

Consultation Outcome

Consultation on the GDC Strategy

2026 – 2028

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1. Background

GDC Strategy 2026 – 2028: Consultation outcome report

The General Dental Council (GDC) consulted on its Strategy 2026-2028 between 29 May and 21 August 2025. This consultation outcome report provides a summary of the responses received, the subsequent changes made to the strategy, and the implications for our business plan which outlines the work we intend to take forward under this strategy. It also outlines how we will respond to feedback that does not require direct changes to the strategy but will nonetheless inform our ongoing work and approach.

About the GDC

The GDC is the regulator of dental professionals in the UK, and one of ten professional healthcare regulators. The core objective of our regulatory activities is public protection. This is a role given to us by Parliament and set out in the Dentists Act 1984.

To protect the public, our work is focused on the following four areas:

- To maintain a register of dental professionals.
- To set standards for the dental team.
- To set standards for dental education.
- To investigate allegations of impaired Fitness to Practise and take appropriate action where necessary.

About the consultation

Why we consulted

Developing our strategy is the way we set the goals and medium-term objectives for the GDC and for the regulation of dental professionals. We review the strategy every three years to make sure that the GDC focuses its activities most appropriately to deliver its statutory objectives and adapts and responds to the changing environment in which dental healthcare is delivered in the UK.

Our strategy is strengthened by scrutiny and input from those with an interest in the delivery of safe and effective oral healthcare and the effective regulation of dental professionals. We recognise the importance of collaboration and want to work together with partners across the sector to help shape our strategic approach and deliver on our shared ambitions. This consultation provides an opportunity to help shape the GDC's strategy for 2026-2028.

We have a policy on how we set our fees, which has been in place since 2019. As well as setting out our approach on setting fees, it commits us to consult every three years on our strategy and the associated expenditure plans. This is so that we can be clear and transparent (particularly for those on our registers) about the costs of regulation. In the consultation paper we wanted to be clear about the relationship between our regulatory activity and the fees we charge. We did this by showing, at a high-level, the activity we are proposing to carry out to achieve our strategic objectives, and the expected costs of that activity. We received feedback about the clarity of our expenditure plans and have reported a summary in the analysis below.

What we consulted on

We consulted on:

- Our vision and mission.
- Five high level strategic objectives.
- Priority areas under each objective.
- The work we will do under those priorities and objectives.
- Our expenditure plans to deliver the work to achieve the high-level objectives.
- Equality, diversity and inclusion (EDI) impacts.

The questions that we asked and how we analysed them

The consultation included 10 main questions with sub-questions to capture information about respondents and their views. You can see a list of the questions we asked in appendix one of this report.

We collected information about whether a respondent was:

- replying as an individual or on behalf of an organisation
- a registered dental professional (including the protected titles they work under)
- training or studying to become a dental professional, or
- a patient and/or member of the public.

We asked questions to find out the extent of agreement and disagreement with the high-level objectives, the priorities under each objective, work we will do, and understanding of our expenditure plans. We also asked open-ended questions to find out why people had answered the questions in a certain way and if they had any other comments. We also asked respondents whether our objectives clearly describe our commitment to equality, diversity and inclusion and about any impacts they think our proposals could have on people based on their protected characteristics.

Separately to the questions, we included an optional equality monitoring survey to collect information about the protected characteristics of the people providing responses. The

equality monitoring survey helps us ensure that the way we work is fair and does not discriminate against individuals or groups. We have reported a summary of this information in the analysis of respondents below.

Once the consultation closed, we started analysis of the responses. Quantitative responses are set out in tables and graphs in this report. Where responses were qualitative, we used a software to help us code the responses for each question. In some rare cases, where responses were unclear, or duplicated across all questions and therefore already captured, no code was provided.

The codes were then summarised in a table for each question to help identify where themes emerged. Where themes were consistent across questions, similar codes were used so that analysis can take into account the prevalence of themes across different questions. We used the tables to describe the qualitative feedback we received in summary form in this report.

The report does not seek to quantify the qualitative feedback and therefore will not provide indicators of the number of responses that were attached to certain topics. This is in recognition that qualitative analysis, even when performed using a rigorous approach, inherently requires a subjective assessment of responses expressed in each respondent's own words. That means we cannot accurately report on the number of respondents who stated a particular opinion and instead seek to present the topics that emerged from the analysis.

Equality, diversity and inclusion impacts

One of our aims when developing this strategy was to ensure that Equality, Diversity and Inclusion (EDI) are central to our corporate purpose and strategy. We wanted views on whether our commitment to EDI is clearly and appropriately expressed in this strategy. We also wanted to understand the extent to which our proposed strategy has the potential to positively or negatively impact people with protected characteristics.

How we promoted the consultation and engaged with stakeholders

We consulted extensively with a broad range of stakeholders during the consultation through specific GDC strategy webinars and in our monthly newsletters and Chair's blogposts. We also engaged on the consultation during external meetings and events where we encouraged stakeholders to provide their feedback on the draft GDC Strategy.

2. Analysis of the respondents

Number of responses

We received 452 responses to the consultation; 450 of those responses were submitted using an online form. Two responses were sent to us via email. Some responses were duplicate responses.

Responses from individuals and organisations

Table 1 shows the number and percentage of responses we received from respondents who identified themselves as responding as individuals or responding on behalf of an organisation. 412 of the responses were submitted by individuals, and 40 of the responses were submitted by organisations. Three of these organisation responses were duplicate responses, or responses provided by more than one person on behalf of the same organisation.

Across all tables in this report, some respondents submitted responses both through the online survey and by email, and some submitted duplicate online responses. Percentages are rounded to the nearest whole number.

Table 1 – Number of responses from organisations and individuals

N=452

Response	No. of responses	%
An individual	412	91
On behalf of an organisation	40	9
Total	452	100

Responses were made on behalf of the following organisations

Some responses were duplicate responses or submitted by more than one person on behalf of an organisation. In this consultation organisations have only been listed once.

1. Association of Dental Hospitals
2. Association of Dental Implantology
3. Bodley, Dentist, and Associate Benevolent Fund
4. British Association of Clinical Dental Technology
5. British Association of Dental Nurses
6. British Association of Oral and Maxillofacial Surgeons
7. British Association of Private Dentistry
8. British Dental Association (BDA) and Indemnity (BDAI)
9. British Society of Dental Hygiene and Therapy

10. Cardiff University School of Dentistry
11. Care Quality Commission
12. Community Union
13. Committee of Postgraduate Dental Deans and Directors
14. Denplan
15. Dental Defence Union
16. Dental Protection
17. Dental Technologists Association
18. DentinaTubules Ltd
19. Diversity in Dentistry Action Group
20. Faculty of Dental Surgery, Royal College of Surgeons of England
21. Ghauri Dental Centres
22. Inspire Dental Reading
23. Local Dental Committee Confederation
24. Medical and Dental Defence Union of Scotland
25. Mydentist
26. NHS Education for Scotland
27. Northern Ireland Medical and Dental Training Agency
28. Orthodontic National Group
29. Real Good Dental Company
30. Smile Dental
31. Society of British Dental Nurses
32. Strategic Oversight Group
33. The Association of Dental Groups
34. The British Association of Dental Therapists.
35. The Canmore Trust
36. The National Examining Board for Dental Nurses
37. The Royal College of Surgeons of Edinburgh

Responses by type of profession/organisation

Table 2 shows the number and percentage of responses we received from respondents who identified themselves as a registered dental professional, a qualified dental professional applying for registration, a dental patient or member of the public, or training or studying to join the GDC register.

Table 2 – Responses broken down by type: profession/public/training
N= 411

Response	No. of responses	%
Registered dental professional	370	90
Member of the public and/or dental patient	5	1
Dental student or trainee	8	2
Qualified dental professional applying for registration	17	4
Other not specified	11	3
Total	411	100

Responses by type of dental professional titles

Table 3 shows the breakdown of the dental professionals who responded, broken down by the professional titles they indicated they were registered to use. Most of the responses were submitted by dentists and dental nurses.

Table 3 – Responses broken down by professional titles
N=370

Response	No. of responses	%
Clinical dental technician	2	1
Dental hygienist	32	9
Dental nurse	167	45
Dental technician	14	4
Dental therapist	52	14
Dentist	123	33
Orthodontic therapist	2	1
One or more specialist lists	15	4
Total	370	100

Respondents by protected characteristic

At the end of the consultation, we provided some optional questions as part of an equality monitoring form to capture data on respondents' protected characteristics. Respondents had the option to not answer. Tables 4 to 11 show the breakdown of respondents by protected characteristic.

