

General Dental Council

Performance Review
Periodic review 2021/22

General Dental Council

Performance review report 2021/22

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About our performance reviews

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. 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 performance review process on our [website](#).

This is a periodic review report on the General Dental Council (GDC) and covers 1 July 2021 to 30 September 2022.

About the GDC

The GDC regulates the practice of dental professionals in the United Kingdom. It has **114,030 professionals** on its register (as at 30 September 2022).

About the GDC's performance for 2021/22

For this review, the GDC met 16 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the GDC's performance this year.

Standards of Good Regulation met 2021/22		
	General Standards	5 out of 5
	Guidance and Standards	2 out of 2
	Education and Training	2 out of 2
	Registration	3 out of 4
	Fitness to Practise	4 out of 5
	Total met	16 out of 18
	Standards met 2019-21	
	2020/21	17 out of 18
	2019/20	16 out of 18

Key findings

Fitness to practise timeliness

We have had concerns about the time it takes the GDC to deal with fitness to practise cases in recent years. The position has not improved this year. Although the GDC is taking steps to improve its performance, it is still taking too long to progress cases through the system, and the number of open older cases has increased. Due to the serious and ongoing delays we have concluded that Standard 15 is not met. As this is the fifth year in a row that the GDC has not met our Standard for timeliness in fitness to practise, we have taken action under our escalation policy. We have written to the Secretary of State for Health and Social Care to raise our concerns and we will monitor the GDC's work to improve its performance in this area.

Equality, Diversity and Inclusion (EDI)

This year the GDC has improved the level of EDI data it holds on its registrants. It has also started to record basic EDI data for panellists and has carried out an analysis of the fitness to practise data it holds. However, it has not increased the proportion of EDI data held for Council members and we encourage the GDC to address this issue.

The GDC recognised significant concerns in its plan to implement its EDI Strategy this year and revised the framework to address them. We will monitor the GDC's activities under this new implementation plan.

Registration

In this review period we saw an increase in the time the GDC is taking to process registration applications from both UK and international graduates and appeals. Some factors which have contributed to that increase are outside the GDC's direct control and the GDC has put in place measures to improve its performance. However, the GDC is still taking too long to process registration applications and so Standard 11 is not met. We will monitor the GDC's work to improve its performance in this area.

The quality of the GDC's decision-making

This year we reviewed a sample of the GDC's fitness to practise cases to evaluate the effectiveness of its quality assurance mechanisms. Our review showed a high level of compliance with decision-making guidance, and we found no concerns with the decisions to close those cases we looked at. Our review gave us assurance about the quality of the GDC's decision-making and associated controls at the early stages of its fitness to practise process.

General Standards

1

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

- 1.1 The GDC continues to publish information about its role and activities. It has dedicated sections of its website for different areas of its work. The GDC’s register is on the website and is accurate and easy to search. The website meets a recognised accessibility rating¹ but we found it is not always easy to find key documents and information. The GDC plans to improve its website and we will monitor the progress of this work.
- 1.2 In addition to the website, the GDC uses social media to communicate to stakeholders and publish information about its work.



What we heard from stakeholders

We received feedback from a stakeholder expressing concern at the speed in which the agendas of Public Council sessions are progressed ‘suggesting that a lot of business is done ahead of the public meeting which leaves [the stakeholder] not fully informed as to the background or development of proposals on which decisions are being made.’ The stakeholder also felt that the GDC was making more use of private sessions ‘which historically were confined to personal confidential matters rather than early policy or strategy discussions’.

How we acted on the feedback

We shared this feedback with the GDC. It said that the criteria it uses for discussion in private have not changed. We discuss under Standard 4 the GDC’s changed organisational performance process which has meant that, unlike other regulators we oversee, detailed performance reporting is no longer discussed in public Council meetings. We will continue to monitor how the GDC strikes the appropriate balance between focusing on Council’s priorities and reporting on its work in an accessible way for the public and other stakeholders.

¹ Shaw Trust accessibility audit confirmed the GDC’s website was compliant with W2C Web Content Accessibility Guidelines (WCAG) 2.1, up to conformance level AA.

Conclusion

The GDC continues to provide information about its registrants, regulatory requirements, guidance, processes and decisions which is accurate and accessible. We will continue to monitor the impact the GDC's model of detailed organisational performance reporting has on the transparency of its Council meetings. 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's corporate Strategic Plan 2023-25 includes four aims:

- Dental professionals reach and maintain high standards of safe and effective dental care
- Concerns are addressed effectively and proportionately to protect the public
- Risks affecting the public's safety and wellbeing are dealt with by the right organisations
- Dental professional regulation is efficient and effective and adapts to the changing external environment.

2.2 These aims are in line with the GDC's purpose of public protection. They reflect the GDC's acknowledgement of the changing timetable for regulatory reform and its move towards having a more preventative role. The GDC consulted on the plan from July to September 2022 and we will monitor the outcome of the consultation.

Boundaries of Regulation

2.3 The GDC developed a decision-making framework, termed Boundaries of Regulation, during this review period. The framework provides internal policy-making guidance on the extent of the GDC's remit and interest when determining its regulatory approach and response. We consider this a reasonable approach for the GDC to take in clarifying its purpose.

Conclusion

The GDC is clear about its purpose and continues to focus its activities on public protection. We are satisfied that this Standard is met.

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.

EDI data

- 3.1 Last year, we reported that the GDC had limited EDI data for its Council, associates and registrants, and that it was working to improve this. We have seen an improvement this year in the GDC's EDI data collection from registrants.
- 3.2 The GDC has identified that the proportion of registrants providing data in respect of disability is much lower than for other protected characteristics, at 1% for both dentists and Dental Care Professionals² (DCPs). This figure is the same as last year, when the GDC suggested that the low levels of disclosure may be due to a lack of understanding of what is meant by the term 'disability' under the Equality Act 2010. We are aware that other regulators have found similar patterns in the data.³ We encourage the GDC to consider what it can do to address any concerns registrants might have which make them less willing provide this information.
- 3.3 This was the first year that the GDC included an analysis in its annual statistical report of the fitness to practise EDI data it holds. The report makes clear that the GDC is in the early stages of understanding the data and how this can help ensure its fitness to practise process is not discriminatory. We will continue to monitor the GDC's work in this area.
- 3.4 We were pleased to note that the GDC has recognised the challenges it faced in collecting EDI data from people raising fitness to practise concerns. It is altering its approach to address them by looking to develop an electronic collection process with multiple capture points rather than the previous paper form. We will continue to monitor the GDC's development and outcomes of this process.
- 3.5 It is important for the GDC to collect EDI data about its key decision-makers. As our recent *Safer care for all*⁴ report discusses, having a diverse pool of decision makers can help mitigate the risk of a regulator's processes having a disproportionate impact on certain groups of registrants, and having more diverse leadership can accelerate change and help to crystallise organisational priorities. The report recommended that regulators work together to improve the diversity of fitness to practise panels, other decision-makers, and senior leadership.

