

# performance review 2019/20

## GENERAL DENTAL COUNCIL





## ABOUT THE PERFORMANCE REVIEW PROCESS

**We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.**

Our performance reviews look at the regulators' performance against our [Standards of Good Regulation](#), which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. [These decisions are published in a report on our website.](#)

Further information about our review process can be found in a [short guide, available on our website.](#)

## The regulators we oversee are:

General Chiropractic Council • General Dental Council • General Medical Council • General Optical Council • General Osteopathic Council • General Pharmaceutical Council • Health and Care Professions Council • Nursing and Midwifery Council • Pharmaceutical Society of Northern Ireland • Social Work England



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# General Dental Council

## performance review report 2019/20

At the heart  
of everything  
we do is  
one simple  
purpose:  
protection  
of the public  
from harm

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## The General Dental Council

# key facts & stats

The General Dental Council (GDC) regulates dental professionals in the United Kingdom.

As at 30 June 2020, the GDC was responsible for a register of:

**114,406 dental professionals on its register**

**Annual registration fee is: £680 for dentists and £114 for dental care professionals**

### The GDC's work includes:

- ▶regulating the dental professions (dentists, dental nurses, dental hygienists, dental technicians, dental therapists, orthodontic therapists and clinical dental technicians) in the United Kingdom
- ▶setting and maintaining standards of practice and conduct;
- ▶maintaining a register of qualified professionals. Only those appropriately registered with the GDC may practise dentistry in the UK;
- ▶assuring the quality of dental pre-registration education and training;
- ▶requiring dental professionals to keep their skills up to date through continuing professional development;
- ▶taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

### Standards of Good Regulation met for 2019/20 performance review

	<b>General Standards</b>	<b>5/5</b>
	<b>Guidance and Standards</b>	<b>2/2</b>
	<b>Education and Training</b>	<b>2/2</b>
	<b>Registration</b>	<b>4/4</b>
	<b>Fitness to Practise</b>	<b>3/5</b>

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

# The General Dental Council

## Executive summary

How the GDC is protecting the public and meeting the Standards of Good Regulation



This report arises from our annual performance review of the General Dental Council (GDC) and covers the period from 1 July 2019 to 30 June 2020. The GDC is one of 10 health and care professional regulatory organisations in the UK which we oversee. We assessed the GDC's performance against the [Standards of Good Regulation](#) which describe the outcomes we expect regulators to achieve in each of their four core functions. We revised our Standards in 2019; this is the first performance review of the GDC under the new Standards.

To carry out this review, we collated and analysed evidence from the GDC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also utilised information available through our review of final fitness to practise decisions under the Section 29 process<sup>1</sup> and conducted a check of the accuracy of the GDC's register. We used this information to decide the type of performance review we should undertake. Further information about our review process can be found in our [Performance Review Process guide](#), which is available on our website.

## General Standards

When we revised the Standards, we introduced a new set of General Standards. There are five Standards covering a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk.

<sup>1</sup> Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

We found that the GDC was clear about its purpose and provided useful information about its statutory duties, policies and processes which were clear and accessible. The GDC understands the diversity of its registrants and we saw evidence that the GDC analyses the equality, diversity and inclusion data that it collects and uses the data to develop its understanding of the impact of its policies upon individuals with protected characteristics. We were satisfied that its processes do not impose inappropriate barriers to people with protected characteristics.

The GDC carefully considered the Williams review into gross negligence manslaughter in healthcare and the Authority's Lessons Learned Review into the NMC's handling of concerns about midwives' fitness to practise at the Furness General Hospital. We noted that, in response, the GDC conducted a gap analysis of its systems and processes which found no significant gaps in its processes.

The GDC regularly consults and works with all relevant stakeholders to identify risks to the public in respect of its registrants. We saw evidence that the GDC has taken steps to increase patient and public involvement in its work which has led to members of the public attending GDC events, meetings and taking part in primary research.

## Key developments and findings

### Standards for the Dental Team

The GDC is continuing its review into the Standards for the Dental Team through its work on its 'Promoting Professionalism' project. The GDC published its research on *Professionalism: a mixed-methods research study* which found that there were multiple differences in views of what constitutes professionalism between the public and dental professionals. The research findings will be used to inform the development of a set of 'Principles of Professionalism' which will feed into the review of the Standards for the Dental Team.

### Revision Process for speciality dental training curricula

During this performance review period, the GDC commenced the process of revising all 13 curricula for dental specialty training. In some cases, the curricula are more than 10 years old and do not reflect clinical developments in the specialty. The GDC developed a guide for the process of revision and approval of the revised curriculum, which it developed in collaboration with postgraduate deans across the four devolved nations and the GMC. The GDC developed a Specialty Curriculum Review Team who are responsible for reviewing the curricula and making recommendations to the Registrar about approval. The GDC expects the revised curricula to be in place for the 2021/22 academic year.

### Overseas Registration Examination

Last year, we were concerned that individuals were not able to access a place to sit the Overseas Registration Examination (ORE) due to the oversubscription of the examination. The GDC is limited by its legislation, in that the cost of the ORE cannot be subsidised by the registration fees of registered dental professionals and the examination must be conducted by an approved Dental Authority, resulting in a limited number of providers able to offer the ORE. This year, the GDC has been working with the Department of Health and

Social Care to enact changes to the GDC's legislation to ensure that international registrants do not face barriers to registration.

### **Fitness to practise case progression**

Ensuring cases are dealt with as quickly as is consistent with a fair resolution is a key element of Standard 15 of the Standards of Good Regulation. The GDC has continued to concentrate on closing the older cases in its system and there has been a net decrease of 82 cases older than 52 weeks, compared to the figures from last year. There has been an improvement in some of the timeliness measures that we use to assess performance. However, the GDC's median time from receipt of concern to final practice committee decision increased from 94 weeks in 2018/19 to 107 weeks in 2019/20. We consider that 107 weeks is very high and were concerned that the overall length of time taken to conclude fitness to practise cases may impact upon public confidence in the regulatory process. As a result, we determined that Standard 15 was not met.

### **Identifying risk**

The median time from receipt of referral to interim order committee (IOC) decision had increased during this performance review period. The GDC told us that this was due to Case Examiners referring a number of cases to the IOC because they were in receipt of new information, which heightened the risk profile. We were also informed by the GDC that caseworkers and Case Examiners look at the information provided to them in different ways which may impact upon the risk assessment. While we agree that individuals may take different views on risk, we considered that the information provided by the GDC did not provide full assurance in respect of the reasons why the cases referred by Case Examiners to the IOC had not been referred to the IOC at an earlier stage of the process. We considered that the concerns identified with the GDC's risk management represented a high risk to public protection, and although the number of cases referred by Case Examiners was relatively low, the risk and potential impact upon public protection was high. As a result, we determined that Standard 17 was not met.

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# How the General Dental Council has performed against the Standards of Good Regulation

## General Standards

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

- 1.1 The GDC's [website](#) clearly states that the GDC works with the dental team in the interests of public safety and confidence. Information about the GDC's core functions<sup>2</sup> is clearly set out, and detailed information on the work the GDC carries out to support its core functions is available through links and downloadable documents.
- 1.2 To establish whether a dental professional is registered with the GDC, the 'Search the Register' function is displayed on the website home page which allows users to search for a dental professional by registration number, forename, surname (including phonetically spelt names), town and postcode. The search function also allows for the inclusion of erased registrants. The GDC register is updated on a twice-daily basis.
- 1.3 Full information is provided on the website about what an applicant must do in order to join the register as a dentist or dental care professional (DCP). Information for overseas registrants and applicants about the effect of the United Kingdom's withdrawal from the European Union on dental professionals with qualifications from the EU and EEA is provided in the 'Registration' section of the website and includes frequently asked questions and links to the UK Government's website.
- 1.4 The 'Information, standards and guidance' section of the website provides information and downloadable guidance documents about the GDC's regulatory functions. Information for patients about key topics including tooth whitening, obtaining dental treatment outside of the UK, dental charges and the standards expected from dental professionals is published on the website.
- 1.5 Information about the education and training requirements for the dental team, including lists of approved education course providers, recent inspection reports and standards for education are clearly set out in the 'Education and Training' section of the website. Downloadable guidance documents, including guidance for students and education providers are also published on the website. The web page also provides information about the GDC's enhanced Continuing Professional Development (CPD) scheme, including guidance documents, templates and frequently asked questions about the scheme.

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<sup>2</sup> These are to: assure the quality of dental education and training; maintain a register of qualified professionals and ensure that they remain fit to practise; set and promote high standards of practice and conduct; and take action to restrict or remove from practice individuals on its register who are not fit to practise.



- 1.6 The GDC has a dedicated 'Concerns' section on its website which includes information for individuals who wish to raise concerns about registered dental professionals. The webpage contains downloadable guidance documents for members of the public and registrants subject to fitness to practise concerns. A link to the GDC's online triage tool, which is used to filter concerns so that only those which raise fitness to practise issues are referred to the GDC, is prominently displayed on the webpage and users of the tool are signposted to other organisations who may be able to assist if the concern does not fall within the GDC's remit. The webpage also includes links to the fitness to practise final hearing schedule and includes a function which allows users to search for past fitness to practise determinations.
- 1.7 The GDC's website includes an 'Accessibility' page and users with additional communication needs are invited to contact the GDC for copies of website documents in another format or language. The GDC's website has been constructed to be accessible via screen readers and text-based browsers and links contained within the content of a page are descriptive. The website is available in Welsh in accordance with the Welsh Language Scheme.
- 1.8 The GDC's *Disclosure and Publication Policy* sets out the GDC's approach to publishing information about fitness to practise decisions. This policy does not cover its approach to disclosure or publication of information in relation to other statutory objectives, such as its dental education inspection reports or registration information, which we would expect to see.
- 1.9 The GDC holds six Council meetings a year split into public and private sessions. During the early part of the Covid-19 pandemic, unlike most of the other health and social care regulators we oversee, the GDC did not move to virtual public Council meetings. The GDC told us that this was due to the challenges in facilitating the attendance of members of the public and difficulties in managing the data being released into the public domain. The GDC did not publish public papers for its March, May or June 2020 Council sessions and published abbreviated minutes of the closed Council meetings for these sessions. The British Dental Association (BDA) told us that it had raised concerns with the GDC about the resulting lack of access to information about ongoing decision-making by the GDC's Council during the pandemic. The GDC responded to the BDA's feedback and published public Council papers for its July 2020 meeting and commenced virtual public hearings in October 2020. We welcome this move to ensure there is transparency in the GDC's Council's decision-making process.
- 1.10 The evidence we have seen indicates that the GDC provides information about its registrants, regulatory requirements, guidance and processes in a manner which appears to be accurate and accessible. We were concerned that the GDC's decision not to hold public Council meetings at the beginning of the Covid-19 pandemic may have led to a lapse in public accountability, but the GDC has now addressed these. We are therefore satisfied that this Standard is met.

