

# Consultation Outcome

---

**Consultation on revisions to the guidance and conditions bank  
for practice committees**

## Table of contents

<b>1. Introduction and background.....</b>	<b>3</b>
<b>2. Consultation on updated Guidance for practice committees and Conditions bank for practice committees .....</b>	<b>3</b>
How we promoted the consultation.....	3
Consultation questions.....	4
<b>3. Headline analysis of consultation responses .....</b>	<b>4</b>
<b>4. Overview of consultation responses .....</b>	<b>5</b>
<b>5. Specific feedback.....</b>	<b>6</b>
Questions 6 and 7: The structure of the guidance.....	6
Questions 8 and 9: Clarity of meaning and language.....	8
Questions 10 and 11: Changes to the preliminary stage section of the guidance.....	9
Questions 12 and 13: Changes to the factual enquiry stage section of the guidance.....	17
Questions 14 and 15: Changes to the submissions by the parties stage section of the guidance.....	21
Questions 16 and 17: Changes to the determination of the case stage section of the guidance.....	22
Questions 18 and 19: Changes to the resumed hearings section of the guidance.....	28
Questions 20 and 21: Changes to Appendix 1: Considerations in particular categories of cases section of the guidance.....	30
Questions 22 and 23: Changes to the conditions bank for practice committees.....	38
Question 24: Equality impact assessment.....	41
Question 25: Any other comments .....	45
<b>6. Conclusion and next steps.....</b>	<b>49</b>

# 1. Introduction and background

The General Dental Council (GDC) is committed to improving its fitness to practise processes wherever possible. One way we aim to do this is through a comprehensive review and improvement of our guidance for decision makers at each stage of the fitness to practise process. Our aim in this work is that our guidance is up to date (for example, by reflecting current case law), and that it supports consistency, transparency and proportionality in our decision making.

When a concern about a dental professional's fitness to practise is raised, the Registrar must investigate and determine whether that concern amounts to an allegation of impaired fitness to practise. Where it does, the Registrar must refer the allegation to case examiners for consideration. Where the case examiners determine that the allegation ought to be considered by a practice committee, and undertakings are not agreed to or viable, they must refer the allegation to a practice committee.

As part of our work to improve our fitness to practice processes, we undertook a review of the guidance for the practice committees and the condition bank for practice committees. We asked for feedback on our proposed changes to these materials in a public consultation which ran from 3 September 2024 to 26 November 2024. This report provides a summary of the responses we received during the consultation, significant areas of feedback, and reasons for the decisions we took on the changes we made.

While there is no statutory requirement to consult on changes to these materials, we considered it beneficial to do so because of the extent of the changes which were proposed. In future, it's likely that further iterative changes to these resources will be needed but we do not consider it will be necessary to consult again in each of these instances.

## 2. Consultation on updated Guidance for practice committees and Conditions bank for practice committees

### How we promoted the consultation

We launched the consultation in September 2024, sharing the consultation materials on our website. We publicised it through a range of communication and engagement activities, including issuing a press release, publishing a news item and social media posts, and emailing all registered dental professionals and stakeholder organisations.

We continued to publicise the consultation and encourage responses throughout the 12-week consultation period through our monthly newsletters to dental professionals and stakeholder organisations.

## Consultation questions

To assist with the analysis of responses to the consultation, the following information about respondents was gathered through optional survey questions:

- Whether they were replying as an individual or on behalf of an organisation.
- If responding as an individual, whether they were a registered dental professional (and if so whether they were on a specialist list), a dental student or in training, a patient or a member of the public, or other.
- If responding on behalf of an organisation, the name of the organisation and contact details in case we needed to clarify their response.

The consultation included 20 main questions which were mainly made up of pairs of questions about a particular objective. The paired questions included a quantitative question which asked the extent to which respondents agreed the objective had been achieved, and a qualitative question which asked respondents to provide reasons for their response with any suggestions on how the guidance could be improved.

## 3. Headline analysis of consultation responses

We received 16 responses to the consultation; 11 responses were submitted via an online form and five responses were submitted via email. Two of the responses submitted by email followed the question format set out in the consultation, which enabled us to include their responses to the closed questions in our analysis of those questions. Three of the responses submitted by email did not follow the question format set out in the consultation. We considered those responses either where they fitted in with the questions, or under question 25 (which asked for any other comments) where they did not.

Eight of the responses were submitted by individuals, seven of these said they were dental professionals, one told us they were a fitness to practise hearings panellist. Of those who said they were a registered dental professional, all eight were dentists and one of these was on a specialist list.

Eight people responded on behalf of an organisation. These organisations included a mixture of professional bodies and indemnifiers. We also received a response from the Professional Standards Authority (PSA).

Table 1: Number of responses from organisations and individuals

Response	No. of responses	%*
Individual	8	50
Organisation	8	50
<b>Total</b>	<b>16</b>	<b>100</b>

\* Throughout this report, percentages are rounded to the nearest whole number.

Responses were made on behalf of the following organisations:

- British Association of Dental Nurses (BADN)
- British Association of Oral and Maxillofacial Surgeons (BAOMS)
- British Dental Association (BDA)
- Dental Defence Union (DDU)
- Dental Protection
- Medical and Dental Defence Union of Scotland (MDDUS)
- Medical Defence Shield (MDS)
- Professional Standards Authority (PSA)

Not all respondents answered every question, and so in our analysis of each closed question we have adjusted the base rate number to reflect the number of completed responses. The breakdown of the responses we received to the quantitative questions are in the tables below.

With the open questions, the responses from organisations generally included more detail than those from individuals.

## 4. Overview of consultation responses

In analysing the feedback, we aimed to understand the reasons respondents supported or did not support the proposed revisions to the guidance. On occasion, we noted that the responses to the quantitative questions and the qualitative questions did not align.

Overall, when looking at the responses to quantitative questions, respondents were generally supportive about the proposed changes to the materials.

While responses were supportive overall, some of the detailed feedback and suggested changes we received reflected the nature, scale, and detail of the materials we were consulting on. After analysing and considering all the consultation feedback, we have made a number of changes to the materials which are outlined in more detail in the sections below. On occasion, points were made in response to some questions which were more relevant to another question. In these cases, we considered these responses under the more relevant question.

As a result of other work outside of this consultation, we have considered and decided to make further discrete changes to the Guidance for the practice committees. For example, we are developing updated Guidance for the case examiners, which we will consult on in 2026. There are areas that overlap with the Guidance for the practice committees and so we have aimed to consistently articulate these areas in both sets of guidance. Examples of these updates include changes to the section on bias and conflict of interest (paragraphs 127 to 143), a new paragraph 152 addressing admissibility relating to evidence from the Family Court, and new paragraphs 222 to 226 relating to protected criminal convictions and cautions.

As a result of changes made to the guidance, we have added or deleted some paragraphs. All paragraph references in this consultation outcome report relate to the final updated guidance.

## **5. Specific feedback**

### **Questions 6 and 7: The structure of the guidance**

We proposed a new structure for the Guidance which was chronologically aligned to the four stages of a Practice Committee hearing (the preliminary stage, the factual enquiry stage, submissions by the parties, and the determination of the case).

Question 6: To what extent do you agree that the updated structure more clearly defines the practice committee decision making considerations which take place at the various stages/functions of a hearing?

Two-thirds of respondents either strongly or somewhat agreed that the updated structure more clearly defines PC decision-making considerations.

Table 2: Responses to question 6

Response	No. of responses	%*
Strongly agree	4	31
Somewhat agree	4	31
Neither agree nor disagree	4	31
Somewhat disagree	0	0
Strongly disagree	1	8
Not sure	0	0
<b>Total</b>	<b>13</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 7: Please provide reasons for your response (including any suggestions for where and how the structure of the guidance could and/or should be improved)

There were four relevant responses to this question, all of which were strongly supportive of the updated structure of the guidance.

### Comments/suggestions

- One respondent said: “The chronological approach taken in the draft guidance, dealing with each consecutive stage of a hearing in turn, greatly improves the structure and readability of the guidance. This provides improved clarity for all users of the guidance, bringing each decision-point (and the relevant considerations to be taken into account) into sharper focus.”
- One respondent said: “We agree that structuring the guidance chronologically around the four stages of a practice committee hearing is a logical approach which is likely to support good decision-making.”
- One respondent said: “Provides clarity for decision makers.”
- One respondent said: “The new structure organises it in a logical and chronological manner, making it easier to follow the decision-making process step by step for all parties involved. This will enable members to be informed about each step more clearly and makes it clearer for the independent panel on how to handle each situation.”

**GDC response: We welcome this strong endorsement for the updated structure of the guidance**

## Questions 8 and 9: Clarity of meaning and language

We have reviewed each paragraph of the guidance with the aim of ensuring they are clear. With the aims of supporting transparent decision making and creating guidance which is accessible, we have tried to use clear and commonly understood language, free of technical terminology, wherever possible.

Question 8: To what extent do you agree that the proposed updated guidance makes its points clearly and, in doing so, uses clear and commonly understood language wherever possible?

Just over half of respondents either strongly or somewhat agreed the updated guidance made its points clearly, using clear and commonly understood language. A quarter of respondents somewhat disagreed.

Table 3: Responses to question 8

Response	No. of responses	%*
Strongly agree	2	15
Somewhat agree	5	38
Neither agree nor disagree	3	23
Somewhat disagree	3	23
Strongly disagree	0	0
Not sure	0	0
<b>Total</b>	<b>13</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 9: Please provide reasons for your response (including any suggestions for where and how the clarity of meaning or language in the guidance could and/or should be improved)

### Comments/suggestions

- One respondent said: "The language is generally clearer than it has been in the past."
- One respondent said: "Clarity and use of simple lay terms is usually always a good development - this is better but could still be simplified more."
- One respondent said: "We have identified some instances throughout this response where the language used could be clearer; however, in general terms we agree that the draft guidance is a great improvement on the current iteration in this regard."