² [Registration statistical report 2021 \(gdc-uk.org\)](https://www.gdc-uk.org/registration-statistical-report-2021)

³ For example, research by the GOsC reported concerns amongst registrants that declaring a disability would automatically lead to fitness to practise proceedings.

⁴ <https://www.professionalstandards.org.uk/safer-care-for-all>

- 3.6 The GDC has started to record basic EDI data for panellists, and we will monitor the development of this data capture and the learning the GDC takes from it.
- 3.7 The GDC's EDI data for Council members has not improved since last year, with data still held for only five of the 12 members. The GDC has been collecting this data since 2020 and we recognise that providing EDI data is voluntary. However, such a low level of participation does not help the GDC understand the diversity of its leadership. It may also be a missed opportunity to send a clear message about the GDC's commitment at the most senior level to equality, diversity and inclusion. We note, however, that the GDC, including its Council, has demonstrated a commitment to EDI in its:
- inclusion of EDI in its 2023-25 Strategic Plan as both a strategic aim and one of its underpinning strategies,
 - work as a member of the Diversity in Dentistry Action Group which works to promote diversity and inclusion in the dental profession, and
 - Council member recruitment plans, which ensure wide advertising to encourage a diverse range of applicants.

EDI strategy

- 3.8 Last year we reported on the GDC's EDI Strategy which was approved in 2021. In this review period the GDC's Audit and Risk Committee (ARC) and Executive Management Team (EMT) identified concerns with the implementation plan for the Strategy including its complexity, a lack of measurable outcomes, and actions which did not align with the GDC's strategic objectives.
- 3.9 The GDC revised its implementation plan to address these concerns. The new EDI framework, which was presented to the Council in September 2022, consists of a programme of high-level priorities decided on a quarterly basis by the EMT. Each of the initial four priorities links with one of the aims of the EDI Strategy and each has a named EMT lead, reasons for the priority, a clear delivery plan, inputs, outputs and outcomes. The GDC said it would continue to develop outcome measures for each part of the plan.
- 3.10 The ARC has provided assurances to Council about the framework and will scrutinise the output and outcome measures once developed, in November. The GDC's Council will review the delivery of the first priorities in the first quarter of 2023.
- 3.11 We were disappointed that there were such significant issues with the GDC's initial plan for the implementation of its EDI Strategy, but we are encouraged that the GDC identified those issues and has addressed them in its revised plan. We also note that, despite the weaknesses of the previous plan, the GDC was able to deliver a number of worthwhile activities, including the improvement of data collection for staff, registrants and associates and the establishment of new staff-run EDI networks. We will monitor the GDC's activities under its revised implementation plan.

Conclusion

The GDC's collection of registrant EDI data has improved in this review period. It has begun to collect basic EDI data from panellists and has carried out some initial analysis of fitness to practise EDI data. However, it has not increased the proportion of Council member EDI data it holds, and we encourage the GDC to address this issue.

The GDC identified concerns with its EDI Strategy implementation plan and has addressed these with its new framework. It has worked on a number of initiatives in this area. We are satisfied that this Standard is met.

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.

- 4.1 The GDC continues to publish annual reports, accounts and responses to consultations on its website. It also continues to publish Council papers and minutes for its six Council meetings a year.
- 4.2 The GDC no longer provides detailed performance reporting in those papers or at the Public Council meetings. Instead, a non-statutory Standing Committee, the Finance and Performance Committee⁵ (FPC), scrutinises performance and provides assurance to the Council. The GDC informed us that the Council established the FPC as it wanted to move away from a reactive regulatory model to more upstream regulation. Additionally, delegating the oversight of operational issues to the FPC means that Council can use its time to focus on strategic oversight.
- 4.3 The FPC meets seven times a year. For each meeting it receives a report and narrative from the EMT and assurance from the Accounting Officer that all relevant issues have been provided and escalated. The FPC then scrutinises the report, carries out a thematic view on a specific topic and a deep dive of a Directorate. Every Director attends each meeting of the FPC, often with additional staff from the team to present reports and answer questions. Council members have access to all source material scrutinised by the FPC. We have no concerns with the GDC's current model and quality of organisational performance scrutiny.
- 4.4 As discussed under Standard 1, detailed organisational performance is no longer reported in Council meetings and up until the June 2022 meeting the FPC had simply provided Council with an oral performance report. We were pleased to see

⁵ <https://www.gdc-uk.org/about-us/our-organisation/governance/committees/finance-and-performance-committee>

it now provides a written report which is included in the published Council papers. This is an improvement in the transparency of the process.

- 4.5 We have seen evidence of the Council being able to challenge the EMT about identified risks such as the timetabling of the implementation of the GDC's Principles of Professionalism (detailed under Standard 6) and the clarity of the EDI Action Plan (detailed under Standard 3).
- 4.6 There have been some significant inaccuracies in data we have received from the GDC over this review period and previous years. We are concerned that this may reflect weaknesses in the GDC's internal checking processes and will be monitoring the reliability of its data in the next review period.

Conclusion

The GDC has changed how it reports on its organisational performance, but we have no concerns with its current process for monitoring its organisational performance. 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 The GDC has worked with several stakeholders this year including professional bodies, other regulators, and its Public and Patient Panel. It published research reports including:
- joint work with the Nursing and Midwifery Council (NMC) on seriousness in fitness to practise⁶
 - joint work with stakeholders, including dental professionals and students, on research looking at stakeholder perceptions⁷
 - research on the impact of the pandemic on dental professionals,⁸ carried out with input from its Public and Patient Panel.
- 5.2 The GDC held a single public consultation, on its 2023-25 Strategic Plan, which closed on 6 September 2022. We will monitor the outcome of this consultation.

