

performance review 2020/21

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 2020/21

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 2021, the GDC was responsible for a register of:

116,106 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 2020/21 performance review

	General Standards	5/5
	Guidance and Standards	2/2
	Education and Training	2/2
	Registration	4/4
	Fitness to Practise	4/5

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 2020 to 30 June 2021. 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.

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 used information available through our review of final fitness to practise decisions under the Section 29 process¹ 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. You can find further information about our review process in our [Performance Review Process guide](#), which is available on our website.

The GDC's performance during 2020/21

The GDC met all our Standards, with the exception of Standard 15 because we remained concerned about the length of time takes to handle Fitness to Practise cases.

Key developments and findings

Fitness to practise timeliness

We had concerns about the GDC's timeliness in fitness to practise in the previous three performance reviews. We remain concerned that the GDC is taking too long to progress cases from receipt to final hearing, and there are a high number of older cases within the system. The position has not improved this year, although the GDC has a plan in place to improve timeliness. We concluded that Standard 15 was not met, and we will monitor the GDC's work to improve its performance in this area.

Equality, Diversity and Inclusion (EDI)

The GDC has continued its work to meet the objectives set out in its EDI strategy. It has been working to improve the level of data it holds in relation to its Council, associates and registrants, which it recognised was limited. This year the GDC carried out a rapid evidence assessment of best practice for EDI data and has started to roll out changes to how it captures data. We are encouraged by the work the GDC is

¹ 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 \(as amended\)](#).

doing to address the remaining gaps in its EDI data and expect to see it doing more to analyse this data going forward.

The impact of Brexit and the pandemic on registration

This year we saw some changes in the GDC's performance data in its registration function, including in the time taken to process UK applications, the number of rejected applications for registration and renewal and the number of registration appeals. The GDC's registration processes for international applicants have changed since the end of the Brexit transition period, and the pandemic has also had an impact. We did not identify any concerns and we were satisfied that the GDC met this Standard. Since the end of the review period, we have been made aware of difficulties applicants seeking to sit the Overseas Registration Exam have had, and we will look into these in the next review.

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 publishes information about its role and activities on its website; this includes the GDC register which is easy to search. The website is easy to navigate with different sections relating to different areas of the GDC's work. The website can be accessed with the use of tools such as screen readers and text-based browsers.
- 1.2 The GDC has a dedicated microsite for registrants with guidance and other learning materials to help registrants apply the GDC's Standards in their daily work.
- 1.3 As well as through the website, the GDC uses social media to communicate to stakeholders and publish information about its work, including Council discussions and updates to guidance.

Conclusion against this Standard

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

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 statutory objectives are set out in the Dentists Act 1984. The objectives focus on public safety and maintaining public confidence.
- 2.2 The GDC sets out its purpose on its website, where it states, 'Our primary purpose is to protect patient safety and maintain public confidence in dental services.'
- 2.3 Its purpose, role and responsibilities are described in its Corporate Strategy, which it revisited in this review period. In response to the pandemic, the GDC carried out research and engaged with stakeholders, and renewed its focus. It published a webpage titled *Shifting our emphasis as we work to achieve our strategic aims*² which supplements the Corporate Strategy. The renewed areas of focus include: playing its part in identifying and addressing the exacerbated effects of the pandemic on inequality; looking at changes to dental practice that might impact patient safety, which have been accelerated or brought about by the pandemic; and understanding and highlighting workforce pressures that might impact on patient care.
- 2.4 The GDC also published *Responding to the changing strategic context* caused by the Covid-19 pandemic³ in December 2020, which explained that the GDC's purpose has not changed but it has changed the way it works including through its use of remote hearings, its use of online engagement with stakeholders and changes to its operations.
- 2.5 Last year we saw that the GDC has processes in place to identify and share learning across the organisation and we have not seen any changes to this approach this year.

Conclusion against this Standard

- 2.6 The GDC continues to focus its activities on public protection, and 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 continues to work on issues around Equality, Diversity and Inclusion (EDI). We saw it work with stakeholders on EDI matters, including the Diversity in Dentistry Action Group.

EDI strategy

- 3.2 The GDC continues to work to meet the objectives set out in its EDI strategy. In this performance review period, it has: continued to update its EDI webpage;

² <https://www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans/shifting-our-emphasis-as-we-work-to-achieve-our-strategic-aims>

³ <https://www.gdc-uk.org/about-us/our-organisation/our-corporate-strategy-and-business-plans/shifting-our-emphasis-as-we-work-to-achieve-our-strategic-aims>

produced easy read documents on key processes for members of the public; carried out an accessibility audit of its website; published information about its gender pay gap; developed an EDI research action plan and set up staff networks for women and people with disabilities. We will continue to monitor the GDC's progress against its EDI strategy.