- One respondent said: “The guidance is largely clear and well written, with technical terms (such as ‘in camera’) explained.”

**GDC response:** We welcome the support and recognition of the efforts made to improve the clarity of meaning and language in the materials. We also appreciate that some of the feedback references room for improvement; we share the ambition of continuing to improve and clarify the guidance, and we will continue to review and update these materials with this in mind.

## Questions 10 and 11: Changes to the preliminary stage section of the guidance

We provided a summary of the proposed changes on the preliminary stage of the hearing section of the guidance.

Question 10: In addition to ensuring the guidance is up to date, the aim of this review is to support consistency of approach, transparency and proportionality in decision making at practice committees. To what extent do you agree that these aims are supported by the additions of these new aspects to the ‘Practice committee hearings: the preliminary stage’ section of the guidance?

Just over half of respondents either strongly or somewhat agreed this aim was supported by the changes made to the preliminary stage section of the guidance.

Table 4: Responses to question 10

Response	No. of responses	%*
Strongly agree	2	15
Somewhat agree	5	38
Neither agree nor disagree	4	31
Somewhat disagree	1	8
Strongly disagree	1	8
Not sure	0	0
<b>Total</b>	<b>13</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 11: Please provide reasons for your response (including any suggestions for where and how the guidance could and/or should be improved in this section to better support consistency of approach, transparency and proportionality in decision making at practice committees

### **Feedback on the preliminary stage section overall**

- One respondent reflected the preliminary stage section of this guidance could be further improved by making clear that all matters addressed in the section can also be dealt with in advance of a hearing at a preliminary meeting. In addition, the respondent suggested we should make this cross reference also in the preliminary meetings guidance.

**GDC response:** We partly agree with this feedback in that many, but not all, of the matters addressed in the preliminary stage section of this guidance can also be dealt with in advance of the hearing at a preliminary meeting. We have added a new paragraph 25 to make this point and cross referenced the preliminary meeting guidance. In the interests of consistency across GDC guidance, there are some updates which could be made to the preliminary meeting guidance to reflect relevant parts of this section of the practice committee guidance. We will keep this in mind in our broader programme of reviewing guidance.

### **Feedback on the sections on proceeding in the absence of the registrant and postponements and adjournments**

- One respondent suggested that the sections on proceeding in the absence of the registrant (paragraphs 33 to 37) and to adjournments and postponements (paragraphs 38 to 55) did not provide sufficient consideration for “the unique stresses on dental professionals facing such proceedings who may struggle to participate effectively due to anxiety / mental health issues, financial concerns, or the impact on their practice and livelihood”. On postponements for ill health specifically (paragraphs 49 to 52), this respondent suggested we should go further to ensure fairness by requiring a more flexible approach for postponements sought on mental health grounds.

**GDC response:** On proceeding in the absence of the registrant, paragraph 35 makes clear that the “discretion to proceed in the absence of the registrant must be exercised with great care, with fairness to the registrant being a prime consideration”, before going on to make the point that this consideration must be weighed against the considerable public interest in the fair, economical, expeditious and efficient disposal of allegations made against dental professionals.

The decision of a committee on this matter must be taken carefully, balancing all the relevant factors of the individual case, and we consider this is correctly reflected in paragraph 35.

On postponements sought on the grounds of ill health, we do appreciate fitness to practise proceedings can have a significant impact on an individual’s mental health. However, the requirement for medical evidence which supports the individual’s unfitness to participate in the hearing seeks to strike the right balance between the various competing interests which are set out at paragraph 48 (including fairness to the registrant, taking into account the individual circumstances of their particular case). We also note that this requirement is supported by the cited case law.

### **Feedback on the section on postponements and adjournments**

- On the process of seeking representation from the other parties about applications to postpone (paragraph 41), one respondent suggested the guidance should be updated to provide for the Dental Professionals Hearings Service to fix a clear deadline for each party to respond, reflecting “a party should not be able to thwart an application for postponement by simply declining to respond.”

**GDC response:** We will consider this suggestion further in the context of the operational processes of the Dental Professionals Hearings Service (Hearings Service), but we do not consider it a matter for the Guidance for the practice committee.

- On the requirement for applicants of postponements (paragraph 40) or adjournments (paragraph 45) to support their applications with “good reasons”, one respondent suggested the word “good” should be removed as this may otherwise imply the Dental Professionals Hearings Service had a role in qualitatively assessing the reasons provided.

**GDC response:** We agree with this feedback and have removed the word “good” from paragraphs 40 and 45.

## **Feedback on the section on postponements/adjourments on the grounds of ill-health**

- One respondent asserted this section should be supplemented with reference to a *Solanki v Intercity Telecom Ltd* [2018] EWCA Civ 101 where Gloster LJ said “...where evidence is produced which is deficient in some respect, it may be appropriate to give consideration to a short adjournment in order to enable a litigant to make good such deficiency.”

**GDC response:** While fairness to the registrant is an important consideration for the practice committee when determining whether a postponement or adjournment should be granted (see paragraph 48 (iii)), so is the public interest in the expeditious disposal of the case (see paragraph 48 (i)), which cannot be said to be equally applicable in civil proceedings. Given the specific professional regulation case law which is already cited, we have not added this suggested reference to *Solanki*.

## **Feedback relating to the section on proceeding in public/private**

- On the section on proceeding in public/private (paragraphs 56 to 61), one respondent asserted that the guidance should give more protection against reputational harm to the registrant, suggesting a “more nuanced approach could be taken to weigh public interest against the registrant’s right to privacy, particularly for allegations that do not pose an immediate risk to public safety”.

**GDC response:** Paragraph 56 sets out that, by default, hearings are held in public, and this is to support transparency and open justice. The importance of open justice is well-established in case law and, while there are legitimate reasons to hold hearings in private, generally we do not consider the risk of embarrassment or reputational damage to be one of those.

- One respondent suggested that the reference to transparency and open justice (paragraph 56) should be removed because, while the principle of public hearing is currently enshrined in legislation, “the GDC will be aware that there is significant discomfort about the appropriateness and necessity in the context of fitness-to-practise systems in healthcare regulation.”

**GDC response:** We consider these words provide vital context as to why hearings are, in principle, held in public. We have also updated this paragraph to make reference to further case law which confirms the importance of the principle of open justice in professional regulation cases.

- One respondent suggested it might be welcome to arrange further training for committee panellists on applications for private hearings and the panel's discretion for doing so.

**GDC response:** We will consider this suggestion further in the context of the operational processes of the Hearings Service, but we do not consider it a matter for the Guidance for the practice committee.

- One respondent challenged the guidance position (paragraph 58) that risk to a registrant's reputation is not generally considered an important factor in support for a private hearing, particularly referencing the cited case law (Global Torch) as not being relevant to healthcare regulation fitness to practise cases.

**GDC response:** It remains our view that the principle in question is correct, and one which is well-supported in case law. While we consider Global Torch to be equally applicable, we agree that it is not a case which addresses professional regulation specifically, and as such we have updated this paragraph to instead reference a professional regulation case.

- One respondent asserted that it should be made clear that the examples of instances which might warrant a private hearing in paragraph 57 were non-exhaustive.

**GDC response:** We agree with this feedback and have updated paragraph 57 to make this clearer.

- One respondent asserted this section could be strengthened to make it clearer that there is public interest in the cases being heard in public, and a general expectation that this will be the case.

**GDC response:** We have strengthened the wording of paragraphs 56 and 57 to make these principles clearer.

- One respondent suggested it may be useful to more clearly define the circumstances in which a hearing may proceed in private and/or set out examples/categories for clarity, consistency and fairness.

**GDC response:** It is our view that the circumstances warranting a private hearing are likely to be highly fact specific. In reviewing relevant case law, we have been unable to identify any useful themes or principles which would support further changes. As such we have decided against including further examples than those already provided for in paragraph 57.

- One respondent said: “In terms of [paragraph 57(i)] it may be helpful to specifically mention that ‘any other person’ may include witnesses in a case.

**GDC response:** We consider paragraph 57(i) already to be clear on this matter and therefore have decided not to make this change.

- One respondent said: “[Paragraph 57(ii)] (Where a PC is of the opinion that publicity would prejudice the interests of justice) is something of a ‘catch-all’ and may benefit from including some specific examples.”

**GDC response:** We consider that the examples where paragraph 57(ii) will be exercised will, by their nature, be unusual circumstances which will be highly case specific. As such, we consider it would be unhelpful to provide further detail to this section.

### **Feedback on the section on amendment of the charge**

- On paragraphs 78 and 83, one respondent asserted that the position as set out (with regards to the types of circumstances in which a committee may have discretion to amend the charge even after the facts had been found proved) was unclear and that “examples of the types of amendments anticipated should be laid out to provide further clarity.”

**GDC response:** Paragraph 78 clearly sets out that amendments of the charge can “ordinarily only occur before the findings of facts”, before referencing paragraph 83 and setting out that the practice committee does have discretion to amend the charge at later stages to “avoid serious procedural errors”. Paragraph 83 then explains that serious procedural errors are particularly those “which would otherwise risk undercharging”, and this position is supported by the cited case law. Whether it is appropriate for the practice committee to exercise this discretion will be highly fact and case-specific and, as such, we do not consider it would be helpful to provide more specific information on this point.

### **Feedback on the sections on special measures for vulnerable witnesses and measures to support the registrant**

- One respondent said: “Following research presented to GDC panellists in training, I welcome the new guidance supporting registrants and witnesses.”