Table 4 – Respondents sex

N= 386

Response	No. of responses	%
Female	266	69
Male	76	20
Prefer not to say	44	11
Total	386	100

Table 5 – If the gender respondents identify with is the same as their sex registered at birth

N= 384

Response	No. of responses	%
Yes	341	341
No	0	0
Prefer not to say	43	11
Total	384	100

Table 6 – Disability

N= 386

Response	No. of responses	%
Yes	19	5
No	330	85
Prefer not to say	37	10
Total	386	100

Table 7 – Respondents legal marital or registered civil partnership status

N= 386

Response	No. of responses	%
Never married and never registered in a civil partnership	83	22
Married	191	49
In a registered civil partnership	6	2
Separated, but still legally married	1	0
Separated, but still legally in a civil partnership	1	0
Divorced	19	5
Formerly in a civil partnership which is now legally dissolved	1	0
Widowed	1	0
Surviving partner from a registered civil partnership	0	0
Prefer not to say	83	22
Total	386	100

Table 8 – Respondents asked who is (was) their legal marriage or registered civil partnership to

N= 384

Response	No. of responses	%
Someone of the opposite sex	203	93
Someone of the same sex	8	4
Prefer not to say	7	3
Total	218	100

Table 9 – Religion

N= 384

Response	No. of response	%
No religion	65	17
Christian (all denominations)	139	36
Buddhist	3	1
Hindu	35	9
Jewish	1	0
Muslim	51	13
Sikh	4	1
Any other religion	6	2
Prefer not to say	80	21
Total	384	100

Table 10 – Respondents sexual orientation

N= 380

Response	No. of response	%
Straight/heterosexual	305	80
Gay/lesbian	5	1
Bisexual	4	1
Other sexual orientation	0	0
Prefer not to say	66	17
Total	380	100

Table 11 – Respondents ethnic group

N= 381

Response	No. of response	%
White	175	46
Mixed, or multiple ethnic group	9	2
Asian or Asian British	97	25
Black, Black British, Caribbean or African	11	3
Other ethnic group	27	7
Prefer not to say	62	16
Total	381	100

3. General overview of responses

Overall, respondents were broadly supportive of the GDC's proposed strategic direction and welcomed the opportunity to contribute to the development of the GDC's Strategy 2026 – 2028. Many agreed that the objectives and priorities were appropriately focused on patient safety, professional standards, and collaboration, and recognised the GDC's intent to modernise regulation and strengthen engagement with the profession. The tone and intent of the strategy were seen as positive and necessary, with respondents generally welcoming the clarity of purpose and openness to feedback demonstrated through the consultation. There was also strong support for the GDC's acknowledgement of the "culture of fear" within the profession, with many respondents welcoming the more supportive and empathetic tone of the strategy as a positive step towards rebuilding trust.

Across all objectives, respondents stressed the need for clearer implementation plans, measurable outcomes, and transparent reporting to build confidence that the strategy will deliver tangible improvements. Recurrent themes included rebuilding trust and addressing the "climate of fear" linked to Fitness to Practise (FtP), improving communication and engagement, and ensuring that workforce pressures and wellbeing, particularly for dental nurses and overseas-qualified professionals are properly recognised.

While many respondents appreciated the increased transparency around the GDC's expenditure plans, they sought clearer links between spending and demonstrable benefits for registrants and patients. Concerns about fairness and affordability of the Annual Retention Fee (ARF) were common, alongside calls for efficiency savings and clearer communication about how costs are managed. Respondents also encouraged the GDC to strengthen its commitment to equality, diversity and inclusion, through measurable actions to address disproportionality and improve accessibility and fairness across all aspects of regulation.

While the overall direction of travel was endorsed, respondents offered detailed feedback on the GDC's vision, mission and overall wording of the objectives, noting that greater clarity and a stronger focus on the GDC's core regulatory role would make the strategy more coherent and easier to understand. There was broad agreement that the aims should clearly reflect the GDC's statutory remit and purpose, with language that is accessible and unambiguous.

After analysing the consultation feedback and considering the views shared during our pre-consultation stakeholder engagement events, we made a number of changes to the draft GDC Strategy to reflect these priorities. These have been outlined in more detail below.

4. Analysis of the responses

The consultation paper included 48 questions in total. Questions 1–4 gathered information about respondents, while questions 25–48 formed the equality, diversity and inclusion monitoring section. The substantive consultation content covered 20 questions (questions 5–24) relating to the proposed strategy. These 20 questions correspond to the 10 main consultation questions set out in the consultation paper, several of which were divided into multiple sub-questions to support a more detailed analysis.

We received 452 responses to the scale questions; the number of responses provided to the open text questions varied.

Questions on the objectives

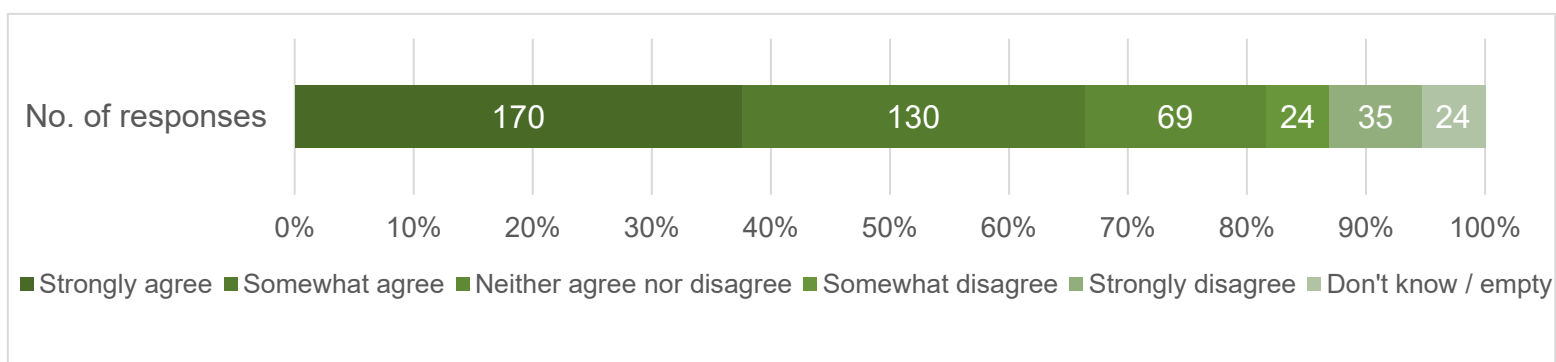
Question 5: To what extent do you agree that our strategic objectives are the right focus for the GDC, given the context in which we are operating?

Table 1 – response to question 5

N= 452

Response	No. of responses	%
Strongly agree	170	38
Somewhat agree	130	29
Neither agree nor disagree	69	15
Somewhat disagree	24	5
Strongly disagree	35	8
Don't know / empty	24	5
Total	452	100

Graph 1 – response to question 5



Two-thirds of respondents strongly agreed or somewhat agreed (300;67%) that the proposed strategic objectives are the right focus for the GDC, given the context in which we are operating, with the remaining third split between those who strongly or somewhat disagreed (59;13%) and those that neither agreed nor disagreed (69;15%).

Question 6: Please explain your answer

194 respondents provided a written response to this question. Some themes were repeated across numerous questions. In this outcome report, we have not included repeated themes unless there is merit in doing so.

General feedback

- Most respondents welcomed the GDC’s commitment to modernising regulation and supporting the dental team. The strategy was viewed as thoughtful and forward-looking, with clear, relevant objectives aligned to the needs of patients, professionals, and the wider system. Many valued the focus on public protection, the need to modernise regulation and improve trust in regulation, as well as the recognition of issues such as the “climate of fear” and the need for proportionate, education-focused regulation.

GDC response: It is important and encouraging that overall, consultation responses showed support for the outcomes and intentions in the strategy. We want to work more collaboratively with our partners to deliver this strategy and so their support is central to its success. We look forward to working with dental professionals and our other partners to implement a supportive and collaborative approach to dental regulation that promotes high-quality patient care.

Specific feedback

- Some respondents felt that the GDC’s proposed vision of “good oral health for all” went beyond its statutory remit, misaligned with its duty to protect the public and maintain confidence in the dental professions. They suggested it aligns more with wider public health aims than with the GDC’s core regulatory function. Respondents proposed that the vision should instead focus on public protection and supporting dental professionals to provide safe and effective care, which were seen as better reflecting the GDC’s primary role and purpose. A few respondents felt that the perceived overreach of the GDC’s vision also affects how the mission is understood, raising concerns that the GDC may be extending beyond its core regulatory role.

GDC response: We have amended the strategy to have a single high-level vision statement, drawn from the mission statement in the consultation draft but expressed in the more aspirational language of a vision statement. The vision is now more focussed on the role and remit of the GDC, highlighting our aspirations to be supportive, trusted and effective:

To be a trusted and effective regulator, supporting dental professionals to provide safe and effective care for their patients

Ultimately, the purpose of the regulatory system is to support effective healthcare and health outcomes, so the oral health of the population will continue to be important to the GDC, acting as one element of the wider system of people and organisations which collectively delivers those outcomes.

- Several respondents expressed concerns about the overall lack of clarity in the GDC's Strategy, describing the language as "woolly" and "vague." For some, this made the proposal difficult to follow, hindering understanding and therefore confidence in the strategy. Some respondents highlighted that the lack of concrete details, specific actions and clear timelines making it difficult to see how the strategy's goals will be achieved. Some perceived a disconnect between the strategic objectives and the GDC's key functions causing concerns about deliverability and accountability.

GDC response: The GDC Strategy is a high-level outline of our long-term direction and the outcomes we want to achieve. It is underpinned by seven supporting strategies which provide more detail on how we will set ourselves up to deliver it. We are also developing a detailed Business Plan which describes in more detail the work we will do to achieve the strategic aims and objectives. It outlines the work we will do to achieve the strategic aims and objectives. The supporting strategies and Business Plan will be published on our website so that we can be more transparent about what we are doing to deliver the GDC Strategy. We will monitor and report on our progress against the objectives we have set out in this strategy, using a range of methods and evidence sources, to both define and track desired outcomes appropriate to the objectives.

- Some respondents reported a significant lack of trust in the GDC, describing a climate of fear, perceived disproportionate actions, and insufficient support for dental professionals. Delays and inconsistencies in FtP processes, along with limited

transparency and accountability, were key drivers of mistrust. While efforts to improve trust are recognised, many feel more substantial and demonstrable changes are needed.

GDC response: We recognise these concerns and, over the course of the next three years, and beyond, are committed to doing what we can to address them. Our Business Plan, combined with expected outcomes and performance reporting will help improve transparency and clarity on what we are doing to address these concerns, and how successful we have been.