EDI data

- 3.3 The GDC has been working to improve the level of data it holds in relation to its Council, associates and registrants, which it recognised was limited. This year the GDC carried out a rapid evidence assessment of best practice for EDI data and has started to roll out changes to how it captures data.
- 3.4 The GDC has engaged with stakeholders, including people from minority ethnic groups, and looked at the evidence base to understand what works in capturing EDI data. It is assessing how best, and when, to capture EDI data for different respondent groups looking at its communications, and how it stores data internally.
- 3.5 The GDC updated its data collection form for registrants and carried out an engagement exercise to encourage registrants to provide data. The GDC says that registrant EDI data capture now follows best practise. It held full EDI data on 66% of registrants at the end of the performance review period, and by March 2022 this had increased to 92%.
- 3.6 The GDC has an active communications and engagement campaign with associates, explaining to them why it collects EDI data. It holds data for 94% of associates. It has only been collecting EDI data for Council members since last year and currently only has data for five of its 12 Council members.
- 3.7 It has limited data on fitness to practise complainants but is working to improve this.
- 3.8 The GDC's limited data, particularly on Council members and informants in fitness to practise cases limit its ability to analyse and understand EDI issues. However, we are reassured that the GDC is working to improve the amount of data it holds.

Conclusion against this Standard

- 3.9 We are satisfied that this Standard is met. We encourage the GDC to address the remaining gaps in its EDI data, notably around fitness to practise complainants and Council members, ensure that it is using that data to inform its work, and progress against its EDI Strategy.

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 publishes its annual reports and accounts on its website, as well as Council papers and meeting minutes. It holds six Council meetings a year, and reports are presented to Council at every meeting on: performance against Key Performance Indicators (KPIs) in fitness to practise, registration and education; progress against strategic priorities; finance and departmental updates.

- 4.2 It has policies on whistleblowing, and on how it manages corporate complaints. The corporate complaints policy sets out how the GDC learns from corporate complaints and disseminates that learning across the organisation.
- 4.3 This year we have not seen any instances of the GDC considering the findings of public inquiries or other relevant reports, but its Public Affairs, Policy and Media Update and Stakeholder Engagement Reports provide evidence of it monitoring the impact of wider developments in the sector on its work.

Conclusion against this Standard

- 4.4 The GDC reports on its performance and takes action where issues are identified, so we are 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, we saw examples of the GDC consulting with its stakeholders, such as on revisions to its Preliminary Meeting Guidance. The GDC publishes its consultation outcome reports, and its response which details the action it will take following the consultation.
- 5.2 The GDC also engaged with its stakeholders in response to the Covid-19 pandemic, which helped shape its *Responding to the changing strategic context* document. It commissioned independent research and held six online round table events with dental professionals, sector leaders and organisations that represent patients. The GDC amended its processes and policies in response to consultation responses and input from its stakeholders. The GDC continues to have members of staff who are responsible for liaising with the government and other stakeholders in each of the devolved nations about issues concerning dentistry.

GDC's position on dental devices and engagement with stakeholders

- 5.3 We received correspondence from a registrant who had concerns about compliance with a requirement that all dental devices require a Statement of Manufacture⁴ by an individual who is registered with the Medicines and Healthcare Products Regulatory Agency (MHRA). The registrant was concerned about the GDC's response to concerns about compliance with the requirements, and the actions it is taking to educate its registrants and others about the requirements.
- 5.4 We explored the concerns raised with the GDC. The GDC confirmed that it can and does examine concerns raised in this area, although its remit requires it to focus on the actions of the individual carrying out treatment, rather than the

⁴ Manufacturers of custom-made dental appliances are required (by the Medical Devices Directive 93/42/EC) to provide a Statement of Manufacture for each device made, which includes the manufacturer's name and business address, identification details for the device, a statement that the device is a custom-made dental appliance designed for a named patient, any details of the person who prescribed the device and the prescription details, and a statement that the device conforms to the essential requirements set out in Annex I of the Medical Devices Directive 93/42/EC and, if applicable, which essential requirements have not been fully met and why. A manufacturer must also offer patients a copy of the Statement of Manufacture.

safety of the device itself. It can refer matters to the MHRA or other stakeholders if they are better placed to investigate or take action.

- 5.5 It told us that concerns relating to devices do not routinely appear in fitness to practise or illegal practice cases, or cases brought to the Dental Complaints Service.⁵ The GDC said that it has limited evidence of risk in this area, and as such this has not been a focus for the Regulation of Dental Services Programme Board's⁶ Risk and Oversight Group. The GDC has worked with stakeholders including the MHRA, registrants and the dental sector about dental devices.
- 5.6 The GDC has given us reassurance that it is engaging with stakeholders about this issue, and that it is taking appropriate action when concerns are raised with it about compliance with the legislation. We will however continue to monitor this area.

