**129,578**

dental professionals on the register  
as at 30 September 2025

This report covers  
the period  
1 October 2024 to  
30 September 2025

## Key findings and areas for improvement

### Standard 3 on Equality, Diversity and Inclusion (EDI)

The General Dental Council (GDC) did not meet Standard 3 because we did not have sufficient assurance that it was meeting two of the four outcomes that we require under our new approach to this Standard. The GDC has made clear advances in its commitment to EDI, such as collecting EDI data from most dental professionals and introducing targeted training for staff and panellists. It has also improved its public reporting of the actions it is taking to deliver its EDI strategy. However, we remain concerned about the extent to which the GDC currently requires education and training providers to demonstrate that they are preparing students to provide appropriate care to all patients, and the extent to which providers take appropriate account of diverse student needs. By the end of the review period there continued to be a lack of explicit references to discriminatory behaviour in fitness to practise guidance, and Council and Committee members had not yet received EDI training. We have commended the GDC on its implementation of priority booking for refugees on the Overseas Registration Exam (ORE) and the changes it has made to the identification and support of whistleblowers.

[See overleaf for more detail](#)

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## Fitness to Practise timeliness

The GDC did not meet Standard 15 because it is taking too long to deal with fitness to practise cases. The GDC has put in place measures to improve its fitness to practise timeliness, but these have not yet led to sufficient improvements to the time it is taking to reach decisions. In line with our Escalation Policy, we have written to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee to provide an update on the GDC's performance, and we will continue to closely monitor the GDC's performance in this area.

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## Early-stage decision-making in Fitness to Practise

This year we reviewed a sample of the GDC's fitness to practise cases to evaluate the quality of its early-stage decision-making. We reviewed a proportion of the GDC's early-stages closures and considered that a reasonable decision had been reached in the majority of those cases. Overall, our audit provided assurance that the GDC has processes and controls in place to ensure robust decision-making at the earlier stages of its fitness to practise process and that those controls are generally working effectively.

## Standards met: 16 out of 18



**General  
Standards**

**4 out of 5**



**Guidance and  
Standards**

**2 out of 2**



**Education  
and Training**

**2 out of 2**



**Registration**

**4 out of 4**



**Fitness to Practise**

**4 out of 5**

Previous years

2023/24

**16 out of 18**

2022/23

**16 out of 18**

## Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#). We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.



# Contents

## About our performance reviews



<b>General Standards</b>	<b>5</b>
--------------------------	----------



<b>Guidance and Standards</b>	<b>16</b>
-------------------------------	-----------



<b>Education and Training</b>	<b>18</b>
-------------------------------	-----------



<b>Registration</b>	<b>24</b>
---------------------	-----------



<b>Fitness to practise</b>	<b>30</b>
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# General Standards

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In this section:

**Standard 1** (accessible information)

**Standard 2** (clear about purpose)

**Standard 3** (equality, diversity and inclusion)

**Standard 4** (reports on itself and addresses concerns)

**Standard 5** (consults with stakeholders)

## 1. The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The GDC's website contains all the information we would expect to see covering its regulatory functions. It continues to have a high level of accessibility, and the website has information about how contact can be requested in different formats. The GDC plans to develop a new website in 2027.
- 1.2 The GDC continues to collect and publish annual data sets regarding dentists' and Dental Care Professionals' working patterns. The GDC plans to explore how this has changed over time and is continuing to engage with stakeholders to ensure it is best placed to understand and meet the needs of the sector. We will continue to monitor the GDC's work in this area.

**Conclusion: The GDC continues to provide information about its registrants, regulatory requirements, guidance, processes and decisions which is accurate and accessible. We are satisfied that this Standard is met.**

## 2. The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The GDC continues to deliver its Strategic Plan for 2023-2025, reporting on the actions it has carried out against all four strategic aims through its 2023 and 2024 Organisational Performance reports. In this review period it has consulted on and published its new Corporate Strategy 2026-28<sup>1</sup>. We will start to monitor the GDC's delivery of the new Strategy's five objectives in the next review period.
- 2.2 We have seen evidence this year of the GDC applying learning from one area to another in its communication and implementation plans for the revised Standards for Education where it has used learning from the process it followed for the implementation of the Safe Practitioner Framework. It plans

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<sup>1</sup> Trusted and effective: A strategy for dental regulation 2026-2028

to continue to work closely with education providers to support implementation. The Standards for Education are discussed more fully under Standard 8 below.

**Conclusion: The GDC has not changed any processes relevant to this Standard this year. It is clear about its purpose, and we continue to see examples of it applying learning from one function to another.**

### **3. The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.**

- 3.1 This year, we have continued to use our new approach to assessing regulators against this Standard. As part of this approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we need to be assured that the regulator has met all four of the outcomes. Our assessment of the GDC's performance against the four outcomes is set out below.

#### **Outcome 1: The regulator has appropriate governance, structures and processes in place to embed Equality Diversity and Inclusion (EDI) across its regulatory activities.**

- 3.2 The GDC continues to collect data on protected characteristics for senior leadership, Council, committee members, and fitness to practise panellists, with recent improvements in monitoring panel member profiles over time to support inclusive recruitment.
- 3.3 The 2024/25 EDI Strategy includes five objectives with numerous actions and sub-actions. The GDC has improved its public reporting on the implementation of the Strategy this year through a publicly available action plan updated biannually and progress reports submitted to Council meetings. Certain sub-actions, including the development of the Framework for Professionalism and the establishment of registrant and student panels, have experienced delays due to stakeholder engagement needs, and procurement challenges.
- 3.4 Despite these improvements, the GDC is yet to decide which measures can best report on its EDI actions, including any outcomes or impacts, and these measures will not be confirmed until the end of 2025 with an EDI Report anticipated in Q1 2026.
- 3.5 This year the GDC has put in place a clear EDI governance structure and has established oversight and reporting arrangements across the organisation. It has established an EDI Delivery Group chaired by the Chief Operating Officer, with involvement from other Executive Leadership Team members

and EDI Directorate Leads, alongside a Head of EDI responsible for coordination and monitoring of EDI data and initiatives.

- 3.6 The GDC has five Employee Networks which meet regularly with senior sponsors and receive support for development. The In-House Internal Audit team monitors completion of EDI actions and reports its findings to the Audit and Risk Committee.
- 3.7 The GDC Council maintains oversight of EDI progress through quarterly updates and audit reports, ensuring continued organisational focus and transparency in delivering EDI objectives. The GDC has begun publishing Equality Impact Assessments (EIA) with the Council papers and is revising its EIA process in line with external legal advice.

### Good Practice

Last year we noted that, in response to the GDC's consultation on proposed changes to the rules for the registration of internationally qualified dentists, the GDC had received stakeholder feedback suggesting that the booking of places on the Overseas Registration Exam (ORE) was a barrier to refugees joining the registers that it urgently needed to address. In January 2025 the GDC introduced **priority ORE booking** for dental professionals with refugee status which means that all refugee candidates will have priority access to booking for up to two attempts at Part 1 and two attempts at Part 2. The GDC is developing policy in two further areas to help reduce the barriers to registration for refugees: alternative evidence requirements and fees.

We have identified the GDC's introduction of its refugee prioritisation policy as **good practice**. The GDC has heeded stakeholder feedback and has made changes to reduce barriers in a process that has the potential to cause disadvantage to refugees.

- 3.8 In summary, the GDC has made notable progress in strengthening its approach to EDI this year. It has also demonstrated a clear organisational commitment to EDI principles. While the absence of established measures to assess the outcomes and impact of EDI actions remains a significant gap, the GDC has plans to introduce these measures by the end of 2025, with a comprehensive EDI Report expected in early 2026. We are therefore assured that the GDC is meeting this outcome.

**Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills.**

- 3.9 The GDC's Standards for the Dental Team remain high-level, emphasising respect and dignity but lacking detailed requirements for effective care across diverse patient groups. A new Framework for Professionalism is being developed with consultation planned for early 2026.
- 3.10 The GDC delayed the publication of its Scope of Practice guidance (following a 2023 consultation) to September 2025, with implementation set for November 2025. The delay was to incorporate further stakeholder feedback, which, while positive in terms of responsiveness, raises questions about the robustness of the initial consultation. The GDC provided us with further detail as to the extent and nature of its stakeholder engagement both prior to and after the formal consultation which provided us with sufficient assurance that the consultation process was managed effectively.
- 3.11 The GDC published the Safe Practitioner Framework in November 2023. It strengthens learning outcomes to ensure new dental professionals are equipped to provide diverse patient care. The Framework also includes requirements that students and registrants value diversity and challenge discrimination. All but two education providers had transitioned to the Framework by September 2025.
- 3.12 In this review period the GDC consulted on revised Standards for Education which it published in September 2025. The revised Standards require providers to expose students to a broad range of patients but do not explicitly mandate diversity in patient experience. The GDC told us that it uses bespoke quality assurance to assess provider compliance with the current Standards. We have seen little reference to patient diversity in recent inspection reports.
- 3.13 The revised Standards, which will be effective from the 2026/27 academic year, emphasise fair, inclusive and transparent admissions and assessments, requiring providers to identify and address barriers disproportionately impacting marginalised groups. However, specific support measures are not detailed. The GDC has said that it will use its revised quality assurance processes to verify compliance. We will monitor the revised quality assurance inspection guidance, evidence requirements for education providers and quality assurance inspection reports once published.
- 3.14 The GDC has enhanced the CPD<sup>2</sup> scheme for accessibility but it is cautious about mandating EDI training to avoid superficial compliance. A full CPD review is planned pending legislative changes.

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<sup>2</sup> Continuing Professional Development (CPD) is the ongoing process of learning to enhance the skills, knowledge, and competencies required for a professional career.



- 3.15 We received stakeholder feedback from the Dental Schools Council who welcomed the way the GDC is engaging with schools to improve EDI.
- 3.16 We have seen evidence of ongoing reforms and consultations by the GDC to improve standards, diversity, and inclusion in dental education and practice. While the GDC has taken some positive steps, there remain concerns about the depth and effectiveness of these measures, particularly regarding diversity and its support for marginalised groups. Therefore, we are not assured that the GDC is meeting this outcome.

### Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions.

