General Dental Council Corporate Strategy

Report on the findings from public and patient engagement

September 2025

community research

Bringing the voices of communities into the heart of organisations

Contents

1. Headlines

Headline findings

1. As previously found when conducting research amongst public and patients, there was low awareness of the GDC and its regulatory functions.
2. Most participants recognised that there are issues with access to dental care in the UK and typically described dental care as 'expensive', 'underfunded' and 'oversubscribed'.
3. Given this context, public and patients were largely supportive of the GDC adding its voice to public debate and saw strength in organisations joining together to speak out. However, there were also several concerns and questions raised. Of most note: would the GDC welcome complaints about access? What do they see as the solution to the issues?
4. Patients and public were also largely in favour of moves towards a more supportive Fitness to Practise process. However, one or two flagged concerns related to patient choice and patient safety.
5. Whilst the vision and mission statements were largely as expected, there was some comment about no reference to collaboration and access, as well as some questioning of the ambitious nature of the vision.

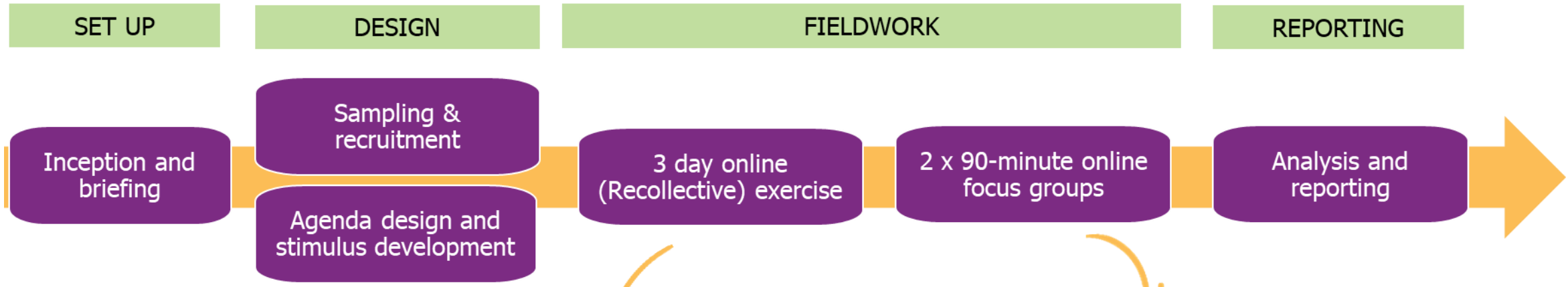
2. Objectives and approach

The context

GDC launched a public consultation on their proposed corporate strategy 2026-2028 on 29th May 2025, which closed on the 21st August 2025. The GDC is committed to hearing and embedding the patient voice in respect to their work and, as a result, commissioned this public and patient panel engagement to explore their response to the strategy, specifically around two key objectives:

- Improving fitness to practise (FtP), maximising patient safety and reducing unintended consequences
- Working collaboratively to speak up on, influence and address issues that affect patients and the public

What we did



- Familiarise participants with the overall role of the GDC
- Provide information about the current FtP process
- Gauge initial reactions to simple scenarios aimed to understand participants' initial reactions to the extent to which they wish FtP to be punitive versus supportive
- Explore individual reactions to the vision and mission statements

- Explore participants' reactions to the overall direction of the proposed strategy
- Specifically:
  - The potential for the GDC to get involved in public debate relating to the provision of dental care in the UK
  - The potential for the GDC to adopt a more supportive/ empathetic approach to FtP

Our participants

9 men, 11 women

Age mix

Under 35 x 5	35-54 X 6	55-74 x 7	75+ X 2

7 out of the 20 participants were from minority ethnic groups

9 were living with a long-term health condition/ disability

All had been to the dentist within the last 3 years

The last dental visit was:

- 9 x paid for NHS dental care
- 4 x free NHS dental care
- 2 x NHS dental care and additional private care
- 5 x private dental care only

