professional standards authority
for Health and Social Care

Professional Standards Authority response to the General Dental Council's consultation on the Framework for Professionalism

1. About us

1.1. The Professional Standards Authority for Health and Social Care (PSA) is the UK's oversight body for the regulation of people working in health and social care. Our statutory remit, independence and expertise underpin our commitment to the safety of patients and service-users, and to the protection of the public.

1.2. There are 10 organisations that regulate health professionals in the UK and social workers in England by law. We audit their performance and review their decisions on practitioners' fitness to practise. We also accredit and set standards for organisations holding registers of health and care practitioners not regulated by law.

1.3. We collaborate with all of these organisations to improve standards. We share good practice, knowledge and our right-touch regulation expertise. We also conduct and promote research on regulation. We monitor policy developments in the UK and internationally, providing guidance to governments and stakeholders. Through our UK and international consultancy, we share our expertise and broaden our regulatory insights.

1.4. Our core values of integrity, transparency, respect, fairness, and teamwork, guide our work. We are accountable to the UK Parliament. More information about our activities and approach is available at **www.professionalstandards.org.uk**

2. Key points

2.1. We welcome the opportunity to respond to the GDC's consultation on the Framework for Professionalism. We agree with the GDC's assessment that the current *Standards for the Dental Team* are overly detailed and that a more principles-based approach could support professionals to exercise their own judgement in the best interests of their patients. However, there needs to be an appropriate balance between reducing unnecessary prescription and providing sufficient clarity about professional obligations.

2.2. We are concerned that the Framework may not provide sufficiently clear expectations or supporting guidance in several key risk areas. In particular, as presented, it weakens the prominence of financial conflicts of interest despite their

recognised risk to patient safety; does not explicitly address sexual misconduct and professional boundaries despite growing concern and increasing fitness to practise cases; and reduces detail on complaints handling, potentially missing opportunities to support learning, patient confidence and safety. We consider that stronger Expectations and, where appropriate, additional guidance would be needed in these areas before the Framework is implemented.

2.3. We also believe the Framework places less emphasis on equality, diversity and inclusion than the current Standards, including around reasonable adjustments, non-discrimination and the inappropriate expression of personal beliefs to patients. In addition, it does not clearly address standards of conduct outside professional practice. Overall, we would encourage the GDC to ensure that key areas of guidance and/or further Expectations are developed and incorporated before the new Framework comes into force, in order that public protection is upheld.

3. Responses to consultation questions

3.1. Our responses to the individual questions posed in the consultation are detailed below.

Q1. To what extent do you agree or disagree that the role of the Principles is clear?

3.2. Agree

Q2. To what extent do you agree or disagree that the Principles capture the key areas of professionalism in dentistry?

3.3. Agree

3.4. The Principles are broad and capture many elements of the current Standards for the Dental Team. They appear to cover the core elements of professionalism and provide a good overview of what it means to be a professional.

Q3. To what extent do you agree or disagree that the Principles, when applied by dental professionals, will help maintain public and patient safety?

3.5. Neither agree nor disagree

3.6. While the Principles contain the core elements of professionalism, the Principles alone lack the detail and specificity required to guide dental professionals across all areas of practice. The GDC's approach of setting out Expectations and developing professional guidance to sit alongside the Principles should help address this issue. However, there is currently insufficient clarity as to whether the guidance will cover the full range of practice and conduct issues that would benefit from more detailed explanation.

Q4. To what extent do you agree or disagree that the criteria for Professional Guidance are clear?

3.7. Disagree

3.8. The consultation outlines the criteria for providing professional guidance as follows:

- Clear direction or boundaries are needed to ensure patient safety or maintain public confidence and/or
- The GDC is the body responsible for issuing the guidance.

3.9. While we can see the benefit in having broad criteria for developing guidance ('ensure patient safety or maintain public confidence'), in practice, they are unlikely to meaningfully narrow the scope of potential guidance topics or indicate when the development of guidance would be appropriate. It would be helpful to understand how the GDC intends to prioritise areas where clear direction is needed. This could arise, for example, from learning from fitness to practise cases, research findings, consultation with stakeholders, patient and public feedback etc. It might be useful to set out in more detail the circumstances under which guidance would be considered necessary.

3.10. Additionally, as there is an 'or' between the two criteria, in theory, the only criterion might be that 'the GDC is the body responsible for issuing the guidance'.

Q5. In addition to the areas listed above, are there any other aspects of professional practice or conduct that you think meet the criteria for the GDC to issue Professional Guidance?

3.11. The consultation document sets out that the GDC intends to embed existing guidance on indemnity and insurance; reporting matters to the GDC; scope of practice; and advertising and social media, into the Framework as Professional Guidance. In addition, new guidance on consent and shared decision making is planned.

