

Public Council Meeting - 27 June 2025

MEETING
27 June 2025 10:00 BST

PUBLISHED
24 June 2025

Agenda

Location
Wimpole Street

Date
27 Jun 2025

Time
10:00 BST

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A meeting of the Council of the General Dental Council

10:00am on Friday 27 June 2025 at the General Dental Council,

Wimpole Street, London

Members:

Lord Harris (Chair)

Reshard Auladin

Ilona Blue

Anne Heal

Angie Heilmann MBE

Serbjit Kaur MBE

Sheila Kumar

Mike Lewis

Timea Milovecz

Simon Morrow

Laura Simons

The meeting will be held in public. Items of business may be held in private where items are of a confidential nature.¹

If you require further information or if you are unable to attend, please contact Ian Vaughan as soon as possible:

Ian Vaughan, Head of Governance (Interim), General Dental Council

Email: lvaughan@gdc-uk.org

¹ Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business of Council and Committees 2022

Public Council Meeting

Questions from members of the public relating to matters on this agenda should be submitted using the form on the Council meeting page of the GDC website. When received at least three working days prior to the date of the meeting, they will usually be answered orally at the meeting. When received within three days of the date of the meeting, or in exceptional circumstances, answers will be provided in writing within seven to 15 working days. In any event, the question and answer will be appended to the relevant meeting minute and published on the GDC website.

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session.

PRIVATE SESSION – COUNCIL ONLY – 09:40 – 10:00

PART ONE - PRELIMINARY ITEMS

1.	Welcome and apologies for absence	Toby Harris, Chair of the Council	10:00 – 10:05 (5 mins)	Oral
2.	Declarations of Interest	Toby Harris, Chair of the Council		
3.	Questions Submitted by Members of the Public	Toby Harris, Chair of the Council		Oral
4.	Minutes of Previous Meetings To note approval of the full minutes of the public meeting and the abbreviated minutes of the closed session held on 25 April 2025	Toby Harris, Chair of the Council		Paper
5.	Matters Arising and Rolling Actions List To note any matters arising from the public meeting held on 25 April 2025 and review the rolling actions list	Toby Harris, Chair of the Council		Paper
6.	Decisions Log To note decisions taken between meetings under delegation	Toby Harris, Chair of the Council		Paper

PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Assurance Reports from Committee Chairs a. Audit and Risk Committee b. Finance and Performance Committee	Noting	10:05 – 10:20 (15 mins)	Papers

No	Item & Presenter	Tabled for?	Time	Status
	c. Remuneration and Nomination Committee			
8.	Chief Executive's Report (mid-year Objectives Progress Report) Tom Whiting, Chief Executive and Registrar	Discussion	10:20 – 10:45 (25 mins)	Paper
9.	Organisational Performance Report Dave Criddle, Head of Business Intelligence and PMO	Discussion	10:45 – 11:15 (30 mins)	Paper
10.	Equality, Diversity and Inclusion Strategy (2024-2025) Dan Pople, Head of EDI	Discussion	11:15 – 11:35 (20 mins)	Paper
Comfort Break 11.35 – 11.45 (10 Minutes)				
11.	Scope of Practice Guidance Ross Scales, Head of Upstream Regulation	Approval	11:45 – 12:05 (20 mins)	Paper
12.	Council's Role in Consultations Dorian Kennedy, Policy Manager	Discussion	12:05 – 12:25 (20 mins)	Paper
13.	Forward Plan Ian Vaughan, Head of Governance (Interim)	Noting	12:25 – 12:30 (5 mins)	Paper
14.	Any Other Business	Toby Harris, Chair of the Council		

PART THREE - CONCLUSION OF BUSINESS

15.	Date of Next Meetings Council meeting 26 September 2025 (Wimpole Street, London)	
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BREAK FOR LUNCH 12:30 – 13:15 (45 mins)

Appendix 1 - Items considered via correspondence

Note:

- These papers will not be discussed during the substantive Council meeting unless there is a request, no later than 24 hours before the meeting, for a specific item to be added to the agenda.*
- The deadline for comments on papers circulated via correspondence is outlined on the individual item.*

No.	Item	Authors	For	Closed /Public	Deadline
1	Senior Independent Council Member Remuneration	John Middleton	Approval	Public	24 June

Board Charter

Our organisational values guide how we operate. Acknowledging their respective roles and responsibilities, Council Members and the Executive Leadership Team have agreed ways of working (a 'Board Charter') that aim to embed the GDC's values of being purposeful, respectful, transparent and inclusive within our discussions, decision-making and leadership of the GDC.

The GDC's purpose and overarching objective when exercising its functions is the protection of the public. In order to achieve this, the GDC must:

- pursue, promote and maintain the health, safety and wellbeing of the public;
- promote and maintain public confidence in the professions, and;
- promote and maintain proper professional standards and conduct for members of those professions.

The Council and the Executive team are committed to:

- Working together in a respectful, inclusive, honest, transparent and open-minded way to achieve the best outcomes for the public.
- Bringing the views of the public, the profession, and our wider stakeholder group into decision-making.
- Being well informed, prepared and contributing constructively to the discussion.
- Welcoming constructive challenge.
- Drawing on evidence as appropriate to make informed, rational and fair decisions.
- Looking ahead, whilst learning from experience.

This Board Charter will be used:

- As a foundation for discussion on Council and Committee agendas.
- To inform discussion at Council Member and Executive appraisals.
- In meeting reviews.
- In communication with our internal stakeholders e.g. through a weekly newsletter and/or message from the Chair and the new Chief Executive.
- In the Annual Report and Accounts for 2024/25 to highlight work in respect of Board development.

Minutes of the Meeting of the General Dental Council
held at 10am on Friday 25 April 2025
in Open Session at Colmore Square, Birmingham

Council Members present:

Lord Harris (Chair)
Reshard Auladin
Ilona Blue
Donald Burden
Anne Heal
Angie Heilmann MBE
Serbjit Kaur MBE
Sheila Kumar (Via Videolink)
Mike Lewis
Timea Milovecz
Simon Morrow
Laura Simons

Executive Team Members in attendance:

Tom Whiting	Chief Executive and Registrar
Stefan Czerniawski	Executive Director, Strategy
Gurvinder Soomal	Chief Operating Officer
Katie Spears	Executive Director, Legal & Governance (Via Videolink)
Theresa Thorp	Executive Director, Regulation

Staff and Others in attendance:

Manjula Das	Head of Education and Quality Assurance
Alice Santos	Policy and Projects Officer
David Criddle	Head of Business Intelligence, Delivery and PMO
Rachael Gilleard	Deputy Head of Governance (Interim)
Joanne Rewcastle	Associate Director, Communications & Engagement
Ian Vaughan	Head of Governance (Interim) (Secretary)

Others in Attendance

Sir Ross Cranston Chair of the Statutory Panellists Assurance Committee (SPC)

Members of the public and other GDC staff attended as observers.

Apologies

No apologies were received.

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including the Council and Committee members, members of the public and staff.
- 1.2 The Chair congratulated the Executive Director, Legal and Governance on her permanent appointment to the role.

2. Declaration of interests

- 2.1 The following declarations were received:
 - a. Item 9 - Review of the Standards for Education - those registrant Council members that continue to work in dental education settings.

3. Questions Submitted by Members of the Public

- 3.1 No questions had been received before the meeting.

4. Approval of Minutes of Previous Meeting

- 4.1 The full minutes of the public meeting and the abbreviated minutes of the closed meeting held on 28 February 2025 had been **approved via correspondence**.

5. Matters Arising and Rolling Actions List

- 5.1 The Council **agreed** that all of the recommended actions were closed and received an update on the live action.

6. Decisions Log

- 6.1 The Council **noted** that no items had been approved via correspondence.

7. Assurance Reports from the Committee Chairs

- 7.1 The Council heard from the Committee Chairs in respect of the assurance taken from work conducted in Committee since the last Council meeting.

Remuneration and Nomination Committee

- 7.2 The Chair of the Remuneration and Nomination Committee (RemNom) informed the Council that the Committee had met once since the last Council meeting. The Committee received an update on the progress on the Total Reward project and the revised timeline that would enable the Executive Leadership Team (ELT) to progress the project.
- 7.3 The Committee considered the pay awards for staff and the ELT and approved the proposed new pay award for the Chief Executive. The Committee also approved the Chair, Council Member and Independent Governance Associates Appraisal Process, and recommended the development of a Council Member skills matrix to support future development and succession planning.
- 7.4 The Committee also received a report on GDC Associates' pay and expenses and the Chair of RemNom updated the Council on the progress of the Chair and Council Member appointments.

Audit and Risk Committee

- 7.5 The Chair of the Audit and Risk Committee (ARC) informed the Council that the Committee had met once since the last Council meeting. The primary focus of the meeting was to review the first draft of the Annual Report and Accounts (ARA), and the

Committee was pleased with the progress of the ARA and acknowledged the team's effort in putting together a good early draft.

- 7.6 The Chair of ARC advised the Council that this was the first year of the new external audit process with the National Audit Office responsible for both tiers, and advised that once the process was complete, the Committee would reflect on the strengths and weaknesses of the new approach.
- 7.7 The Committee also received an update from the Chief Executive across a range of issues including people, culture and staff engagement, provisional registration and cyber security.

Statutory Panellists Assurance Committee

- 7.8 The Chair of the Statutory Panellists Assurance Committee (SPC) informed the Council that the Committee had met once since the last Council meeting and as part of the regular programme of updates had discussed the issue of the administrative separation of the Hearings function from the wider GDC. The issue would be discussed again at the next meeting of the SPC alongside the performance improvements.
- 7.9 Following the Council's discussion of the Board Effectiveness Review recommendations in April, the Committee shared its strong preference to be involved in any review of the SPC Terms of Reference. The Council noted the need to ensure the purpose and remit of the SPC was reviewed as part of the actions flowing from the Board Effectiveness Review.
- 7.10 The Committee also received updates on Case Management Improvements, the Dental Professionals Hearings Service, learning and development, quality assurance reports and learning points from the Professional Standards Authority on Fitness to Practise.

Finance and Performance Committee

- 7.11 The Chair of the Finance and Performance Committee (FPC) informed the Council that the Committee had met once since the last Council meeting. The Committee had discussed organisational performance reporting, transparency in performance reporting, the medium-term financial strategy and the business case for the Manage my GDC Registration Project.
- 7.12 The Committee also received an overview of the Strategy Directorate, via an annual report, an update on IT audits and a business case in relation to the future optimisation of the GDC estates.
- 7.13 The Council **noted** the assurance reports.

8. Chief Executive's Report

- 8.1 The Chief Executive provided an update on key areas of work for the Chief Executive and Registrar, that might not otherwise be captured in other reports and for discussion with the Council.
- 8.2 The Council received an update on flexible working which was scheduled to be launched soon and the remuneration elements of Total Reward, where options had been developed and discussed with RemNom.
- 8.3 The Chief Executive updated the Council on senior level recruitment in the organisation, with the completion of the appointment process for the Executive Director, Legal and Governance. The recruitment process for the Senior Counsel and Associate Director, Legal was also well advanced.

- 8.4 The Council discussed the publication of the working patterns data for dentists, and the coverage that the updated set of data had received. The Council discussed the growing maturity of the data and looked forward to being able to use this in the future to spot trends and conduct year on year analysis.
- 8.3 The Council **noted** the update.

9. Review of the Standards for Education

- 9.1 The Head of Education and Quality Assurance introduced the item and set out the GDC's general concern to promote high standards of education in all aspects of dentistry and its statutory role in quality assuring the standard of pre-registration education and training.
- 9.2 The Council received an overview of the progress made to date regarding the revision of standards and the stakeholder engagement that had been undertaken. The internal and external engagement, to ensure standards were up to date, included stakeholder workshops to explore the potential inclusion of five new Standards key areas and a twelve-week public consultation on the Standards. Feedback from the consultation, which was largely constructive and supportive, was considered and incorporated into the Standards.
- 9.3 The Head of Education Quality and Assurance provided the Council with an overview of the key changes/amendments that were made and the aim to publish the revised standards in September with the provisional implementation date of Autumn 2026/27 (subject to planning and agreement).
- 9.4 The Council **discussed** the following:
- The vast majority of the consultation feedback was constructive and supportive. The Council noted that not all of the feedback had been positive and discussed aspects of the small amount of negative feedback that was received and how it was considered.
 - Equality, Diversity and Inclusion and the difficulty of developing effective measures in this area of work was discussed and the Council also highlighted the need to ensure a specific focus on inequality and social mobility. The Council discussed some of the positive diversity outcomes from dental schools, particularly around ethnicity and gender, but outcomes for social mobility appeared less positive. The Council considered the overall approach in this area, including the focus on increased transparency, data collection and targeted intervention where it was required. A similar approach would be adopted in other areas, such as technology, where there will be some variation in the solutions used by providers, and it was noted that there would inevitably be variation between the different professional groups as well.
 - The wellbeing of Dental Nurses and the obligation on the employer to provide effective support within the dental practice was discussed. The need to ensure their wellbeing and support was recognised as was the need to change the structure and language to enable the Standards to be considered through different lenses for the benefit of each different group. The Council noted that the Education Quality Assurance Team would continue to work closely with awarding organisations to increase their understanding of the quality management function. The team would also look at the appropriate number of sites that should be sampled through the inspection process to afford the assurance of providers, as well as the consistency of the process.
 - The breadth of responses and the overall response rate, particularly responses from educational providers. The Council received an update on the steps that had been taken to alert providers and other key stakeholders to the consultation and offers to

speak to the GDC directly as part of the process to engage with all professional groups.

- The challenge of collecting feedback from multiple sources, and in particular from patients. Feedback was recognised as important but the challenges of collecting feedback, particularly for students and trainees from patients, was noted. The Council discussed the need for practical, evidenced and consistent feedback. The Council noted that attempts had been made to engage with patient representative groups, and these attempts would continue.

9.5 The Council **discussed** the report and **approved** the final version of the revised Standards for Education, subject to reflecting the comments made. The Council also **noted** the next steps planned for the project.

10. Transparency and Performance Reporting

10.1 The Head of Business Intelligence and PMO introduced the item. A Transparency in Reporting focus group had been created earlier in the year. This was a task and finish group to review the current organisational performance reporting suite and to make recommendations on improvements to the level and quality of information reported, the cycle of reporting to the Council in the public sessions and what is published on the GDC website. This followed feedback from the Professional Standards Authority on the visibility of Council oversight of strategic performance.

10.2 The Chief Executive highlighted the effectiveness of the focus group, which included members of the Council and the Executive, and was an example of the new ways of working, with enhanced collaboration between the Council and GDC staff.

10.3 The Council **discussed** the following:

- The Council would receive a new format report which would be a quarterly strategic-level view of performance. The ELT and FPC would continue to review the quarterly performance at a more detailed level. The tiered approach would see the ELT identify and interrogate performance issues and discuss the actions to address these issues with the FPC. The FPC would continue to be the main body for review, with the ability to escalate issues to the Council. The FPC was supportive of the recommendations.
- The presentation for the Council and the introduction of a dashboard with key metrics over time. The Council was keen to ensure the dashboard gave a clear indication of organisational performance against ambitions and heard that the supporting commentary would include analysis and insights.
- Presenting a clear narrative for the public. Whilst supportive of increased transparency, the Council discussed the need to ensure that the information published was suitably clear and presented when it was appropriate to do so, balancing timeliness with an explanation of the action taken to address the issue. The plan to introduce an interactive tool was also welcomed.
- The need to reconvene the focus group. The Council agreed there would be a benefit in reconvening the focus group at some point in the future to consider how well the reporting was working.

10.4 The Council **approved** the proposal for quarterly reporting to the Council and **approved** the proposal to publish the quarterly performance report on the GDC website (subject to meeting accessibility requirements).

- 10.5 The Council also **approved** the proposal to mandate the publishing of EIAs alongside applicable public session papers and **noted** the ambition to introduce a GDC data explorer, subject to business case approval through CCP 2026-28 planning.

11. Board Effectiveness Review – Implementation Plan

- 11.1 The Executive Director, Legal and Governance, introduced the item and provided some background to the Board Effectiveness Review and the prioritisation process that was used to develop the implementation plan. The plan had been created in collaboration with the ELT and the Senior Management Team.
- 11.2 The recommendations had been grouped into four key themes. These were: (1) culture, values and stakeholder engagement, (2) board development and evaluation, (3) assurance framework improvements and (4) corporate governance improvements.
- 11.3 The Council **discussed** the following:
- The list of proposals. The Council discussed whether the proposals were sufficiently comprehensive to address the issues raised in the Board Effectiveness Review and was satisfied that they were.
 - The extent to which the plan was deliverable. The Council noted that a number of items were to be delivered in May 2025. The ambition of the delivery timelines was noted, and it was recognised that these would need to be delivered alongside what was a busy period for the GDC. There was a significant amount of work to be delivered and whilst it was challenging, the intention was to deliver as planned.
 - The weekly update to the Council. The Council agreed that with the quarterly performance schedule now agreed, detailed performance data would not be required in the weekly update. The value for the Council was an update on the things that were occupying the senior executives, but ELT members were not required to provide an update if there was nothing of significance to report.
 - Terms of reference. The Council agreed that an important aspect of the review of the terms of reference was to reduce overlap and mission creep, however it was equally important that a gap analysis also be conducted as part of the review. The need to review the terms of reference was noted as a priority area.
- 11.4 The Council discussed the approach and **approved** the implementation plan.

12. Forward Plan

- 12.1 The Council **noted** the Forward Plan.

13. Any Other Business

- 13.1 None.

14. Date of Next Meetings

- 13.1 The Council **noted** the date of the next meeting – 27 June 2025 at Wimpole Street, London.

The meeting closed at 11:45am.

**Minutes of the Meeting of the General Dental Council
held at 12.30 on Friday 25 April 2025
in Closed Session at Colmore Square, Birmingham**

Council Members present:

Lord Harris (Chair)
Reshard Auladin
Donald Burden
Anne Heal
Angie Heilmann MBE
Serbjit Kaur
Sheila Kumar (left the meeting at 14:03)
Mike Lewis
Timea Milovecz
Simon Morrow
Laura Simons

Executive Team Members in attendance:

Tom Whiting	Chief Executive and Registrar
Stefan Czerniawski	Executive Director, Strategy
Gurvinder Soomal	Chief Operating Officer
Katie Spears	Executive Director, Legal & Governance
Theresa Thorp	Executive Director, Regulation

Staff and Others in attendance:

Sam Bache	Associate Director, Finance (for items 8 and 11)
Rebecca Cooper	Associate Director, Policy and Research (for item 8)
Katherine McGirr	Head of Right Touch Regulation (for item 8 and 13)
Dan Gibson	Head of Facilities and Operations (for item 9)
Joanne Rewcastle	Associate Director, Communications & Engagement (for item 10)
Lee Avery	Associate Director, People & Organisational Development (for items 11 and 12)
Munttaha Latif	Senior Project Manager (for items 12 and 14)
Dorian Kennedy	Policy Manager (for item 13)
Rachael Gilleard	Deputy Head of Governance (Interim)
Ian Vaughan	Head of Governance (Interim) (Secretary)

Apologies

No apologies were received.

1. Welcome and apologies for absence

- 1.1 The Chair welcomed everyone to the meeting, including Members and staff.

2. Declaration of interests

- 2.1 The following declarations were received:
- a. For item 8, all registrant Members due to the potential implication on the Annual Retention Fee.
 - b. For item 11, Timea Milovecz as she was a GDC Associate (FtP Panellist) during the period in question and all Council Members as the status of Council Members was still to be considered.

3. Approval of Minutes of Previous Meeting

- 3.1 The full minutes of the closed meeting held on 28 February 2025 had been **approved via correspondence**.

4. Matters Arising and Rolling Actions List

- 4.1 There were no actions on the rolling action list for the closed Council meeting.

5. Decisions Log

- 5.1 No decisions had been taken between meetings.

6. Minutes and key information from the Committees

- 6.1 The minutes of the following Committees were noted by the Council:
- a. The Finance and Performance Committee on 13 February.
 - b. The Remuneration and Nomination Committee meeting on 20 March 2025.
 - c. The Audit and Risk Committee meeting on 27 March 2025.

7. Chief Executive's Report

- 7.1 The Chief Executive provided an update to the Council on key areas of work for the Chief Executive and Registrar, that might not otherwise be captured in other reports and for discussion with the Council.
- 7.2 The Council was updated on Dental Schools and the meeting on 28 April 2025 with Stephen Kinnock, MP.
- 8.3 The Council **noted** the update.

8. Corporate Strategy (including the Financial Strategy) 26/28

- 8.1 The Chief Executive introduced the paper to support the consideration of the emerging Corporate Strategy for 2026-2028 and thanked the Council for attending and contributing to the briefing sessions.
- 8.2 The Council was updated on the development of the strategy and the importance of aligning resourcing and financial plans with the strategy development process, so that the Council could have greater confidence that the activity plans support delivery of the strategy.

- 8.3 The Council **approved** the draft strategy for consultation, subject to the considerations highlighted in the discussion which would be approved by the Chair.
- 8.4 The Council also **agreed** that delivery of the strategy should focus on achieving the ambition in the recommended way and **noted** the communications and engagement plan.