- 3.17 The GDC has made progress in collecting registrant EDI data, with 96% of dental professionals providing registrant data in 2024. The GDC is also now collecting EDI data from people raising concerns about registrants (informants) which is an improvement from last year.
- 3.18 The GDC's fitness to practise guidance still lacks reference to discriminatory behaviour. It is in the process of reviewing the guidance for its Practice Committees<sup>3</sup> and Case Examiners and developing decision-making guidance for its Assessment and Initial Assessment stages. However, we learned in September 2025 that the work to review and create guidance for decision makers at each stage of the fitness to practise process has been delayed. We will continue to monitor the GDC's work in this area.
- 3.19 The GDC has introduced EDI training for staff and panellists, with a focus on unconscious bias and inclusive interactions. However, Council and committee members have not yet received EDI training.
- 3.20 The GDC is also working on improving its fitness to practise data research and has restarted capturing EDI data from informants. It has evaluated its series of webinars for those new to UK dental practice and has used the learning from its findings to update the future programme of webinars.
- 3.21 The GDC's 2026-28 Corporate Strategy details its aim to continue to gather and use fitness to practise data to better understand the impact of the process on registrants and to aim to ensure fair and equitable processes.
- 3.22 The GDC has made changes to its complaints and concerns webpages to improve accessibility.
- 3.23 The GDC has demonstrated clear progress in its commitment to EDI, particularly through the successful collection of EDI data from the vast majority of dental professionals and the introduction of targeted training for staff and panellists. However, by the end of the review period there remained

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<sup>3</sup> The GDC published updated decision-making **guidance** for practice committees after the review period, to come into effect on 6 January 2026.

notable gaps, such as the absence of explicit references to discriminatory behaviour in its fitness to practise guidance and Council and committee members had not yet received EDI training. Ongoing efforts to review guidance, improve data research, and enhance accessibility reflect a positive direction, but further work is needed to ensure these initiatives are fully embedded across all levels of the organisation. The GDC's continued focus, as outlined in its 2026-28 Corporate Strategy, will be essential to achieving fairer and more equitable processes for all stakeholders. For these reasons, we are not assured that the GDC is meeting this outcome this year.

## Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes.

- 3.24 The GDC continues to actively seek out and act on feedback from a diverse range of stakeholders through its public consultations.

### Good Practice

In this review period the GDC has reviewed and amended its process/procedures for the identification of whistleblowers to include additional support from its In-House Legal Advisory Service (ILAS). This has enabled the GDC to carry out an early legal review of all cases to help identify whistleblowers and provide them with better protection and support. Additionally, the GDC has amended its initial concern reporting webform to allow individuals raising concerns to self-identify as whistleblowers.

ILAS also provides training to fitness to practise teams on identifying whistleblowers at any stage during the fitness to practise process. Fitness to practise staff provide support and information to whistleblowers with legal advice from ILAS when requested.

ILAS support fitness to practise teams to complete a quarterly review of all cases received where the Informant has been identified as a whistleblower. ILAS also review all available information on each case to confirm if the informant has been correctly identified as a whistleblower.

We have identified this as **good practice** as the GDC has gone further than most other regulators to identify whistleblowers and provide them with protection and support.

- 3.25 The GDC delayed the publication of its revised Scope of Practice guidance to address stakeholder concerns. Changes were made to clarify professional boundaries, prevent undue pressure on colleagues, and improve interpretability. The revised guidance was published in September 2025 and took effect from November 2025.
- 3.26 The GDC has introduced priority booking for the Overseas Registration Exam (ORE) for dental professionals with refugee status, and policies are being developed to reduce registration barriers for refugees.
- 3.27 Inclusion remains a central research theme. The GDC continues to collect EDI data from consultation respondents and used its 30,000 strong public panel to ensure diversity in participation for the activity it undertakes with the public. It has commissioned the University of Southampton for geospatial analysis<sup>4</sup> to inform workforce planning.
- 3.28 The GDC identifies and records data on corporate and internal complaints where there is an EDI component. We have not seen evidence of action taken in response to such complaints but as the numbers are very small this is not a significant concern.
- 3.29 The GDC collaborates with other health and social care regulators and publishes annual reports on fitness to practise and registration, including EDI data. The GDC has also established an EDI Data Group to standardise data practices across the organisation.
- 3.30 We received feedback from both the Welsh Chief Dental Officer and the Dental Technician's Association praising the GDC's inclusion of EDI as one of the themes of a Dental Leadership Network event.
- 3.31 In conclusion, the GDC has shown a strong commitment to engaging with stakeholders and responding to feedback, particularly in the areas of guidance development, EDI, and workforce support. By delaying the publication of revised guidance to incorporate stakeholder concerns, introducing targeted support for overseas-qualified professionals and refugees, and enhancing data collection and research, the GDC demonstrates a proactive and inclusive approach to regulation. Improvements in whistleblower protection, collaboration with sector partners, and the establishment of an EDI Data Group further reinforce its dedication to transparency and continuous improvement.
- 3.32 Positive feedback from stakeholders and the absence of significant concerns indicate that the GDC's recent actions are effective and constitute good practice, positioning the organisation well for future challenges and ongoing enhancement of its regulatory functions. We are therefore assured that the GDC is meeting this outcome this year.

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<sup>4</sup> Geospatial analysis is the process of examining data with a geographical component to find patterns, relationships and trends.

**Conclusion:** The GDC generally performed well against outcomes 1 and 4. We determined that we did not have sufficient assurance that the GDC is meeting outcomes 2 and 3. Under our new approach, in order to meet the Standard, we would need to be assured that a regulator has met all four of the outcomes. The GDC's overall performance means we conclude that Standard 3 is not met. We will continue to monitor the GDC's progress against the evidence matrix in the next review period.

#### **4. The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.**

##### **NMC Independent Culture Review**

- 4.1 In July 2024 the NMC published the report of its Independent Culture Review following a number of concerns raised by whistleblowers. We wrote to all health and social care regulators in August 2024 to seek information in the light of the report. In particular, we were seeking to understand if there were any concerns that similar issues may exist within the regulator, any work being undertaken in relation to those concerns, what the processes were for staff to speak up about concerns and how such concerns were responded to. We also asked how the regulator assures itself that staff have the confidence to raise concerns without fear of reprisal.
- 4.2 In response to our letter the GDC told us that it had reflected on its fitness to practise process in the light of the NMC review. It concluded that the changes it is putting in place to ensure that cases do not progress further through the system than they need, the control mechanisms present in the process, and the oversight of those controls has provided them with assurance that the system is producing consistent high-quality decisions.
- 4.3 In 2023 the GDC commissioned an internal independent engagement survey which elicited mixed results. The GDC has since initiated an extensive programme of staff engagement which it reports has been well supported and has received good feedback. This year the GDC has been focusing on supporting '*first line managers*' across the organisation with a new common system of objective setting and performance appraisals. It has used extensive staff engagement to develop a new set of organisational values which the GDC plans will form the basis of a new behavioural framework.
- 4.4 The GDC's Council has also commissioned and started a three-year process of Board Development, looking at the effectiveness of Council, its Committees and working relationships with the Executive Leadership Team. This was the first review of the GDC's governance structure/function since 2019. The Review's recommendations included:
- greater Council oversight of the GDC's performance, strategic approach to risk management and risk appetite;

- an annual structured review of Board and committee skills and succession; and
- a review of the Terms of Reference for non-statutory committees.

4.5 The GDC agreed with the Review's recommendations and has developed an action and implementation plan to deliver them. We will continue to monitor the GDC's reporting on the details of this plan and its delivery.

4.6 As noted under Standard 3 above, the GDC has updated its whistleblowing policy to improve the identification, protection and support of whistleblowers.

### Transparency

4.7 The GDC has a Board Assurance Framework which means that performance reporting is reviewed in detail by its Finance and Performance Committee (FPC) which then provides written assurance reports to Council. These reports provide a very broad overview of the areas the FPC has looked at and are published with the Council papers.

4.8 We have previously noted that the GDC's governance framework means that it publishes less detailed regulatory performance information than the other regulators we oversee.

4.9 In April 2025, the GDC reported that, in response to the PSA's feedback, it had established a Transparency in Reporting focus group made up of representatives from Council and committees, senior management and other key staff members. The group reviewed the organisational performance reporting suite.

4.10 The GDC's Council agreed with the group's recommendations that performance should be reported quarterly and publicly to Council with a level of detail appropriate for their strategic oversight. The FPC and the GDC's Executive Leadership Team will continue to review the quarterly performance at a more detailed level prior to Council, providing their insights and assurance into Council's review.

4.11 The GDC's new performance report format was first presented at the June 2025 Council meeting and the report was subsequently published on its website<sup>5</sup>. As noted under Standard 3, the GDC also plans to publish Equality Impact Assessments (EIAs) with those Council papers where decision-making requires consideration of the EIA. We welcome the changes the GDC has implemented to improve the transparency of its performance reporting, and we will continue to monitor their continued use.

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<sup>5</sup> [www.gdc-uk.org/about-us/our-organisation/reports/organisational-performance-reports](http://www.gdc-uk.org/about-us/our-organisation/reports/organisational-performance-reports)

## Whistleblowing Disclosures Report 2025<sup>6</sup>

- 4.12 The GDC contributes to the joint annual whistleblowing disclosures report and this year reported that from 01 April 2024 – 31 March 2025 it received 79 disclosures (2024: 79). All disclosures were considered under the GDC's fitness to practise process, with no action taken in 32 cases due to insufficient information and one case passed onto another regulator. 51 of the concerns were received from dental professionals, 22 were from non-registrants (who were employed in dentistry) and six were anonymous.
- 4.13 The GDC acknowledged in the Report that it has a higher proportion of disclosure for the size of register in comparison to other regulators but suggests that the setting of dentistry provision may result in a lack of alternative disclosure routes.

**Conclusion: The GDC continues to report publicly on its performance and has made improvements this year to the level of transparency of this reporting. It has engaged with the findings of the NMC's culture review and continues to respond to concerns raised by whistleblowers. We are satisfied that this Standard is met.**

## 5. The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 This year, the GDC held consultations on:
- its new Education Standards – the revised Standards are discussed under Standard 8
  - its Corporate Strategy for 2026-2028 – the published Strategy is discussed under Standard 2
- 5.2 The GDC also published the outcomes of consultations it had held in previous years, on:
- **The format of hearings** - The outcome of the consultation is discussed more fully under Standard 15.
  - **Scope of Practice** - The guidance is discussed more fully under Standard 7.
  - **Reporting matters to the GDC**
- 5.3 The GDC also engaged with stakeholders in a number of ways, including through its:

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<sup>6</sup> [www.gdc-uk.org/whistleblowing-disclosures-report---2025](http://www.gdc-uk.org/whistleblowing-disclosures-report---2025)

- **Dental Leadership Network:** The Network brings together leaders from the entire dental sector, with over 120 senior dental leaders attending each event.
- **Student and new registrant engagement work:** The GDC's student engagement programme is in its sixth year and involves the GDC meeting with all first and fifth year Bachelor of Dental Surgery (BDS) students, foundation/vocational dentists and hygiene and therapy students.
- **New to UK dental practice:** This programme is aimed at new dental professionals who qualified outside the UK.
- **Specialist and Associate Specialist grade dentists:** The Review of Education 2023/24 notes that the GDC held conversations with the Academy of Medical Royal Colleges and the British Dental Association (BDA) to inform the development of an engagement plan for Specialist and Associate Specialist grade dentists.

#### 5.4 The GDC published a number of research reports in this review period:

- **Report on the dental professionals who died while fitness to practise concerns were investigated or remediated:** This work is covered in more detail under Standard 18.
- **Rapid Evidence Assessment: Sexual Misconduct in Dentistry:** This review<sup>7</sup>, highlighted the need for comprehensive systemic change within dentistry which requires combined efforts from regulators, educational institutions and professional bodies to create safer and more equitable environments within dental workplaces. The GDC has scoped work to address sexual misconduct in the context of professionalism in dentistry, but at the time of this review has not yet identified the resources required to start the work or to confirm how long the work will take to complete.
- **Stakeholder Perception Survey 2023<sup>8</sup>:** This was the third in an ongoing series of research projects, which have informed the development of the GDC's communications, particularly on tone of voice, stakeholder engagement and its use of communication channels.