**GDC response:** We appreciate this feedback recognising the improved guidance on support for vulnerable witnesses and measures to support the Registrant.

- On special measures for vulnerable witnesses (paragraphs 86 to 95) and measures to support the registrant and the witnesses (paragraphs 96 to 98), one respondent reflected there was comparatively more detailed guidance in relation to the former than the latter, and that the guidance on the latter should be developed further to provide psychological or logistical support in high-stress hearings, and specific options to accommodate registrants with mental health needs, in addition to providing details on access to support to ensure they can participate effectively.

**GDC response:** On the provision of support to hearing participants, this is (to a certain extent) fulfilled by the Hearings Service Participant Support Officer who is assigned to each hearing. While this will not include psychological support, they will be able to signpost to appropriate services provided by other organisations. However, because this does not relate to practice committee decision making, we do not consider this appropriate information to include in this guidance.

The different amount of information in each section is mainly the result of special measures for vulnerable witnesses being directly addressed by Rule 56 of the General Dental Council (Fitness to Practise) Rules 2006 (as amended) (the Rules). The Rules do not address measures to support registrants, and so we have aimed to reflect the more general considerations which committees may need to consider, including those arising from Article 6 of the European Convention on Human Rights (right to a fair hearing), and those relating to reasonable adjustments to avoid substantial disadvantage in proceedings arising from the Equality Act 2010.

We do recognise, however, that the reference only to “disability” in paragraph 97 may result in too-narrow a consideration, and have updated paragraph 98 to enable reasonable adjustments also to be considered in relation to health conditions.

### **Feedback relating to the section on vulnerable witnesses**

- On the list of witnesses that the practice committee may treat as vulnerable at paragraph 87, which are established by Rule 56(1) of the Rules, one respondent identified we had departed from precise wording in the Rules and asserted that we should restrict ourselves to the wording set out in Rule 56(1).

**GDC response:** The feedback relates to Rules 56(1)(c) and (d) of the Rules, which we have combined into paragraph 87(ii) in the guidance. When updating the guidance, we purposefully departed from the wording of Rules 56(1)(c) and (d) because we consider the specific language used in the Rules to be outdated and wished to articulate this in a more sensitive way. We consider this section of the guidance to be sufficiently clear and as such do not consider further changes are required.

- Again on the list of witnesses that the practice committee may treat as vulnerable at paragraph 87, while recognising the list is established by the Rule 56 of the Rules, one respondent suggested it would be beneficial to take a more nuanced approach to vulnerability, recognising that a witness may be ‘situationally vulnerable’ as opposed to (or in addition to) being ‘inherently’ vulnerable, and in addition that levels of vulnerability may change over time. They suggested that many witnesses may benefit from special measures during a hearing, for example because they are anxious about giving evidence or due to the nature of their evidence. They also highlighted that this is recognised in the criminal courts in England and Wales where the court is able to grant special measures to any witness where it is “satisfied that the quality of evidence given by the witness is likely to be diminished by reason of fear or distress on the part of the witness in connection with testifying in the proceedings.”

**GDC response: We agree with this feedback and have added a new paragraph 90 to reflect this position.**

- On the prohibition for registrants to directly cross-examine witnesses where they are the victim of an alleged misconduct which is of a sexual nature (paragraph 91), one respondent suggested there should be more latitude for practice committees to prevent registrants from directly cross-examining other categories of vulnerable witnesses. They noted “there may be many more circumstances where it would not be appropriate for the registrant to conduct cross-examination in person, for example where the allegation relates to violence, bullying, abuse or intimidation” and that “this may be especially relevant where the victim is a colleague working under the direction of the registrant and where the hierarchical nature of the workplace may have contributed to the alleged wrongdoing.”

**GDC response: While we agree with the merits of this position, without a change to our legislative framework, we do not consider there to be a firm legal basis which would enable us to extend the categories of vulnerable witnesses for which registrants are prohibited from directly cross-examining. As such, we have decided not to make this suggested change.**

### **Feedback on the section on abuse of process**

- On the section on abuse of process (paragraph 99 to 117), one respondent asserted that registrants may be disadvantaged due to the high standard required to establish abuse, suggesting remedial measures to rectify procedural flaws should be enabled where the threshold for abuse is not met as this would promote fairness and proportionality.
- A further respondent challenged the inclusion of the word “fundamental” at paragraph 101 which read “the PC should consider whether there has been a fundamental disregard for the registrant’s human rights or for the principles of fairness...”



**GDC response:** We consider it a well-supported principle in law that it is high bar which must be met in order for a case to be stayed due to abuse of process, and that this will only arise in exceptional circumstances. However, we do agree that including the word “fundamental” is not necessary and so we have removed it from paragraph 101.

In relation to enabling remedial efforts to address procedural flaws falling short of abuse, we are unclear as to what such remedial measures would be. However, paragraph 99 sets out the practice committee’s duty to ensure registrants before them receive fair treatment and are given fair hearings, which should support fairness and proportionality.

- On the subsection on unreasonable delay (paragraphs 104 to 106), one respondent suggested that it would be helpful to include more clarity about what would be deemed to be ‘reasonable’.

**GDC response:** Paragraph 106 sets out some of the factors which may be relevant to a practice committee’s consideration. However, in our view, determining what will constitute an unreasonable delay in the context of abuse of process will be highly case-specific and, as such, we do not consider further information in this section would be appropriate or helpful.

## **Questions 12 and 13: Changes to the factual enquiry stage section of the guidance**

We provided a summary of the changes that were proposed in the section of the guidance which covers the factual enquiry stage of the hearing.

Question 12: In addition to ensuring the guidance is up to date, the aim of this review is to support consistency of approach, transparency and proportionality in decision making at practice committees. To what extent do you agree that these aims are supported by the additions of these new aspects to the ‘Practice committee hearings: the factual enquiry stage’ section of the guidance?

Almost two thirds of respondents either strongly or somewhat agreed this aim was supported by the changes made to the factual enquiries stage section of the guidance.

Table 5: Responses to question 12

Response	No. of responses	%*
Strongly agree	1	9
Somewhat agree	6	55
Neither agree nor disagree	3	27
Somewhat disagree	0	0
Strongly disagree	1	9
Not sure	0	0
<b>Total</b>	<b>11</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 13: Please provide reasons for your response (including any suggestions for where and how the guidance could and/or should be improved in this section to better support consistency of approach, transparency and proportionality in decision making at practice committees)

#### Feedback on the factual enquiries stage

- One respondent asserted that “the factual enquiry stage remains one sided and the language used in the drafting does seem to emphasise this”

**GDC response:** This respondent provided no specific examples of this, and as such this limits our ability to identify and apply further improvements. We consider the section to be well-balanced, and includes, for example, the reflection that the registrant is not required to prove anything because the burden of proof is on the GDC (paragraph 149). It also includes multiple references to the need to consider fairness to all parties including the registrant when deciding on particular matters.

- One respondent asserted that this section would be more balanced if it set out clearly what process is in place to “challenge or seek review at the factual enquiry stage, especially in circumstances where case assessors have erred”.

**GDC response:** We have reviewed this section consider it to be clear and balanced in relation to the registrant’s ability to “challenge or seek review at the factual enquiry stage”.

For example, paragraph 146 reads: “... When the presenter has concluded setting out the evidence, the registrant or their representative may open their case, which may include a submission that there is no case to answer.” Toward the end of the factual enquiries section, paragraph 188, reads: “When the presenter has finished presenting evidence, the registrant or their representative may open the case for the defence. That may include a “half time” submission that there is no case to answer, either on the facts, or in relation to the statutory ground.” We consider this clearly sets out the process for the registrant or their representative to raise a challenge at the factual enquiry stage.

With reference the “case assessors” having “erred”, we have interpreted this as referring to the case examiners’ decision to refer the allegation to the practice committee. While not a matter which would be handled at the factual enquiries stage of the hearing, paragraphs 30 to 32 set out that the practice committee can, as a preliminary matter, refer allegations back to the case examiners where the committee considers the allegation should not have been referred to it.

#### **Feedback on the section on overseas evidence admissibility**

- The draft guidance on which we consulted included a paragraph which reflected the uncertainty, at the time, on whether separate permission was needed from the relevant foreign government where witnesses were giving oral evidence to a fitness to practice hearing remotely from outside of the UK. One respondent queried whether there remained uncertainty on this matter.

**GDC response:** The GDC received clarification on this matter in 2025 from the Foreign, Commonwealth and Development Office and we have updated paragraph 155 to reflect that no separate permission is required in such circumstances.

#### **Feedback on the section on hearsay evidence**

- One respondent asserted that “tighter guidelines should be set out around the use of hearsay, favouring direct testimony wherever possible and ensuring hearsay evidence is only used in circumstances where it does not risk undermining a fair hearing.”

**GDC response:** We consider the section on hearsay evidence, both in relation to the admissibility of hearsay evidence and the weight to attach to hearsay evidence where it is admitted, to be balanced and to correctly reflect the law as it is set out in legislation and in case law. As such, we have not made any changes to this section.

- One respondent asserted that “there should be reference to the importance of training the panel and committee when considering hearsay evidence and assessing the weight of it.”

**GDC response:** We will consider this suggestion further in the context of the operational processes of the Hearings Service, but we do not consider it a matter for the Guidance for the practice committee.

- On this section, one respondent said: “More importance should be placed on the inability to test the evidence and whether it was the complainant, and if they were anonymous when raising the initial concerns and whether they were the only whistleblower. In a whistleblowing case reliant on hearsay evidence, minimal weight should be attached to this.”

