



Fitness to Practise
Statistical Report **2022**

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Introduction

One of the ways we protect the public and maintain public confidence in dentistry is by ensuring that the register of dental professionals comprises only those who are fit to practise. We do this by investigating such concerns raised by patients, the public, and our own registrants if something goes wrong, or treatment falls short of the standards they would expect.

When we say that someone is “fit to practise” we mean that they have the appropriate skills, knowledge, character and health to practise their profession safely and effectively.

However, fitness to practise is not just about a registrant’s clinical performance or health.

A dental professional’s fitness to practise also includes any actions they may have taken which affects the public’s confidence in dental professionals and their regulation. This may include matters not directly related to professional practice, for example, committing a criminal act.

If there are concerns about a dental professional’s conduct or competence which puts patients at serious risk, or seriously damages public confidence in dentistry, we will investigate and, where appropriate, take action to mitigate that risk.

Concerns may be raised directly by a patient or member of the public, or by referral from another organisation (for example, a police notification of a criminal caution or conviction), or from other sources.

We always recommend that patients who have a complaint or concern about a dental professional should raise it with the dental professional or practice first. However, when concerns are raised with us, we consider these and, if necessary, investigate to assess whether the issues involved indicate that a registered professional’s fitness to practise may be impaired.

We investigate:

- Serious or repeated mistakes in clinical care, for example mistakes in diagnosis or dental procedure.
- Failure to examine a patient properly, to secure a patient’s informed consent before treatment, to keep satisfactory records, or to respond reasonably to a patient’s needs.
- Not having professional indemnity insurance.
- Infection prevention issues (for example, using dirty clinical equipment during treatment).
- Serious breaches of patient confidentiality.
- Indications of a criminal offence by a dental professional.
- Potential criminal offences including fraud, sexual misconduct, theft or dishonesty by a dental professional.
- Poor health or a medical condition that significantly affects the registrant’s ability to treat patients safely.



If a dental professional's fitness to practise is found to be impaired, a panel may decide on one of the following options available to them:

- Take no action.
- Issue a reprimand.
- Place conditions on registration.
- Suspend registration.
- Remove an individual from the dentists' or DCPs' register.

There is also an appeals process which is open to the dental professional involved in the hearing, the GDC's Registrar and the Professional Standards Authority (PSA).

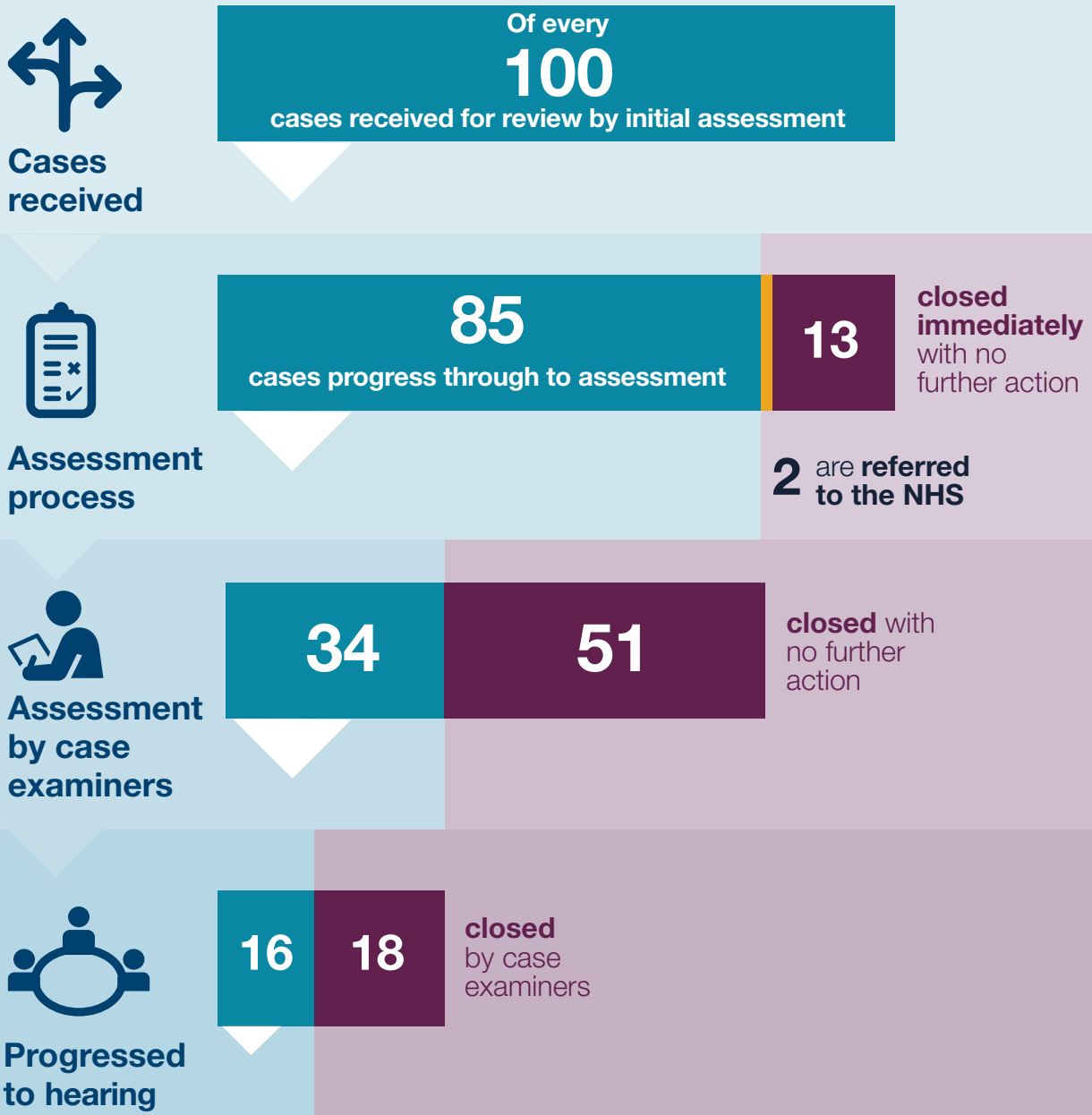
At any stage in the fitness to practise process, we may apply for an interim order to restrict a dental professional's practice until their case is resolved.



Closure rate at each stage of the Fitness to Practise process in 2022

The diagram below shows the average closure rate at the different stages of the Fitness to Practise process (this is the average of cases actioned in 2022 rather than the number of cases received). This is illustrative of where the decisions to close cases were made and includes cases that started in previous years, rather than reflecting the outcomes for concerns received in 2022, many of which are yet to be resolved.

Average closure rate at the different stages of the fitness to practise process



Of the 16 cases that progressed to a hearing: 13 result in sanctions and 3 result in no further action.



Changes in the average closure rates at the different stages of the Fitness to Practise process from 2020 – 2022

Stages of the FtP process	2020	2021	2022
Of every 100 cases received:			
Progressed to Initial Assessment	81	87	85
Progressed by Assessment to case examiners	37	43	34
Progressed to hearing by Practice Committee	15	19	16
Sanctions imposed	11	14	13

Summary of Fitness to Practise activity from 2020 – 2022

FtP activity	2020	2021	2022
New concerns received	1,134	1,349	1,264
Assessment decisions made	904	869	1,267
Case examiner decisions made	455	304	326
Caseload at end of year	657	991	899

In 2022, we saw the percentage of cases closed at the initial assessment stage increase from 13% to 15%, while the percentage of cases resulting in a hearing decreased to 16%, compared to 19% in 2021.

We received 1,264 new concerns in 2022, compared to 1,349 in 2021 – a 6% decrease. We made 1,242 initial assessment decisions, some of which were from cases received at the end of 2021. A small number of cases were received too late for us to make an initial assessment decision in 2022. Of all the cases reviewed at initial assessment, 85% were referred for assessment. We referred 2% of cases to the NHS and closed 13% (compared to 12% in 2021).

After further investigation, we made 1,267 assessment decisions in 2022, compared to 869 in 2021 – a 46% increase. This increase was a result of us being able to address the resourcing issues we experienced in 2021, which resulted in fewer investigations being completed than we had expected. Our caseload in this area decreased, from 991 at the end of 2021, to 899 at the end of 2022, a decrease of 9%, which is mainly due to the lower number of concerns received this year.

As a result of the increase in assessment decisions, we reduced our caseload at this stage of the fitness to practise process from 991 at the end of 2021, to 899 at the end of 2022, a decrease of 9%. (There had been an increase of 51% in 2021). Although we carried out significantly more assessments in 2022, many of these cases had become older than they should have been. The consequence of this was that we were not able to improve the time it takes for cases to be assessed during 2022.



We further increased the capacity and capability in our casework team through additional recruitment, providing permanent roles for existing experienced staff and improving how we train new starters, so they became confident more quickly at progressing FtP concerns. We increased the number of casework staff by around 20 full time equivalent (FTE) (40%), including some who started in early 2022. This has provided additional capacity, stability and resilience. However, we know that it can take up to 12 months to fully train new teams and get them up to speed, so it will take time to on top of the excess caseload.






A [blog](#) by John Cullinane, Executive Director, Fitness to Practise, set out the work undertaken in 2022 to improve our processes in the fitness to practise, in the absence of any legislative reform.



2022 Fitness to Practise Data

Fitness to Practise case volumes by stage

The number of cases considered at each stage of the fitness to practise process in 2022 are set out below. The percentages closed and referred are for the cases handled in each stage only and will not match the *disposal at each stage* chart on page 5 as that represents the percentage closed at each stage:¹

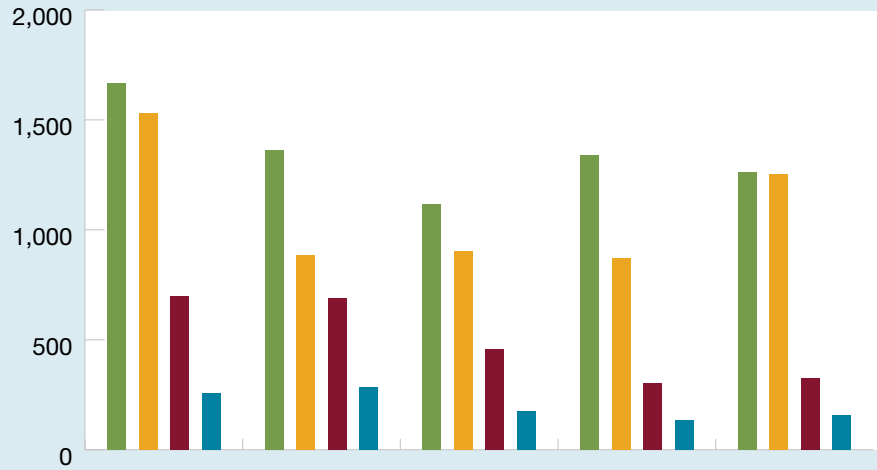
 <p>Cases received: 1,264</p>	This is the number of new cases received by the GDC in 2022.
 <p>Initial assessments: 1,242</p>	This figure represents the number of cases considered at the <i>initial</i> assessment stage, when cases are screened and may be closed or referred for further 'assessment' investigation.
 <p>Assessments: 1,267</p>	This is the number of cases considered at the 'full' assessment stage when cases may be closed or referred to the case examiners.
 <p>Case examiners: 326</p>	This is the overall number of cases considered by case examiners which resulted in closure, undertakings, or referral to a Practice Committee (including Rule 6E/reconsiderations: those cases which have returned to the case examiners following an initial referral to a Practice Committee).
 <p>Referrals to Practice Committee: 156</p>	This is the number of cases referred by case examiners to a Practice Committee. ²

¹ This data is represented in narrative form and therefore comparing against previous years would be very detailed. Comparisons can be made by referring to previous annual reports and accounts, which are on the GDC's website <https://www.gdc-uk.org/>

² A single dental professional may account for more than one case.



Fitness to Practise case volumes by stage and years



	2018	2019	2020	2021	2022
Initial Assessments	1,668	1,362	1,117	1,341	1,264
Assessments	1,530	886	904	869	1,252
Case Examiners	700	688	455	304	326
Referrals to Practice Committee	259	283	176	136	156

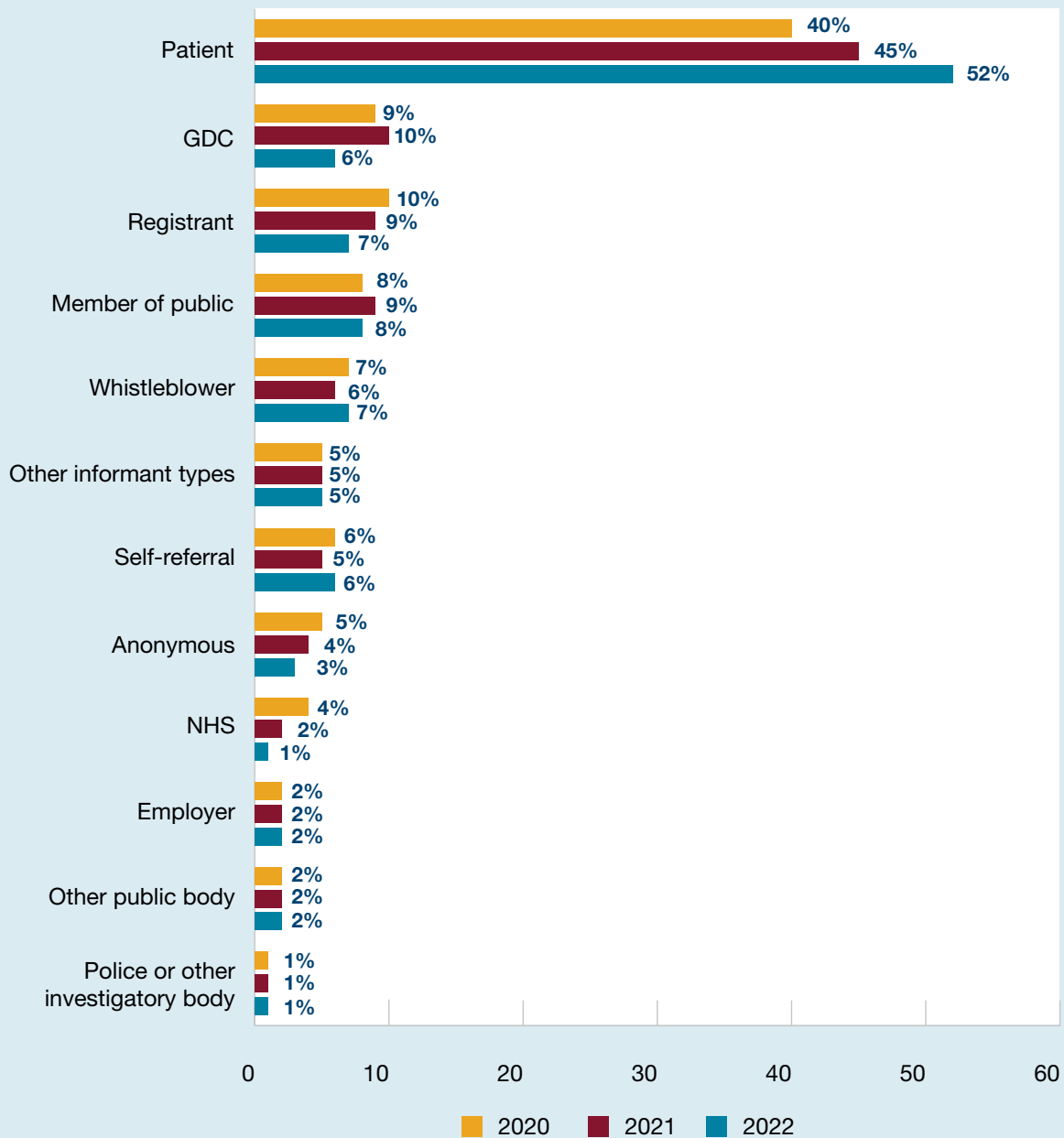


Sources and types of concerns

Incoming cases breakdown by informant type 2020 – 2022

The chart below shows the source of concerns we received in 2022 compared to the previous two years.