## **Standard 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 overarching statutory objectives are set out in Section 1 of the Dentists Act 1984<sup>3</sup> (the Act). The GDC's overarching objectives are to:
- protect, promote and maintain the health, safety and wellbeing of the public
  - promote and maintain public confidence in the professions regulated under the Act
  - promote and maintain proper professional standards and conduct for members of those professions.
- 2.2 The GDC describes its primary purpose on its website, which states, 'Our primary purpose is to protect patient safety and maintain public confidence in dental services.' The GDC has an 'Our purpose' section on its website which is clearly displayed, easily accessible and provides links to the GDC's statutory objectives as set out in its legislation.
- 2.3 The GDC's strategic aims, as set out in its 2020-2021 corporate strategy *Right time, right place, right touch*,<sup>4</sup> are linked to the GDC's statutory objectives. We have seen evidence that the Council has oversight of the GDC's delivery of its strategic aims against its statutory objectives and that the GDC has processes in place to protect, promote and maintain the health, safety and wellbeing of the public in accordance with its statutory objectives.
- 2.4 The GDC told us that in determining how best to achieve its statutory objectives, it focuses on supporting professionalism for the benefit of patients and the public rather than for the professions or individual professionals. As an example, the GDC provided information on its student engagement programme, the purpose of which is to help embed the concept of professionalism at the early stages of registrants' careers and to focus on prevention of harm. The engagement programme encourages students to consider and reflect on the impact different behaviours and actions have on patients, colleagues and on the public's confidence in the profession. The engagement programme aligns with the GDC's purpose and we welcome early engagement with students.
- 2.5 As an example of how learning from one area is applied to other areas, the GDC provided detailed information on how learning from its fitness to practise quality assurance department was used to inform policy development. The information the GDC provided to us demonstrated that there is a system in place to share learning and ensure that actions arising from the quality assurance teams are tracked and progressed.
- 2.6 The application of the GDC's policies is audited internally or by an independent external audit provider. The GDC did not provide us with information about audits undertaken during this performance review period, but we have seen evidence from our previous performance reviews of internal and external audits

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<sup>3</sup> The GDC's legislation is available at: [www.legislation.gov.uk/ukpga/1984/24](http://www.legislation.gov.uk/ukpga/1984/24)

<sup>4</sup> Further information on *Right time, right place, right touch* is available at: [www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans](http://www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans)

being undertaken and that the GDC takes action in response to the audit findings.

- 2.7 We have seen evidence that the GDC is clear about its purpose and undertakes activities which are in accordance with its statutory functions. The GDC uses internal and external quality assurance processes to ensure that policies and processes are consistently applied across all functions.
- 2.8 We are satisfied that this Standard is met.

**Standard 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 The GDC has a dedicated webpage on equality, diversity and inclusion<sup>5</sup> which links to the GDC's *Equality, diversity and inclusion (EDI) strategy (2017-2020)*. The strategy sets out the GDC's EDI aims which are to:
- protect patients through effective regulation
  - regulate the dental team fairly
  - be a fair and enabling employer, providing an inclusive and supportive environment for all staff
  - establish a robust equality and diversity evidence base to inform strategy, policy and operations
  - engage the public and stakeholders in the design and delivery of policies and procedures.
- 3.2 The GDC is currently developing and updating its EDI strategy. We will report on the updated strategy next year.
- 3.3 The GDC conducts Equality Impact Assessments (EIAs) which are published on its website. The GDC provided information to us on its *Guidance for completing Equality Impact Assessments*, as well as on specific EIAs completed in the period under review, which appeared to be conducted in accordance with its guidance and considered relevant factors.
- 3.4 The GDC collects equality and diversity data from several different sources including from registrants at the point of registration, stakeholders, parties involved in fitness to practise proceedings, its Council and committee members and staff. This data is provided on a voluntary basis and is therefore not complete.
- 3.5 The GDC told us that it is working to improve its data collection, including establishing new data collection arrangements and a new post to support this work. The GDC has also commissioned an external review of its fitness to practise data, which will include a review of EDI characteristics. We will monitor this work.

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<sup>5</sup> For more information see [www.gdc-uk.org/about-us/our-organisation/equality-diversity-and-inclusion](http://www.gdc-uk.org/about-us/our-organisation/equality-diversity-and-inclusion)

- 3.6 The GDC's EDI research strategy which was approved by its Council in January 2020. Its plans include:
- understanding EDI differences and correlations between its key stakeholders including the public, registrants and staff
  - collecting missing EDI data and improving data access
  - undertaking annual surveys, discussion groups with patients and the public and engagement with other healthcare regulators.
- 3.7 The GDC's 2018/19 Public and Patient Survey<sup>6</sup> found that black and minority ethnic (BAME) respondents were less likely to have confidence in regulation and more likely to think that the more they paid for treatment, the better the quality they could expect. It also found that younger people and those from certain socio-economic groups were less likely to provide negative feedback about the treatment they receive.
- 3.8 The GDC told us that it will use the findings of the Public and Patient survey to develop its EDI findings by conducting further sub-group sampling and specific qualitative research. We will continue to monitor the GDC's work in this area.
- 3.9 Since decisions in some areas of a regulator's work (particularly fitness to practise) are susceptible to bias (unconscious or conscious), the GDC requires its panels and staff members to undertake regular training on bias and equality and diversity.
- 3.10 The GDC provided information about actions it has taken in response to EDI concerns and enquiries raised by stakeholders. It showed that the GDC takes into account feedback on EDI concerns and actively engages with issues which have arisen when developing its EDI work.
- 3.11 The GDC does not have access to a large sample of EDI data because that data is obtained on a voluntary basis. The GDC has recognised the limitations of its data and is conducting work to improve its data collection methods in relation to EDI. We will monitor the GDC's work in this area in future performance reviews.
- 3.12 The processes which the GDC has in place do not appear to impose barriers to individuals with protected characteristics. The information we have reviewed suggests that the GDC analyses the equality, diversity and inclusion data that it collects and uses it to develop its understanding of the impact of its policies upon individuals with protected characteristics.
- 3.13 We are satisfied that this Standard is met and will continue to monitor the GDC's work.

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<sup>6</sup> For further information on the survey see [www.gdc-uk.org/about-us/what-we-do/research/detail/fitness-to-practise/2018-19-patient-and-public-survey](http://www.gdc-uk.org/about-us/what-we-do/research/detail/fitness-to-practise/2018-19-patient-and-public-survey)

**Standard 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 routinely reports on its performance across all its regulatory functions in its *Annual Report and Accounts*<sup>7</sup> which is laid before Parliament on a yearly basis. The annual report and organisational reports including risk and finance reports, executive reports, fitness to practise data and the GDC's performance against its business plan are published on its website.<sup>8</sup>
- 4.2 As we noted in respect of Standard 1, the GDC did not hold public meetings of its Council during the early part of the Covid-19 pandemic. The GDC did not publish its organisational and performance reports on its website for its March, May or June 2020 meetings. Instead, it published abbreviated minutes of the private meetings held which provided evidence that the GDC continued to report to its Council on its performance. The published public papers for its July 2020 Council meeting on its website included organisational and performance reports.
- 4.3 The GDC has whistle-blowing and corporate complaints processes to enable staff, registrants, the public, its Council and others who engage in work with the GDC to raise concerns about its processes. The GDC's corporate complaints policy incorporates a requirement to identify lessons learned and disseminate these to improve performance. Information about how to make a corporate complaint is available on the GDC's website<sup>9</sup> and includes guidance documents and a complaint form, which can be downloaded.
- 4.4 The GDC provided information about a corporate complaint received during the period under review and its response to the complaint. We saw that the GDC considered the complaint, which then contributed to the review of an Equality Monitoring Form. It is positive that the GDC uses feedback received through the corporate complaints process to develop and improve its policies and procedures.
- 4.5 The GDC told us that it considered the *Williams review into gross negligence manslaughter in healthcare*<sup>10</sup> (the Williams review) and the Authority's *Lessons Learned Review into the NMC's handling of concerns about midwives' fitness to practise at the Furness General Hospital*<sup>11</sup> (Lessons Learned Review). The GDC undertook a gap analysis of its systems and processes in response to the Lessons Learned Review, which did not find any significant gaps.
- 4.6 The GDC reports on significant data breaches and information security incidents in its annual report. It reported two data breaches to the Information

<sup>7</sup> Annual reports are published on the GDC's website at [www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans/annual-reports](http://www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans/annual-reports)

<sup>8</sup> For more information see [www.gdc-uk.org/about-us/who-we-are/the-council](http://www.gdc-uk.org/about-us/who-we-are/the-council)

<sup>9</sup> For more information see <https://contactus.gdc-uk.org/Gdc/ComplaintInfo/Gdc>

<sup>10</sup> For further information see [www.gov.uk/government/publications/williams-review-into-gross-negligence-manslaughter-in-healthcare](http://www.gov.uk/government/publications/williams-review-into-gross-negligence-manslaughter-in-healthcare)

<sup>11</sup> For further information see [www.professionalstandards.org.uk/publications/detail/nmc---lessons-learned-review-may-2018](http://www.professionalstandards.org.uk/publications/detail/nmc---lessons-learned-review-may-2018)

Commissioner. No further action was taken on these, and it was concluded that the GDC had an appropriate information security framework in place and the incidents were due to human error.

- 4.7 The GDC has clear and comprehensive guidance on raising corporate complaints. The information we have reviewed indicates that the GDC considered and acted appropriately on concerns it received about its processes. We have also seen evidence that the GDC takes account of public inquiries and other relevant reports about healthcare regulatory issues. We are therefore satisfied that this Standard is met.