The GDC used these findings to develop its external communications and engagement strategy in 2025. It also incorporated learning into the development of the draft Corporate Strategy 2026-28.

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<sup>7</sup> <https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/sexual-misconduct-in-dentistry>

<sup>8</sup> [www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/gdc-stakeholder-survey-2023](https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/gdc-stakeholder-survey-2023)



- **Exploring Remediation in Fitness to Practise at the GDC<sup>9</sup>:** The findings of this research are discussed more fully under Standard 15.
- **Artificial Intelligence (AI) in dental service provision:** This research<sup>10</sup>, which was published in August 2025, explored how AI is currently being

### What we heard from stakeholders

We received feedback from 24 stakeholder organisations. Many stakeholders reported high levels of support for, and positive engagement with, the GDC, highlighting frequent and constructive communication including regular email correspondence, stakeholder meetings, and opportunities to contribute to emerging themes relating to areas of the GDC's statutory functions. Several stakeholders provided positive feedback about the Dental Leadership Network events.

However, we have also received stakeholder feedback this year expressing concerns about the GDC's communication in relation to its quality assurance of education providers and programmes, specifically in relation to a provider where significant concerns were being raised and the GDC was not assured that students were fit to graduate. This is discussed more fully under Standard 9.

used in dental service provision and considered its potential implications for dental professionals, patients and the wider sector. The research, which identified both the challenges and benefits of using AI, forms part of the GDC's wider horizon scanning work on emerging technologies and their potential impact on dental regulation and practice.

**Conclusion: We have seen evidence of the GDC's engagement with a broad range of stakeholders in this review period. We are satisfied that this Standard is met.**

## Guidance and Standards

In this section:

**Standard 6** (maintains up-to-date standards)

**Standard 7** (provides guidance to help registrants)

<sup>9</sup> [www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/exploring-remediation-ftp-gdc](https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/exploring-remediation-ftp-gdc)

<sup>10</sup> <https://www.gdc-uk.org/about-us/what-we-do/research/detail/report/ai-dental-service-rapid-evidence-assessment>



## 6. The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

### Framework for Professionalism

- 6.1 The GDC's current Standards for the Dental Team have been in place since 2013. We have not seen any evidence to suggest that the GDC's Standards for the Dental Team are out of date or pose a risk to the public.
- 6.2 The GDC's Promoting Professionalism project, which has been running since 2019/20, aims to develop a new set of Principles of Professionalism which will form the basis for a new set of Standards.
- 6.3 In February 2025 an update to Council was provided on the EDI Strategy implementation. As noted under Standard 3 above, work on the development of the Framework has been delayed as it was re-scoped following discussions between the GDC's In-house Legal Presentation Service (ILPS) and Policy team regarding the application of the proposed Framework in the fitness to practise process. The GDC also carried out a literature review to better understand how other health regulators set their criteria for guidance and the relationship between this guidance and fitness to practise processes.
- 6.4 In June 2025 a further update to Council reported that the Framework had been delayed to allow for additional stakeholder engagement. The GDC had planned to share the revised Framework with Council by the end of 2025 and to launch a public consultation in Q1 2026. We will continue to monitor the GDC's work in this area.

**Conclusion: We note the GDC is continuing to develop its Framework for Professionalism which will inform future Standards. We will continue to monitor this work, and we are satisfied that this Standard is met.**

## 7. The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

- 7.1 The Scope of Practice is one of the guidance documents that sits alongside the GDC's Standards for the Dental Team. The Scope of Practice defines the legal and professional boundaries of the dental professional's role and provides the individual limits within which the Standards for the Dental Team must be met. As noted under Standards 3 and 5, the GDC completed its public consultation of this guidance in May 2023 and planned to publish revised guidance in September 2024 with a view to it being implemented from October 2024. The GDC then shared the revised guidance at a final stakeholder meeting before publication. At the meeting some stakeholders requested further changes to the guidance before they could support it and

requested that publication be delayed. The GDC reports that, given the content of the requested changes and the importance of having stakeholder support for the guidance, it agreed to delay publication and engaged further with stakeholders to elicit feedback.

- 7.2 The GDC published the revised Scope of Practice guidance<sup>11</sup> and the consultation outcome report in September 2025. It plans to carry out further stakeholder engagement ahead of it taking effect from November 2025. We will continue to monitor the GDC's work in this area.

**Conclusion: We have seen evidence in this review period that the GDC continues to ensure it provides updated guidance for registrants which reflects the views of stakeholders. We are satisfied that this Standard is met.**

## Education and Training

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In this section:

**Standard 8** (maintains up-to-date standards for education and training)

**Standard 9** (effectively quality-assures education provides and training programmes)

### 8. The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

- 8.1 As part of this year's periodic review of the GDC we took a more detailed look at a number of areas of work it is carrying out in education. To do this we met with the GDC's Head of Education Quality Assurance, Operations Manager and Quality Assurance Manager, reviewed a range of documents and surveyed education providers and awarding organisations.

#### Review of the Standards for Education

- 8.2 As noted at Standard 5 above, the GDC consulted on proposed changes to the Standards for Education this year. The revised Standards<sup>12</sup> were published in September 2025 and will apply from the 2026/27 academic year. The revisions include the addition of five new areas: monitoring of behaviours; technological advances; differential attainment; staff and student well-being; and 'fair, inclusive and transparent' admissions processes.
- 8.3 The GDC has specifically included a requirement for providers to state that they will only graduate individuals who they believe, and have evidence to

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<sup>11</sup> [www.gdc-uk.org/docs/default-source/information-standards-and-guidance/scope-of-practice/scope-of-practice-guidance-2025-\(1\).pdf?sfvrsn=18b7c40e\\_1](http://www.gdc-uk.org/docs/default-source/information-standards-and-guidance/scope-of-practice/scope-of-practice-guidance-2025-(1).pdf?sfvrsn=18b7c40e_1)

<sup>12</sup> [www.gdc-uk.org/docs/default-source/information-standards-and-guidance/standards-and-guidance/gdc-standards-for-education-updated-december-2025.pdf?sfvrsn=5886023\\_1](http://www.gdc-uk.org/docs/default-source/information-standards-and-guidance/standards-and-guidance/gdc-standards-for-education-updated-december-2025.pdf?sfvrsn=5886023_1)

support, will be safe practitioners upon graduation. The GDC plans to offer guidance, engagement sessions and resources to education providers to support them to adapt their processes and transition to the revised Standards by August 2026.

- 8.4 The implementation of the Standards will require the GDC to revise all internal and external guidance and processes which should be complete by the end of Q2 2026. Following this review, the GDC plans to review the student professionalism and fitness to practise guidance for training providers that was published in 2017, to ensure that it aligns with the revised Standards for Education as well as wider developments around professionalism and fitness to practise.
- 8.5 We will continue to monitor the GDC's work in this area, including the implementation of the revised Standards for Education and any stakeholder feedback we receive.

### **What we heard from stakeholders**

We received broadly positive feedback about the GDC's engagement with stakeholders during its review of the Standards for Education. The majority of the feedback we received praised the GDC's approach to engagement and described the process as thorough, interactive and inclusive, with the information provided by the GDC described as very accessible.

### **Implementation of the Safe Practitioner Framework**

- 8.6 As we noted last year, the Safe Practitioner Framework was published in November 2023. The Education Quality Assurance (EQA) team introduced Transition Action Plans (TAPs) to standardise the process for providers moving from the current curricula to the new Framework. The TAPs allowed all providers and awarding organisations (AOs) to explain how they would transition their programmes to the Framework in a way that would ensure a consistent and replicable review process by Education Associates. Two providers out of 38 were granted 12-month extensions to the implementation deadline of 1 August 2025.
- 8.7 The TAPs are bespoke by year and by programme so there will be a progressive move towards the new learning outcomes, but every provider

### **What we heard from stakeholders**

We received feedback on the GDC's process for the review of learning outcomes, the revisions made and the implementation of the Safe Practitioner Framework. Several stakeholders praised the GDC's communication and engagement throughout the process and the GDC's inclusion of an emphasis on behaviours in the Framework.

will have all cohorts on the Framework/learning outcomes by 2032. Any new cohorts from September 2025 will be taught in line with the Safe Practitioner Framework.

### Outcome of the GDC's thematic review of dental nurse training

- 8.8 The GDC commenced a review of dental nurse training at the beginning of 2024 on the basis of some evidence that there were issues with the delivery of dental nursing education and training. The aims of the GDC's thematic review include the identification of trends across all dental nurse training providers and awarding organisations.
- 8.9 Through this review the GDC hopes to be able to make recommendations to improve dental nurse education and training. It also plans to use the thematic review to explore how it can support dental nurses and dental nurse training more broadly.
- 8.10 The GDC plan to publish the report in summer 2026 and will continue to engage with stakeholders as the work develops.

### Guidance for education providers seeking to establish new dental schools

- 8.11 In January 2025 the GDC published new guidance<sup>13</sup> for UK education providers seeking Dental Authority Status (DAS) which is a prerequisite for offering dental degree programmes that lead to a registrable degree in dentistry in the UK. The GDC developed the Guidance in collaboration with the Department of Health and Social Care (DHSC), and it was reviewed by the Privy Council and the Dental Schools Council. The Guidance details the timescales and requirements for applying, the different roles of the GDC and the Privy Council and the GDC's submission process.
- 8.12 At the Council meeting in September 2025 it was noted that the GDC had approved two new programmes for new dental schools, one of which had gained dental authority status from the Privy Council.

**Conclusion: The GDC has progressed its work to review the Standards for Education and implement the revised learning outcomes and has started work on a thematic review of dental nurse training. We have received broadly positive feedback from stakeholders. We are satisfied that this Standard is met.**

## 9. The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where

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<sup>13</sup> [www.gdc-uk.org/docs/default-source/education-and-cpd/das-guidance-for-providers-gdc-january-2025.pdf?sfvrsn=75d82e2a\\_3/DAS-guidance-for-providers-GDC-January-2025.pdf](https://www.gdc-uk.org/docs/default-source/education-and-cpd/das-guidance-for-providers-gdc-january-2025.pdf?sfvrsn=75d82e2a_3/DAS-guidance-for-providers-GDC-January-2025.pdf)

## its assurance activities identify concerns either about training or wider patient safety concerns.

- 9.1 For this year's periodic review, we took a more detailed look at the GDC's quality assurance of education providers and programmes.