Objective 1 – Support dental professionals to provide the right care for their patients

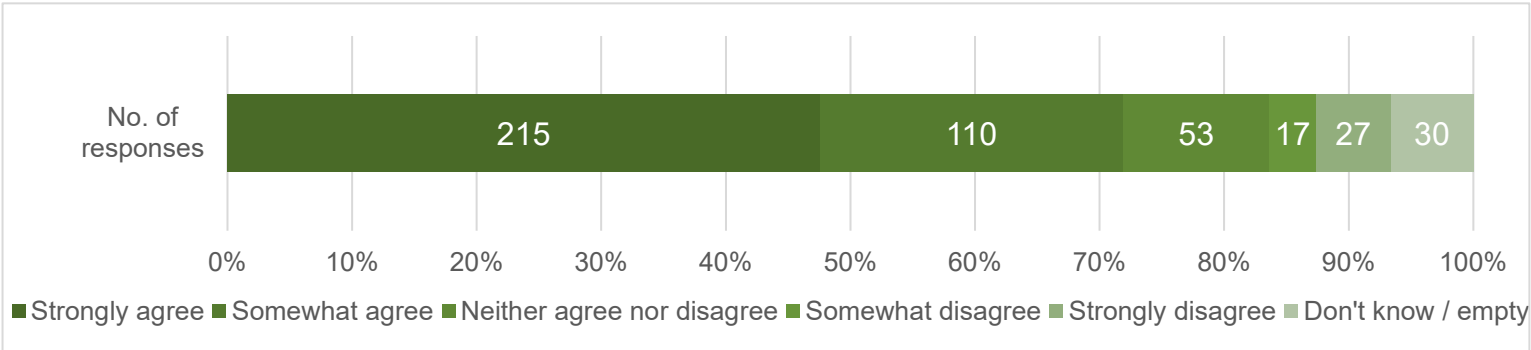
Question 7: to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

Table 2 – response to question 7

N= 452

Response	No. of responses	%
Strongly agree	215	48
Somewhat agree	110	24
Neither agree nor disagree	53	12
Somewhat disagree	17	4
Strongly disagree	27	6
Don't know / empty	30	7
Total	452	100

Graph 2 – response to question 7



Almost three-quarters of respondents strongly agreed or somewhat agreed (325;72%) that the priorities we have outlined to support delivery will help us achieve Objective 1. 1 in 10 respondents either strongly or somewhat disagreed (44;10%) and a similar proportion neither agreed nor disagreed (53;12%).

Question 8: Please explain your answer

159 respondents provided written responses to this question. Some themes were repeated across numerous questions. In this outcome report, we have not included repeated themes unless there is merit in doing so.

General Feedback

- Many respondents welcomed Objective 1, praising its focus on supporting dental professionals and improving patient care. The proposed shift from a punitive to a supportive, learning-focused regulatory approach was seen as positive. Respondents valued the emphasis on clear guidance, collaboration, and recognition of the whole dental team. Overall, the objective was viewed as a constructive step toward a fairer, more supportive regulatory environment that promotes high-quality patient care. The following section summarises the specific feedback received on this objective and outlines how the GDC has responded to the points raised.

Specific Feedback

- Concern with the use of the word “*right*” was a recurring theme throughout the consultation, with several respondents saying it is subjective and open to interpretation. With the use of the term “*right care*” in Objective 1, several respondents noted that “*right*” can mean different things to different people, potentially leading to confusion or unrealistic expectations. Others highlighted the need for the GDC to provide clearer guidance on what it means by “*right care*” to ensure consistency and understanding among registrants.

GDC response: In response to this feedback we have removed reference to the “*right*” care and replaced it with “*safe and effective*” care. This goes further than ‘*safe*’ care and mirrors the wording used in the updated vision statement.

- Many respondents highlighted concerns about the practical support that the GDC provides for dental professionals, noting that resources, training, and guidance are often insufficient and there is a need for the GDC to provide clear, accessible, and practical guidance. This was particularly highlighted for overseas-qualified dentists who may need clearer information to help them adapt to UK practice. Many felt that there is inconsistent communication about the current guidance frameworks and there is a lack in clarity, leading to confusion and reduced confidence among dental professionals. Clearer communication, greater transparency, and a stronger learning culture were seen as important to enable professionals to deliver safe, effective care. There were also calls for clearer distinctions between mandatory standards and advisory guidance and for improved responsiveness to queries. There were also calls for greater engagement with professional bodies to ensure guidance is relevant, consistent, and supportive of professionals in practice. This was a recurring theme across several questions.

GDC response: A key priority of our work under this objective is to develop and maintain a standards and guidance framework that is clear, accessible and responsive to new and emerging issues, trends and information needs. This will help us better support dental professionals in the areas where professional guidance would be most beneficial. The new framework will differentiate between the standards expected of dental professionals, and the guidance which helps professionals meet the fundamental standards. We will develop a range

GDC response: As part of our work under this objective, we want to work collaboratively with our partners across the dental system to develop a range of professional guidance and supporting materials which support dental professionals in their practice. We are in the process of commissioning student/trainee and dental professional research panels which will help us make sure diverse voices across the profession are captured and used for informing work and monitoring progress.

- Some respondents highlighted the importance of collaboration and engagement to improve the GDC's effectiveness and perception. Co-producing guidance with dental professionals, trade unions, and dental schools, alongside clear communication, was seen as essential. Early engagement with students and trainees, promoting a learning culture, and supporting the wider dental team were also emphasised. Measuring progress and transparently reporting outcomes were recommended to demonstrate the impact.

- A few respondents emphasised the importance of fully using the skills of all dental team members to improve patient care. Barriers such as limited training opportunities, funding constraints, and a regulatory “climate of fear” were highlighted. Effective skill mix was seen as enabling timely, appropriate care and expanding roles for dental nurses in oral health initiatives was a common example. Overall, recognising and supporting the full range of team skills was widely welcomed as a positive step toward more collaborative and efficient patient care.

GDC response: We support greater use of the skills of the whole dental team where it is safe to do so, and our strategy sets out a commitment to recognising and enabling effective use of the range of skills across the dental team to deliver oral healthcare. One of the objectives of our recent Scope of Practice review was to remove some of the prescription that hinders making best use of skill mix across the dental team. We will be carrying out an evaluation of how the revised guidance is working in practice. We would welcome proposals on further changes or improvements that can be made and are keen to work with our partners to support greater use of skill mix where possible.

- Some respondents highlighted the growing importance of digital technologies and AI in dentistry, calling for the GDC to modernise its approach and guidance to keep pace with innovation. Some viewed the lack of explicit reference to digital advancements and cosmetic procedures as a missed opportunity to support professionals in adapting to change. There were calls for clearer, forward-looking guidance on the use of AI, digital dentistry, and emerging technologies, as well as for the GDC to take a more agile and responsive regulatory approach to technological developments.

GDC response: We understand the importance of maintaining an agile and responsive regulatory approach to support dental professionals to practise safely and effectively in a modern healthcare landscape. We have made changes to the strategy to make it clearer that we commit to developing a more agile approach to understanding and responding to advances in digital technology and innovation. These changes include the potential impact on the delivery of safe and effective dental care, as well as to support the profession to practise in a modern landscape, utilising digital technology and innovation safely.

Objective 2 – Get the right people on the registers at the right time

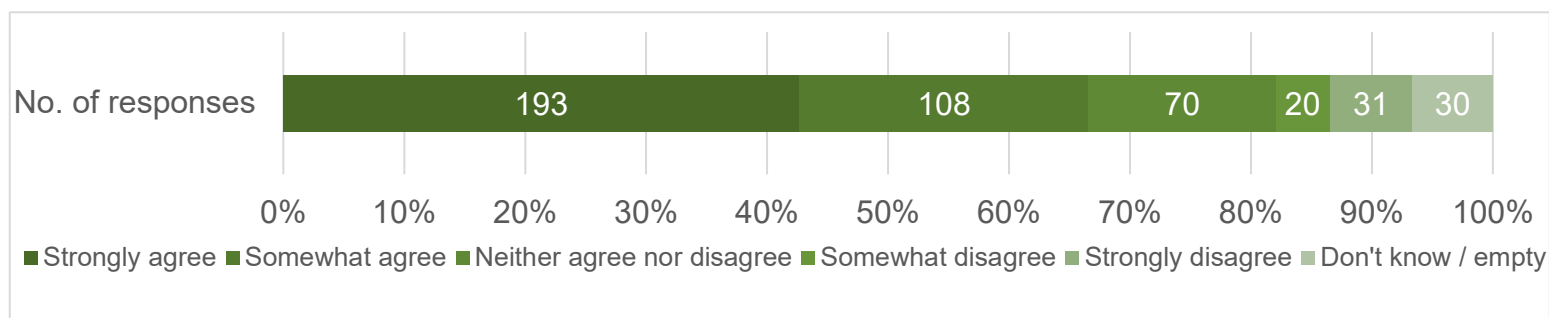
Question 9: to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

Table 3 – response to question 9

N= 452

Responses	No. of responses	%
Strongly agree	193	43
Somewhat agree	108	24
Neither agree nor disagree	70	16
Somewhat disagree	20	4
Strongly disagree	31	7
Don't know / empty	30	6
Total	452	100

Graph 3 – response to question 9



Two-thirds of respondents strongly agreed or somewhat agreed (301;67%) that the priorities we have outlined to support delivery will help us achieve Objective 2. 1 in 10 respondents strongly disagreed or somewhat disagreed (51;11%) and 16% neither agreed nor disagreed (70;16%).