9. Estates Strategy

- 9.1 The Head of Facilities and Operations introduced the paper which presented the financial considerations for the optimisation of the GDC's estate.

10. External Communication and Engagement Strategy

- 10.1 The Associate Director, Communications and Engagement, introduced the item and explained that the aim of the External Communications and Engagement Strategy was to enable and support the delivery of the Corporate Strategy. This was one of several supporting strategies that would enable the delivery of the Council's strategic ambitions.
- 10.2 The External Communications and Engagement Strategy was developed based on insight and evidence from GDC research and built on the current approach whilst also enabling the GDC to take a new direction. It had two new objectives: one related to addressing fear and one related to relationships and influence.
- 10.3 The Council **discussed** the External Communications and Engagement Strategy and, subject to the issues discussed, endorsed the direction of travel.

11. Associates Pay and Expenses

- 11.1 The Executive Director, Legal and Governance introduced the item and explained that the issues under consideration included the categories of GDC Associates that were likely to be found to have worker status, the GDC's approach to future compliance with employment law and historic liabilities following the *Somerville* judgment.
- 11.2 The Council **noted** the proposed approach in respect of the employment status and attendant reward approach of the GDC's Associate groups.

12. Total Reward (Pay and Grading)

- 12.1 The Chief Operating Officer introduced the item and updated the Council on the work to identify and refine potential pay and reward options, including potential assimilation timelines, associated cost envelopes and building greater flexibility into the GDC's ability to identify the pace of investment.
- 12.2 The Council was asked to discuss the current direction of travel for the Total Reward Pay and Grading workstream, including the anticipated movement to a contribution-based pay and grading model, and to note the anticipated impact on planned budgets.
- 12.3 The Council discussed the following:
- The development of the Total Reward project and the positive two-way engagement with RemNom on the pay elements and broader benefits package, and the sense that the project was developing in the right direction.
 - The need for the reward to be affordable and therefore the importance of it being considered as part of the Corporate Strategy and Costed Corporate Plan (CCP) 2026-2028.
 - Regional pay, and how the GDC compares with other organisations. The Council heard that benchmarking activity on locations had been undertaken by the GDC's

specialist HR external consultants, and further discussion on this issue would be undertaken by the Executive Leadership Team.

- 12.4 The Council **discussed** the current direction of travel for the Total Reward Pay and Grading workstream and **noted** the anticipated impact on planned budgets.

13. Professional Standards Authority Consultation on Standards of Good Regulation

- 13.1 The Policy Manager introduced the item and explained that the Professional Standards Authority (PSA) was seeking views on whether the standards it uses to protect the public were working well and would be fit for the future, ahead of a consultation on the actual proposed new standards later in the year. Included in the current review was the proposal for new standards covering leadership, culture and governance and assurance around criminal conviction checks.
- 13.2 The Council **agreed** the general approach for the GDC

14. Manage My GDC Registration

- 14.1 The Executive Director, Regulation and Senior Project Manager, Corporate Resources, introduced the item and advised the Council that the business case had been presented to the Project Board, Executive Leadership Team and to the Finance and Performance Committee for discussion and approval prior to its presentation to the Council.
- 14.2 The Council **approved** the business case.

15. Any Other Business

- 15.1 The venue for the Council meeting on the 31 October was confirmed as Colmore Square, Birmingham.

16. Date of Next Meetings

- 13.1 The next meeting will be held on 27 June 2025, in Wimpole Street, London.
The meeting closed at 15:53pm.

Item 5 – PUBLIC Council - Matters Arising and Rolling Actions List

Action No.	Date of Meeting	Minute no.	Subject	Action	Due date	Owner	Update	Status
36	25/10/2024	14.2	Chair and Chief Executive Objectives Setting	RemNom to review the sequencing of the objective setting process for 2025 to consider whether it is being considered at the right time.	Q1 2026	EB	RemNom considered the Chair and CEO objective setting process on 13 June. RemNom agreed to adjust the timing of when the objectives are being set from August/September to November/December to allow for the Business planning process and align to calendar year cycle objectives.	Suggest complete

Item 6 - Decisions Log – PUBLIC Council – 27 June 2025

No decisions for Public Council.

Assurance Report of the Audit and Risk Committee 19 May 2025

Committee Chair	Sheila Kumar
Governance Manager	Ermelinda Bajrami

1. The Committee received a written report from the Chief Executive and Registrar and discussed various areas including the following:
 - i. External engagement, collaboration and partnerships
 - ii. Fitness to Practise and Professional Standards Authority
 - iii. Digitalisation
 - iiii. Overseas Registration Exam procurement
2. The Committee received the updated Annual Report and Accounts (ARA) 2024 document following feedback provided at the last meeting, and discussed various areas of the document, focussing on the elements that in the paper that was distributed appeared outstanding.
3. The Committee was pleased to be advised by the Executive and the NAO that that all outstanding matters had been resolved save the pending decision by Council on the Associates' pay and expenses. Subject to that issue, the Committee agreed to recommend the ARA for approval by the Council where it would be supported by a technical paper.
4. The Committee received the Risk Deep Dive – Financial Delegations, noting the work that was being undertaken to identify the characteristics of an effective financial delegation framework and the benefits such a framework could deliver, to support the review of financial delegations. The Committee noted that the deep dive drew together the various areas of activity to strengthen the control environment. Both the GDCs internal auditor and external auditor confirmed that they had not found any control breaches. The Committee was pleased to receive the report but raised the broader question both about whether the policies were positioned in the way they should be and how far there was or should be Council oversight to ensure alignment of the policy and the risk appetite set by Council. As the policies are reviewed, they will be presented to appropriate Committees and reported to the Council and the ARC will receive a report back on the various work strands.
5. An update on the actions from the recent IT discovery audit was received, and the Committee was advised that 72% of the critical actions identified in the December 2024 IT audit had been implemented, but additional time was required to implement some of the software solutions to ensure that the software chosen provided value for money.
6. The Committee discussed the concerning findings from the Purple Teaming Cyber Security Assessment undertaken by the GDCs internal auditor. The Committee was pleased to be advised that all the actions but one had been completed or were on track for completion in Q3/ Q4. The Committee was advised that an awareness campaign amongst staff had started and was predicted to be embedded within the next quarter. Due to the findings of

the assessment, the Committee proposed that there should be a review of the current business continuity plan.

7. The Committee scrutinised the Strategic Risk Register (SRR) and noted the status of the risks with some risks to be added or updated following review by the CEO and Executive Leadership Team.
8. The Committee noted the internal audit progress report which remained on track. It also noted the status of the implementation of internal audit recommendations and discussed the changes to some of the implementation dates.
9. The Committee noted and discussed the Significant Legal Developments update.
10. The Committee discussed the revised Whistleblowing policy but could not agree the version presented and agreed to remit it for further consideration by the executive team.
11. The Committee approved the revised Gifts & Hospitality policy.

Sheila Kumar

Chair of the Audit and Risk Committee

Assurance Report of the Finance and Performance Committee 12 June 2025

Committee Chair	Ilona Blue
Governance Manager	Polly Button

1.1 Since the last meeting of the Council, the FPC has met once on the 12 June 2025.

1.2 Substantive agenda items discussed included:

- a. Organisational Performance Reporting
- b. Round 1 Business Plan 2026-28
- c. In-depth Review – Dental Complaints Service (DCS)

2. Organisational Performance Reporting

2.1 The Committee received a summary of organisational performance for Q1 2025 budget and headcount reconciled position, and the latest month end status for progress in delivery and operational performance. The Committee noted the different audiences for this report with the Executive Leadership Team (ELT), FPC, Council and the information provided for each.

2.2 The Committee discussed a number of specific points, seeking assurance around actions being taken in relation to:

- a. Overseas Registration Examination (ORE) – to consider communications to stakeholders in relation to the impact of the ORE on the dental population and a review of the narrative on the GDC website on the ORE application process outlining any potential waiting times.
- b. Education quality assurance-additional narrative to explain that inspections had been delayed due to rescheduling . The Committee also suggested including a summary of feedback from providers.
- a. Data and information management- to provide further information on the data security processes currently in place across the organisation.
- b. Sickness absence- to review the narrative in line with the sickness benchmarking data. Additionally, in relation to mental health, the Committee was informed that a number of measures were in place for holistic support, signposting, and encouraging early intervention.
- c. Free reserves- to refer to the current level of the free reserves position

2.3 The Committee suggested including information on how the organisation communicates performance with the public and the development of the performance framework would be helpful in the cover note for Council.

2.4 The Committee suggested several content and presentational changes in advance of presentation to the Council as this is the first iteration of the new-look report and was informed that the document would be reviewed to ensure that it met accessibility requirements.

2.5 Overall, the Committee recognised that good progress had been made in a number of areas and was pleased with the new format of the report, which led to helpful discussions.

The Committee recognised that the new reporting format was intended to provide assurance to the Committee that the Executive Leadership Team had identified, and was acting on, the key issues requiring attention. The report was also intended to facilitate onward assurance to the Council.

- 2.6 The Committee **agreed** the main summary report should be presented to Council for approval on 27 June 2025, subject to taking on board a number of formatting suggestions.

3. Round 1 Business Plan 2026-28

- 3.1 The Committee received round 1 of the business plan, including the delivery, resource and budget plans, developed alongside the new corporate strategy. The report also featured the development approach for round 2 of the plan.
- 3.2 The Committee discussed the report in detail and provided comments in the following areas to support the development of the business plan:
- a. The Committee was pleased with the alignment between the business plan and strategic risk.
 - b. The Committee welcomed the name change from “Costed Corporate Plan” to “Business Plan”, reflecting the fact it is a plan that captures on-going, essential business as usual activity as well as new priority actions.
 - c. The Committee discussed the new prioritisation framework and sought assurance that the proposed move away from the MoSCoW tool was appropriate at this stage in the planning cycle and given the maturity of our planning function. It was confirmed the team would retain a tight change control process (with the potential to utilise MoSCoW again if required).
 - d. The Committee discussed resourcing and will expect that incremental resource changes will be supported by robust investment cases alongside more information on the costs of delivering BAU. The Committee was informed that more detail on the investment cases would be included in subsequent versions of the business plan.
 - e. The Committee was pleased with the direction of travel, noting the evolving nature of the business plan, which will be discussed again by the Committee on 30 July.

4. In-depth review–Dental Complaints Service (DCS)

- 4.1 The Committee received a detailed review of performance of the Dental Complaints Service (DCS) from 2018 to date, featuring SWOT analysis and a focus on performance in 2024.
- 4.2 The Committee heard of the increase in demand for the service and a higher number of cases that fell within the private practice remit and therefore resulted in a higher workload for the team. The Committee was assured the team had undertaken a large amount of work to identify complaint themes and put mitigations in place such as checks, signposting and escalating recurrent concerns to Fitness to Practise (FtP). In addition, there was a thorough quality assurance process and feedback loop with the Regulation directorate.
- 4.3 The Committee discussed the use of automation for continual improvement and heard that although beneficial in some areas, the human element was important in terms of addressing complaints, concerns and seeking resolutions.
- 4.4 The Committee recognised the value achieved through the DCS and felt this could be drawn out more strongly. The committee suggested that any request for additional resource

in the team clearly set out the trade-off between performance levels and resource, given the non-statutory nature of the service.

- 4.5 The Committee thanked the team for a thorough review, noting the value of the service provided.

5. Any other business

- 5.1 The Committee and attendees reflected on the meeting and considered that it had been balanced, respectful, forward thinking and reflected the Board Charter commitments.
- 5.2 The next Committee meeting will be held on 30 July – a single issue meeting on the Business Plan.

Ilona Blue

Chair of the Finance and Performance Committee

Assurance Report of the Remuneration and Nomination Committee

13 June 2025

Committee Chair	Anne Heal
Governance Manager	Ermelinda Bajrami

Since the last Council meeting, the Committee has met once, on 13 June, and conducted the following business:

1. The Committee received an update on succession planning and talent management and discussed the approach implemented to date, recognising the work undertaken and noting that many initiatives were currently underway. It also discussed planned future developments and the potential, over time, to increase the maturity of the organisation's approach in this area.
2. The Committee received an update on the development of the emerging plan to support the GDC in addressing and closing the gender, ethnicity and disability pay gaps over time, and discussed the range of initiatives being undertaken.
3. The Committee discussed the progress of the Total Reward project, in particular the pay and grading elements, and noted the work completed to date. It recognised the positive impact of the internal employee benefits already launched and further scrutinised the interdependency risks associated with other live projects within the organisation.
4. The Committee scrutinised and endorsed the process for setting the objectives of the Chief Executive.
7. The Committee received a verbal update on the progress of the Chair and Council Member appointments.
8. The Committee discussed the induction process for the incoming Chair and Council Members in 2025.
9. The Committee scrutinised and approved the process for appointment of a new Council Member in 2026.
10. The Committee scrutinised and approved the process for the reappointment of a Council Member in 2026.
11. The Committee scrutinised and approved the process for reappointment of an Independent Governance Associate in 2026.
12. The Committee discussed the proposed remuneration for the role of Senior Independent Council Member and agreed to recommend the proposal to the Council.

Chief Executive's Report

Executive Director	Tom Whiting, Chief Executive & Registrar
Author(s)	Tom Whiting, Chief Executive & Registrar
Type of business	To provide Council with an update on key areas of work for the Chief Executive and Registrar, that may not otherwise be captured in other reports and for discussion with Council.
Issue	To update the Council on the work of the Chief Executive in line with their objectives.
Recommendation	The update is for discussion

1. Update on Chief Executive's Priorities

1.1 I have structured this update in line with my objectives with a focus on matters that are not otherwise covered on the agenda. My objectives were agreed alongside the new Business Plan 26-28 for 2025 and the setting of objectives for members of the Executive Leadership Team.

1.2 People, Culture and Staff Engagement

- a. We have now launched our 'Inspire' leadership development programme with our Leadership Community Network (LCN) which will run throughout 2025. The focus is on developing leadership skills in our Directors and Heads of Function. The programme is being led by Ethos Consulting who also led the ELT and SMT development programmes.
- b. We have also held the third meeting of our LCN, which this time focused on the new strategy and how we will need to change to deliver it. The LCN will be running sessions with their teams over the summer to discuss the new strategy and the implications for staff.

Our managers (level below LCN) are undertaking two development programmes at present which form part of the 'Leading the GDC way' initiative. The Leadership Essentials programme, which is aligned to Inspire, has been successfully delivered to four cohorts already, with the fifth underway. Managers are also undertaking a Management Essentials course which is focussed on embedding core management skills and processes, such as managing performance, in line with GDC policies.
- c. Our new internal communications 'operating rhythm' is now up and running, anchored around cascade briefings with the LCN, team meetings to brief staff, town hall events for staff and regular newsletters. Two cascade briefings have now been held with our LCN to support them to deliver their team meetings. The next staff conference has been scheduled for 26th January 2026. The first town hall event took place on 19th June and focused on launching the strategy consultation with staff and updating staff on MyGDC.
- d. Our revised working hours and flexi time policy has been launched to staff – a major component of the non financial elements of Total Reward. I would expect this to have a very positive effect on staff culture and to be an attractive part of our overall offer. Initial

take up has been very positive with 204 staff, representing 47.5% of all employees benefiting from the new flexi scheme by recording additional hours worked.

- e. Recruitment is completed to senior positions in our Legal and Governance Directorate, with the Executive Director, Associate Director and Head of In House Legal Prosecution Services (ILPS) now appointed permanently. We are shortly going to market for a Head of Governance as the current interim will be leaving us in August.
- f. Our Gender and Ethnicity Pay Gaps are too large and our Ethnicity Pay Gap has not yet been published. Discussions on actions to address both have been held at ELT and were discussed with RemNom on 13th June. Our staff networks are being involved in the development of these plans.
- g. Our decision making on Associate Workers has been finalised post Council in April. Engagement with the Privy Council clarified their role in such matters – which may be useful for future reference.
- h. Council Member visibility to staff has also been well received, with staff sessions organised after some committee meetings – most recently after Finance and Performance Committee (FPC) on 12th June. We have received feedback that staff welcomed and valued the opportunity to meet with Council members.

1.3 External Engagement, Collaboration and Partnerships

- a. My own external engagement activity has been less intense at the start of the year however it remains important for improving our relationship with the profession and for our own learning. This year I have visited a large Private Practice in Mansfield, the Royal College of Surgeons in Edinburgh and an emergency NHS dental facility in Edinburgh. A consistent pattern of feedback emerges which has been fed in to our new strategy and is consistent with our other research. We also met with Scottish Government and discussed an approach to internal registration, potentially in collaboration with the Royal College, specifically in Scotland. Our meeting with Jenni Minto, Scottish Health Minister, has been re-scheduled a couple of times but should have been held by the time of the Council meeting.
- b. I will be visiting Northern Ireland in July, and with Donald Burden will be attending a number of meetings which are still being scheduled, including meetings with Government.
- c. Our latest Dental Leadership Network took place on 17th June and focused on the theme 'the future is here – how do we prepare ?'
- d. The Chair and I met with the Health Minister to discuss international registration and provisional registration.
- e. I spoke at a Roundtable in Parliament hosted by the Association of Dental Groups. The themes were wide ranging but international recruitment and the Overseas Registration Exam (ORE) were the main topics of discussion.
- f. We completed our response to the PSA consultation on the direction of their standards – which was agreed at Council in April. A further consultation on the detailed standards is anticipated in the autumn.

1.4 Legislative Change and Improvement

- a. Government has confirmed the priority order for legislative change - the GMC, NMC and HCPC will go first and there is no commitment to an order beyond this.
- b. We should be using ongoing dialogue about international registration as a vehicle for seeking some legislative changes and this will be articulated to the Minister in further correspondence.

1.5 Digitalisation and Information Assurance

- a. The design stage of the My GDC (Paperless Registration) project is completed. I would anticipate that by the time of the Council Meeting that Statement of Works 3 will have been signed and work commenced.
- b. Further audit work has been undertaken on our ICT and in particular our security arrangements. The action plan implementing recommendations from these reviews was discussed at Audit and Risk Committee (ARC).

A business case has also been agreed at ELT for our movement onto Sharepoint Online from our current on premise solution. This needs to be delivered by next year when the current on premise solution goes out of support.

A short term ICT strategy has been developed while a longer term ICT Strategy is developed later in 2025. We are aiming to develop our new 'Supporting Strategies' to deliver the new GDC Strategy during 2025.

Plans are being developed for the procurement of a potential partner organisation to support us with the development of our digital road map for the future. Money was set aside in the budget this year to pay for this. Soft marketing engagement has been undertaken.

1.6 Medium Term Financial Strategy & Strategy Development

- a. Our new strategy has now been launched for consultation externally and with staff. A programme of staff engagement is planned over the summer led by our Heads of Function. This is a new approach but will be important for staff engagement and broader understanding of our proposed strategic direction.
- b. Stefan and I have been asked to attend the British Dental Association (BDA) Regulation and Education Committee on 25th June to discuss the new strategy.
- c. Council will be considering the outcome of the consultation and making final decisions on the strategy and Annual Retention Fee (ARF) in October.
- d. The business planning process through to October was discussed at FPC on 12th June and there will be further discussions in July and August prior to a draft Business Plan being presented to Council in September. A number of changes to the process for 2026 were discussed at ARC in the context of this being the first year of a new strategy, and also taking the opportunity to improve our process from previous years.

1.7 Equality, Diversity and Inclusion

- a. A revised and improved update was presented to Council in February on progress with our EDI strategy delivery and a further update is provided to this meeting
- b. These were able to update and RAG rate the key actions in the strategy, aligned to the five objectives and done consistently with the action plan that has now been published.
- c. We are now starting the reporting against a set of outcome measures and therefore at this stage are developing baseline performance positions. A new and comprehensive reporting approach to properly the impact of our work is being developed.
- d. The current strategy was built around existing projects in the Business Plan 26-28 that would have a positive EDI impact. The new GDC strategy is under development and EDI will be embedded in this strategy rather than being separate. Consideration is being given to reviewing how our EDI commitments will be identifiable and measurable.
- e. Since the last Council update analysis has been completed of both gender and ethnicity pay gaps and these plans have been discussed at RemNom.

There have been some positive all staff events taking place also since the last update. Our Eid celebrations in both offices were well received and Pride events took place on 25th June. A number of senior leaders including ELT have also published their messages of allyship to the LGBTQ+ community.. Staff networks have come together to create a book club called 'Beyond the Margins' to share insights and increase understanding through reading and discussing books selected by each network.

1.8 Fitness to Practise and PSA Standards.

- a. Backlogs in Fitness to Practise have improved and we hit most of our internal targets for timeliness up to and including Case Examiners in Q2. Our backlog of cases from Case Examiners make their way into ILPS and Dental Professionals Hearing Service (DPHS).
- b. A minor restructure of the Case Examiner function is underway which will increase leadership capacity.
- c. The business case for this investment was approved however timeliness targets will continue to be impacted until backlog cases are through the end to end process.
- d. Development work is underway on Improving Fitness to Practise and Case Management Improvements. The strategic significance of these projects – and tackling fear of fitness to practise- are central themes of the draft new strategy.