⁶ <https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/seriousness-fitness-to-practice-cross-regulatory-research>

⁷ [https://www.gdc-uk.org/docs/default-source/research/gdc-stakeholder-perceptions-research-report-\(1\).pdf?sfvrsn=5158fc18_6](https://www.gdc-uk.org/docs/default-source/research/gdc-stakeholder-perceptions-research-report-(1).pdf?sfvrsn=5158fc18_6)

⁸ https://www.gdc-uk.org/docs/default-source/covid-19/gdc-main-report-06-2022.pdf?sfvrsn=82e4edbb_5



What we heard from stakeholders

We received feedback from 14 stakeholder organisations in this review period who said that they had had regular engagement with the GDC. Many stakeholders emphasised that their relationship with the GDC had improved during this review period and specifically commented on the quality of the GDC's engagement with them. Some stakeholders raised concerns on specific issues, and we have included this feedback under the relevant Standards.

“I wish to place on record our appreciation to the GDC for the constructive manner in which they engage with us and other stakeholders and service users. My colleagues routinely meet with senior GDC figures to discuss both the progress of individual fitness to practise cases (FtP) and more systemic process concerns and how they can be addressed. This commitment to dialogue from the GDC is sincere and it is appreciated.”

Another stakeholder reported a much improved working relationship with the GDC and has appreciated regular open and constructive meetings with both the Chair and members of the EMT. It is also grateful for the readiness of the GDC team to meet on specific issues to clarify a policy direction or query.

Conclusion

We have seen evidence of the GDC's engagement with a broad range of stakeholders during this review period. While some stakeholders raised specific issues, many stakeholders also gave positive feedback about the GDC's engagement with them. Therefore, we are satisfied that this Standard is met.

Guidance and Standards

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.

- 6.1 The GDC continued its work to develop a set of Principles of Professionalism to form the basis for a new set of standards for registrants. The GDC's Promoting

Professionalism programme places an increased focus on upstream regulation⁹ and provides direction as to the standards of conduct, performance and practice expected of dental professionals.

- 6.2 The GDC has tested an initial draft of the Principles with a range of stakeholders and we received some positive feedback about the GDC's proactive engagement. The GDC also plans to establish an external reference group to help design consultation materials.
- 6.3 In this review period, the GDC decided to postpone its implementation plan for the Principles in order to mitigate the risks identified with changing its approach at a time when the GDC is still addressing performance issues in its fitness to practise team. We agree that this was reasonable. Since the end of our review period, the GDC has decided to further postpone the implementation of the Principles in order to ask the sector its views on what revised standards might look like.
- 6.4 We have not received any concerns or seen any evidence in this review period to suggest that the current standards are out of date or pose a risk to the public. We will continue to monitor the GDC's progress in this area.

Conclusion

It is appropriate for the GDC to consider how its standards can support registrants' professionalism. It reasonably decided to delay its implementation plan this year. 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 This year the GDC continued its work on reviewing its Scope of Practice guidance, incorporating learning from stakeholder engagement events into the drafting.
- 7.2 As with the Principles of Professionalism discussed above, the GDC postponed implementation of its Scope of Practice guidance due to concerns about the impact the introduction of new guidance might have on the timeliness and effectiveness of its fitness to practise function.
- 7.3 The GDC identified actions to ensure that new guidance gives registrants clarity and confidence in exercising their professional judgment and acting in the best interests of patients. It will put in place a consultation process, communication

⁹ The GDC describes upstream regulation as moving its 'focus from one of enforcement to one that seeks to prevent harm from occurring in the first place'.

plans and training for the fitness to practise team. We will continue to monitor the GDC's progress in this area.

Conclusion

The GDC continues to provide the information we would expect to see on its website, and the information is accessible, so we are satisfied that this Standard is met.

Education and Training

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.

Revision of specialty curricula

- 8.1 The GDC is responsible for approving all curricula for training in specialist dentistry. The content of the curricula is developed by the Specialty Advisory Committees (SAC) who report to the relevant Dental Faculties of the Royal Colleges. The GDC, SACs and Royal Colleges have been revising all 13 curricula for dental specialty training since 2015.
- 8.2 Last year we reported that the GDC had informed us that the specialty curricula would be in place by September 2022. This year it published a statement that there would be a further delay to September 2023.
- 8.3 We spoke to stakeholders involved in the revision of specialty curricula. Some of them raised concerns about the level of support and clarity provided by the GDC during the revision process.
- 8.4 The GDC told us that it has been supporting the development of the new curricula and giving the SACs detailed feedback on the drafts. It said it is working with the SACs to finalise this work and that all parties now expect the new curricula to be approved by the end of 2022 ahead of introduction in September 2023.
- 8.5 The revision of the specialty curricula has taken a long time, including because of disruption arising from the pandemic. Last year the GDC gave us assurance about how it was managing any risks that might arise from the delay. We have not received any concerns about the content of the current specialty curricula in this review period. We note that the GDC expects the new curricula to be approved by the end of 2022 and will continue to monitor the progress of this work.

Preparing for practice

- 8.6 In this review period the GDC started to review its document, Preparing for Practice, which details the dental team learning outcomes for registration. These outcomes were initially designed in 2011 and last revised in 2015. The GDC's review is closely linked to its work on reviewing the Scope of Practice and the

Standards for Education, developing the Principles of Professionalism and legislative reform. We agree it is appropriate for the GDC to coordinate the review of its training standards with these other relevant developments.

- 8.7 Stakeholder feedback and input from a steering group shaped the review and a draft revised document¹⁰ is to go to public consultation in October. We will monitor the outcome of this consultation.

Conclusion

We have not seen evidence the GDC's training standards are out of date. It is reviewing the specialty curricula and its Safe Practitioner framework. The revision of the specialty curricula has taken a long time, but we acknowledge there were some delays outside the GDC's control, and it now expects to approve the curricula by the end of 2022. We will closely monitor the progress of this work. 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 its assurance activities identify concerns either about training or wider patient safety concerns.

- 9.1 In this review period, the GDC published details of its ongoing quality assurance of education providers and programmes in its Review of Education 2019-21.
- 9.2 For the 2020/21 academic year the GDC prioritised its targeted monitoring activity, focusing on those courses where the pandemic had resulted in the most significant disruption to students. We received mixed feedback about the GDC's process. Stakeholders praised the inclusion of a briefing session but had some concerns about the tight timeframe and the amount of evidence required.
- 9.3 The GDC made improvements to its targeted monitoring process for the 2021/22 period by including the introduction of a student questionnaire and a new online survey system which allows for document uploads.
- 9.4 We have not identified any areas of concern about the GDC's quality assurance of education providers and programmes. We recognise that some stakeholders raised concerns about the GDC's evidence requirements, but we note that it has

¹⁰ [The Safe Practitioner: A framework of behaviours and outcomes for dental professionals](#)

made some process improvements and that it needs robust evidence to satisfy itself that its standards are being met.