Question 10: Please explain your answer

157 respondents provided written responses to the open text question. Some themes came up under more than one question and in this outcome report we have not included repeated themes unless there is merit to do so.

General feedback

- Many respondents strongly supported Objective 2, welcoming efforts to streamline registration, expand routes for internationally qualified professionals, and ensure timely access to the register. The GDC’s focus on inclusivity, recognition of student and overseas registrant challenges, and collaboration with partners to remove barriers were also positively noted. The following section summarises the specific feedback received on this objective and outlines how the GDC has responded to the points raised.

Specific feedback

- Some respondents highlighted significant obstacles for internationally-qualified dentists in registering with the GDC, including difficulties securing ORE exam slots, unclear timelines, and the high cost of the exam. A few feel the GDC could do more to support internationally qualified dentists who are already living and working in the UK but are currently unable to register. Concerns were also raised about limited ORE capacity, the potential impact of post-2028 regulations on EU/EEA graduates, and the fairness of the ORE process. These were recurring themes throughout the consultation. Some respondents also noted that these delays contribute to workforce shortages and can negatively affect the wellbeing of professionals. Suggestions included streamlining registration, clarifying pathways, offering preparatory university courses, prioritising those already in the UK, and ensuring fair, transparent processes that maintain patient safety and standards.

GDC response: We share the concerns raised about the strain on international registration. We know that some of the current assessment mechanisms are unable to meet demand, and that we need to act now to address the issues in light of the uncertainty around the post-2028 qualification recognition. Our new strategy commits to addressing these issues by developing a comprehensive and accessible framework to register internationally qualified dental professionals. This strategy also commits to developing information for those joining the registers from overseas to help them understand the expectations for the delivery of safe and effective oral healthcare in the UK. We would welcome opportunities for collaborative working with our partners so we can better support this group of professionals.

- Some respondents raised concerns about the use of the word “*right*” in Objective 2, describing it as ambiguous and open to interpretation. They questioned who defines what “right” means and on what basis such judgments are made. Some noted potential equality and diversity implications, while others felt the wording could imply over-regulation. This reflects a recurring theme throughout the consultation, where the use of the term “right” prompted calls for clearer, more precise language.

GDC response: We understand the concerns raised regarding use of the word “right” in this context. To make our intentions clearer, we have now amended the wording of Objective 2, to: *Maintain high standards for registration, and register those who meet them in a timely and effective way*

- Many respondents emphasised that maintaining patient safety and professional standards must remain central to the GDC’s work. While some supported improving registration efficiency, others cautioned against any approach that might compromise quality or reduce oversight. Concerns were raised about ensuring overseas-qualified professionals meet equivalent UK standards through robust assessment and appropriate educational support. A recurring theme was the tension between addressing workforce shortages and preserving the quality of care.

GDC response: Whilst one of our core objectives is to remove any unnecessary barriers to registration, with a particular focus on international registration, we are very clear that this will not come at the expense of patient safety. The revised wording for Objective 2 commits us to maintaining the high standards required for registration. Whilst registration processes will continue to be robust, there is much we can do to make that process more efficient and effective.

- A few respondents noted the need for greater clarity around the wording of terms such as “*partners*” and “*stakeholders*” within the strategy. They suggested that clearer definitions, including what is meant by “*collaborative or delivery partners*”, would help external organisations better understand their relationship with the GDC and how they can contribute effectively. Providing this clarity could also enhance transparency and support so it is a more consistent and meaningful collaboration.

GDC response: We use the terms ‘partners’ and ‘stakeholders’ throughout the document. These terms should not be used interchangeably as they are different, although the difference can be subtle. ‘Partners’ refers to external individuals and organisations who we work closely with. ‘Stakeholders’ are a broader group of organisations or individuals who have an interest in our work. We have amended references to ‘stakeholders’ to ‘wider stakeholders’ to make this distinction clearer.

- Some respondents highlighted the need for enhanced support and recognition for dental care professionals. Key concerns included low remuneration and the subsequent disproportionate financial burden of the ARF (particularly for dental nurses) especially when combined with other professional costs such as indemnity insurance and training, and limited opportunities for career progression. There were calls for the GDC to promote parity across the dental team, ensure the fair treatment of all registrant groups, and value and retain dental nurses in the dental workforce.

GDC response: We recognise the important role that dental care professionals play in delivering safe and effective patient care across the UK. As part of our work to develop a new professional guidance framework, we are committed to developing tailored content and supporting materials to support the specific needs of different dental care professional groups, including dental nurses. This will include working with other organisations to provide practical supporting materials to support understanding of our guidance, such as the Scope of Practice, and support career progression and professional development.

In accordance with our current fees policy, the ARF is determined by the costs of regulation and how these are apportioned between groups. We try, as far as possible, to limit cross-subsidy between groups, but need to balance this with considerations on fee volatility. When we carried out the analysis to inform the current fees policy, we concluded that there should be a single DCP fee. The current fees policy has been in place since 2019, and it is therefore timely that we review and refresh the assumptions that underpin the policy, which will enable us to consider the viability of an alternative ARF structure. Whilst this will not be possible for the next ARF period, we will begin a review of the fees policy in Autumn 2027 so that we can be assured that the next strategy is underpinned by a robust and up-to-date approach to setting fees.

- Many respondents emphasised the need for robust GDC quality assurance, standardised induction processes for overseas qualified registrants (covering practical, UK-specific topics such as the scope of practice, NHS regulations, safeguarding, GDPR, consent, and cross-infection control). They also highlighted the need for early career support to ensure dental professionals are well-prepared for UK practice. Respondents emphasised the importance of fostering a supportive learning environment to reduce fear of the regulator, reduce the risk of FtP and maintain workforce sustainability.

GDC response: We have a regulatory duty to ensure that all registrants, both UK and internationally qualified, meet our requirements for independent UK practice. There are a number of different ways in which we do this, and this strategy commits to ensuring UK education and training continues to produce safe practitioners, and developing information for those joining the registers from overseas to help them understand the expectations for the delivery of good oral healthcare in the UK. Further detail of our plans in these areas is set out in the Business Plan. We would welcome opportunities for collaborative working with our partners so we can better support new GDC registrants.

Objective 3 – Improve fitness to practise, maximising patient safety and reducing unintended impacts

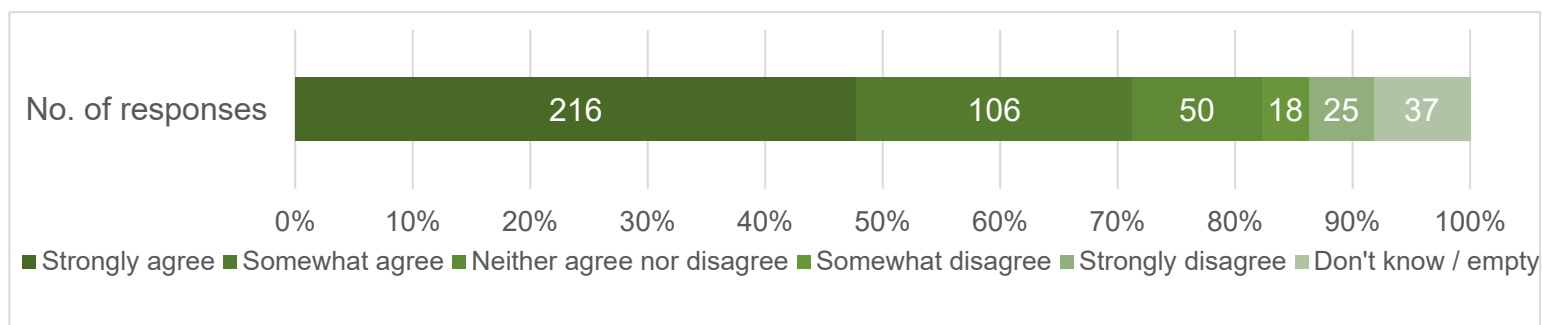
Question 11: to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

Table 4 – response to question 11

N= 452

Response	No. of responses	%
Strongly agree	216	48
Somewhat agree	106	23
Neither agree nor disagree	50	11
Somewhat disagree	18	4
Strongly disagree	25	6
Don't know / empty	37	8
Total	452	100

Graph 4 – response to question 11



Almost three-quarters of respondents strongly agreed or somewhat agreed (322;71%) that the priorities we have outlined to support delivery will help us achieve Objective 3. The remaining responses were broadly split between those who strongly or somewhat disagreed (43;10%), neither agreed nor disagreed (50;11%) or did not select a response to the scale question or selected don't know (37;8%).

Question 12: Please explain your answer

148 respondents provided written responses to the open text question. Some themes came up under more than one question, in this outcome report we have not included repeated themes unless there is merit to do so.

General feedback

- Many respondents expressed strong support for Objective 3 and the GDC's focus on making the FtP process fairer, more proportionate, and less punitive. The emphasis on learning, remediation, and mental wellbeing was widely welcomed, with respondents recognising this as a positive shift towards a more supportive regulatory approach. Improving timeliness, transparency, and communication in FtP cases was also valued, as were efforts to embed EDI principles. Overall, the objective was seen as a constructive step in rebuilding trust, reducing fear of regulation, and promoting patient safety through a more compassionate and efficient system. The following section summarises the specific feedback received on this objective and outlines how the GDC has responded to the points raised.

Specific feedback

- Respondents raised significant concerns about the impact of the FtP process on the mental health and wellbeing of dental professionals. The process was described as stressful, lengthy, and overly punitive, leading to anxiety and reduced confidence among registrants. Many noted that this stress can contribute to defensive practice, workforce disengagement, and a negative effect on patient care. Respondents called for a more proportionate and transparent process that better supports registrants' wellbeing.