Conclusion against this Standard

- 5.7 We saw that the GDC engaged effectively with its stakeholders during this performance review period, and we are satisfied that the Standard is met. We will continue to monitor the risks around dental devices and the GDC's management of those risks.

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 did not make any changes to its standards for registrants during this performance review period. The current standards, *Standards for the Dental Team* have been in place since 2013, and the GDC's work to review these has been delayed. We have not seen any evidence that the Standards are out-of-date or that there are risks arising out of this delay.
- 6.2 The GDC has continued work on its 'Promoting Professionalism' project, which will form the basis for a new set of Standards. It published its research on *Professionalism: a mixed-methods research study*.⁷ Its Costed Corporate Plan 2021-2023 suggests that it will complete the implementation of the new framework to promote professionalism in 2022 and its website indicates that it will be engaging all stakeholders as work on this framework, and the review of the Standards, progress.

Conclusion against this Standard

- 6.3 We will consider the GDC's progress in revising its Standards in our next performance review. In the context of the pandemic and given that we are not

⁵ The Dental Complaints Service exists to help private dental patients and professionals settle complaints about private dental care fairly and efficiently. It is funded by the GDC.

⁶ The Regulation of Dental Services Programme Board is formed of organisations with a role and responsibility for setting, managing and regulating how dental care is provided in England.

⁷ <https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/promoting-professionalism>

aware of concerns about the standards, we consider that delaying this work was a reasonable decision, and we are 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 The GDC publishes guidance and position statements to support registrants to apply its standards. As mentioned under Standard 6, it is revising its *Standards for the Dental Team*, and it will review its additional guidance once it has completed this review.

Updates to guidance for registrants this year

- 7.2 Last year, we reported that the GDC had commenced a review of its *Scope of Practice guidance* (the guidance), which was last updated in 2013. It commissioned research to inform the development of the guidance. In this review period, the GDC held a live online event to examine the findings of the research and met with key stakeholder groups to discuss the options for updating the guidance. The GDC then developed a draft updated guidance document, which it expects to consult on in early 2022.
- 7.3 This year, the GDC became aware of an increasing number of organisations offering ‘teledentistry’ and a growth in organisations providing direct to consumer or remote orthodontics using clear plastic aligners.
- 7.4 The GDC contacted providers of remote orthodontic platforms in the UK to gain a full understanding of the services provided and the approach to delivery and sought clinical advice. The GDC also commissioned an expert to do a rapid scoping of remote dentistry literature, looking at what evidence and research currently exists – including international examples.
- 7.5 In addition, the GDC published a statement on ‘direct-to-consumer’ orthodontic treatment⁸ along with supporting information for both dental professionals and the public.

Conclusion against this Standard

- 7.6 The GDC provides guidance for registrants which it updates as appropriate. It is continuing its review of the *Scope of Practice guidance* documents and we have seen evidence of this progressing during the review period. We also saw the GDC recognised risks to patients and service users in relation to remote orthodontic treatment and responded with its statement. We are satisfied that this Standard is met.

⁸ <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/gdc-guidance-for-dental-professionals/direct-to-consumer-orthodontics/gdc-statement-on-direct-to-consumer-orthodontic-treatment>

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.

8.1 The GDC publishes 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.

Speciality curricula

8.2 The GDC is responsible for approving all curricula for education and training in specialist dentistry. The content of the curricula is developed by the Specialty Advisory Committees (SACs) who report to the relevant Dental Faculties of the Royal Colleges. The curricula, in some cases, are more than 10 years old and the GDC had started the process of reviewing the curricula, but this review has been delayed due to the pandemic, particularly because of work pressures on members of the SACs.

8.3 The GDC is continuing to work with the SACs to revise the curricula, and now expects the revised curricula to be in place by September 2022.

8.4 The GDC has not identified any risks associated with the delay. It has kept risks under review through discussions with the SACs and at Advisory Board for Specialty Training in Dentistry meetings and has a plan to manage any identified risks. We have not been made aware of or identified any risks.

Conclusion against this Standard

8.5 We consider that the delay to the revision of the speciality curricula is reasonable given the pressures created on the GDC and the SACs by the pandemic and the need to prioritise other work. We are assured that the GDC has managed the risks around delaying this work and that it is now progressing this work. 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 The GDC has established processes for approving and quality assuring education programmes. We are satisfied that 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.