Quality Assurance of Specialty Education

- 9.5 The GDC carried out quality assurance of specialty education programmes in this review period and published reports from this work. The GDC expects to complete this work by the end of 2022 when it plans to review its current quality assurance process.
- 9.6 We received mixed feedback from a number of stakeholders about the GDC's quality assurance process. Stakeholders praised the GDC's flexibility and diligence but raised concerns about the timeliness of its response to queries and the level of knowledge or training of some of its assessors. In response, the GDC told us that it had recently refreshed its pool of Education Associates to start in November 2022 and that they would be provided with additional training. We will continue to monitor this area of the GDC's activities.

Student engagement

- 9.7 The GDC's student engagement work continued this year. In the 2020-21 academic year it provided online presentations to around 2,000 students and 800 dental graduates.

Conclusion

The GDC has effective processes for approving and quality assuring education providers and programmes. In this review period we saw evidence of the GDC adapting its approach to address an identified risk. We are satisfied that this Standard is met.

Registration

10

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

- 10.1 During this review period, there have been no changes to the way the GDC register is published or accessed.
- 10.2 We carried out a register check on a sample of cases where there had been a final fitness to practise hearing between July 2021 and July 2022.¹¹ We had no concerns about the information displayed on the GDC's register.

¹¹ Our sample of 34 cases was about 20% of the final hearings in that period.

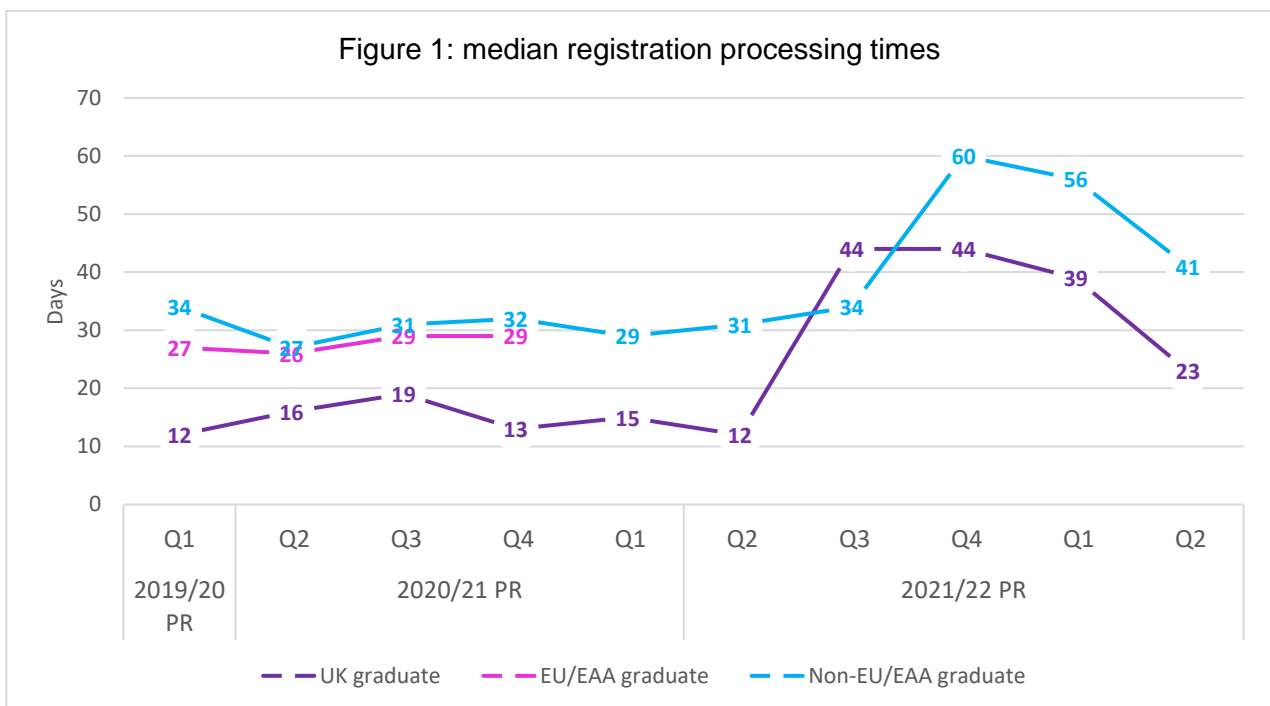
Conclusion

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 Figure 1 shows that the median processing times for both UK and international graduates significantly increased in this review period. For the annual data across all the regulators we oversee for 2021/22, the GDC had the longest median timeliness for registration processing of UK graduates (19 days) and the second longest for international graduates.



11.2 We heard from applicants and others expressing frustration at how long it takes the GDC to process applications for registration and restoration. In this review period, the GDC has taken longer to deal with registration appeals, which the GDC explained was due to an increase in the number of appeals going to a hearing.

11.3 The GDC told us about a number of factors which had an impact on processing times, principally ongoing staffing issues and the volume and quality of applications.

11.4 In relation to staffing, the GDC said that, like many other employers, it was experiencing difficulties recruiting and retaining staff. This had affected capacity in its registration team. The GDC gave additional training to some staff so that they

could be redeployed to assist with processing applications and offered overtime to registration staff to help clear the backlog of applications. The GDC told us at the end of our review period that it has filled all registration staff team vacancies. It also plans to use recruitment events to help it recruit effectively.