2. Equality, diversity and privacy considerations

- 2.1 Our work on EDI was reflected in my objectives that were agreed at Council in October 2024 and we carry a strategic risk which has recently been outside of appetite.
- 2.2 This risk was related to the appropriateness of actions and processes to support implementation of our EDI Strategy.
- 2.3 As reflected in the report a substantive update was provided to Council in February and a further update is on the agenda for this meeting, which includes further work on measurement and outcomes.
- 2.4 Work continues to embed how we take our EDI Strategy forward into our next Corporate Strategy.

3. Risk considerations.

- 3.1 My activities over the course of the period since I joined have been focused on mitigating a number of potential risks that are highlighted in our Strategic Risk Register for discussion at ARC and Council.

4. Resource considerations and CCP

- 4.1 Progress on the priority areas that I have identified has been built into our Portfolio Plan and business as usual activity for this year and has therefore been taken in to account in our resourcing.
- 4.2 The future continuation of these priorities has been factored in to delivering our new strategy.

Lead Author: Tom Whiting, Chief Executive and Registrar

Organisational Performance Report

Council meeting 27 June 2025

The report provides a view of organisational performance in relation to delivery of our core functions and progress towards the priorities set within the costed corporate plan for 2025. A quarter 1 2025 summary is provided for the reconciled position in budget. Latest month end updates are provided for delivery and operational performance where appropriate.

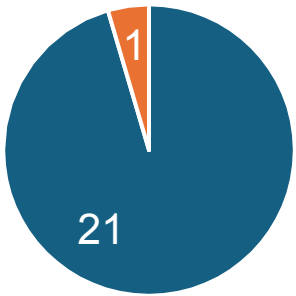
Type of business:	For approval
Recommendations:	Council to discuss and approve the report
Assurance Trail:	SMT and ELT Performance review workshop - 15 April 2025 Executive Leadership Team (ELT) review - 6 May 2025 Finance and Performance Committee (FPC) review - 12 June 2025 with data updated to end May Council review - 27 June 2025
Contents	Performance key points dashboards: Pages 2 - 3 Priorities performance summary: Pages 4 - 10 Project delivery summary: Pages 11 - 12

Performance key points dashboard

Education provider inspections

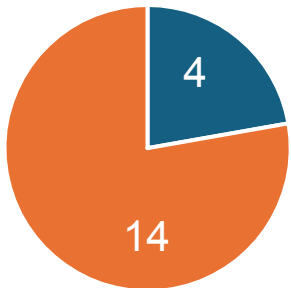
Providers with final reports completed for both the 2023/24 academic year inspections and 2024/25 year to date have met overall target standards

2023/24 academic year inspections



■ Completed met target standards
■ Completed awaiting final report

2024/25 academic year inspections



■ Completed met target standards
■ Inspections pending

Registration application processing

Count of application routes performance last 6 months

Timeliness	6	2	0
Returned applications	6	0	2
WIP volume	6	0	2
Application status enquiries	Last 6 months 5,202	6 months prior 8,674	

Timeliness targets met in 6 of 8 application routes – The 2 routes not meeting target were the overseas DCP routes, where the backlog from 2023 has been processed. Both routes' timeliness has improved significantly in the last 6 months from an average over 200 days to circa 100 days in May, which has taken them from the red zone into amber performance.

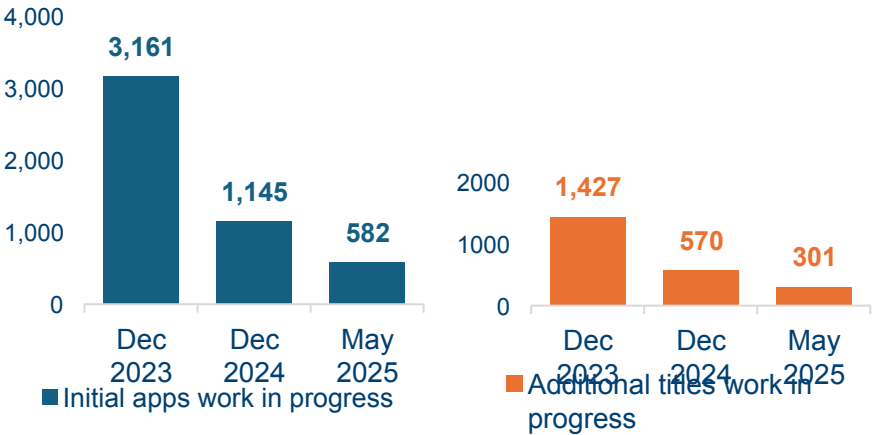
6 of 8 routes are meeting the current target < 20% – The need to return applications helps indicate the usability of application guidance and process. UK DCP and Restorations are currently above the target. Both the Manage My GDC Registration online platform development project and ongoing reviews to existing guidance are working to address this.

Work in progress volumes are at target sustainable levels except for the overseas DCP routes – These routes are on target to reach sustained target level in Q3 (see bottom left chart).

40% fewer application status enquiries received in last 6 months - compared to the previous 6-month period, indicating improved awareness of application status.

Overseas DCP application volumes

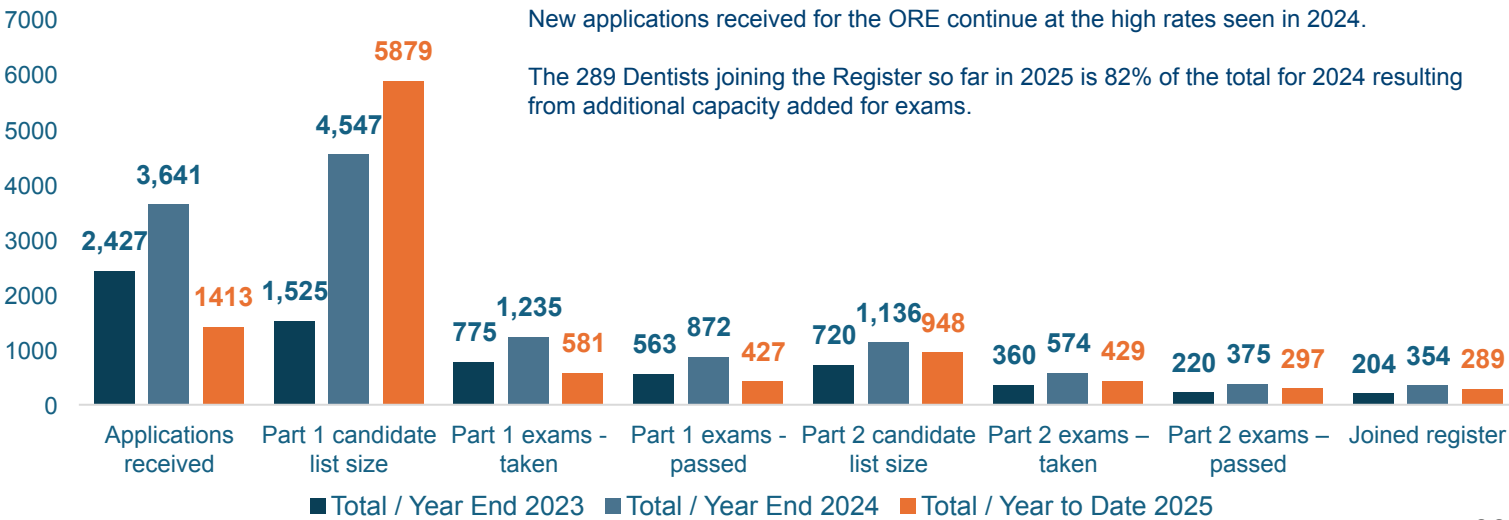
Volumes are approaching target levels and on track to be processing new cases only by end 2025.



Overseas Registration Examination (ORE) candidate progression rates

New applications received for the ORE continue at the high rates seen in 2024.

The 289 Dentists joining the Register so far in 2025 is 82% of the total for 2024 resulting from additional capacity added for exams.

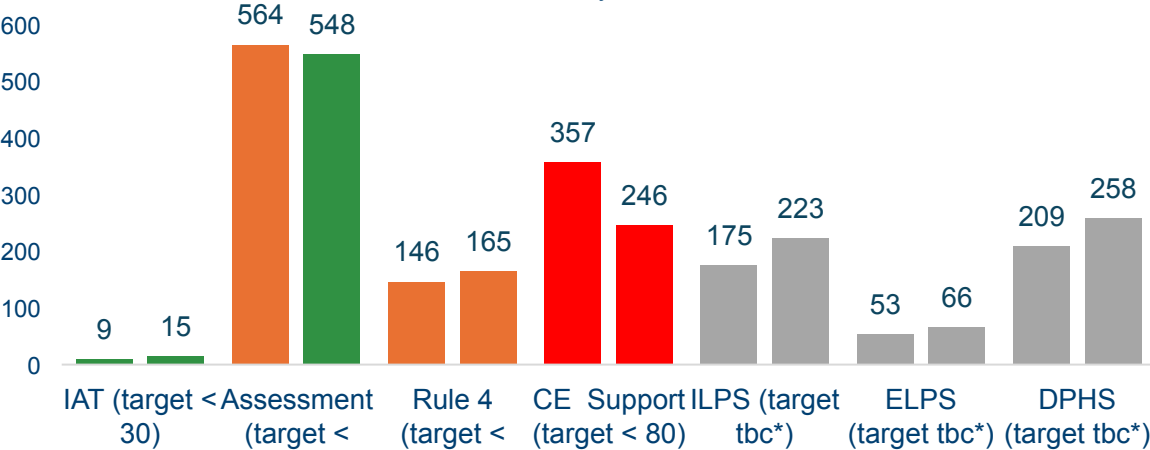


Performance key points dashboard

Fitness to Practise work in progress cases

Caseloads are within target levels in the assessment stages. Case Examiners have increased decisions and referral volumes, which is impacting the caseload in Legal Presentation and DPHS.

Dec 2024 v's May 2025



*Note target volumes are being reviewed to set for ILPS, ELPS and DPHS, hence these are not RAG rated currently.

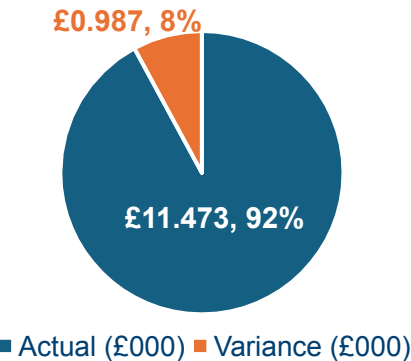
Fitness to Practise case progression timeliness

Targets for time taken to make a final decision in a case stage, continue to be met consistently in the assessment stages. The increase in case progression by Case Examiners is anticipated to improve timeliness further at this stage throughout 2025. The increased referrals from Case Examiners is impacting timeliness in Legal Presentation and Hearing stages.

	Initial Assessment	Assessment	Case Examiner	Internal Legal Presentation	External Legal Presentation	Hearing
2024	91%	78%	16%	75%	31%	47%
Last 6 months	91%	77%	22%	51%	23%	43%
Target	90% in 5 days	75% within 30 weeks / 50 weeks for complex cases	70% within 13 weeks	80% disclosed with 98 working days	80% disclosed with 98 working days	CE referral to Initial Hearing - 70% with 40 weeks

Q1 Budget v's actual

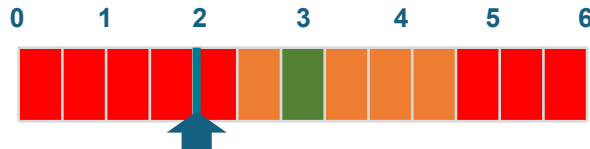
Actual position is £997k (8%) less than budgeted. This is mainly due to timing variances where expenditure is now expected later in year



Forecast free reserves for end 2027

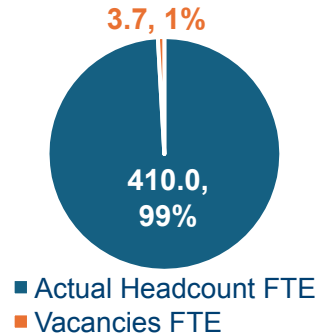
For the end of the current plan period (Dec 2027) the forecast has reduced to 2.1 months of operating expenditure, which is below the target of 3.0 months and is outside the 2.5 – 4.5 months policy range.

Our Medium-Term Financial Strategy and budget planning for 2026-2028 is applying measures to address this and achieve financial stability, which will be presented in October for Council approval.



FTE actual v's forecast

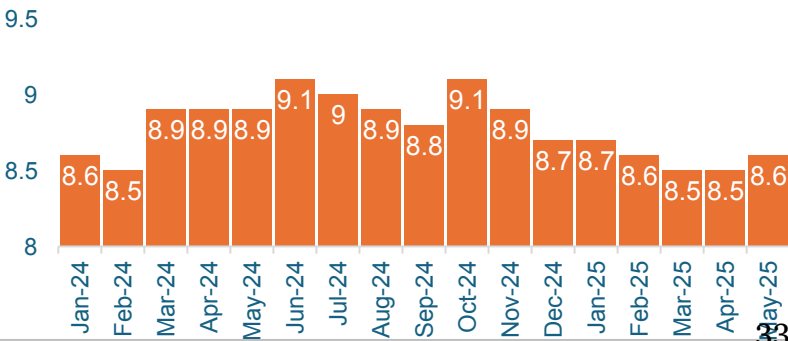
20 additional budgeted posts commenced recruitment in Q1 and there were 21 leavers, which is higher than average partially due to fixed term contract ends. Recruitment campaigns in Q2 and reduced leaver volume (10 to date) have reduced variance to forecast to 3.7 FTE at the end of May.



Sickness

Average working days lost per employee over rolling 12 months

2025 sickness levels remain below the higher levels seen in mid-2024. The current 8.6 days is still above the latest public sector benchmark of 7.8 days, and we continue our focus on staff wellbeing initiatives with the aim to further reduce levels.



Priority area	Performance summary
Develop our Strategic ambition and vision <p><i>Success Measures:</i></p> <ul style="list-style-type: none"> Our staff know our strategic vision and priorities. We are a trusted, high-performing regulator. We provide an equal, diverse and inclusive environment for regulation and our working culture. 	<ul style="list-style-type: none"> Following approval by Council in April the proposed corporate strategy for dental regulation 2026-2028 has been published in May for consultation. Supporting strategies are being developed to align with the corporate strategy. Following consultation feedback the Corporate strategy and business plan will be brought for Council approval in October. Work continues to embed our refreshed values in our ways of working across our working practices, with a toolkit of supporting materials developed to support all teams.
Strengthen education quality assurance <p><i>Success Measures:</i></p> <ul style="list-style-type: none"> We are confident in the rigour of education standards and those qualified. Feedback to QA processes are proportionate and enable learning and improvement. 	<ul style="list-style-type: none"> For the 2024-2025 academic year, of the 18 inspections planned across 13 providers, 11 inspections were due to complete by end of Q1 in the original timetable, however all 11 initial inspections identified requirements to perform additional reviews post the exams period. Action taken: The inspection timetable has been amended to defer the completion of these 11 inspections to later in the academic year to enable the additional reviews. Budget and resource have been allocated to enable completion of all inspections in the overall period, and risks to completion are monitored closely to make priority adjustments proactively. 6 inspections are now completed as at end of May, with 9 to complete in Q3. 4 reports are to be completed by end of Q2. We are scheduling an internal review of our risk-based process across all aspects which indicate the level of risk and thus the quality assurance activity needed for each education provider. This work will be scoped by Q3 2025. Through the implementation of the revised Learning Outcomes and Standards for Education, we will strengthen the quality assurance process. Feedback on our quality assurance processes is collected annually from providers. We had a positive but low response rate for 2023-24 academic year, so we are actively promoting feedback for 2024-25 and requesting it immediately following completion of each inspection, rather than waiting to the end of the academic year. We will consolidate responses at the end of the academic year to report summaries in Q4 2025. <p><i>Ref: Chart top left page 2. Note: 42 active education providers are inspected and monitored by the GDC Education QA team. Each academic year a risk based approach identifies the proportionate number of providers to assess in greater detail in the following year</i></p>
Timely and quality decision making in Registration <p><i>Success Measures:</i></p> <ul style="list-style-type: none"> We are confident in the integrity of the register. 	<ul style="list-style-type: none"> Registration timeliness and work in progress volumes have consistently met target performance and sustainable levels across all 6 UK and Specialist routes and overall timeliness rating is green. The Overseas DCP routes are the two routes in amber timeliness where applications remain over the 80-day processing target from the backlog received in 2023, with the majority of these being reassessments. Action taken: The focus on Overseas DCP application processing continues and we are on track to reduce to sustainable levels and be processing only new applications by end 2025. <p><i>Ref: Chart top right page 2. Note: We track the average time taken for applications to be completed (timeliness) and monitor application work in progress volumes to measure the efficiency of our operational processes.</i></p>

Priority area	Performance summary
<div>Enable efficient overseas application routes</div> <div>Success measures:<ul style="list-style-type: none">Suitably qualified overseas applicants are able to register within a reasonable timeframe.Supply and demand is met in registering internationally qualified dental professionals.</div>	<ul style="list-style-type: none">ORE capacity v's demand - With new ORE applications continuing to be received at the high levels seen in 2024, despite exam sittings and those joining the register having both increased significantly in 2024 and 2025, the ORE capacity does not yet meet the demand from internationally qualified dental professionals applying to work in the UK.Actions taken:<ul style="list-style-type: none">For the procurement of providers for both Parts 1 and 2 exams, the tender window closed on Friday 30 May. We are in progress of the significant moderation exercise; with the procurement due to conclude in Q3. Throughout the procurement, we are focused on the critical importance of scalability and capacity in the future contracts. Further updates will be provided to Council regularly.As part of our new strategy currently in consultation, we will be evaluating options for assessing internationally qualified applicants, to create an efficient and effective, forward-looking international registration framework that can meet future capacity demands. We are working closely with partners, with the aim to develop and implement new routes to registration, including, legislation permitting, a robust system for provisional registration which keeps patients safe and meets the needs of the system and the profession.New dates are confirmed for Part 1 and Part 2 exams with existing suppliers through to end April 2026. These will be in late 2025 and early 2026, providing an extra 1,800 places on ORE Part 1 and 576 on ORE Part 2. The announcement was made on 15 April 2025.The 324 new Dentists who have joined the Register in the last 6 months after passing Part 2 ORE is a positive increase, and for context is equivalent to 28% of the total UK qualified Dentists joining for the entire year in 2024.The refugee policy was implemented within the ORE route, with currently 76 candidates with refugee status progressing through the ORE examination process, including 6 who have passed Part 2 and joined the register. <div>Ref: Chart bottom right page 2</div>
<div>Improving the Regulatory Framework</div> <div>Success measures:<ul style="list-style-type: none">We enhance public safety through advancing upstream regulation.Reinforce the shift from compliance to positive professionalism.Perceptions of Fitness to Practise effectiveness improved.</div>	<ul style="list-style-type: none">Delays to work on considering our regulatory approach to rapid dentistry changes - Within the 2025 Costed Corporate Plan, we included an initiative to scope out how the GDC could adapt to rapid dentistry changes, and consider our regulatory approach to; remote care, non-dental cosmetic treatments (injectables) and cosmetic dentistry. This firstly requires analysis by our Policy development teams, however due to a need to prioritise resource on ORE procurement support and evaluating options for international registration, this work is unable to progress currently.Action taken: A new role of Head of Registration Policy has joined in Q2 to add focus across Registration practices. Further resource analysis to enable the regulating the rapid dentistry changes work to progress, as well as to provide appropriate Policy team support for delivery of the new strategy is being included within the 2026-28 business plan, to be submitted for approval by Council in October.In November 2024 we introduced a new way in which Equality, Diversity & Inclusion (EDI) data is collected from members of the public who have raised Fitness to Practise concerns with the GDC (informants). 438 individuals have provided responses to date, and we are performing collections quarterly. The data is being analysed and will contribute greatly to our further understanding of EDI throughout the Fitness to Practise process.

Priority area	Performance summary
Sustain & Promote Professional Standards	<ul style="list-style-type: none"> A research review and detailed scoping analysis has been completed for progressing our work of addressing sexual misconduct in the context of professionalism. The report and scope proposal has been presented to the Executive and development of the further planning is continuing across Q2/Q3 as part of 2026 business planning. Scope of Practice guidance is presented to Council in Q2 following external consultation where stakeholder feedback was sought on proposed guidance prior to publication. This work focusses on professional judgement and the importance of application in practice. Development of the proposed professionalism framework is continuing. We are aiming to bring forward proposals for consultation in Q1 2026, subject to approval from Council in October. Development of the framework in time for the October Council meeting is challenging due to both the detail of work required and Policy team resource demand across initiatives. Action taken: The project developing the professionalism framework is currently rated amber to acknowledge this risk and is working to mitigate all risks of delays to meet the October timeline.
Timely and quality decision making in Fitness to Practise	<ul style="list-style-type: none"> Initial Assessment & Assessment timeliness continues to meet target performance consistently in Initial Assessment and Assessment, with caseload in Assessment below the target level. Rule 4 work in progress has risen slightly since December due to referrals from Assessment but not to a level of concern. Rule 4 caseload is aiming to reduce to target volume by Q4. Case Examiners have significantly reduced caseload in the last 6 months from additional capacity added to the team and the resulting increased decision rates continue. Targets for timeliness and sustainable caseload are currently not met but are expected to be achieved by late 2025. Legal Presentation Services disclosure targets have not been met due to the continued effect of the increased throughput of referrals from Case Examiners which has resulted in an increased caseload and capacity issues within the team. Actions taken: A business case for additional legal presentation resource was approved in Q1 and since then the recruitment process has been ongoing and is expected to bring the team up to full capacity by August. The team are also in the process of identifying case management improvements with a view to improving timeliness and introducing efficiencies to assist in improving team capacity. We expect the additional resource to be fully embedded by September and the case management improvements to take effect towards the end of the year. The Dental Professional Hearings Service have also subsequently increased caseload. In 2024, on average 13-15 referrals to practice committee were received per month, whereas in 2025 the average has so far been 27 referrals per month. Due to this increase it has been difficult to list cases within the target of 9 month from referral by the Case Examiner as there is not enough capacity in the schedule and to allow for case preparation. Actions taken: The service is looking at options for increasing hearings capacity for 2026 to both list more cases and reduce caseload, with business cases being considered within the business planning for 2026-28 to recruit additional team members to support the increased hearings.