**GDC response:** We consider these points to be sufficiently addressed in the hearsay evidence section. For example, the potential impact on fairness arising from the inability to test evidence in cross-examination is directly addressed at paragraph 161, and sole and decisive evidence is addressed in paragraph 164. There is also no suggestion in paragraph 167 that anonymous hearsay evidence should be treated any differently where it arises in a whistle-blowing case.

#### **Feedback on the section on registrant character and dishonesty**

- One respondent challenged the basis of the position set out, that the practice committee may give less weight to an unblemished record at an early stage in a registrant's career than they may for a registrant with an established track record.

**GDC response:** We agreed with this challenge and have removed this paragraph from the guidance.

## Questions 14 and 15: Changes to the submissions by the parties stage section of the guidance

We provided a summary of the changes that were proposed in section of the guidance which relates to submissions by the parties stage of the hearing.

Question 14: In addition to ensuring the guidance is up to date, the aim of this review is to support consistency of approach, transparency and proportionality in decision making at practice committees. To what extent do you agree that these aims are supported by the additions of these new aspects to the 'Practice committee hearings: submissions by the parties stage' section of the guidance?

Two thirds of respondents either strongly or somewhat agreed this aim was supported by the changes made to the submissions by the parties stage section of the guidance.

Table 6: Responses to question 14

Response	No. of responses	%*
Strongly agree	3	25
Somewhat agree	5	42
Neither agree nor disagree	3	25
Somewhat disagree	0	0
Strongly disagree	1	8
Not sure	0	0
<b>Total</b>	<b>12</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 15: Please provide reasons for your response (including any suggestions for where and how the guidance could and/or should be improved in this section to better support consistency of approach, transparency and proportionality in decision making at practice committees)

### Feedback relating to the submissions by the parties stage section overall

There were supportive comments received, with one respondent saying that the changes make the process clearer. Another respondent said: "The paragraphs provide a clear, step by step process for both the presenter and the registrant or their representative. The guidance also ensured that there is clear guidance on what each party should cover during the hearing. The proportionality is achieved thorough the mechanism of a plea in mitigation, clearly highlighted in paragraph 199."

**GDC response:** We appreciate these generally positive responses, recognising the improved clarity which comes from setting out the steps and decisions taken this stage of the hearing in a dedicated section.

### **Feedback on the lack of reference to consideration of the statutory ground**

Two respondents addressed what they considered to be an important missing step in the submissions section, that being the lack of reference to submissions relating to the matter of statutory ground.

**GDC response:** While this step is not explicitly included in Rule 20 of the Rules (which addresses the order of process at the submissions stage), we agree that this is an important part of the submissions stage, and the guidance would be clearer if it were explicitly addressed. We have therefore added this step in at paragraphs 195(ii) and 197(ii).

### **Feedback on the lack of reference to the adducing of evidence**

- One respondent asserted that this section neglected “to mention the possibility of evidence being led prior to submissions being made”.

**GDC response:** While again, this step is not explicitly referenced in Rule 20 of the Rules, we agree that this is an important part of the submissions stage, and that the guidance would be clearer if it were explicitly addressed. As such, we have added this step in as a new paragraph 198.

## **Questions 16 and 17: Changes to the determination of the case stage section of the guidance**

We provided a summary of the changes that were proposed in the section of the guidance on the determination of the case stage of the hearing.

Question 16: In addition to ensuring the guidance is up to date, the aim of this review is to support consistency of approach, transparency and proportionality in decision making at practice committees. To what extent do you agree that these aims are supported by the additions of these new aspects to the ‘Practice committee hearings: the determination of the case stage’ section of the guidance?

Over half of respondents either strongly or somewhat agreed this aim was supported by the changes made to the determination of the case stage section of the guidance.

Table 7: Responses to question 16

Response	No. of responses	%*
Strongly agree	1	8
Somewhat agree	6	46
Neither agree nor disagree	4	31
Somewhat disagree	0	0
Strongly disagree	2	15
Not sure	0	0
<b>Total</b>	<b>13</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 17: Please provide reasons for your response (including any suggestions for where and how the guidance could and/or should be improved in this section to better support consistency of approach, transparency and proportionality in decision making at practice committees)

#### Feedback on the introduction section

- One respondent asserted that the introduction section would benefit from reference to the prospect of evidence being adduced prior to submissions being made.

**GDC response:** We agree that the submissions section would benefit from making such a reference and, as we set out above, we have made this amendment. However, we do not consider that a further reference to this matter in the introduction to the determination of the case section of the guidance would be necessary or beneficial.

#### Feedback on the section on the statutory grounds

- On the definition of misconduct (paragraphs 212 to 215), one respondent asserted that the guidance “appears to lack clarity on how minor breaches versus serious misconduct are to be assessed in terms of impact on fitness to practise. For dentists, this may create ambiguity on how personal versus clinical failings are judged, potentially leading to disproportionate sanctions for minor / isolated or administrative oversights.

**GDC response:** Before going on to set out the two distinct types of misconduct, the guidance at paragraph 212 reads: “Misconduct denotes serious acts or omissions, suggesting a significant departure from what would be proper in the circumstances.” We consider the clear definition of the two types of misconduct, alongside this opening passage, to provide sufficient clarity in relation to this feedback. As such, we have not made changes to this section.

- On the section on adverse physical or mental health, one respondent asserted that paragraph 218 should reference “expert evidence” as opposed to the “expert report”.

**GDC response:** We agree with this feedback and have made this change to paragraph 218.

- In relation to the definition of deficient professional performance (paragraphs 216 to 217), one respondent asserted that the guidance “does not provide a clear definition of what constitutes such deficiencies” which could lead to inconsistent interpretations, and that “this could potentially be addressed by the introduction of a checklist or examples relevant to dental practice.” The respondent asserted that “clarifying that deficient performance must show a sustained pattern or serious single lapse would help differentiate minor clinical mistakes from genuine competency issues.”

**GDC response:** Paragraph 216 reads: “Deficient professional performance suggests a standard of professional performance that is unacceptably low, which (save in exceptional circumstances) has been demonstrated by reference to a fair sample of the registrant’s work. A single instance of negligent treatment, unless very serious, would be unlikely to constitute deficient professional performance.” We consider that this correctly sets out the test so far as it is established in case law. We also consider that defining what constitutes “a fair sample of the registrant’s work”, particularly in the absence of further relevant precedent, will be highly case-specific and so it would not be helpful to provide a checklist or further examples.

### **Feedback on the section on impairment**

- One respondent said: “All changes are helpful and needed, particularly the impairment section which is a major area of discussion for panels but was inadequate in the previous guidance. The section on public interest is long overdue and given its increasing importance in case law is long overdue and could be further emphasised.”

**GDC response:** We welcome the support for the improvements to this section.



- One respondent asserted that paragraphs 229 and 230 should be updated to ensure the guidance is clear on the crucial point that it is “current” impairment which the practice committee will be considering.

**GDC response:** We agree with this feedback and have amended paragraphs 229 and 230 to make this point clearer.

- On impairment, one respondent asserted that the guidance may benefit from more clearly setting out the differences between the ‘risk’ and ‘public interest’ limbs of public protection, and that registrants’ fitness to practice could, and in the appropriate circumstances should, be found to be impaired on public interest grounds alone, even where the public safety aspects of the allegation have fallen away.

**GDC response:** We agree with this feedback and have restructured this section to make these points clearer.

- In relation to paragraph 248, one respondent suggested that the guidance might benefit from extending the range of allegations that may constitute a serious failure to meet the standards required of a registered dental professional, to include, for example, bullying, harassment, abuse, and intimidation.

**GDC response:** We agree that this section of the guidance should be developed to include further categories of allegation and have updated paragraph 248 accordingly. However, with regards to the specific suggestions made by this respondent, we considered the definitions of some of these terms could result in the inappropriate capture of some more minor forms of conduct within public interest impairment and, as such, we have not made these precise changes.

- One respondent asserted that the section on public interest should also make clear that practice committees should give clear reasons in cases where allegations of a serious nature are proved but no finding of current impairment is made, particularly addressing why the case does not warrant a public interest finding to mark the seriousness and to uphold public confidence and standards.

**GDC response:** While we agree with the objective of this feedback, we do not agree that this is the appropriate place in the guidance to make this point. There is a dedicated section in the guidance which addresses reasons for the determination of the case stage, and this is at paragraphs 295 to 299. We have added a new paragraph 298 to address the detail which practice committees should include in their reasons, where relevant, in relation to this matter.

## Feedback on the section on sanction

- In relation to paragraph 253, one respondent asserted that the consideration of mitigating and aggravating factors should be part of the consideration of sanction, as opposed to being a consideration to take place before consideration of sanction.

**GDC response:** We agree with this feedback and have updated paragraph 253 to reflect this.

- One respondent asserted that “there appears to be little recognition that mistakes or incidents involving registrants can relate to system failures in organisations or other Human Factors.”

**GDC response:** We address “environmental factors (including systemic environmental factors)” at paragraph 257 as a potentially mitigating factor in the consideration of sanction.

- One respondent said “As we often see, [deficient professional performance] usually occurs against a more complex background (including the environment in which the dentist practices). Further guidance could be included to instruct panels to also assess the broader context of a registrant’s work environment. For instance, if a dentist is working in a busy practice setting (with unachievable UDAs) with limited resources, this should be a significant factor in assessing whether their performance deficiencies were avoidable or part of a wider systemic issue.”

**GDC response:** While this feedback was given about the definition of deficient professional performance at paragraphs 216 to 217, we consider we do address these matters in the “environmental factors (including systemic environmental factors)” at paragraph 257 as a potentially mitigating factor in the consideration of sanction.