- 11.5 The GDC told us that a high proportion of the applications it receives are incomplete: for example, restoration applications often do not fully address CPD requirements. To help improve the quality of new applications, the GDC has introduced an enhanced checklist for UK applications and has reviewed and simplified the overseas application form.
- 11.6 The number of applications from UK graduates has remained broadly consistent over recent years. Over the same period, the number of applications from overseas-qualified professionals has increased and there has been a particularly significant increase in applications from overseas-qualified dentists to be registered in the UK as DCPs. The GDC explained that the process for these applicants is very time-consuming, as overseas dentistry training does not map easily onto UK DCP learning outcomes. To process the increase in overseas applicants, the GDC has recruited additional assessors and increased the number of panels. While this has increased capacity to 150 applications a month, it has not been sufficient to keep up with demand, and hearing dates are filled well in advance.
- 11.7 The GDC said that NHS training schemes, like Dental Vocational Training in Scotland and Dental Foundation Training in England, Wales and Northern Ireland add additional pressures to the process as deadlines for these need to be met so that graduates can start. In May 2022, the GDC introduced an early application process for UK applicants prior to receipt of their final university results. It set fees from the point of registration rather than application, to encourage graduates to use the early application process. This allowed the GDC's registration team to complete a number of administrative tasks prior to receipt of the final pass list. The GDC said this meant that all UK-qualified dentists who provided complete applications and did not require further health or character assessment were registered ahead of the relevant deadlines. We received positive feedback from a stakeholder about this initiative.
- 11.8 We recognise that some factors outside the GDC's direct control have contributed to the increase in how long it takes to process registration applications. Some other factors, such as difficult conditions in the employment market, are not unique to the GDC. Overall, noting the significant increase in processing times and that the GDC takes longer than any other regulator we oversee, we are not assured that the GDC has been dealing effectively with applications for registration during this review period.
- 11.9 The GDC has now recruited its registration team to full capacity and has made some changes to forms and processes. We expect these changes to result in improved processing times over the next year. Furthermore, proposed changes to the law will mean that overseas-qualified dentists are no longer eligible to register as DCPs in the UK. In the meantime, we encourage the GDC to continue considering how it can improve the efficiency of those parts of the process over

which it does have control, as it has done to good effect in registering UK graduates in time for NHS training schemes.

Overseas Registration Examination (ORE)

- 11.10 As we reported last year, the ORE was suspended due to the pandemic. As a result, a number of candidates who had sat the Part 1 theory test were unable to sit and pass Part 2 of the exam within the five-year statutory deadline. The GDC re-started the ORE in February 2022. It told us in June this year that 128 candidates were left out of time because of the suspension. We acknowledge that the need to suspend the ORE, and the five-year legal time limit to complete both parts, are outside the GDC's control.
- 11.11 The GDC supported¹² a proposal from the DHSC for a change in international registration legislation to enable an extension to the five-year requirement for many of those affected by the suspension. We will monitor the outcome of the consultation and any changes to the GDC's registration processes or requirements arising from it.
- 11.12 We received two concerns from applicants left out of time due to the suspension of the ORE. We also received stakeholder feedback expressing longstanding concerns about the ORE exam and booking process, many of which may be addressed through the legislative changes proposed by the DHSC.

Specialist Lists Assessed Application (SLAA) process

- 11.13 This is the route by which specialist dentists who have not completed specialty training in the UK can access the UK specialist lists. The applicant sends in documentation of their experience and training to the GDC. This is assessed by members of the relevant Specialty Advisory Committee (SAC).¹³ The GDC has information and an application pack on its website. The GDC and relevant parties¹⁴ have been reviewing the process since 2019.
- 11.14 We received feedback from a number of stakeholders concerned about the SLAA process. They were concerned about how long the review is taking, the funding and support available to SACs, and the role of specialist advice in SLAA appeals. By the end of our review period, the SLAA process had been paused while the GDC and other parties worked to reach a solution acceptable to all. While registrants were still able to apply to join a specialist list by the SLAA route, these applications were not being progressed. We can infer that there will be a backlog of applications once the process restarts.

¹² [GDC consultation response to DHSC on international registration legislation \(gdc-uk.org\)](https://www.gdc-uk.org/consultation-response-to-dhsc-on-international-registration-legislation)

¹³ SACs are intercollegiate bodies that advise on higher specialist training in the dental specialties.

¹⁴ Including the Royal Colleges, Dental Deans and Directors, and SACs.



What we heard from stakeholders

“[The SLAA process] has been a particular area of difficulty, both in terms of the volume of work required from the SACs (which is not sustainable) and the underpinning processes both of application and appeals which are not fit for purpose.”

- 11.15 The GDC highlighted the legislative constraints on the existing process, including about the handling of appeals. It said that it has engaged with all interested parties and has developed proposals to address their concerns. These include pilot schemes to secure independent specialist advice for appeals panels, and a review of the regulations to promote greater transparency in decisions.
- 11.16 In our view, there is a clear public interest in the effective functioning of the processes by which registrants can be added to the GDC’s specialist lists. We are reassured to see that the GDC has put forward a range of measures to address stakeholders’ concerns. We will expect to see significant progress next year towards completing the review of the SLAA route so that it can resume functioning with the confidence of all relevant parties.

Conclusion

We have seen an increase in registration processing times during this review period. The GDC has identified some factors contributing to this and has taken steps in response. However, we have not seen the effect of these steps. For this review period, the GDC has been taking too long to deal with applications for registration. We have therefore concluded that this Standard is not met. We will closely monitor the effect of the GDC’s work to improve its performance in registration processing, and its progress in improving processes around the ORE and the SLAA.

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.

- 12.1 The GDC met this Standard last year. In previous years we had had concerns about the GDC’s approach to undercover investigations in illegal practice. However, we were satisfied that the GDC had adopted learning from legal action taken against it by a registrant. This year, the GDC has not carried out any undercover investigations. The GDC is revising its covert surveillance guidance and we will monitor its application in the next review.

- 12.2 The GDC publishes its policy position¹⁵ on the enforcement of Dentists Act offences on its website, along with information on illegal practice and advice on how to report illegal practice concerns. The GDC has not published details of any prosecutions in this review period. It has criteria to decide whether to publish prosecution outcomes, and these seem reasonable. The GDC has also provided us with reassurance as to its processes for managing risk in illegal practice cases. It risk assesses all enquiries received and has processes for oversight of high-risk cases and to regularly review older cases.
- 12.3 The GDC is reviewing its enforcement policy to focus on compliance through information and education, with criminal prosecutions saved for the most serious of cases. We will continue to monitor this activity and will report on the guidance and revised process once published.
- 12.4 We received feedback from stakeholders regarding the GDC's level of response to illegal practice and the transparency of that response. The GDC told us that it has carried out very little stakeholder engagement about illegal practice during this review period. We will monitor the GDC's stakeholder engagement on this issue in the next review period.