Patients raise the largest proportion of concerns³.



³ Percentages may not add up to 100%, as they are rounded to the nearest whole number.

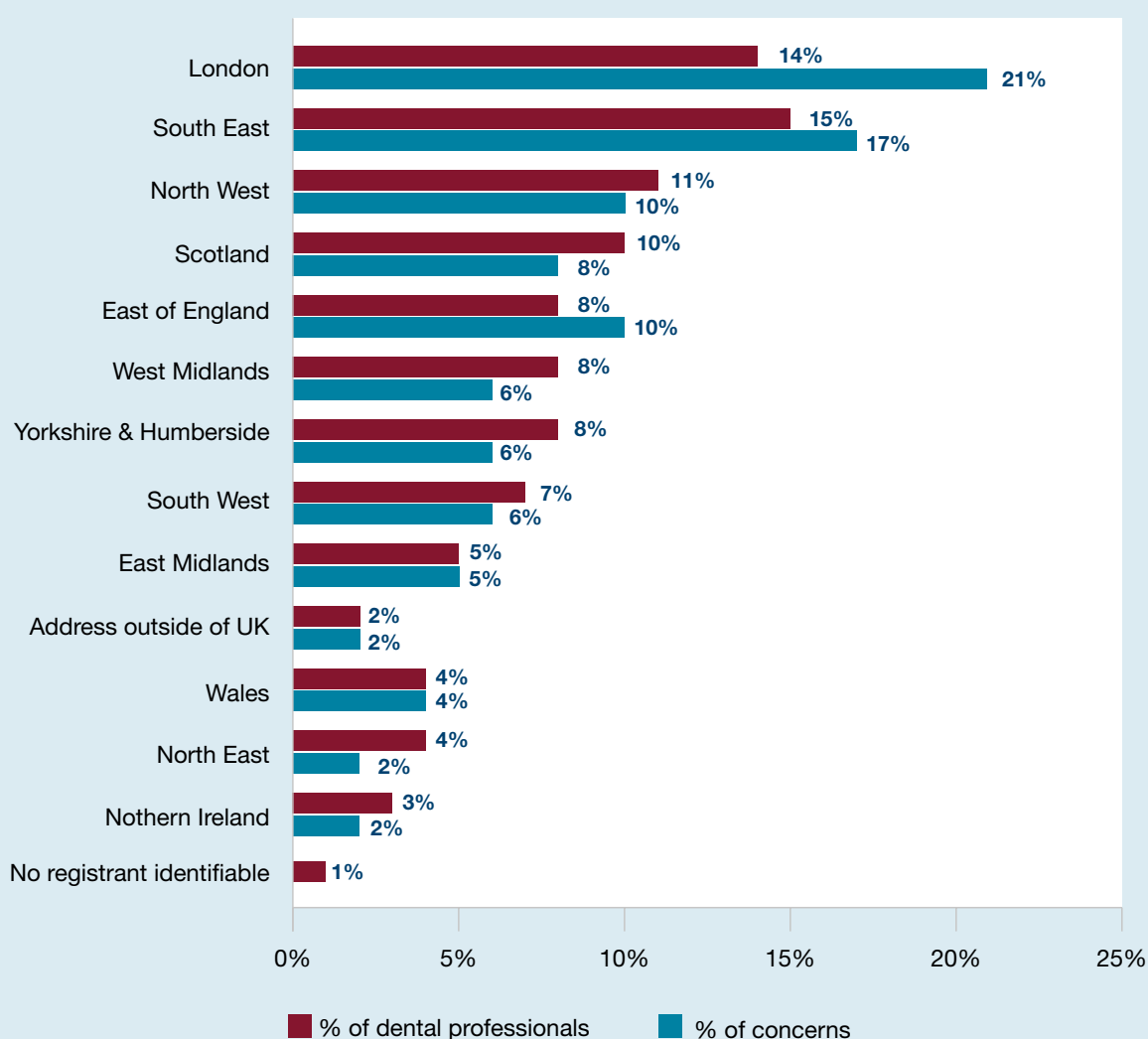


Incoming cases by dental professional region 2020 – 2022

The total number of concerns received in 2022 was 1,264, compared to 1,349 in 2021 and 1,134 in 2020, a slight reduction following the increase seen in 2021 following the pandemic. The three charts below show the comparison between the percentage of dental professionals and concerns raised by region in each year.^{4 5}

In 2022, dental professionals in London accounted for around 14% of the register, but for 21% of the concerns raised with the GDC. This pattern was similar in 2020 and 2021.

2022 incoming cases by region

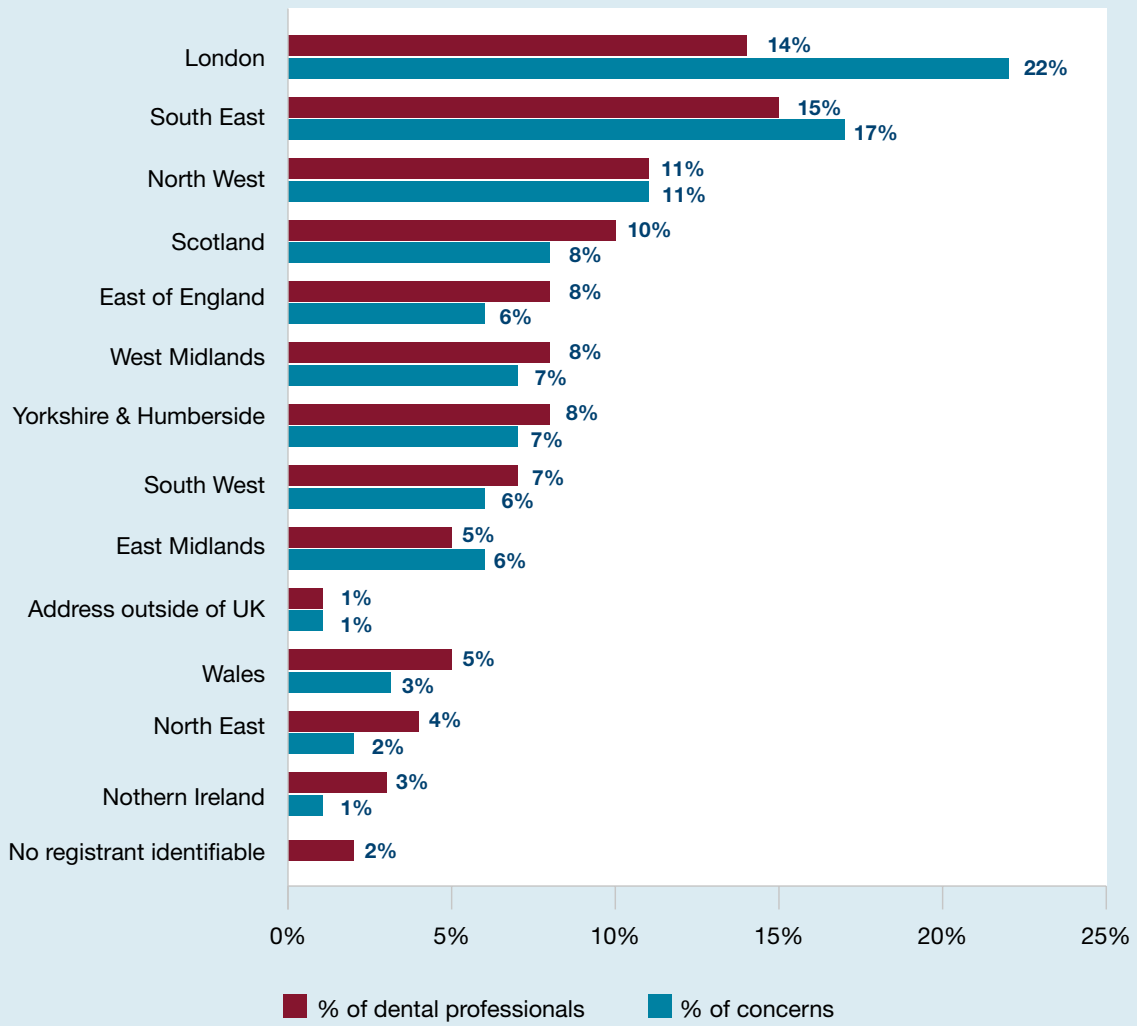


4 No Registrant identifiable – this relates to examples of concerns received where it has not been possible to identify a GDC registrant from the initial information provided. Although the case is still established and subject to an initial review, given no registrant may be identified, no registrant region is recorded for the case.

5 Percentages may not add up to 100%, as they are rounded to the nearest whole number.

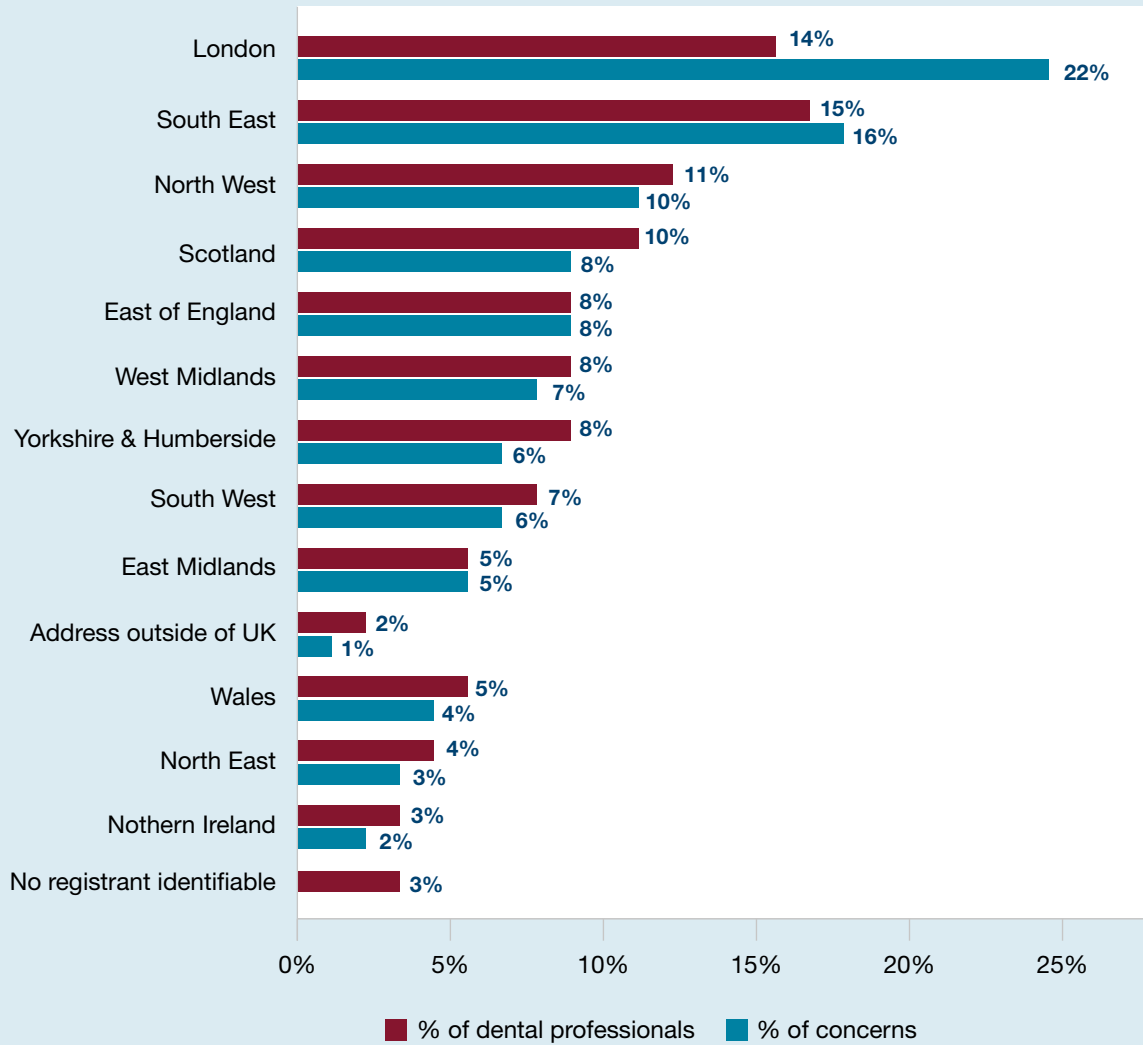


2021 incoming cases by region



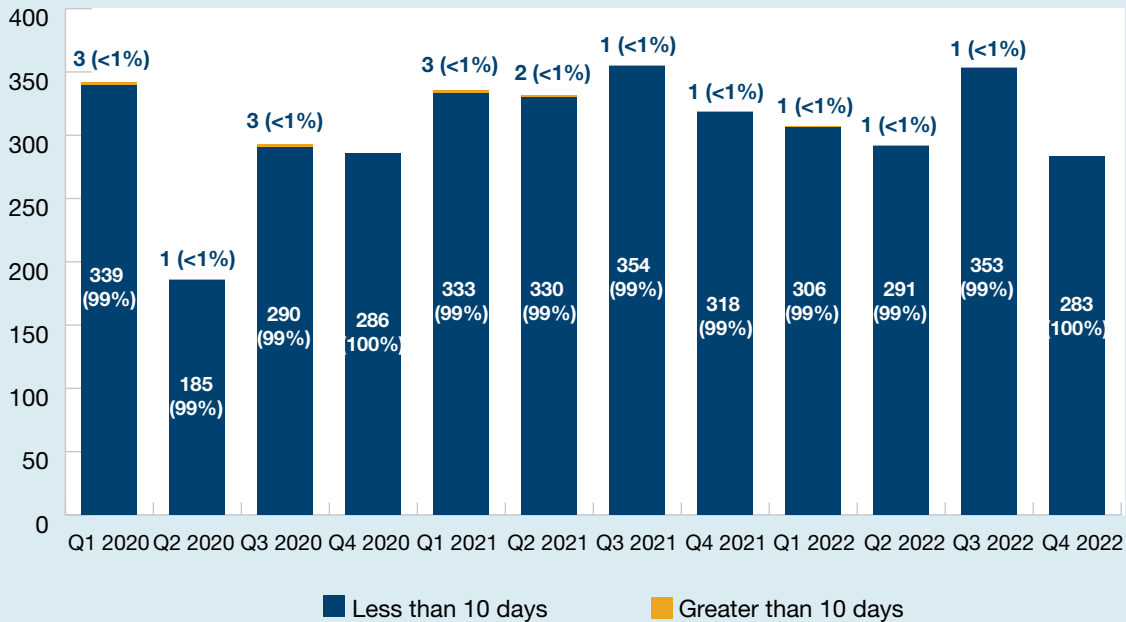


2020 incoming cases by region





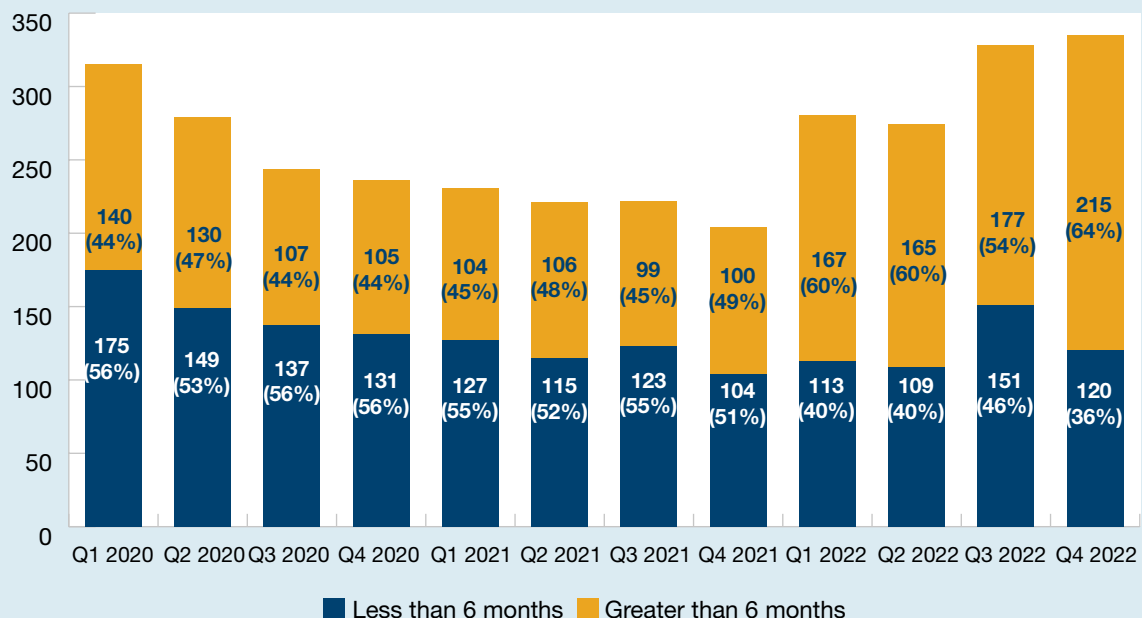
Number of fitness to practise cases received that have been assessed by the Initial Assessment Team within target of 10 working days 2020 – 2022



On average, 99% of cases were considered and reviewed through an initial assessment within ten working days of receipt in the period 2020 to 2022.