**Standard 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 During this review period, the GDC has conducted public consultations including on the principles of specialist listings, the 2020-2022 corporate strategy and standards for speciality education. The GDC worked with and engaged stakeholders on these consultations, which appeared to be undertaken in accordance with its guide for preparing and completing consultations.
- 5.2 We looked at how the GDC considers the wider implications of its work and risks to the public arising from dental practice, and how it works with its stakeholders to manage these risks. The GDC has formal agreements in place with various organisations to describe how they work together effectively to promote and maintain the health and safety of patients and the public, these include:
- the Disclosure and Barring Service
  - the Gibraltar Health Authority Board
  - Health Inspectorate Wales
  - NHS England
  - Healthcare Improvement Scotland.
- 5.3 The GDC is a signatory of the Emerging Concerns Protocol.<sup>12</sup> The protocol has been developed to help regulators share information about emerging concerns with each other and with system partners in a timely manner.
- 5.4 The GDC is a member of the Dental Risk and Oversight Board and the Regulation of Dental Services Programme Board. The purpose of these boards is to bring the GDC and systems regulators together to ensure that patients receive safe, high quality, dental services and to improve and simplify regulation and oversight so that the right action is taken by the relevant organisation.
- 5.5 The GDC continues to work in collaboration with 34 other organisations in dentistry as part of the Profession-wide Complaints Handling Initiative Working

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<sup>12</sup> For further information see [www.cqc.org.uk/news/stories/joint-statement-emerging-concerns-protocol](http://www.cqc.org.uk/news/stories/joint-statement-emerging-concerns-protocol)

Group<sup>13</sup> which aims to support registrants seek feedback from patients and complaints to develop opportunities to improve the quality of service provided to patients.

- 5.6 During this review period, we received a complaint about how the GDC has managed concerns about companies providing direct to consumer or remote orthodontic clear plastic aligners. We have seen evidence that the GDC has been in contact with companies offering remote orthodontics to make sure that it has a full understanding of the services they are providing and their approaches to treatment delivery. The GDC has sought clinical input to understand the areas of risk in remote orthodontic treatment and how those risks can be mitigated in a remote setting. It has reported that it will continue to build its knowledge on the potential impact of direct to consumer orthodontics, and any risks this poses to patient safety and it will present its Council with a policy position on this area in late 2020. The GDC stated that it will take appropriate action against individuals should evidence of a risk to patient safety emerge. We have not received any evidence of harm caused to patients undergoing remote orthodontic treatment and we welcome the GDC's work to further develop its understanding of the risks arising from remote treatment. We will continue to monitor the GDC's work in this area.
- 5.7 The GDC has taken steps to increase patient and public involvement in this review period, which has led to the inclusion of members of the public attending GDC events and meetings including:
- taking part in primary research
  - attending and engaging in GDC events
  - involvement in public and patient panels.
- 5.8 We have seen evidence that the GDC actively engages and seeks the views of patient and service user groups as part of its consultation activities. The GDC collaborates with its stakeholders and other systems regulators to ensure that risks to patients and the public are managed and mitigated. We are satisfied that this Standard is met.

## Guidance and Standards

**Standard 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 met all of the Standards of Good Regulation in relation to Guidance and Standards last year following a targeted review of the GDC's work to review its *Standards for the Dental Team* (the standards). The standards were put in place in 2013 and we wanted to assess how the GDC had assured itself that the standards continued to reflect up-to-date practice and legislation. The GDC

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<sup>13</sup> For further information see [www.gdc-uk.org/information-standards-guidance/standards-and-guidance/complaint-handling](http://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/complaint-handling)

told us that its work on promoting professionalism would form the basis for a new set of standards, and it would decide how these would be developed in early 2020. We were further reassured by stakeholders who told us that the GDC's current standards are general enough to not be in direct contradiction to current legislation or practice. We did not identify any concerns about the prioritisation of patient and service user safety and care within the standards.

- 6.2 During this review period, the GDC has continued to work on its 'Promoting Professionalism' project. On 6 August 2020, outside of this review period, the GDC published its research on *Professionalism: a mixed-methods research study*.<sup>14</sup> The research found that there were multiple differences in views of professionalism between members of the public and dental professionals. The GDC said that the research findings will be considered and used to inform the development of the 'Principles of Professionalism' and the review of the Standards for the Dental Team. The GDC plans to consult on the principles in 2021. We will continue to monitor the GDC's work in this area.
- 6.3 The GDC is continuing work on its assessment of professionalism which it will use to develop a set of principles to replace the *Standards for the Dental Team*. We have not received any concerns from stakeholders, patients or members of the public that the GDC's current standards are out-of-date and do not prioritise patient and service user centred care and safety, and the findings from our targeted review last year provide us with additional assurance. We are therefore satisfied that this Standard is met.

### **Standard 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 Last year, we conducted a targeted review of the GDC's work in this area because the GDC did not appear to have systematically reviewed and updated its additional guidance materials since 2016. Some guidance materials had not been updated since 2013. The GDC told us that it would review its additional guidance materials once a decision had been made on the future structure of its standards, which would be made in 2020. We concluded that the Standard was met as the GDC publishes considerable guidance for registrants and it had committed to reviewing the additional guidance documents in its 2020-2022 Corporate Strategy.
- 7.2 During this review period, the GDC commenced a review of its *Scope of Practice guidance* (the guidance), which was last updated in 2013. The GDC commissioned an independent research agency to gather evidence to inform future development, improvement and amendments of the guidance. The objectives of the research were to gather evidence about understanding the roles within the dental team, how the guidance is used and perceived, the impact of the guidance and the future of the guidance document.

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<sup>14</sup> For further information on the research study see: [www.gdc-uk.org/about-us/what-we-do/research/research/detail/fitness-to-practise/professionalism-a-mixed-methods-research-study](http://www.gdc-uk.org/about-us/what-we-do/research/research/detail/fitness-to-practise/professionalism-a-mixed-methods-research-study)



- 7.3 The GDC held a number of internal workshops to discuss the research findings. We understand that the GDC will be undertaking an analysis of fitness to practise cases which relate to scope of practice in order to understand the type of cases being received, the context of the concerns and how patient harm is considered.
- 7.4 The GDC reported that the findings of that research suggested that the guidance document is not being used for the purpose and by the audience for which it was designed. Dental professionals have a high awareness and understanding of their own scope, gained through education and colleagues, rather than through the guidance document. The research found that patients and the public have no awareness of the guidance, and the primary audiences currently are education providers, employers, indemnifiers and GDC staff. The research found however that many professionals and stakeholders were concerned about potential substantial changes to the guidance issued by the GDC as they feared that it would lead to professionals acting outside of scope; instead the guidance should be updated more regularly with increased detail.
- 7.5 We understand that the views of registrants and stakeholders expressed in the research do not align with the GDC's approach to increased reliance on professional judgment rather than detailed guidance. The GDC has reported that it will carefully consider how it approaches the review of the guidance in light of the research findings. We will continue to monitor the GDC's work in this area.
- 7.6 The GDC continues to provide registrants with guidance in a number of areas. The additional guidance appears clear and comprehensible and is available on the website.
- 7.7 During this review period, the GDC developed additional guidance on a number of topics in response to the Covid-19 pandemic, including:
- being deployed and working outside of scope of practice
  - providing treatment in uncertain times
  - high level principles for good practice in remote consultations and prescribing.
- 7.8 The additional guidance published by the GDC provides clear links to government guidance, including guidance issued by the Public Health Authorities of the devolved administrations in response to the Covid-19 pandemic. It appears to be clear, comprehensible and addresses emerging risks.
- 7.9 We were told by a GDC stakeholder that the GDC had worked in collaboration with them to ensure that all registrants were made aware of the Medicines and Healthcare Products Regulatory Authority (MHRA) Medical Devices Regulations 2002 (MDR) regarding the essential requirements of placing custom-made dental appliances on the market and providing the patient with the official statement of manufacture. We have seen evidence that the GDC raised awareness of this requirement through online publications.
- 7.10 The GDC has commenced its review into the *Scope of Practice guidance* as set out in its 2020-2022 Corporate Strategy. We have seen evidence that the GDC

has continued to issue guidance on important areas of practice and developed additional guidance in response to the Covid-19 pandemic in a timely manner. We will closely monitor the development of the GDC's *Scope of Practice guidance* and additional guidance. We are satisfied that this Standard is met.

## Education and Training

**Standard 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.**

### Standards for education and specialty education

- 8.1 The GDC continues to publish its *Standards for Education* (the standards), revised in 2015. The standards cover three areas the GDC expects providers to meet in order for training programmes to be accepted for registration, these are:
- patient protection
  - quality evaluation and review
  - student assessment.
- 8.2 The standards were last revised in 2015. This year, the GDC indicated in its 2020-2022 Costed Corporate Plan that it will complete a revision of the standards by early 2022. Although the GDC has not conducted a review of the standards for education since they were revised in 2015, our assessment did not identify any concerns about the prioritisation of patient safety and service user centred care within the standards. We note the GDC's commitment to revise the standards by 2022 and we will monitor the development of the education standards through our next performance review.
- 8.3 In January 2019, the GDC's updated *Standards for Specialty Education* came into effect. The standards set out the requirements for programme and examination providers who deliver courses and examinations which allow individuals to be included on one of the GDC's specialist lists,<sup>15</sup> During this review period, we have received no concerns about the *Standards for Specialty Education*. We are satisfied that the updated standards are linked to the *Standards for the Dental Team* and prioritise patient safety and centred care.

### Consultation on specialist listing

- 8.4 The GDC holds lists of specialist dentists. The lists comprise registered dentists who meet certain conditions and are entitled to use a specialist title. There are 13 specialist lists and dentists on these lists have met minimum standards of training, as determined by European and GDC Regulations. Last year, we reported that the GDC had consulted on the principles of specialist listing.<sup>16</sup> The consultation invited comments on matters such as the purpose of the lists, how

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<sup>15</sup> For further information about the GDC's specialist lists and the *Standards for Specialty Education* see <https://www.gdc-uk.org/registration/your-registration/specialist-lists>

<sup>16</sup> The consultation paper is available at [www.gdc-uk.org/about/what-we-do/consultations](http://www.gdc-uk.org/about/what-we-do/consultations).

the GDC determines which disciplines of dentistry should be listed, the principles for adding and removing specialties and the maintenance of accreditation on specialist lists.