Socio-economic group

ABC1 12	C2DE 8

2 in Scotland

2 in N. Ireland

3 in Wales

13 in England

12 of these participants were reconvened for online groups

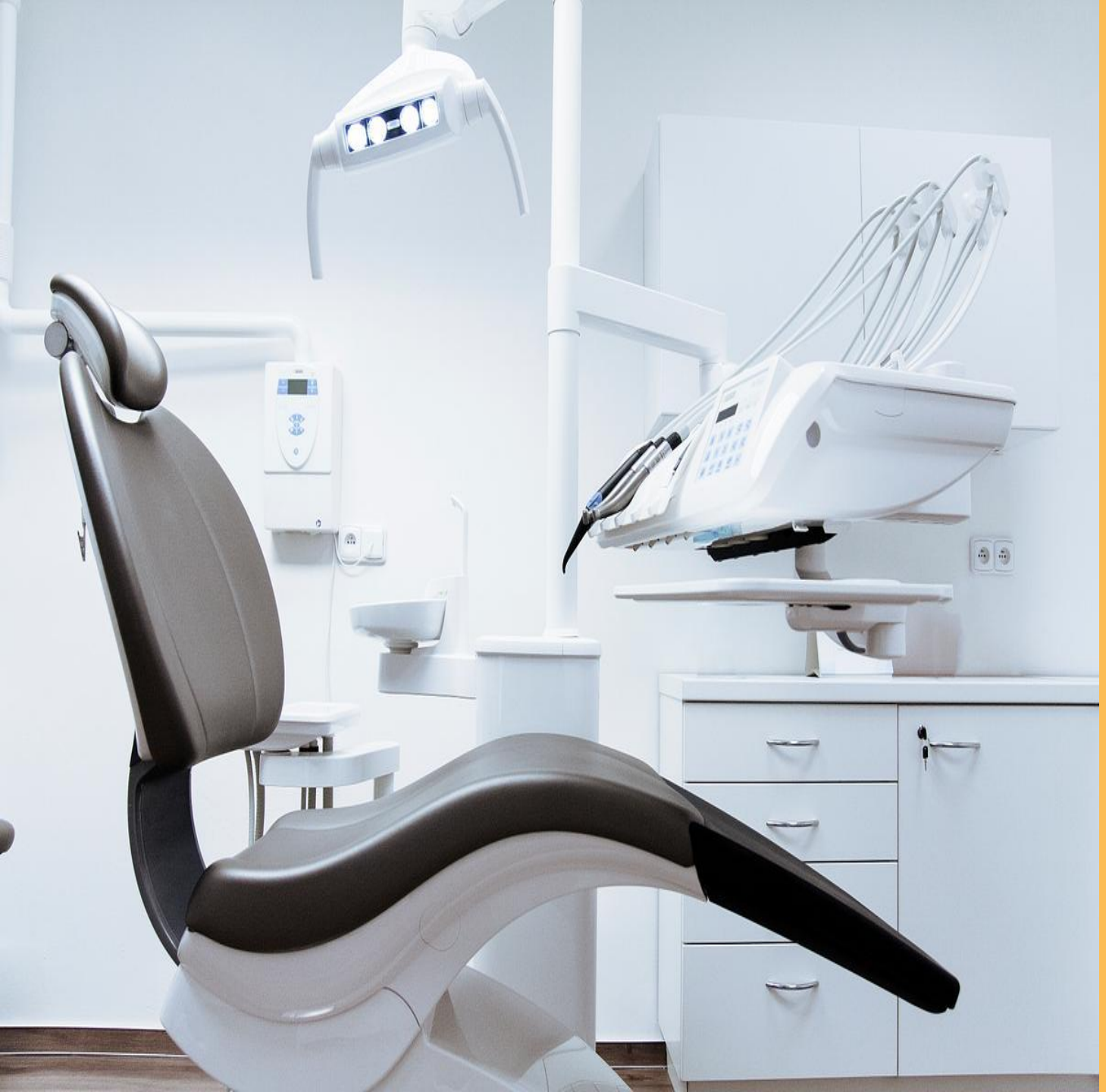
A note on the findings and their limitations

This was a qualitative sample and is, therefore, illustrative of the views of a cross-section of relevant patients and public, but it is not necessarily representative of the views of the wider population.

Participants have provided feedback on broad themes within the GDC's draft Corporate Strategy, but they have not read the detailed strategy document.

Verbatim quotes have been used throughout but note that these do not always represent the views of the majority.

Verbatim quotes take from Recollective are labelled according to demographic information, but this is not possible for quotes that have been taken from the subsequent group discussions.



3. Exploring initial views of UK dental care

Most are satisfied with their own dental care

12 out of 20 participants reported being 'satisfied' or 'very satisfied' with their recent dental care.

Drivers of satisfaction were:

- Being able to get a timely appointment
- Receiving seemingly good advice/thorough treatment
- Receiving emergency treatment
- Reasonable costs

Only 3 participants reported being 'dissatisfied' with recent dental care.

- With others (5) remaining neutral

Drivers of dissatisfaction were:

- Issues with accessing dental care (including private care)
- High costs involved

I have private dental care and was able to see a dentist for a full check up including x-rays within a few days of calling my surgery. They also enabled me to see the hygienist the same day to avoid me having to make 2 separate trips within a few days, as I don't drive. I always receive a high level of care from them and feel I get my money's worth so to speak. (Female, White British, 40-49, Private treatment, Wales)

I find my dentist friendly though and always get an appointment when necessary. And especially in emergencies. Through the NHS the prices are reasonable considering what they do. (Male, 60-69, White British, Paid for NHS care, England)

Having moved from England to Northern Ireland almost 2 years ago, it didn't take me long to find out that not only is there a shortage of NHS dentists, but that there is also a shortage of private dentists. (Female, 50-59, White British, Private treatment, N. Ireland)

Wider issues associated with UK dental care are well recognised

- Although generally satisfied with their own dental care, participants raised issues relating to access to, and affordability of, dental care in the UK.
- When asked 'what **3 words would you use to describe dental care** in the UK at the moment' the following received the most mentions:
  - Expensive
  - Busy
  - Underfunded
- Or in the 3 words chosen by one participant:
  - Not….
  - Enough…..
  - Dentists.

Government largely believed to be responsible for ensuring people have access to good quality dental care

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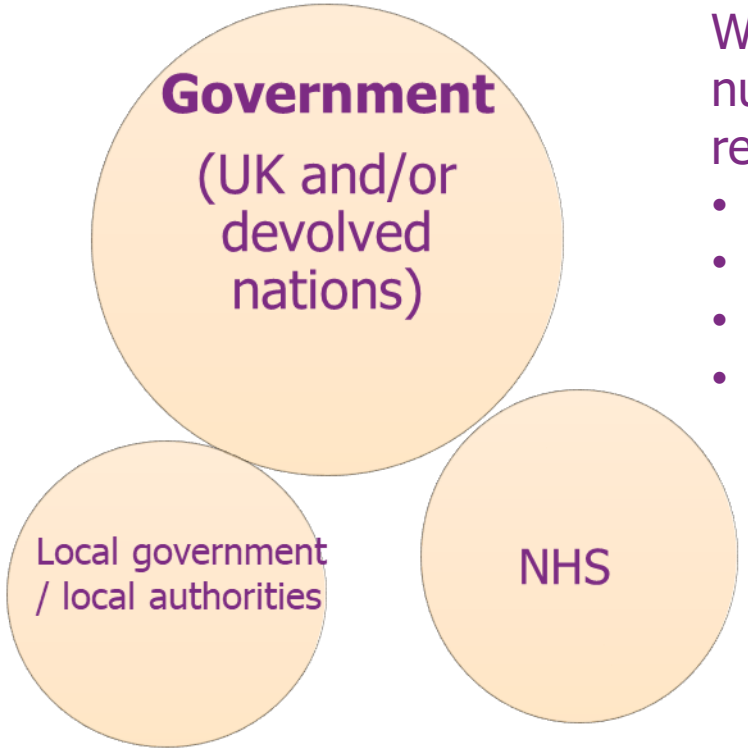
- Overwhelming majority named national government(s) as being responsible for access to good quality dental care
- Sizeable minorities also referenced local government/ authorities and the NHS