Quality assurance in light of Covid-19

- 9.2 Throughout 2020 and the 2020/21 academic year, the GDC undertook a programme of targeted monitoring to assess the impact of Covid-19. It looked at whether there were adequate provisions of clinical experience for all students, particularly those expected to graduate in 2021. The GDC reported that some follow-up inspections of education providers were required in cases where the evidence provided was insufficient to demonstrate that expected learning outcomes had been achieved and students were at the required level, particularly with regards to their level of clinical experience.
- 9.3 The GDC inspected six programme providers under this process during the review period. Inspection outcomes ranged from programme assurance, ongoing programme monitoring and an extension to one programme with a delay in qualification. The GDC will continue this programme of monitoring and inspection due to the ongoing impact on dental education of Covid-19.

Conclusion against this Standard

- 9.4 The GDC's work to approve and quality assure education providers and programmes has remained effective, despite the ongoing challenges of the pandemic. 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 the review period there have been no changes to the way in which the GDC register is published and accessed. The online register search function remains prominently displayed on the GDC website and it allows users to search by practitioner title, registration number, forename, surname (including a 'sounds like' option), town and postcode. The search function also allows users to search for erased registrants.
- 10.2 We reviewed 44 cases that the GDC notified us of an appealable decision. We checked that the entry on the register accorded with the outcome of the fitness to practise hearing and did not identify any errors.

Conclusion against this Standard

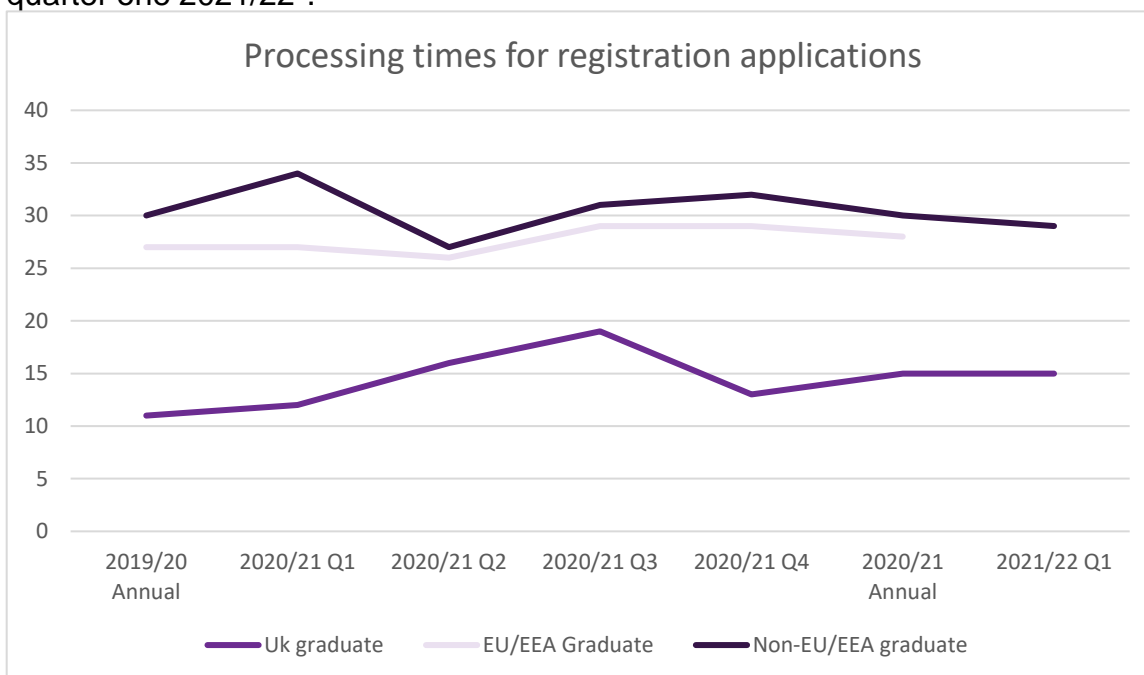
- 10.3 We are satisfied that this Standard is met.

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

- 11.1 This year we saw some changes in the GDC's performance data in its registration function. We investigated these changes and were satisfied that the GDC continues to meet this Standard.

Processing times for UK registration applications

11.2 The median processing times in working days for each category of applicant is shown in the chart below. This review period covers quarter two 2020/21 to quarter one 2021/22⁹.



11.3 There has been a relatively small increase in the median time taken to process UK applications. The GDC told us that the following had impacted processing times:

- limited access to the office during the most restrictive periods of lockdown contributed to an increase in application processing times because applications had to be scanned for home working (which had previously been processed on-site)
- staff have continued to work from home across the period given the various restrictions and arrangements the GDC had in place.

11.4 Changes to the way the GDC manages applications, introduced with the introduction of registration application fees on 1 January 2020 has had an impact. Applicants are now given an opportunity to correct or complete applications before a decision is taken. Before, applications would be returned if errors were identified. The GDC stated that this means that there is a consistently higher live workload for the team, as applications that would have been returned under the previous process are instead placed 'on-hold' which can require additional staff time to monitor and follow up.