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 This year the GDC continued its work to establish a clearer link between Continuing Professional Development (CPD) and lifelong learning. It published its research report¹⁶ and plans to use the findings and an evaluation of its current CPD scheme to develop proposals for a new approach. We have not identified any concerns regarding the GDC's current CPD scheme or its plans to develop a future model, which we will continue to monitor.

Conclusion

We are satisfied that this Standard is met.

¹⁵ <https://www.gdc-uk.org/about-us/what-we-do/illegal-practice>

¹⁶ <https://www.gdc-uk.org/education-cpd/cpd/shaping-the-direction-of-lifelong-learning-for-dental-professionals>

Fitness to practise

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

- 14.1 The GDC continues to provide information for anyone wishing to make a complaint about a registrant on its website. It provides information to potential complainants about the types of issue it can investigate and other complaint routes available if the concern does not fall within its remit. The GDC also provides information for both complainants and registrants about how it manages concerns through its fitness to practise process. We have not seen evidence to suggest there are barriers to raising concerns.
- 14.2 The number of referrals received by the GDC this year is very similar to last year. Decisions made by the Case Examiners as a percentage of referrals received have reduced over the past two years, but this is consistent with other data we have seen about delays in the fitness to practise process, as there have been delays in cases reaching a decision. We do not have any concerns but will continue to monitor this area.

Sector-wide work on complaint resolution

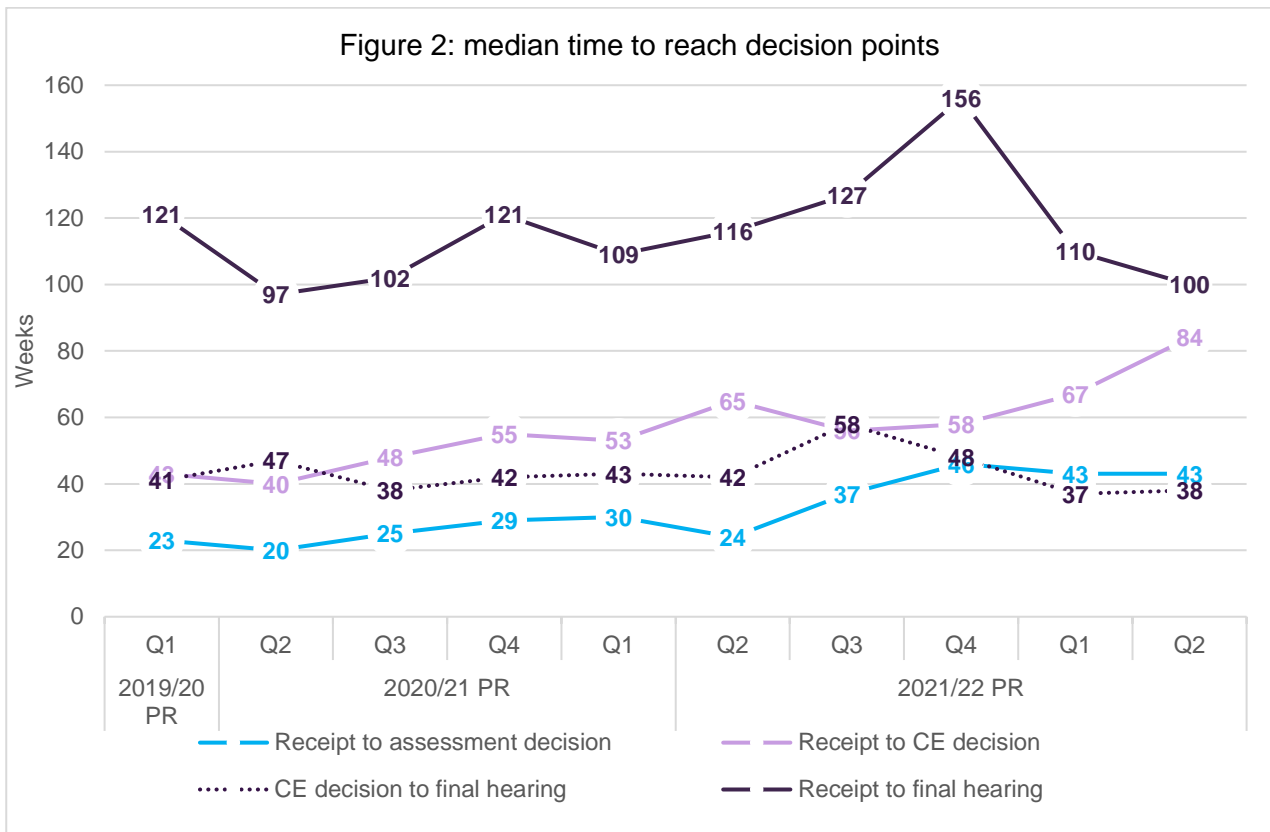
- 14.3 The GDC restarted its work to establish a comprehensive complaints resolution model in this review period by carrying out further stakeholder engagement with complaint organisations and its public and patient panel. We expect an update on the progress of work to develop a triage tool to go to Council later this year.

Conclusion

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.

- 15.1 The GDC has not met this Standard in recent years because it has been taking too long to resolve fitness to practise cases. Last year, we did not see sufficient evidence of the effectiveness of the measures the GDC had put in place to address its performance issues.



Timeliness in fitness to practise

15.2 As can be seen in Figure 2, the time it takes the GDC to reach fitness to practise decisions has not improved in this review period. The GDC identified a number of factors impacting its performance, such as its outdated legal framework and continuing disruption associated with the pandemic.

15.3 The GDC has acknowledged that its fitness to practise processes take too long. It told us that by September 2021 it had identified that the resource in fitness to practise casework was insufficient for several reasons, including:

- a structural lack of resilience arising from changes to the team when it was moved from London to Birmingham
- an underestimate of the issues that would result from creating a team with limited experience of healthcare regulation at all levels
- reduced staff availability because of COVID-related absences
- an inability to quickly replace departing members of staff.