- 8.5 Based on the feedback received from the consultation, the GDC made minor amendments to the proposed purpose and criteria for specialist lists. The GDC plans to develop the principles and process for the addition and removal of specialties and publish these in late 2020. The GDC will continue to develop the mechanisms for maintaining accreditation on specialist lists, exploring how this can be achieved through the enhanced CPD scheme. We will continue to monitor the GDC's work in this area.

### Revision process for specialty curricula

- 8.6 During this performance review period, the GDC commenced the process of revising all 13 curricula for dental specialty training. The curricula, in some cases, are more than 10 years old and do not reflect clinical developments in the specialty. To facilitate the revision process, the GDC developed a *Practical guide to the process of revision and approval of dental specialty curriculum and assessment*, to serve as a basis for each revised curriculum. The guide was developed in collaboration with stakeholders including postgraduate deans across the four devolved nations and the General Medical Council (GMC)<sup>17</sup>. The GDC expects the revised curricula to be in place for the 2021/22 academic year.
- 8.7 The GDC has also established a Specialty Curriculum Review Team (SCRT) consisting of members of its education policy team, quality assurance team and Education Associates. The objectives of the SCRT are to review the curricula and advise on any matters relating to the specialty. The SCRT will make recommendations to the Registrar about whether to approve the curricula. The Registrar will be responsible for approval decisions. We will continue to monitor this work in our next performance review.
- 8.8 Based on the information we have reviewed we are satisfied that this Standard is met.

**Standard 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 Last year, we reported that the GDC has amended its quality assurance process and moved towards a more risk-based approach for both foundation and specialty education. In the 2018/19 academic year, the GDC carried out a pilot programme of inspections of Bachelor of Dental Surgery (BDS) programmes using an assessment of risk to determine the focus, scope, type

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<sup>17</sup> The GDC liaised with colleagues from the GMC who are currently undertaking the same process with medical specialty curricula. The GDC reported that it has learned from the challenges the GMC faced and streamlined the process where possible.

and frequency of the quality assurance inspection. During this performance review period, the GDC rolled out the risk-based inspection process to all education providers.

- 9.2 There are currently 47 dental education programmes deemed sufficient<sup>18</sup> by the GDC to allow graduates to apply for registration as dentists. During this review period, the GDC published inspection reports in respect of 14 inspections of dental authority programmes. The inspections were conducted during the 2018/19 academic year and the GDC inspection panels recommended that all the programmes inspected continued to be sufficient for the graduate cohort to register as dentists.<sup>19</sup>
- 9.3 The GDC also published four inspection reports of education programmes which lead to registration with the GDC as DCPs.
- 9.4 We received feedback from an education provider about the GDC's inspection process. It told us that whilst efforts had been made by the GDC to improve consistency of inspections, in relation to approach and direction, it felt that there is more for the GDC to do to ensure that providers can be confident that inspections are fair and consistent. The provider told us that the information required by the GDC for its annual monitoring of programme providers was equal to the amount of information required for a full inspection. We note that the GDC has arranged to meet with a group of education providers to discuss the process.
- 9.5 The provider told us that in its view, the GDC has worked to engage with the profession in a more collaborative and supportive approach but there were still improvements to be made in relation to communication of decisions. We have seen evidence of the GDC actively engaging with its stakeholders through workshops, conferences and consultations. The GDC has recognised that there is more work to be done in this area, and the majority of the feedback we received during this review period has been positive. We have provided the feedback from the education provider to the GDC and will monitor any action taken by the GDC in response.
- 9.6 The GDC has a process for individuals to raise concerns about dental training programmes. The process allows for the GDC to investigate concerns raised with it and, if a dentistry or DCP programme is found not to meet the *Standards of Education*, the GDC can require the provider to take effective remediation. The GDC publishes a clear guide to assist individuals who wish to raise concerns about an education or training provider.

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<sup>18</sup> In order to award qualifications which can lead to registration with the GDC as a dentist, the education provider must hold dental authority status. The GDC uses the term 'sufficiency' to describe the acceptable standard achieved by a programme of a dental authority that will allow graduates to apply for registration. 'Sufficiency' is granted to BDS and Licence in Dental Surgery programmes and the term is set out in the Dentists Act 1984. The GDC is not legally able to state that a dental authority qualification is 'approved' or 'accredited'.

<sup>19</sup> Inspection reports can be found on the GDC's website at: [www.gdc-uk.org/education-cpd/quality-assurance/recent-inspections/dentistry](http://www.gdc-uk.org/education-cpd/quality-assurance/recent-inspections/dentistry)

## Thematic reviews

- 9.7 Last year, we reported on the GDC's work on its Preparedness for Practice thematic review. On 18 August 2020, outside of this review period, the GDC published its *Preparedness for Practice of UK Graduates 2020* report.<sup>20</sup> The report is the GDC's first education quality assurance thematic review which focuses on the preparedness for practice of UK trained dental students at the point of graduation. The review was the result of concerns from the profession that new UK trained dentists were not as well prepared as they ought to be to make the transition into practice. The GDC found that the concerns were not demonstrated in referral rates to its fitness to practise department and concluded that there was limited evidence that supported the concerns.
- 9.8 The review found that trainers tend to have higher expectations of new graduates than the standards require, and the lack of preparedness relates more to complex practical skills where experience is limited. The review found that preparedness may be enhanced if there is better communication and engagement between stakeholders such as universities, postgraduate training organisations and the GDC, and that patient-centred teaching in a variety of settings provides valuable education.
- 9.9 The GDC reports that it will work with its stakeholders in dental education with the shared aim of improving the preparedness of students and new graduates, to support them in becoming safe practitioners. We will continue to monitor the GDC's work in this area.
- 9.10 The evidence we have seen indicates that, overall, the GDC has a transparent and proportionate process for assuring itself that educational providers and the programmes which they deliver are producing students and trainees that meet the requirements for registration. We note the feedback we received from an educational provider about the amount of information required by the GDC for the annual monitoring process and the GDC's collaborative approach to consider the process. We are satisfied that this Standard is met.

## Registration

### **Standard 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 in which the GDC register is published and how it can be accessed. It remains clearly displayed on the GDC's website and is readily accessible.
- 10.2 We conducted a check of the GDC's register to see whether restrictions on registrants' practice were displayed accurately. We identified one register entry which displayed a determination of the Professional Conduct Committee, where this was not in accordance with the GDC's *Disclosure and Publication Policy*.

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<sup>20</sup> For more information on the thematic review see: [www.gdc-uk.org/about-us/what-we-do/research/research/detail/fitness-to-practise/preparedness-for-practice-of-uk-graduates-2020](http://www.gdc-uk.org/about-us/what-we-do/research/research/detail/fitness-to-practise/preparedness-for-practice-of-uk-graduates-2020)

We reported this to the GDC, and the determination was immediately removed from the register entry. The GDC investigated the reasons for the error and established that an administrative oversight had resulted in the failure to remove the determination from the register entry. We did not identify any further errors and we are satisfied that the GDC took appropriate action after to rectify this error.

- 10.3 We have not seen any evidence to suggest that the GDC has added to its register anyone who has not met its requirements for registration. We are satisfied that this Standard is met.

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

- 11.1 Last year, we conducted a targeted review of the GDC’s registration function as the statistical data available to us indicated that there had been an increase in the median processing times for overseas applications, there may have been a backlog of registration appeals developing and there had been an increase in registration appeals which had been withdrawn. We also received concerns from applicants who reported having to wait for what seemed to be a considerable amount of time to sit the Overseas Registration Exam (ORE). Following our review, we were satisfied that the GDC had appropriate measures in place in relation to the processing of applications and registration appeals, and that the GDC was doing all it reasonably could to provide an appropriate number of places on the ORE.

#### **Processing times for registration applications**

- 11.2 For this performance review period,<sup>21</sup> the median processing times, in working days, for each category of applicant are provided below:

	2018/19 performance review period				2019/20 performance review period			
Number of new applications received from:	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
UK graduate	2,046	1,084	1,512	2,039	2,131	1,064	1,260	1,250
EU/EEA graduate	320	320	323	257	372	370	304	144
International graduate	93	131	161	154	164	263	224	188

<sup>21</sup> The 2019/20 performance review period runs from 1 July 2019 to 30 June 2020, which comprises data from quarters 2, 3 and 4 of 2019/20 and quarter 1 of 2020/21.

Median processing times for registration applications from:								
UK	11	6	3	11	14	7	3	12
EU/EEA	47	30	50	27	24	26	31	27
International	45	67	73	31	26	27	36	34

11.3 The table shows that the processing times for UK applicants was slightly higher than last year for three of the four quarters during this performance review period. The median processing times for EU/EEA and international applications have decreased significantly despite the GDC receiving a similar number of EU/EEA and higher number of international applications.

### Rejected applications

11.4 During this performance review period, the statistical dataset suggests that there has been an increase in the number of applications for registration that are rejected, as shown in the table below:

Number of rejected applications broken down into the following:	2018/19 performance review period				2019/20 performance review period			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Application for registration	18	17	41	30	50	64	121	101

11.5 During this review period, the GDC rejected 336 applications for registration compared to 106 in the previous period. This is an increase of 217%. The GDC told us that in January 2020, it introduced fees payable by applicants to cover the processing costs of applications for registration. The GDC received an influx in applications for registration prior to January 2020 and the introduction of the fee. This includes additional title applications from existing registrants, which are not included in the figures for received applications. The GDC told us that the influx of applications received just prior to the deadline were considered by Registration Panels in quarter four of 2019/20, accounting for the increase in the number of rejected applications for registration in that quarter.

11.6 We are satisfied that the information provided by the GDC does not currently give rise to concerns in this area. We will continue to monitor the statistical dataset in this area of the GDC's registration function.

### Registration appeals

11.7 As shown by the table below, the number of registration appeals received and concluded by the GDC has remained relatively steady during this performance review period.