Of the 1,242 cases considered at initial assessment in 2022, 1,052 were progressed to the next stage of the fitness to practise process, which involves an assessment by our casework team. The casework team will either close at this stage, or refer to case examiners, to determine whether the allegation ought to be considered by a Practice Committee.

Number of fitness to practise cases completing investigation stage within six months of receipt 2020 – 2022



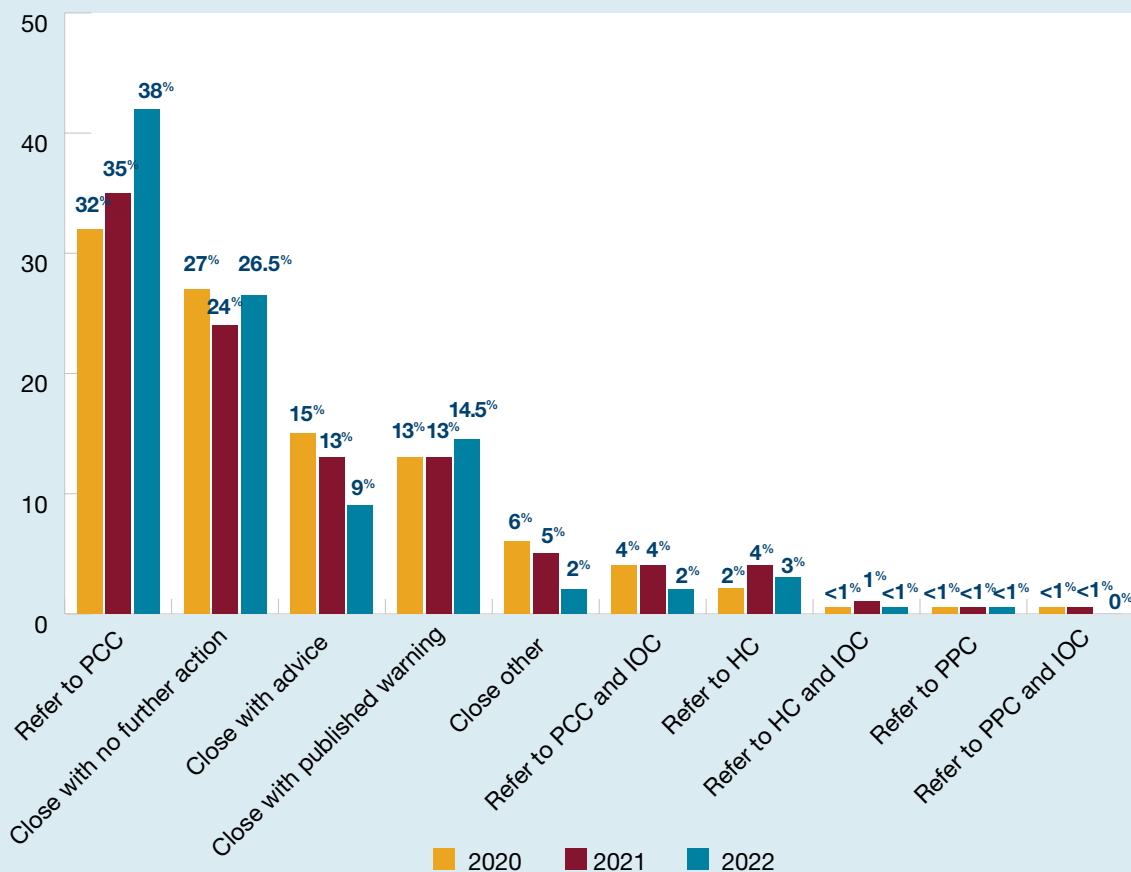


On average, 41% of investigation stage cases were completed within six months in 2022 (2021: 53%, 2020: 55%). This includes closures at the initial assessment, assessment and case examiner stages, as well as referrals by case examiners to hearings. The decrease reflects the resourcing issues the casework team had in 2021, which have meant that a higher proportion of the cases completed in these stages had exceeded six months. As we further reduce the volume of cases in the stages up to case examiner in 2023, it is likely that performance in this area will not significantly improve in the short-term, given the number of outstanding cases that have already exceeded six months.

Case examiner decisions - substantive outcome breakdown

The chart below shows case examiner decisions for cases between 2020 and 2022. In 2022 there were 326 case examiner outcomes, 170 (52%) were closed and 156 (48%) were referred to a Practice Committee. The proportion of outcomes by decision have not significantly changed since 2021, as can be seen below.

Case examiners substantive outcome breakdown (excluding undertakings) - 2020 to 2022



Closed with no further action

The proportion of cases closed by the case examiners without giving the registrant advice or a warning increased to 26.5% in 2022, compared to 24% in 2021.



Closed with advice

There was a slight decrease from 13% in 2021 to 9% in 2022 in the proportion of cases the case examiners closed by giving advice to the registrant.

Closed with warning

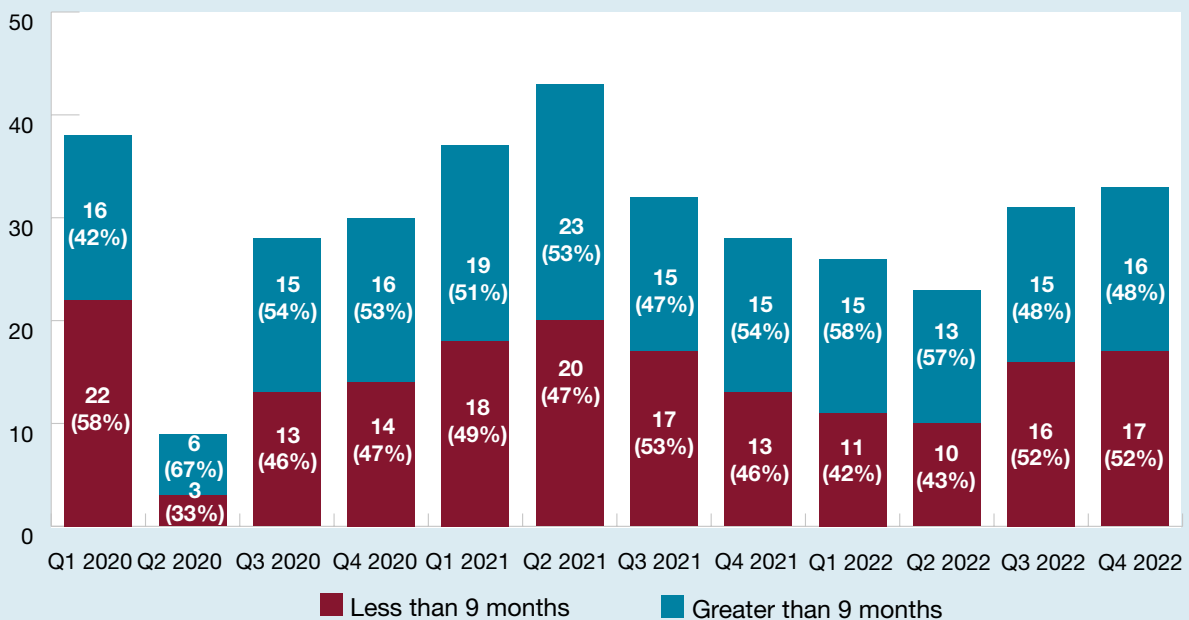
The proportion of cases closed with warning increased to 14.5% in 2022, compared to 13% in 2021 and 2020.

Committee Hearings

Case examiners referred 156 cases to a practice committee in 2022. Most cases were referred to the Professional Conduct Committee, but some were referred to the Health Committee or Professional Performance Committee. Where the case examiners identified that there was an immediate risk to the public or it was in the public interest, they also referred cases to the Interim Orders Committee.

Once an initial hearing has concluded, the matter may subsequently be reviewed by a committee on one or more occasions, for example to determine whether a registrant is complying with any conditions of practice.

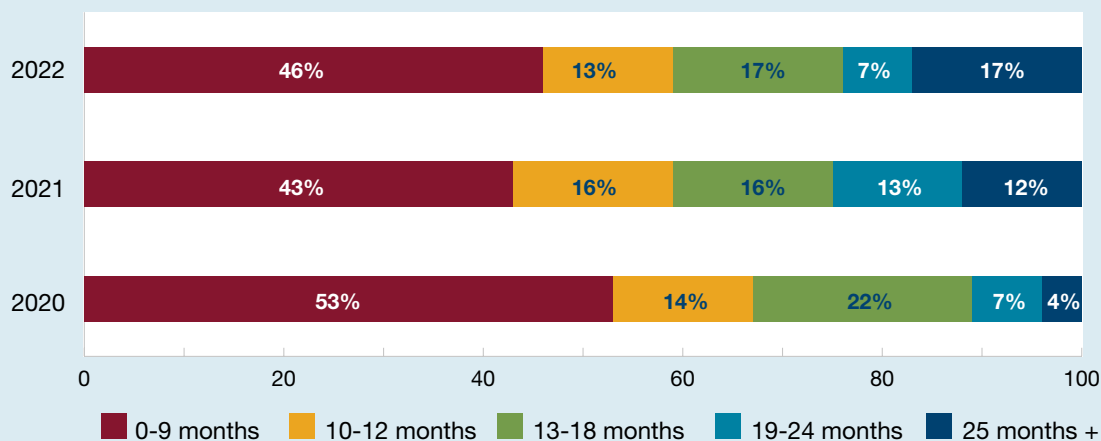
Number of fitness to practise cases by dental professional that received an initial hearing within nine months of referral from case examiners





Time taken to complete the initial hearing for individual cases⁶

Practice Committee initial outcomes – percentage of hearings by months since referral to case examiners



We aim to start hearings within nine months of referral by case examiners. In 2022, we achieved this in 46% of cases.

The number of cases awaiting an initial hearing was 145 at the end of 2022, compared to 131 at the end of 2021 – a increase of 11%. Of these, the number which had missed our nine-month target stood at 78 at the end of December 2022. This is in comparison to 74 in the previous year, an increase of 5%. These increases reflect the relative lack of cases received in 2020, and the case progression issues at the assessment stage of the process in the latter part of 2020 and into 2021.

Hearings and Committees

Interim Orders Committee (initial hearings)

The IOC consider whether it is necessary to make an order affecting an individual’s registration for the protection of the public, in the public interest, or in the interest of the individual concerned, pending the outcome of the investigation. The IOC does not investigate the allegations or conduct a fact-finding exercise.

Cases can be referred to the Interim Orders Committee (IOC) at any time in the fitness to practise process, should the GDC become aware of information indicating that such an approach is appropriate.

There was a small decrease in the overall number of interim order hearings in 2022 compared to 2021.

In terms of interim order hearing outcomes, the proportion of no order determinations decreased slightly, from 39% in 2021 to 36% in 2022, the proportion of interim conditions increased from 27% in 2021 to 35% in 2022 and the proportion of interim suspensions decreased from 34% in 2021 to 29% in 2022.

⁶ Percentages may not add up to 100%, as they are rounded to the nearest whole number.



Total number of interim order initial hearings in 2022:

146

(152 in 2021)

Number of interim order initial hearings involving dentists:

100

(106 in 2021)

Number of interim order initial hearings involving DCPs:

46

(46 in 2021)

These included 29 dental nurses, 9 dental technicians, 6 dental hygienists, 5 dental therapists, 0 orthodontic therapist and 2 clinical dental technicians.^{7 8}

Outcome	Number of outcomes	% of Total
Interim Conditions	51	35%
No order imposed	53	36%
Interim Suspension	42	29%
Total	146	100%

7 The same registrant may appear in multiple hearings.

8 Some registrants may also have multiple DCP titles so can be counted more than once in the breakdown.



Interim Orders Committee (review hearings)

An IOC will also review cases where a dental professional has previously been given interim conditions or suspension. The number of IOC review hearings in 2022 was 312, 12% higher than in 2021. This reflects that we have taken longer to resolve substantive cases, which means more interim orders have remained open.

Total number of interim order review hearings in 2022:

312

(279 in 2021)

Number of review hearings involving dentists:

219

(209 in 2021)

Number of interim order review hearings involving DCPs:

93

(70 in 2021)

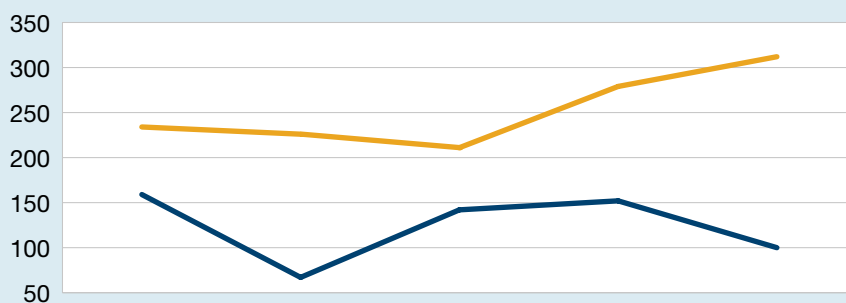
These included 41 dental nurses, 13 dental technicians, 5 clinical dental technicians, 5 dental hygienists and 5 dental therapists.⁹

Outcome	Number of outcomes	% of Total
Suspension continued	149	48%
Revoke conditions, impose suspension	6	2%
Conditions continued	119	38%
Conditions varied	20	6%
Revoke suspension, impose conditions	5	2%
Suspension revoked	2	0.5%
Conditions revoked	11	3.5%
Total	312	100%

⁹ The same registrant may appear in multiple hearings.