- Building on these concerns, many respondents emphasised the need for stronger and more compassionate support for registrants involved in FtP processes. Key suggestions included improved communication, greater transparency, and faster resolution of cases to reduce uncertainty and emotional strain. There was support for access to wellbeing resources, including psychological and peer support, as well as mentoring schemes for those under investigation. Respondents also encouraged early, restorative approaches, such as remediation and professional development, before escalation to formal proceedings. Clearer guidance on expectations, as well as meaningful routes for feedback or complaints about the FtP process, were viewed as important for fostering a fairer and more supportive regulatory environment.

GDC response: – Ensuring consistency and proportionality in Fitness to Practise decision-making is an essential part of addressing the culture of fear. We also understand the importance of transparency around how the process operates and how decisions are made. We are in the process now of making improvements in these areas, which include:

- o Revising our decision-making guidance for all stages of the FtP process to improve consistency in decision-making
- o Improving transparency around the FtP process and how decisions are made
- o Reviewing and maintaining our quality assurance processes across FtP decision-making
- o Improving the support we provide to dental professionals involved in FtP proceedings and how we communicate with them.

These initiatives are not outlined in the strategy in detail as they are already underway. The Business Plan will detail how we will continue to develop and embed this work in 2026 to give us a solid foundation for our further work under this strategy to improve FtP, maximise its learning potential and address the culture of fear. We have amended the strategy to make our commitment to continuous improvement through robust quality assurance processes and effective decision-making guidance more explicit.

- Some respondents emphasised the importance of piloting proposed changes to FtP processes before full implementation. Pilots were seen as a way to identify potential risks, ensure changes benefit all parties, and prevent unintended consequences. Suggestions included testing approaches such as remediation and proportionate

closure pathways, with evaluation and feedback mechanisms built into any pilot to assess effectiveness and inform future improvements.

GDC response: Any proposed changes to Fitness to Practise processes, including any new approaches to closing cases, will need to be thoroughly tested before becoming permanent. This will enable us to evaluate the impact and identify any unintended impacts to ensure patient safety. We will seek to work with partners during this process, using their input and feedback to help inform the approach.

- A few respondents raised concerns about vexatious complaints submitted for personal or business advantage, as well as those submitted anonymously. They called for clearer handling, early identification, and management of such complaints to ensure fairness, accountability, and to reduce unnecessary stress on registrants and the system.

GDC response: We understand that unfounded and vexatious complaints can add to the culture of fear, and the mental health impact of the FtP process. We need to consider all complaints and concerns that come to us, to be able to identify serious concerns that require investigation. However, we want to be able to do this more efficiently, so that we can close more cases quickly that do not raise FtP concerns. For example, our initial inquiries process has enabled us to streamline less serious cases, such as single clinical incidents, to help us close these types of cases more quickly. We want to build on this over the next strategy period, decreasing the punitive effect and maximising the learning potential of FtP and continually striving to close less serious cases in a timelier way.

Objective 4 – Work collaboratively to speak up on, influence, and address issues that affect patients and the public

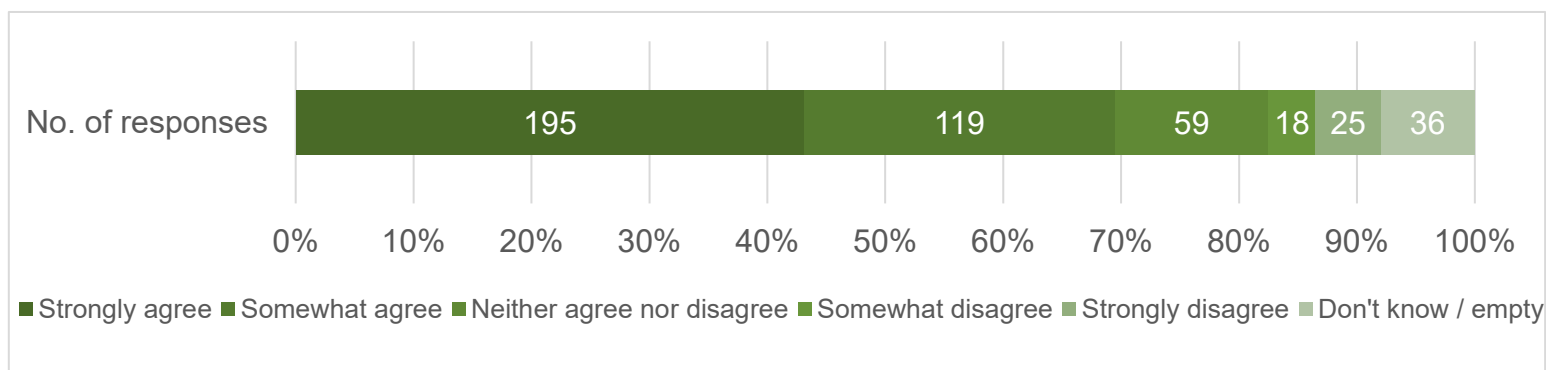
Question 13: to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

Table 5 – response to question 13

N= 452

Response	No. of responses	%
Strongly agree	195	43
Somewhat agree	119	26
Neither agree nor disagree	59	13
Somewhat disagree	18	4
Strongly disagree	25	6
Don't know / empty	36	8
Total	452	100

Graph 5 – response to question 13



Just over two-thirds of respondents strongly agreed or somewhat agreed (314;69%) that the priorities we have outlined to support delivery will help us achieve Objective 4. The remaining third was broadly split between those who strongly disagreed or somewhat disagreed (43;10%) those that neither agreed nor disagreed (59;13%) and those that did not select a response or selected 'don't know' (36;8%).

Question 14: Please explain your answer

140 respondents provided written responses to the open text question. Some themes came up under more than one question, in this outcome report we have not included repeated themes unless there is merit to do so.

General feedback

- Most respondents expressed strong support for Objective 4, welcoming the GDC's focus on collaboration, communication, and patient and public well-being. They appreciated the commitment to an evidence-led, partnership approach and proactive engagement with stakeholders, including engagement such as the Dental Leadership Network. There was broad endorsement for prioritising patients' interests, addressing inequalities, and advocating for legislative reform to create a more empathetic and effective regulatory system. Respondents also encouraged the GDC to remain responsive to changes in digital dentistry and technology, and to continue strengthening its visibility, influence, and communication through partnership working and the sharing of learning across the dental sector. The following section summarises the specific feedback received on this objective and outlines how the GDC has responded to the points raised.

Specific feedback

- The importance of collaboration was a common theme across all questions. Many respondents emphasised that working with stakeholders is crucial for improving patient care, workforce planning, and addressing oral health inequalities, while maintaining the GDC's focus on its regulatory role.

GDC response: It is encouraging that respondents have highlighted the importance of collaboration and that our partners have demonstrated a willingness to work with us on delivering our objectives. We strongly agree with the need to work collaboratively with those in the dental system with varying remits, areas of responsibility, powers and influence. We welcome ideas or suggestions from our partners about areas where we can better work together in delivering common goals.

- Access to dental care was a major concern, with workforce shortages, regulatory challenges, and systemic issues seen as key barriers. Limited NHS availability, difficulties accessing emergency care, and patients turning to hospitals or GPs were highlighted. Respondents called for regulatory reform, greater collaboration, and alternative pathways for registrants to address workforce gaps, noting that high workloads and stress make workforce losses worse. A focus on prevention and reducing waiting lists was emphasised as vital for timely care and improved oral health.

- Although NHS-related issues were not within the scope of this consultation, several respondents highlighted workforce challenges and called for the GDC to work more closely with the NHS to address them. Frustration was expressed over unclear contracts, variable guidelines, and accountability issues, as well as wasted workforce potential due to limited NHS access. While beyond the GDC's remit, these points reflect wider systemic challenges that affect regulation and perceptions of fairness in the dental sector.

GDC response: We know that the ongoing strain in access to dental care is of great concern to patients and the public. This is not something we can address alone – however we do have a role to play. In this strategy we commit to working collaboratively on issues that would benefit patients and the public, and to continue to build an evidence-base using our data and insight to inform our collaborative work. We also know that the negative impact of the FtP process can make stress and workforce strain worse. As set out in Objective 3 of the strategy, we are committed to better understanding what in the current process has the most negative impact on mental health and wellbeing of those involved, and work collaboratively to address them.

- A few respondents expressed concern about illegal practices in dentistry, particularly illegal tooth whitening, cosmetic procedures, and activities by unregistered practitioners. Calls were made for stronger enforcement, clearer guidance for registrants, and improved public awareness. Frustration was noted over the lack of action against unregistered providers and concerns were raised about dental tourism and UK dentists carrying out consultations or treatments abroad without proper registration or indemnity.

GDC response: We will continue to be evidence-led and risk-based in our approach to prosecuting illegal practice of dentistry, to ensure we are using our funding and resources appropriately. We are conscious that changes and advances in society, dentistry and technology may impact our approach to illegal practice, and this is addressed under Objective 1 of our strategy.