3.12. It is unclear whether the guidance referenced above represents the full suite of documents that the GDC expects to have in place at the time the new Framework comes into effect.

3.13. In our view, guidance (or at the least more robust Expectations) may be required in the following distinct areas:

Financial conflicts of interest

3.14. Financial conflicts of interest (for example, where the financial interests of a practitioner conflict with patients' best interests) represent a known risk to patient safety. Due to the structure and operation of dentistry in the England in particular, whereby dental practitioners provide services under contract to the NHS and where patients are generally expected to make a financial contribution to care, this risk is likely to be more acute and fraudulent claims to the NHS is a known issue.[1]

3.15. Whilst the great majority of professionals would not put their own interests above those of their patients, there have been high-profile cases where this has occurred.[2] Where a professional prioritises financial gain over their patients' best interests this can result in, amongst other things, overtreatment, inappropriate treatment selection, and inadequate disclosure of costs. In our 2022 report *Safer care for all* we recommended a cross-sector review of the effectiveness of arrangements to address financial conflicts of interest among healthcare professionals and stated that regulators should take a more robust approach to tackling business practices that failed to put patients first.

---

[1] **Dental contractor fraud | Strategic Intelligence Assessment 2025**

[2] See for example *Safer care for all*, 2022, chapter 2 'The future is now: keeping pace with changes in how care is funded and delivered': **Safer care for all. Solutions from professional regulation and beyond**

3.16. Given the risks presented to patients by financial conflicts of interest we are disappointed that the Framework and Expectations do not make more explicit reference to this issue. Whilst the Principles may implicitly capture financial conflicts, and the Expectations include to *'Put patient interests at the centre of what you do and encourage others to do the same'* this represents a significant change in emphasis from the existing Standards. The current Standards for the Dental Team address this issue in more explicit and direct terms, for example *'You must always put your patients' interests before any financial, personal or other gain'* and *'When you are referring patients to another member of the dental team, you must make sure that the referral is made in the patients' best interests rather than for your own, or another team member's, financial gain or benefit.'*[3]

3.17. The absence of clear, explicit wording concerning financial conflicts of interest risks reducing the visibility and salience of financial drivers as a distinct source of potential harm. Consideration should therefore be given to whether a clearer articulation of expectations in relation to financial interests is required to maintain transparency, consistency and public protection.

Sexual boundaries/misconduct

3.18. Sexual misconduct has been a significant area of focus and concern for the PSA over recent years, driven by increasing awareness of sexual misconduct in health and care settings and rising numbers of allegations involving sexual misconduct being made to regulators.

3.19. PSA data over the last five years indicates an upward trend in final fitness to practise panel decisions involving sexual misconduct, both in absolute numbers and as a proportion of the fitness to practise caseload. Sexual misconduct cases for all 10 health and social care regulators rose from 9.5% of total final substantive (non-review) hearing decisions in 2021/22 to 18.1% in 2024/25, with a small drop to 16.6% in 2025/26.[4] There has also been a rise in the number and proportion of final hearing decisions that the PSA has appealed in this type of case, because they are insufficient for public confidence in regulation and/or public protection.

3.20. Neither the Framework nor the Expectations explicitly address sexual misconduct or sexual boundaries (although the topic is broadly covered under the expectation to: '*Maintain appropriate personal and professional boundaries in the relationships you have with patients, colleagues and the public')*. While we understand that the GDC plans to undertake work on sexual misconduct which will feed into the Framework, this is not stated in the consultation document.

3.21. The failure to explicitly address sexual misconduct in guidance is at odds with the approach taken by other health and care regulators. For example, the General Medical Council provides detailed, standalone guidance on maintaining personal and professional boundaries which covers relationships with patients, former

[3] **Standards for the Dental Team**

[4] Professional Standards Authority, *Improving the handling of sexual misconduct cases in fitness to practise: Collated insights and practical measures for fairer, safer and more trauma-informed fitness to practise processes* (forthcoming)

patients and colleagues.[5] The Health and Care Professions Council has developed a 'sexual safety hub' including a number of resources and the clear expectation that *'you must not abuse your position as a health and care practitioner to pursue personal, sexual, emotional or financial relationships with service users, carers or colleagues.'*[6] The General Pharmaceutical Council also has standalone guidance on maintaining clear sexual boundaries which includes discussion of power imbalance and practical steps to avoid breaches.[7]

3.22. In not clearly and robustly setting out standards or guidance for professionals with regards to sexual boundaries, the GDC risks failing to make registrants fully aware of the expectations on them and the importance of maintaining appropriate boundaries to support patient safety and public confidence.