Interim Order Committee hearings 2018 – 2022



	2018	2019	2020	2021	2022
Interim Order Committee Initial Hearings	159	67	142	152	100
Interim Order Committee Review Hearings	234	226	211	279	312

Practice Committee (initial hearings)

An initial hearing is held when a Practice Committee meets to determine whether a dental professional’s fitness to practise is currently impaired because of misconduct, health or as a result of a criminal conviction/caution.

There are three types of statutory practice committees – the Professional Conduct Committee, the Health Committee, and the Professional Performance Committee.

Total number of Practice Committee hearings in 2022:

84

(115 in 2021)

Number of hearings involving dentists:

46

(80 in 2021)

Number of hearings involving DCPs:

38

(35 in 2021)

These included 26 dental nurses, 3 dental therapists, 10 dental technicians, 1 orthodontic therapist, 3 dental hygienists and 4 clinical dental technicians¹⁰.

¹⁰ Same dental professional may appear in multiple hearings.



The table below show the outcomes to all fitness to practise initial hearings in 2021 and 2022.

Hearing outcome description	Number of Outcomes 2021	% of Total	Number of Outcomes 2022	% of Total
Erased and immediate suspension	17	15%	18	21%
Suspended with immediate suspension (with a review)	34	30%	27	32%
Suspension (with a review)	5	4%	3	4%
Suspension	10	9%	4	5%
Conditions with immediate conditions (with a review)	12	10%	9	11%
FtP impaired. Reprimand	6	5%	8	10%
FtP not impaired. Case concluded	18	16%	8	10%
Facts found proved did not amount to misconduct. Case concluded	7	6%	4	5%
Facts not proved. Case concluded	5	4%	2	2%
No case to answer	1	1%	1	1%
Total	115	100%	84	100%

Practice Committee (review hearings)

The Practice Committees will also hold review hearings, following initial hearings where suspension or conditions were imposed.

There were more review hearings held in 2022, compared to 2021. This reflects the increased number of initial hearings heard in 2021 compared to 2020, which led to an increase in suspensions and conditions being imposed.

Total number of review hearings in 2022:

98

(78 in 2021)

Number of review hearings involving dentists:

56

(48 in 2021)

Number of review hearings involving DCPs:

42

(30 in 2021)

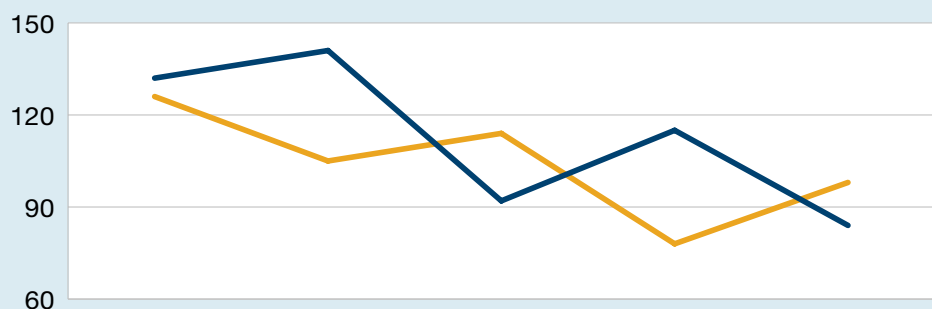
These included 34 dental nurses, 9 dental technicians and 4 clinical dental technicians.¹¹

¹¹ The same dental professional may appear in multiple hearings.



Outcome	Number of Outcomes 2021	% of Total	Number of outcomes 2022	% of total
Suspension extended (with a review)	19	24%	37	38%
Suspended indefinitely	15	19%	13	13.5%
Suspension extended	1	1%	0	0%
Conditions revoked and suspension imposed (with a review)	0	0%	1	1%
Conditions revoked and suspension imposed (with a review) and immediate suspension	2	3%	6	6%
Conditions extended and varied (with a review)	8	10%	12	12.5%
Conditions extended (with a review)	3	4%	4	4%
Suspension revoked and conditions imposed (with a review) and immediate conditions	6	8%	3	3%
Suspension revoked and conditions imposed (with a review)	0	0%	0	0%
Suspension revoked, Fitness to practise no longer impaired	13	17%	10	10%
Suspension allowed to lapse, Fitness to practise no longer impaired	1	1%	1	1%
Conditions revoked, Fitness to practise no longer impaired	10	13%	10	10%
Conditions allowed to lapse. Fitness to practise no longer impaired	0	0%	1	1%
Total	78	100%	98	100%

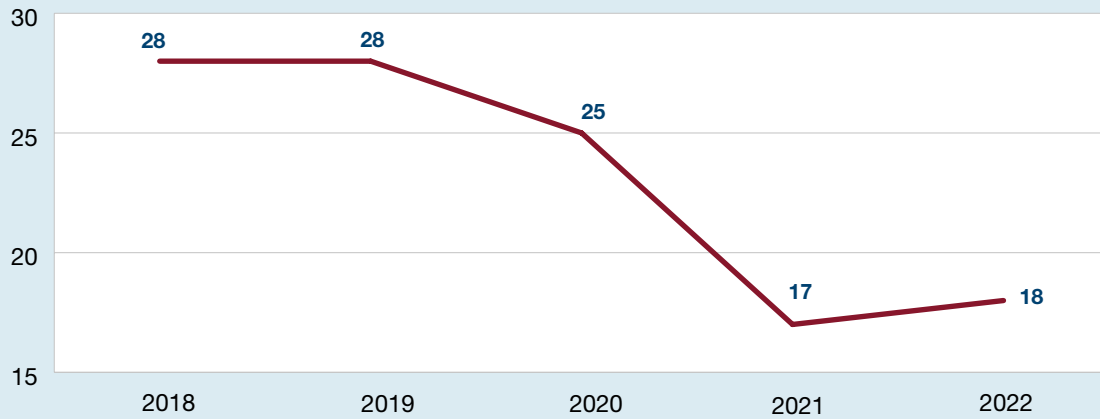
Practice Committee hearings 2018 – 2022



	2018	2019	2020	2021	2022
Practice Committee Initial Hearings	132	141	92	115	84
Practice Committee Review Hearings	126	105	114	78	98



Fitness to Practise cases resulting in erasure 2018 – 2022



Hearing days

We held a total of 1,030 hearing days in 2022. This is 6% decrease compared to 2021.

This includes hearing days for initial hearings as well as those held for all other types of hearings, including review hearings and IOC hearings.

Activity	2022	2021	2020	2019
Number of hearing days	1,030	1,096	840	1,017
Average length of an initial hearing	5.0 days	6.1 days	5.3 days	4.9 days



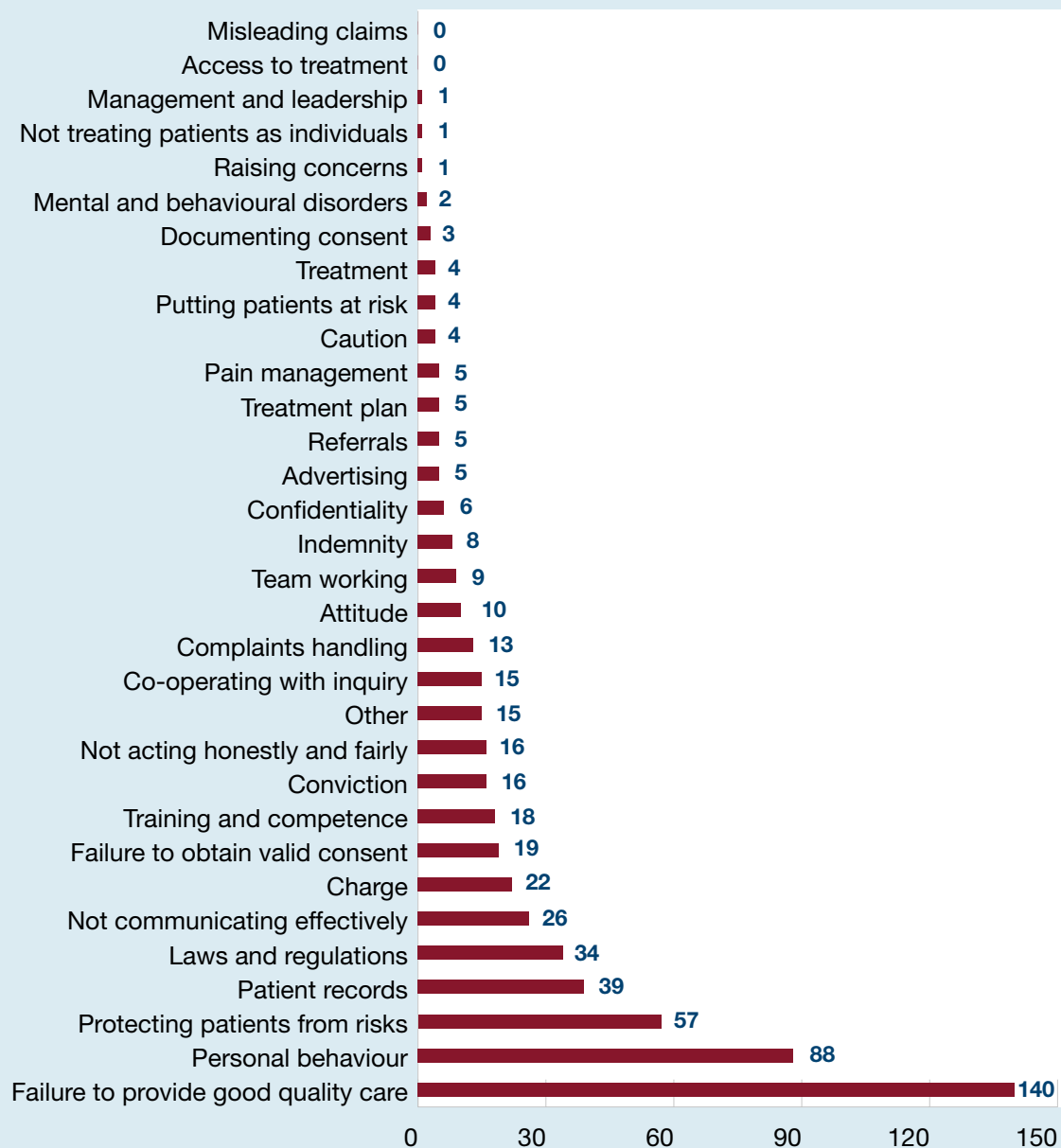
Fitness to Practise “considerations” profile 2022 for PCC and PPC hearings¹²

We use “considerations” to record details of the allegations or charges raised against a dental professional’s fitness to practise within a case or hearing.

These considerations are closely aligned with the Standards for the Dental Team¹³ and are recorded by ‘group’, ‘sub-group’, and ‘particular’.

The chart below references the specific number of considerations recorded within all sub-groups for those matters heard at our hearings during the year.

Fitness to practise considerations profile 2022



¹² A single case may have more than one consideration associated with it.

¹³ <https://standards.gdc-uk.org/>



Consideration	2022	%	2021	%	2020	%
Misleading claims	0	0.0%	1	0.1%	1	0.1%
Access to treatment	0	0.0%	0	0.0%	1	0.1%
Management and leadership	1	0.2%	4	0.5%	6	0.7%
Not treating patients as individuals	1	0.2%	3	0.4%	2	0.2%
Raising concerns	1	0.2%	3	0.4%	4	0.5%
Mental and behavioural disorders	2	0.3%	2	0.2%	2	0.2%
Documenting consent	3	0.5%	7	0.8%	8	0.9%
Treatment	4	0.7%	12	1.4%	20	2.3%
Putting patients at risk	4	0.7%	10	1.2%	13	1.5%
Caution	4	0.7%	7	0.8%	4	0.5%
Pain management	5	0.9%	11	1.3%	4	0.5%
Treatment plan	5	0.9%	10	1.2%	8	0.9%
Referrals	5	0.9%	9	1.1%	8	0.9%
Advertising	5	0.9%	6	0.7%	3	0.3%
Confidentiality	6	1.0%	4	0.5%	5	0.6%
Indemnity	8	1.4%	9	1.1%	6	0.7%
Team working	9	1.5%	14	1.7%	18	2.0%
Attitude	10	1.7%	21	2.5%	12	1.4%
Complaints handling	13	2.2%	17	2.0%	18	2.0%
Co-operating with inquiry	15	2.5%	15	1.8%	18	2.0%
Other	15	2.5%	12	1.4%	12	1.4%
Not acting honestly and fairly	16	2.7%	41	4.9%	33	3.7%
Conviction	16	2.7%	20	2.4%	28	3.2%
Training and competence	18	3.0%	11	1.3%	18	2.0%
Failure to obtain valid consent	19	3.2%	41	4.9%	41	4.6%
Charge	22	3.7%	14	1.7%	22	2.5%
Not communicating effectively	26	4.4%	46	5.5%	45	5.1%
Laws and regulations	34	5.8%	42	5.0%	46	5.2%
Patient records	39	6.6%	58	6.9%	80	9.1%
Protecting patients from risks	57	9.6%	54	6.4%	76	8.6%
Personal behaviour	88	14.9%	104	12.3%	110	12.5%
Failure to provide good quality care	140	23.7%	235	27.9%	211	23.9%
Total	591	100%	843	100%	883	100%

Restoration Applications

There were four restoration applications in 2022. One resulted in restoration to the register, with conditions, two were not restored, and one case is currently adjourned.



Fitness to Practise – Equality, Diversity, and Inclusion (EDI) analysis

Introduction

The following tables provide a breakdown of fitness to practise cases broken down by a range of EDI characteristics.

There are nine protected characteristic fields (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion/belief, sex (gender) and sexual orientation).

Our EDI data is provided voluntarily, and we currently hold EDI data for around 94% of dental professionals.¹⁴ This is the proportion held across old and new characteristics. In 2020, we updated our main protected characteristic questions in our registration process to reflect best practise and 2021 Census design.

We encourage all dental professionals to fill out the new EDI fields as part of the GDC's commitment to store the right data in the right format to help assess the proportionality of its processes.

This is the second year we have published this data. We are still developing our understanding what this data is telling us, and more importantly how we can use this data to analyse these characteristics within the context of fitness to practise, as part of our work to ensure we do not discriminate across our process.

What we do know is that it is complex. The information and data should not be used in isolation, particularly when assessing correlation and causation, as many other factors may be relevant, such as practice location, size of practice or local demographics.

Fitness to practise involvement per head of population

This section provides comparisons of dental professionals involved in fitness to practise, to understand if any of the EDI characteristics appear more (or less) than we would expect, when compared with their distribution across the whole registrant population.

Each of the charts have three series to compare:

- The number of DCPs/dentists with this characteristic on our register.
- The number of FtP concerns raised to the GDC for registrants with each characteristic (including those that are closed after an initial assessment).
- FtP concerns that progress beyond an initial assessment.

Note:

1. This analysis focuses on the distribution of data from 2022 (i.e. what is happening). As this is an annual report, it is not possible to say why any differences are appearing using this information alone. A range of factors, other than EDI, may influence reasons for a concern being raised to the GDC, such as work setting or practice size.

¹⁴ We currently do not collect data on pregnancy / maternity. Bases sizes for disability status and Gender Identity categories did not provide enough variation to report on. Overall counts can be found in the registration report.