Ref: Chart top right page 3

Priority area	Performance summary
Influence Regulatory Reform	<ul style="list-style-type: none"> • There is ongoing dialogue being held with the DHSC on regulation developments. The CEO and Executive Director Strategy met with the Minister of State for Care on 28 April. • Further discussions are to be held with stakeholders in relation to potential for provisional registration and routes for registration for internationally qualified professionals.
<i>Success measures:</i> <ul style="list-style-type: none"> • <i>We have fully explored the boundaries of the current legislation and leveraged all opportunities.</i> 	
Data & Information Management	<ul style="list-style-type: none"> • We published our second annual Dentist Working Patterns data on 10 April, which shows data collected from 30,066 dentists, representing 66% of the register – further details on the working patterns webpage. • The 2024 Registration Statistical Report was published on 24 April, accompanied by a news item to summary key points. • The 2024 Fitness to Practise Statistical Report was published on 6 May, accompanied by a news item to summary key points. • We monitor our IT infrastructure and data security and resilience through both strategic and operational risks. Following an IT audit held in Q4 2024 there were 53 critical actions identified. 44 of the critical actions are now resolved. The 9 remaining are a mixture of replacing end-of-life systems and introducing new processes and will be completed by early 2026. 57 high priority actions were also recorded which look at Cyber security, and further end of life systems and processes and 36 of these have been completed. The remaining high priority actions are to be addressed at as part of our digital strategy throughout 2026 to 2027. • An external supplier has been selected to undertake an independent Data Maturity Assessment (DMA) of GDC's data management and make recommendations for improvements for how we capture, manage, and use data. The DMA is scheduled to be completed the end of Q3.
<i>Success measures:</i> <ul style="list-style-type: none"> • <i>Our data is secure and effectively managed.</i> • <i>Our data is accurate and usable to increase our ability to drive and measure organisational decision making.</i> • <i>We increase the value of published data to stakeholders.</i> 	

Priority area	Performance summary
<p data-bbox="63 215 453 247">User Centred Service Design</p> <p data-bbox="63 287 282 311"><i>Success measures:</i></p> <ul data-bbox="63 325 675 558" style="list-style-type: none"> <li data-bbox="63 325 675 382">• <i>Our services are designed around the needs of users to be accessible, effective and efficient.</i> <li data-bbox="63 389 555 418">• <i>We communicate clearly across channels.</i> <li data-bbox="63 425 598 482">• <i>Our communications across channels achieve positive levels of engagement.</i> <li data-bbox="63 489 619 558">• <i>We proactively engage with external bodies and professional groups</i> 	<ul data-bbox="690 185 2532 501" style="list-style-type: none"> <li data-bbox="690 185 2532 282">• The UK DCP route and Restorations are the only two routes where returned applications are outside target, with 36% of applications returned and requiring resubmission. The main reasons are where the qualification was not certified/provided or identification issues. All other routes are within the 20% target, which will be revised to a 0% target once the Manage my GDC Registration solution is delivered. <li data-bbox="690 289 2532 358">• Calls to Customer Services asking for status updates decreased by 40% in the last 6 months compared to the previous period (5,202 v's 8,674 calls) however we continue to acknowledge these enquiries should not be necessary. <li data-bbox="690 365 2532 501">• Actions taken: The current paper-based application processes will continue until the Manage my GDC Registration platform is introduced in early 2026, but this will address both these measures by preventing the need for returns through the new platform providing online status updates, preventing the need to chase. In the meantime, we have been proactively reviewing and updating application and website guidance and providing updates to applicants, and this is felt to have influenced the reduction in status update enquiries. <p data-bbox="690 522 978 554"><i>Ref: Chart top right page 2</i></p> <p data-bbox="690 604 2532 668">We engage with the public and stakeholder groups through a combination of digital channels, as well as in person and online events. So far in 2025 engagements of note include:</p> <ul data-bbox="690 675 2532 1268" style="list-style-type: none"> <li data-bbox="690 675 2532 739">• We held a 'New to UK Practice' webinar in February, for dental professionals who joined the register in the last year and qualified outside the UK which was positively received with over 100 attendees. <li data-bbox="690 746 2532 811">• We planned one GDC-led and provided a 'GDC stand' at two external events. The March Dental Leadership Network had over 100 participants and discussed the main topic of future dental professionals and their careers expectations, with positive feedback from attendees. <li data-bbox="690 818 2532 882">• We presented a stand at the BDIA Dental Showcase in March answering queries and meeting stakeholders for 2 days. The CEO also spoke to set out the GDC's priorities, which we published on the website. <li data-bbox="690 889 2532 953">• We presented a stand at the Dentistry Show Birmingham, where Theresa Thorp also spoke on a panel, at the invitation of the British Association of Private Dentistry. <li data-bbox="690 961 2532 1025">• The Dental Complaints Service performance report for 2022-2024 was published, including supportive quotes from indemnifier stakeholders. An accompanying blog post from Shamir Mehta, the GDC's Senior Clinical Adviser, shared learning in relation to aligners and patient complaints. <li data-bbox="690 1032 2532 1096">• Proactive communications have been undertaken with stakeholders to remind them of ARF payment improvements and the direct debit process to promote ease of service and reduce missed payments. <li data-bbox="690 1103 2532 1168">• Two proactive pieces have been published in the trade media, authored by the Executive Director, Regulation - Theresa Thorp, which provided a guide to fitness to practise, and an overview of illegal practice, with both being well received externally. <li data-bbox="690 1175 2532 1268">• Positive recent press coverage has also included, the prioritising of ORE exam spaces for refugees, our work to explain and clarify the process for requesting approval for a new dental school, and our improvements to some CPD administrative processes.

Area	Performance summary
<p>Recruitment & Retention</p> <p><i>Success measures:</i></p> <ul style="list-style-type: none"> <i>GDC is an attractive and inclusive employer.</i> <i>Turnover levels are within benchmarks of other comparable organisations.</i> 	<ul style="list-style-type: none"> The Total Reward improvement project has launched a revised working hours policy in May which includes a Flexitime system, enabling employees to flex their working hours daily and accrue up to one day leave per month from additional time worked. Twenty additional posts were included in the approved 2025 budget to commence recruitment in Q1 2025. For these positions and other vacancies, 22 offers were accepted, with 11 new starters joining in Q1. A further 20 offers have been accepted through April and May reducing vacancies in recruitment to 18 positions. An increase in leavers in Q1 is a spike partially due to fixed term contract ends and this has since reduced in Q2 with 10 leavers to date as at the end of May. Turnover is calculated as a rolling 12-month view, dividing the total leavers by the average employees for the period. The increase in leavers in Q1 resulted in a temporary increase in turnover, which has since reduced to the same level as in Q4 2024 of 14.3%. Year on year turnover is improved by 3% and is below benchmarks of comparable organisations researched which range between 17% - 20%. The actual headcount at the end of May is 410 FTE, which is 3.7 FTE lower than the forecast held in the budget for end of May, where the forecast was revised by the business in April. Those posts in active recruitment are forecast to join the business later in the financial year. <p><i>Ref: Chart bottom right-centre page 3</i></p>
<p>Sickness</p> <p><i>Success measures:</i></p> <ul style="list-style-type: none"> <i>Sickness levels are within benchmarks of other comparable organisations.</i> 	<ul style="list-style-type: none"> Sickness levels are reduced but remain above public sector benchmarks: <ul style="list-style-type: none"> The average sickness days lost per employee over a rolling 12-month period has reduced slightly from 8.7 days in December to 8.6 days in May. This is also a reduction comparing year on year to Q1 2024, which was at 8.9 days. The latest benchmark compared to public sector organisations is 7.8 days. Comparing Q4 2024 to Q1 2025 there has been a decrease in sickness days lost for 'Minor / season illness' with proportion of total sickness remaining consistent. For 'all other health matters' both the days lost and the proportion to total have decreased. Days lost for mental health reasons in the rolling 12-month total increased by 188 days in Q1 from Q4 and by 5.7% of the total. The proportion identified as work-related stress reduced to 7.7% from 8.9%. Actions taken: Our People & Organisational Development Team continue to focus on wellbeing and management support initiatives, as well as working closely with line managers to support all individual cases. <p><i>Ref: Chart bottom right page 3</i></p>
<p>Learning & Development</p> <p><i>Success measures:</i></p> <ul style="list-style-type: none"> <i>We provide an equal, diverse and inclusive environment for regulation and our working culture.</i> 	<ul style="list-style-type: none"> The annual development review period completed in Q1 with colleagues completing the Performance Development Reviews for 2024 and setting objectives and development plans for 2025. The programmes for 'Managing the GDC way' for the fundamentals for line management, and 'Leading the GDC Way – Essentials,' to enhance core skills in leadership continued. To date 108 colleagues have attended the Managing the GDC way initial courses and moving forward with the addition leading modules through 2025. The Leadership Community Network engagement has continued with network events held in March and June that have focused on embedding the refreshed GDC values and looking forward to our next Corporate Strategy, and how the network support delivery of these. The Leading the GDC Way - Inspire programme has launched as a developmental programme designed exclusively for the Leadership Community Network. The four modules being delivered through 2025 build on existing knowledge and provide further development for our leaders to confidently lead teams with purpose, empathy, and clarity.

Area	Performance summary
<p>2025 Budget</p> <p><i>Outcomes sought:</i></p> <ul style="list-style-type: none"> <i>We reduce the time taken, resource levels required and costs for operational functions.</i> 	<ul style="list-style-type: none"> We report budget to the end of the previous quarter to Council to provide the reconciled position. At the end of Q1 there was an operating surplus of £20.6m which is £1m higher than budgeted. Total income was a marginal 0.001% (£54k) higher than budgeted and Total expenditure was 0.02% (£296k) lower than budgeted. Variances are mostly from timing profile differences from when the 2025 budget was set in October 2024. The 2025 budget has been reforecast during Q2 which revises the timings for known profile changes and the reforecasting review is completed after each quarter end. <p><i>Ref: Chart bottom left page 3</i></p>
<p>Forecast free reserves for end of current plan period – December 2027</p> <p><i>Outcomes sought:</i></p> <ul style="list-style-type: none"> <i>We are financially sustainable</i> 	<ul style="list-style-type: none"> Forecast free reserves currently outside of policy range - Following financial pressures that began to emerge in late 2024, the level of forecast free reserves for the end of the current plan period (December 2027) has reduced from the target level of 3.0 months of operating expenditure to being at 2.1 months at the end of Q1 2025, which is outside the 2.5 – 4.5 months range in the Council's policy. The reasons for reduction include call down on free reserves for Employer's National Insurance and to meet our liability in respect of the implications of the Somerville v's NMC judgement. Actions taken: <ul style="list-style-type: none"> We are developing our Medium-Term Financial Strategy and the budget plan for the 2026-2028 period to introduce measures which address the forecast to be within policy range and ensure the GDC sustains financial stability. A financial efficiency exercise is also in progress to work towards target savings over the next 5-year strategy period. <p><i>Ref: Chart bottom left-centre page 3</i></p>
<p>Board effectiveness, governance and delegations for decision making</p> <p><i>Outcomes sought:</i></p> <ul style="list-style-type: none"> <i>We have proportionate governance in place for decision making</i> 	<ul style="list-style-type: none"> The latest Board Effectiveness review completed with the action plan presented and approved by Council in April, for which the changes are in progress and on track for delivery. Action from Board Effectiveness review is informing a review of decision-making levels and a deep dive review is in progress with the Executive and ARC to inform the scope of potential changes, which will present findings later this year.

Priority Area: Timely and quality decision making in Registration		RAG status		
Project	Delivery update	Mar	Apr	May
Specialist list assessed application <i>Brought in-house the application review process for registering onto the specialist list.</i>	This has completed implementing and embedding the processes and is now closed as a project from May.			
Priority Area: Enable efficient overseas application routes		RAG status		
ORE Part 1 and Part 2 Tenders and mobilisation <i>To procure suppliers of examinations for overseas registrants.</i>	The tender window closed on Friday 30 May and we are in progress of the significant moderation exercise; with the procurement due to conclude in Q3. The project is rated amber to manage risks with resource planning for the moderation to complete to the planned timeline.			
Revised international registration processes <i>To review and optimise the international registration process.</i>	The refugee policy was implemented successfully within ORE examination process.			
Priority Area: Improving the Regulatory Framework		RAG status		
Case Management Procedural Improvements <i>Explore the case management processes from end to end, looking for efficiencies in the process,</i>	The project opened in May and is scoping and planning activity at present.			
FTP Decision Making Guidance <i>To review and create guidance for decision makers at each stage of the fitness to practise process.</i>	There have been delays due to changes in the project team membership and the need to apply due diligence to review work to date. There is currently a review of the scope and schedule of the project to ensure it is achievable and correctly resourced to move the project out of exception.			
Improving Communications and Support in FtP <i>Evaluate a range of improvements within the communications and support methods throughout the FtP process.</i>	A workshop is taking place in June 2025 where the project activities and tasks will be scoped and assigned to responsible teams for delivery.			
Priority Area: Sustain & Promote Professional Standards		RAG status		
Outcome-focused model for lifelong learning <i>Set the focus and support for the continuous development and learning of Registrants during their career.</i>	Activities continue to be progressed, within the framework of existing legislation and supporting materials are being developed prior to publication.			
Principles of Professionalism <i>Define and engage with stakeholders on standards</i>	Development of the framework in time for the October Council meeting is challenging due to both the detail of work required and Policy team resource demand across initiatives. The project team are working to mitigate the risk of delays, and the project will return to green once there is sufficient assurance of meeting the October timeline.			
Revise the standards for education <i>Develop and introduce updated standards</i>	The revised education standards were approved by Council in April and pre-publication planning and implementation activities have been initiated in May.			

Priority Area: Develop our People and culture		RAG status		
Project Name	Delivery update	Mar	Apr	May
Organisational cultural change of GDC <i>Develop and embed values driven culture and behaviours.</i>	Activity continues to embed the refreshed values across the organisation and management/leadership development programmes are progressing well.			
Review and improve the intranet <i>Improve the GDC intranet to better support staff engagement and productivity.</i>	Whilst defining and delivering long-term intranet requirements, the project is in planning for iteratively improving to the intranet site.			
Total Reward <i>Review the complete benefit and remuneration package for staff to ensure it is comparable to the sector.</i>	Due to the complexity of the remuneration framework, it is not envisaged that the approach can be finalised prior to the agreement of the new strategy and budget in October. A change request is required to reschedule the project and include budgetary requirements for the October approval.			
Workforce development <i>To improve learning, leadership, and succession planning.</i>	The ‘Leading the GDC Way Essentials’ training pilot has been completed successfully with 14 participants in first cohort. Further cohorts have commenced the programme in May.			
Associates Development <i>Assess the implications for the GDC following the Somerville v’s NMC judgement.</i>	The original scope of work to assess implications and develop proposals for managing Associates as workers is complete as planned.			
Priority Area: User Centred Service Design		RAG status		
Implementing new Welsh Language Standards <i>To create a Welsh language version of the online application processes.</i>	Scoping the development work required is in progress alongside the Manage My GDC Registration project as changes will be developed in this new platform.			
Manage My GDC registration <i>To develop an online application and CPD processing platform.</i>	A business case for additional funding and schedule was approved by Council in April and the work has now moved into to build phase with implementation planned for Q1 2026.			
Priority Area: Financial and operational efficiency management		RAG status		
Implement new Procurement and Contract management Process <i>To establish a new approach to procurement and contract management.</i>	Combined Procurement & Contract Management policies approved. Procurement contract management training has commenced.			
Optimisation of GDC estate <i>Reviewing the GDC premises for them being fit for purpose and cost effective</i>	Options proposal are being further developed and business case updated for presenting a detailed financial model to the Executive and Council.			
Replace credit card processing system <i>Contracted and implemented a new provider for taking online card payments</i>	Transition of testing into the live environment has completed along with cyber security clearance provided and the project will move into closure in Q3.			
SharePoint – migration to Online <i>To move away from SharePoint on-premise service to the cloud version</i>	The business case has been approved by ELT in May and pre-market engagement has completed, confirming the anticipated costs and enabling next steps in planning the migration.			
Case Management and Operational Improvements in DPHS <i>Explores the hearings service procedures, looking for efficiencies to introduce in the process.</i>	New Legal Presentation and Hearings management information dashboards and notification were successfully deployed in our CRM at the end of May. The project remains in exception while planning for reporting and a clear delivery timeline is established.			
Application fees review for strategy cycle <i>Analysis for ARF and applications fees for delivery of the new strategy</i>	Options model for budget and ARF levels have been evaluated against the new proposed strategy and are incorporated into the consultation version.			

EDI Strategy 2024-2025

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Dan Popple, Head of Equality, Diversity & Inclusion Katherine McGirr, Head of Right Touch Regulation (Objective 1) Donna Carr, Regulations Operations Manager (Objective 2) Jake Smith, Head of Information Governance & DPO (Objective 3) David Teeman, Head of Regulatory Intelligence (Objective 4) Lee Avery, Associate Director, People & Organisational Development (& Objective 5)
Type of business	For discussion
Purpose	The paper provides an update to Council on the progress of the current Equality, Diversity & Inclusion Strategy 2024-2025 (EDI Strategy)
Issue	The Council approved the EDI Strategy 2024-2025 in April 2024, setting out the GDC's ambitions and objectives for a two-year bridging period, leading up to the next Corporate Strategy for 2026-28.
Recommendation	N/A

1. Background

- 1.1. The GDC's vision for Equality, Diversity and Inclusion (EDI) is to promote inclusion and demonstrate our commitment to equality and diversity in everything we do.
- 1.2. In April 2024, the Council approved a new EDI Strategy, which was anticipated to act as a bridging strategy until the GDC's new Corporate Strategy 2026-2028 was approved. The EDI Strategy set out five objectives for 2024–25, which were:
 - **Objective 1:** Developing and supporting an inclusive profession that is equipped to provide patient-centred care to every patient.
 - **Objective 2:** Identifying and removing any barriers that patients, the public, dental professionals and partners encounter when engaging with us.
 - **Objective 3:** Making sure that our regulatory processes and the decisions we take are fair and consistent and embody the principles of equality, diversity and inclusion.
 - **Objective 4:** Making sure that our equality, diversity and inclusion action is guided and informed by insight gained through data, research, and feedback.
 - **Objective 5:** Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included.
- 1.3. As anticipated during the development of the EDI Strategy, most of its delivery will occur through and from integral parts of the GDC's Corporate Costed Plan (CCP). This resulted in the creation of 24 actions that would provide direction to support each objective.
- 1.4. The GDC published the EDI Action Plan 2024-25 on 17 December 2024. This plan incorporated 58 sub-actions that supported the delivery of the EDI Strategy from within the CCP, their key

milestones, and an update of their status, demonstrating if they were still due or completed. The published action plan is intended to be regularly updated to demonstrate progress.

- 1.5. An EDI Delivery Group was created to improve delivery coordination and enable progress monitoring. The first meeting was held on 4 December 2024. The EDI Delivery Group has met three times, with regular meetings planned throughout 2025.
- 1.6. In February 2025, the Executive Leadership Team (ELT) each took on the strategic oversight of an EDI objective, providing leadership, and joining up workstreams across all four directorates. All Executive Directors are invited to attend the EDI Delivery Group. Progress for each objective is now prepared by the corresponding Executive Director and reported within this report.
- 1.7. At the Council meeting held on 27 February 2025, draft metrics were presented to illustrate how progress and impact would be monitored. This paper will present an updated version of those metrics, which includes a baseline of 2024.

2. EDI Objectives Updates

- 2.1. The EDI Strategy has 24 actions, with 58 sub-actions created to support their delivery. The updates coincided with an internal audit, which reviewed all 58 sub-actions to determine their status and any revised implementation dates. Table 1 summarises the statuses of the 58 actions, while **Appendix 1** provides a more detailed overview for each EDI objective.