Number of registration appeals	2018/19 performance review period				2019/20 performance review period			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Received	8	4	7	2	9	8	5	3
Concluded	7	7	6	5	3	6	8	3
Median time taken to process registration appeals from receipt of appeal to final decision	35	29	2	15	5	7.5	135	14

- 11.8 The median time taken to process registration appeals from receipt of an appeal to a final decision increased significantly in quarter four of the performance review period. The GDC told us that in quarters two and three of this performance review period, a high number of appeals were quickly withdrawn by applicants, which meant that median time taken to process registration appeals in those two quarters was unusually low. The GDC held hearings for a higher number of appeals that were concluded in quarter four of this performance review period which therefore had an effect on the median in that quarter. We are of the view that the figures in the dataset and the explanation provided by the GDC do not give rise to concerns about the GDC's ability to process registration appeals.

### Overseas Registration Examination

- 11.9 Last year, we received three complaints about applicants being unable to sit the ORE because the number of places was limited. We reported that the limited places were because of restrictions placed by the GDCs legislation which stipulates that the examination must be conducted by an approved Dental Authority and the amount that can be charged for the examination, which meant that the GDC could not provide more places without an improper cross-subsidy arising. This year, the GDC has been working with the Department of Health and Social Care to enact changes to the legislation to ensure that international registrants do not face barriers to registration. We will continue to monitor future developments in this area.

### Concerns received about the GDC's processes for registering overseas qualified Dentists and Dental Care Professionals

- 11.10 During this performance review period, we received feedback from a dental organisation about the GDC's process for registering overseas qualified dentists as DCPs. Dentists are qualified to carry out all of the tasks that DCPs can, so are able to register as DCPs. The stakeholder told us that the GDC's DCP registration process allows for non-EU/EEA qualified dentists to register as DCPs without any assessment of practical skills. The stakeholder considered that applicants should undertake a practical assessment, which would ensure



patient safety and understanding about working within the scope of practice of a DCP.

- 11.11 In order to register as a dentist with the GDC, non-EU/EEA qualified dentists are required to pass part one and part two of the ORE. There is no requirement for non-EU/EEA DCP applicants to undertake a similar assessment.
- 11.12 We considered the GDC's process for assessing non-EU/EEA DCP applications and the guidance issued to DCP applicants. The process requires that an application, which includes a health and character certificate, certificate of good standing, evidence of proficient English language and a copy of the full undergraduate syllabus, is submitted to the GDC, which refers the application to an independent panel of dentally qualified assessors known as the Registration Assessment Panel (the Panel). The role of the Panel is to provide advice and recommendations on each DCP applicant's knowledge and skills to the Registrar who, based on that advice, decides whether to admit the applicant.
- 11.13 The following recommendations, as set out under Matter C,<sup>22</sup> Section 36C(4) of the Dentists Act 1984 (the Act), can be made by the Panel to the Registrar:
- The application is recommended for registration as the applicant has the requisite knowledge and skills for registration in the UK, the necessary knowledge of English and is of good character and health.
  - Further information is required before a recommendation can be made.
  - The application should be refused as the applicant does not have the requisite knowledge and skills for registration in the UK as the applicant's training and/or experience significantly differs from that which is required for registration.
- 11.14 We also noted that the GDC's legislation<sup>23</sup> does not require such testing or assessment to be completed as part of the registration process. We consider that the GDC's process is proportionate and enables an independent expert assessment of the applicant's knowledge and skills. We have seen no evidence that the process used by the GDC has negatively impacted patient safety.
- 11.15 We are satisfied that this Standard is met.

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<sup>22</sup> Section 36C(4) of the Dentists Act 1984 describes Matter C as a person that '(a) holds a qualification or qualifications granted by an institution or institutions outside the United Kingdom relevant to the profession complementary to dentistry, or class of members of such profession, to which the title applies (in this section referred to as "relevant qualifications"); and (b) has satisfied the Council that he has the requisite knowledge and skill to practise as a member of the profession or class to which the title applies'.

<sup>23</sup> Section 36C(5)(a) states: 'For the purpose of establishing whether a person has the requisite knowledge and skill for the purpose of subsection (4)(b), the Council – (a) in all cases – (i) shall take into account all that person's relevant qualifications, and all relevant knowledge or experience, wherever required, and (ii) may determine that a person must perform to the satisfaction of the Council in any test or assessment specified in the determination'.

**Standard 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 Dentists Act 1984<sup>24</sup> makes it a criminal offence for a person who is not registered with the GDC to:
- practice dentistry
  - describe themselves, either expressly or by implication, as a dentist or other practitioner title
  - carry on the business of dentistry
  - carry on the business of dentistry as a body corporate when the majority of directors are not registered dentists or dental care professionals
  - being a director of a body corporate carrying on the business of dentistry when erased or suspended from a GDC register.
- 12.2 The GDC has a dedicated '[How do I report illegal tooth whitening or dentistry](#)' page on its website and continues to publish its *Policy Statement on Enforcement of Dentists Act Offences* effective from January 2017.
- 12.3 The GDC has the power to prosecute individuals who practise illegally and reports on these prosecutions to its Council on a quarterly basis. The information provided in these reports suggests that the GDC continues to progress illegal practice cases in line with its key performance indicators.
- 12.4 We are satisfied that the GDC investigates and takes action when concerns about illegal practice are brought to its attention and that this Standard is met.

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

- 13.1 We have previously reported on the GDC's implementation of its enhanced CPD scheme which introduced the requirement for dental professionals to complete a personal development plan (PDP) to identify any gaps in knowledge or skills and to plan how to address these during the five-year CPD cycle. The enhanced CPD scheme was introduced in 2018.
- 13.2 During the review period, the GDC presented a discussion document, *Shaping the direction of lifelong learning for dental professionals*<sup>25</sup>, to its stakeholders inviting ideas, comments and views on the future development of continuing professional development in dentistry. The GDC has said that it does not propose to change the basis of the enhanced CPD scheme in the near future, instead it will use the consultation to develop the current model.

<sup>24</sup> Sections 39, 41, 43(1) and 43(2) of the Dentists Act 1984 apply.

<sup>25</sup> For further information on this discussion document see: [https://www.gdc-uk.org/docs/default-source/consultations-and-responses/shaping-the-direction-of-lifelong-learning-for-dental-professionals.pdf?sfvrsn=79c274df\\_2](https://www.gdc-uk.org/docs/default-source/consultations-and-responses/shaping-the-direction-of-lifelong-learning-for-dental-professionals.pdf?sfvrsn=79c274df_2)

- 13.3 In the discussion document, the GDC reported that research conducted on its behalf found that CPD schemes were moving away from set hourly requirements and towards a model of professional ownership of a portfolio. The GDC proposed a future portfolio model comprising of a PDP, reflective practice, active learning, peer learning and regulatory assurance that professionals are meeting requirements set out in the enhanced CPD scheme. The portfolio model would retain the PDP as a central element, with an increased focus on professionals taking ownership of the planning and learning activities they undertake, considering individual needs and field of practice. To support the discussion and the development of lifelong learning, the GDC formed a CPD advisory group to help it understand the risks, benefits and implications of future development in CPD and how these would work in the variety of dental environments professionals work within. At the time of writing, the GDC had not published the outcome of its consultation. We will monitor the development of the GDC's work in this area.
- 13.4 The GDC's present scheme addresses the aims of this Standard. It is positive that the GDC has engaged in a discussion with the profession about future developments of CPD in dentistry to further advance elements of the enhanced CPD scheme. We are satisfied that this Standard is met.

## Fitness to Practise

We carried out a targeted review of the GDC's performance against Standards 15 and 17 of the *Standards of Good Regulation* for Fitness to Practise. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review, we concluded that Standards 14, 16 and 18 were met, but Standards 15 and 17 were not met.

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

- 14.1 Last year, we conducted a targeted review to assess the GDC's online triage tool<sup>26</sup> as we the information we had available to us indicated that since the introduction of the online tool in 2017, fewer than 20% of people who use the tool progress their concerns with the GDC. We wanted to be assured that the tool was not introducing a barrier to complainants raising concerns with the GDC. We considered that, although the figures indicated a significant reduction in the number of complaints received by the GDC, the number of referrals progressing to case examiner stage appeared to be steady which suggested that complaints which raised potential fitness to practise issues were not being deterred. We concluded that there was no evidence that the online tool prevented legitimate concerns from being considered by the GDC.

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<sup>26</sup> The online tool provides information for visitors to the GDC's [How do I raise a concern about a dental professional](#) webpage on the types of concerns the GDC can investigate and the matters it cannot investigate. If the complainant decides to raise a concern with the GDC, they are directed to the online complaint form.

14.2 This year, there has been a further decrease in the number of concerns received by the GDC's fitness to practise department as shown in the table below:

	2018/19 performance review	2019/20 performance review
Number of referrals received by GDC	1,453	1,283

14.3 The GDC considers that the decrease in referrals was due to the Covid-19 pandemic, as many dentistry services were temporarily closed. The GDC started to see the rate of referrals increase as services began to re-open. We accept that the Covid-19 pandemic and resulting closure of dentistry services would have affected the number of referrals received and note that the GDC is carefully monitoring this area of its work.

14.4 The GDC continues to promote its profession-wide complaint-handling initiative and has established a working group to help improve information to patients and practitioners about local resolution of complaints. We have seen evidence that the GDC has worked collaboratively with professional bodies and the dental profession to improve information available to patients about resolving complaints, including the development of posters and leaflets designed to be displayed in dental practices which outline the principles for handling complaints about dental professionals.

14.5 It is positive that the GDC has continued to develop the complaints handling initiative in partnership with stakeholders and the profession. It is important that patients understand that serious concerns which raise fitness to practise issues should always be referred to the regulator.

14.6 The GDC reported in its Corporate Strategy that a majority of concerns received by its fitness to practise team could be resolved by other agencies including the dental practices at which treatment complained about was received. The GDC has recognised that it needs to work with stakeholders and the profession to develop systems in which information can be shared and concerns routed to the most appropriate agency. In its Corporate Strategy, the GDC has committed to:

- work with stakeholders, systems regulators, patients and health services to develop an accessible system for resolving complaints, improving signposting and routing complaints between organisations
- ensuring that the public are given appropriate information about how and with which organisation they can and should raise concerns
- undertake a review of the Dental Complaints Service (DCS) to ensure that it provides a high quality and cost-efficient service to those who utilise the service
- continue to work with the profession-wide complaints handling initiative to provide support and information to the profession on the value of feedback to improve approaches to complaint handling.

- 14.7 It is important to develop systems in which information and concerns can be shared between agencies quickly and efficiently and will monitor the GDC's work in this area as it develops.