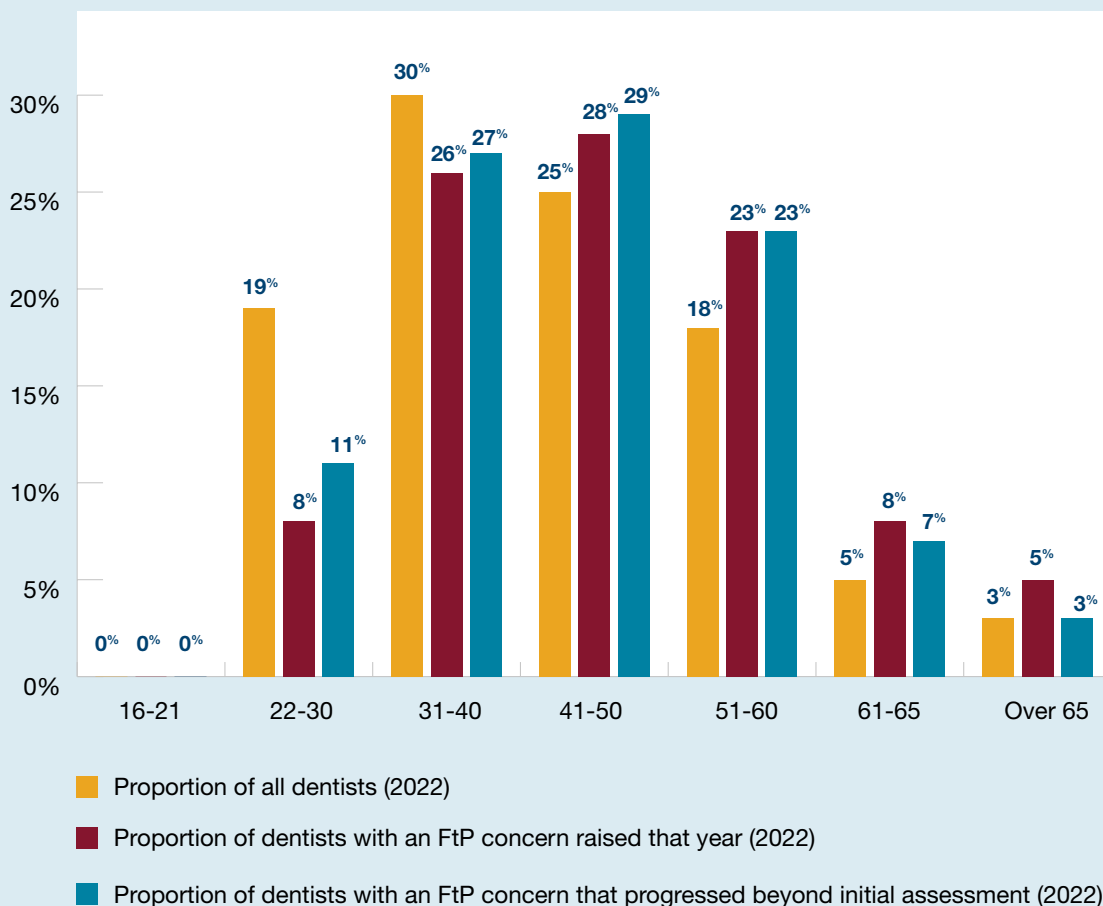


2. The analysis is applied to all FtP cases for 2022 and does not account for the differences in types of cases (such as whether the concern relates to a single patient complaint or a multi-patient complaint).
3. There are some visible differences in the charts, but because of small base sizes for some categories, statistical testing was not appropriate.
4. In some cases where the numbers are low, the DCP summaries have not been separated out by profession. This assumes that all DCP titles have a similar likelihood of being involved in an FtP case. This is a broad assumption that may not reflect the differences between the different duties carried out by the different professions, which may make them more or less likely to have a concern raised against them.
5. Trend data: Data collected before 2022 was captured using old EDI categories. These changed for 2022. To provide continuity with previous reporting, trend data for 2018 – 2021 is reported in these old categories. We plan to migrate the old data to new EDI categories for future reports.

Per head of population analysis: Age

The charts below show how dentists and DCPs are distributed across the age groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Age-group of dentists who had an FtP concern raised against them

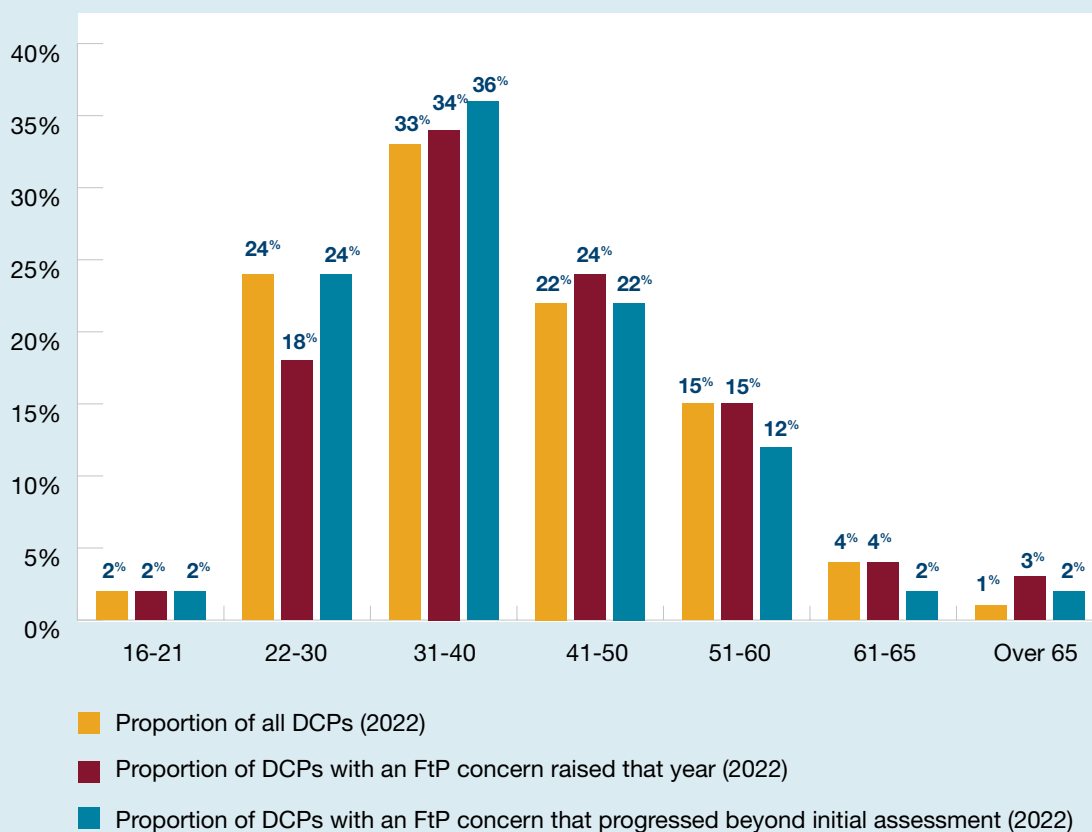




Dentists aged 22-30 make up nearly a fifth of the register (19%) but only 8% of the dentists who have an FtP concern raised against them. Dentists aged 51-60 make up a similar proportion of the register (18%) but have nearly a quarter (23%) of all FtP concerns raised against them.

This trend was very similar to last year when dentists aged 22-30 accounted for 6% of all concerns and dentists aged 51-60 accounted for 24% of concerns raised to the GDC.

Age-group of DCPs who had an FtP concern raised against them



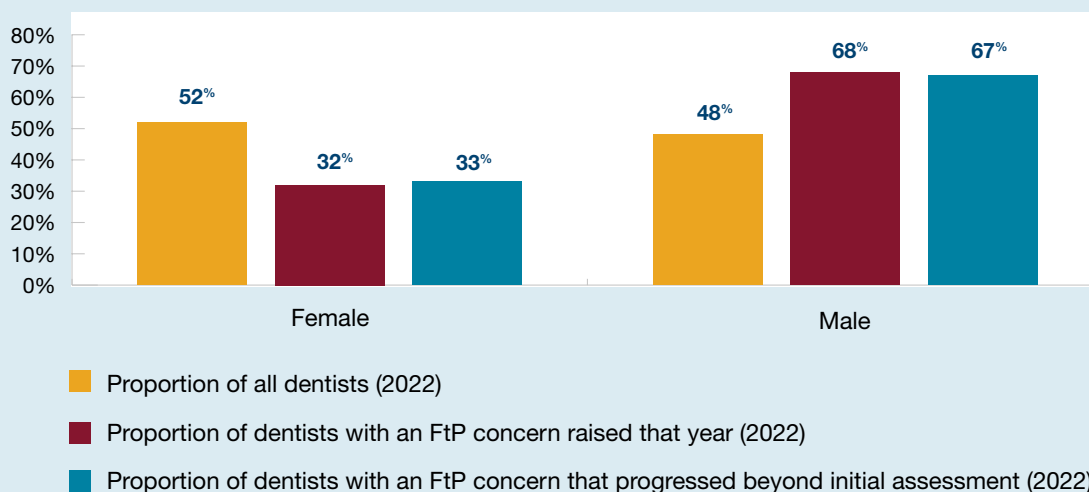
DCPs aged between 22-30 make up nearly a quarter (24%) of the DCP population, however, they only make up 18% of the DCPs who have an FtP concern raised against them. In 2021, this group accounted for a similar proportion (19%) of concerns.



Per head of population analysis: Sex

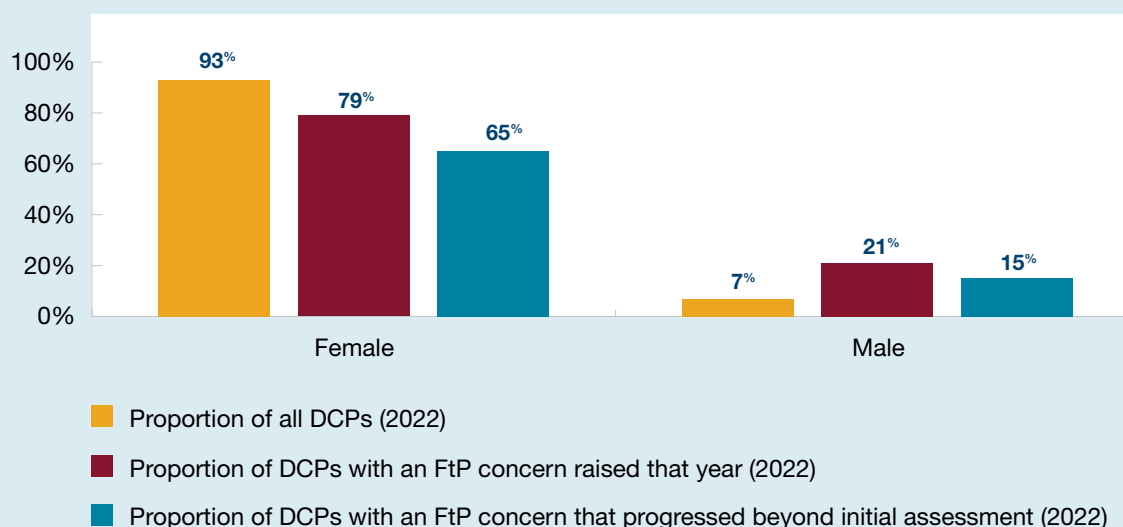
The charts below show how dentists and DCPs are distributed across males and females on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Sex of dentists who had an FtP concern raised against them



Males contribute 48% to the dentist register, but 68% of all concerns raised to the GDC about dentists. This matches the 2021 figures.

Sex of DCPs who had an FtP concern raised against them



Females contribute 93% to the DCP register, but only 79% to all concerns raised to the GDC about female DCPs. This proportion was similar in 2021 (78% of all concerns raised were against females).

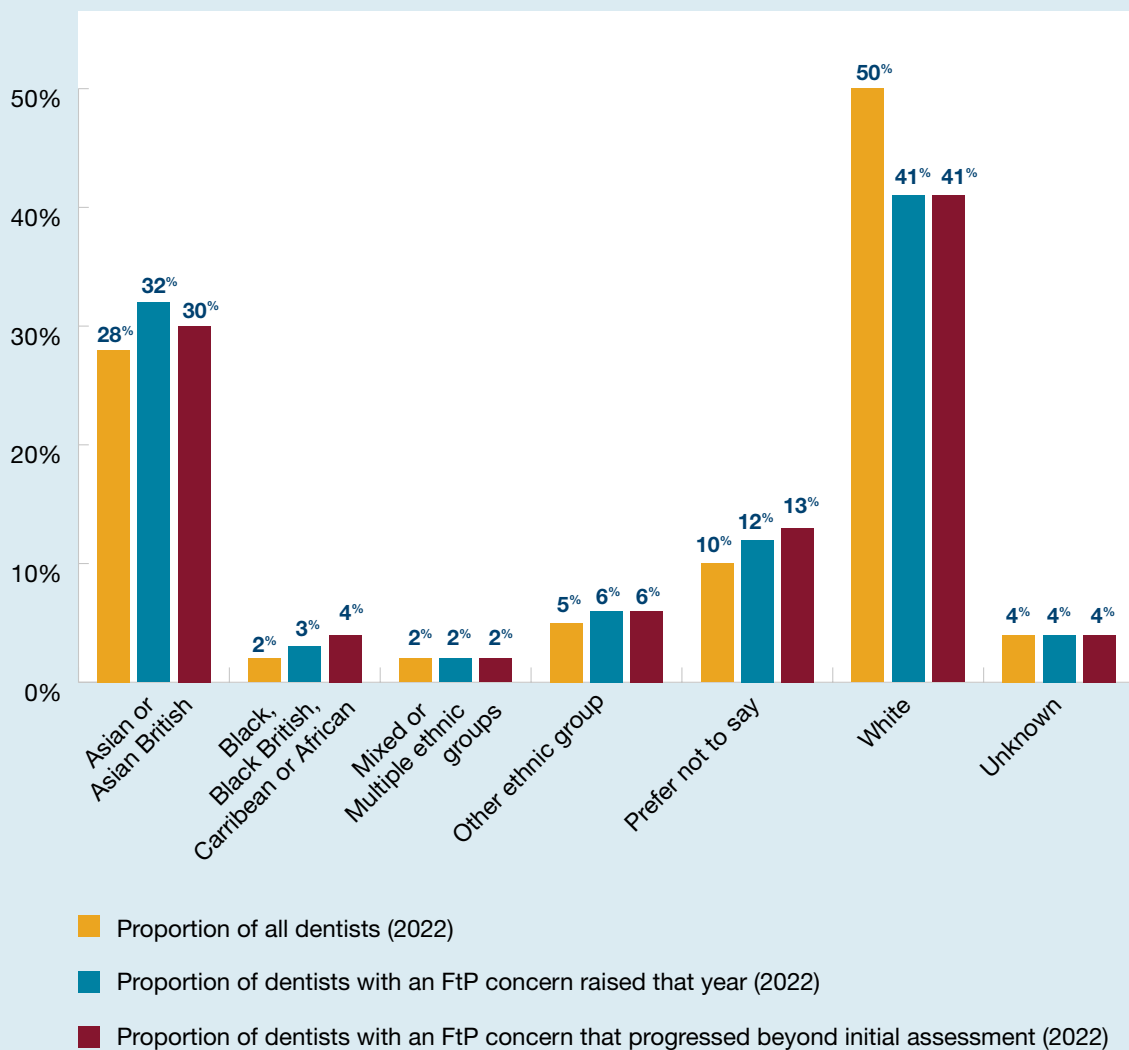


Per head of population analysis: Ethnicity

The charts below show how dentists and DCPs are distributed across the ethnic groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Note: The following EDI characteristics are the new categories that we have committed to report upon. As they are not directly comparable with the previous categories, a comparison between 2021 and 2022 has not been provided.