Table 1. Summary of Key Action Statuses for May 2025

	Upcoming Action	Not Implemented	Partially Implemented	Implemented	On Going
Objective 1	6	2	-	4	-
Objective 2	5	1	1	5	-
Objective 3	5	1	-	3	1
Objective 4	2	1	2	-	4
Objective 5	9	-	-	6	-
Overall	27	5	4	17	5

2Objective 1: Developing and supporting an inclusive profession that is equipped to provide patient-centred care to every patient

- 2.2. **Safe Practitioner Framework:** Embedding the new learning outcomes in all pre-registration curricula, which include specifics relating to EDI, helps to develop and support an inclusive profession. During this period, we have continued work to gain assurance that the Safe Practitioner Framework will be implemented across education and training providers. All dental schools are on track to start delivering the framework from August 2025, except for two with which we have agreed an extension. The Education Quality Assurance team has completed the first round of checks on the implementation plans, and there are no concerns. Once the Safe Practitioner Framework has been embedded, we will use our existing monitoring processes to monitor delivery.
- 2.3. **Standards for Education:** The revised Standards for Education include explicit requirements regarding EDI for all education and training providers. We have carried out a full public consultation on the revised standards, and stakeholders provided positive comments regarding the revisions to the EDI content. The Council approved the revised standards in April, and we plan to publish the new standards during September 2025.
- 2.4. **Framework for Professionalism:** The Principles of Professionalism and the framework they sit within is being developed and will include references to EDI across its illustrative examples and supporting materials. Work in this area was delayed due to the additional stakeholder engagement needed to carry out this proposed fundamental change. A new schedule has now been agreed and the project end-date extended to take account of the additional work. We now plan to share the proposed Framework for Professionalism with the Council by the end of the year and to launch the public consultation in Q1 2026. We envisage that there will be various supporting material

developed that relate to different aspects of EDI. Supporting material will be developed and published at various points throughout 2026.

Objective 2: Identifying and removing any barriers that patients, the public, dental professionals and partners encounter when engaging with us

- 2.5. **Overseas Registration Examination (ORE):** In December 2024, the Council approved the refugee prioritisation policy linked to the ORE booking process. Under this policy, ORE candidates who are also refugees have priority access to a dedicated booking window before general bookings open. These new priority booking windows for both elements of the ORE, open two weeks ahead of the general booking windows.
- 2.6. The policy was announced in January 2025 and was implemented for the first time in the April 2025 booking window, where 58 candidates of the 600 candidates that booked on to the ORE Part 1 and six of the 144 candidates that booked on to the ORE Part 2 were able to utilise the policy to access a priority place.
- 2.7. **ORE Procurement:** The procurement exercise for a new ORE examination provider for Part 1 and Part 2 is continuing. Final tenders were due on 30 May 2025, and the Procurement team was due to review these on 2 June. The evaluation process is expected to take place throughout June and early July. An in-person training session for those involved in evaluating the tenders took place on 27 May. The new contract award(s) is expected to take place in September 2025.
- 2.8. **Extension agreements:** While the procurement process continues, the current ORE providers have signed two extension agreements until May 2026 that will enable three Part 1 exam sittings and four Part 2 exam sittings to take place. This will allow for the mobilisation of new contracts in the future.
- 2.9. **New appointment:** To better support our work on international routes to registration, we appointed a new Head of Registration Policy, who joined the GDC on 12 May and reports to the Associate Director, Policy & Research.
- 2.10. **Government decision:** We are still awaiting a government decision on whether it will carry forward proposals to legislate for provisional registration and are continuing to engage with the Department for Health and Social Care on this matter. A revised implementation date will be provided following the Minister's decision.
- 2.11. **Hearings:** The policy to support the move to hold dental professional hearings online went live on 1 April 2025. The option to request an in-person hearing remains available, and each request is considered case-by basis. The team can also operate a hybrid model where one mode of hearing may not be suitable for all participants. This ensures that the process remains inclusive, allowing participants to attend in a format where they can provide their best evidence, reduce stress, and save costs. The website has been updated to ensure it is accessible to all. Participants who are unsure about the process can also speak to the Hearing Case Manager Officers and the Participant Support Officer.
- 2.12. **EDI Data Capture:** The GDC continues to capture EDI data for those who raise FtP concerns with us, to help better understand who is and is not raising concerns with us. EDI data for witnesses in FtP cases is not currently being captured. The business lead is working on a change to enable witnesses' EDI data to be captured, but this is a lengthy process and is dependent upon IT capacity. There will be an IT change freeze from the end of May to the beginning of August due to the Dental Care Professional Annual Renewal period. Therefore, a revised commencement date will be provided (for capturing witness EDI data) once IT capacity has been determined.
- 2.13. **Manage my GDC Registration project:** Transforming the GDC's Registration function into an online process continues to progress. On 25 April, the Council approved the business case for the recommended 'build' option. The statement of works to support the ARF design (Sow2b) has been

agreed upon by both parties, and the work commenced on 14 May. We were working towards agreeing on the statement of works to support the substantive 'build' by the end of May, with the substantial 'build' phase anticipated to commence subsequently.

Objective 3: Making sure that our regulatory processes and the decisions we take are fair and consistent and embody the principles of equality, diversity and inclusion

- 2.14. **Equality Impact Assessments:** A collaborative workstream led by the Legal & Governance Directorate is reviewing how the GDC prepares and considers Equality Impact Assessments (EIA). Amendments have now been proposed to the current template and guidance.
- 2.15. We are also engaging external legal advisors in that review to benchmark and validate our proposed approach and to deliver training to the organisation on the Public Sector Equality Duty and how to effectively conduct EIAs. The internal team are developing an agreed EIA policy and process – which will include training on implementing the policy approach when it is rolled out. The proposed approach to rolling out the new template and guidance will be to trial this with a small group of colleagues before a rolling it out more widely.
- 2.16. We are working towards a timeframe of end of June 2025 for completion of the first phase of this project. We will offer training from July 2025 onwards to explain how the guidance and template should be used. The revised implementation date is July 2025. The Council has also approved, as part of its work to improve transparency in performance reporting, that EIAs will be published alongside relevant papers that are discussed at public Council meetings.
- 2.17. **Analysing our FtP Data:** The Annual FtP Statistical Report was published on the GDC website in April 2025. This report contained an analysis of our FtP data to identify any overrepresentation within our FtP proceedings.
- 2.18. **Supporting and Improving FtP Decision Making:** The review and development of specific operational guidance for decision makers for each stage of the FtP process is a project within the CCP that is underway. Policy and ILAS colleagues are jointly delivering work to improve this guidance. A principal aim of the review is to provide decision makers with an improved framework that supports fair and consistent decision making. Revised guidance for the Interim Orders Committee has been developed. The revised guidance for Practice Committees is likely to be published in Q4 2025 and guidance for Case Examiners is likely to be published in Q2 2026. Work to develop decision-making guidance for the Assessment and Initial Assessment teams is at an earlier stage and is likely to be published in Q4 2026. Resourcing for this project has been a challenge but dedicated resource across each team is now in place.
- 2.19. **Responding to Legislative Developments – Procurement and EDI Supplier Charter:** The Procurement team have implemented a new process for procurement of goods and services with a total contract value over £15,000, reflecting considerations around sustainability, social value and inclusion. A supplier diversity code of conduct is currently in draft, and once finalised will feed into a supplier charter. The expected implementation date is Q3 2025.
- 2.20. **Responding to Legislative Developments – Welsh Language Standards:** The Welsh Language Commissioner introduced the [Welsh Language Standards for healthcare regulators](#) in 2022. The Implementing the new Welsh Language Standards project is currently being scoped and is currently rated 'green'. We already comply with several elements of the Standards - through our publication of the Annual Report and Accounts in Welsh each year and its presentation to the Welsh Parliament, by providing an annual update to the Welsh Language Commissioner on our Welsh language activity and by translating our most requested FtP and Registration documents into Welsh. There remains a large amount of work underway at the GDC to comply fully with these Regulations. This includes introducing a Welsh language message to our automated switchboard, providing a full Welsh version of our forthcoming Manage My Registration portal and enabling multi-lingual use of our website. Alongside the other healthcare regulators, we have a deadline of

December 2025 to fully comply with the legislation, and we will promptly seek an extension to that deadline if required (for example, due to the complex nature of any IT developments).

2.21. Responding to Legislative Developments – ongoing work

- a. The Worker Protection (Amendment to the Equality Act 2010) Act 2023, which came into force in October 2024, sets out a positive duty on employers to take reasonable steps to prevent the sexual harassment of their employees. ILAS has provided advice in respect of how these obligations translate for the GDC. The People Partners, Organisational Development, the Women's Network and the EDI team are collaborating to develop an effective learning package for all GDC employees to undertake and therefore comply with this legislation.
- b. On 16 April 2025, the Supreme Court gave its judgment in the appeal of *For Women Scotland v Scottish Ministers*. The GDC will monitor the impact of this judgment and update any relevant policies or processes.
- c. The draft Employment Rights Bill contains potential changes in several areas, including flexible working arrangements and family-friendly policies. It is anticipated that the Bill will come into effect in April 2026. The GDC will continue to monitor the progress of this Bill to ensure compliance is met.

Objective 4: Making sure that our equality, diversity and inclusion action is guided and informed by insight gained through data, research, and feedback.

- 2.22. **EDI in GDC's research programme:** Inclusion is one of the four themes that run through our research programme. We consider EDI in all our planning and, as a result, much of our research and insight activity (including commissioned research, statistical analyses, and evidence reviews) seeks to provide evidence to inform our EDI-related activity.
- 2.23. **Evaluation:** We have just reported findings from our current, independently delivered FtP satisfaction survey to the Executive Leadership Team (ELT), ahead of publishing this summer. The survey included demographic questions (including protected characteristics). Within the limitations of response numbers and missing data, the researchers were able to consider differences across EDI variables and found that they were not significant predictors of satisfaction. Diversity and inclusion will continue to be built into all R&I's evaluation-related work.
- 2.24. **Evidence reviews:** To inform GDC planning and activity, considering evidence on EDI is a feature of all reviews. An evidence review of sexual misconduct in dentistry was completed in Q1 2025 to inform our approach to addressing the issue in dentistry, and that of partners and stakeholders. An evidence review of artificial intelligence in dental care was also completed and will be published this summer. Looking forward, evidence reviews are being commissioned to look at what works in mental health of dental professionals and into evidence on artificial intelligence in education and training. Both reviews will include looking at evidence regarding EDI. We expect both reviews to report in Q4 2025. All four reviews, include looking at evidence regarding EDI.
- 2.25. **Data at GDC:** Plans for EDI-related data analyses in 2025 have been developed and shared for further input and development with ELT, Associate Directors, and Heads Of. Research & Intelligence chair the GDC's EDI Data Group, a sub-group of the EDI Delivery Group, which is tasked with collaboratively developing an evidence-based and consistent approach to data capture, data use, analyses and reporting across the GDC. Whilst GDC's Data Strategy Group continues to be convened, which has procured and will manage the delivery of a data maturity assessment to inform our data management and planning going forward.
- 2.26. **Partnership and user voice:** We are in the process of procuring registrant and student panels. These panels will be used to ensure we hear diverse voices and those of less visible groups to inform our work. Due to changes in procurement legislation and capacity within relevant teams, the

procurement of our registrant and student panels has been delayed. Procurement is now expected by the end of Q2 2025, and the panels to be in place in Q3 2025.

- 2.27. **Understanding the dental workforce:** The latest working patterns data tables for dentists was published in April 2025. This provides a view of responses from all dentists who have completed the questions, or updated their responses, since the working patterns questions became available during the 2023 annual renewal period. Inferential analysis of the first round of DCP working pattern data will be published in July 2025. We procured a geospatial analyses contractor to provide additional analyses and insight of our working patterns data to bring together, using maps, population data, including measures of deprivation, with working patterns to provide further insight into provision of dental care.
- 2.28. We continue to develop our approach to working patterns in dialogue with governmental and nongovernmental stakeholders, with a focus on involving those with responsibilities for or interest in workforce planning and deployment. We do this via regular workshops, including to look at EDI related findings and implications. Primarily, we sense-check our development plans, to ensure we understand and meet needs of the dental sector, as well as enabling us to be transparent and to manage expectations. Sessions involve representatives from UK and Nation administrations, and from professional associations. We will be holding our third set of sessions in June 2025 to share our plans for analyses and reporting, our plans for data reporting and access and to ensure we understand stakeholder needs.
- 2.29. **Collaboration:** Collaboration is an important thread running through our programme of work. As well as our current workforce-related collaboration, we continue to work to support and collaborate with GDC colleagues. We do this through running interactive learning events and workshops, by providing our subject matter expertise (SME) on EDI data, research, and analyses and, equally, we benefit from our colleagues' expertise, which informs all our related work. We continue to chair the cross-regulatory research group, which over time has maintained EDI as a key focus. We also supported PSA in setting up their cross-regulatory AI group, which is looking at EDI as a key theme in their work.

Objective 5: Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included.

- 2.30. **Developing our workforce:** To support the attraction of a more diverse workforce, we are further developing our accessibility to a broader range of job boards and are currently conducting a tender process with potential providers. This aims to ensure that we have the optimal provider, EDI specific elements have been included in the tender specification, such as obtaining providers' EDI policies and accreditations (i.e. Disability Confident Scheme), together with any particular EDI tools for applicants within the platforms.
- 2.31. **Attraction & Recruitment:** Collaboration with our employee networks has taken place via a series of workshops, with a focus on our candidate and hiring manager processes, to gather an understanding of whether these processes are fair and inclusive. Following feedback from the employee networks, it was concluded that our current processes are fair and inclusive, but further improvements were identified and are scheduled to be developed in Q3 2025 and ongoing into 2026.
- 2.32. **Enhancing management and leadership:** Following the launch of the 'Managing the GDC Way' development programme in Q1 2025, 120 managers have now taken part. The programme provides managers with the opportunity for collaborative conversations and 'real world' application around GDC policies, including elements on managing sensitive EDI situations that a manager may encounter, such as workplace harassment and reasonable adjustments. Sessions will be scheduled quarterly to ensure we capture new managers joining the GDC. The 'Inspire' programme has been launched for Heads Of and above and will run throughout 2025.

- 2.33. **Improvement development & learning:** Since the launch of Connect: Learning in April 2024, we have been adding EDI and wellbeing focused material such as e-learning regarding Neurodiversity (44 learners), Managing Stress (20 learners), Suicide Awareness (14 learners), Hybrid Working: wellbeing and inclusion (19 learners), and a Gender Identity webinar (62 learners). This is alongside the mandatory Equality and Diversity in the Workplace compliance training for all staff released in December 2024, which will be renewed annually. 100% completion (excluding exceptions for long-term absences and maternity leave) was reported.
- 2.34. **Effective engagement with colleagues:** Employee network chairs have had their quarterly meeting with the Chief Executive in Q2. All five networks now have clear priorities and will collaborate with People & OD and the wider organisation to deliver them. The Employee Networks have continued to support colleagues with various initiatives and events. In March, REACH supported the EID al-Fitr celebrations at Colmore Square and Wimpole Street. Rainbow started a book club called "Beyond the margins," which provides a space to discuss LGBT+ topics; a different Employee Network will select future books. Rainbow has also been preparing for June's Pride Month, with activities focusing on allyship. PACT has seen significant membership growth recently, and as part of Carers Week in June, it hosted its first online guest speaker, who shared her experience as a carer for her partner.
- 2.35. **Employee Data:** The EDI Data Group has been established and met for their initial meeting in Q2. The group's will support the EDI Delivery Group, ensuring that EDI data captured by the GDC contributes to realising our corporate objectives, EDI priorities and associated plans. The group aims to review EDI data collected from external and internal stakeholders, improve the quality and consistency of EDI data collection to maximise the potential for EDI data to inform, monitor, and evaluate the delivery of the EDI Strategy and core functions.
- 2.36. **Gender & Ethnicity Pay Gaps.** Gender Pay Gap Statement 2025 (snapshot data as of 5 April 2024) was published on the GDC website and submitted as part of the current legislation. Moving forward the Gender pay gap snapshot data will be published with three months of the snapshot data being taken. POD are currently liaising with External Comms about when to publish the 2025 snapshot data given the current consultation on the proposed corporate strategy. Development of the holistic EDI plan, which includes actions to address the GDC Pay Gaps for ethnicity and gender, was due to commence in Q3. Work has begun earlier alongside existing plans and priorities, and papers were due for ELT on 20 May and then RemNom in June. The pay gaps in the GDC have been created over a long term. There are no quick or fast actions that can be taken to remedy them in the short term. Although both have shown small improvement in the past twelve months. The long-term solutions are within improving the GDCs attraction, recruitment, retention, and progression approaches. The AD, People and OD has recently met with the Reach Committee representatives, the Chairs of the Women's network, and the People Forum with the network Chairs to discuss the Gender and Ethnicity pay gaps and the approaches that are being considered to address them over time. These engagements were well received.
- 2.37. **Total Reward Benefits:** Most benefits have been launched, including revised family-friendly policies, increased annual leave and the provision to buy and sell leave. In January, 25 colleagues took leave and 17 sold. POD are now gearing up for the second buy/sell window in June. On 1 May 2025, the revised Working Hours Policy was launched to all staff to promote consistency and flexibility across the GDC. The policy incorporated the new Flexitime scheme, developed within the Connect system, enabling individuals to record additional accrued hours, flex their daily balance of hours, or book flexitime leave in the future. This functionality was used by 52 employees on day one of launch and 138 as of 16 May. A Manager Training session will support the rollout of the revised Working Hours Policy to address any queries and will be followed up through the business partnering model. Early feedback from colleagues is very positive regarding the policy and the Connect system. The focus is now moving to the implementation of the new Benefits portal. Reward Gateway has established a contract to provide discounts and links to our existing benefits, such as cycle to work, gym discounts, etc. We are on track to launch by Q4 2025.

- 2.38. **Total Reward Pay and Grading:** A cost-of-living increase was implemented on 1 April 2025, and a review of our pay scales to ensure all employees are paid above the Real Living Wage. The ongoing Total Reward project is reviewing the GDCs pay and benefits to support greater attraction of talented professionals to the GDC as an employer and improve retention. To date the project has reviewed and refreshed a range of family friendly policies to increase flexibility. It has also introduced a new working hours policy which allows for one flex day per month to be taken by employees together with the option to buy and sell annual leave.
- 2.39. **Internal Communication and Engagement:** A strategy has been developed and approved. It focuses on setting a strategic narrative, engaging and equipping leaders, and introducing a strategically led internal communication operating rhythm. This strategy is being deployed through the newly formed Leadership Community Network and the recently introduced leadership cascade team brief.
- 2.40. **Employee engagement survey:** A tender process is underway to conduct another Employee Engagement Survey in Q4 2025 to refresh feedback from all staff. When new results are realised, further action plans will be developed.
- 2.41. **Recognition:** There has been a successful pilot of the "thank you recognition" scheme in the Corporate Resources directorate, which has been confirmed to be launched organisation wide.
- 2.42. **Values:** Values led behaviours and values supporting materials tool kit which has been tested and will be rolled out with some PDR sessions in time for mid-year reviews which is due to commence from May 2025. Value and actions sessions were conducted across the business, (Regulation, Corporate Resource and Legal and Governance - to help them identify with the values and live and breathe them).

3. Monitoring EDI Progress

- 3.1. At the February Council meeting, a selection of potential EDI outcome measures were presented to demonstrate the metrics that could support understanding the progress and impact of the EDI Strategy. Work has continued since February to explore the availability of data within the GDC and a possible framework around which EDI progress can be monitored. **See Appendix 2.**
- 3.2. These metrics can provide insight into the progress of our EDI work for this Strategy and beyond. **Appendix 3** shows available data for the current proposed EDI monitoring framework. It is important to note that at this time it is unlikely we will be able to consistently provide insights and analyses linked specifically to the impact of the current EDI Strategy.
- 3.3. The EDI Data Group will play a key role in evolving these metrics and ensuring the data sets are complete and accurate. The Group's terms of reference set out the work which will be explored, and we are anticipating that any metrics agreed will be integrated into regular performance monitoring in line with the forthcoming Corporate Strategy 2026-2028.

4. Professional Standards Authority (PSA) Standard 3

- 4.1. PSA Standard 3 is monitored as part of the EDI Delivery Group. At March's EDI Delivery Group meeting, members were briefed on the work to review the twenty indicators across Standard 3's four outcomes.
- 4.2. Each directorate was asked to support that review by identifying where they could provide evidence for each of the twenty outcomes in their business area. Following the review, the focus will be on the indicators not achieved in 2023/2024, while recognising the need to maintain and build on the indicators achieved in the 2023/2024 assessment. The progress of those actions will continue through the EDI Delivery Group.

5. Legal, policy and national considerations

- 5.1. As a statutory body, both a regulator and employer, our commitment and approach to EDI is underpinned by our legal duties under the Equality Act 2010 including the Public Sector Equality Duty when we are exercising public functions. To consider our Public Sector Equality Duty, we need to take steps to understand the potential and actual impact our policies and practices are having on people from the groups protected by the Equality Act 2010.
- 5.2. In line with the expectations set out to Council in April 2024, the current EDI Strategy remains a bridging strategy across 2024-2025, pending the implementation of the new Corporate Strategy 2026-2028. As EDI is central to our corporate vision, mission and objectives, the forthcoming Corporate Strategy will incorporate our EDI ambitions and sets out the activity that will ensure we meet our obligations under the Public Sector Equality Duty.

6. Equality, diversity and privacy considerations

- 6.1. The GDC employs over 430 employees and regulates over 130,000 dental professionals from diverse backgrounds, groups and protected characteristics, including those aged 18 and over, people with disabilities, people from a broad range of ethnic backgrounds, religions, sexual orientations, and carer responsibilities. This paper highlights the EDI work undertaken within the GDC, focusing on employees and registrants.