- On the aggravating factors section (paragraph 261), one respondent suggested it may be beneficial to include “abuse of power and/or abuse of trust as an additional aggravating factor as abuse of power suggests a deliberate or intentional act and so goes to the state of mind/attitude of the registrant.

**GDC response:** We agree with this feedback and have amended paragraph 261 (iv) to read “abuse of trust/abuse of professional position.”

- Paragraph 263 sets out relevant factors which may indicate that a reprimand is the appropriate sanction. One respondent suggested this paragraph would be improved if it explicitly included that reprimands may be appropriate where the issues identified are at the lower end of the scale of seriousness.

**GDC response:** We agree with this feedback and have made this change to paragraph 263.

- Paragraph 282 sets out relevant factors which may indicate that erasure is the appropriate sanction. One respondent suggested this paragraph would be improved if it included “serious violence or abuse”, and if it was updated to make it clearer that sexual and non-sexual conduct applies not only in relation to patients but also to other persons including (but not limited to) colleagues.

**GDC response:** With regards to the suggested inclusion of “serious violence or abuse”, we consider this is already captured by paragraph 282(ii) which addresses serious harm. As such, we have not made this change. With regards to making this paragraph clearer so that sexual and non-sexual conduct applies not only to patients but also to colleagues and other persons, we agree this could be clearer and have updated paragraph 282 (ii), (iii), (iv) and (v) to reflect this.

#### **Feedback on the section on immediate orders**

- In light of a live appeal regarding immediate orders at the time of the consultation, we opted to maintain the position on immediate orders in the draft guidance which was set out in the existing guidance. In relation to this approach, one respondent asserted that “given that an appeal remains underway for which the outcome is unknown it would be premature to adopt any changes at this stage in the circumstances.”

**GDC response:** We appreciate this support for the approach we took. We note the appeal in question ([General Dental Council v Aga \[2025\] EWCA Civ 68](#)) has now concluded and confirmed the position which was set out in the existing guidance. This is that there is no basis for aggregating a substantive suspension direction and an immediate suspension order, and treating the aggregated period as if it had been passed as a single substantive suspension. As such, there is no need to reflect any change in the position set out in this section. We have, however, removed reference to the GDC’s practice note on this matter, and referenced the determinative case law at paragraph 287 in order to confirm the correct approach.

#### **Feedback on the section on the practice committee’s powers to hold an interim orders hearing**

- One respondent asserted that this section would be improved if it simply made clear that the Guidance for the Interim Orders Committee applies equally to situations where a PC decides to

hold an Interim, as the repetition is unnecessary and raises the possibility of inconsistency in the future.

**GDC response:** We partly agree with this feedback. However, because the powers for the practice committees to hold interim orders hearings arise from a different part of our legislative framework than for the Interim Orders Committee, we consider it preferable to retain paragraphs 289 to 291, and have replaced subsequent paragraphs with a new paragraph 292 to signpost to the Guidance for the Interim Orders Committee.

### **Feedback on the section on reasons**

- One respondent asserted that the section on reasons should include more detail about what the practice committees should include in relation to the various stages of its consideration.

**GDC response:** We agree with this feedback and have further developed the section on reasons (paragraphs 295 to 299) to include the matters the PC should address when providing reasons at the end of the determination of the case stage of the hearing.

### **Feedback on the section on publication of determinations**

- One respondent asserted that it would be helpful to reference the GDC's Disclosure and Publications Policy earlier in the guidance.

**GDC response:** We have inserted a reference to the Disclosure and Publication Policy at paragraph 204.

## **Questions 18 and 19: Changes to the resumed hearings section of the guidance**

We provided a summary of the changes that were proposed in the section of the guidance which relates to resumed hearings.

Question 18: In addition to ensuring the guidance is up to date, the aim of this review is to support consistency of approach, transparency and proportionality in decision making at practice committees. To what extent do you agree that these aims are supported by the addition of this new section 'Resumed hearings' to the guidance?

Two thirds of respondents either strongly or somewhat agreed this aim was supported by the changes made to the resumed hearings section of the guidance.

Table 8: Responses to question 18

Response	No. of responses	%*
Strongly agree	2	17
Somewhat agree	6	50
Neither agree nor disagree	3	25
Somewhat disagree	0	0
Strongly disagree	1	8
Not sure	0	0
<b>Total</b>	<b>12</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 19: Please provide reasons for your response (including any suggestions for where and how the guidance could and/or should be improved in this section to better support consistency of approach, transparency and proportionality in decision making at practice committees)

- One respondent said: "I remain concerned about the committee's ability to recognise that it will be dealing with a resumed hearing and is not intended to go behind the finding of the original hearing. Distinction needs to be drawn about the scope and limits of the resumed hearing so as not to disadvantage the registrant."

**GDC response:** We interpret this feedback to be about paragraph 305 which sets out that "when the reviewing PC is considering the issue of impairment and sanction, it should not re-open the previous findings of fact. However, it is entitled to reassess the risk posed to the public at the date of the review and can make a finding of impairment on public protection grounds, even if such a finding was not made at the substantive hearing." We consider this appropriately reflects the role of the reviewing practice committee and the position confirmed in the cited case law.

## Questions 20 and 21: Changes to Appendix 1: Considerations in particular categories of cases section of the guidance

We provided a summary of the changes that were proposed in the appendix to the guidance “considerations in particular categories of cases”.

Question 20: In addition to ensuring the guidance is up to date, the aim of this review is to support consistency of approach, transparency and proportionality in decision making at practice committees. To what extent do you agree that these aims are supported by the additions of these new aspects to Appendix 1 ‘Considerations in particular categories of cases’ to the guidance?

Over half of respondents either strongly or somewhat agreed this aim was supported by the changes made to the appendix to the guidance.

Table 9: Responses to question 20

Response	No. of responses	%*
Strongly agree	2	15
Somewhat agree	5	38
Neither agree nor disagree	5	38
Somewhat disagree	0	0
Strongly disagree	1	8
Not sure	0	0
<b>Total</b>	<b>13</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 21: Please provide reasons for your response (including any suggestions for where and how the guidance could and/or should be improved in this section to better support consistency of approach, transparency and proportionality in decision making at practice committees)

### Feedback on the appendix section overall

- One respondent said: “We welcome the guidance relating to particular categories of case available at Appendix A. This additional guidance should assist Practice Committees in their consideration of such cases, whilst underlining the inherent seriousness of cases involving sexual misconduct, discrimination, dishonest, and offensive behaviour (amongst others).

**GDC response: We appreciate this supportive feedback on the overall approach taken in the development of Appendix 1: Considerations in particular categories of cases.**

## Feedback on the appendix section on sexual misconduct

- One respondent said: “I welcome the expanded section on sexual misconduct, the emphasis on its seriousness, and the application to both the factual and determination stages.”
- A further respondent said: “We welcome the inclusion of sexual misconduct in the guidance, and in particular the references to such behaviour being inherently serious, whether directed at a colleague or a patient.”

**GDC response:** We appreciate this feedback which welcomes the guidance addressing the seriousness of sexual misconduct, and regardless of whether it is directed at patients, colleagues, or the wider public.

- One respondent said: “In Appendix paragraph 1, we consider that the reference to physical or online contact specified within the brackets should be removed on the basis that these are not implicitly offences. Sexual contact online between consenting adults is not an offence. Indeed, it is a statement of fact that ‘physical’ sexual contact between consenting adults is categorically not an offence ...”

**GDC response:** Paragraph 1 reads: “Sexual misconduct encompasses a wide range of conduct, both verbal and physical, from criminal convictions for sexual offences...” While we appreciate that not all instances of the activity referenced within the brackets will necessarily be an offence, we consider the words “criminal convictions for” to be sufficiently clear that the instances in question at paragraph 1 are only those which are of a criminal nature.

- One respondent said: "Paragraph 2 of the Appendix makes use of the phrase "inherently serious". This creates an absolute for something where there is a wide range of potential allegations given that misconduct is not limited to criminal offences. We are of the view that the sentence "as a result, cases relating to sexual misconduct are inherently serious" should be omitted to reflect this."

**GDC response:** We consider that this sentence correctly reflects the position set out by the cited case law relating to sexual misconduct in fitness to practise hearings. We also consider it important in underlining the seriousness of sexual misconduct. As such, we have not made the change to paragraph 2 suggested by this respondent.

- One respondent said: “The final sentence of paragraph 2 serves to suggest that only erasure would be conceivable as an outcome. This does not sufficiently take into account the findings of *Ashraf v General Dental Council* [2014] EWHC 2618 (Admin). This judgment held that there should be a public interest consideration where the regulator would be rehearsing the

allegations already considered in criminal proceedings. [We] therefore submit that this wording must be amended.”

**GDC response:** While we do not consider the case law cited by this respondent to be directly relevant, we agree that the wording of the final sentence of paragraph 2 could be interpreted as indicating erasure as the only viable sanction in sexual misconduct cases. As per paragraphs 8 and 14, this was not the intention, and we have removed this sentence to avoid this interpretation.

- One respondent said: “[We] consider that the first sentence of paragraph 3 of the Appendix should be removed. Sex is a protected characteristic and the fact [of] the Equality Act 2010 should not be utilised to double charge allegations of sexual misconduct.”

**GDC response:** Paragraph 3 of the version of the appendix that we consulted on began “The victims of sexual misconduct are predominantly women”. We have removed this opening sentence because we consider this paragraph is improved without it. However, as an organisation which must consider the Public Sector Equality Duty (arising from the Equality Act), we disagree with the suggestion that a further allegation of harassment related to a protected characteristic may not be a consideration where appropriate.