Objective 5 – Maximise the effectiveness of our people, our culture and our systems

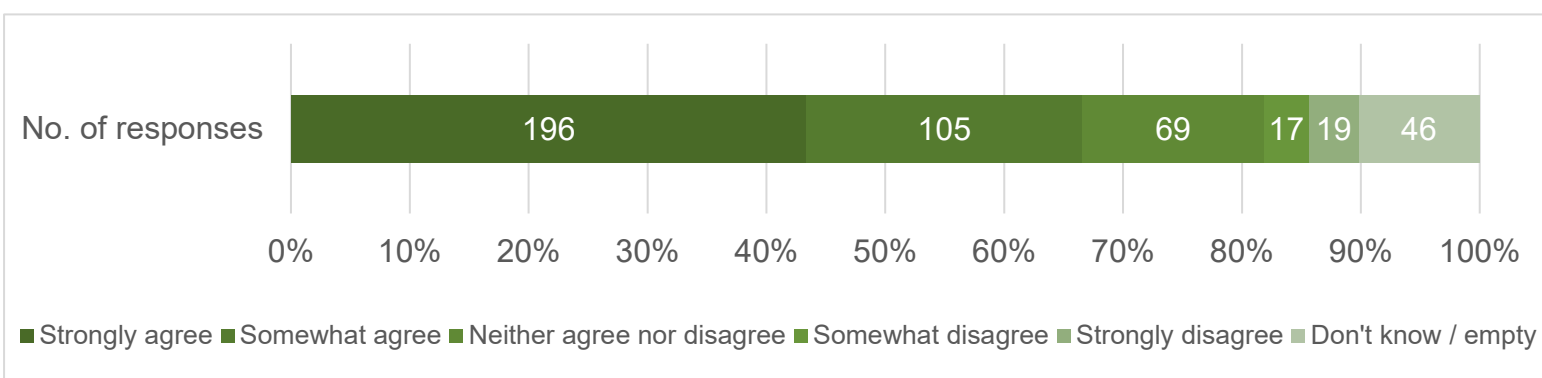
Question 15: to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

Table 6 – response to question 15

N= 452

Response	No. of responses	%
Strongly agree	196	43
Somewhat agree	105	23
Neither agree nor disagree	69	15
Somewhat disagree	17	4
Strongly disagree	19	4
Don't know / empty	46	10
Total	452	100

Graph 6 – response to question 15



Two-thirds of respondents agreed or somewhat agreed (301;66%) that the priorities we have outlined to support delivery will help us achieve Objective 5. 8% of respondents strongly disagreed or somewhat disagreed (36;8%) and a quarter of respondents neither agreed nor disagreed or did not select a response/selected don't know (69;15%, and 46;10%, respectively).

Question 16: Please explain your answer

128 respondents provided written responses to the open text question. Some themes came up under more than one question, in this outcome report we have not included repeated themes unless there is merit to do so.

General feedback

- Most respondents expressed strong support for Objective 5, welcoming the GDC's focus on internal improvements, staff support, and modernisation of systems. A people-centred approach and investment in staff development were widely welcomed, with many noting that strengthening organisational culture is crucial for overall effectiveness. Digital transformation and user-friendly processes were seen as positive steps to reduce administrative burdens and improve accessibility. The following section summarises the specific feedback received on this objective and outlines how the GDC has responded to the points raised.

Specific feedback

- Some respondents emphasised that the GDC's effectiveness as a regulator is tied to its effectiveness as an organisation. The importance of staff development and training, strong leadership, effective resource allocation, and modernisation were seen as essential for making improvements and seeing benefits for dental professionals. For example, a well-trained, skilled, and supported workforce was seen as essential for delivering consistent advice to registrants, improving decision-making, and ensuring a positive organisational culture. Key areas for improvement included training on IT systems, consistency when providing information and advice, leadership development, and assessment and decision-making skills. Ensuring staff are equipped to manage digital transformation and internal systems was also considered critical for the GDC's ongoing effectiveness and its impact on registrants.

GDC response: A key part of our ambitions under Objective 5 is to enable staff to effectively deliver our regulatory functions and to provide an effective, user-focussed service by ensuring they have the appropriate skills and knowledge and access to the appropriate digital tools. This is key for several of our main ambitions and values including organisational effectiveness, working transparently and building trust.

- Some respondents highlighted the importance of improving the skills of GDC staff and associates to better understand the dental professions and dental practice. They felt that this would support the priorities outlined in Objective 1, specifically by providing more useful professional guidance and less confusion for dental professionals who are using it. Respondents also felt that a greater understanding of the profession and real-world dental practice may also benefit decision-making in FtP. It was felt that empowering dental professionals in this way could improve the GDC's effectiveness, increase trust in the GDC and, most importantly, patient safety/harm prevention.

GDC response: We need to ensure that our staff have the knowledge and skills to do their jobs effectively. Some roles will require a greater understanding of dental practice, and the GDC does employ, or commission, registered dental professionals in certain roles where it is beneficial and appropriate to do so – taking into consideration the full range of knowledge and skills required for such roles. It is important that we work closely and collaboratively with our partners who represent the dental professions and who have an in-depth understanding of dental practice to help inform our work. In particular, for our work under Objective 1, we want to work collaboratively with partners to develop a range of professional guidance and supporting materials, which support dental professionals in their practice.

- Most respondents supported digital transformation and efficiency, highlighting the importance of modern systems and AI adoption. Staff training, transparency, and engagement with registrants were seen as essential to ensure changes are effective. Several respondents highlighted the need to ensure that modernisation and digitisation does not come at the expense of inclusion. Both internal GDC operations and external communications must ensure that the diverse needs of dental professionals, and patients and the public who use our services are met. They highlighted particular challenges with digital literacy, an ageing population and dental workforce and variations in education, employment status and pay.

GDC response: Our Strategy is underpinned by a suite of supporting strategies for the different areas of our business. Our Digital and IT strategy will set out further detail on how we will approach and deliver our work in this area, and how we will strive to ensure that digital modernisation results in a more effective and efficient service, whilst remaining inclusive. Embedded throughout our strategy is our commitment to equality, diversity and inclusion which includes a commitment to ensuring our communications and publications are accessible and meet the needs of a diverse dental profession.

- Many respondents emphasised the importance of translating the GDC’s strategic objectives into concrete actions. They highlighted the need for measurable commitments, clear timelines, and tangible improvements. Effective implementation should address workforce, access, and systemic challenges, while ensuring inclusivity, equity, and quality. Next steps were seen as critical for turning strategic intentions into real outcomes.

GDC response: As set out above, this Strategy is underpinned by a detailed Business Plan which outlines the work we will do to achieve the strategic aims and objectives including our EDI commitments, which will be published for transparency. We will monitor and report on our progress against the objectives we have set out in this strategy, using a range of methods and evidence sources, to both define and track desired outcomes appropriate to the objectives.

Question 17: Do you have any other comments you would like to make on our high-level objectives or the activity designed to support their achievement that are not covered by your answers to the previous questions?

General feedback

150 respondents responded to this question. As this question addressed all of the GDC’s objectives, most responses reflected themes already identified earlier in the consultation and largely repeated points already raised about the objectives rather than introducing new issues.

Recurring points raised:

- Respondents expressed support for the GDC’s strategic direction and objectives, recognising improvements in approach, fairness, and stakeholder engagement.
- Concerns were raised about the adversarial nature of FtP processes, associated stress, and calls for reform with a stronger focus on remediation and local resolution.
- Some respondents highlighted a perceived disconnect between the GDC and the realities of dental practice, calling for greater engagement, accountability, and efforts to rebuild trust.
- Ongoing challenges were noted for overseas-qualified dentists, including registration delays, long waiting lists, and uncertainty around post-2028 qualification recognition.
- Respondents called for clearer objectives with linked, measurable outcomes to ensure accountability and tangible progress.

- Mental health and wellbeing were emphasised as key concerns, particularly with FtP experiences, workforce pressures, and financial strain.

Other points raised included issues relating to the ARF and cost-effectiveness, which are discussed in the following section of the report.

Questions on the expenditure plans

Questions 18 to 21 have been addressed together, as the feedback received showed significant overlap across these areas. Many of the same themes and issues were raised in response to each question, particularly around cost efficiency, transparency, and the fairness of the ARF. To avoid repetition and provide a clearer overview, the key themes emerging across these questions are summarised below.

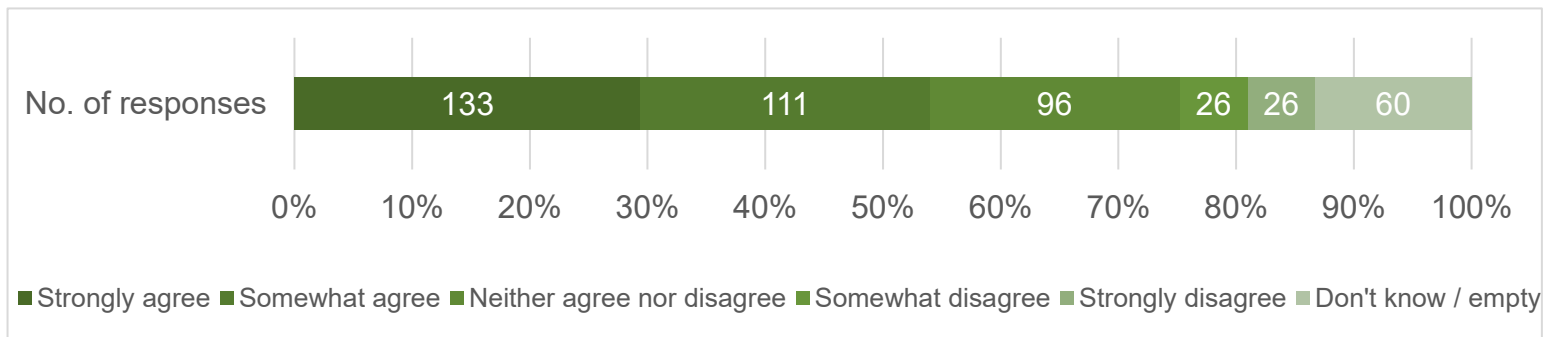
Question 18: Thinking about our expenditure plans, please tell us to what extent do you agree that you understand our explanations?