7. Risk considerations

- 7.1. Delivery of our EDI strategy is on our strategic risk register and is currently outside of appetite. As a result, and following discussions with ARC, we have changed our arrangements for leading on EDI objectives and providing assurance. We have also put in place steps to measure outcomes.
- 7.2. Our current EDI Strategy is built on current or anticipated work planned into our CCP 2025-27 portfolio of projects, and it was designed to mitigate the risk of no relevant strategy in place following the expiry of the EDI Strategy 2021-23 on 31 December 2023, allowing the GDC to undertake work that makes EDI a more central component of our overall functions and services.
- 7.3. As with all projects in the CCP portfolio, there remains a risk that external factors or events may impact the GDC's immediate priorities and alter our ability to deliver the EDI elements within the currently planned project timelines. The introduction of the EDI Delivery Group alongside members of the ELT sponsoring each EDI Objective, brings together expertise from across the GDC to oversee and support the successful delivery of the current EDI Strategy and related projects.

8. Resource considerations and CCP

- 8.1. All programmes and projects undertaken within the CCP 2025-2027 incorporate full initiation scoping where they each perform EIAs as routine. The actions recommended from the project EIAs are managed as deliverables within the projects and form part of CCP updates within the Quarterly Organisational Performance reporting and monitoring performed by ELT and FPC.
- 8.2. The CCP 2025-2027 plan approved by Council includes specific initiatives for the delivery of EDI activities, which also will be reported and reviewed within the Quarterly Organisational Performance reporting. These include Informant EDI data capture - this will deliver the data to be able to better understand our informant population and promote other activities to inform the GDC about issues relevant to equality, diversity and inclusion. This activity commenced the ongoing process of data collection for informants in Q4 2024. EDI Strategy 2024-25 – Objective 5 - Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included. In addition, the development of a new three-year strategy for 2026-28 will articulate Council's ambitions in relation to EDI.
- 8.3. There are also key objectives within the CCP 2025-2027 which are of direct relevance to the EDI Strategy 2024-25, these are: Ensure registrants, witnesses and the public can all effectively engage with the GDC throughout all our statutory duties. Ensure EDI is fully embedded in professional and educational guidance and support EDI in all aspects of professional behaviour.

Ensure our staff understand our statutory EDI obligations and what it means for them in their daily work. To attract and retain a diverse and talented workforce to work at the GDC. Improve collection of quality assured EDI data across the business.

9. Monitoring and review

- 9.1. As noted in Section 8, the GDC's Quarterly Organisational Performance reporting and monitoring framework captures the progress of all programmes and projects undertaken with the CCP 2025-2027. Although some of the 24 EDI actions will be reported and reviewed within our established mechanisms, not all EDI actions will have similar opportunities.
- 9.2. The EDI Actions are aligned to the EDI Strategy, based on and separated into the five strategic objectives, and monitors the progress of the actions identified within the strategy.
- 9.3. The proposed EDI metrics will support monitoring the impact of the EDI Strategy and EDI activities. These metrics are intended to monitor a range of regulatory functions being delivered by the GDC.
- 9.4. The EDI Delivery Group will allow assurance to be provided around the delivery of the current EDI Strategy. Work has begun on developing methods to measure and monitor the strategy's impact on our workforce, our registrants, and the public.

10. Development, consultation and decision trail

- 10.1. As part of the current EDI Strategy, the Council will continue to be updated on the progress of the Strategy's deliverables, and the demonstrable impact on our outcome measures (once finalised).
- 10.2. The EDI Delivery Group, including the ELT, support the development of these updates to the Council.

11. Next steps and communications

- 11.1. Consultation on the Corporate Strategy 2026-2028 which integrates EDI priorities.
- 11.2. We will also continue to regularly maintain and update our publicly available EDI Action Plan 2024-25 on the GDC's website. Providing transparency regarding the progress of the EDI Strategy alongside our regular updates to the Council.

Appendices

Appendix 1 – EDI Objectives & Status Updates May 2025

Appendix 2 – Draft EDI Monitoring

Appendix 3 – Draft EDI Data

Dan Popple, Head of EDI

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20 June 2025

Appendix 1 – EDI Objectives & Status Updates

Objective 1: Developing and supporting an inclusive profession that is equipped to provide patient-centred care to every patient

ELT Lead - Stefan Czerniawski

Priorities

- Through the learning outcomes, help equip students and trainees with the skills to deliver appropriate care to all patients and foster an environment where diversity is appreciated and valued.
- Support dental professionals to understand and maintain their legal and ethical obligations in relation to EDI.
- Consider the role of the GDC and the Standards for Education in supporting the diverse needs of students by addressing differential attainment.
- Collaborate with education providers to consider the diversity of admissions into training and educational programs.

Action	Function	Sub-actions	Implementation Date	Current Status	Revised Implementation Date
Embedding the new learning outcomes and Safe Practitioner Framework	Policy & Education and Quality Assurance	1A. Briefing sessions to training providers on implementation of the new Safe Practitioner Framework (SPF)	2024 Q1		N/A
		1B. Agreement of Transition Action Plan for SPF with all providers	2024 Q3		N/A
	Education and Quality Assurance	1C. Periodic implementation reviews with providers to discuss progress with implementation schedules for SPF	2025 Q3		N/A
		1D. Implementation of SPF (for providers without agreed extension)	2025 Q3		N/A
		1E. Ongoing monitoring against new SPF	2025 Q4		N/A
Setting clear standards and guidance regarding discrimination	Policy	1F. Reviewing our recommended CPD topics and whether to include EDI. Any potential updates to the topics, if deemed necessary, would be implemented in 2025	2025 Q4		N/A

		1G. Develop Principles of Professionalism and underpinning guidance framework which encourages patient-centred professional decision-making	2024 Q4		2025 Q3
		1H. Consult on Principles of Professionalism and guidance framework	2025 Q1 Delayed: 2026 Q2		2026 Q1
		1I. Develop supporting material in the framework to support and promote the importance of equality, diversity and inclusion (EDI) in professional practice: Supporting material to be published	2025 Q3 (Part 1) 2026 Q3 (Part 2)		Provisionally: June 2026
Reviewing the standards for education	Education and Quality Assurance	1J. Revised Standards for Education to include new requirement for education providers to demonstrate that their admissions process is fair, inclusive, and transparent: Draft standards developed	2024 Q1		N/A
		1K. Revised Standards for Education to include new requirement for education providers to demonstrate that their admissions process is fair, inclusive, and transparent: Draft standards go to public consultation for 12 weeks	2024 Q2		N/A
		1L. Revised Standards for Education to include new requirement for education providers to demonstrate that their admissions process is fair, inclusive, and transparent: Revised standards approved and published	2025 Q3		N/A
Upcoming action	Not Implemented	Partially Implemented	Implemented	Ongoing	

Objective 2: Identifying and removing any barriers that patients, the public, dental professionals and partners encounter when engaging with us

ELT Lead – Theresa Thorp

Priorities

- Undertake work to identify and remove barriers to engaging with our registration processes for both UK and overseas qualified professionals.
- Identify barriers or challenges for those involved in FtP processes and offer or signpost to suitable support and mitigation strategies.
- Provide patients and the public with information and assistance to enhance their understanding of how to raise concerns with the appropriate organisation promptly and effectively.
- Improve the accessibility of our communications with our registrants, patients and other relevant stakeholders.

Action	Owner	Sub-actions	Implementation Date	Current Status	Revised Implementation Date
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Ensuring we adopt the right format for our hearings	Policy & Hearings and DCS	2A. Update GDC policy and guidance to panels on deciding the format of hearings: Consult on proposal to make hearings remote by default	2024 Q1		N/A
		2B. Update GDC policy and guidance to panels on deciding the format of hearings: Finalise policy to determine the format of hearings and implement changes	2024 Q1		N/A
Improvements to the registration process	Policy & Registration	2C. Review registration policies to improve applicant experience, including user experience design improvement as a key part of the paperless office in Registration programme	2025 Q3		N/A
		2D. Engage with government on proposed provisional registration and other workforce policies and develop a provisional registration route if provisional registration comes into force	On hold		TBD, following the Minister decision
		2E. Develop a policy for applicants with refugee status	2025 Q1		N/A
		2F. Explore additional capacity of ORE and target cost neutrality of the ORE	2025 Q4		N/A
		2G. Determine feasibility/desirability of changes to the ORE, based on statistical modelling and evidence/intelligence	2025 Q4		N/A
		2H. Conduct a procurement exercise to determine ORE providers from 2025 onwards	2025 Q3		N/A

		2I. Develop a comprehensive framework of routes to registration for professionals who have qualified overseas, while maintaining the standards that protect the public.	2026 Q4		TBD, following the Minister decision
Making the complaints resolution process more accessible	Policy	2J. Work with partners to review and improve signposting information on GDC website for those who may have a complaint or concern. Changes implemented	2024 Q3		N/A
		2K. Maintaining equality, diversity and inclusion (EDI) as central to our approach, including drawing on existing research projects	Ongoing		N/A
Understanding who is raising concerns	Regulation	2L. Capture EDI data for those who raise concerns with us and for witnesses in FtP cases	2024 Q4		TBD, dependant on timescale for CRM changes
Upcoming action	Not Implemented	Partially Implemented	Implemented	Ongoing	

Objective 3: Making sure that our processes and the decisions we take are fair and consistent and embody the principles of equality, diversity and inclusion

ELT Lead – Katie Spears

Priorities

- Promote fair, equitable, and consistent decision making in FtP processes, addressing any concerns identified and taking necessary actions to tackle them.
- Address allegations of discrimination among the dental team through FtP processes
- Implement, monitor and evaluate measures to ensure that our regulatory policy making does not unfairly disadvantage any groups.

Action	Owner	Sub-actions	Implementation Date	Current Status	Revised Implementation Date
Embedding and improving how we undertake equality impact assessments	Legal & Governance	3A. Implement measures to ensure that our regulatory policy making does not unfairly disadvantage any groups	Ongoing		N/A
		3B. Clear guidance on when and how to complete Equality Impact Assessments, including training for staff	Ongoing		2025 Q3

Supporting and improving FtP decision making	Policy	3C(a) Revised Interim Orders Committee guidance	2024 Q1		N/A
		3C(b) Revised Practice Committee guidance	2025 Q2		2025 Q4
		3C(c) Revised Case Examiner guidance	2025 Q4		N/A
		3C(d) Initial Assessment and Casework guidance	2025 Q4		2026 Q2
Analysing and monitoring our FtP data to identify overrepresentation	Research & Intelligence	3D. Continued publication of the Fitness to Practise Statistical Report	2025 Q2		N/A
Monitoring and responding to legislative developments	Communications & Engagement	3E. Revise policies for evidencing Welsh language requirements	2025 Q1		TBC
	Procurement	3F. New process for procurement over £15k, reflecting considerations around sustainability, social value and EDI	2025 Q1		N/A
		3G. Implement an EDI supplier charter, encompassing EDI values, as part of supplier terms & conditions	2025 Q3		N/A
Upcoming action	Not Implemented	Partially Implemented	Implemented	Ongoing	

Objective 4: Making sure that our EDI action is guided and informed by insight gained through data, research and feedback

ELT Lead – Stefan Czerniawski

Priorities

- Enable the GDC to prioritise evidence-based approaches in fulfilling our corporate and EDI strategy commitments through enhanced data collection and utilisation. This enables us to leverage robust and reliable evidence to inform our actions and assess our impact.
- Collaborate with a diverse range of stakeholders, including representatives of minority groups, by actively listening and acting upon feedback received.
- Use monitoring mechanisms to identify potential situations of unfairness and bias in FtP referrals.

Action	Owners	Sub-actions	Implementation Date	Current Status	Revised Implementation Date
Using evidence to inform work, evaluation and monitoring of performance	Research	4A. In line with the Data Strategy, procure an external consultant to perform a Data Maturity Assessment (DMA) to improve data capability and facilitate FTP data analysis	2025 Q3		N/A
		4B. Improve EDI data capture with those who raise concerns with us and witnesses in FtP cases	2024 Q4		TBD, dependant on timescale for CRM changes
		4C. Collaborate with a diverse range of stakeholders, including representatives of minority groups, by actively listening and action upon feedback received	2024 Q4		To be provided
		4D. Use monitoring mechanisms to identify potential situations of unfairness and bias in Fitness to Practise referrals	Ongoing		N/A
Gaining a better understanding of the workforce	Research	4E. Creation of an EDI Data Steering Group to baseline EDI data to understand gaps, with options presented ELT	2025 Q1		To be provided
		4F. Continue the Data Strategy Group which is overseeing the Data Maturity Assessment (DMA)	2025 Q3		N/A
Working with our partners	Communications & Engagement	4G. Engagement events with the Dental Leadership Network	Ongoing		N/A
		4H. Maintain membership with the Diversity in Dentistry Action Group (DDAG) to promote principles of EDI within the dental team	Ongoing		N/A
	EDI	4I. Continue working with other organisations for further exploration and access to best practice, training, networking, guidance and research, including the Employers Network for Equality & Inclusion (enei), Disability Confident, Diversity Matters, the Inter-Regulatory EDI Forum, and the Racial Equality Inclusion Network (REIN)	Ongoing		N/A
Upcoming action	Not Implemented	Partially Implemented	Implemented	Ongoing	

Objective 5: Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included

ELT Lead – Gurvinder Soomal

Priorities

- Enhance our organisational culture to support, value and develop each individual colleague and their unique contribution to enabling the GDC to become a trusted and effective regulator.
- Work towards achieving fair internal processes and systems that challenge bias and prejudice by ensuring our policies and ways of working are inclusive and fully aligned with our values.
- Continuously develop and equip colleagues at all levels to commit to and own the EDI strategy and values, demonstrating behaviours consistent with our EDI vision.

Action	Owners	Sub-actions	Implementation Date	Current Status	Revised Implementation Date
Developing our workforce	People Partners	5A. Utilising our people partners to support managers to understand policies, so that our colleagues have a positive and rewarding experience throughout the employee journey	2024 Q4		N/A
Effective engagement with colleagues	EDI	5B. Support employee networks to thrive and contribute to the culture of the GDC.	2024 Q3		N/A
	Internal Communications	5C. Develop an effective internal communications and engagement strategy	2025 Q2		N/A
	EDI	5D. Use the results of the 2023 engagement survey to develop responsive action plans across the GDC, ensuring that the results of the survey are shared with our employee networks	2024 Q2		N/A
	Internal Communications	5E. Review and improve the employee intranet	2026 Q1		N/A
Enhancing attraction and recruitment	Resourcing & Talent	5F. Develop an Attraction Strategy and plan which will provide a more expansive platform to reach a wider range of candidates	2025 Q4		N/A

	Resourcing & Talent	5G. Review and evaluate the end-to-end recruitment journey for candidates to ensure that the application process is accessible, fair and inclusive	2025 Q4		N/A
Enhancing organisational culture	Change Team	5H. Undertaking a change programme to enhance our organisational culture.	2025 Q3		N/A
Enhancing people data	People Services	5I. Enhance our monitoring of data relating to colleagues' protected characteristics so we can report effectively on this across the organisation.	2025 Q4		N/A
Improving learning and development	Organisational Development	5J. Using the new Learning Management System to launch a continuous EDI learning programme for all colleagues, which will be refreshed annually	2025 Q2		N/A
Improving onboarding	Organisational Development	5K. Providing an effective welcome to the GDC is essential for new employees to be introduced to the culture of the GDC, which incorporates EDI learning into our onboarding and induction	2024 Q3		N/A
Monitoring our flexible and hybrid working practices	People Services	5L. Continue to monitor and develop our approach to hybrid working, ensuring that it provides equal and appropriate access to opportunities for existing and future staff	2024 Q3		N/A
Reviewing pay and Reward	People Services	5M. Deliver the 'Total Reward' program of work which will seek to ensure that the GDC's pay, and grading structures are fit for purpose.	2025 Q3		N/A
	Organisational Development	5N. Developing improved approaches to talent management and succession planning	2025 Q4		N/A
Enhancing management and leadership	Organisational Development	5O. Offer people managers support, equipping them to consider the needs of teams and individuals in relation to a range of factors, including wellbeing, engagement, performance and EDI.	2025 Q3		N/A
Upcoming action	Not Implemented	Partially Implemented	Implemented	Ongoing	

Appendix 2 – Draft EDI Monitoring

Recommended Version - EDI data sources for informing, monitoring and evaluating GDC EDI activity and performance

Key terms	Definition/explanation
EDI data	<p>Refers to protected characteristics data (Sex, age, ethnicity, disability, sexual orientation, gender reassignment, religion or belief, marriage and civil partnership, pregnancy and maternity).</p> <p>Some or all of the protected characteristics may be included in the analysis depending on the purpose.</p> <p>Further sources of EDI evidence/measures will be developed through the EDI monitoring and evaluation plan (e.g. qualitative feedback; documentary analysis of EIAs)</p>
GDC EDI data (Available)	EDI data currently collected and held by the GDC. Some datasets require improvements to quality and/or quantity of data.
GDC EDI data (Not yet available)	EDI data not currently collected and held by the GDC, with potential for use in analysis. Further development will assess methods suitable for capturing EDI data.
Additional comparison data	EDI data that is or might be made available to the GDC from an external source.
Types of analysis	<p>Examples of comparisons within and between EDI datasets. For example:</p> <p>Descriptive statistics + measures of central tendency (Mean, Mode, Median).</p> <p>Relationships among variables (Are there are differences in characteristics of new registrants e.g more female dentists joining the register compared to recent years).</p>

	<p>Differences between groups (e.g. do inactive / active or FTP/Non-FTP registrants have a different age profile).</p> <p>Change over time (e.g. repeated measures analysis – changes in snapshot for both relationships among variables and differences between groups).</p>
Analysis purpose	Potential uses of the analysis, to inform prioritisation and formulation of hypotheses.

Objective 1: Developing and supporting an inclusive profession that is equipped to provide patient-centred care to every patient.

Priorities

Through the learning outcomes, help equip students and trainees with the skills to deliver appropriate care to all patients and foster an environment where diversity is appreciated and valued.

Support dental professionals to understand and maintain their legal and ethical obligations in relation to EDI.

Consider the role of the GDC and the Standards for Education in supporting the diverse needs of students by addressing differential attainment.

Collaborate with education providers to consider the diversity of admissions into training and educational programs.

GDC EDI data (Available)	Registrants (all)
	New registrants (UK qualified, year 1)
	New registrants (UK qualified, year 2/ end of foundation training)
Additional comparison data	ONS population data
	Education & training providers admissions and attainment data (summary)
	Higher Education Statistics Agency (HESA) data (summary 'Medicine and dentistry')
Types of analyses	Registrant population compared to UK population
	New registrant population compared to UK population

	New registrant population compared to dental training admissions.
Analyses purposes	Identifying areas for further research/investigation;
	Identifying and informing areas for GDC activity;
	Monitoring and evaluation of GDC activity.
<p>Objective 2: Identifying and removing any barriers that patients, the public, dental professionals and partners encounter when engaging with us.</p> <p>Priorities</p> <p>Undertake work to identify and remove barriers to engaging with our registration processes for both UK and overseas qualified professionals.</p> <p>Identify barriers or challenges for those involved in FtP processes and offer or signpost to suitable support and mitigation strategies.</p> <p>Provide patients and the public with information and assistance to enhance their understanding of how to raise concerns with the appropriate organisation promptly and effectively.</p> <p>Improve the accessibility of our communications with our registrants, patients and other relevant stakeholders.</p>	
GDC EDI data (Available)	Registrants (all)
	UK qualified registrants
	Overseas qualified registrants
	Registrants involved in FtP
	Informants
	FtP feedback survey respondents (informants and registrants)
	Hearings service survey respondents (witnesses and registrants)
GDC EDI data (Not yet Available)	Witnesses
	CAIT feedback survey respondents

	Registration feedback survey respondents
Additional comparison data	ONS population data
	NHS patient summary data
Types of analyses	Registrants involved in FtP compared to registrant population
	Informants raising concerns compared to national/patient population
	Informants raising concerns compared to registrants with concerns raised against them
	Feedback survey response correlations by protected characteristic
Analyses purposes	Identifying areas for further research/investigation
	Identifying and informing areas for GDC activity
	Monitoring and evaluation of GDC activity
<p>Objective 3: Making sure that our regulatory processes and the decisions we take are fair and consistent and embody the principles of equality, diversity and inclusion.</p> <p>Priorities</p> <p>Undertake work to identify and remove barriers to engaging with our registration processes for both UK and overseas qualified professionals.</p> <p>Identify barriers or challenges for those involved in FtP processes and offer or signpost to suitable support and mitigation strategies.</p> <p>Provide patients and the public with information and assistance to enhance their understanding of how to raise concerns with the appropriate organisation promptly and effectively.</p> <p>Improve the accessibility of our communications with our registrants, patients and other relevant stakeholders.</p>	
GDC EDI data (Available)	Registrants (all)
	UK qualified registrants
	Overseas qualified registrants
	Registrants involved in FtP
	Informants
GDC EDI data	Witnesses

(Not yet available)	
Additional comparison data	ONS population data
	NHS patient summary data
Types of analyses	Registrants involved in FtP compared to Registrant population
	Registrants whose case progresses compared to cases closed at earlier stage
	Informants raising concerns compared to national/patient population
	Informants whose case progresses compared to cases closed at earlier stage
	Informants raising concerns compared to registrants with concerns raised against them
Analyses purposes	Identifying areas for further research/investigation
	Identifying and informing areas for GDC activity
	Monitoring and evaluation of GDC activity
<p>Objective 4: Making sure that our equality, diversity and inclusion action is guided and informed by insight gained through data, research, and feedback.</p> <p>Priorities Enable the GDC to prioritise evidence-based approaches in fulfilling our corporate and EDI strategy commitments through enhanced data collection and utilisation. This enables us to leverage robust and reliable evidence to inform our actions and assess our impact.</p> <p>Collaborate with a diverse range of stakeholders, including representatives of minority groups, by actively listening and acting upon feedback received.</p> <p>Use monitoring mechanisms to identify potential situations of unfairness and bias in FtP referrals.</p>	
GDC EDI data (Available)	Registrants (all)
	Informants
	Consultation respondents (individuals)
	FtP feedback survey respondents
	GDC commissioned research participants

	GDC employees (all)
GDC EDI data (Not yet available)	Witnesses
	CAIT feedback survey respondents
	Registration feedback survey respondents
Additional comparison data	ONS population data
	NHS patient summary data
Types of analyses	Registrants involved in FtP compared to Registrant population
	Registrants whose cases progress compared to cases closed at earlier stage
	Informants raising concerns compared to national/patient population
	Informants whose cases progress compared to cases closed at earlier stage
	Informants raising concerns compared to registrants with concerns raised against them
	Consultation respondents (individual) compared to registrant population
	Consultation respondents compared to patient/national population
	Feedback survey respondents compared to registrant/registrants involved in FtP/informants/witnesses/patient population
	Research participants compared to registrant/patient/UK population
Analyses purposes	Identifying areas for further research/investigation
	Identifying and informing areas for GDC activity
	Monitoring and evaluation of GDC activity
<p>Objective 5: Embedding an inclusive workplace culture at all levels in the GDC where all staff feel welcomed, integrated, valued and included.</p> <p>Priorities Enhance our organisational culture to support, value and develop each individual colleague and their unique contribution to enabling the GDC to become a trusted and effective regulator.</p> <p>Work towards achieving fair internal processes and systems that challenge bias and prejudice by ensuring our policies and ways of working are inclusive and fully aligned with our values.</p>	

Continuously develop and equip colleagues at all levels to commit to and own the EDI strategy and values, demonstrating behaviours consistent with our EDI vision.