With small numbers referring to:

- BDA
- GDC
- CQC
- Private providers

I think there are a couple of organisations that are responsible. Number 1 would be the government. The government sets the rules and provides funding while NHS England is in charge of organising dental services and making sure they are available. I read online where people say the British Dental Association and the General Dental Council also play a part and that might be true but ultimately, I think the government and the NHS need to work together to make sure everyone no matter where they live can get the dental care they need. (Female, 20-29, Bangladeshi, Paid for NHS care, England)

The residing Labour Party or who is in power to make sure the NHS have enough resources (Male, 60-69, White British, Paid for NHS care, England)

Participants often mentioned more than one organisation as having responsibility

4. Working collaboratively to speak up on, influence and address issues that affect patients and the public

Regulator is not top of mind for raising awareness of the issues relating to dental care

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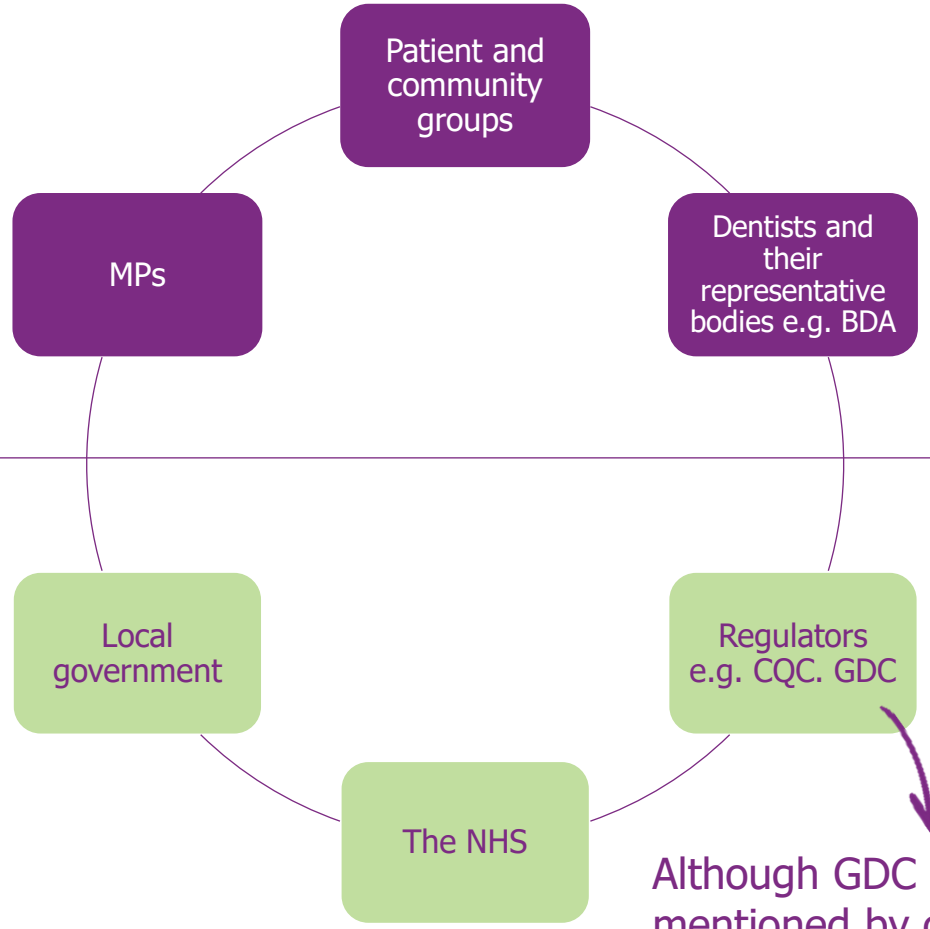
Most likely to be mentioned as having responsibility for raising awareness of issues associated to dental care…..



….mentioned to a lesser extent

Although GDC is mentioned by one or two, this could have been prompted by taking part in the research

Local community groups whereby lots of people are affected. Local councils where complaints about services have escalated to that level. (Male, 40-49, White British, Private dental care, England)

Local MPs, but no matter who highlights the issues I don't think dental care is anywhere near a priority for the government. (Male, 50-59, White British, Free NHS dental care, Wales)

NHS Wales, General Dental Council, Community health councils within local health boards, Local health boards themselves, Trade unions representing dentists? Care Quality Commission. (Female, White British, 40-49, Private treatment, Wales)

Few were aware of the GDC and its role before the research

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- As found in previous research, participants had low awareness of both the GDC and regulation in general prior to taking part in the research.
  - Although there was some expectation that dental professionals are held to account by a governing body.
- On learning more about the role of the GDC, the biggest surprise for participants was that the GDC regulate dental professionals and are not involved with dental practices.
  - Many participants had to be given additional information about the CQC for clarity.
  - Some still felt that having separate regulatory processes did not make intuitive sense.