Ethnicity of dentists who had an FtP concern raised against them



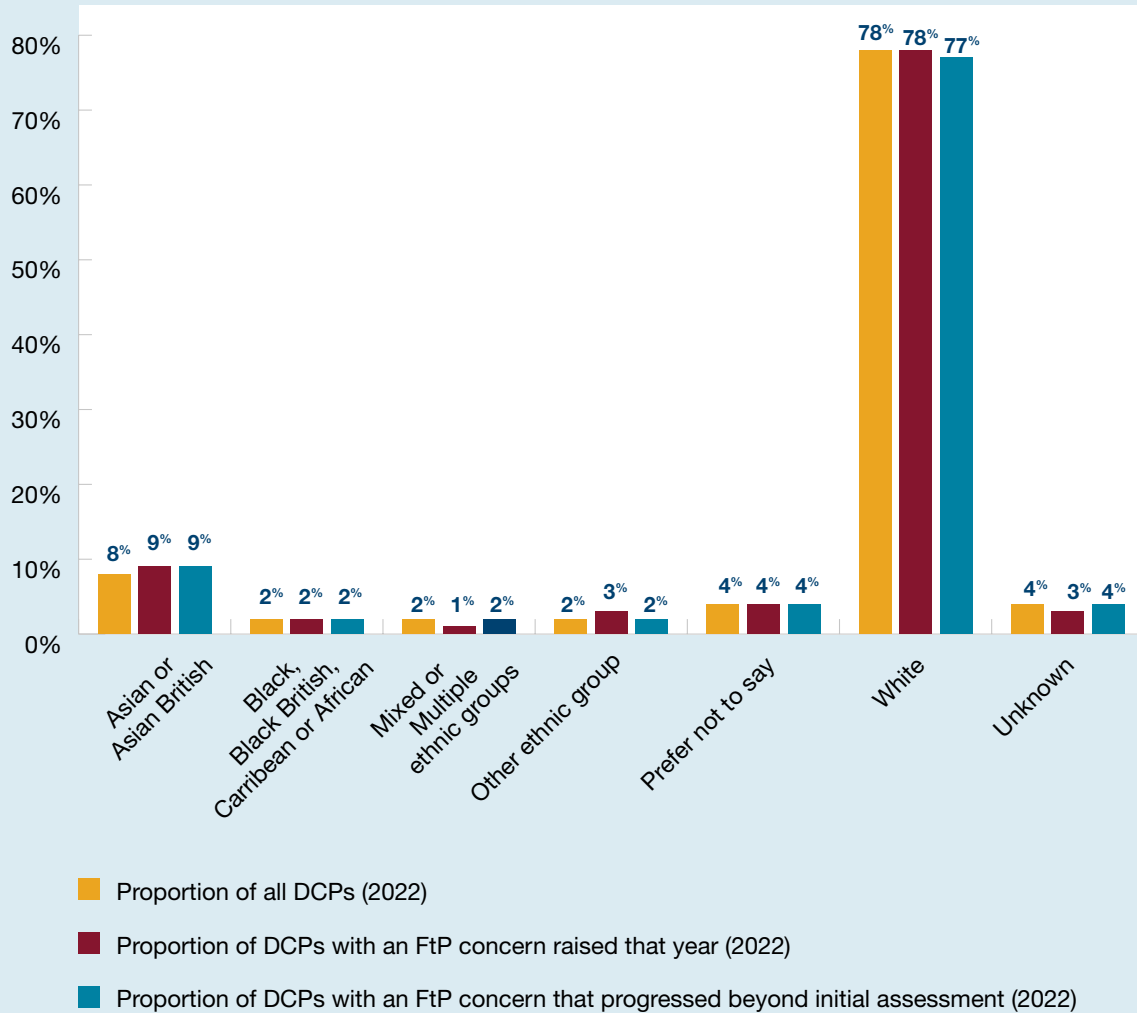
Dentists of an Asian / Asian British ethnicity account for 28% of the register but 32% of FtP concerns raised to the GDC.

Dentists with a White ethnicity account for half of the register but only 41% of the concerns raised to the GDC.

Almost 90% of FtP cases are generated outside of the GDC. The proportion of cases progressed throughout the FtP system, when measured by ethnic group, remain consistent at each point of the system. This indicates that our process does not exacerbate any apparent ethnicity bias.



Ethnicity of DCPs who had an FtP concern raised against them



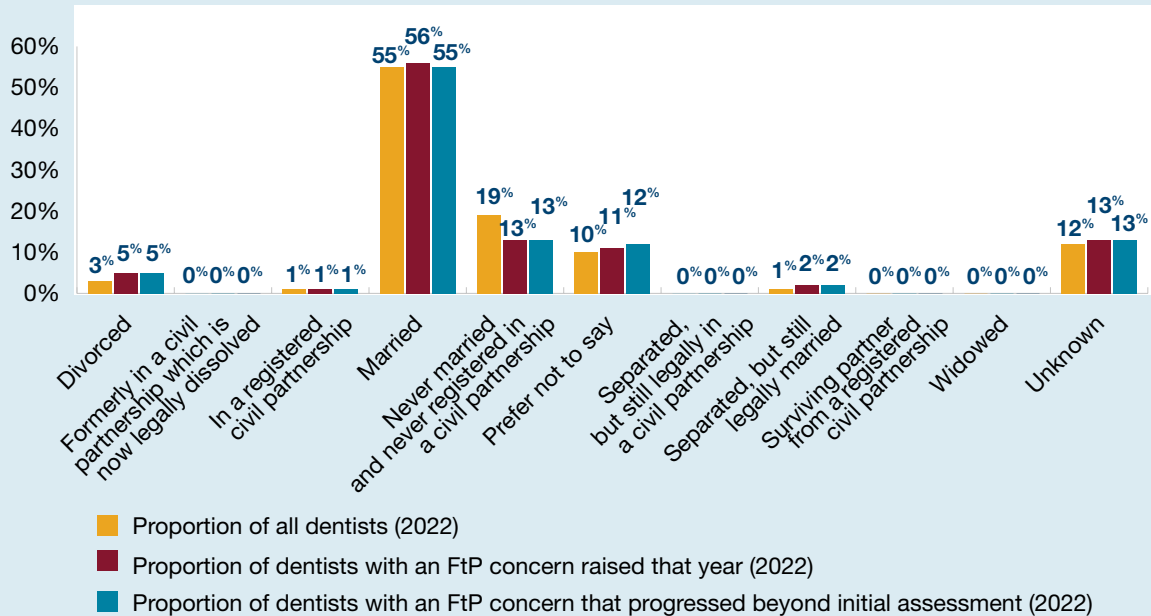
The majority of DCP concerns raised to the GDC relate to DCPs with a White ethnicity – in line with the proportion they contribute to the DCP register.



Per head of population analysis: Marital status

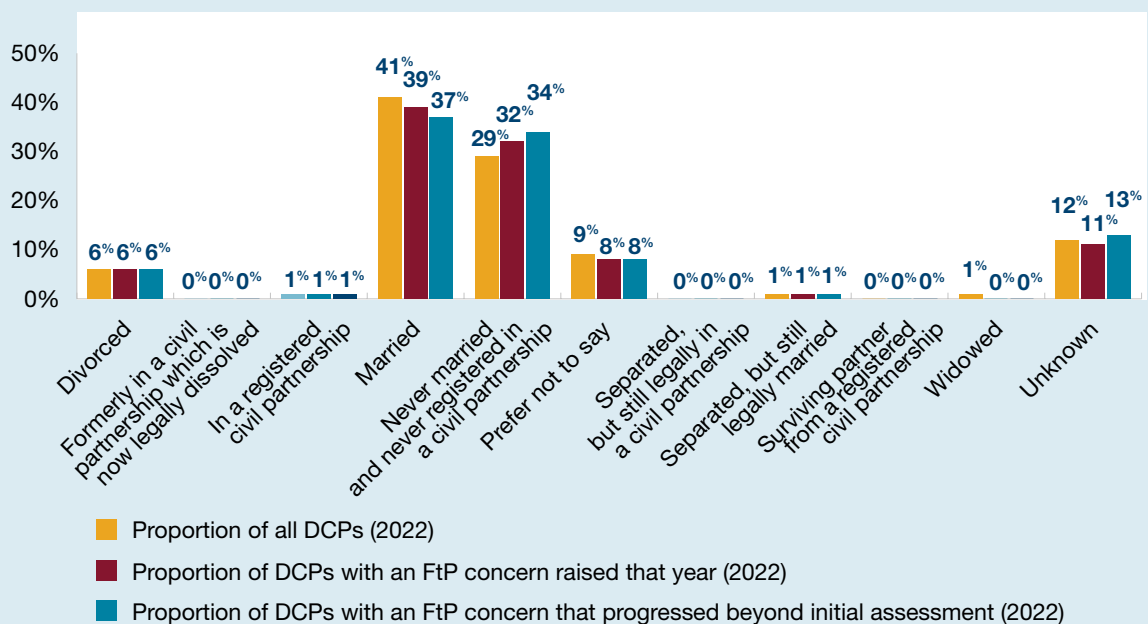
The charts below show how dentists and DCPs are distributed across the marital status categories on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Marital status of dentists who had an FtP concern raised against them



Married dentists account for half of the register and just over half (55%) of the concerns raised to the GDC.

Marital status of DCPs who had an FtP concern raised against them



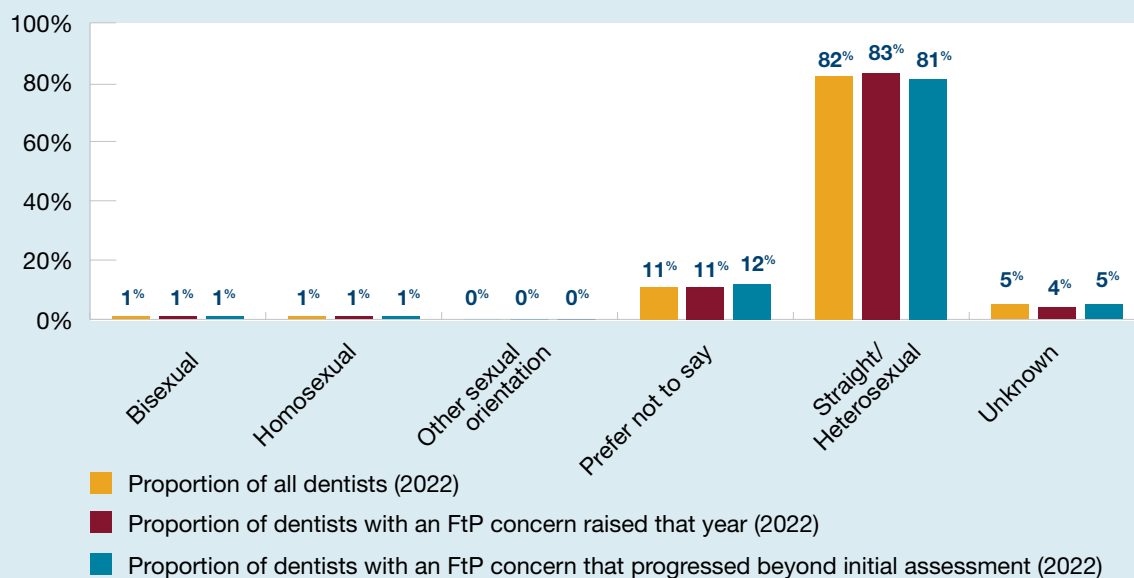
DCPs who are married make up 41% of the register, and a similar percentage of FtP concerns raised that progress beyond Initial Assessment (37%).



Per head of population analysis: Sexual orientation

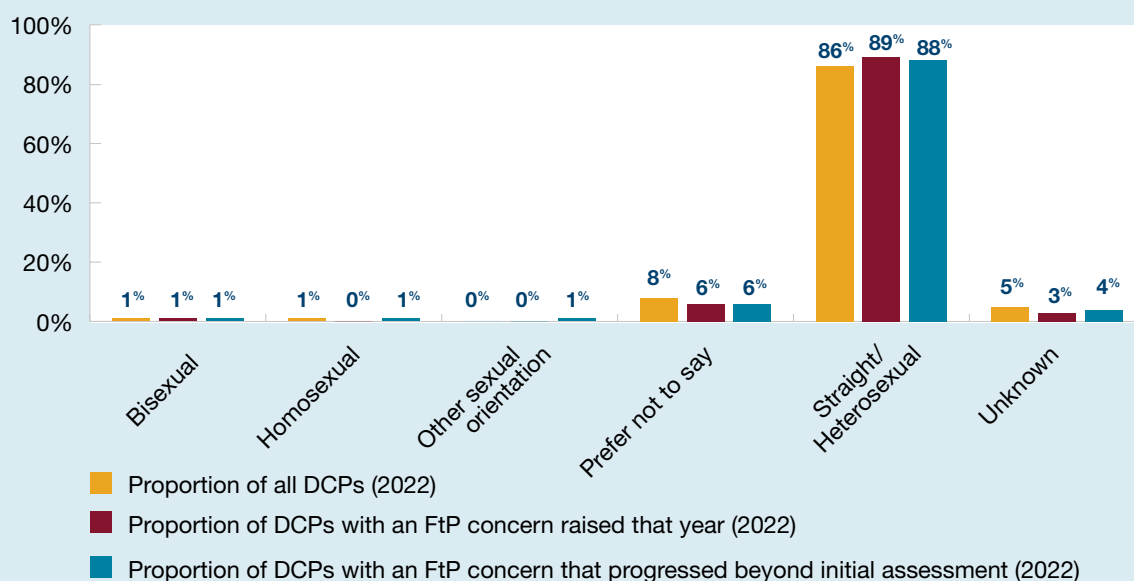
The charts below show how DCPs and dentists are distributed across the sexual orientation groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Sexual orientation of dentists who had an FtP concern raised against them



Dentists with a ‘Heterosexual’ sexual orientation account for the majority of Dentist registrants (82%) and concerns (83%) raised to the GDC.

Sexual orientation of DCPs who had an FtP concern raised against them



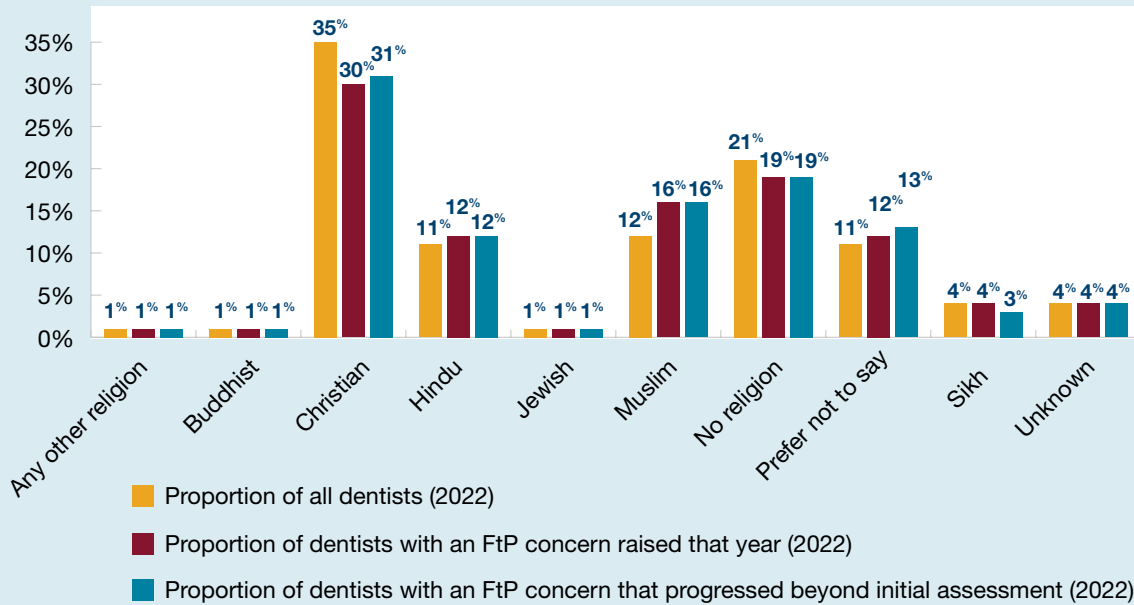
DCPs with a ‘Heterosexual’ sexual orientation account for the majority of DCP registrants (86%) and concerns (89%) raised to the GDC.