### EQA risk management

- 9.2 Last year we noted that a risk assurance deep dive had been carried out on the GDC's Education Quality Assurance (EQA) function and that the GDC's Audit and Risk Committee (ARC) had noted that it was assured that *'the areas of most concern had targeted mitigations in place and noted that this area of activity had developed profoundly over the past few years.'*
- 9.3 This year the GDC shared the EQA deep dive document with us. It details further concerns in the education of dental nurses, including variation in the quality assurance methodology of dental nursing education providers carried out by awarding organisations. The document lists a number of risks, including the EQA team not meeting deadlines or not following up on issues in a timely manner. The document details the mitigations the GDC has put in place to address each risk which include the use of Customer Relationship Management (CRM), improved training for EAs and thematic reviews.
- 9.4 The GDC's EQA team also shared its Risk Register dated June 2025 which details risks that the EQA team faces. One of the risks is that the transition to new learning outcomes results in an unsustainable demand on the EQA team and resource. Mitigations include the advance planning of QA activity with all work phased and allocated to the end of the academic year.
- 9.5 The GDC informed us that the EQA team holds regular internal meetings to discuss projects and developments and regularly meets with the GDC's internal risk team to talk about progress/risk/project development. It seeks feedback from team members and stakeholders after projects, inspections, monitoring and the implementation of new guidance etc. The team then meets quarterly to discuss feedback, and at the end of the academic year uses this feedback to consider how it can improve its processes.
- 9.6 The GDC explained it will be looking at the length of time between the inspections<sup>14</sup> of providers as there is a risk that issues could be missed. The GDC told us that it has started to scope this piece of work and that, as part of that, it will assess its risk-based model, the evidence used, weighting given and decision-making process. The GDC told us the timeline should be agreed this year. We will continue to monitor the GDC's work in this area.

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<sup>14</sup> Currently, inspections are carried out in response to the identification of risk usually through the annual monitoring process

- 9.7 We are assured from the evidence we have seen in this review period that the GDC has reasonable processes in place to identify and manage risks in its EQA function.

### Annual review of education

- 9.8 The GDC's 2023/24 Review of Education<sup>15</sup> report details its quality assurance of education providers, awarding organisations and programmes across the UK. The GDC's EQA team undertakes an inspection in response to risks being identified, most commonly through the annual monitoring process. In 2023/24 the GDC inspected 22 programmes across 15 providers and published inspection reports detailing any requirements and recommendations for the education provider. It carries out annual monitoring of written evidence from education providers to ensure ongoing compliance with the Standards for Education. 2023/24 was the first year the EQA team fully implemented the risk framework it developed in the previous year for its monitoring activity. The EQA team also reviews new programme submissions, and approved five new programmes in 2023/24.
- 9.9 The Organisational Performance Report presented at the June 2025 Council meeting noted that the GDC is scheduling an internal review of its risk-based EQA process and plans to have this work scoped by Q3 2025. The report also notes that the GDC collects provider feedback on its QA processes annually. It reports that it received a low response rate for the 2023/24 academic year but that the responses were broadly positive. For 2024/25 the GDC is requesting feedback immediately following completion of each inspection and it plans to consolidate responses at the end of the academic year and

### What we heard from stakeholders

We received mixed stakeholder feedback on the GDC's quality assurance process. Some stakeholders praised the GDC's inspection process and approach while some expressed concern about the quality of the GDC's communication regarding inspections and reporting.

As noted under Standard 5, we received stakeholder feedback this year expressing concerns about the GDC's communication and sharing of information in relation to its quality assurance of a specific education programme where significant concerns were being raised and the GDC was not assured that students were fit to graduate. From the evidence we have seen we are satisfied that the GDC's EQA process in this instance worked as we would expect it to. The GDC identified concerns, continued to monitor these concerns and inspect the provider, and when it was not satisfied that the concerns had been addressed, confirmed that it could not be assured the students were fit to graduate.

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<sup>15</sup> [www.gdc-uk.org/docs/default-source/education-and-cpd/review-of-education/review-of-education-2023-2024\\_a.pdf?sfvrsn=db78183a\\_3](https://www.gdc-uk.org/docs/default-source/education-and-cpd/review-of-education/review-of-education-2023-2024_a.pdf?sfvrsn=db78183a_3)



will report on this feedback in Q4 2025. We will monitor any public reporting and stakeholder feedback on these areas of work.

### Quality assurance of specialty education<sup>16</sup>

- 9.10 In close consultation with stakeholders, the GDC has revised the specialty QA process to ensure it is proportionate but still gives the assurance needed. The GDC will pilot the new specialty QA process with the Royal Colleges in 2026, and has a timetable for inspections for the next five years. The GDC finalised its Specialty Training Quality Assurance Framework, Speciality Monitoring Guidance for Providers and associated documents in August 2025. In its communication with providers the GDC stressed that it would continue to collect feedback and make any necessary amendments following the first round of monitoring. The EQA team will identify and design any required team training by the end of 2025. We will continue to monitor the GDC's work in this area.

### Development of a quality assurance process for the Royal Colleges

- 9.11 The GDC is currently assessing how it might QA the pre-registration programmes the Royal Colleges award. The team surveyed both the Royal College of Surgeons of England (RCSEng) and the Royal College of Surgeons of Edinburgh (RCSEd) to gain clarity on their delivery and awarding models.
- 9.12 The RCSEng functions as a standalone provider for the license in dental surgery (LDS) programme, writing, delivering and awarding the exam. The RCSEd functions as an awarding organisation (AO) in line with other AOs approved by the GDC.
- 9.13 The GDC's EQA team carried out a pilot inspection of the RCSEd's Dental Care Professional (DCP) qualifications and its Diploma in Orthodontic Training in 2024. The inspection found that the RCSEd's qualifications largely met the GDC's Standards for Education, but several key areas required further attention. In response to these findings, the GDC decided that RCSEd will continue to be inspected under the AO model but with some changes to allow for more detailed oversight and to support improvement.
- 9.14 The EQA team will continue to engage with the RCSEd and its delivery centres to ensure that recommendations and actions from the inspection pilot are implemented. It will also reinspect the RCSEd in the next academic year.
- 9.15 The GDC clarified that it did not carry out a pilot inspection for the RCSEng, as they had one DCP programme at the time the pilot started (Yorkshire

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<sup>16</sup> Specialty education in dentistry is completed after the dental professional's initial training and leads to a Certificate of Completion of Specialty Training (CCST), making the professional eligible to be on the GDC's Specialist List. Examples of specialties include Oral Surgery, Orthodontics, Paediatric Dentistry and Special Care Dentistry.

Orthodontic Therapy) and this was inspected in 2023/24. The RCSEng has now started a new Orthodontic Therapy (OT) programme, and this is being inspected in the next academic year under RCSEng's existing standalone quality assurance framework. The GDC has addressed this in the revised Standards for Education by including requirements specifically for assessment-only providers. We will continue to monitor the GDC's inspection reports for the Royal Colleges.

### Apprenticeships

- 9.16 As part of our closer look this year at the work the GDC is doing in education and EQA we met with the QA Manager responsible for the quality assurance of apprenticeship schemes. The GDC continues to work as part of the Dental Trailblazer Groups, which includes education/training providers, employers and, (up to earlier this year), the Institute for Apprenticeships and Technical Education and currently NHS England.
- 9.17 The GDC told us that it is responsible for the quality assurance of Awarding Organisations (AOs) who may have multiple providers delivering the programme content of various apprenticeship schemes and the AO then delivers the final exam. AOs are responsible for ensuring that the centres delivering their programmes meet the GDC's Standards for Education and learning outcomes and they must demonstrate how they assure the quality of the programmes providers offer.
- 9.18 The GDC told us that there are currently dental apprenticeship standards in dental nursing, orthodontic therapy, dental hygiene and clinical dental technology. In 2024 the GDC approved the Diploma in Orthodontic Therapy, which is a self-awarded apprenticeship model delivered by the University of Central Lancashire. The GDC published the inspection report on its website. We will continue to monitor the GDC's work in this area.

**Conclusion: The GDC continues to have a transparent quality assurance process in place for education providers and programmes. We have seen evidence that action is taken when concerns are identified. We have also seen evidence to suggest that the GDC has reasonable processes in place to identify and manage risks in its EQA function. The GDC is reviewing its quality assurance process of specialty education, and the pre-registration programmes the Royal Colleges award. We are satisfied that this Standard is met.**

## Registration

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In this section:

**Standard 10** (maintains and publishes an accurate register, including restrictions on practice)

**Standard 11** (registration process operates fairly and effectively)

**Standard 12** (risks to public from those using protected title is managed)

**Standard 13** (ensures registrants continue to be fit to practise)



## 10. The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 The GDC did not make any changes to the way it maintains or publishes its register this year.
- 10.2 In this review period we carried out quarterly checks on a sample of register entries with publishable sanctions and found no problems with the information displayed on the Register.

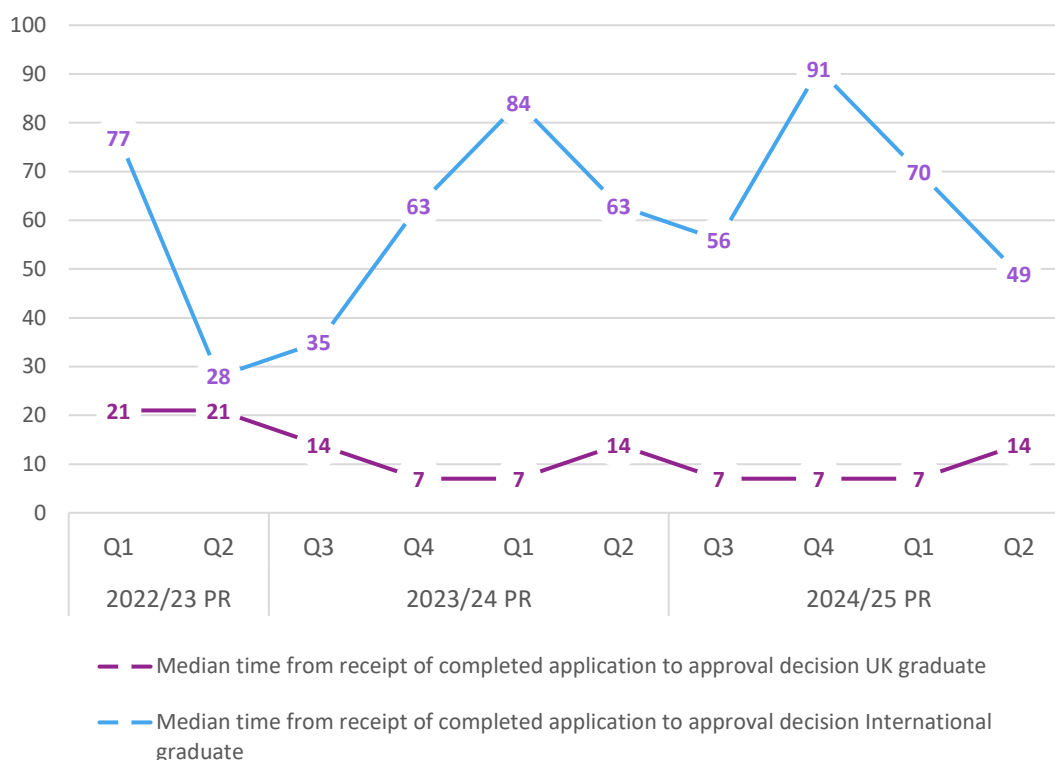
**Conclusion: We have seen evidence that the GDC maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice. We are satisfied that this Standard is met.**

## 11. The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

### Registration processing times

- 11.1 Last year we reported on the impact that clearing the backlog of Dental Care Professional (DCP) applications from overseas dentists was having on the time the GDC was taking to process registration applications. The chart below shows a peak in the median time taken to process international registration applications at Q4 2024/25 which the GDC informed us is due to the oldest applications from the backlog being completed. The impact of the completion of the backlog is reflected in the downward trajectory of median processing times seen at Q1 and Q2 2025/26. Although the data for the last two quarters of this review period shows improved timeliness for international registration, this has been an area of volatility in recent years, and it remains to be seen whether the GDC will be able to sustain this improvement.
- 11.2 The chart also shows an increase in the median time taken to process UK applications in Q2 2025/26. This is consistent with the same period last year and reflects the rise in UK registration applications seen in Q1 and Q2 2025/26 which is in part due to the timing of graduation for dental students which starts in June.