> I didn't know anything about this. I'm really surprised they regulate this many dentists. And professionals. It's very interesting. (Female, 30-39, Bangladeshi, Paid for NHS dental care, England)

> I would expect them to be involved more in the regulation of dental practices because its all very well and good having a person who meets the eligibility criteria to work as a dental professional in the UK and who maintains good CPD by upskilling themselves in courses etc, but if their place of work isn't up to standard in terms of health, safety, hygiene, then the other regulated areas become pretty redundant in the grand scheme of things. (Female, White British, 40-49, Private treatment only, Wales)

Suggested areas of future focus for the GDC include issues relating to access

Having been given some information about the role of the GDC, participants were asked if there was anything in particular that they would expect the GDC to be doing or focusing on…..

- Around 1/3 of the 20 participants taking part in Recollective **spontaneously** suggested that the GDC could focus on issues pertaining to access to dental care.

I think that they should be focusing on helping the UK to expand patient registrations, waiting lists and hospital procedures. I've been waiting 2+ years for wisdom tooth removal at a hospital, I think this is concerning. (Female, 30-39, White British, Paid for NHs dental care, Scotland)

I'm not clear if this comes under their remit but there is a shortage of dentists, particularly NHS dentists, so if they could, it would be something worth focusing on. (Female, 70+, White British, Paid for NHS dental care, England)

The cost of treatment to the public. (Female, 50-59, White British, Private treatment, N. Ireland)

Subsequent group discussions confirmed that most are happy for the GDC to add its voice to public debate

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- Issues relating to access to dentistry were top of mind for participants.
  - They wanted to see these issues highlighted.
- Few gave unprompted consideration to how speaking up on issues impacting the public fits with the role of the GDC
- Although one or two believed that the data GDC holds on registrants could help evidence geographical areas with low numbers of dentists

I think they could definitely speak up more, because they are like a big body and instead of just going through the powers that they do have, they could be like a voice for the patients. I feel like they should speak up – and especially about the expenses. (Group 1)

I think they shouldn't solely be responsible for speaking up, but I don't think it would do any harm for them to get other authorities involved in speaking up. Because somebody's got to speak up, haven't they? (Group 1)

But note that participants definitely do not envisage the GDC taking the lead in public debate relating to access

....for a number of reasons

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The more organisations that can highlight the issues around access the better

The more the better. If we can get them all singing together, whether it's the BDA, the GDC, whoever, must become a common voice. (Group 1)

Speaking up shows that the GDC is in touch with the issues

I think it's also nice to know that they have an idea of what is going on. And that way, I think the general public can be assured that: 'OK, this is being taken into consideration.' Yes, I think it would be nice to see them involved in debates like that. (Group 2)

GDC has 'skin in the game' and can effect change

I think the fact is, regulation directly influences how many people can practice and how confident they feel in doing so, in a way. So I feel like that's why their voice would definitely be quite relevant. (Group 2)

Their opinion may carry weight with politicians

I think somebody needs to speak up and maybe it is up to the regulator to get all the bodies that are concerned with dentistry to speak up, especially if you say politicians would maybe need to make the change. You know, politicians might be more likely to listen to them than listening to the public. (Group 1)

In their own words: GDC adding their voice to the public debate

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I can't see any risks involved; I just feel like they should speak out, whether it's ... you know, it's just honest, you know. If there's a problem, just let people know there's a problem. (Group 1)

If that happened in dentistry – people are going to someone's flat to get their tooth removed – yes, absolutely, they should be speaking about it and warning people that: 'Don't do that. That's unsafe and you'll put yourself in danger.' But I don't think them saying that: 'We have a dentist shortage; please go and study,' that that's going to solve anything. (Group 1)

So even if it's not their main responsibility, because their whole purpose is to make sure that dentists are regulated and for the system to run smoothly, they definitely care that there's a shortage, because they work in that industry. So if they're able to step in every now and then, to say something, because their budget is, they're small; if they can every now and then, where they feel they can afford to, make a statement or do something so that there can potentially be a change. (Group 1)

But a minority of participants are more wary

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GDC needs to consider its 'angle' when 'speaking up'

- One of two wished the GDC to avoid straying too far from core remit.
  - And suggested highlighting how access issues impact patient safety.

Not sure the GDC is best placed to speak on issues impacting patients

- GDC believed to have low visibility amongst patients
- They are not a 'front line' organisation.

Do not want 'speaking up' to detract from core functions

- A minority warned that the GDC should not be distracted from, what they see as, its core function – ensuring the safety and quality of their dental care
- Upon later hearing about lengthy FtP processes one or two went on to question whether they should be more focussed on lobbying for changes to FtP

To basically say: 'Listen, actually, in the last year, X number of people probably put themselves at risk because they couldn't access dentistry.' But yes, in my head, it's just them saying that. (Group 1)

I'm not 100 % sure that they're the best people to field all the thoughts and opinions when they're not in the front line of it. (Group 2)

So I think it would be, in my mind, a distraction if they try [to do everything], instead of just making sure that the practitioners that are there already do their job properly. (Group 1)

…and some have questions

If GDC speaks up about access issues, does that mean they are open to hearing about patient and public complaints/ issues relating to access?

What do the GDC think the answer is to access issues – and a warning that if they are prepared to speak to the issues they have to be prepared to speak to the solutions

- One or two become concerned (after hearing about potential changes to FtP) that one of the solutions is 'relaxing' regulation

Are there any national patient representative organisations speaking up on issues that impact dental care in the UK?