Per head of population analysis: Religion

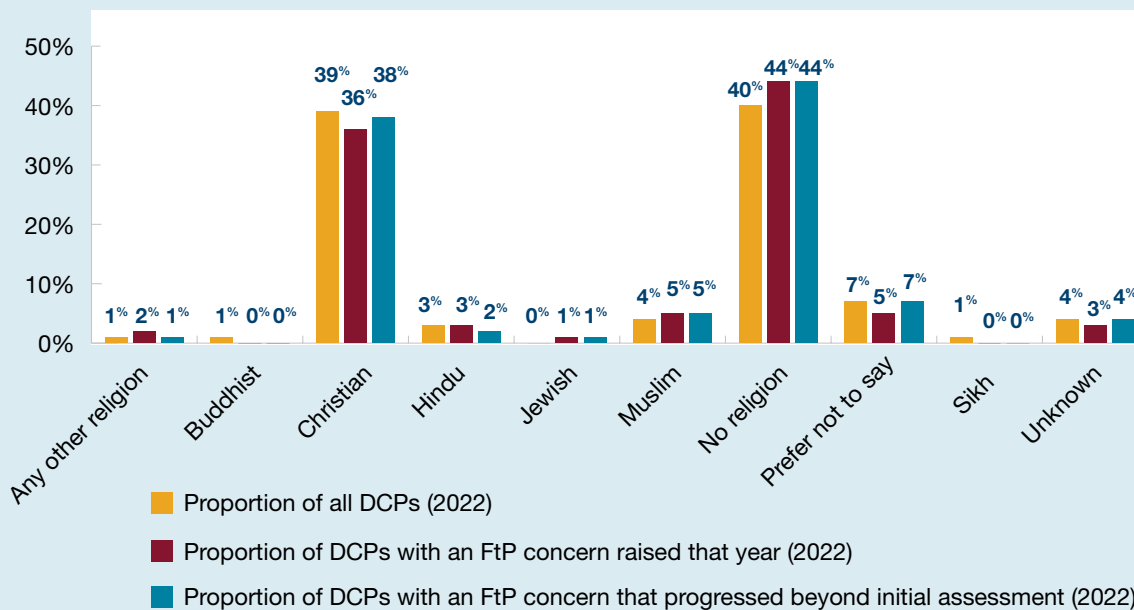
The charts below show how dentists and DCPs are distributed across the religious groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Religion of dentists who had an FtP concern raised against them



Dentists who cite their religion as Christian contribute to just over a third of all dental registrants and 30% of concerns raised to the GDC.

Religion of DCPs who had an FtP concern raised against them



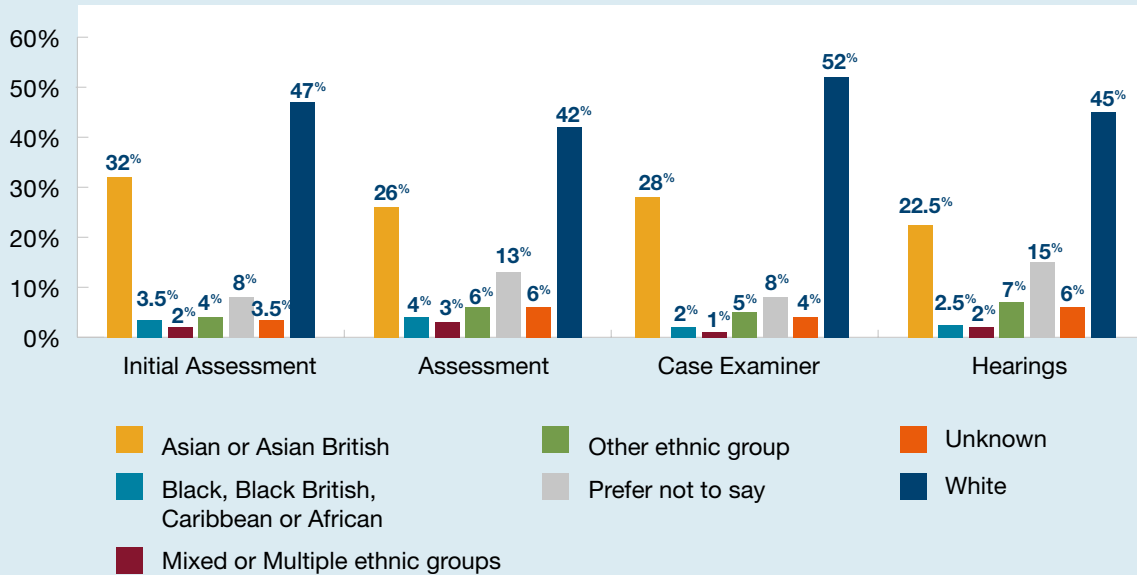
DCPs who cite their religion as Christian contribute just over a third (39%) of all DCP registrants and 36% of concerns raised to the GDC. 40% of registrants have 'No Religion' entered as their religion).



Ethnicity of dentist case closures

The following charts show the proportion of cases that were closed at each stage of FtP by ethnicity.

Proportion of cases closed at each stage of FtP by ethnicity in 2022



The above graph is a snapshot of the closures by ethnic group in 2022.

It shows the ethnicity of the dentists for every case we investigated and made a decision on, in 2022. The majority of cases closed across all the stages of the FtP process related to white ethnicity respondents.

Proportion of dentist cases closed at each stage of FtP from 2018 to 2022

Note: The following graphs show the ethnicity of dentist’s cases over the last five years, across the four decision making points in the fitness to practise process.

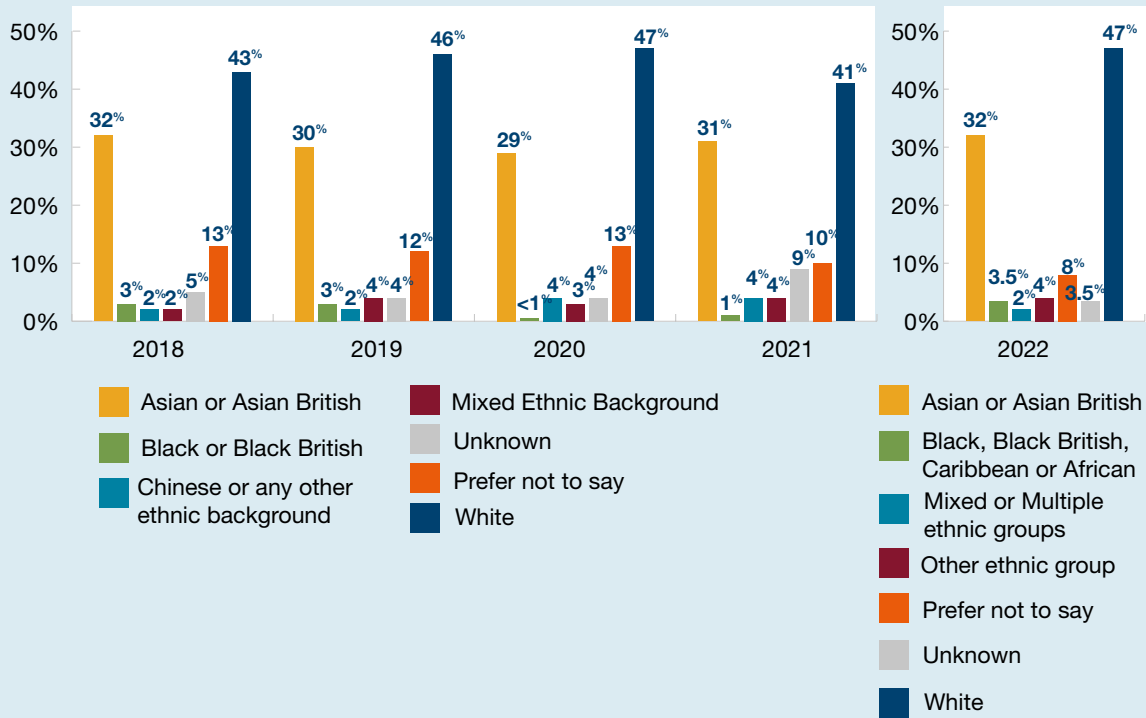
It shows trend data, and is based on percentages, rather than actual numbers. The decisions made at the different stages may refer to cases that were initially received by the GDC in previous years.

To align with previous reporting the trend data for 2018 – 2021 is reported using the old ethnicity categories. Many of the new categories used for 2022 are comparable, however, ‘Mixed’, ‘Other’ and ‘Unknown’ groups, have differences that mean they can’t accurately be compared with previous years. However, it should be noted that these categories are very small. We plan to ‘back-code’ this data for future publications.



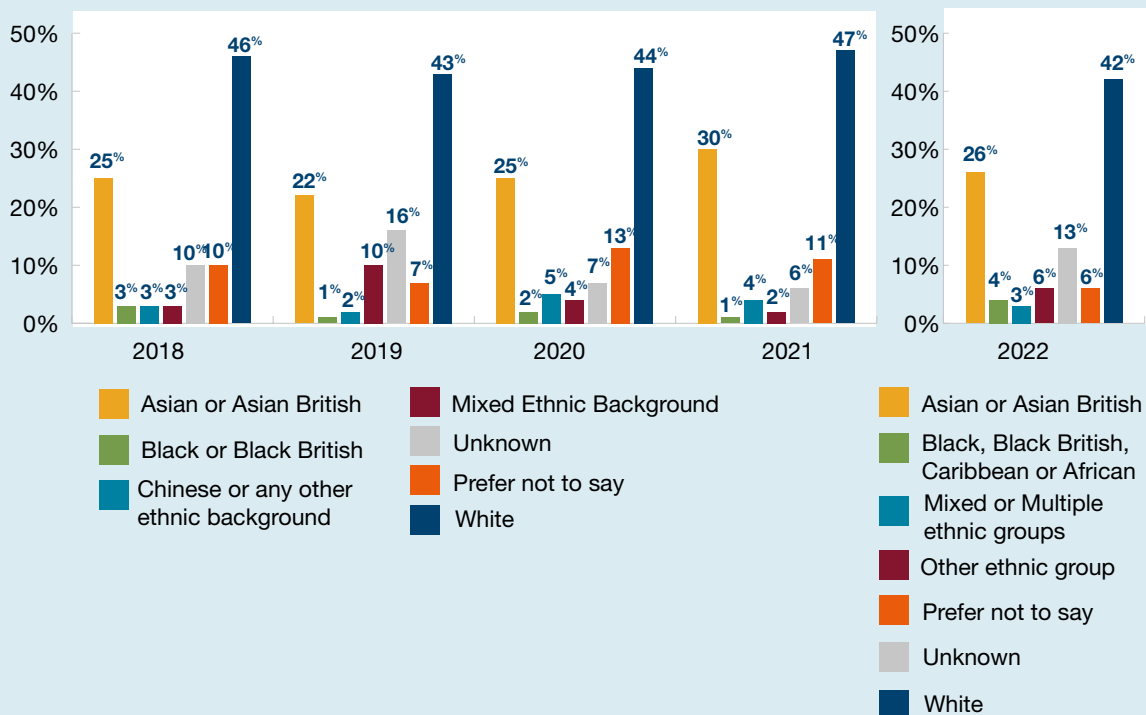
Proportion of dentist cases closed at Initial Assessment stage by ethnicity

Initial assessment case closures



Proportion of dentist cases closed at Assessment stage by ethnicity

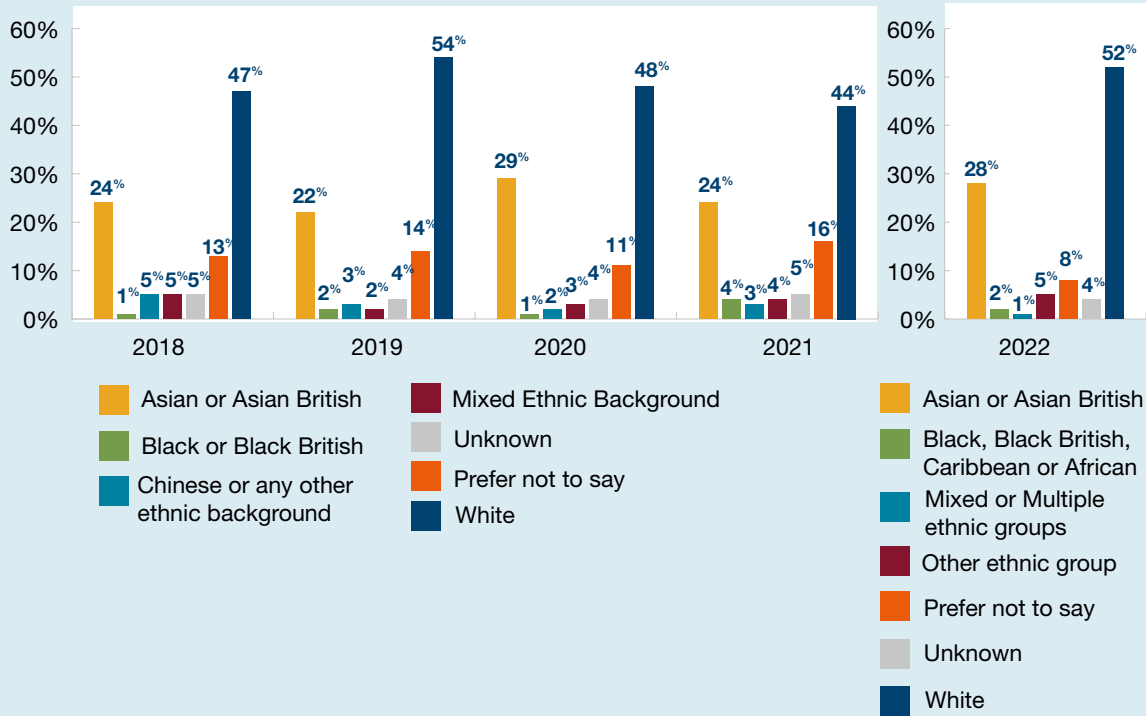
Assessment case closures





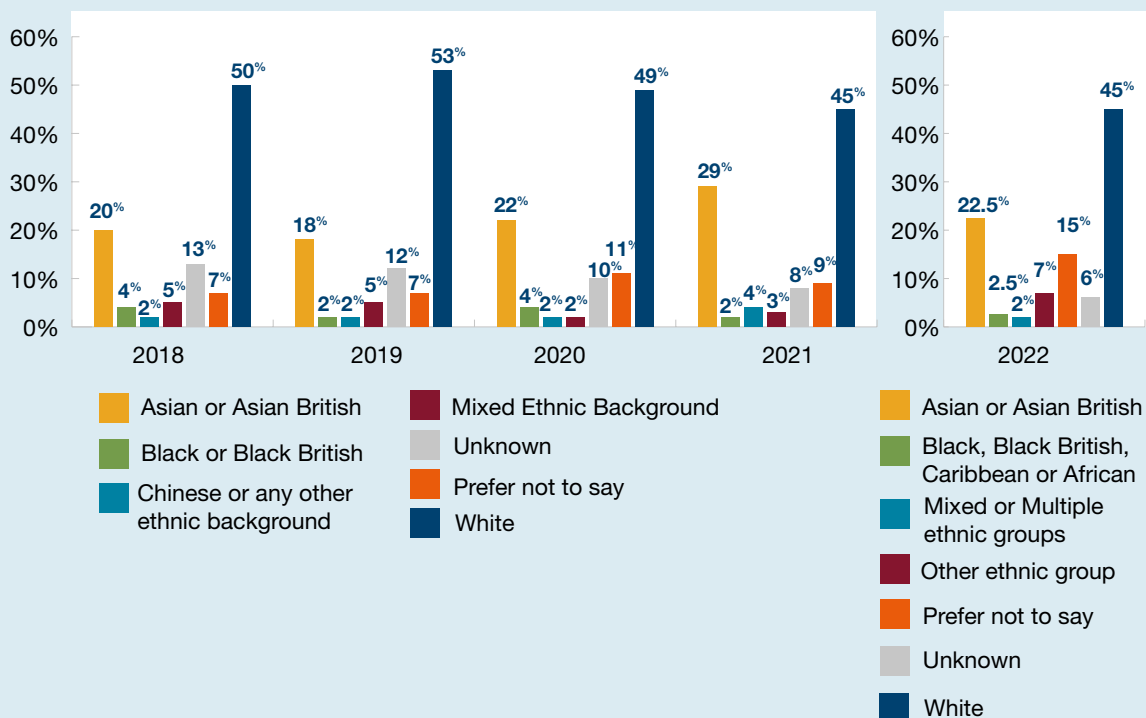
Proportion of cases dentist closed at case examiner stage by ethnicity