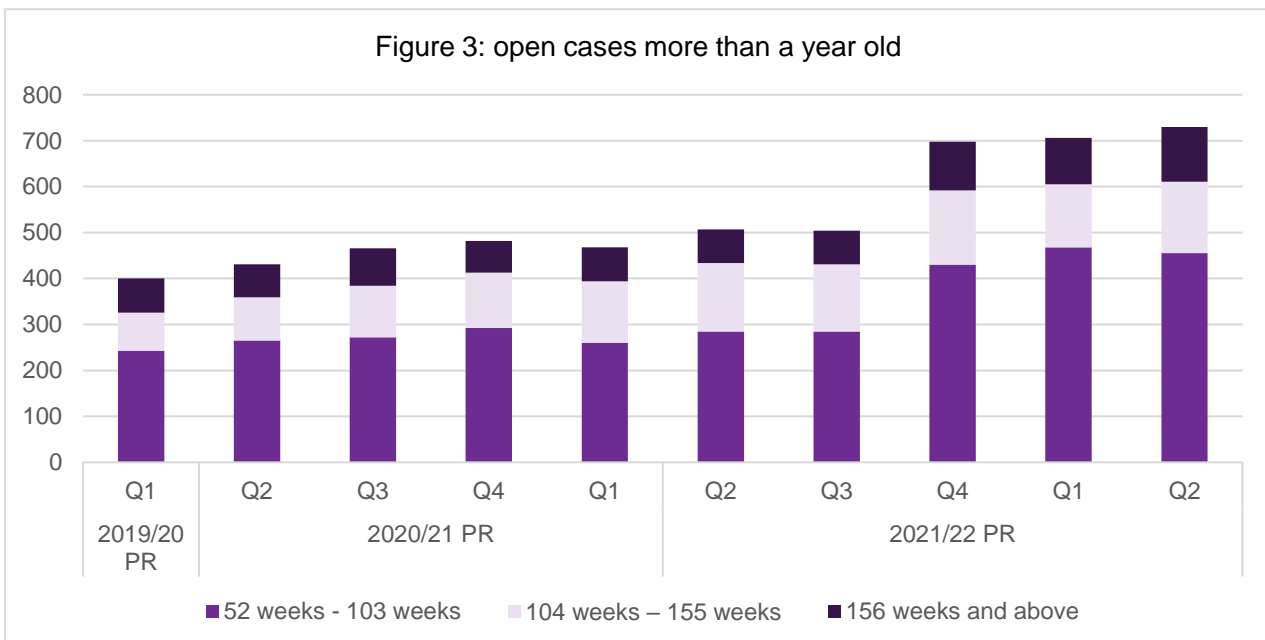
15.4 We received feedback from a number of stakeholders specifically about the GDC’s fitness to practise timeliness.

What we heard from stakeholders



“The GDC has, in our view, made insufficient progress in improving the timeliness of its FtP process. [...] This is not good enough and improvement is required. Again, behind these numbers sit real people; there is a human cost to this. [...] Delays of this nature serve no one and disadvantage many.”

15.5 Figure 3 shows that there was a steep rise in the number of open old cases at the end of 2021/22. The rise in open older cases is one consequence of the GDC taking too long to deal with fitness to practise cases.



15.6 The GDC told us what it is doing to improve its fitness to practise performance. This includes focusing on staff recruitment, training and deployment, and introducing a performance management system.

15.7 The GDC is also prioritising older cases by focusing a casework team on older single patient clinical cases which have not progressed. In addition to focusing on the progression of all work on older cases, casework managers are working on the more complex older cases. The GDC told us it has started to see increased numbers of cases being progressed more quickly through the assessment stage.

15.8 The GDC reports regularly to its Council and FPC on its work to improve fitness to practise timeliness. It recognises that it will take time for the actions it is taking to demonstrate improvements in timeliness. It expects performance to improve in the next review period.

- 15.9 We recognise that the pandemic disrupted the regulators' work significantly and it will take time to recover, particularly as the health and care system remains under pressure. We also note that the GDC is taking steps to improve its performance. We will continue to monitor the GDC's progress. However, the work has had little impact in this review period: average times to progress cases and the number of open old cases have increased. The GDC is still taking too long to deal with fitness to practise cases and so has not met Standard 15.
- 15.10 This is the fifth year in a row the GDC has not met our fitness to practise Standard for timeliness, so we have taken action under our escalation policy.¹⁷ We have written to the Secretary of State for Health and Social Care to raise our concerns, and we will continue to closely monitor the GDC's progress.

Revised Key Performance Indicators (KPIs)

- 15.11 In last year's review we reported that the GDC had commenced its plan to review and revise its fitness to practise KPIs to develop measures that could help improve performance. The GDC has now completed its development work, and the new KPIs were implemented in August 2022. We will continue to monitor this work to measure the impact new KPIs will have on timeliness.

Cases referred back to Case Examiners

- 15.12 During the year, more cases than in previous years were referred back to Case Examiners by the GDC. This could have indicated a problem with Case Examiners' decision-making. Having reviewed the cases, the GDC told us that referrals were usually a result of a change in circumstances of the registrant, such as becoming more engaged in the case, and did not raise concerns about the decision-making. It was appropriate for the GDC to investigate the cause of the increase in referrals back to the Case Examiners, and we do not have concerns about its findings.

Conclusion

The GDC's performance in fitness to practise timeliness has not improved since last year, with a clear increase in the number of older cases in this review period. The GDC's improvement plans are dependent on the resourcing and training of its fitness to practise team, both of which will take time to embed. It introduced revised KPIs in August, and it will take time to see evidence of their impact on fitness to practise performance. We conclude that this Standard is not met. We have taken action under our escalation policy and will closely monitor the progress of the GDC's work to improve its timeliness in fitness to practise.

¹⁷ [Escalation of performance review concerns – process document](#)

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.

Final Fitness to Practise Committee decisions

- 16.1 In this review period fewer cases were considered at a final Fitness to Practise Committee, which is consistent with the fact that the GDC is taking longer to deal with cases at the early stages of the fitness to practise process.
- 16.2 Last year we reported on the high rate of adjournments of final hearings. This has continued and we are concerned this contributes to the GDC's increasing end-to-end fitness to practise timeliness. We note that the GDC is taking actions to reduce adjournments, but they do not appear yet to have had a significant effect. We will continue to monitor this area.

Quality assurance

- 16.3 As we have reported in previous years, the GDC has processes in place to assure the quality of fitness to practise decisions. These include:
- Decision Scrutiny Group (DSG), which undertakes monthly reviews of a random sample of case decisions from each stage of the fitness to practise process.
 - Quality Assurance Group (QAG), which reviews cases referred to it, to identify decisions which need to be referred through the Rule 9 process.¹⁸
 - The in-house internal audit team, which looks at all decisions to close cases and provides feedback where necessary; it can refer cases to QAG.
- 16.4 We reviewed a sample of cases to evaluate how effectively these mechanisms work in respect of the early stages of the GDC's fitness to practise process. Our review included a sample of cases that the DSG had considered. We were reassured by a high level of compliance with decision-making guidance and found no concerns with the decisions to close the cases we looked at. This indicates that the GDC's quality assurance processes are working as intended.