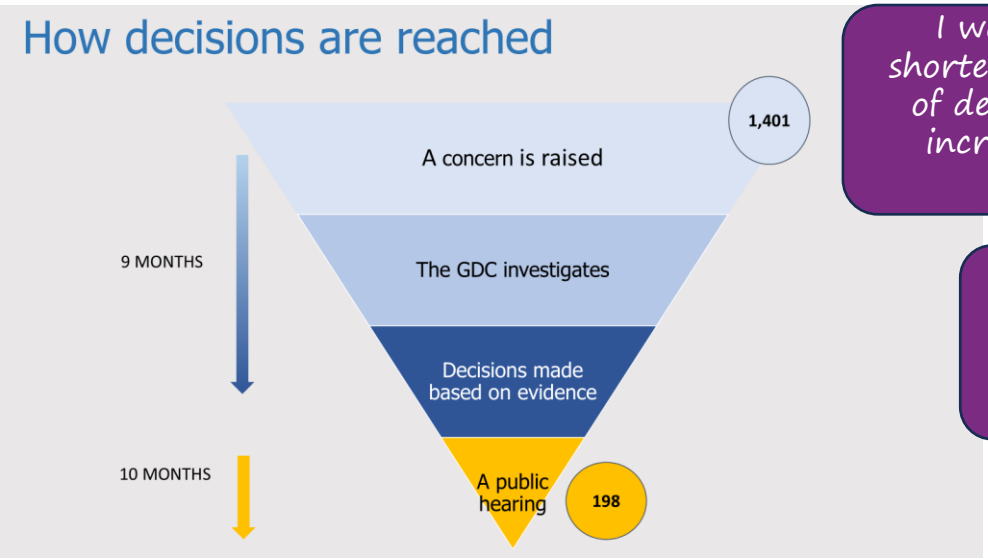
They might find themselves jumping out of the frying pan into the fire, because at the moment, because they're invisible, they don't have to have any answers. But if they get into the public debate – which I think they should – then they're going to have to think through what it is they want to say. (Group 2)

Patients and public were not concerned about the issues being perceived as too 'political'

5. Improving Fitness to Practise

Seemingly open to changes to FtP process

- Participants were given an overview of the FtP process, including the timescales involved and the different sanctions available.
- Many were shocked upon learning about the timescales and there were some spontaneous concerns raised about the impact this would have on registrants' mental health – as well as GDC resources.
    - Comparisons were made to the suicide of a teacher after an Ofsted inspection



I would expect the GDC to prioritise getting a result in a shorter timeframe, particularly as there is already a shortage of dentists nationally, and not enough supply for the ever-increasing demand. (Male, 40-49, White British, Private dental care, England)

It's important they deal with all issues but I also do think they should be mindful about how the process affects professional's mental health and make sure it doesn't discourage them from doing their jobs properly. (Female, 20-29. Bangladeshi, Paid for NHS dental care, England)

I also think the whole process shouldn't drag on too long because that can be stressful for everyone involved. If they could put more focus on prevention like spotting problems early and helping dentists get support before issues escalate, I personally think that would make a big difference. (Female, White British, 40-49, Private treatment only, Wales)

Exploring reactions to specific scenarios

Participants were asked to further consider 3 different scenarios and share their views using a scale of 1 to 10 to indicate whether the GDC should take a supportive versus punitive approach towards the registrant involved. The scenarios were:

A

Scenario A:
A practice manager has raised a concern relating to a dentist's record and note keeping that has led to several patients receiving incorrect information about their proposed treatment plans. The concern involved the dentist failing to maintain adequately detailed patient records and incidents where the dentist inputted patient notes into another patient's record.

B

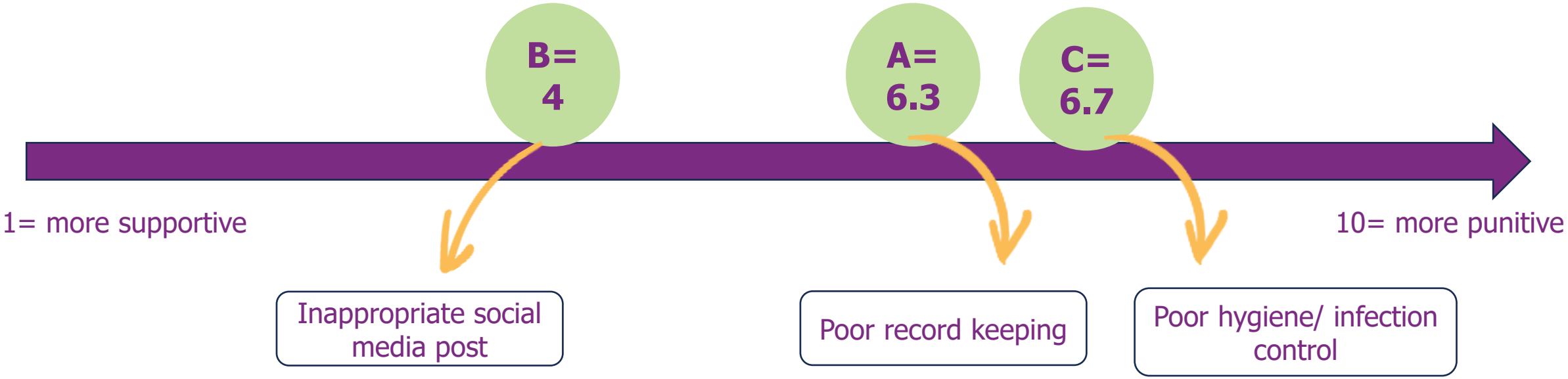
Scenario B
A patient raised a concern about a dental nurse who had posted inappropriate comments on social media about her personal views on Covid and vaccinations. The patient feels like a dental professional should not be sharing their personal views on such health matters as they could influence and or offend many people. The dental nurse shared these comments on her personal social media account, but she could be easily identified as a dental nurse due to her other content.