Case examiners case closures



Proportion of dentist cases closed at Hearing stage by Ethnicity

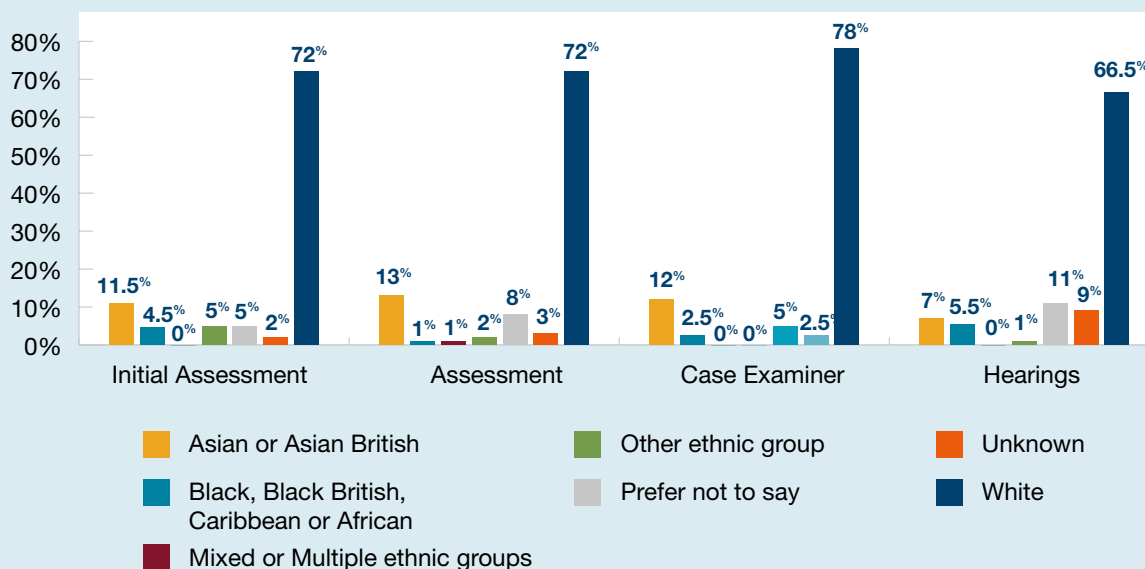
Hearings case closures





Ethnicity of DCP case closures

Proportion of DCP cases closed at each stage of FtP for 2022



The above graph is a snapshot of the closures by ethnic group in 2022.

It shows the ethnicity of the DCPs for every case we investigated and made a decision on, in 2022. The majority of cases closed across all the stages of the FtP process related to white ethnicity respondents.

Proportion of DCP cases closed at each stage of FtP from 2018 – 2022

Note: The following graphs show the ethnicity of DCPs cases over the last five years, across the four decision making points in the fitness to practise process.

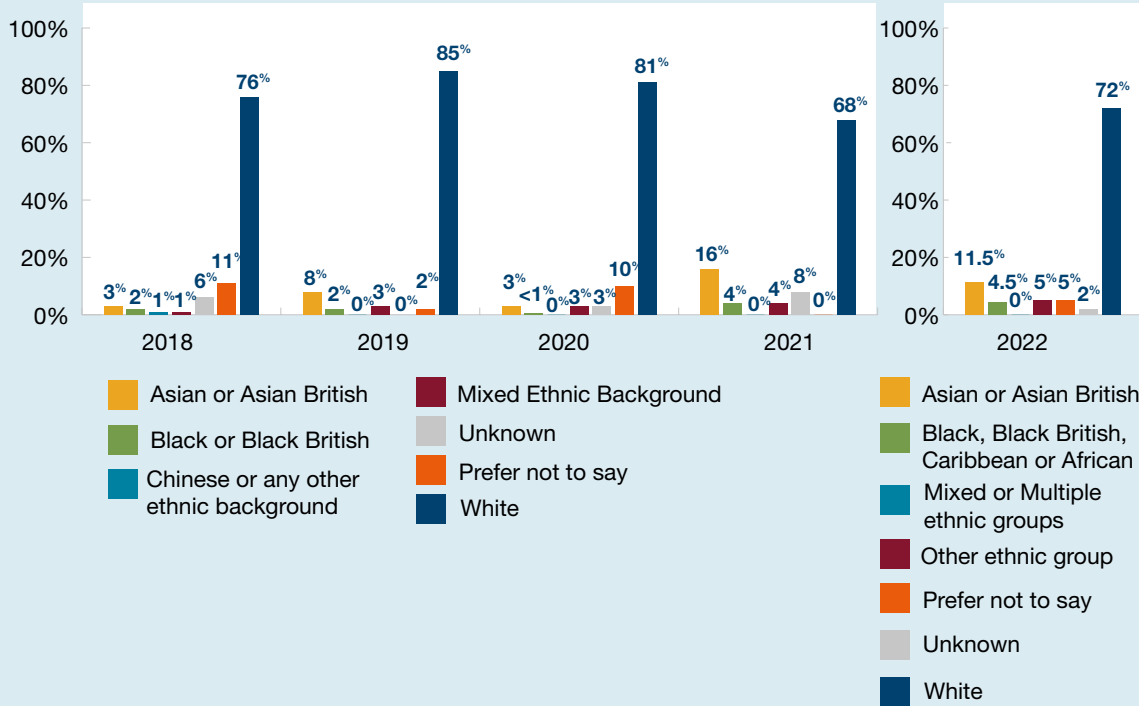
It shows trend data, and is based on percentages, rather than actual numbers. The decisions made at the different stages may refer to cases that were initially received by the GDC in previous years.

To align with previous reporting the trend data for 2018 – 2021 is reported using the old ethnicity categories. Many of the new categories used for 2022 are comparable, however, ‘Mixed’, ‘Other’ and ‘Unknown’ groups, have differences that mean they can’t accurately be compared with previous years. However, it should be noted that these categories are very small. We plan to ‘back-code’ this data for future publications.



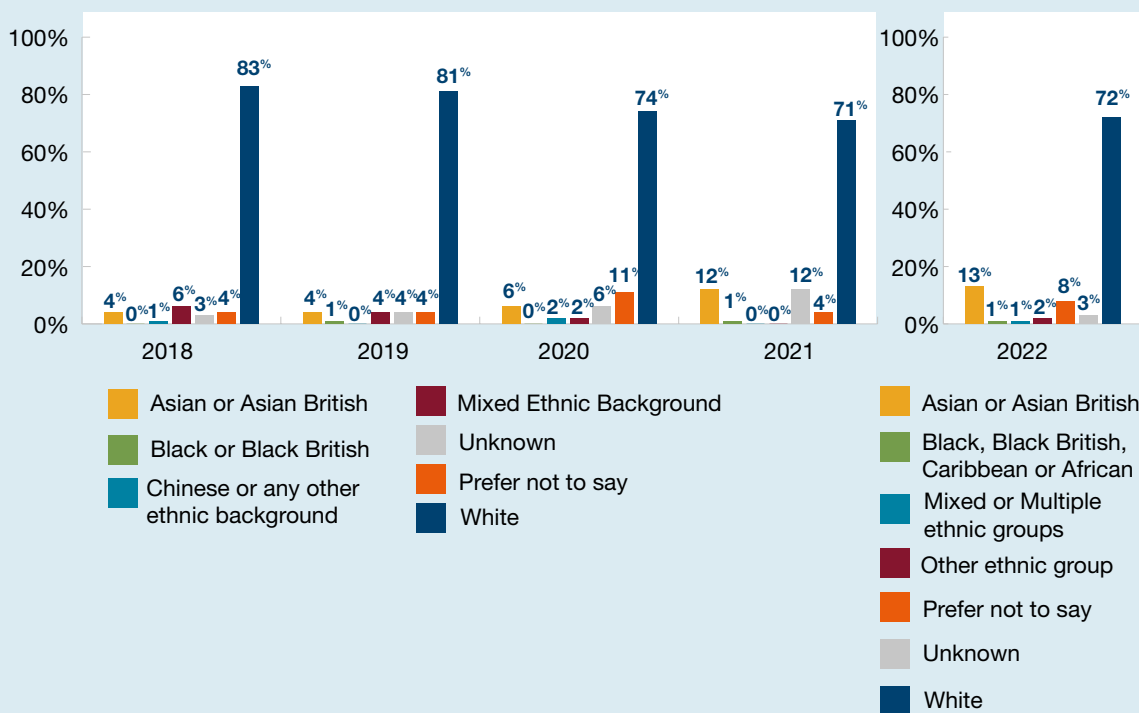
Proportion of DCP cases closed at Initial Assessment stage by ethnicity

Initial assessment case closures



Proportion of DCP cases closed at Assessment stage by ethnicity

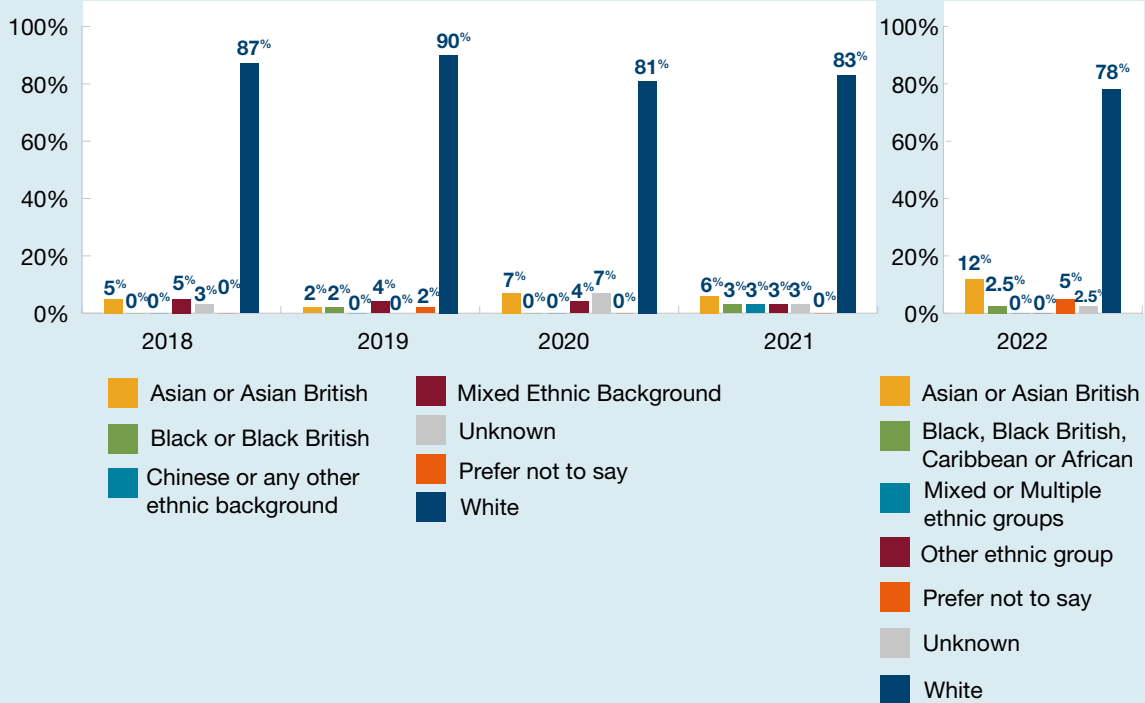
Assessment case closures





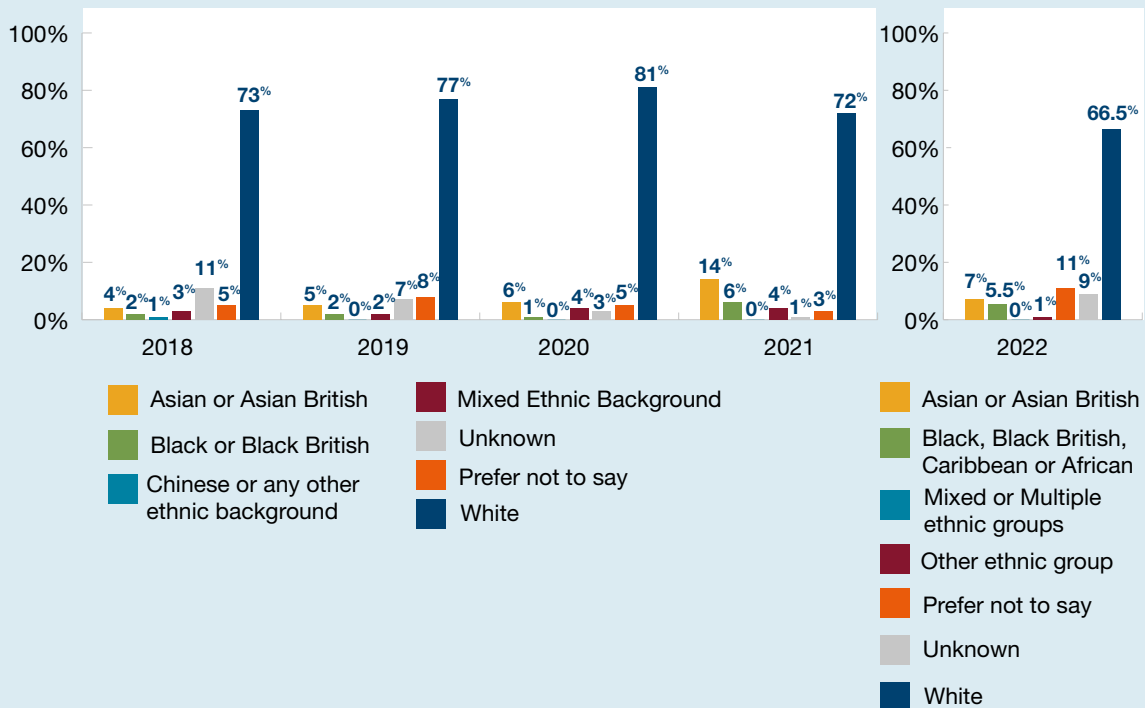
Proportion of DCP cases closed at Case Examiners stage by ethnicity

Case examiners case closures



Proportion of DCP cases closed at Hearings stage by ethnicity

Hearings case closures





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