Table 7 – response to question 7

N= 452

Response	No. of responses	%
Strongly agree	133	29
Somewhat agree	111	25
Neither agree nor disagree	96	21
Somewhat disagree	26	6
Strongly disagree	26	6
Don't know / empty	60	13
Total	452	100

Graph 7 – response to question 7



Just over half of those who responded to the consultation strongly agreed or somewhat agreed (244;54%) that they understood our explanation about our expenditure plans. 12% of respondents strongly disagreed or somewhat disagreed (52;12%). One-third of respondents neither agreed nor disagreed or did not select a response/selected don't know (59;21% and 60;13%, respectively).

Question 19: Please explain your answer

116 respondents provided written responses to the open text question. Some themes came up under more than one question, in this outcome report we will not included repeated themes unless there is merit to do so.

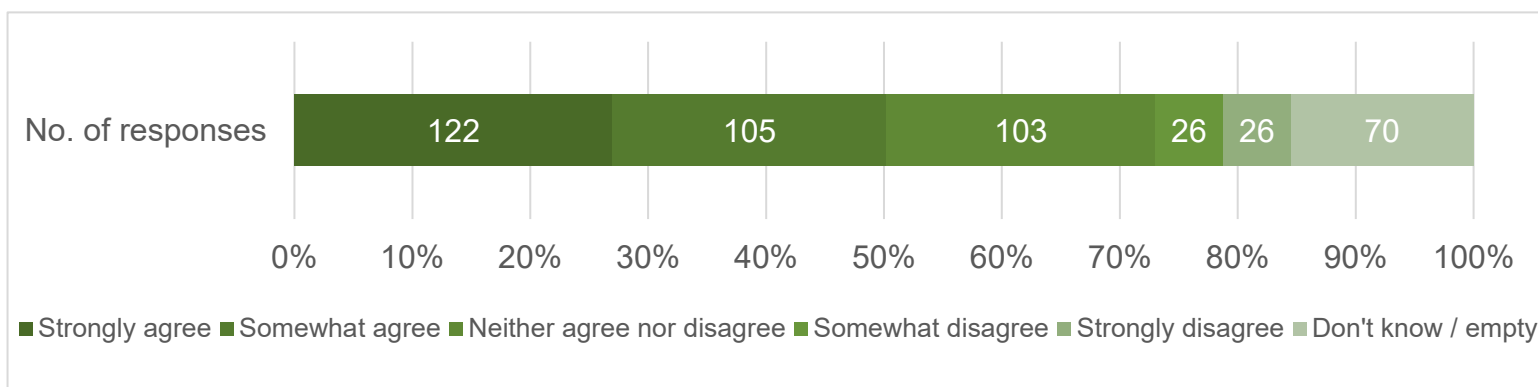
Question 20: Thinking about our expenditure plans, please tell us to what extent do you agree that the assumptions underpinning our plan make sense?

Table 8 – response to question 20

N= 452

Response	No. of responses	%
Strongly agree	122	27
Somewhat agree	105	23
Neither agree nor disagree	103	23
Somewhat disagree	26	6
Strongly disagree	26	6
Don't know / empty	70	15
Total	452	100

Graph 8 – response to question 20



Half of those who responded to the consultation strongly agreed or somewhat agreed (227;50%) that the assumptions underpinning our expenditure plans made sense. 12% of respondents strongly disagreed or somewhat disagreed (52;12%) and just under two-fifths of respondents neither agreed nor disagreed or did not select a response/selected don't know (103;23% and 70;15%, respectively).

Question 21: Please explain your answer

99 respondents provided written responses to the open text question. Some themes were repeated in more than one question, in this outcome report we have not included repeated themes unless there is merit to do so.

General feedback

- Many respondents generally expressed support for the GDC's expenditure plans, noting that the proposals were clear, logical, and aligned with the organisation's strategic objectives. Transparency and clear communication around financial management were welcomed and seen as helping to build trust with stakeholders. Some respondents supported the proposed ARF increases, considering them reasonable, and agreed with the use of reserves to help moderate fee levels. Overall, the plans were viewed as consistent with the GDC's strategic direction and a sensible approach to ensuring financial sustainability.

GDC response: It is encouraging that many respondents recognise the efforts being made to provide more transparency and assurance as to how funds are being spent. This transparency is vital for providing accountability on financial effectiveness, and for building and maintaining trust. We are committed to be as efficient as possible over this strategy period, whilst still maintaining sufficient resources to deliver on our strategic ambitions.

Specific feedback

- Respondents frequently raised concerns about how efficiently the GDC uses its resources. Many felt that internal spending and bureaucratic processes could be reduced to deliver better value for registrants. Inefficiencies in FtP processes were commonly cited as a major cost driver, with suggestions to streamline case handling and discourage unnecessary complaints.
- Several respondents called for greater transparency and accountability on how GDC's funds are allocated and spent, and how this delivers value. Many questioned whether current expenditure delivers measurable improvements in performance and outcomes and wanted clearer links between investment, efficiency savings, and regulatory impact. While some recognised progress in the clarity of financial information, many felt the explanations remained too complex or lacking in detail. Respondents requested simpler, more accessible breakdowns of spending, specific examples of how funds are used to demonstrate value for money and build trust in financial planning.

GDC response: As a public body, we have a responsibility to spend our funding wisely. We have made a commitment to finding efficiencies within the budget and our funding forecast is based on these assumptions. Whilst this is the case, we need to ensure that we have sufficient resources to fulfil our regulatory functions effectively, and to deliver on the ambitions set out in this strategy. There is a balance to be struck between these two positions, and we will continue to report on our regulatory performance, and our financial effectiveness, including how we spend the funds we receive, in our published Annual Report and Accounts.

- Concerns about the fairness and impact of the ARF were widespread, particularly among lower-paid groups such as dental nurses and dental care professionals. Many felt the ARF places a disproportionate financial burden on these groups, especially when combined with other professional costs such as indemnity insurance and training.
- Respondents questioned fairness of a single fee across all registrant groups and called for a more flexible or tiered approach that reflects differing salaries, roles, and risks of FtP involvement.
- Some respondents expressed concern that rising fees could contribute to workforce pressures, with dental nurses in particular citing affordability as a barrier to remaining in the profession. Overall, respondents called for an equitable, transparent, and proportionate approach to the ARF that recognises the diverse circumstances of the dental workforce.

GDC response: In accordance with our current fees policy, the ARF is determined by the costs of regulation and how these are apportioned between groups. We try, as far as possible, to limit cross-subsidy between groups, but need to balance this with considerations on fee volatility. When we carried out the analysis to inform the current fees policy, we concluded that there should be a single DCP fee. The current fees policy has been in place since 2019, and it is therefore timely that we review and refresh the assumptions that underpin the policy, which will enable us to consider the viability of an alternative ARF structure. Whilst this will not be possible for the next ARF period, we will begin a review of the fees policy in Autumn 2027 so that we can be assured that the next strategy is underpinned by a robust and up-to-date approach to setting fees.

- A few respondents highlighted the potential for technology and AI to improve efficiency, transparency, and cost-effectiveness. Automation and updated IT systems were seen as opportunities to streamline processes, particularly within FtP. The shift from paper-based to online systems was viewed positively, and some suggested AI could help reduce costs and enhance decision-making. There were also calls for clearer communication on how technological investment will deliver measurable improvements for registrants.

GDC response: Innovation and technological advances present opportunities for efficiencies and cost savings in the longer-term. Our new Digital and IT strategy sets out in further detail how we will make best use of digital and IT innovation to deliver an effective and inclusive service whilst maximising opportunities for efficiencies.

- Respondents had mixed views on the expenditure for international registration. A small number of respondents expressed concern about the scale of investment, questioning the value of spending significant sums on improving international registration processes. Others recognised the need for investment in areas such as the Overseas Registration Exam (ORE) to ensure efficiency and fairness. A recurring view was that costs associated with international registration should be borne by international applicants rather than shared across all registrants.

GDC response: As a general approach, we try to limit cross-subsidy between regulatory activity where this is both practical and possible. However, we also need to ensure that fees, such as the ORE fee, do not become a significant barrier to registration for particular groups. As we develop the international registration framework we will continue to carefully balance considerations of fairness and equality of access.

Question 22: Do you have any other comments you would like to make on our expenditure plans that are not covered by your answers to the previous questions?

Overall feedback

107 responses were submitted for this question. Most respondents did not provide other comments on the expenditure plans. Those who did, largely repeated themes raised earlier in the consultation.

Repeated points raised:

- Requests for greater transparency and clearer breakdowns of how registrants' fees are spent, including publishing an annual summary in plain English.
- Ongoing concerns about the financial burden of the ARF, particularly for dental nurses, with calls for a fairer and more proportionate fee structure. Calls for fair pay and recognition of dental nurses' contributions to the profession.
- Suggestions for the GDC to embrace the use of dental AI to support innovation and efficiency.