Complaints handling

3.23. Whilst complaints handling is covered as an Expectation under the proposed Framework ('Manage complaints using a clear and accessible policy that empowers patients to give feedback about their care, and ensure that you listen to, learn from, and respond to that feedback') the expectation is significantly less detailed than the Standards it is intended to replace. The existing Standards set out that there must be a clear and effective complaints procedure and includes detailed requirements covering the procedure, the right to complain, the need for recording and monitoring of complaints, and the unacceptability of stopping providing a service on the basis of a complaint.

3.24. Our 2025 research report *Barriers and enablers to making a complaint to a health or social care professional regulator: a qualitative study*[8] highlights the importance of complaints as a source of learning and improvement and the risk to patient safety if people (patients, service users and colleagues) feel unable or are unwilling to complain. Patients in particular experience a number of barriers to making a complaint, including uncertainty about the process and fear of repercussions on their care.

3.25. While we do not necessarily believe that standalone guidance on complaints is warranted, we would like to see either more robust Expectations concerning complaints handling, or further resources to guide professionals in complaints best practice.

Equality, Diversity & Inclusion

3.26. The proposed Framework appears to place less emphasis on equality, diversity and inclusion than the current Standards, particularly in relation to actively addressing discrimination and promoting inclusive practice. While there are welcome references to supporting vulnerable patients and making reasonable adjustments, the overall approach is more limited than the one it replaces and could weaken the message that fair, inclusive and non-discriminatory care is a core component of professional practice.

---

[5] ***maintaining-personal-and-professional-boundaries-final-version_pdf-105395766.pdf**
[6] **Recognising and acting on sexual misconduct | The HCPC**
[7] **In practice: Guidance on maintaining clear sexual boundaries**
[8] **Barriers & enablers to complaining to health professional regulators**

3.27. For example, under the principle 'Treat patients with respect' the Framework includes the expectation that registrants should 'Identify and support vulnerable patients, including those who may not be able to provide consent themselves, and those who require reasonable adjustments to be made for their care.' Similarly, under the principle 'Maintain trust in the profession' registrants are expected to 'act fairly and not discriminate against people for any reason, including, but not limited to, any legally protected characteristics.' These are important expectations, but they are framed at a relatively high level and do not provide the same degree of clarity or breadth as the current Standards.

3.28. In contrast, the current Standards contain more detailed provisions that go beyond simply reflecting the protected characteristics set out in equality legislation; Standard 1.6 makes clear that registrants must not discriminate against patients on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation, and further states that they must not discriminate against patients or groups of patients for any other reasons, such as nationality, special needs, health status, lifestyle, or any other consideration. The current Standards also explicitly require registrants to consider patients' disabilities and make reasonable adjustments to enable them to receive care that meets their needs, including referring patients where necessary if such adjustments cannot be made safely.

3.29. We consider this link between reasonable adjustments and the delivery of safe, effective care to be particularly important. It reinforces that making reasonable adjustments is not simply a procedural or compliance requirement but an integral part of providing safe and person-centred care.

3.30. We also note that the proposed Framework does not include an equivalent provision to the current Standard requiring registrants not to express their personal beliefs, including political, religious or moral beliefs, in ways that exploit patients' vulnerability or cause them distress. This is an important safeguard that helps ensure patients receive care that is respectful, inclusive and free from inappropriate influence. Given the potential impact that a clinician's personal beliefs can have on patients' experiences of care, we believe the Framework would be strengthened by retaining a clear expectation in this area.

Conduct outside of the profession

3.31. The Framework does not appear to address the need for professionals to uphold standards at all times, including outside of clinical practice and the working environment. This could be addressed through Expectations, rather than standalone professional guidance.

Incorporating guidance into the Framework

3.32. We appreciate that it takes time to develop good, robust guidance and that any new guidance the GDC intends to produce would need to be consulted on before it could be incorporated into the Framework. We hope that the new Framework will not be introduced until and unless necessary guidance has been developed addressing key risk areas.

Q6. To what extent do you agree or disagree that the purpose of the Expectations is clear?

3.33. Disagree

3.34. The consultation notes that, much like the Principles and Guidance, Expectations are 'statutory' and as such must be followed and can be referred to in fitness to practise proceedings. However, the consultation also notes the following on page 30: *'Dental professionals are normally expected to meet the Expectations, however it will be necessary to use professional judgment to assess which Expectations are relevant to a situation to be able to justify any decision to depart from an Expectation.'*

3.35. The above does not appear to give the Expectations the same status as the Principles or Guidance. It also represents a different approach to that taken in the current Standards which make clear that the requirements 'must' be followed (the Expectations are framed as conduct 'you are expected to' follow). Some of the conduct outlined in the Expectations relate to serious matters and outline conduct which should be unacceptable.