### Covid-19

- 14.8 In March 2020, the GDC released a statement on its website about its approach to concerns received during the Covid-19 pandemic. The GDC reiterated the importance of all registrants complying with current Covid-19 guidance released by the NHS, other health bodies and the governments of the devolved nations when conducting risk assessments on treatment provided. The GDC stated that if it receives a complaint arising from treatment provided during the pandemic and it considers that a registrant had acted in accordance with the current guidance available at the time of the treatment, the GDC will not commence an investigation into the registrant's fitness to practise. The GDC confirmed that it will investigate concerns where there is evidence of non-compliance with Covid-19 guidance and concerns which do not relate to treatment provided during the pandemic. We note that the statement provided by the GDC is consistent with statements released by other health and care regulators we oversee. We agree that it is a proportionate and appropriate approach.

### Conclusion

- 14.9 The further decrease in the number of concerns received by the GDC during this performance review periods does not indicate a concern, as the GDC is aiming to filter out those referrals which do not raise fitness to practise concerns. As our targeted review showed last year, we have not seen any evidence that the online triage tool is preventing individuals from raising fitness to practise concerns and we have no evidence of further changes to cause us concern. The GDC continues to monitor and analyse the impact of the online triage tool on fitness to practise referral rates. We are satisfied that this Standard is met.

**Standard 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 We have previously reported on the GDC's fitness to practise processes for examining and investigating cases and audited this in our performance review of 2017/18. We have been satisfied that generally the GDC's processes are fair and proportionate, and that the approach to investigations enables the gathering of appropriate evidence to enable decisions to be made on the progression of cases. We have not seen evidence during this review that questions this.
- 15.2 Ensuring cases are dealt with as quickly as is consistent with a fair resolution is a key element of this Standard. We conducted a targeted review of this area as the median timeliness data for the period under review suggested that the

GDC's performance as set out in the statistical dataset had declined. The median timeliness data for the period under review is as follows:

Measure	2017/18	2018/19	2019/20	2019/20 performance review period				
				Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21
Number of referrals received	1,910	1,589	1,391	299	347	387	358	191
Number of open cases older than:								
52 weeks	328	289	241	251	223	223	241	243
104 weeks	102	121	75	118	106	97	75	83
156 weeks	38	55	67	59	59	61	67	74
Total over 52 weeks old	468	465	383	428	388	381	383	400
Median time taken from receipt of an initial complaint to a final decision by CEs	45	48	50	55	52	45	48	43
Median time taken from final CE decision to the final PCC determination	44	38	38	38	37	36	39	41
Median time from receipt of initial complaint to the final PCC determination	99	94	107	104	107	100	114	121

- 15.3 The quarterly data shows that the annual median time from receipt of a referral to final Case Examiner decision has increased from 48 weeks in 2018/19 to 50 weeks in 2019/20. However, this measure was lower for three of the four quarters covered by this review period as compared to last year, which suggests that the GDC is improving its timeliness performance in the initial stages of the fitness to practise process. The annual time taken from a final Case Examiner decision to the final decision of the PCC has remained static at 38 weeks and this is also reflected in the quarterly dataset.
- 15.4 Conversely, the annual data for the median time taken from receipt of initial complaint to the final PCC determination shows a significant increase from 94 weeks in 2018/19 to 107 weeks in 2019/20. This is one of the longest timeframes of the health and social care regulators we oversee. The quarterly

data for this performance review period also shows that this median has worsened during the review period.

- 15.5 This year, there has been a net reduction of 82 cases older than 52 weeks compared to a net reduction of three cases in 2018/19. The number of cases older than 156 weeks increased from 55 to 67, and as at quarter one of 2020/21 there are 74 cases older than 156 weeks. The GDC provided data showing the number of cases older than 52 weeks closed at each stage of the fitness to practise process during the performance review period:

Fitness to practise stage:	Number of cases aged over 52 weeks closed:
Assessment	64
Investigation	210
Case Examiner	146
Practice Committee	109

- 15.6 The data shows that the GDC closed a high proportion of cases aged over 52 weeks at the initial stages of the fitness to practise process.<sup>27</sup> We would expect to see a high volume of older cases being closed during these stages as there is greater number of cases closed at this stage generally and because initial decisions can be delayed due to difficulties in obtaining evidence of other matters outside the GDC’s control.
- 15.7 The GDC told us that its performance against the annual median timeliness data declined in 2019/20 because a high number of older cases were closed. The data supports this, and we agree that this would create volatility in the medians that we report on.
- 15.8 The GDC also attributed the decline in its performance in relation to the initial stages of the fitness to practise process to an increase in the number of cases at the Rule 4<sup>28</sup> stage in the third and fourth quarters of 2018/19. To address this backlog, the Case Examiners made a higher number of decisions in first quarter of 2019/20. The GDC explained that because of this, the annual 2019/20 median of 55 weeks contained a set of older cases which had been delayed at the Rule 4 stage in 2018/19 and this in turn adversely impacted the annual median.
- 15.9 In order to prevent further backlogs developing at the Rule 4 stage, the GDC introduced a pilot project which enables a 14-day extension to the Rule 4 time-limit for cases involving clinical concerns. The pilot involves the GDC disclosing details of any clinical assessment sought prior to the allegations and evidence bundle being made available to the registrant and/or defence. The GDC told us that although the 14-day extension may mean longer timescales in some cases, the increased time to provide observations in complex clinical cases may lead to more proportionate outcomes at Case Examiner stage. The pilot concluded in

<sup>27</sup> The initial stages of the fitness to practise process includes assessment, investigation and Case Examiner.

<sup>28</sup> The Rule 4 stage of the fitness to practise process allows for dental professionals to submit their comments or observations in response to the concern that has been raised. Dental professionals do not have to provide observations to the concern.

October 2020, which is outside of this review period. We will report on the outcome of the pilot in next year's performance review.

- 15.10 Last year, we reported that there were 200 cases awaiting a final hearing, which may have indicated that there was a backlog developing in the latter stages of the GDC's fitness to practise process. The data provided by the GDC for this performance review period shows that the number of cases waiting a final hearing decreased from 219 in the first quarter of 2019/20 to 173 cases in the fourth quarter of 2019/20, which represents a 21% reduction. We welcome the GDC's efforts to reduce the number of cases at the latter stages of the process and note that success here could create volatility in the median time taken from receipt of initial complaint to the final PCC determination. We were not, however, satisfied that this explained the significant increase from 94 weeks in 2018/19 to 107 weeks in 2019/20.

### Case Examiner decisions

- 15.11 Our statistical dataset showed that the number of cases concluded by Case Examiners was significantly lower than for the previous year. We conducted a targeted review into this area of the GDC's work to understand whether the data indicated a backlog of cases awaiting Case Examiner decision. The GDC provided data showing the number of cases closed at the different fitness to practise stages during the performance review period:

	2018/19 performance review	2019/20 performance review
Number of referrals received by GDC:	1,453	1,283
Number of cases closed at assessment stage <sup>29</sup>		454
Number of cases closed at investigation <sup>30</sup>		260
Total number of cases closed at initial stage (pre-CE decision) <sup>31</sup>		714
Total number of decisions made by CEs	773	487
Number of cases closed by CEs (including warnings etc)	411	263
Number of cases referred to PCC	291	177
Number of cases adjourned by CEs	71	47

<sup>29</sup> We do not hold the data for this data measure.

<sup>30</sup> As above.

<sup>31</sup> As above.



Number of cases at Rule 4 stage <sup>32</sup> as at 30 June 2020 <sup>33</sup>		132
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- 15.12 The figures in the table suggest that there is a steady throughput of cases and that numbers of decisions in cases appear to keep pace with the number of cases being received. In addition, the GDC told us that a backlog of cases for decision by the Case Examiners developed last year and that this had been followed by an increase in the number of decisions by Case Examiner in the last quarter of that performance review period (as discussed in paragraph 15.8 above) which appear to have addressed that backlog.
- 15.13 The GDC also told us that as at 30 June 2020,<sup>34</sup> there were 132 cases at the Rule 4 stage of its fitness to practise process: 15 of these were waiting to be considered by Case Examiners and 117 were waiting for the registrant's observations to the allegations. Having reviewed all the information and data provided by the GDC, we concluded that there does not appear to be a backlog of cases awaiting case examiner decisions and we therefore do not have concerns with the GDC's performance in this area of its work.

### Conclusion

- 15.14 During this performance review, we have seen evidence to suggest that the GDC's processes for examining and investigating cases are fair, proportionate and ensure that appropriate evidence is obtained to support decision-makers in reaching a decision that is focused on public protection at each stage of the process. Although we have seen an improvement in some of the timeliness measures that we use to assess performance, the GDC's median time from receipt of concern to final practice committee decision has increased from 94 weeks in 2018/19 to 107 weeks in 2019/20 and continued to increase over the performance review period. Furthermore, despite closing more older cases this year, there has been an increase in the number of cases in the highest category (156 weeks and above) compared to 2018/19.
- 15.15 We noted that there is good performance by the GDC in respect of many aspects of this Standard. However, dealing with fitness to practise cases expeditiously is a key consideration for us, for registrants and for public confidence. We consider that 107 weeks is unacceptably high, and appears to have worsened, as have the number of cases over 156 weeks old. While it may well be that improvements that the GDC has made in recent months will address this, we were so concerned about the level of this figure that we concluded that this Standard is not met.

<sup>32</sup> Awaiting observations and/or CE decision.

<sup>33</sup> We do not hold the data for this data measure.

<sup>34</sup> 30 June 2020 represents the end date of the GDC's 2019/20 performance review period.

**Standard 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.**

- 16.1 The GDC has a number of processes to ensure that all decisions are made in accordance with its process and statutory objectives. The GDC scrutinises its decision-making and the application of its process in the following ways:
- The GDC’s Quality Assurance Group (QAG) reviews a number of fitness to practise cases on a monthly basis.
  - The GDC’s Decision Scrutiny Group (DSG) meets monthly to scrutinise 10% of randomly selected fitness to practise cases.
  - The GDC’s compliance team reviews all cases which have been closed at each stage of the fitness to practise process.
- 16.2 During this performance review, we have seen evidence of the GDC reviewing decisions made by the Professional Conduct Committee (PCC), resulting in the GDC self-referring two cases to the Authority for review under our Section 29 powers. The GDC told us that in the two cases it referred to us, the QAG had identified concerns with the clarity and consistency of the PCC’s determinations. The GDC told us that it had addressed the concerns raised by the QAG by delivering training to PCC panellists and committee secretaries. We reviewed both cases and concluded that the issues identified by the GDC did not mean that the sanction imposed by the PCC was insufficient to protect the public.
- 16.3 We are pleased the GDC’s quality assurance groups are identifying decisions made by the PCC which may impact public protection and are raising these concerns with the Authority for further review. It is a welcome initiative. We have seen evidence of the GDC actively addressing concerns raised by the quality assurance groups through further training.