11.5 We understand that the pandemic had an impact on the processing of registration applications as did the GDC's new process. This provides a reasonable explanation for the changes we have seen in the GDC's performance against this measure. We will monitor this data over the next period of review.

⁹ We changed our dataset – the data we ask regulators to provide to us – from quarter 1 of 2021/22. We no longer ask regulators to provide separate data on EU/EEA and international applications. The last quarter for which we have separate data on EU/EEA applications is therefore quarter 4 of 2020/21.

Increase in the number of rejected applications

- 11.6 The number of rejected registration applications is significantly higher in this performance review period, at 755. In the last review period, it was 336.
- 11.7 The GDC told us that the increase in rejected applications was because:
- it increased its panel capacity due to the end of the Brexit transition period and the expected surge in applications before the 31 December 2020 deadline
 - there was an increase in the number of overseas qualified dentists applying to work as Dental Care Professionals (DCPs). This was a result of the suspension of the Overseas Registration Exam (ORE).¹⁰ The GDC reported that overseas qualified dentists are not always able to provide the required evidence to register as a DCP.
- 11.8 At this stage, given the GDC's explanation, the increase in rejected applications does not raise concerns. Again, we will monitor this area over the next review period.

Increase in the number of rejected renewal applications

- 11.9 The number of rejected applications for renewal is higher this period, with 350 in this review period compared to 260 last year.
- 11.10 The pandemic and the GDC's suspension of Continual Professional Development (CPD) compliance work in the previous period of review meant that there had been a delay in completing removal of non-compliant registrants. In this review period, 193 DCPs were removed from the register for not complying with CPD requirements. The GDC also told us that the 2020/21 period was the first year of the Enhanced CPD rules and that this also generated higher removal rates, which were anticipated.
- 11.11 We are reassured by the GDC's explanation for the increased number of rejected renewal applications. This appears reasonable in the circumstances.

Increases in registration appeals received

- 11.12 We saw an increase in the number of registration appeals received in this review period, with 63 appeals received in this period compared to 25 in the last period. The GDC concluded 30 appeals in this period.
- 11.13 The increase in appeals was due to changes to the process for EU applicants following Brexit from 31 December 2020:
- EU dentist applicants applying through the 'exempt person status' can no longer submit additional information if their registration application is refused, and instead their only option to proceed is to appeal the refusal decision
 - EU applicants who do not have recognised European qualifications have to sit the ORE or Licence in Dental Surgery.¹¹

¹⁰ The Overseas Registration Exam is an exam that overseas qualified dentists have to pass in order to register with the GDC.

¹¹ The Licence in Dental Surgery (LDS) provides an alternative route to the ORE, and is awarded by the Faculty of Dental Surgery of the Royal College of Surgeons of England.

- 11.14 The number of appeals upheld in this period increased from 10% to 23%. This is expected as some of the successful appeals from EU dentist applicants would have been accepted for registration if the additional evidence had been supplied on refusal of an application, as was possible under the previous process. The only route for this cohort to supply this additional information is now through the registration appeals process, increasing the number of successful appeals.
- 11.15 We were reassured that there were no appeals upheld where no new information was presented by the applicant, which provides assurance that the initial decisions being made by the registration teams were appropriate.

Overseas Registration Exam

- 11.16 As mentioned above, the ORE was suspended because of the pandemic. The GDC restarted the ORE with a sitting in January 2022. Since the end of this performance review period, we have been made aware of difficulties applicants have had with completing the ORE before their statutory deadline. This includes candidates approaching the statutory five-year deadline between first attempting Part 1 of the exam and passing Part 2 not being able to take Part 2 before their deadline passed.
- 11.17 The GDC has stated that legislative change is needed to provide it with more flexible legislation, and a consultation on this opened in February 2022.¹² We will monitor the impact of the suspension of the ORE and its resumption, as well as how the GDC managed these, in the next review period.

Conclusion against this Standard

- 11.18 We identified changes to the time taken to process UK applications, the number of rejected applications for registration and renewal and the number of registration appeals. The GDC has provided an explanation for each change, which has provided reassurance. Given the GDC's explanations, and the impact of both the pandemic and Brexit, we are satisfied that this Standard is met. We will continue to monitor the data in the next review period.

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.

Illegal practice activity

- 12.1 The GDC continues to act and prosecute individuals practicing illegally, principally in relation to illegal tooth whitening. In relation to illegal tooth whitening, the GDC's approach focusses on education, encouraging compliance and completing spot-checks.
- 12.2 The GDC publishes its policy statement on the enforcement of Dentists Act offences on its website, along with information on illegal practice and advice on

¹² <https://www.gov.uk/government/consultations/changes-to-the-general-dental-council-and-the-nursing-and-midwifery-councils-international-registration-legislation>

how to report illegal practice concerns to the GDC. It reports on illegal practice to its Council.