## Registration Processing Times (days)



### Overseas Registration Exam (ORE)

- 11.3 The GDC continues to face a rising number of applications for places on both parts of the ORE. By August 2025 the GDC had received 2,231 applications, having received 3,641 in the whole of 2024. As we have reported in the last two review periods the GDC continues to put in place an increased number of places for Part 1 and sittings for Part 2 in an attempt to meet this growth in demand. Despite these measures, in June 2025 the GDC announced that current ORE capacity does not meet demand.
- 11.4 This year the GDC completed a three-year procurement process to find a new provider for the ORE exams. It included an increase in provision in the contract terms, with the requirement that the new provider provide the maximum number of sittings possible within the existing procurement constraints. It has also extended its contractual arrangements with the existing provider until procurement is completed. In November 2025 the GDC confirmed<sup>17</sup> the details of the new provider, with the first sittings under the new contract expected to take place from mid-2026. It stated that it is confident that it will be able to deliver increased capacity for both parts of

<sup>17</sup> [www.gdc-uk.org/news-blogs/news/detail/2025/11/05/preferred-bidder-for-overseas-registration-examination-\(ore\)-confirmed](https://www.gdc-uk.org/news-blogs/news/detail/2025/11/05/preferred-bidder-for-overseas-registration-examination-(ore)-confirmed)

the ORE. We will continue to monitor the GDC's management of the ORE and its ability to meet demand.

- 11.5 The GDC's Corporate Strategy 2026-28 includes reference under Objective 2 to the GDC's development and implementation of possible new registration routes for internationally qualified professionals. In September 2025 the GDC reported that it is in discussions with the UK government to scope possible changes that might be made to international registration. We will monitor developments in this area.
- 11.6 As noted under Standard 3 above, in January 2025, the GDC introduced a new policy<sup>18</sup> giving priority access to the ORE booking system for dental professionals with refugee status. The GDC provided updated information<sup>19</sup> for refugee dental professionals on its website. This change brings the GDC in line with the NMC and GMC who both have policies in place to support refugees.

### What we heard from stakeholders

We received mixed feedback from stakeholders about the GDC's registration function. Some noted improvements in the timeliness and efficiency of the GDC's registration process, particularly restoration. Several stakeholders expressed concern about the delays in the ORE process and their detrimental effect on overseas applicants. While one expressed concern about the delays to the GDC's procurement of a new provider for the ORE.

**Conclusion:** In this review period, the GDC has maintained the median time it takes to register UK graduates, and the last two quarters saw a significant improvement in the time to register international graduates. As international registration has been an area of volatility in recent years it will need to remain an area of continued focus for the GDC to ensure that this improvement is sustained. The GDC has acknowledged this year that ORE capacity does not meet demand and has told us that the new provider will increase capacity for both parts of the ORE. It also has plans in place to scope possible changes to international registration. We are satisfied that this Standard is met.

## 12. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

<sup>18</sup> [www.gdc-uk.org/news-blogs/news/detail/2025/01/22/gdc-introduces-priority-booking-for-dental-professionals-with-refugee-status](https://www.gdc-uk.org/news-blogs/news/detail/2025/01/22/gdc-introduces-priority-booking-for-dental-professionals-with-refugee-status)

<sup>19</sup> [www.gdc-uk.org/registration/join-the-register/information-for-refugee-dental-professionals](https://www.gdc-uk.org/registration/join-the-register/information-for-refugee-dental-professionals)

- 12.1 The GDC publishes its policy position on the enforcement of offences under the Dentists Act 1984 on its website, along with information on types of illegal practice and advice on how to report illegal practice concerns to the GDC. It notes that details of previous GDC prosecutions are reported in the news section of the website. The GDC told us that there were two prosecutions in this review period but details of those prosecutions have not yet been published.
- 12.2 We saw evidence that the number of new enquiries received in the July 2024 – June 2025 reporting period has increased from last year, but the GDC has opened a similar number of cases as last year. Of those enquiries closed, a higher percentage than last year resulted in the registrant being referred to the GDC’s fitness to practise process, while a lower percentage resulted in the GDC sending out cease and desist or teeth whitening warning letters<sup>20</sup>.

**Conclusion: The GDC has appropriate processes in place to manage the risk of harm to the public of illegal practice. We are satisfied that this Standard is met.**

### **13. The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.**

- 13.1 The GDC’s Enhanced Continuing Professional Development (CPD) scheme was introduced in 2018 and aimed to move beyond simple compliance for registration and foster a more flexible, personalised approach to lifelong learning across the dental team.
- 13.2 The GDC reported that it is carrying out work in two phases to improve its CPD scheme. In March 2025 as part of the first phase of this work, the GDC announced changes to the CPD scheme in response to concerns raised by stakeholders about the challenges registrants face in meeting their CPD obligations effectively. The GDC acknowledged that the changes are limited to the simplification of documentation requirements because legislation governs its CPD scheme rules.
- 13.3 The changes announced included revisions to guidance to highlight the removal of the mandatory requirement for registration numbers on CPD certificates and signatures on certificates, CPD quality assurance and mapping documents<sup>21</sup>. The GDC updated guidance and website information to increase awareness of grace periods and updated the sample CPD certificate and mapping document template.
- 13.4 As part of this first phase of work the GDC plans to scope the value of increased random sampling of CPD records and review the recommended and highly recommended CPD topics. Phase two of the GDC’s work in this

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<sup>20</sup> Letters the GDC writes to unregistered, erased or suspended individuals providing tooth whitening treatments.

<sup>21</sup> Documentation to verify that training etc meets specified CPD criteria.

area will involve the scoping and development of a new CPD framework that might be realised with legislative change.

- 13.5 The GDC saw a 24.6% decrease in CPD non-compliance for dental care professionals in 2024 compared to 2023. This has followed three years of external communication campaigns to educate dental care professionals on the CPD requirements. This year, the GDC has simplified the content of its CPD requirement to make it easier to understand, provided a new leaflet, and a step-by-step guide to all professional associations.
- 13.6 The GDC noted at the December 2024 Council meeting that discussions with other regulators indicated that it has the least flexible CPD requirements among healthcare regulators who do not operate a system of revalidation, with non-compliance resulting in serious consequences, including removal from the register.

### What we heard from stakeholders

We received feedback from a number of stakeholders about the GDC's removal of registrants from the register due to non-compliance with its CPD requirements. One stakeholder expressed concern about the GDC implementing fitness to practise proceedings against registrants due to incomplete CPD even where they may have exceptional circumstances. Another stakeholder acknowledged that under current legislation the GDC must work in this way but described the GDC's process as '*punitive*' and called for urgent change.

**Conclusion:** While we note the concerns raised by stakeholders, we also recognise the limitations placed on the GDC by its legislation. The GDC continues to make what changes it can to its CPD framework to make it more accessible to registrants. We are satisfied that this Standard is met.

## Fitness to practise

In this section:

**Standard 14** (anyone can raise a concern about a registrant)

**Standard 15** (timeliness of fitness to practise process)

**Standard 16** (fitness to practise decisions are fair and proportionate)

**Standard 17** (regulator identifies and prioritises cases posing a serious risk)

**Standard 18** (all parties involved in the process are supported)

## 14. The regulator enables anyone to raise a concern about a registrant.

- 14.1 This year we carried out an audit to evaluate the quality of the GDC's early-stage decision-making. Our sample included nine cases closed at Initial Assessment. We did not see any evidence to suggest that the GDC's Initial Assessment process is in any way a barrier to raising concerns.
- 14.2 The GDC's *Fitness to Practise Statistical Report 2024* notes that patients and members of the public made up the largest percentage of informant type raising a concern with the GDC. We are assured that the GDC enables anyone to raise a concern about a registrant.
- 14.3 As noted under Standard 3 above, the GDC made several changes to the content of its 'Complaints & Concerns' webpages this year, improving clarity, navigation and accessibility for users, including:
- updating the navigation within the triage tool – the online pathway which users work through before reaching the complaints webform
  - refreshing the page signposting to support for dental professionals subject to fitness to practise proceedings, support for those facing a fitness to practise investigation, highlighting a range of support available and providing greater clarity to help direct people to the appropriate organisation to get the resolution they are seeking.
- 14.4 The GDC reports that throughout the design of the new content, special attention was given to ensuring that the process is accessible, including testing the content with its patient panel.

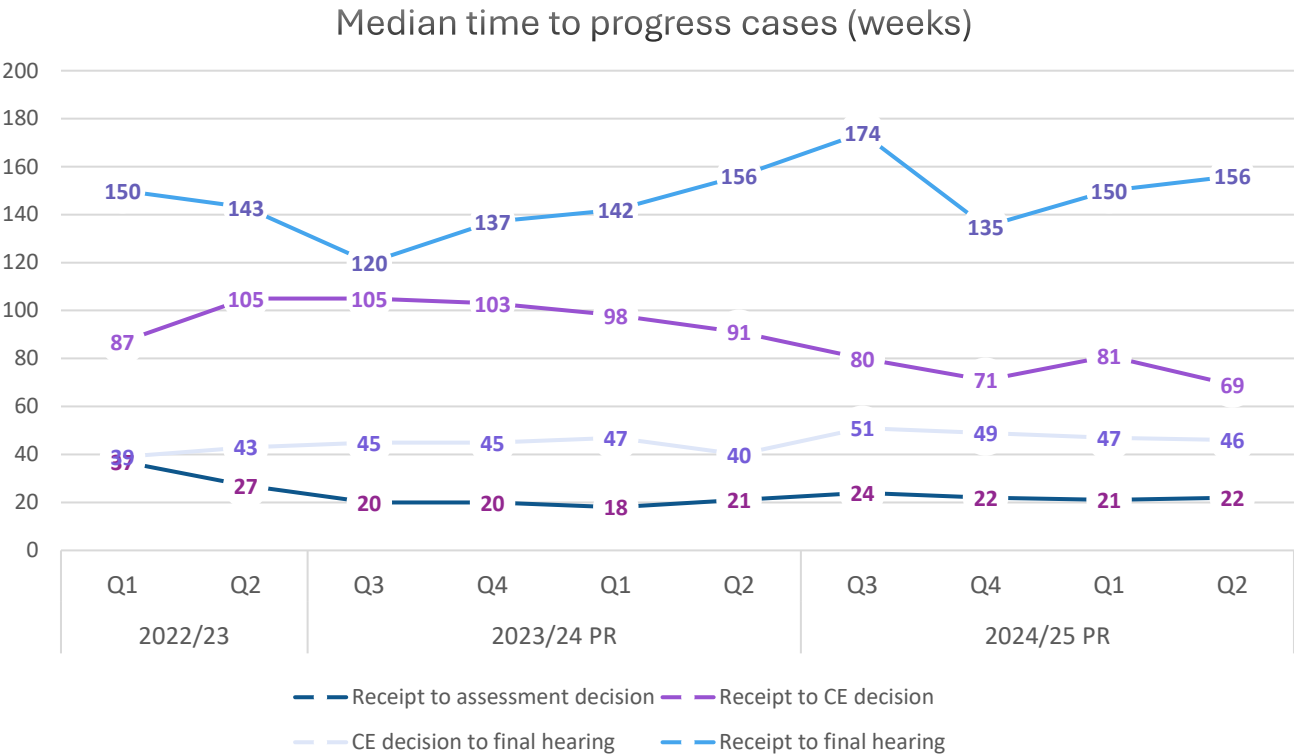
**Conclusion: We have not seen any evidence or received any concerns to suggest that the GDC cannot be contacted to raise concerns. We are satisfied that this Standard is met.**