C

Scenario C
A dental nurse raised a concern about a dentist they were working with following an incident where the dentist failed to follow correct procedure. The concern involved the dentist suggesting to the dental nurse that they did not need to change gloves for each new patient due to the fact they were having some issues with the supply of sterile gloves.

A number of participants were open to the GDC taking a more supportive approach in these scenarios, particularly Scenario B

Means Scores (out of 10) indicate that participants are most likely advocate a supportive approach for Scenario B



Caution: low base size (20 participants)

In their own words: Supportive v punitive

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Those who wanted a more supportive action

I think in this scenario, the dental nurse didn't share the views at work but she could still be linked to her professional role. I think she should be supported to understand why this matters and be given guidance on how to use social media but ultimately, this should really be given a warning and not a punish. (Female, 30-39, Bangladeshi, Paid for NHS dental care, England)

B: Inappropriate social media post

This mistake can be learnt from without hopefully too much damage having been done. ((Female, 50-59, White British, Private treatment, N. Ireland)

A: Poor record keeping

That sounds pretty serious and could have detrimental consequences. **Maybe the dentist just needs training.** ((Female, 70+, White British, Paid for NHS dental care, England)

C: Poor hygiene/ infection control

Those who wanted a more punitive action

I think this scenario is more serious because the consequence and risk of undermining public trust and confidence. (Female, White British, 40-49, Private treatment only, Wales)

This does not seem like a specific skill issue but a general ability to be diligent, which seems like more of an issue of caring about what you do. (Male, 30-39, Other White background, NHS and private care, England)

Straight red card. Punishment for irresponsible behaviour. You can't just make up your own standards. (Male, 50-59, White British, Free NHS dental care, England

What is driving responses?

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A more supportive approach	Those calling for a more punitive approach
A – Record keeping	
• Potentially the result of stress/or a one of mistake • Not an intentional or malicious action • Appears easily remediable (through training)	• Could be a repeat mistake/indication of wider issue • Could have serious ramifications for patients • Impacts perceptions of overall 'trustworthiness'
B – Social media	
• No perceived threat to patient safety • Belief in free speech • Appears easily remediable (reminder of standards/social media training)	• See it as a threat to public confidence • Believe registrant should already be acutely aware of impact of social media posts, through training
C – Hygiene/infection control	
• Potentially the supply of gloves was out of dentist's control • Appears remediable (through training)	• A serious breach of procedures • Could have serious ramifications for patients • Registrant ignored concerns raised by colleague

Group discussions, much like the mean scores (on previous slide), highlighted that participants often wanted a combination of punitive and supportive action.

Participants were given information on potential changes to FtP within the strategy

Having seen information about the current FtP process and looked at 3 specific scenarios during the Recollective exercise participants who took part in group discussion were then told that the GDC is thinking about how it can change how it regulates so it is more supportive to dental professionals and there is a focus on learning rather than fear. So, for example:

- They will use evidence to get ideas for best practice and identify where things might go wrong.
- They will look at closing fitness to practise cases at an earlier stage (at assessment without going to tribunal) and give dental professionals a chance to remediate rather than taking them off the register. This means that they could be supervised to do certain procedures or do some retraining, for example.
- There might be less investigation of the less serious cases
    - Things that could be corrected with additional training, like issues with a specific clinical skill, communication or record keeping
    - Things like bullying, racism, misogyny or sexual harassment wouldn't be included

Initial positivity about greater focus on support

There was support in principle for providing opportunities for remediation rather than taking registrants off the register

- Point to the fact that in most workplaces people would expect some form of support if they were struggling with a certain aspect of their job
- Several spontaneously recognised that given current issues with accessing dental care, there is a need to keep dental professionals practising.
- Some believe that the GDC should be respected not 'feared' by dental professionals

There is also some support for less investigation of less serious cases

- With the assumption being that this would mean that the GDC would be more focussed on the serious cases

Participants find it hard to foresee how changes will impact public confidence, as expect that most will remain unaware of the GDC and what it does

Participants only had a limited amount of time to get up to speed with the complexity of both current FtP processes and proposed changes

In their own words: A supportive approach

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Now, look at it from another point of view. Dentists are said to be scared of practicing because they're scared to lose their license or be penalised. If the GDC can show that they're not the Mafia, they're not the bad guys and that they're willing to work with, to potentially find a solution, such as extra training or educating them on where they went wrong, it could put a lot of dentists' minds at ease, which should lead to more of them not saying they're scared to continue practising and hopefully, they can be seen to work together. The aim should be for the dentist to trust the GDC and the GDC should show that they want to help dentists, especially because they're paid for the service. (Group 1)

Speaking honestly, before this research, I had no idea about the GDC, so would it impact my confidence? Probably not. But I suppose if you're in the know, then yes. But I'm still for the changes. (Group 2)

I think they need to be more supportive. We want all the dentists open. It's hard enough getting a dentist appointment anyway, so I definitely think they should be more supportive and we should be supportive of them. (Group 1)

Yes, I don't know if I'm a bit more of a soft touch; I guess it's just the HR manager in me, saying everybody deserves a second chance, kind of thing. I think that I am in support of the retraining, for sure. (Group 2)

But in situations where it is like a minor mistake, any sort of retraining or something like that will help, rather than trying to close the dentist down, which is the last thing people need in this time. (Group 1)