**Section 29 review of cases**

- 16.4 During the performance review period, 151 final decisions were provided to us by the GDC, none of which we determined were insufficient to protect the public. Consequently, we did not refer any decisions to the High Court.
- 16.5 Our Section 29 reviews identified concerns about the adequacy of the reasoning for panels’ decisions and the information provided to panels in a small number of cases. We sent learning points to the GDC in relation to individual cases and the GDC engaged with these and informed us of the action it had taken in response.

**Separation of the adjudication department**

- 16.6 During this performance review, the GDC decided to commence an operational separation of the adjudication department from the fitness to practise function, within the boundaries of the GDC’s current legislation. The aim is to address the perception that the GDC is both the ‘prosecutor’ and ‘adjudicator’ and to insulate the adjudication function. The GDC reported that there would be a body overseeing the adjudication department, which would remain part of the GDC

but would be operationally discrete. The GDC plans to launch a rebranded adjudication department in January 2021.

- 16.7 The need for independent adjudication in fitness to practise proceedings has been the subject of reforms since the Shipman Inquiry<sup>35</sup> recommended the establishment of an independent tribunal service separated from the General Medical Council. We note that the GDC is constrained by its legislation which may hinder its ability to establish a fully separate function. We welcome the GDC's work in this area to ensure that there is clear independence of its adjudicatory function.
- 16.8 We are satisfied that this Standard is met.

**Standard 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 Last year, we conducted a targeted review of the GDC's interim order data as quarter four of the 2018/19 statistical dataset showed a sharp increase in the median time from receipt of referral to Interim Order Committee (IOC) decision. This had increased from 15 weeks in the first two quarters of the 2018/19 performance review period to 30 weeks in the fourth quarter. The GDC told us that the increase in the timeframe was due to its Case Examiners identifying the need for an interim order referral in seven cases they had considered during quarter four of 2018/19. The Case Examiners referred a total of 30 cases to the IOC during the 2018/19 review period.
- 17.2 This year, the dataset showed that the median time from receipt of referral to IOC decision increased from 24 weeks in quarter two to 45 weeks in quarter three of the performance review period as illustrated in the table below. We made initial enquiries with the GDC about this increase as we were concerned that delays in this area could have implications for public protection. The GDC told us that the increase in the median timeframe during that period was a partly a result of an error in the approach taken to interim order referrals, where more information was sought than was necessary to prepare an interim order referral proposal for the Registrar's consideration, thus delaying the progression of interim order referrals. This had resulted in a reduction in the number of cases referred by the registrar, compared with those referred by Case Examiners. The GDC told us that it reviewed affected cases, and that this resulted in increased referrals in quarter four. This increase in referrals negatively affected the median figure for that quarter, but the median figure for the following quarter reduced to 19 weeks. The GDC conducted further training on the interim order process for its staff and requested that the hearings and presentation teams highlight concerns where they see a lack of incoming interim order referrals.

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<sup>35</sup> The Shipman inquiry was tasked with establishing what changes to systems should be made in order to safeguard patients better in the future, and resulted in a number of proposals for the GMC:  
<https://www.pslhub.org/learn/investigations-risk-management-and-legal-issues/investigations-and-complaints/investigation-reports/other-reports-and-enquiries/the-shipman-inquiry-2002-2005-r867/> .

- 17.3 We conducted a targeted review of this Standard because we were concerned that the GDC may not have been identifying risks appropriately at the initial stages of its fitness to practise process.

Median time to interim order committee decision (weeks)	2019/20 performance review period				
	Q1	Q2	Q3	Q4	Q1
From receipt of referral	17	24	45	31	19
From decision that there is information indicating the need for an interim order	3	3	3	3	3

- 17.4 The GDC told us that during the performance review period, the Case Examiners referred 29 cases to the IOC and that 16 (55%) of these cases resulted in an interim order being applied.
- 17.5 We were concerned that, where cases were referred to the IOC by the Case Examiners, caseworkers may have missed evidence of risk and this could have caused delays in the case being referred to the IOC.
- 17.6 We understand that caseworkers are expected to reassess and record risk assessments at all stages of the initial fitness to practise process, upon receipt of new information, which should include registrants' observations. The GDC told us that generally caseworkers do not receive a lot of new information during the assessment and investigation stages of the process, apart from expert reports, such as clinical advice or occupational health reports, and outcomes of other organisations' investigations, such as police or employer investigations. The GDC noted that caseworkers often receive large volumes of information at the Rule 4 stage, as part of the registrant's submissions.
- 17.7 Since caseworkers are required to monitor and note changes to risk throughout the initial stages, we were concerned that the number of cases referred by the Case Examiners to the IOC suggested that evidence of risk is not always being identified by casework teams. The GDC told us that of those cases referred to the IOC by Case Examiners, approximately half had been previously referred to the Registrar to consider an IOC referral, and further that some of these had been considered by the IOC. This provides some assurance that those cases had been identified by the casework team as high risk. We do not have full details of these cases, including at which point and on what evidence the Registrar and/or IOC considered these cases prior to Case Examiner decision. We remain concerned that where Case Examiners are referring cases to the IOC, this indicates a difference in the assessment of risk and approach to IOC referral between the casework team and the Case Examiners.
- 17.8 The GDC suggested to us that 'there is a significant difference in the way information is presented to caseworkers and Case Examiners which may impact the assessment of risk. Caseworkers see the evidence presented over a

period of time and assess risk with previous experience of the case. Whereas Case Examiners see a bundle of evidence which is fresh information, and which may impact upon the different views taken to risk.' While we agree that individuals may on occasion take different views on risk, we are concerned that casework teams are missing evidence of risk and are not identifying cases which warrant referral to the IOC.

- 17.9 The GDC also told us that when information comes in at the Rule 4 stage, there is only a very short time before a case is passed to Case Examiners. The GDC stated that if a caseworker identified the need for an IOC referral at this stage, this would need to go through the Registrar, which would take several days, meaning that this would likely not result in earlier IOC consideration than if the case progressed to the Case Examiners, and would also likely result in a delay in the Case Examiners considering the substantive case.
- 17.10 The GDC provided us with an overview of the types of cases which Case Examiners referred to the IOC during the period under review. We noted that 13 of the 29 cases related to clinical concerns. Out of the 13 clinical cases referred by Case Examiners to the IOC, the IOC granted interim orders in nine cases, did not grant an interim order in three cases (one case was not heard). Five of the 29 cases referred by Case Examiners to the IOC related to the registrant's health; the IOC granted interim orders in all five cases.
- 17.11 The GDC identified that there are some case types which are more likely to be identified as high risk by Case Examiners and it has shared this with its casework team. The GDC has reminded its casework team that they should be alert to considering interim order referrals in certain case types. It is positive that the GDC has identified this issue and has shared learning with the casework team. However, we note that this is outside of the period under review. We will monitor the impact of this action in the next review period.
- 17.12 Three out of the 29 cases referred by Case Examiners to the IOC related to one registrant. The cases were investigated by different caseworkers and each case involved lower risk clinical cases. The three cases were considered collectively by Case Examiners who considered that the three lower risk cases combined raised the overall risk profile relating to the registrant, and therefore the Case Examiners referred the three cases to the IOC. We are concerned that the GDC's casework team did not identify the collective risk around these cases at an earlier stage.
- 17.13 The GDC told us that it will consider whether a Case Examiner referral to the IOC should trigger a quality assurance review to see whether there was sufficient evidence to have sought an order at an earlier stage. In our view, this would be positive and would help the GDC identify any areas of risk which need addressing.

### High Court extensions to interim orders

17.14 The GDC continues to emphasise to its case presenters the importance of seeking interim orders for the 18-month maximum period.<sup>36</sup> The table below suggests that the GDC continues to refer interim orders to the High Court for extensions where appropriate. The High Court did not reject any of the GDC's applications for extensions to interim orders during this performance review period which suggests that the High Court identified that the interim orders continued to be necessary. The GDC prioritises interim order cases by allocating them to one dedicated team to ensure that they are progressed. The number of High Court applications has remained static this year.

Number of High Court extensions to interim orders	2016/17	2017/18	2018/19	2019/20
Applied for	41	58	51	51
Granted	41	57	51	51
Rejected	0	1	0	0

### Conclusion

- 17.15 We note that the timeliness of interim order decision-making remains stable at three weeks. However, the statistical dataset indicates that the GDC was taking longer to identify those cases which may pose a serious risk to the safety of patients or service users during this performance review period.
- 17.16 The information provided by the GDC about its approach to risk and interim orders has not fully addressed our concerns that the triage and investigation stages of its fitness to practise process might not be identifying and/or assessing risks appropriately. The GDC's response to our targeted review questions has not provided assurance in respect of the cases referred by Case Examiners to the IOC. While the GDC has informed us of plans to implement processes to mitigate the risks, these are outside of the period under review.
- 17.17 We acknowledge that the concerns identified relate to a small number of cases and accept that on occasions individuals will make a different decision about risk. However, the concerns identified relate to cases that represent a high risk to public protection. We have therefore concluded that this Standard is not met.

<sup>36</sup> Section 32(4)(b) of the Dentists Act 1984 allows for an interim suspension or conditions of practice order to be imposed upon a registrant for a maximum of 18-month period. Any further extension beyond 18 months must be sought via an application to the High Court.