## 15. The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

### Timeliness of fitness to practise investigations

- 15.1 It is worth noting that the GDC last met our Standard on fitness to practise timeliness in 2017/18. Our quarterly dataset captures the time it takes for fitness to practise cases to reach key decision points. As the chart below shows, the time from receipt to assessment decision and from Case Examiner decision to final hearing has remained fairly stable in this and recent review periods. The time taken from receipt to Case Examiner

decision has been declining since Q3 2023/24. The timeliness from receipt to final hearing improved significantly in Q4 2024/25 but has increased each quarter since then. Overall, the GDC’s end-to-end timeliness has not improved and it is still taking too long to reach decisions.

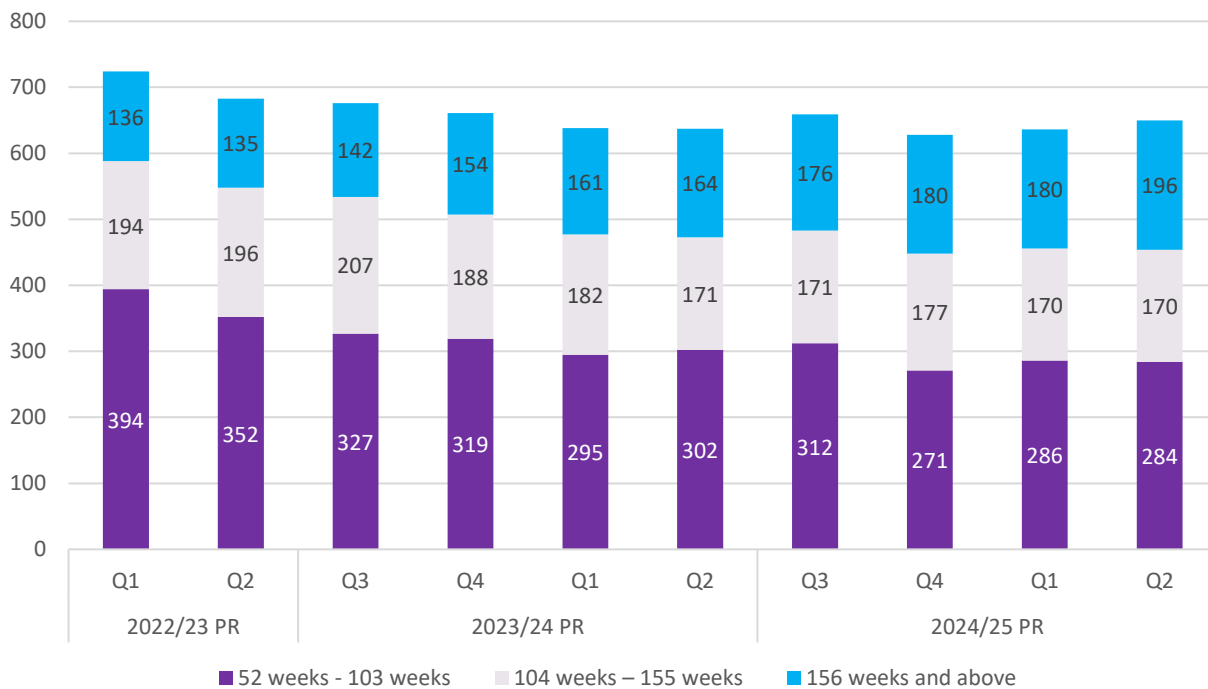


- 15.2 In September 2025 the GDC reported that, like many regulators, it has seen an increase in the number of new concerns received in 2025, with a monthly average by September 2025 of 140 (compared to 117 in 2024 and 108 in 2023). In September 2025 the GDC reported that it is undertaking cross organisational work to forward plan its resourcing.
- 15.3 The average number of decisions being made per month by Case Examiners is lower than the GDC forecast due to a number of reasons including the fact that more complex and older cases take longer to work through and that there has been a change in team structure. The GDC has extended the contracts of those on fixed term contracts to November/December 2025 and has offered additional hours to staff to help deliver casework targets.
- 15.4 The increase in the number of referrals from Case Examiners has led to a bottleneck at the GDC’s Legal Presentation Service. To address this the GDC has increased resources in the team who are also identifying case management improvements with the aim of improving efficiency and capacity.
- 15.5 The caseload at the Dental Professionals Hearing Service has also subsequently increased. The GDC is planning to increase hearing capacity

from five hearings a day to seven hearings a day from January 2026 and has recruited additional resource in the Legal Presentation Service to increase capacity for case preparation.

- 15.6 The GDC is also currently exploring the case management processes from end-to-end to identify possible efficiencies. The Case Management Procedural Improvements project began in May 2025 and by June 2025 it was in the scoping and activity planning phase.
- 15.7 We collect regular data on the number of open old cases, that is, cases more than a year old. As the chart below shows, there has been little change in the total number of cases older than a year in this review period, compared to last year. The number of cases older than two to three years has remained stable over the period shown, while the number of cases older than three years has increased. The GDC now has more cases older than 156 weeks than at any time in the last four review periods. As part of its announcement on the extension of the Initial Inquiries process (see below) the GDC reported that many of its older cases are awaiting third-party decisions including court dates in criminal prosecutions, outcomes of criminal proceedings, charging decisions from the Crown Prosecution Service, or the conclusions of police or NHS Counter Fraud investigations. It stated that cases over 51 weeks are reviewed at Assessment stage on a monthly basis, whether in progress or on hold.

Number of open cases over 52 weeks old





- 15.8 We recognise the GDC's commitment to improving the timeliness of its fitness to practise process. However, the work has had little impact in this review period and the number of old cases remains high. The GDC is still taking too long to deal with fitness to practise cases and so has not met Standard 15.
- 15.9 The GDC has not met our fitness to practise Standard for timeliness since 2017/18, so we have taken action under our escalation policy. We have written to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee to provide an update on the GDC's performance, and we will continue to closely monitor the GDC's progress.

### **What we heard from stakeholders**

We received mixed feedback from stakeholders about the GDC's fitness to practise process with some noting improvements, citing the impact of closing cases that are also under investigation by another authority and the extension of the Initial Inquiries process.

Some expressed concern at the number of cases still being referred to Case Examiners and the number of cases closed at that stage with no action taken. Several stakeholders emphasised the need for greater clinical expert input earlier in the fitness to practise process as they said it would support better decision making and conclude cases more efficiently.

A number of stakeholders noted delays in the GDC's fitness to practise process, particularly at the investigation and Case Examiner stages and expressed concern about the impact of those delays on registrants' wellbeing.

"The Fitness to Practise process is now effectively a sanction in and of itself, putting registrants under unacceptable levels of stress for extended periods, exacerbated by the uncertainty of timelines."

"The process of managing case progression, even cases in the early stages, in a timely and consistent manner is an ongoing issue and this has considerable impact on the mental well-being of our members."

## Audit findings

- 15.10 We reviewed a sample of cases at three closure points: Initial Assessment; Assessment, which included cases closed as Initial Inquiries<sup>22</sup> and cases closed but not assessed<sup>23</sup>; and cases closed by Case Examiners. We had no concerns about decision-makers having enough information to make a reasonable decision at each stage.
- 15.11 We were concerned about the long delays between Assessment and Case Examiner decisions seen in most of the Case Examiner cases we looked at. The GDC had previously discussed with us that these delays are as a result of the significant work it has carried out to address the spike in the volume of cases at the Assessment stage which inevitably leads to a rise in the number of cases at the Case Examiner stage. At paragraph 15.3 we detailed the action the GDC has taken to improve case progression from Assessment to Case Examiner decision.
- 15.12 We also noted another aspect of the delay between Assessment and Case Examiner decisions was that registrants are asked to submit their responses quickly, however there is then a long delay until the case is considered, when they are then told they cannot submit further information. We were concerned that the request for urgency from the GDC appeared inappropriate. The GDC told us that Case Examiners are provided with any further evidence received from a registrant which could affect the decision regarding current impairment. The GDC told us it will also give some consideration to whether there is more it could do should a similar backlog occur again 'to be more proactive in seeking up-to-date evidence which may be useful for Case Examiner consideration.'
- 15.13 We found the GDC's guidance unclear about the threshold test for Initial Assessment cases as it seemed very broad. The GDC told us that it is in the process of reviewing how decisions are made at the Initial Assessment and Assessment stages, and it is developing new decision-making guidance to help ensure consistency and transparency in decision-making. Once this guidance is developed, it plans to consider what consequential changes need to be made to its operational processes. For example, it will consider what the appropriate level of detail is to be captured in the reasons that are recorded, drawing on relevant guidance from other stages of the fitness to practise process. The GDC stated that the feedback we provided in our audit report will be considered as part of this process.

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<sup>22</sup> These are single patient clinical practice cases where the registrant has no previous fitness to practise history. A clinical dental advisor directs what initial inquiries are required to make an assessment decision; the advisor then reviews the information and advises whether treatment was of the appropriate standard. Cases are then reviewed by a casework manager and closed if appropriate.