Position on remote orthodontics

- 12.3 The GDC has undertaken some work in relation to remote orthodontics. It published its policy position statement on 'direct-to-consumer' orthodontic treatment, as mentioned under Standard 7, along with supporting information for both dental professionals and the public.
- 12.4 The GDC is developing a framework to assist its policy development in this area in a project called 'Boundaries of regulation'. The framework will support decision making on issues relating to the boundaries of its regulatory powers and remit. We will monitor how this work progresses in the next performance review.

Conclusion against this Standard

- 12.5 We will look at the GDC's progress on its 'Boundaries of Regulation' work in the next review, and monitor its use of and approach to undercover investigations. We are satisfied 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 The GDC's enhanced CPD scheme was introduced in 2018. We have seen that it removes registrants from the register when they do not meet CPD requirements.

Future model of lifelong learning

- 13.2 The GDC has been working to establish a clearer link between CPD and lifelong learning. In 2019 it published a discussion document about developing a future model of lifelong learning for dental professionals. It sought feedback on how to move towards a more meaningful system of lifelong learning, centred in a portfolio model, in which professionals take ownership and shift away from the current hours-based model. The GDC reported general agreement with its proposed directions and activities, but there were concerns about practicalities such as costs, access to activities, time off work and how compliance will be achieved. A significant number of respondents raised concerns that a system with more freedom and flexibility might mean that some professionals not comply with the spirit of the requirements. There was divided opinion about the removal of the minimum hourly requirements in a future system.
- 13.3 The GDC reported that it will undertake further evaluation of the CPD scheme. It will consider how the current scheme can be made more flexible and include a broader range of learning activities, within the current legislative framework, such as reflective practice and peer learning.

CPD and Covid-19

- 13.4 The GDC recognised that access to CPD may be hindered by the Covid-19 pandemic control measures, and it has stated on its website that if registrants have been affected, they will not be penalised. It states that registrations should do all they can to comply in time for the deadline, but, if this is not possible for

reasons related to COVID-19, the GDC will take the exceptional circumstances into account.

Conclusion against this Standard

- 13.5 The GDC continues to engage with registrants in relation to CPD. We saw that the GDC is continuing to develop and review its CPD scheme and is considering ways to ensure registrants are engaged and motivated through its work on lifelong learning. The GDC has published a public statement about its approach to CPD during the Covid-19 pandemic. We are satisfied that this Standard is met.

Fitness to Practise

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

- 14.1 The GDC provides information for anyone wishing to make a complaint about a registrant on its website. It provided information for complainants and registrants about how it would manage fitness to practise complaints during the Covid-19 pandemic.
- 14.2 In 2016, the GDC established the Profession Wide Complaints Handling Initiative working group to improve the local resolution of complaints. This year, the GDC worked on reviewing its approach to sharing and understanding complaints data.
- 14.3 The number of referrals to the GDC dropped at the end of the last review period, which was expected given that dental services were restricted in the early part of the pandemic. In this review period, the number of referrals received has returned to previous levels. We do not have any concerns but will continue to monitor this area.

Conclusion against this Standard

- 14.4 The GDC has appropriate processes and guidance in place to enable individuals to raise concerns about registrants. 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 The GDC did not meet this Standard in the last three performance reviews, primarily because the median end-to-end timeframe for dealing with fitness to practise cases was unacceptably high. We have also been concerned about the number of unresolved older cases in the GDC's caseload.
- 15.2 We have not identified any concerns about the GDC's processes for examining and investigating cases.

Undercover investigations

- 15.3 Last year, we reported on media attention surrounding the GDC's use of undercover investigators, and the case of a registrant who challenged the GDC's process.
- 15.4 The GDC has produced two blogs on this topic, which provide detail about the GDC's processes and explain that it carries out a very small number of undercover investigations. The GDC has highlighted that it undertakes a careful assessment, with the involvement of a lawyer, before embarking on an undercover investigation. This issue has generated a lot of attention, and we have not seen whether the GDC has taken any learning from the case or made any changes to its process. Equally, we have received no evidence that the GDC has undertaken such investigations inappropriately. The GDC did not undertake any undercover investigations in this period of review. We will continue to monitor the GDC's approach.

Timeliness in fitness to practise

- 15.5 We remain concerned about the time it takes the GDC to progress fitness to practise cases. As shown in the table below, the most recent annual medians show a slight decline in performance in the case examiner to final hearing and receipt to final hearing measures. The GDC's performance in the receipt of referral to case examine decision has improved.
- 15.6 We accept that the pandemic had an impact on the GDC's progression of cases, including because it had to cancel all final hearings in quarter 4 of 2019-20. The GDC reports that the majority of those cases were concluded in this performance review period, impacted the median timeframes to final hearing measures this year.