- One respondent said: “Paragraph 4 of the Appendix states that “...the charge may set out that the alleged conduct of the registrant was sexual, or sexually motivated...”. However, *General Medical Council v Haris* [2020] EWHC 2518 (Admin) [para 59] discourages the use of sexual motivation as a wording for a charge. As such, [we] submit that this wording must be amended to address this issue with the wording as stands.”

**GDC response:** While we note the relevant case law on this matter suggested that in some circumstances “sexual motivation” maybe unhelpful or, strictly speaking, not essential in establishing just how serious the conduct is, we do not interpret this as a broad direction from the courts. “Sexual motivation” covers a broader category of alleged actions than just those which are “sexual” and as such it is likely that sexual motivation will continue to be seen in the charging of relevant future cases.

- One respondent said: “Paragraph 4(i) and paragraph 4(ii) are intended to reflect the definition of “sexual” as set out under s.78 of the Sexual Offences Act 2003. [We] consider that the wording as set out in the Act should be retained within this document for consistency and that it is not helpful to reword the Act within the guidance.



**GDC response:** We agree that this is a rewording of the section of the Sexual Offences Act 2003. However, in our work to review this guidance we were interested in clarity of meaning and accessibility, not just for the practice committees as the primary audience, but also for secondary audiences such as registrants. We consider the rewording in this section to be clearer and easier to understand.

- One respondent said: “We consider that paragraph 6 should be amended to clarify that this is intended to apply in circumstances (as per Haris) where the touching has been found to have taken place but the motivation behind that touching is in doubt.”

**GDC response:** Paragraph 6 begins: “Where the Registrant does not admit that their actions were sexual or sexually motivated, and there is no direct evidence of this...” We consider this wording to already make this point clearly.

- One respondent said: “Paragraph 8 of Appendix 1 states that “Given the inherent seriousness of cases relating to sexual misconduct, erasure will often be the appropriate sanction, and will usually be considered...” This is at odds with the established principle that the PC should start by considering the least restrictive sanction, moving up to the next least restrictive action (and so on) until it reaches what it considers to be the appropriate level of sanction. We recognise that para 14 refers back to paragraph 252, which we agree is important to promote consistency of approach and transparency and ultimately ensure that decisions reached are proportionate. However, the sentence quoted above in paragraph 8 is inconsistent and should be removed.”

**GDC response:** The passage from paragraph 8 that this respondent quoted goes on to say “... Erasure in such cases, however, is not inevitable, and each case must be considered on its own facts.” When read alongside paragraph 14 which, as the respondent notes, references the correct general approach to considering appropriate sanction in the main guidance at paragraph 252, we consider this section achieves the correct balance. As such we have not made the suggested change to paragraph 8.

- In relation to paragraph 10, one respondent said: “In terms of the aggravating factors, it may be useful to include “abuse of power and/or abuse of trust” (this may be covered under subparagraphs (ii) and (v) although not explicitly so).”

**GDC response:** We agree with this feedback and have made changes to paragraph 10(ii) of the appendix to reflect this.

- One respondent said: “There is a significant amount of duplication to be found between paragraph 10 and Paragraph 14 of the Appendix. Given that both of these paragraphs cover the topic of “aggravating factors”, we acknowledge that a degree of overlap will be inevitable. However, when both of these paragraphs are read in parallel, concerns arise, such that we consider that paragraph 10, in particular, should be reworded to ensure clarity.”

**GDC response: Paragraph 10 provides examples of aggravating factors and paragraph 14 relates to the consideration of sanction. Following further review of these paragraphs we do not consider them to be unclear or repetitive.**

- One respondent said: “Our assessment of paragraph 11 is that the use of the word “however” is unhelpful. It is a divergence from the original wording of the judgment referenced, in which Mrs Justice May held: I start by rejecting any suggestion that allegations of sexist, demeaning words or gestures falling short of physical touching are to be treated as minor, somehow less serious than physical impropriety, when considered in a professional context. Mrs Justice May rejects the proposition that words or gestures should always be treated as minor or less serious. As such, the wording in paragraph 11 should be amended to reflect this.”

**GDC response: The intention of paragraph 11 is to make clear that, while physical touching or exposure may well be aggravating factors, verbal sexual misconduct should also be treated as serious. We have updated the paragraph to make this clearer.**

- One respondent said: “[We] consider that paragraph 13 of the Appendix needs to be amended. At present, it reads as to assert that prior good character and the absence of further misconduct are neutral factors. We firmly believe that these should be considered mitigating factors, and as such, the paragraph should be reworded to reflect this. Additionally, the paragraph should state that the weight afforded to it as a mitigating factor should vary dependent on the case.”

**GDC response: The principle that the absence of evidence that the registrant has engaged in similar conduct before or since should be considered a neutral rather than a mitigating factor, as per the wording of paragraph 13, is clearly established in case law. However, we do recognise that this case law was not referenced, and we have updated paragraph 13 to address this.**

- One respondent said: “With regards to paragraph 14 of the Appendix, we are of the view that some of the aggravating factors are inevitably likely to carry greater weight than others and some of the features (such as those outlined in paragraph 10(ii) and paragraph 10(v)) will certainly overlap. The first sentence of paragraph 14 of the Appendix can be removed.”

**GDC response:** We agree that some aggravating factors will carry more weight than others and there is potential overlap in some of the examples provided at paragraph 10. However, we do not agree that this means the first sentence of paragraph 14 should be removed.

#### **Feedback on the appendix section on discrimination and harassment**

- One respondent said: “I welcome the new section on discrimination and harassment, the emphasis on their seriousness, and the application to both the factual and determination stages.”

**GDC response:** We appreciate this feedback which welcomes the seriousness of discrimination and harassment.

- One respondent said: “Paragraph 16 of the Appendix outlines the nature of discrimination. [We] consider that the final sentence of this paragraph should be extended to include reference to a protected characteristic. This will help to both clarify and reinforce the sentence at the beginning of the paragraph, which makes reference to discrimination under the Equality Act.

**GDC response:** While we consider the wording of this paragraph was already clear, we have no objection to making this change and have updated paragraph 16 to reflect this.

- One respondent said: “[We] consider that paragraph 18 of the Appendix should be either amended to remove the final sentence, or alternatively to replace the words “likely to” with “may”. This is because any harm done will depend upon the individual and the circumstances, and the wording at present could be interpreted to prejudge these situations.

**GDC response:** We agree with this feedback and have replaced “is likely to” with “may” in paragraph 18.

- One respondent said: “[We] question the inclusion of the word “any” within the final sentence of paragraph 23 of the Appendix. The presence of the word as stands means that relatively less serious and remediated instances of discrimination or harassment are included within this sentence, along with those of a more serious nature, and so it should be removed.”

**GDC response:** We do consider that the wording of this paragraph could be improved to better reflect the rationale and intended meaning. We have therefore updated this part of paragraph 23 to read: “Given the public interest considerations, any conduct of a dental professional that is of a discriminatory or harassing nature is likely to result in a finding of impaired fitness to practise.” When read in combination with paragraph 27, we consider the respondent’s point to be addressed.

- One respondent said: “Paragraph 27 of the Appendix should be amended to explicitly state that no action should be considered alongside the reprimand in some less serious cases. At present, the lack of clarity here risks leaving this option out.”

**GDC response:** Paragraph 205 of the main guidance sets out that it is possible for a practice committee to take no action against a registrant, despite a finding of current impairment, but also that it is likely to be only in rare circumstances that they might justified in doing so. However, given the public interest considerations relating to cases where discrimination has been proved, it is hard to see how this would be an appropriate outcome. As such, we have not made the suggested change to paragraph 27.

### **Feedback on the appendix section on offensive behaviour**

- One respondent said: “There may be merit in including bullying and/or intimidation within the category of offensive behaviour. We note that such behaviour would not be covered under the guidance on discrimination and harassment unless it related to a protected characteristic.”

**GDC response:** We agree with this feedback and have updated paragraph 28 of the appendix to include these terms.

- One respondent said: “[We] are concerned about paragraph 29 of the Appendix, which specifies that the meaning of the words used is an objective test. Whilst the meaning of words is independent of the Registrant’s state of mind, that does not mean that the intention of the words should [not] also be considered at the factual stage.”

**GDC response:** We consider the wording of paragraph 29 to be sufficiently clear and to correctly reflect the cited case law on this matter.

- One respondent said: “Paragraph 34 should be amended to explicitly state that no action should be considered alongside the reprimand in some less serious cases. This is for the same reason as stated in the section addressing paragraph 27 within this response.”

**GDC response:** As with our feedback to the same point made in relation to paragraphs 23 and 27, we disagree with this feedback. We consider, however, that the combination of paragraphs 30 and 34 already clearly set out the public interest considerations and that when read together they provide appropriate guidance in relation to cases involving offensive behaviour.

### Feedback on the appendix section on dishonesty

- One respondent said: “The list of aggravating factors (paragraph 41) could be expanded to include actual harm or risk of harm to others, including patients (e.g. theft from a vulnerable patient). This may be covered broadly by paragraph 41(ii), but there may be benefit in specifically listing it as a factor.”

**GDC response:** Paragraph 261 of the main guidance, which sets out general examples of aggravating factors which may be relevant in the practice committee’s consideration of sanction, already includes actual harm or the risk of harm. As such, we do not consider it would be beneficial to include this again at paragraph 41 of the appendix, particularly as we have not listed this in any other category in the appendix. We have, however, included reference to fraudulent charging of patients as a further example at paragraph 41(ii) of the appendix.

### Feedback on the appendix section on non-cooperation

- One respondent said: “Paragraphs 52-61 of the Appendix relate to “Non-cooperation”. Whilst [we] acknowledge that paragraph 58 of this section is in relation to mitigating factors for the Practice Committee to consider, we remain concerned that the earlier paragraphs at present remain unduly harsh. Given this, at paragraph 55, after the first sentence, the following should be included: “However, the PC should bear in mind that past conduct may not be reflective of current practice”.