<sup>23</sup> Administrative closure where concerns received by the GDC for a registrant with an existing case are merged into that case

### Extension of Initial Inquiries process

- 15.14 In July 2025 the GDC extended its Initial Inquiries process to include conduct concerns where the complaint is from a single patient about low-level misconduct that includes a low-level clinical practice issue. Cases indicating a potential pattern of such behaviour, or those that involve a registrant who has had allegations raised about their fitness to practise within the previous 12 months, will be excluded. Cases involving more serious misconduct, such as alleged verbal abuse or severe aggression will proceed in the normal way to a full investigation.
- 15.15 The GDC noted in a statement<sup>24</sup> that it has ‘*opened 378 cases since the launch of the initial inquiries process, of which 83% (314) have been assessed. Of these assessed cases, 19% (60) have been referred to case examiners. Cases in the initial inquiries process are achieving a median completion time of 13 weeks — significantly faster than the current 30-week performance target for cases to complete the assessment stage.*’ We will monitor how the extended Initial Inquiries process works in practice as part of our ongoing review of the GDC’s performance.
- 15.16 As part of our audit, we reviewed eight cases that were closed as Initial Inquiries. We did not have any significant concerns about the outcome of those cases case in terms of its sufficiency to protect the public. All cases met the Initial Inquires criteria (as defined in March/April 2025) and we saw a clear record of the Initial Assessment Decision Group’s (IADG) consideration of the case in six out of the eight cases we looked at. We had concerns about the completion of the IADG form in two of the Initial Inquiry cases as detailed at paragraph 17.2 below.
- 15.17 We saw a clear record of what initial inquiries were required and saw evidence that those inquiries had been carried out in all cases. We also saw evidence in all cases that the decision-maker had enough information to make a reasonable decision which addressed all the relevant points of the referral and where the appropriate test was applied. Overall, we were satisfied from the evidence that the GDC’s Initial Inquiries process is working as it is designed to.

### Consultation on the format of hearings

- 15.18 As noted under Standard 5, after a formal consultation process the GDC made the decision to permanently hold dental professional hearings online from 1 April 2025. Under the new policy, dental professionals retain the right to request an in-person hearing for any reason, which the GDC has said will be granted in most cases. Where there is no consensus between parties, an independent panel will provide direction through a preliminary meeting. In-person hearings will continue to be available in cases where they are deemed more appropriate, such as in supporting vulnerable participants, accommodating witnesses who are not able to give evidence remotely, and

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<sup>24</sup> [www.gdc-uk.org/news-blogs/news/detail/2025/07/01/initial-inquiries-process-extended-to-include-conduct-concerns](https://www.gdc-uk.org/news-blogs/news/detail/2025/07/01/initial-inquiries-process-extended-to-include-conduct-concerns)

enabling effective presentation and testing of evidence. We will continue to monitor stakeholder feedback on this issue.

## Remediation

- 15.19 As noted under Standard 5 above the GDC published *Exploring remediation in Fitness to Practise at the GDC*<sup>25</sup> in July 2025. The research employed documentary analysis and qualitative interviews to understand views and approaches to remediation. Researchers reviewed current approaches to remediation and relevant evidence to identify areas of best practice, potential barriers to successful implementation and appropriate next steps. The research findings support the use of targeted remediation earlier in the fitness to practise process, before cases are escalated to case examiners, as part of a broader shift toward a more proportionate and learning-focused regulatory model.
- 15.20 The findings have informed the GDC's Corporate Strategy for 2026/2028, which includes the GDC's plans under Objective 3 to explore the greater use of less adversarial approaches to the closure of fitness to practise cases such as remediation to decrease the punitive effects of the process. On publication of the research the GDC noted that it is committed to developing clear, targeted guidance to support the shift. We will monitor the work the GDC does in this area.

**Conclusion:** Our audit identified some concerns with the GDC's fitness to practise process which the GDC has acknowledged and is working to address. The GDC has extended its Initial Inquiries process, and our audit showed it to be working well. The GDC continues to put in place measures to improve the time it takes to process fitness to practise cases. However, we have not seen evidence that timeliness has improved this year, and it continues to be a source of concern to stakeholders. We therefore conclude that this Standard is not met. We have taken action under our escalation policy and will continue to closely monitor the progress of the GDC's work to improve its timeliness in fitness to practise.

## 16. The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

### The GDC's appeal of the ruling in the Aga case

- 16.1 Last year we reported on the Aga case where, in December 2023, a registrant won his appeal in the High Court against a nine-month substantive suspension order handed down by the GDC's Professional Conduct Committee (PCC). The judgment stated that the GDC was wrong to count his order of immediate suspension (covering the time taken to resolve his

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<sup>25</sup> [www.gdc-uk.org/docs/default-source/about-us/exploring-remediation-in-fitness-to-practise-at-the-gdc.pdf](https://www.gdc-uk.org/docs/default-source/about-us/exploring-remediation-in-fitness-to-practise-at-the-gdc.pdf)

appeal) separately from his substantive suspension, with the effect that he would be suspended for more than a year. The judgment stated that the immediate suspension order should be credited against the substantive order when the substantive order takes effect.

- 16.2 The GDC successfully appealed the judgment. The Court of Appeal's judgment<sup>26</sup> in February 2025 was that the Judge in the High Court had misinterpreted the statutory provisions in relation to the operation of immediate orders and substantive sanction directions. In essence, they decided that the GDC's interpretation of the way that the orders interact, as two separate and distinct directions/orders, was the correct statutory interpretation. The GDC published a statement<sup>27</sup> welcoming the clarity on suspension orders that the judgment provided.

### **General Dental Council v KK and Anor [2024] EWHC 3053 (Fam)<sup>28</sup>**

- 16.3 The GDC informed us in October 2024 that, in a fitness to practise case related to issues around domestic abuse, it obtained family court proceeding documents sent to it by a Local Authority for which it had not obtained the relevant permission. This issue came to light during the course of the fitness to practise hearing, which was postponed to allow the GDC to make a retrospective application to the family court for permission to use the documents. The GDC deleted the documents it was not permitted to have and provided assurance to the court that it had done so. It also apologised to the court and the registrant. The judgment<sup>29</sup> on the case in November 2024 partly granted the application for disclosure.
- 16.4 The GDC has put in place training for relevant personnel and has amended forms and documents to ensure that family court papers are identified and dealt with appropriately. It is carrying out a root cause analysis of its processes for obtaining information and disclosures. We are satisfied that the GDC is taking learning from this case and is developing mitigations to reduce the risk of re-occurrence. We will monitor the outcome of the review.

### **Review of fitness to practise decision-making guidance<sup>30</sup>**

- 16.5 As noted under Standard 3, the GDC is reviewing its suite of fitness to practise decision-making guidance with the aim of developing an improved transparent framework to support fair and consistent decision-making. In September 2025 the GDC reported that this review has been further delayed and there is currently a review of the project schedule to ensure it is achievable and correctly resourced. The GDC has made some progress on

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<sup>26</sup> <https://caselaw.nationalarchives.gov.uk/ewca/civ/2025/68>

<sup>27</sup> [www.gdc-uk.org/news-blogs/news/detail/2025/02/04/statement-on-gdc-v-aga-judgment](http://www.gdc-uk.org/news-blogs/news/detail/2025/02/04/statement-on-gdc-v-aga-judgment)

<sup>28</sup> [www.bailii.org/ew/cases/EWHC/Fam/2024/3053.pdf](http://www.bailii.org/ew/cases/EWHC/Fam/2024/3053.pdf)

<sup>29</sup> General Dental Council v KK & Anor [2024] EWHC 3053 (Fam) (25 November 2024)

<sup>30</sup> The GDC published updated decision-making **guidance** for practice committees after the review period, to come into effect on 6 January 2026.

the development of Case Examiner and Assessment guidance. We will continue to monitor the GDC's work in this area.

### Audit findings

- 16.6 We reviewed 40 of the 485 cases the GDC closed in the first half of the review period at the early-stage decision points: Initial Assessment, Assessment (including Initial Inquiries and cases closed but not assessed) and Case Examiner. We had no concerns about the decisions to close cases at Initial Inquiries.
- 16.7 We raised concerns with the GDC about one Initial Assessment, two Assessment and two Case Examiner cases. The GDC provided us with further information about the decisions to close these cases and in two of the cases told us it would consider our feedback in its development of decision-making guidance and the degree of detail expected/provided in decision documents.
- 16.8 We considered that the GDC had reached a reasonable decision in 35 out of 40 cases reviewed (87.5%). Overall, our audit provided assurance that the GDC has processes and controls in place to ensure robust decision-making at the earlier stages of its fitness to practise process and that those controls are generally working effectively.

### Section 29

- 16.9 The information from our s29 reviews does not suggest significant concerns about the GDC's approach. Of the approximately 155 final decisions made in this review period by the GDC's Professional Conduct Committee (PCC), we have lodged appeals against three. In one case the appeal was allowed and the original panel hearing quashed. The case was remitted to a different Professional Conduct Committee (PCC) for a rehearing. The PCC determined that an immediate order of suspension for eight months with a review was necessary for the protection of the public and was otherwise in the public interest. Our s29 team reviewed the PCC's decision and recommended no further action. We have lodged two further appeals that do not yet have hearing dates.
- 16.10 We sent learning points to the GDC in 15 cases this year which included feedback about the PCC's reasoning, provision of background information on the charges in determinations, failure to consider appropriate guidance, the GDC's delay in sending determinations and the impact of delays in the GDC's fitness to practise process. We also wrote to the GDC in three cases where we identified the clarity of determinations was considered good practice.
- 16.11 In response to learning points regarding delays in sending us determinations, the GDC reported that it had conducted an audit of all outcomes for the previous 12 months and reviewed its Standard Operating Procedure and process. It identified an administrative error and had spoken to the individuals responsible. It also responded to one of the learning points



regarding the panel's failure to provide comprehensive reasoning for its decisions. The GDC noted that the learning points had been passed to the Dental Professionals Hearings Service to action, and they will be used in panellist training.

**Conclusion:** Overall, our audit gave us a good level of assurance about the GDC's decision-making at the early stages. We identified some concerns, but none were so serious that they raised questions about the GDC's performance against this Standard. Our s29 reviews have not identified significant concerns about hearing decisions. We are therefore satisfied that this Standard is met.

## **17. The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.**

### **Audit findings**

- 17.1 Our review of the quality of the GDC's early-stage decision-making flagged one case which we considered the GDC should have assessed at a higher risk rating. Under the GDC's criteria it was considered medium risk, however, as the case (one of the Assessment cases noted under Standard 16 above) involved serious harm and lasting consequences for the patient we considered that it should have been rated high rather than medium risk. We shared our findings with the GDC who told us they were satisfied that the concern related to premises and that the registrant in question was not directly responsible for the harm. We remain concerned about the risk rating of the case but acknowledge that the case was closed appropriately at Assessment and that this was one case out of the 40 we reviewed.
- 17.2 We found some evidence of poor record keeping. All Initial Assessment Decision Group (IADG) decision-making forms were undated, and it was not clear from the records how a draft decision was amended in the light of initial disagreement, additional information from IADG members or a re-consideration. We also saw the In-house Legal Advisory Service (ILAS) lawyer providing reasoning for their recommendation regarding the need for referral to the Interim Order Committee (IOC) in only 15 of the 36 IADG decision forms we viewed. We saw evidence of reasoning provided in cases where the lawyer did not consider a referral was required and in one case where the lawyer considered one was. We would have expected to see reasoning to be provided in all cases as required on the IADG decision form. Without the lawyer's reasoning for their decision, we were unable to determine whether the information/evidence available had been fully considered.
- 17.3 We shared our findings with the GDC who told us that it has made some immediate changes to its IADG process and documentation to address some of the issues we raised:

- It tightened the process to ensure that an IADG meeting is held for all cases where consensus of all parties cannot be achieved on the papers.
- It updated the IADG decision-making form to include the decision date, as well as any amendments made to the draft decision following discussion at an IADG meeting where there may be initial disagreement on the decision. The GDC's aim in that this will provide clarity around whether consensus was achieved via discussion and whether there was any subsequent change to the draft decision following the IADG meeting.
- For all cases, the ILAS lawyer will now provide reasoning on the IADG decision form as to whether an Interim Order (IO) is required. We will monitor these changes when we next audit the GDC.