Median time (in weeks) from:	2019/20 Annual	2020/21 Annual
Receipt of referral to case examiner decision	50	46
Case examiner decision to final hearing	38	42
Receipt of referral to final Professional Conduct Committee determination/or other final disposal of the case	107	109

Number of older cases

- 15.7 The number of cases older than 52 weeks has increased in this review period to 468 compared to 400 last year.
- 15.8 The GDC closed 322 cases older than 52 weeks in this review period, with the majority (185) closed at final hearing. A further 60 cases were closed at case examiner stage, 76 at assessment and one at triage.
- 15.9 The GDC told us that it has focussed on closing the oldest cases at assessment and case examiner stages. It explained that a proportion of its older cases resulted from concerns raised by the NHS, and that it has been working with the NHS to ensure that cases are referred to it at the right stage of the NHS investigation.

Action the GDC is taking to improve timeliness

- 15.10 The GDC has several workstreams in place to improve timeliness in fitness to practise, including:
- Rule 4 observations: the GDC has adopted a new process to disclose clinical reviews at an earlier stage, and offer additional time for registrants to respond to allegations, so that registrants can provide better evidence to case examiners, enabling more cases to be resolved by case examiners
 - Fitness to practise action plan: the GDC reported that it had to adapt its plan, due to the resourcing issues in the fitness to practise team. The plan is currently focussing on resourcing the team properly, reducing caseloads and addressing underlying resilience issues.
 - Revision of KPIs: the GDC says that the current KPIs have not been useful in terms of improving performance. It presented updated proposed KPIs to Council in December 2021.
 - Streaming of cases: the GDC implemented case streaming in 2018, and it has now identified three different groups for the 14 case streams. Each group has different KPIs, which the GDC expects will give a better insight into performance and allow it to plan resources more effectively.
- 15.11 The GDC expects that timeliness will deteriorate for a period as it resolves older cases in the system. It will use information for cases referred from 1 January 2022 to monitor the underlying timeliness of newer cases.

Conclusion against this Standard

- 15.12 We recognise that the GDC has had difficulties in resourcing its fitness to practise team, and the work it has planned to improve timeliness in fitness to practise. However, due to the increase in the number of older cases, and the time taken from receipt of a case to Professional Conduct Committee hearing, we concluded that this Standard is not met. However, the GDC has improvement plans in place and we will continue to monitor its work.

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 several processes to ensure that all decisions are made in accordance with its process and statutory objectives. It scrutinises decision-making and the application of its processes in the following ways:
- The Quality Assurance Group (QAG) reviews a number of fitness to practise cases on a quarterly basis
 - The Decision Scrutiny Group (DSG) meets monthly to scrutinise 10% of randomly selected fitness to practise cases
 - The Risk Management and Internal Audit team reviews all cases which have been closed at each stage of the fitness to practise process.
- 16.2 The QAG and DSG report quarterly to the Statutory Panellists Assurance Committee and annual reports are provided to Council.

Professional Conduct Committee decisions

- 16.3 This year, 170 cases were considered by the GDC's Committees at final hearing. 122 final fitness to practise decisions were made, with 48 adjournments. This is an increase in the rate of adjournments at final hearing from 20% to 28%.
- 16.4 We understand that the pandemic and move to remote hearings could be factors in the increased adjournment rate.
- 16.5 The GDC records and analyses reasons for adjournments to identify trends and where necessary to act, such as through improving listing processes to ensure participant availability or providing training to panellists.
- 16.6 The most significant reason for adjournment is the time estimate, which is a factor in 45% of adjournments. The GDC is currently doing some work to address this, and we are assured that it is monitoring and learning from adjournments.

Outcomes of our Section 29 work

- 16.7 During the performance review period, the GDC notified us of 228 hearing decisions¹³. In total we carried out eight detailed case reviews, held two case meetings and lodged one appeal. We have not identified any significant patterns of concern.

GDC's adjudication department

- 16.8 Last year, we reported that the GDC had commenced a project to separate the adjudication department from the fitness to practise function, within the boundaries of the GDC's current legislation. This was intended to address the perception that the GDC is both the 'prosecutor' and 'adjudicator' and to insulate the adjudication function.
- 16.9 Work on this programme was delayed by the onset of the COVID-19 pandemic, but we will continue to monitor this area. We have not identified any risks arising from this delay.