GDC EDI data (Available)	GDC job/role applicants
	GDC employees (all)
	Employee engagement survey respondents
Additional comparison data	ONS population data
Types of analyses	GDC employees compared to relevant local population
	Applicants compared to relevant local population
	New starters compared to applicants
	Leavers compared to all staff
	Hourly pay rate by protected characteristic
	Employee engagement scores by protected characteristic
Analyses purposes	Identifying areas for further research/investigation
	Identifying and informing areas for GDC activity
	Monitoring and evaluation of GDC activity

Appendix 3 – Example analyses (GDC published sources only)

Analysis: Registrants involved in FtP compared to registrant population				
Objectives 2, 3 & 4				
Source: Fitness to Practise Statistical Report 2024				
Sub Population	Protected Characteristic	Group	FTP 2024 %	Registrants 2024 %
Dentists	Age	22-30	10	16
		31-40	29	31
		41-50	29	26
		51-60	21	18
		61-65	6	5
		Over 65	5	4
	Ethnicity	White	35	47
		Asian	34	30
		Black	3	2
		Mixed	3	2
		Other	7	6
		Prefer not to say	14	9
		Unknown	4	4
	Marital status	Divorced	6	3
		Formerly in a civil partnership which is now legally dissolved	0	0
		In a registered civil partnership	1	1
		Married	52	51

		Never married and never registered in a civil partnership	18	25
		Prefer not to say	13	9
		Separated, but still legally in a civil partnership	0	0
		Separated, but still legally married	1	1
		Surviving partner from a registered civil partnership	0	0
		Unknown	11	10
		Widowed	0	0
	Religion	Buddhist	1	1
		Christian	27	34
		Hindu	12	11
		Jewish	1	1
		Muslim	16	13
		No religion	19	22
		Sikh	5	4
		Any other religion	1	1
		Prefer not to say	14	11
		Unknown	4	4
	Sexual Orientation	Straight	81	83
		Gay, lesbian, bisexual & other	2	2

		Prefer not to say	13	11
		Not known	5	4
	Sex	Female	35	53
		Male	65	47
DCPs	Age	16-21	1	2
		22-30	19	23
		31-40	38	32
		41-50	20	23
		51-60	17	15
		61-65	2	4
		Over 65	3	2
	Ethnicity	White	59	75
		Asian	18	11
		Black	5	3
		Mixed	3	2
		Other	3	2
		Prefer not to say	7	4
		Unknown	5	4
	Marital status	Divorced	6	5
		Formerly in a civil partnership which is now legally dissolved	0	0
		In a registered civil partnership	2	1
		Married	35	40

		Never married and never registered in a civil partnership	35	36
		Prefer not to say	9	9
		Separated, but still legally in a civil partnership	0	0
		Separated, but still legally married	2	1
		Surviving partner from a registered civil partnership	0	0
		Unknown	11	8
		Widowed	0	1
	Religion	Buddhist	1	1
		Christian	31	37
		Hindu	5	3
		Jewish	0	0
		Muslim	14	6
		No religion	34	41
		Sikh	2	1
		Any other religion	0	1
		Prefer not to say	9	6
		Unknown	5	4
	Sexual Orientation	Straight	85	87
		Gay, lesbian, bisexual & other	2	2

		Prefer not to say	8	7
		Not known	5	4
	Sex	Female	76	93
		Male	24	7

Analysis: Registrants whose case progresses compared to cases closed at earlier stage (Initial assessment)

Objectives 3&4

Source: Fitness to Practise Statistical Report 2024

Sub Population	Protected Characteristic	Group	Proportion of Dentists with an FTP concern raised that year (2024)	Proportion of Dentists with an FTP concern that progressed beyond Initial Assessment (2024)
Dentists	Age	16-21	0	0
		22-30	10	10
		31-40	29	29
		41-50	29	29
		51-60	21	21
		61-65	6	6
		Over 65	5	5
	Ethnicity	White	35	36
		Asian	34	33
		Black	3	3
		Mixed	3	3
		Other	7	7
		Prefer not to say	14	14
		Unknown	4	5
	Marital status	Divorced	6	6
		Formerly in a civil partnership which is now legally dissolved	0	0

		In a registered civil partnership	1	1
		Married	52	51
		Never married and never registered in a civil partnership	18	18
		Prefer not to say	13	14
		Separated, but still legally in a civil partnership	0	0
		Separated, but still legally married	1	1
		Surviving partner from a registered civil partnership	0	0
		Unknown	11	11
		Widowed	0	0
	Religion	Buddhist	1	1
		Christian	27	27
		Hindu	12	12
		Jewish	1	1
		Muslim	16	16
		No religion	19	19
		Sikh	5	5
		Any other religion	1	1
		Prefer not to say	14	14
		Unknown	4	4

	Sexual orientation	Straight	81	80
		Gay, lesbian, bisexual & other	2	2
		Prefer not to say	13	13
		Not known	5	5
	Sex	Female	35	34
		Male	65	65
DCPs	Age	16-21	1	1
		22-30	19	19
		31-40	38	38
		41-50	20	20
		51-60	17	17
		61-65	2	2
		Over 65	3	3
	Ethnicity	White	59	59
		Asian	18	18
		Black	5	5
		Mixed	3	3
		Other	3	3
		Prefer not to say	7	7
		Unknown	5	5
	Marital status	Divorced	6	6
		Formerly in a civil partnership which is now legally dissolved	0	0

		In a registered civil partnership	1	1
		Married	35	36
		Never married and never registered in a civil partnership	35	36
		Prefer not to say	9	9
		Separated, but still legally in a civil partnership	0	0
		Separated, but still legally married	2	1
		Surviving partner from a registered civil partnership	0	0
		Unknown	11	11
		Widowed	0	0
	Religion	Buddhist	0	0
		Christian	31	31
		Hindu	5	5
		Jewish	0	0
		Muslim	14	14
		No religion	34	34
		Sikh	2	2
		Any other religion	0	0
		Prefer not to say	9	8
		Unknown	5	5

	Sexual Orientation	Straight	85	84
		Gay, lesbian, bisexual & other	2	2
		Prefer not to say	8	9
		Not known	5	5
	Sex	Female	76	75
		Male	24	25

Analysis: Hourly pay rate by protected characteristic

Objective 5

Source: Gender Pay Gap Statement 2024Gender Pay Gap Statement 2024

Sub Population	Protected Characteristic	Group	Mean gender pay gap (April 2024)	Mean gender pay gap (April 2023)
GDC employees	Sex	Female	16.7% lower than men	13.6% lower than men
Sub Population	Protected Characteristic	Group	Median gender pay gap (April 2024)	Median gender pay gap (April 2023)
GDC employees	Sex	Female	18% lower than men	17.9% lower than men

Scope of Practice Guidance

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Ross Scales, Head of Upstream Regulation Sabrina Kissarli, Policy and Project Officer Shiplu Miah, Stakeholder and Communications Manager
Type of business	For approval
Purpose	Under sections 26B and 36M of the Dentists Act, the GDC is required to prepare and issue guidance as to the standards of conduct, performance and practice of dental professionals. The Scope of Practice is this type of guidance.
Issue	To update the Council on the progress of the Scope of Practice guidance to implementation. This has been delayed due to receipt and analysis of additional stakeholder feedback, and subsequent engagement activity. Approval is sought from the Council for publication and implementation of the guidance with additional revisions.
Recommendation	The Council is asked to approve publication of the revised guidance for Scope of Practice and note the consultation outcome report. The outcome report is available in the Reading Room and the draft revised guidance is included at Appendix 1 .

1. Background

- 1.1 In April 2024, the Council approved new Scope of Practice guidance. This guidance was developed following an extensive exercise to gather stakeholder views. It was subject to public consultation in 2023, which was followed by post-consultation meetings with several stakeholder organisations.
- 1.2 Following Council approval, the executive prepared the guidance and the consultation outcome report for publication in September 2024, with implementation scheduled to follow in October 2024.
- 1.3 A key part of the publication and implementation plan was to gather support from stakeholder organisations, including professional bodies, indemnifiers/insurance providers, and others. This was important to help embed the guidance, and support dental professionals adapt to the new guidance.
- 1.4 Ahead of what was scheduled to be the final stakeholder meeting before publication, we shared the revised guidance. At the meeting some stakeholders fed back that the guidance required further change before they would be able to support it, and requested publication be delayed. Given the content of the new points made within this feedback and the importance of stakeholder support, we agreed to delay publication while we engaged with stakeholders on the matters they had raised. All stakeholder organisations present were invited to send written feedback on the guidance.

- 1.5 Feedback was received from many stakeholder organisations. This was considered and further discussions were held with the stakeholders both as individual organisations and within group meetings. Following this activity some proposed amendments were made to the guidance. These amendments are reflected in the updated guidance document at Appendix 1.

2. Positioning of the guidance

- 2.1 The revised Scope of Practice guidance reflects the approach of the wider professionalism programme. This is to explore how the GDC can provide guidance that encourages professional decision-making and recognises the importance of the judgement of the dental professional. This guidance will replace the current published guidance in the current guidance framework. In future, and subject to consultation and Council approval, the Scope of Practice guidance would form part of a small suite of professional statutory guidance located within a framework of overarching principles of professionalism. It would be supported by information and supporting materials that illustrate how these principles apply in practice. Directive guidance to professionals, such as that on Scope of Practice, would be provided where it is necessary to highlight a legal and professional/regulatory duty.
- 2.2 Section One of the guidance is designed to help dental professionals understand their personal scope of practice. This section applies to all dental professionals, and it seeks to promote the importance of professional judgement and a team-based approach to providing patient care.
- 2.3 Section Two of the guidance provides profession specific content for each of the seven professions regulated by the GDC. The guidance moves away from providing the list of tasks permitted for each profession, which is a feature of the current guidance. Instead, it focuses on describing the role of the profession within the dental team, explaining what they do, alongside examples of tasks they might undertake, and the boundaries of the role. The importance of being trained, competent, and indemnified/insured is emphasised.

3. Updates made to the guidance

- 3.1 The amendments made to the Scope of Practice guidance, after Council approval in April 2024, continue to align with the consultation proposals following incorporation of consultation feedback and therefore a further public consultation is not required. The changes made since the Council approved the guidance are described below.

Outline of the changes to the guidance

- 3.2 Additional content has been included in Section One of the guidance at Section 1.7(e) regarding direct access, which replaces some of the content that had referenced direct access in Section Two (profession specific content). The references to direct access in the approved version of the guidance were not uniform across the professional groups, and adding content in Section One enabled this to be addressed.
- 3.3 Some stakeholders requested the inclusion of reference to the regulatory obligations to meet MHRA requirements in Section Two for professional groups including dentists, as well as dental technicians and CDTs. The wider stakeholder group agreed with the suggestion that a better approach was to remove specific reference to a single external regulatory/legal requirement and include further context in Section One (see Section 1.8). This change will help to future proof the guidance to external changes.
- 3.4 Content has been added to highlight that it is important not to pressure colleagues to undertake a task if they do not feel trained or competent to do it (see Section 1.3). This is also reinforced in the dental nurse guidance, as stakeholders fed back that this was an important message to reinforce in respect of this profession.

- 3.5 New text has also been added to aid interpretation of the guidance throughout, and some lists have been put into a more logical order at the request of stakeholders.
- 3.6 Within Section Two, greater certainty and additional clarity relating to the boundaries of specific professional groups was sought by stakeholders, including indemnifiers and professional associations.
- 3.7 An area of feedback was to address some messages within the guidance to those who have qualified overseas and are now registered in the UK. Much of this feedback focused on overseas qualified dentists who have joined the DCP register. After discussion of the issues, it was noted that the issues raised were covered within the guidance and particular groups should not be singled out. The project team proposed that specific supporting content should be produced for this group to support them in the use of this guidance. This content is being developed and will be published at the same time, or soon after, the new guidance comes into effect.
- 3.8 There was significant discussion with stakeholders about the role of dental therapists in orthodontic practice, and how this was expressed in the boundaries section. It was noted that the role of a dental therapist, alongside that of a dental hygienist, is focused on the prevention and treatment of oral disease. Several expressed the view that the guidance should be clearer about whether therapists could undertake interproximal reduction (IPR) as part of an orthodontic treatment plan. The consensus from the group was that while dental therapists had the experience in using the (high speed) equipment and in the removal of enamel, they did not have the foundational training in orthodontics that would allow them to identify what to do if something goes wrong. Consensus was that orthodontic therapists should also not be undertaking IPR as they do not have the foundational skills in the use of the equipment required to carry out this task.
- 3.9 The position on the application of fluoride varnish by dental nurses is set out within the guidance and reflects the relevant legislation (The Human Medicines Regulations 2012). This means that dental nurses can only apply fluoride varnish, a prescription only medicine, as a preventative treatment if there is a prescription/patient specific direction in place. This was indicated in the previous paper the Council considered on Scope of Practice. We considered whether there may be a consequential impact on public health initiatives by making this clarification, as it had been suggested to the GDC that some initiatives might use mechanisms such as patient group directives (PGDs) or other structures to instruct dental nurses to administer fluoride varnish. Unlike dental hygienists and dental therapists, dental nurses are not permitted to administer medicines through PGDs. To establish whether there would be any impact on these initiatives, we met with the four national Chief Dental Officers. They confirmed that they expected a prescription to be in place for this activity. An internet search of a range of national and regional oral health programmes reflected this position, and no evidence of the use of PGDs was found. Clarifying the GDC position here will also require consequential changes to the GDC Direct Access guidance.
- 3.10 These amendments to the profession specific guidance do not change the scope of practice of any group. They address the lack of clarity reported by stakeholders in relation to the GDC's position in the current guidance.

Why these changes were required

- 3.11 The guidance is very important to dental professionals. Through the consultation, and the engagement around this, a range of views were shared with the GDC. Many expressed support for the change in focus to emphasise the importance of the individual professional using their judgement to determine what they are trained, competent, and indemnified/insured to do within set boundaries. Some argued that a definitive list is required for clarity and certainty. While this may be attractive for some, the presence of a task on a permitted list does not mean that the

individual professional has the ability to do that task. This is because, for example, they may have deskilled or there may be complicating factors in carrying out a task.

- 3.12 Despite the range of views sought and received during the development and consultation stages, the reaction to the guidance in September 2024 was not anticipated. This was because there was active engagement with a wide range of stakeholder organisations before the consultation as the proposals were developed. There was further engagement during the consultation and, following analysis of consultation feedback, stakeholder organisations who expressed strong disagreement with aspects of the proposals were offered further discussions. Most, but not all, stakeholder organisations responded to this offer to discuss the proposals and their views.
- 3.13 It should be noted that not all stakeholder organisations provided detailed feedback to the consultation, and some have changed their leadership in the time it has taken to develop, consult and update the guidance. While it was a difficult decision to undertake further work on this guidance and to delay publication, the valuable feedback received and the thorough discussions with a group of dedicated stakeholders to work through the detail has led to better guidance for dental professionals.

4. Communicating the new guidance

- 4.1 As described in section 1, the GDC team worked with several stakeholder organisations to develop the proposed amendments to the guidance. The stakeholder organisations engaged with in the period between September 2024 and April 2025 were:

- CFC Underwriting,
- Clinical Dental Technicians Association UK (CDTA),
- British Association of Clinical Dental Technology (BACDT),
- British Association of Dental Nurses (BADN),
- British Association of Dental Therapists (BADT),
- British Dental Association (BDA),
- BDA Indemnity,
- British Orthodontic Society (BOS),
- British Society of Dental Hygiene and Therapy (BSDHT),
- Defence Dental Union (DDU),
- Dental Professionals' Alliance (DPA),
- Dental Protection,
- Medical and Dental Defence Union of Scotland (MDDUS),
- Society of British Dental Nurses (SBDN).

We also met with several other organisations, including education providers and national education bodies, at wider stakeholder meetings in September 2024, and February and April 2025.

External communications

- 4.2 Once the guidance and consultation outcome report have been signed off, the Communications team will develop a comprehensive communications and engagement plan to support their publication. This will include activities both before and after the publication. The overarching objectives will be to inform dental professionals and stakeholders about the revised guidance, explain the key changes, address any questions, and encourage its understanding and adoption.

Wherever possible, we will collaborate with relevant stakeholders to help achieve these goals. We will also, as part of the communications plan, refresh all webpages related to this guidance.

- 4.3 The clarifications provided within the revised guidance may affect how some individuals carry out their role and this will require specific communications and engagement. This applies to the clarification around the need for a prescription or patient specific direction for dental nurses to undertake the preventative activity of applying fluoride varnish, and the clarifications around dental therapists and orthodontic therapists removing enamel as part of an orthodontic treatment plan. The communications plan will take this into account and will include pre-publication engagement with relevant stakeholder organisations.

Internal communications

- 4.4 To support implementation, a series of internal briefings will be arranged with teams across Fitness to Practise, Legal, Communications, Registration, Policy, Education Quality Assurance, and the Dental Complaints Service. Additional engagement will be arranged with other teams, such as Hearings and Case Examiners, at a later point depending on any issues arising.
- 4.5 These briefings will ensure teams are well informed and equipped to respond to queries and support external engagement. Briefings will be scheduled in the lead up to publication and will be delivered by members of the Policy team responsible for this work.
- 4.6 Relevant teams will work together to ensure internal and external communications are integrated and aligned.

5. Legal, policy and national considerations

- 5.1 Legal advice was obtained during the preparation of documents for consultation and sought on some specific points within the consultation. The main focus of the legal input was to identify issues with processing and charging cases which involve concerns about scope of practice. It was noted that the revised guidance would not greatly impact our triage, casework, or hearings functions. Cases are charged under the heads of impairment set out in our legislation, and this does not include scope of practice transgressions. Rather, scope of practice is used as a sub-category, for internal purposes, for an allegation of misconduct or deficient professional performance. Scope of practice cases are also reportedly low in number, particularly when considered as a single issue. The policy leads on the scope of practice work will be available to discuss questions related to the new guidance, and this will be explained within internal engagement.
- 5.2 The changes proposed in the consultation will apply equally across the four nations. We received, and reflected on, feedback from individuals and organisations representing views across the nations.
- 5.3 The proposals within the consultation focused on decision making and judgement when determining what is within one's personal scope of practice, and on providing the right guidance to support this. A change to the boundaries of the scope of practice of any profession was not proposed. In the medium term there would be value in assessing whether the scope of practice for each professional group currently has its boundaries set in the right place. This would likely need to be a wider review, jointly led by key organisations in the sector, to consider where it may be possible for professional groups to expand their scope of practice safely to better meet the needs of the public and to help address workforce challenges. This would be a significant project, and it is not currently resourced or within the work programme.