17.4 We saw no evidence of the consideration of risk when observations were received from registrants/their representatives or from informants at the Rule 4<sup>31</sup> stage. From the guidance available we would have expected to see evidence of 'monitoring' of this new information. We shared our findings with the GDC who informed us that its policy is not to continue to risk assess the case every 28 days at the Rule 4 stage but to re-assess the risk on receipt of observations from the parties. If it is considered that an IO is needed, the decision is made to either make an IO referral at Rule 4 or to refer the matter immediately to the Case Examiners for a decision and for them to review the risk posed from any representations before them, as part of their decision making. The Case Examiners will then refer a case for an IO if they consider that it is appropriate. The GDC reported that this has happened informally at this stage to date, but that it is in the process of including this in the Rule 4 Standard Operating Procedure (SOP).

17.5 Overall, we were satisfied from the evidence we saw that the GDC is generally identifying and acting on risks and has processes in place to ensure the most serious cases are prioritised. We will monitor any actions it takes to improve the recording of risk management decisions when we next audit.

### Timeliness of interim orders

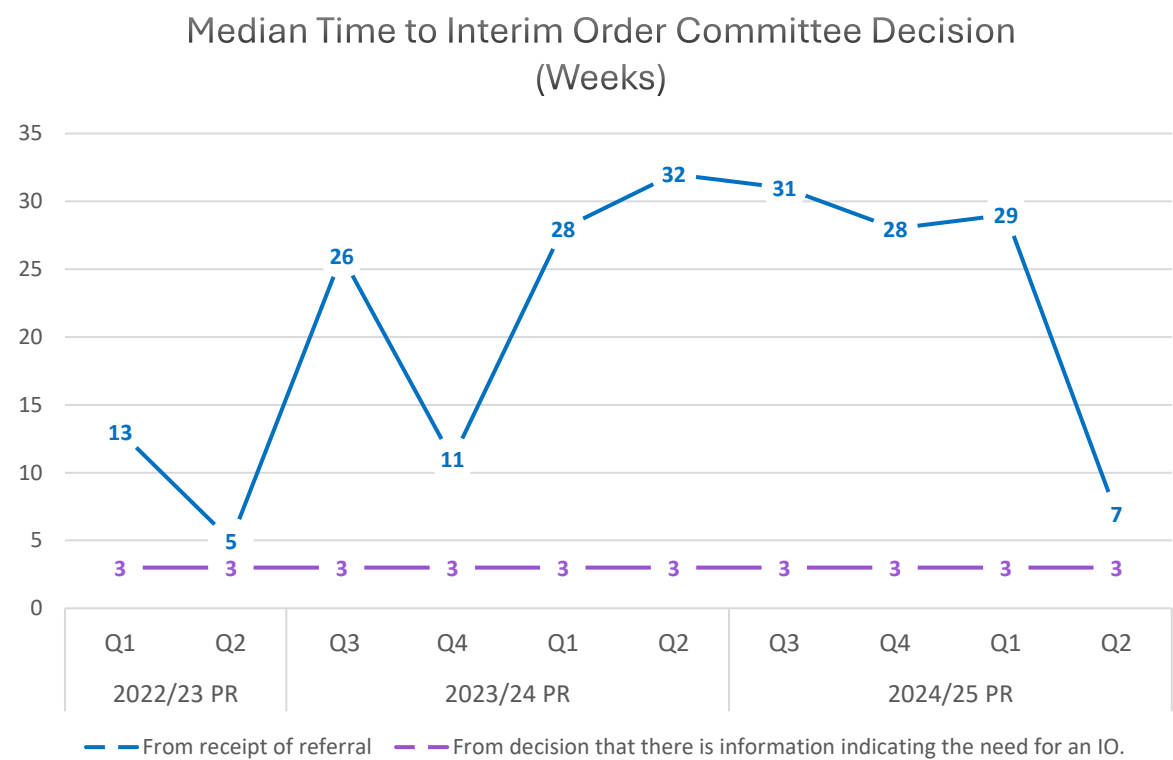
17.6 The chart below shows that the median time to interim order (IO) decision peaked at Q2 2024/25 and dropped significantly in the last quarter of this review period to its lowest level since our 2022/23 review. The time from the decision that there is information indicating the need for an IO to the IO decision has remained consistent at three weeks. We are not concerned

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<sup>31</sup> If a case passes assessment, the GDC is required under Rule 4 to disclose to the registrant and the informant a summary of the allegation and to invite the registrant and the informant to comment on the allegation. The observations, if provided, are considered and included in the material used to determine whether the concern can be concluded by the Case Examiners or if it should be referred to a practice committee hearing.



about how long it is taking the GDC, on average, to make interim order decisions.



High court extension to interim order – invalid jurisdiction

- 17.7 In September 2025 the GDC notified us of an application for the extension for an interim suspension order in respect of a registrant dentist which was made in the wrong jurisdiction. This meant that the extension to interim suspension was not valid.
- 17.8 The GDC made an application for a nine-month extension to an interim order in December 2024. The application was successful and no issues were raised as to jurisdiction. In August 2025, when the GDC was preparing an application for a further extension, it noted that the registrant resided in Scotland and that the previous application had been filed in the wrong court. The GDC sought external legal advice and was told that there was no clear mechanism to rectify the situation.
- 17.9 The GDC removed the interim order and notified the registrant of both the error and the lifting of restrictions on their practice. It carried out a review to identify what led to the error and implemented a range of improvements to its extension application process to prevent re-occurrence. Overall, we are satisfied that the GDC has taken learning from the error and has put in place measures to mitigate the risk of such an error occurring again.

Conclusion: We did not have significant concerns about the GDC’s management of risk from our audit. Overall, the average time taken to reach interim order

decisions from the point of referral has improved in this review period. Despite the case referred to above where an error occurred, we are satisfied that this Standard is met.

## 18. All parties to a complaint are supported to participate effectively in the process.

### Report on causes of death during the fitness to practise process

18.1 In November 2024 the GDC published a Report<sup>32</sup> on the dental professionals who died while fitness to practise concerns were investigated or remediated. The Report details the causes of death of those dental professionals who died between 2019 and 2022 and includes details of the work the GDC is prioritising and plans for the future. The GDC noted that it had made changes to its processes with the aim of reducing the impact of investigations on all those involved, particularly those with existing health issues or other vulnerabilities, including:

- Changes to its publications and disclosures policy to ensure that untested allegations presented to the Interim Orders Committee are not shared publicly before there has been a determination by a practice committee. We reported on this change in last year's report.
- Provided clearer information and signposting to support services on its website.
- Improved the skills of its caseworkers and managers through training with a specialist mental health charity, helping them identify those who may be in distress and signposting them to support earlier and more effectively.

18.2 The GDC reported that it shared a draft of the report and held an online meeting with external stakeholders who it had previously worked with on research into the impact of fitness to practise on mental health. As a result of stakeholder feedback, elements of the report were redrafted before publication.

18.3 The GDC's Annual Report 2024 notes that it started work in 2024 to develop a Serious Incident Review process which will be triggered in the event of a death occurring during the fitness to practise process where there is some indication that the process was a contributory factor. The GDC has engaged with stakeholders throughout this work.

18.4 Objective 3 of the GDC's Corporate Strategy 2026-28 includes its plan to engage with dental professionals and other stakeholders to better understand the elements of its fitness to practise process that have the most negative impact on the mental health and wellness of those involved. It plans to work collaboratively to address these elements by looking at what

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<sup>32</sup> Dental professionals who died while fitness to practise concerns were investigated or remediated 2019 to 2022

changes might be made to the process and by improving the support available. We will monitor the GDC's work in this area.

### Support for witnesses

- 18.5 In November 2024 the GDC told us it was working to improve the experience for all those involved in the fitness to practise process, including efforts to enhance support and communication for all individuals involved. Initiatives include producing a video of the hearing room for participants, providing accessible guidance materials for participants, delivering mental health training to all fitness to practise staff, and offering specialised training to select personnel. It has also commenced a case management improvement project which involves all fitness to practise staff looking at targeted improvements with the aim of reducing stress for all participants. We will continue to monitor the GDC's work in this area.

### Audit findings

- 18.6 We were not provided with any GDC guidance as to the frequency of updates that might be provided to the relevant parties in a case. We had particular concerns with Case Examiner cases which experienced long delays after the Assessment decision and where relevant parties were not always forewarned of the delay or kept updated in the months before a Case Examiner decision. We reported our concerns to the GDC who told us that it would take our feedback into consideration as part of the work it is doing to improve communications and support for participants in fitness to practise.
- 18.7 We noted that parties receive two letters notifying them that their case has been passed to the Case Examiner support team. One is sent once the Assessment decision has been made and another, often several months later, informing them they cannot submit further information. Our view was that these two letters would seem to be contradictory, particularly from a lay perspective, and would benefit from greater clarity. Additionally, we were unclear why the parties are not notified more fully of the Assessment decision to send the case to the Case Examiners and why the GDC's existing guidance only covers notifying parties of closure. We shared our concerns with the GDC who said that it will take our feedback into account as part of the work it is carrying out to improve its communications and support in fitness to practise.
- 18.8 We saw examples of good practice in some of the cases we looked at, including time extensions given to informants and indemnity firms for the provision of information, forms and decisions provided to informants and registrants in different formats to provide greater accessibility, and decision letters to informants providing relevant signposting.

### **What we heard from stakeholders**

We heard a range of views about the tone of the GDC's communication with those going through its fitness to practise process. Some stakeholders suggested that the language used in communications lacked empathy and that as a result people felt unsupported. Other stakeholders noted an improvement with a more empathic tone being used and clearer signposting to health and wellbeing support provided.

Several stakeholders reported a lack of communication with those involved in the process and stressed the need for regular updates and explanations for any delays.

**Conclusion:** We identified communication concerns in our case review and that was reflected in some of the comments we received from stakeholders. However, we note that the GDC has commenced work to improve its communication and the support it provides to all parties involved in its fitness to practise processes and we have seen some evidence of good practice. We are satisfied that this Standard is met. We will continue to monitor the GDC's work in this area.

### Quick links/find out more

- [Find out more about our performance review process](#)
- [Read the GDC's 2023/24 performance review](#)
- [Read our Standards of Good Regulation](#)
- [Read our new evidence framework for Standard 3](#)