**GDC response:** Paragraph 55 explicitly makes the point that, even where the risk of repetition is low, impairment should be considered on public interest grounds. This already implicitly recognises that there may be no current impairment on public protection grounds, and so we do not consider this change would be beneficial.

### Feedback on the appendix section on criminal convictions and cautions

- In reference to the principle established the case of Fleischmann (addressed at paragraphs 72 to 76 of the appendix), one respondent said: “It is always a challenge when a principle is laid out in guidance as it can be misinterpreted as being a rule rather than a guide or principle. It would be helpful to provide specific examples to describe other situations in this section.”

**GDC response:** We are conscious that including general principles which arise from case law in guidance risks them being interpreted as rules which must always be followed. However, in relation to Fleischmann we consider this risk is appropriately mitigated by paragraphs 72 to 76, and in particular paragraph 75 which reads “Fleischmann is a general principle and should not be applied as a rule... the Fleischmann principle should bend to the overarching requirement to impose an appropriate and proportionate sanction” and cites relevant case law to support this position. We otherwise consider the section relating to Fleischmann to be sufficiently clear and that it would not be helpful to provide further examples.

## **Questions 22 and 23: Changes to the conditions bank for practice committees**

We provided an updated conditions bank for practice committees which, in the interests of consistency, was based on the previously updated Conditions bank for the Interim Orders Committee and adapted to reflect the distinct nature and purpose of conditions imposed at practice committee.

Question 22: In addition to ensuring our materials are up to date, the aim of this review is to support consistency of approach, transparency and proportionality in decision making at practice committees. To what extent do you agree that these aims are supported by the proposed revised conditions bank for practice committees?

Over half of respondents either strongly or somewhat agreed this aim was supported by the changes made to the conditions bank for the committees.

Table 10: Responses to question 22

Response	No. of responses	%*
Strongly agree	1	9
Somewhat agree	5	45
Neither agree nor disagree	3	27
Somewhat disagree	1	9
Strongly disagree	1	9
Not sure	0	0
<b>Total</b>	<b>11</b>	<b>100</b>

\* Percentages are rounded to the nearest whole number.

Question 23: Please provide reasons for your response (including any suggestions for where and how the conditions bank could and/or should be improved to better support consistency of approach, transparency and proportionality in decision making at practice committees).

- One respondent said: “The revised conditions bank offers some additional clarity.”
- Another respondent said: “The conditions bank provides a clear framework for imposing conditions.”

**GDC response: We welcome this feedback recognising the increased clarity in relation to conditions.**

- One respondent said: “Some may perceive [the conditions bank] to be rigid or overly punitive. For dentists, certain conditions, especially those involving frequent reporting or limitations on practice, could disproportionately disrupt their practice and be overly burdensome on the supervisor/reporter without clear evidence that these conditions ensure public safety, thus becoming punitive.”

**GDC response: In both the introduction to the conditions bank, and at paragraph 271 of the main guidance, the general requirements for conditions are clearly set out and these include that conditions should be necessary, workable, relevant and proportionate to the issues identified.**

- One respondent said: “Consideration should be given to the introduction of ‘condition templates’ designed for common performance issues in dentistry (i.e. RCT, extractions, record-keeping, communication). This approach would allow panels to apply targeted conditions that are directly relevant to the registrant’s deficiencies, avoiding unnecessary disruptions to other aspects of their practice.”

**GDC response:** While we do not consider this a matter to address through the conditions bank, we also do not consider this is to be a workable suggestion. While some cases may have common aspects of performance issues, many cases will involve discrete considerations and, as such, we consider it would be difficult to develop a “one-size-fits-all” approach to the imposition of conditions. We would also point out that High Court has been clear “there should be no such thing as a “standard” set of conditions because the necessity test has to be satisfied with regard to each condition on the facts of each individual case before it can be lawfully imposed.” ([Nursing and Midwifery Council v Persand \[2023\] EWHC 3356 \(Admin\)](#))

- One respondent said: “The guidance could consider introducing a graduated reporting schedule that reduces the frequency of reporting over time if the registrant demonstrates consistent compliance. This approach recognises ongoing compliance while reducing administrative strain and has the potential of making the conditions more meaningful and impactful (rather than a tick boxing exercise).

**GDC response:** Because there is no legal power to adjust conditions outside of a resumed (review) hearing, we do not consider this suggestion to be workable. However, as the main guidance makes clear at paragraph 314 (ii), where conditions are being reviewed at a resumed hearing, and where the committee determines the registrant’s fitness to practice remains impaired, they are able to vary the terms of the conditions. The conditions bank makes clear (for example, see conditions 7 and 10), that the required frequency of reporting is a matter which is to be stipulated by the practice committee, and as such this is also something which can be adapted at a resumed hearing.

- One respondent called for “enhanced flexibility in conditions to account for diverse practice environments (i.e. options for meeting conditions in singlehanded practices versus larger practices with supervision options)” and asserted that “this flexibility would help ensure conditions are both practical and effective in supporting the dentist’s return to safe practice, particularly for those in less traditional or highly specialised areas.”



**GDC response:** We recognise that the way in which many dental professionals practice can make adhering to conditions requirements more challenging for some. However, while conditions should be workable and proportionate to the issues identified, public safety will always be the primary consideration when determining appropriate conditions.

- One respondent said: “The introductory section is superfluous in that it regurgitates the relevant sections of the Guidance on conditions. In our submission, it would be wiser to simply cross refer to the relevant sections of the Guidance (paragraphs 264 to 271). The current approach has the potential to cause inconsistency in the event that one of these pieces of guidance is later updated.

**GDC response:** The introduction is designed to include relevant information from the guidance for instances where the conditions bank may be used in isolation. We are, however, alive to the risk of future inconsistency and have considered this in the development of processes to maintain fitness to practise guidance and associated materials going forward.

## Question 24: Equality impact assessment

We are committed to understanding the impact of our proposals on people or groups of people who have or share protected characteristics.

We are also required under the Equality Act 2010 to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Act. We also have a duty to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not, and to foster good relations between people who share a protected characteristic and those who do not.

In our equality impact assessment which was published alongside this consultation, we explained we had identified no adverse impacts and had identified some positive impacts on people who share protected characteristics. We also set out that we were seeking views from consultation respondents about whether any of our proposals had the potential to impact people based on their protected characteristics identified by the Equality Act (Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation).

Question 24: We want to understand whether, and if so how, our proposals might advantage or disadvantage people. Please consider the above protected characteristics and indicate for each whether you think the revised guidance and conditions bank may advantage or disadvantage

people in these groups. Please provide the reasons for your response and include any suggestions you might have for how the guidance and/or conditions bank could and/or should be improved.

- Several responses raised concerns relating to a perceived over-representation of people subject to fitness to practise investigation who are from ethnic minority groups, with one of these responses reflecting this concern specifically in relation to dentists from Asian or Asian British backgrounds.

GDC response: The purpose of this guidance is to support decision makers to make correct, proportionate, and consistent decisions at the various stages of practice committee hearings. As such, this guidance has no role or influence in relation to the referral of registrants to us for fitness to practise concerns.

As part of Objective 3 of our Equality, Diversity and Inclusion Strategy (Making sure that our processes and the decisions we take are fair and consistent and embody the principles of equality, diversity and inclusion), we are committed to improving how we collect and understand EDI data, including in fitness to practise.

Our 2024 fitness to practise statistical report highlights that registrants from some ethnic minority backgrounds, and particularly those with Asian or Asian British ethnicity, are overrepresented at the concern-raising stage. Some key points from that report:

- Asian or Asian British dentists faced a disproportionately high number of concerns (34%) relative to their representation on the register (30%). Asian or Asian British dental care professionals faced a disproportionately high number of concerns (18%) relative to their representation on the register (11%).
- While that overrepresentation is apparent at the concern-raising stage, this shifts as we move through the process, so that the proportion of cases progressed throughout the fitness to practise process, when measured by ethnic group, remain consistent at each point in the process, and this gives us confidence in our decision making.

While there is currently no evidence to suggest that our processes systematically exacerbate the bias observed at the concern-raising stage, our work to improve our understanding of EDI data will continue, and we will keep this in mind when updating guidance in future.

More broadly, as we set out in our equality impact assessment on the update of this guidance, it is our view that the changes we have made to the guidance will support consistent and proportionate decision making and, as such, we consider this will reduce the potential for unconscious bias in our decision making. Once this guidance is implemented, these will remain our objectives when considering updates in the future.

- One respondent said: “The conditions bank does not address the mental health and well-being support that may be essential for registrants facing stressful conditions, which can compound existing issues or create new ones. Addressing a dentist's mental well-being supports safe practice by promoting fitness to practice (should be) holistically and the inclusion of well-being conditions, such as mandatory access to mental health support or counselling, and a well-being check mechanism to monitor mental health alongside compliance (of) conditions is essential.”

**GDC response:** While we recognise that fitness to practise can be stressful and difficult, we do not consider it the role of the practice committee conditions bank to manage the mental wellbeing of registrants, nor do we see how “mandatory access to mental health support or counselling” could be achieved through it. While wellbeing checks to monitor mental health could feasibly be included in the conditions at 3.0 of the conditions bank, the purpose of such conditions would be to address the identified risks arising from the health concern.

- One respondent said: The inclusion of guidance on sexual misconduct has the potential to impact positively on women. Research into sexual misconduct in the medical field has found that 91% of female doctors have experienced sexism at work and almost a third of female surgeons have been sexually assaulted. Although less is known about the prevalence of sexual misconduct in the dental field, it is likely that, in line with other professions and society as a whole, sexual misconduct is disproportionately targeted at women.