Conclusion against this Standard

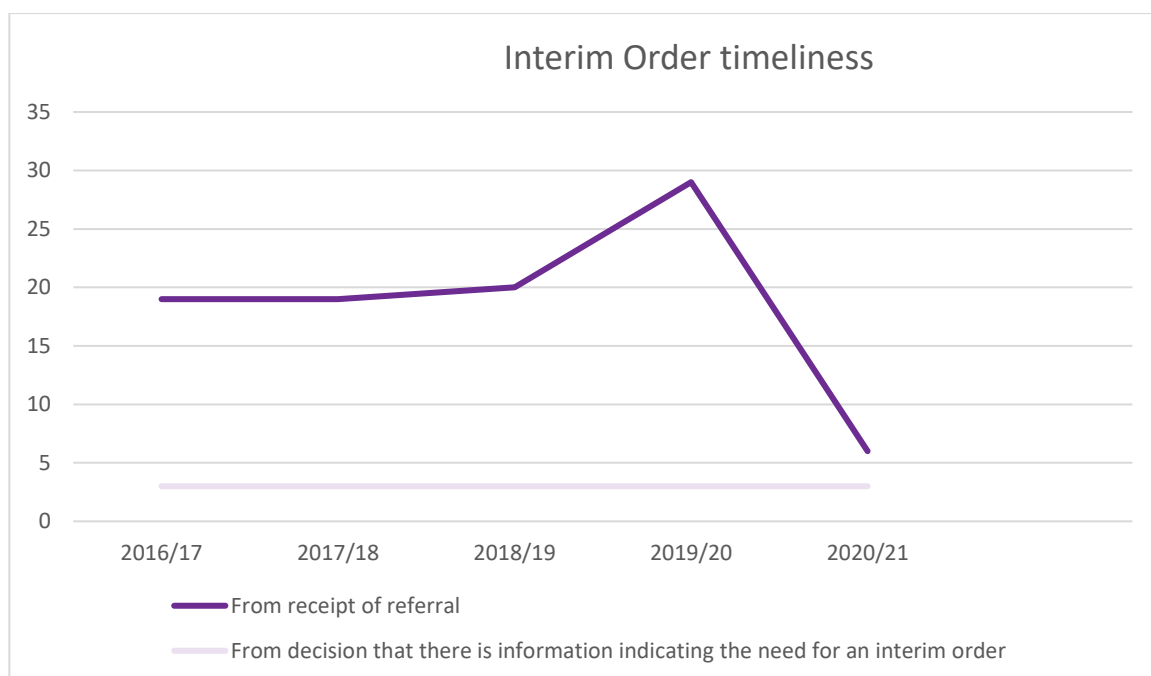
- 16.10 The GDC has processes in place to ensure that all decisions are made in accordance with its process and statutory objectives. We are assured that the GDC is monitoring and managing the rate of adjournment, and we will keep this area under review. We have not identified any significant concerns and 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 This Standard was not met last year, when we saw an increase in the median time taken from receipt of a referral to Interim Order Committee decision.

¹³ This number differs from the figure quoted at 16.3 because it includes both initial and review decisions made by the GDC.

- 17.2 We saw that a significant minority of cases were referred to the Interim Order Committee by case examiners. We were concerned that this suggested that caseworkers may have missed evidence of risk at the investigations stage, and therefore failed to identify the need to refer to the Interim Order Committee. This would then have an impact on the overall median time from receipt of a case to an Interim Order Committee decision.
- 17.3 Since then, the GDC told us that it had identified that some case types were more likely to be considered high risk by case examiners and shared this learning with the casework team. It has emphasised the need to undertake frequent risk assessments and changed how it manages high risk cases; it allocates any case with an interim order to a single casework team.
- 17.4 This year, 21 of 157 (or 13%) of cases considered by the Interim Order Committee were referred by case examiners, compared to 29 of 103 (or 28%) last year.
- 17.5 In addition, this year, the receipt of a referral to Interim Order Committee decision measure has significantly improved, as shown in the table below.



- 17.6 The median time from the decision that there is information demonstrating the need for an interim order referral to the Interim Order Committee decision has remained stable, indicating that once the GDC identifies that a referral is required it moves quickly to get a decision.

Conclusion against this Standard

- 17.7 The GDC has effectively addressed the concerns we had last year. Considering the improvement in timeliness in this performance review period, the reduction in the proportion of interim order cases referred by the case examiners, and the actions taken by the GDC, we are satisfied that this Standard is met.

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

18.1 The GDC met this Standard last year and we have seen no evidence that its performance has deteriorated during this review period.

The GDC continues to publish information about how its fitness to practise processes are working during the pandemic on its website. It has updated:

- Its webpages for fitness to practise complainants, to reference its approach to decision making and updated guidance for case examiners (as detailed in Standard 16)
- Its webpage with information on remote hearings with frequently asked questions.

Conclusion against this Standard

18.2 We have not identified any concerns about the GDC's performance against this Standard and we are satisfied that it 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 a glossary, spelling out abbreviations, but also adding some explanations. You can find it on our website [here](#).

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

Useful links

Find out more about:

- [the 10 regulators we oversee](#)
- [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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