**Standard 18: All parties to a complaint are supported to participate effectively in the process.**

- 18.1 The GDC continues to publish its *Information Guide for Unrepresented Registrants* who are subject to fitness to practise proceedings. The guide provides information about the fitness to practise process, possible outcomes and details about organisations such as the Citizens Advice Bureau who may be able to provide support to registrants.
- 18.2 Last year, we reported that the GDC had appointed a Witness Support Officer who is responsible for providing guidance to witnesses and registrants during the hearing, by explaining the process and procedures. The GDC has published a video on its website which explains the role a witness plays during a GDC hearing. The aim of the video is to support witnesses and dental professionals involved in a GDC hearing throughout the different stages of the process.
- 18.3 The GDC continues to work in partnership with the Samaritans who provide training to GDC staff about how to recognise when an individual may need additional support.

**Covid-19**

- 18.4 In response to the Covid-19 pandemic, the GDC decided to hold selected hearings remotely via a virtual platform. The GDC published guidance on remote hearings on its website, to support all parties to participate. The guidance provides information on:
- how the GDC determines which cases should be heard during the pandemic, considering risk and ensuring that all parties are able to participate
  - what participants need to do when taking part in the hearing, including conducting a test call prior to the hearing
  - hearings or part of hearings which may need to be held in private when appropriate.
- 18.5 We have reviewed the GDC's guidance on remote hearings and are of the view that the guidance is clear, comprehensible and is likely to allow individuals to participate effectively in the remote hearings process.
- 18.6 We are satisfied that this Standard is met.

## Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled this glossary below, spelling out abbreviations, but also adding some explanations.

Below the glossary you will find some helpful links where you can find out more about our work with the 10 regulators.

### Glossary

#### A

<b>Accessibility</b>	The design of products, devices, services or environments so as to be usable by people with disabilities.
<b>Adjudication department</b>	A department within the GDC which is responsible for managing and running <b>fitness to practise</b> final hearings.
<b>Assessment</b>	In our <b>performance reviews</b> , the assessment is the first stage, where we decide the scope of our review. You can find more information about our performance review process on our website.
<b>Audit (of FTP cases)</b>	A review of a sample of <b>fitness to practise</b> cases closed by the regulator, to assess how its processes operate in practice and whether the decisions made protect the public and maintain public confidence in the regulator and profession. The audit involves us accessing the regulator's systems and looking at how cases have been managed. We may decide to carry out an audit as part of a <b>targeted review</b> . We can also audit other areas of the regulator's work, such as its registration function. You can find more information about our <b>performance review</b> process on our website.

#### B

<b>British Dental Association</b>	A trade union and professional body who provide support, advice, education and representation to its members.
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## C

<b>Case Examiners</b>	Appointed GDC staff members consisting of dental professionals and lay members who assess a concern and consider if there is a real prospect that the concern could be proved and that, if proven, it would suggest that the registrant's <b>fitness to practise</b> as a dental professional may be compromised
<b>Case to answer</b>	A professional has a case to answer about their <b>fitness to practise</b> if the regulator decides that there is a reasonable chance that a serious concern about the professional might be found proved at a hearing.
<b>'Cease and desist' letters</b>	A letter telling someone to stop doing something, because it is or may be illegal. Regulators sometimes send 'cease and desist' letters when they think someone who is not registered may be using a <b>protected title</b> or a carrying out a <b>protected act</b> .
<b>Citizens Advice Bureau</b>	An organisation which provides independent advice, support and advocacy.
<b>Complaint handling initiative</b>	An initiative developed by the GDC and organisations across the dental sector to help dental care professionals and patients to get the most from feedback and complaints.
<b>Consultation</b>	A formal process by which an organisation invites comments on proposed changes to how it works.
<b>Continuing Professional Development (CPD)</b>	Learning activities professionals undertake to keep their knowledge and skills up to date.
<b>Corporate complaint</b>	A complaint to a regulator about something the regulator has done, for example a service it has provided.
<b>Corporate Strategy</b>	The overall scope and direction of a corporation and the way in which its business operations work together to achieve particular goals.
<b>Council</b>	The GDC's Council is responsible for ensuring that the GDC fulfils its statutory objectives. It sets the strategic direction for the organisation and oversees the implementation of that strategy.

## D

<b>Decision Scrutiny Group (DSG)</b>	A group of GDC employees who review a random sample of fitness to practise decisions to identify and share learning points within the GDC and monitor progress against recommended improvements.
<b>Dental Complaints Service (DCS)</b>	A team of trained advisors who aim to help private dental patients and professionals settle complaints about private dental care.
<b>Disclosure and Barring Service</b>	An organisation which helps employers make safer recruitment decisions by processing and issuing criminal record checks.
<b>Duty of Candour</b>	The duty of professionals to be open and honest when things go wrong.

## E

<b>Emerging Concerns Protocol</b>	Is a mechanism for health and social care regulators and systems regulators to share information and intelligence that may indicate risk to users of services, carers, families or professionals.
<b>Equality Act</b>	The law that protects people from discrimination in the UK.
<b>Equality Impact Assessment (EIA)</b>	A process of considering the likely impact on different groups of people of a project or piece of work, intended to ensure that the work does not discriminate against anyone.

## F

<b>Fitness to Practise (FtP)</b>	Regulators Regulators have a duty to consider information, such as complaints, which indicates that a <b>registrant</b> may not be fit to practise. If a regulator decides that a <b>registrant's</b> fitness to practise is impaired, it may take action to protect the public, to maintain public trust in the profession and/or to declare and uphold professional standards.
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## G

<b>Gibraltar Health Authority</b>	An organisation which delivers Primary, Secondary and Mental Health Care in Gibraltar.
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## H

### Health Improvement Scotland

A public body which is responsible for improving the quality of healthcare in Scotland.

### Health Inspectorate Wales

An independent inspectorate and regulator in Wales.

## I

### Interim Order

A decision by a regulator to restrict the practice of a professional while the regulator investigates a concern about their **fitness to practise**. Interim Orders can only be imposed if they are necessary to address serious risks..

## K

### Key Performance Indicator (KPI)

Regulators measure and report on their own performance, including to their Council. A regulator may set and report on performance targets in areas of its work it considers particularly important. These are known as KPIs.

## M

### Median

The middle number in a set of data: for example, the median time it takes a regulator to process registration applications means that half the applications were processed within that time.

### Medical Devices Regulations 2002 (MDR)

Safety regulations which ensure that medical devices placed on the market and put into service in the UK are safe to use. Breaches of the regulations are investigated by the **Medicines and Healthcare Products Regulatory Authority (MHRA)**.

### Medicines and Healthcare products Regulatory Agency (MHRA)

An organisation responsible for regulating medicines, medical devices and blood components for transfusion in the UK.

### Memorandum of Understanding (MoU)

An agreement between two or more organisations about how they will work together.

## N

### NHS England

An executive non-departmental public body of the Department of Health and Social Care which oversees the budget, planning, delivery and day-to-day operation of providing healthcare.

## O

### Over-arching objective

The Health and Social Care (Safety and Quality) Act 2015 introduced legislative amendments which set out that the over-arching objective of the regulators and the Authority in exercising their functions is the protection of the public.

### Overseas Registration Exam (ORE)

An exam that overseas qualified dentists have to pass in order to register with the GDC

## P

### Performance Review

Th Our annual review of how well a regulator is performing. You can find more information about our performance review process on our website.

### Personal Development Plan (PDP)

An action plan based on reflection, goal setting and planning for personal development in the context of career and education

### Professional Conduct Committee (PCC)

A statutory committee of the GDC who decide if an allegation referred to it amounts to misconduct. The PCC also decides if the misconduct means that a registrant's ability to practise as a dental professional is affected.

### Protected act

An activity which only a registered professional is allowed by law to carry out. For example, only registered dentists can legally carry out dentistry in the UK.

### Protected characteristic

The **Equality Act 2010** makes it illegal to discriminate against someone on the basis of any of the following: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. These are known as protected characteristics.

### Protected title

A title which only a registered professional is allowed by law to use. For example, only a registered osteopath can use the title osteopath in the UK.

**Patient and public survey**

A yearly survey undertaken by the GDC to obtain public and patient insight about the role of the GDC and the public and patients' understanding of topical or current issues in dentistry.

**Q**

**Quality Assurance Group**

A group of GDC employees who review fitness to practise case decisions and outcomes to identify what went wrong and what could have gone better.

**R**

**Register**

Each regulator maintains a register, that is, a list of the people it regulates and have met its criteria for registration.

**Registrant**

A professional on a register is known as a **registrant**.

**Registration assessment panels**

Provide advice and make recommendations to the Registrar as to whether an applicant has the relevant knowledge and skill for entry onto the register.

**Restoration register**

The process by which someone who has left or been removed from a **register** can go back on it.

**S**

**Samaritans**

A charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland.

**Scope of Practice**

A document which sets out the skills and abilities each dental registrant group should have in order to be able to carry out a task or type of treatment or make decisions about a patient's care plan.

**Section 29**

Each regulator we oversee has a **fitness to practise** process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of **fitness to practise panels**. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the NHS Reform and Health Care Professions Act 2002 (as amended).

<b>Stakeholder</b>	A person or organisation who has an interest in a regulator's activities, for example a group that represents patients or professionals.
<b>Standards for the Dental Team</b>	The standards of conduct, performance and ethics which registered dental professionals must follow.
<b>Standards for Education</b>	The standards which dental education providers are required to meet for the training programmes to be accepted for registration. These are patient protection, quality evaluation and review and student assessment
<b>Statutory functions</b>	The activities a regulator must carry out by law. The regulators we oversee are required to set standards for the professions they regulate, hold a <b>register</b> of professionals who meet those standards, assure the quality of training for entry to the <b>register</b> , and take action if a <b>registrant</b> may not be <b>fit to practise</b> . Some regulators have other statutory functions as well.
<b>Statutory regulators</b>	The regulators we look at in our <b>performance reviews</b> are statutory regulators. This means that their powers and responsibilities are set out in law.

## T

<b>Targeted review</b>	Part of our <b>performance review</b> where we seek more information about how a regulator is performing. You can find more information about our performance review process on our website.
<b>Thematic Review</b>	A type of research which aims to identify and/or assess current or emerging risks in certain areas of interest or concerns.

## W

<b>Whistleblowing</b>	Disclosing information about wrongdoing within an organisation.
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### Useful links

Find out more about:

- [the 10 regulators we oversee](#)
- [the General Dental Council](#)
- [the evidence framework we use as part of our performance review process](#)
- [the most recent performance review reports published](#)
- [our scrutiny of the regulators' fitness to practise processes, including latest appeals](#)

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