**GDC response:** We agree with this feedback overall, and specifically in relation to the likely positive impact on women who we agree are likely to be at a higher risk from sexual misconduct.

- One respondent said: “In relation to the conditions bank, the GDC may wish to review any existing data on the use and/or impact of the existing conditions bank in relation to protected characteristics. This may be a particularly useful exercise in relation to conditions which are found to be unworkable.”

**GDC response:** We appreciate this suggestion and agree this was a useful consideration in the development of the updated the conditions bank. However, we have found no evidence to suggest any pattern with regards to the workability of conditions and protected characteristics. We will, however, keep this suggestion in mind as we maintain and consider further updates to the conditions bank in the future.

## Question 25: Any other comments

Question 25: Are there any other comments you would like to make on the proposed revised guidance or conditions bank for practice committees that are not covered by your answers to the previous questions? (Please include paragraph or conditions reference numbers in the current or proposed versions where necessary.)

- In relation to the section on personnel (paragraphs 13 to 22), one respondent said:  
“References to Experts and Dentist on the Practice Committee do not make it clear that the dentist should be from the same area of practice as the person before the PC. As a dentist, on a Practice Committee, whose only experience was working in the high street, would have little understanding of the work and issues facing a registrant in a specialist area of practice or an OMFS in NHS hospital practice. This is even more important as the guidelines require only one dentist on such committees. We would request that a registrant has a right to be judged by an appropriate peer in their speciality and this should be incorporated in your guidance for Practice Committees.”

**GDC response:** The constitution of practice committees is defined by the General Dental Council (Constitution of Committees) Rules 2009, and there is no requirement in those Rules for a panel to have a registrant of the same speciality sitting. This principle is also further established in case law (Southall v General Medical Council [2010] EWCA Civ 407). We do not consider it necessary for panels to have a registrant of the same speciality sitting because, where there is the need for specialist knowledge, expert witness evidence will be called by the parties to the case.

- One respondent said: “There does need to be a change in procedure that allows submissions to be made earlier in order to seek vacation of a hearing and apply for discontinuance of a case where it's clear that the case examiners have erred. There also needs to be a recognition that case examiners may misinterpret the facts or inappropriately direct the GDC causing the GDC to initiate fitness to practice proceedings. The guidance as drafted would almost suggest that the proposed process is free from error and infallible. The guidance needs to reflect that the GDC does not always bring proportionate cases.”

**GDC response:** While not a matter to be addressed in Guidance for the practice committees, Rule 6E of the Rules sets out that case examiner decisions to refer allegations to practice committees can be reviewed and, where appropriate, revised upon application by the GDC, the Registrar, the registrant, or the informant.

If the circumstance were to arise that this procedural step did not identify and address a case which should not have proceeded, as set out at paragraphs 188-190, the defence can make a “half time” submission that there is no case to answer either on the facts or in relation to the statutory ground.

We consider these procedural steps provide appropriate opportunities to challenge potentially erroneous referrals by the case examiners.

- One respondent said: “Overall, more straightforward language and transparency in the guidance would be helpful. Complex legal language or vague terms (i.e. ‘public confidence’ and ‘proportionality’) may be difficult for registrants to interpret, especially those without legal representation.”

**GDC response:** With regards to “public confidence”, we disagree that this is unclear, as “maintaining public confidence in the dental professions” is set out in multiple places throughout the guidance as one limb of our overarching statutory objective. Furthermore, what is in the public interest has the potential to shift depending on the context of the specific decision. For example, the public interest in expeditious and efficient disposal of fitness to practise hearings (see paragraph 38) is different to public interest considerations at the sanction stage of a hearing (see paragraph 252). As such, we disagree that further definition of this term would be beneficial or necessary.

In relation to “proportionality”, we do consider this could be further defined in the guidance. As such, we have amended paragraph 208 to read: “A key consideration when determining the appropriate sanction is proportionality (i.e. that the sanction will be commensurate with the risks posed in the particular case)...”

- One respondent said: “It would be helpful if the guidance could define ‘key terms’ used throughout the document.”

**GDC response:** We have a published fitness to practice glossary of terms. While we will continue to consider further updates to the glossary of terms as part of our work to maintain our fitness to practice guidance and materials, we do not consider further updates are needed at this time.

- One respondent said: “The guidance does not currently offer incentives or specific support mechanisms for registrants who self-report deficiencies or demonstrate early acknowledgment of performance issues. The guidance could be further tailored to encourage a culture of openness and self-improvement by offering reduced sanctions or alternative remedial measures for registrants who proactively self-report deficiencies or seek remediation before formal proceedings. This approach could be built into the guidance, providing an incentive for dentists to address performance issues transparently without fear of punitive measures.”

**GDC response:** While this is not a matter for practice committee decision making guidance, we consider that this mechanism already exists in the form of case examiner undertakings which can be offered to registrants, where appropriate, as an alternative remedial measure at the earlier stage of the fitness to practise process.

- One respondent said: “It would be extremely helpful if the guidance was clear as to the anticipated period of review or formal evaluation. Whilst perhaps not a matter for the guidance itself, we should be grateful to understand how the GDC will monitor the consistent implementation of the guidance.”

**GDC response:** As part of the overarching project to review and update the decision making guidance for each stage of the fitness to practise process, we have developed a review and update process which is designed to iteratively capture and address change needs across each guidance. With regards to monitoring implementation, we will rely partially on this review and update process, as well as the various existing quality assurance mechanisms for fitness to practise decision making.

- One respondent said: “Oral & Maxillofacial Surgeons (OMFS) who are registered with the General Medical Council (GMC), can also be registered with the General Dental Council (GDC). Such registrants could still potentially undergo Fitness to Practice proceedings by both regulators for the same incident or concern. So, they could be cleared by the GMC, then be investigated again for the same accusation by the GDC (double jeopardy). We understand the GDC has previously said that they would not be concerned about a matter that was medical, but only about issues that were within the remit of dentistry. However, there is no reference to registrants who are also registered with the GMC in your documents. We would request that

there was some guidance for the Practice Committees when dealing with a registrant who is also registered with the GMC. And may have already been investigated for the same concern by the GMC.”

**GDC response:** This response included the line: “We understand the GDC has previously said that they would not be concerned about a matter that was medical, but only about issues that were within the remit of dentistry.” While the origin of this broad position is unclear, for clarity, in relation to concerns raised about dual registrants, decisions to investigate will depend on case specific circumstances. That means that, depending on the circumstances, an investigation might properly be undertaken by the GDC, the registrant’s other regulator, or both regulators.

However, in any case we consider that the appropriateness (or otherwise) of a GDC investigation in such a scenario would not be a matter for this guidance, as such consideration would take place at an earlier stage of the process. We are, however, in the process of developing updated guidance for decision makers at the earlier stages of the process and we will give consideration to whether guidance on this specific matter would be beneficial and possible to include.

- One respondent said: “We would draw attention to the many dentally qualified speciality doctors working in Oral & Maxillofacial Surgery units working under supervision from consultants in OMFS and are part of a team. When accusations for working outside a registrant’s scope of practice are made there needs to be some appreciation of this by the practice committees, as it is the consultant who is supervising and ultimately responsible for patient care. So, perhaps it is the consultant supervising’s scope of practice that needs to be considered. We would request that there was guidance in your document for the practice committees when dealing with a dentist providing care as part of a larger surgical team in a hospital.”

**GDC response:** We understand the title “speciality doctor”, in this context, to refer to GDC registered dentists working in a medical setting. As for any GDC registered dentist, dentists working in medical settings should only carry out activities appropriate to their scope of practice. Furthermore, such GDC registrants must have regard to the Standards for the dental team and only carry out tasks or types of treatment for which they are appropriately trained, competent, confident and indemnified.



- One respondent raised a concern about the impact of fitness to practise processes on the mental health of registrants who are subject to investigation, including the potential risk of suicide. They said: “Over the years I have also heard many anecdotes about other hard working and (crucially) well-meaning dental colleagues who have been deeply upset by the heavy-handed approach during a GDC investigation. While I understand the need for the GDC and its role in regulating the profession, and protecting the public, I question whether the attitudes and approach is always measured accurately against the gravity of the offence.”

**GDC response:** We recognise that fitness to practise can be stressful and difficult, and we’ve taken various steps across the whole process to minimise unnecessary stress and anxiety and to improve the support which is provided to the small number of dental professionals who become involved in an investigation. In relation to decisions taken at practice committee hearings, we believe the review of this guidance has achieved its stated aim of improving the guidance so that it better supports decision makers to make consistent, transparent and proportionate decisions.

## 6. Conclusion and next steps

We have now finalised the updated practice committee guidance and the practice committee conditions bank, and have published these materials alongside this outcome report.

To enable their consideration by decision makers in advance of their implementation, they will replace the existing Guidance for the Practice Committees including Indicative Sanctions Guidance and the existing condition bank for the practice committees on Tuesday 6 January 2026.

Because practice committee hearings can take place over multiple separate hearing dates, it is feasible that a hearing may have begun before the implementation date for the new guidance and conditions bank but not concluded. If such a scenario arises, in the interests of fairness and clarity, the previous guidance and conditions bank will be applied until the conclusion of that case.

We would like to express our thanks to all consultation respondents for their considered feedback.

This information is licensed under the [Open Government Licence v3.0](#)

When you use this information under the Open Government Licence, include the following attribution: [Add document name].



This publication is available in clear print, large print, or audio formats on request.

This publication is available in Welsh and other languages on request.

Published 11 December 2025

© Copyright General Dental Council 2025

The General Dental Council is a public body created by statute.