Q7. To what extent do you agree or disagree that the Expectations themselves are clear?

3.36. Neither agree nor disagree

3.37. While the wording is clear, as set out above, some of the Expectations lack sufficient detail or specificity.

Q8. To what extent do you agree or disagree that the Expectations cover the areas in which the regulator should set expectations for registrants?

3.38. Neither agree nor disagree

3.39. As set out in response to question 5, we believe that a number of areas require addressing in more detail, either under the Expectations or as standalone guidance. These are: financial conflicts of interest; sexual misconduct; complaints handling; equality, diversity and inclusion; and conduct outside the profession.

Q9. To what extent do you agree or disagree that the purpose of Supporting Material is clear?

3.40. Agree

Q10. Are there any topics in particular that you believe the GDC should prioritise to support registrants in using the Framework?

3.41. The areas we have identified for strengthening in the Framework (financial conflicts of interest; sexual misconduct; complaints handling; equality, diversity and inclusion; and conduct outside the profession) may also benefit from accompanying supporting materials.

Q11. To what extent do you agree or disagree that the proposed Framework for Professionalism will prioritise patient safety and public confidence?

3.42. Neither agree nor disagree

3.43. We agree with the GDC's assessment that the current Standards for the Dental Team are too detailed and overly prescriptive. In line with *Right-touch regulation*[9] it is important that regulation is proportionate, targeted and uses the least regulatory force required to achieve the desired outcome. Overly prescriptive guidance is unlikely to meet these criteria. However, there is a balance to be struck between taking a high-level 'principles based' approach, and providing a sufficient level of detail and guidance to registrants so that they are clear about what is expected of them.

3.44. While empowering professionals to use their own judgment is important, there are some areas of practice and conduct where regulators must ensure expectations are clearly articulated and understood. The draft Framework strips out a large amount of detail contained within the current Standards and replaces this with Principles, Expectations and (in some cases) Professional Guidance. We are concerned that, as drafted, the Framework does not do enough to specify boundaries or obligations in some areas of practice. We hope that this will be addressed before the new Framework comes into force.

Q12. To what extent do you agree or disagree that the proposed Framework for Professionalism encourages and supports the use of professional judgement?

3.45. Agree

13. To what extent do you agree or disagree that the proposed Framework for Professionalism supports dental professionals to make the appropriate decision for each situation?

3.46. Disagree

3.47. As outlined in response to earlier questions, there are some areas of practice or conduct that we believe warrant further Guidance (or Expectations). This is so that dental professionals have certainty about what is expected of them and patient safety and public confidence is upheld.

Q14. To what extent do you agree or disagree that the proposed Framework for Professionalism provides a useful way to organise guidance for registrants?

3.48. Neither agree nor disagree

3.49. Regulators have discretion about how to organise their standards and guidance and we do not take a firm view on how it should be presented. We are pleased that the GDC has engaged extensively with stakeholders during the development of the Framework.

Q15. Please specify which groups you think would be impacted and how. Please let us know if you have any suggestions for how these issues could be addressed.

3.50. The Principles and Expectations are substantially less detailed than the Standards they replace in terms of equality, diversity and inclusion (EDI) requirements. Without additional resources (clearer Expectations, Guidance or Supporting Material) this

[9] **Right-touch regulation | PSA**

has the potential to weaken the visibility and salience of EDI considerations, which could weaken service provision for some groups.

3.51. The GDC may wish to consider whether more could be done to strengthen EDI within the framework. This might include highlighting the importance of reasonable adjustments to the delivery of safe, person-centred care.

Q.16 Would the Framework for Professionalism address any existing equality issues, challenges or difficulties that you are aware of? Please specify which groups you think would be impacted and how. If applicable, please let us know if you have any suggestions for how these issues could be better addressed.

3.52. None that we are aware of.

Q.17 Would the Framework for Professionalism have any positive equality impacts? Please specify which groups you think would be impacted and how.

3.53. None that we are aware of, although it is possible that the more flexible approach of the Framework could encourage professionals to think more broadly about their practice, potentially resulting in them taking positive action to support EDI.

Q18. Thinking about the above, do you think the proposed Framework has any impacts (positive/negative/neutral) on opportunities to use the Welsh Language?

3.54. Don't know

Q.19 Thinking about the above, do you think the proposed Framework has any impacts (positive/negative/neutral) on treating the Welsh Language no less favourably than the English Language?

3.55. None that we are aware of.

Q.20 Do you think there are ways to enhance the positive impacts or reduce the negative impacts of our proposal?

- **Opportunities to use the Welsh Language?**
- **Treating the Welsh Language no less favourably than the English Language?**

3.56. None that we are aware of.