Our section 29 work

- 16.5 In this review period we successfully appealed against the GDC's decision in one case. As a result, the registrant was erased from the GDC register.

¹⁸ Rule 9 of the GDC's Fitness to Practise Rules enables it to review a decision to close a case rather than refer it to the case examiners or to a hearing.

- 16.6 We sent learning points to the GDC in 11 cases this year. One of these noted good practice, where the GDC had referred a vulnerable registrant to a professionals' support group. In several cases we noted concerns about the clarity of panels' decisions, sanctions not being fully considered, and sanction decisions not fully explained. We also observed that more background or detail to cases in decisions would have been beneficial.
- 16.7 The number of appeals and learning points was relatively small. The information from our section 29 reviews does not suggest significant concerns about the GDC's approach.

Separation of the adjudication function

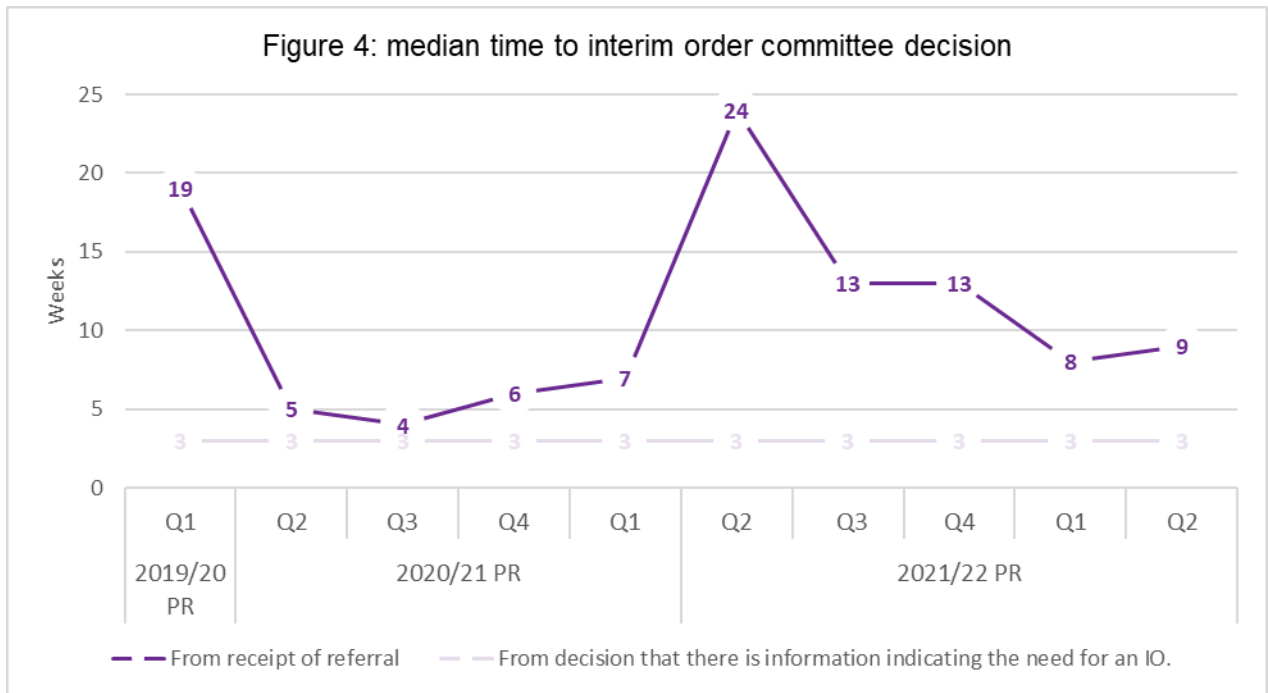
- 16.8 The GDC has been working to separate administration of its adjudication department from that of its fitness to practise function. We were pleased to see the GDC achieve this separation by launching its new Dental Professionals Hearings Service (DPHS) in this review period.

Conclusion

The GDC has effective processes in place to ensure that decisions are made in line with its guidance and statutory objectives. We have no significant concerns about the GDC's decision-making in fitness to practise. We will continue to monitor the effectiveness of the GDC's measures to reduce the number of adjournments in the next review period. We are 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.

- 17.1 Interim orders prevent registrants who pose a serious risk to the public from practising. It is important that they are imposed as quickly as possible after the receipt of a referral.
- 17.2 As can be seen in Figure 4, in quarter two of 2021/22, there was an increase in the median time from receipt of referral to the Interim Order Committee decision. The GDC explained that this spike was due to low volumes of cases and the specific circumstances of a small number of those cases.



- 17.3 The time from receipt of referral to Interim Order Committee decision improved subsequently, which is consistent with the GDC’s explanation, and we are reassured that the sharp rise in quarter two was not evidence of a significant problem. Compared to other regulators, the GDC is one of the faster regulators in interim order timeliness.
- 17.4 The GDC allocates all cases with an interim order to a single casework team who undertake frequent risk assessments, overseen by Case Managers. Cases are risk assessed within 28 days of receipt of new information by a team of two caseworkers and all cases with an interim order are then closely monitored by the manager of the team.
- 17.5 The GDC reported to us that there has been improvement in the way teams work together; that they use active learning from those applications for an interim order refused by the Interim Order Committee to better understand the level of information needed to make the case.

Conclusion

We have no concerns about the GDC’s interim order timeliness in this review period. The GDC has told us about its system for identifying high risk cases and assessing and managing cases with an interim order. We are satisfied that this Standard is met.

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

- 18.1 The GDC continues to provide information for participants in the fitness to practise process on its website and, this year, on the DPHS website. The GDC

commissioned research to understand the impact of the fitness to practise process on participants and to inform possible improvements. This research had not been published by the end of our review period.

- 18.2 We have not received any concerns regarding participation in fitness to practise processes. Feedback we have received from stakeholders has been positive about the responsiveness of senior fitness to practise team members to queries.

Conclusion

We have not identified any concerns about the GDC's performance against this Standard and we are satisfied that it is met.

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