But a minority expressed concerns…

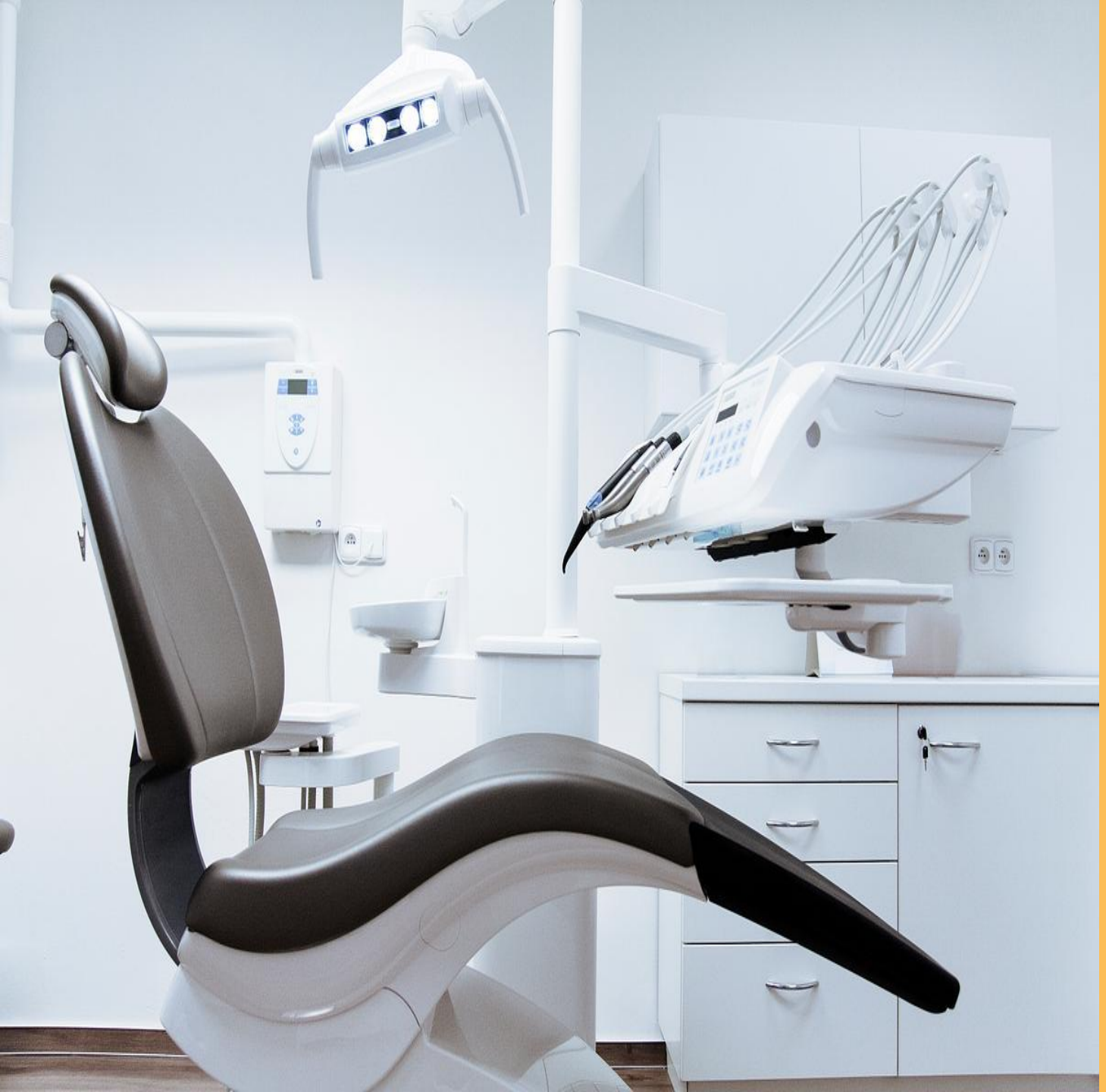
Concern that access issues means that patients will have to stay with dentists who are 'remediating' even if they don't wish too

Concern that greater focus on remediation could be at the expense of patient safety

Would rather see speeding up the FtP process for everyone rather than less investigation of less serious cases

Concern that patterns of behaviour/issues that could escalate may not be spotted if there are fewer investigations of the less serious issues

If you actually had managed to get an NHS dentist and you knew that your dentist had had some sort of issue, would it make you leave, if you knew you couldn't get another dentist? Or do you just stick with them because there's no other choice? It's quite a difficult situation to be in, as a patient, isn't it? (Group 2)



6. Reactions to vision and mission statements

Vision and mission statement broadly as expected but some concerns about focus

Vision: Good oral health for all

Mission: Through trusted and effective regulation, support dental professionals to provide the right care for their patients

- Broadly as expected from a large organisation
  - Clear and simple while remaining 'vague'
- But some spontaneous concerns about whether the vision is beyond the scope of the GDC
  - Especially as there is no mention of working in partnership
- Believe that the statements are aimed at dental professionals rather than patients
  - Doesn't directly reference access issues!

I will just say it's just something I expect. It's not something that informative or anything like that; it's just something I expect. (Group 1)

Again – sounds great but what about if you can't register as a patient at a practice that's accessible to you? Where is the addressing for that (which I'd say is the biggest issue in the UK at the moment). (Female, 30-39. White British, Paid for NHS dental care, Scotland)

It is ok to support dental professionals to provide the right care but just in my area there is at least an 18 month waiting list just to get on the books of a dental practice. (Male, 50-59, White British, NHS dental care that was free, Wales)