Questions on Equality, Diversity and Inclusion

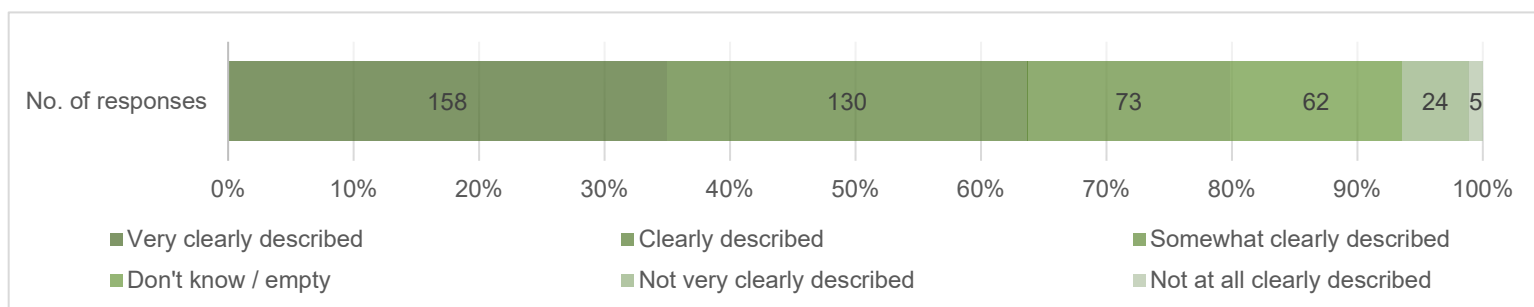
Question 23: To what extent do our objectives clearly describe our commitment to Equality, Diversity and Inclusion?

Table 9 – response to question 23

N= 452

Response	No. of responses	%
Very clearly described	158	35
Clearly described	130	29
Somewhat clearly described	73	16
Don't know / empty	62	15
Not very clearly described	24	6
Not at all clearly described	5	1
Total	452	100

Graph 9 – response to question 23



Almost two-thirds of respondents stated that our objectives very clearly describe or clearly describe (288;64%) our commitment to EDI. 16% of respondents said that our objectives somewhat clearly describe (73;16%) our commitment to EDI, and 7% of respondents stated our objectives are not very clearly described or not at all clearly described (29;7%).

Question 24: Please tell us about any impacts you think our proposals could have on people based on their protected characteristics:

114 respondents provided written responses to the open text question.

General feedback

Most respondents suggested that the GDC Strategy would have no impact on either people with protected characteristics or any other aspect of EDI. A few respondents told us that they thought there was a potential impact on certain groups which have been outlined in the table below on protected characteristic.

Table 10 – Specific feedback on EDI impacts

Protected characteristics	Analysis
Age	<ul style="list-style-type: none"> • Some respondents said online registration processes and accessibility of information may disproportionately impact older registrants. • Concerns were raised about insufficient detail on how the GDC addresses age discrimination, with suggestions for increased focus on older practitioners and fair treatment across all age groups.
Disability	<ul style="list-style-type: none"> • Respondents emphasised the need for clearer and more consistent reasonable adjustments for disabled people across FtP, exams, and CPD. • Virtual hearings could disadvantage some disabled participants, and employers should adapt workloads and support for returning practitioners.
Gender reassignment	<ul style="list-style-type: none"> • No specific impact provided.
Marriage and civil partnership	<ul style="list-style-type: none"> • No specific impacts provided.
Race	<ul style="list-style-type: none"> • Concerns were raised about the potential over-representation of certain ethnicities and internationally trained professionals in FtP cases, with calls for the GDC to address root causes and consider independent review and reform.
Religion or belief	<ul style="list-style-type: none"> • No specific impacts provided.
Sex	<ul style="list-style-type: none"> • Respondents raised concerns about potential sexism, with no further detail.
Sexual orientation	<ul style="list-style-type: none"> • No specific impacts provided.
Pregnancy and maternity	<ul style="list-style-type: none"> • Respondents noted that women can face difficulties during maternity leave or when returning to work, particularly with ARF payments, CPD requirements, and FtP response times.
Other	<ul style="list-style-type: none"> • Requests were made for greater flexibility and compassionate handling. • Feedback included calls for plain-English communications, measurable EDI goals, clearer articulation of outcomes, and improved Equality Impact Assessments. • Some respondents questioned the emphasis on EDI, preferring merit-based regulation, while others called for greater publication of EDI impact reports and evidence of how this informs policies and the GDC Strategy.

GDC response: We are grateful for this input and will continue to reflect these insights in our ongoing work. We will incorporate the feedback into the EDI elements of our business plan, ensuring that our initiatives consider the needs of all protected characteristic groups. Our strategy commits to continuing to analyse our registration and FtP data to explore and identify EDI related correlations and change over time.

5. Research with patients and the Public

We wanted to hear from patients and the public to help us embed the patient voice into our strategy. However, we know from previous research that public awareness of the GDC is low, and so despite running a public consultation, we would be unlikely to get many responses from patients or members of the public. In September 2025, we therefore, did some research with our Patient and Public panel to explore public responses to some of the key themes of our proposed GDC Strategy.

The research included an online exercise with 20 participants to explore individual responses to simple scenarios. This was to gauge the extent to which they thought FtP should be punitive versus supportive, and individual reactions to the proposed vision and mission statements. This was followed up with online focus groups with 12 participants (taken from the initial group of 20) which explored in greater depth, responses to the overall direction of the proposed GDC Strategy with a specific focus on Objectives 3 and 4. It is important to note that this was a qualitative sample and is, therefore, illustrative of the views of a cross-section of relevant patients and the public, but it is not necessarily representative of the views of the wider population. Full details of the research, including the methodology and the results are published on the GDC website.

Feedback on the Vision and Mission

Most participants felt that the proposed Vision and Mission statements were broadly what was expected from a large organisation – clear and simple whilst remaining “vague”. However, some participants questioned the ambitious nature of the vision, feeling that “good oral health for all” covers too many variables beyond the GDC’s control. Some also commented on the absence of references to collaboration and access to dental care.

Feedback on Objective 3

Participants were mainly in favour of moves towards a more supportive Fitness to Practise process, largely driven by concerns over the impact of FtP on dental professionals’ mental health, as well as GDC resources. Some expressed appreciation that mistakes and errors can happen, and that these may be in part the result of stress or factors outside of the dental professional’s control, and may be rectified through training. A few participants flagged concerns about patient safety, with concerns that mistakes could be indicative of wider issues which could impact patient safety and public confidence.

Feedback on Objective 4

Whilst most participants reported being satisfied with their own dental care (based on their own experience), most recognised that there are issues with access to and affordability of dental care in the UK.

Given this context, some expected the GDC to focus on issues impacting patients and the public, such as access to dental care. Participants were largely supportive of the GDC adding its voice to the public debate on such issues and saw strength in organisations joining together to speak out for change. There was support expressed for the GDC using its data and insight to inform collaborative working, and influencing change by being a relevant voice in the sector. However, it is important to note that participants generally felt that the GDC should not be taking the lead on public debate on such issues, highlighting that the GDC would be unlikely to implement solutions to the issues, or welcome complaints about them. There were also suggestions that “speaking up” should not detract from the GDC’s core regulatory functions.

GDC response: It is encouraging that the feedback from this Patient and Public research aligns with what we have heard in the consultation responses. It is clear that there is benefit in the GDC collaborating with partners, to bring together, inform and influence conversations on issues that impact patients and the public. However, the GDC must remain mindful of our core regulatory functions, and the unique role we play in the dental system. It is also clear that there is support for adopting a more supportive and learning-based approach to FtP but that this must be balanced with ensuring that patient safety and public confidence are not compromised.

Appendix one: Consultation questions

About you

1. Please tell us if you are responding as an individual or on behalf of an organisation:
 - Individual
 - On behalf of an organisation
2. Please select the option below that best describes you:
 - Registered dental professional
 - Member of the public and/or dental patient
 - Dental student or trainee
 - Qualified dental professional applying for registration
 - Other not specified
3. Please tell us the name of your organisation, your name, job title and contact information (we will only use this information if we need to clarify anything contained in your response, the need to do this is rare):
4. Please select your registered title(s) and if you are on a specialist list:
 - Clinical dental technician
 - Dental hygienist
 - Dental nurse
 - Dental technician
 - Dental therapist
 - Dentist
 - Orthodontic therapist
 - One or more specialist lists

Objectives and activities

5. To what extent do you agree that our strategic objectives are the right focus for the GDC, given the context in which we are operating?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

6. Please provide reasons for your answer:

7. Objective 1: Support dental professionals to provide the right care for their patients - to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

8. Please provide reasons for your answer

9. Objective 2: Get the right people on the registers at the right time - to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

10. Please provide reasons for your answer:

11. Objective 3: Improve fitness to practise, maximising patient safety and reducing unintended impacts - to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

12. Please provide reasons for your answer:

13. Objective 4: Work collaboratively to speak up on, influence, and address issues that affect patients and the public - to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

14. Please provide reasons for your answer:

15. Objective 5: Maximise the effectiveness of our people, our culture and our systems
- to what extent do you agree that the priorities we have outlined to support delivery will help us achieve this objective?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

16. Please provide reasons for your answer:

17. Do you have any other comments you would like to make on our high-level objectives or the activity designed to support their achievement that are not covered by your answers to the previous questions?

Expenditure plans

18. Thinking about our expenditure plans, please tell us to what extent do you agree that you understand our explanations?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

19. Please provide reasons for your answer:

20. Thinking about our expenditure plans, please tell us to what extent do you agree that the assumptions underpinning our plan make sense?

- Strongly agree / Somewhat agree / Neither agree nor disagree / Somewhat disagree / Strongly disagree / Don't know

21. Please provide reasons for your answer:

22. Do you have any other comments you would like to make on our expenditure plans that are not covered by your answers to the previous questions?

Equalities impact analysis

23. To what extent do our objectives clearly describe our commitment to equality, diversity and inclusion?

- Very clearly described / Clearly described / Somewhat clearly described / Not very clearly described / Not at all clearly described / Don't know

24. Please tell us about any impacts you think our proposals could have on people based on their protected characteristics:

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