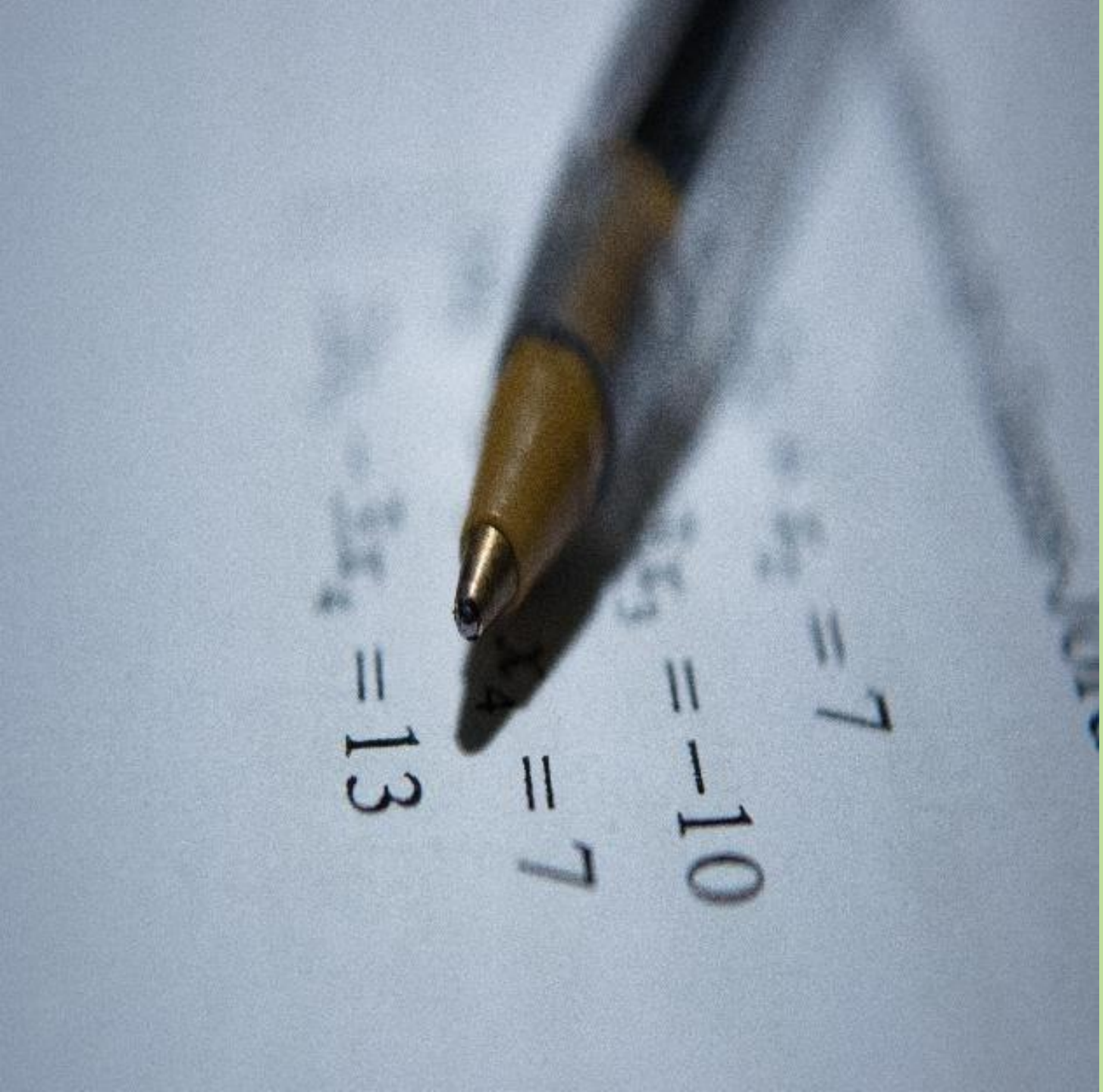
Some question the 'ambitious' nature of the vision statement

- Most believed 'Good oral health for all' covers too many variables beyond GDC control
- Explained that GDC could achieve excellence as a regulator, and the oral health of the UK population could still be poor – if they did not follow basic advice

However, one or two participants believed the vision statement links to the GDC speaking up to influence and address issues that affect patients and the public and, therefore, saw it a more credible

I think it should be a bit more specific, especially because they work with the actual dentists themselves, because they can't control how we brush our teeth, how often we brush our teeth. That also links to oral health and they can't control that. What they can control is their regulatory requirements and how trained and proficient these professionals are. (Group 1)

This is just way too broad, because all those things, how good are the toothbrushes? What is the quality of the toothpaste like? Is there fluoride in water? How often do other people have general knowledge about how to brush their teeth? All of those will impact oral health, so I think the vision should be really a bit more narrowly defined, about them ensuring that – I don't know – oral health or oral care, at the point of care, is always down to the gold standard or something. Something that implies it's really about what happens when a dentist sees you and when you interact with a dentist, instead of covering the entire oral health. (Group 2)



7. Summing up

Conclusions

This research broadly explored two key objectives set out in the GDC's strategy for 2026-2029 with patients and public:

- Improving fitness to practise, maximising patient safety and reducing unintended consequences
- Working collaboratively to speak up on, influence and address issues that affect patients and the public

Findings show that patients and public are largely supportive of the elements of the strategic direction shared with participants, although there are a number of concerns and questions raised by patients and public that warrant consideration, namely:

- If the GDC is speaking up about issues that impact patients, does that mean they want to hear directly from patient about the issues they are experiencing?
- What is the potential impact on patient choice (can they choose not to see a dentist working under supervision) and patient safety of proposed fitness to practice changes i.e. will less investigation of low level issues lead to less visibility of potential 'bigger' issues?

8. Appendix

Sample demographic breakdown

Gender	
Female	11
Male	9
Country	
England	13
Wales	3
Scotland	2
Northern Ireland	2
Disability	
Long-term conditions/disability	9
Ethnicity	
Minority ethnic background	7
Socio-economic group	
ABC1	12
C2DE	8

Age	
18-34	5
35-54	6
55-74	7
75+	2
Type of dental care last received	
NHS dental care and additional private dental care	2
NHS dental care that I paid for	9
NHS dental care that was free	4
Private dental care only	5
Children under 16	
Yes	8