6. Equality, diversity and privacy considerations

- 6.1 An Equality Impact Assessment (EIA) is in place for the wider Professionalism project which includes Scope of Practice. A consultation question invited comments about EDI issues and impacts, and the feedback received was analysed.
- 6.2 The analysis of these responses did not identify differential impacts on any particular group of people in the proposals. Some respondents highlighted the need for guidance which is accessible to people with additional needs. The guidance will be published in an accessible format and different formats will be available to dental professionals on request. The production of an audio version of the guidance is also being considered, as this may also encourage more dental professionals to access the content within Section One of the guidance.
- 6.3 The provision of a supporting content framework will better enable us to respond to any unforeseen EDI considerations, should they arise.

7. Risk considerations

- 7.1 The three key risks identified in relation to the implementation of the revised Scope of Practice guidance are as follows:

Risk no.	Risk	Mitigation
1	The Scope of Practice guidance consultation received feedback that suggests the guidance may not be well understood by some members of DCP groups and patients.	Socialisation of the guidance through stakeholder engagement will continue to clarify the policy intention behind the guidance, and how dental professionals can use the guidance to identify and develop their personal and professional scope. Patient-facing materials will be developed with partners to further explain the professional scope of members of the dental team, and why individual scope may differ based on job role, training, competence, and indemnity.
2	There is a risk that an individual's scope within role boundaries is considered less explicit, resulting in a rise in enquiries being received by teams including CAIT, policy and IAT.	During implementation opportunities will be provided to further explain the intention behind the policy and how the guidance may be used. Supporting content, including case studies, will be produced to address specific areas in response to queries received.
3	There is a risk that 'grey issues' may still emerge in practice, even with a future-proofed outlook to the revised guidance. This may be because of technological advances or changing practices which then make people unsure if they can undertake tasks.	The guidance will be kept under review to ensure that developments in practice are considered in relation to the Scope of Practice guidance. The issue may be addressed through a position statement from the GDC, or other supporting content, rather than an update to the guidance.

8. Resource considerations and CCP

- 8.1 Costs for the design and publication of the revised guidance document are accounted for within the strategy budgets. Communications and engagement activities to support publication will be managed within existing resource. Resources from policy will be required to brief internal

colleagues on the new guidance document, and to respond to internal and external queries as the guidance is embedded.

- 8.2 There may be costs for external parties, such as indemnifiers to amend their documentation or policies and professional associations updating their guidance. These stakeholders have been engaged with regularly during the post-consultation work, so will be prepared to make these changes.

9. Monitoring and review

- 9.1 The revised Scope of Practice guidance will be reviewed regularly post implementation to identify any clarification that might be required. We will identify where supporting content may be helpful to illustrate how the guidance can be used in different contexts and for different professional groups and for team working.

10. Development, consultation and decision trail

Date	Forum	Outcome/Decision
October 2023	Council	The Council approved the request to undertake further engagement with stakeholders to support the analysis of the consultation feedback, and to return to the Council in April 2024 with the guidance and outcome report.
April 2024	Council	The Council approved the guidance and noted that the consultation outcome report would be published alongside the guidance.
September 2024	Executive	Engagement with stakeholder groups raises issues with the revised guidance. Decision made to delay publication and written feedback requested from stakeholder organisations.
October to November 2024	Executive	Feedback received from stakeholder organisations.
November 2024 to January 2025	Executive	Individual meetings with stakeholder organisations to discuss feedback and identify potential solutions.
February 2025	Executive	Group meeting with stakeholder organisations. Concerns raised by one organisation and meeting held to discuss these further.
April 2025	Executive	Group meeting of stakeholder organisations. Final edits made to revised guidance.

11. Next steps and communications

- 11.1 Subject to Council's agreement, we propose that we will prepare the revised Scope of Practice guidance and the consultation outcome report for publication in September 2025, with stakeholder engagement taking place ahead of implementation of the guidance in October 2025.
- 11.2 This will be supported by a communications and engagement plan designed to raise awareness of the publications amongst our stakeholders, particularly dental professionals.

Appendices

1. Updated Scope of Practice Guidance

The updated consultation outcome report is available in the Reading Room.

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19 June 2025

Appendix 1

Guidance on Scope of Practice

The General Dental Council

Effective from (TBC)

This guidance on dental professionals' scope of practice is split into two sections:

- Section one sets out how to use the guidance to help you understand your own scope of practice. This section is applicable to all dental professionals.
- Section two provides information that is specific to each of the seven dental professional titles the General Dental Council (GDC) regulates.

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Section one: guidance for all dental professionals

1.1 What do we mean by scope of practice?

The General Dental Council (GDC) registers dental professionals who work together within the dental team under seven different titles. For the dental team to function effectively, each team member must understand the valuable role that they – and their colleagues – play in the provision of dental care to patients.

As a registered dental professional, your scope of practice is made up of the activities that you carry out as part of your professional role. These are activities that you have the knowledge, skills and abilities to perform safely and effectively.

Section one of this guidance provides information about how to understand your personal scope of practice.

Section two describes the scope of practice and boundaries of each professional title or group.

The activities you carry out will partly be defined by the setting in which you practise, the needs of your patients, and the knowledge and skills of you and the team you work with. Your scope of practice is likely to change over time as you develop and expand your knowledge and skills, and gain experience (within the defined boundaries of your registered title). Your personal scope of practice may also change if you do not work in a specific area, or you do not undertake a particular task or activity for some time.

The GDC has produced this guidance to help ensure patient safety is maintained by guiding dental professionals to only carry out tasks that they are trained, competent and indemnified or insured to perform safely. It describes the expected abilities for dental professionals registered under each of the seven titles or groups, and it outlines the boundaries of each.

As a dental professional you should read the guidance carefully and make sure that you understand your scope of practice and the scope of practice of others you may work with, to ensure that you are working within role boundaries and delegating and referring to colleagues appropriately.

You should also read our [Guidance on indemnity and insurance](#) and ensure that you have appropriate cover for the full scope of your practice and any other aspects associated with your role (e.g. supervising or training).

1.2 How to use this guidance

This guidance should help you understand the skills and tasks that you can perform safely in practice, and those that need to be undertaken by another member of the dental team.

You must follow this guidance and use it to inform your professional decision-making. While the decisions you make will be dependent on the specific context, situation and your individual circumstances, you must follow the guidance set out in section 1.3 below, when making professional judgements.

Part of what it means to be a dental professional is being able to make decisions in the patient's best interests using your own professional judgement. As set out in the GDC's [Standards for the Dental Team](#), if you deviate from established standards and practice you should record the reasons for doing so and be able to justify why you made that decision. In this guidance, specific tasks are sometimes referenced in relation to the boundaries of a profession because they are especially relevant to the practice of that professional group. The absence of a specific task under a professional group does not necessarily mean that they cannot perform that task, unless it falls outside the boundaries of that title, or the individual is not trained, competent, and indemnified or insured to provide it.

Similarly, just because a task is mentioned in relation to a professional group, it does not always mean that an individual will be trained, competent and indemnified or insured to undertake that task.

1.3 Make sure you are trained, competent and indemnified or insured for everything you do

The Standards for the Dental Team set out that you must work within your knowledge, skills, professional competence and abilities, and have appropriate insurance or indemnity in place. This means you should only carry out a task or type of treatment, prescribe or plan treatment, and make decisions about a patient's care if you are sure that you have the necessary skills and are appropriately trained, competent, and indemnified or insured.

If you are unclear exactly what this means you should ask yourself the following questions:

- Have I been trained to carry out, plan or prescribe this task or treatment?
- Am I competent to carry out, plan, prescribe, or delegate this task or treatment?
- Am I appropriately indemnified or insured to carry out, plan or prescribe this task or treatment?

You can find more information on what we mean by 'trained' and 'competent' in section 1.9 of this guidance, under 'Guidance on training and competence'.

As a registered dental professional, you are responsible for the decisions, treatment and advice that you plan and provide. You must use your own professional judgment to assess whether you are trained and competent to plan and carry out any activities that you take on. If you are unsure whether you are trained, competent or appropriately indemnified or insured for a task, it may help to discuss this with:

- your indemnity or insurance provider
- your professional organisation, society, or association
- your education or training provider
- your manager, employer, or mentor
- your colleagues

If a task, treatment plan, type of treatment or decision is outside your scope or you do not feel that you are trained and/or competent, or you are unsure whether you are indemnified or insured to do it (except when in education or on a training course where you are practising under supervision and indemnity/insurance is in place), you must refer the patient to an appropriately trained colleague (either where you work or in an alternative setting). Depending on the context, this referral may be a formal referral to an appropriate healthcare

professional within or outside dentistry or it may be advice to the patient that they need to see another healthcare professional (e.g. an orthodontist).

If you refer or delegate a task to another member of the team who does not feel that they are trained or competent to carry it out, you must not take advantage of your position to pressurise them into accepting the task.

1.4 Your pre-registration training is the basis of your role

As a dental professional, you will have completed your primary training in order to become a dental professional with a qualification that enables you to apply for registration with the GDC under a particular professional title.

Your core scope of practice – that is the basic skills and tasks that you should be able to do in your daily practice – is largely defined by the learning outcomes and behaviours in the Safe Practitioner Framework for the title(s) under which you are registered. These reflect the knowledge, skills, and behaviours each dental professional must possess to practise safely, effectively, and professionally within each dental professional group.

1.5 Developing and maintaining your skills and abilities over the course of your career

You can develop new skills over the course of your career, and your personal scope of practice is likely to change over time. This change may be in response to changes in practice and technology, or you may choose to undertake further training and development that allow you to develop new skills (within the boundaries of your registered title) to broaden your own scope of practice. You may also wish to deepen your expertise within a specific or specialist area of practice.

As you progress through your career, you might find that you do not undertake some tasks and activities for an extended period. This can change your personal scope of practice because your knowledge and skills in an area may become diminished or out of date. This could mean that you are no longer competent to carry out a particular task or activity and require additional training to restore competence.

Your [Personal Development Plan \(PDP\)](#) can help you identify which skills within your field of practice to develop and which skills you need to maintain.

To carry out additional skills within the boundaries of your professional scope of practice you will need to undertake further training. The training that you undertake must be sufficient to make you competent in the task. Some skills may be suitable for development through on-the-job training. Other skills may be best gained through quality assured training delivered by an established or reputable educational provider and include a formal assessment component. There are many different types of courses available, however not all courses will be of sufficient quality or depth to make you competent to practise safely in that area.

Our guidance on training and competence at section 1.9 may help you when considering what training you need to develop competence in particular areas.

1.6 The boundaries of each professional title

Each professional title has a specific role within the dental team with defined boundaries. The boundaries of each title, or what each profession cannot do, are set out for each

professional title under section 2. Dental professionals should always seek further advice if they are unsure, for example when new technologies are introduced. Some boundaries may arise from guidance and legislation upheld by other organisations, and you need to abide by these.

One area with clear boundaries across dental professional roles is tooth whitening. Dental therapists, dental hygienists and clinical dental technicians can provide tooth whitening under the prescription of a dentist. Dental nurses can assist with tooth whitening. Orthodontic therapists and dental technicians cannot provide tooth whitening.

If you want to expand your scope beyond the boundaries of your professional title, you will need to undertake further dental training and gain a formal qualification which will allow you to register under a different dental professional title. Post-registration training such as [Continuing Professional Development \(CPD\)](#) will not let you move from one professional registration title to another, or allow you to undertake duties beyond the boundaries of your current title.

As a registered dental professional, you are responsible for ensuring that you work within the boundaries of your registered professional title/s, as well as within your own personal scope of practice. Any dental professional who practises outside these boundaries poses a risk to patient safety and puts their GDC registration at risk.

1.7 A team-based approach to patient care

a) What is the dental team?

The dental team is made up of dental professionals registered with the GDC under seven titles, and some unregistered roles, who all contribute to patient care. You may work in one or more of a number of settings, for example, in general dental practice, in a hospital, or within specialist health centres operated by community dental services.

While your team may normally consist of your direct colleagues within your workplace, there will be times when you need to work collaboratively with dental professionals and other health and social care professionals, and in other settings such as different practices, specialist care and hospital settings.

b) Understanding your role and the role of others

[The Standards for the Dental Team](#) set out that you must work effectively with your colleagues and contribute to good teamwork. To do this, you must understand your own scope of practice and also be familiar with that of your colleagues. This is particularly important if you lead a dental team.

Working as a part of a team is vital in providing a high standard of care, providing patients with the most appropriate care from the most suitable dental professional.

The level and nature of this care will depend on:

- the patient's wellbeing and safety needs
- the treatment needed
- the type of practice or clinical setting
- the ability of the team, including their education, experience, and competence.

c) Medical emergencies

A patient could experience a medical emergency on any premises at any time, whether they have received treatment or not.

All members of the dental team must know their role in the event of a medical emergency, and ensure they are sufficiently trained and competent to carry out that role. If the setting in which you work changes, your role in the event of a medical emergency may change as well.

d) Delegating, referring and working in a team

In line with the [Standards for the Dental Team](#), you must delegate and refer appropriately and effectively.

If you lead the team in the clinical setting, you must also take responsibility for ensuring collaborative working across the team. Effective and efficient delegation is an important part of collaborative working.

It is good practice to delegate where you can, and where it is safe to do so, to maximise team efficiency. However, you can only delegate to colleagues who are trained, competent and indemnified or insured to carry out the tasks required. You may need to support a colleague when they carry out a new activity.

When delegating, you must understand your colleagues' scope of practice, and the tasks that they are trained, competent, and indemnified or insured to do. You must not delegate tasks that are outside your colleague's scope and competence, and you should ensure that someone registered in that profession is legally permitted to carry out the task. There should be mutual agreement between you and your colleague regarding tasks that are delegated, and you should encourage them to ask questions.

Good communication within your team is essential for making this work.

You must also know when and how to refer or hand over patient care to another dental professional for an opinion or treatment. You should do this if the diagnosis or treatment is beyond your own scope of practice, training or competence.

e) Direct access

Direct access allows some dental care professionals, including dental hygienists, dental therapists, and clinical dental technicians to see patients without a referral from a dentist, where it is safe and appropriate to do so.

If you practise under direct access, you must work within your scope of practice, ensure you are trained, competent, and indemnified or insured to carry out the care you provide, and refer appropriately when a patient's needs are beyond your personal scope or professional scope.

Further details on what you can do under direct access can be found in the GDC's [Direct Access guidance](#).

1.8 Other sources of guidance

As set out in the [Standards for the Dental Team](#), registered dental professionals must find out about, and follow, the laws and regulations which apply to their clinical practice or affect their work.

There are other regulations, standards, guidance and legislation that limit or permit those holding specific registered titles to perform certain tasks, and these affect your scope of practice. They may set out specific training and development requirements to be able to undertake certain tasks. These are not set by the GDC, but as a registered dental professional you are required to follow them. For example, there are legal requirements relating to the manufacture of custom-made dental devices. There are also legal frameworks, such as medicines legislation, which set out the circumstances in which different types of medicines can be supplied or administered by different members of the dental team.

This guidance is not applicable to any roles that registered dental professionals may have which are not related to the practice of dentistry. However, if you work in a role outside dentistry, you should still ensure that your levels of professionalism and standards of conduct are compatible with those of a registered dental professional.

Any dental professional who does not comply with relevant regulations, standards, guidance and legislation puts their GDC registration at risk.

1.9 Guidance on training and competence

a) What does it mean to be competent?

Competence can be described as the combination of training, skills, experience and knowledge that a person has; and their ability to apply them in order to plan and/or perform an activity safely, consistently and in accordance with currently accepted professional standards.

b) How is competence developed and maintained?

Competence is developed and maintained through education and training, gaining experience, and receiving and acting on feedback.

This can be broken down into pre and post registration training and activities.

- Pre-registration training

Prior to registration, competence is primarily developed and demonstrated through established education and training programmes and assessments leading to registration.

Education and training programmes in the UK are delivered in line with the [Standards for Education](#) and learning outcomes and behaviours as set out in [the Safe Practitioner framework](#). For those qualified outside the UK, the GDC determines that an individual has the required level of competence through alternative mechanisms such as requiring them to pass an examination or an individual evaluation of their knowledge and skills.

- Post-registration training

Post-registration training can take a number of different forms. These include:

- Completing a relevant qualification or established and reputable course.
- Specialty training (dentists only).
- Undertaking [CPD](#), with aims and objectives, anticipated learning outcomes and quality controls.
- On-the-job training.
- Mentoring or being mentored.

- Gaining experience in practice, for example taking on new or different responsibilities under supervision.

The ways in which you develop and maintain your competence will vary and will depend upon considerations such as how complex the task is in relation to your experience, the skills available in your team and your patients' needs. The different forms of training listed above may not be sufficient on their own and you may need to use a combination of these to develop the required level of competence.

There are many different types of courses available, however not all of them will be sufficient to make you competent to practise safely. For example, more complex skills may require a programme of training delivered by an educational provider which includes close supervision and quality assured formal assessment.

Further education and training through formal routes and schemes are an option available to some dental professionals seeking to develop their career. This may include training in non-clinical areas of practice which are essential to the wider role the dental professional holds within the dental team, for example leadership.

c) How can competence be measured or assessed?

There is no single approach to measuring competence that can be applied to every skill that you could acquire as a dental professional. You need to use your professional judgement and exercise good decision making to determine if you are competent in an area of practice and competent to perform a specific task. However, you should not solely rely on your own assessment, and should regularly seek feedback from colleagues, supervisors, mentors and trainers.

It is always advisable to keep a record of all training undertaken and its successful completion, and a record detailing the clinical experience obtained in the process of training. This can be linked to, or form part of, your [Personal Development Plan \(PDP\)](#).

Section two: profession-specific information

This section provides specific guidance for each of the seven dental professions we regulate, which are set out in alphabetical order below.

2.1 Clinical dental technicians

Role within the dental team

Clinical dental technicians work collaboratively with other members of the dental team – particularly dentists – in the provision of removable dental appliances to patients. Clinical dental technicians can provide removable appliances direct to edentulous patients (patients with no natural teeth, roots or implants) under [Direct Access](#) and on referral or prescription from a dentist or an oral and maxillofacial surgeon to dentate patients (patients with some natural teeth or implants). Clinical dental technicians must work in compliance with all relevant rules and regulations associated with their role, as outlined in Section 1.8 of this guidance.

Clinical dental technicians must only perform tasks for which they are trained, competent, and indemnified or insured to do, as outlined in Section 1.3.

What do clinical dental technicians do?

Clinical dental technicians plan, design, manufacture, fit and carry out the clinical examinations and procedures related to providing removable dental appliances. Clinical dental technicians can prescribe, undertake and interpret radiographs within their scope and competence.

Clinical dental technicians can prescribe and provide removable dental appliances directly to edentulous patients, and on referral to dentate patients.

Clinical dental technicians can provide sports mouthguards directly to patients.

Clinical dental technicians work collaboratively with other dental and healthcare professionals, making appropriate referrals. In the process of their work, clinical dental technicians may recognise abnormal oral mucosa and related underlying structures, and refer patients to other healthcare professionals where necessary, such as when a patient needs an updated care plan, prescription, or the clinical dental technician is concerned about a patient's oral health.

With additional training and experience, clinical dental technicians can provide additional services within their professional boundaries.

Description of boundaries of the role

Clinical dental technicians do not provide dental appliances (other than sports mouthguards) for dentate patients or patients with implants without a referral from a dentist confirming that the patient is dentally suitable for the treatment.

The [Safe Practitioner framework](#) sets out the learning outcomes and behaviours expected for each dental professional group at registration. This is a useful resource for identifying skills which are within the scope of practice of a clinical dental technician if they are trained, competent and indemnified or insured.

2.2 Dental hygienists

Role within the dental team

Dental hygienists educate and support patients to attain and maintain high standards of oral health, as well as promoting wider systemic health. Dental hygienists play a key role in preventing oral diseases, treating periodontal disease and providing oral health advice.

Dental hygienists must only perform tasks for which they are trained, competent, and indemnified or insured to do, as outlined in Section 1.3.

What do dental hygienists do?

Dental hygienists work collaboratively with other dental and healthcare professionals, making appropriate referrals. Below are some examples of the tasks that dental hygienists will generally undertake following registration:

- Providing oral health education, promotion, and screening, with a focus on prevention, underpinned by a holistic approach to oral and general healthcare.
- Carrying out clinical examinations within scope and competence and referring patients to other healthcare professionals if necessary.
- Diagnosing and care planning within scope and competence, and referring patients to other healthcare professionals if necessary.
- Appropriately prescribing taking and interpreting radiographs within scope and competence.
- Supplying and administering specified prescription only medicines directly to patients upon completion of appropriate training.
- Maintaining and stabilising the dentition by:
 - managing periodontal disease,
 - managing and providing interventions for the prevention of dental caries, including fissure sealants,
 - providing advice on the prevention of tooth surface loss and,
 - providing care and maintenance of dental implants.
- Identifying soft and hard tissue abnormalities and conditions, providing treatment when in scope, and making appropriate referrals when out of scope.

With additional training and experience, dental hygienists can provide additional services within their professional boundaries.

Description of the boundaries of the role:

Dental hygienists do not carry out indirect restorations, permanent direct restorations, or orthodontic treatment. They do not make or fit bite raising appliances (e.g. splints) and they do not extract teeth.

The [Safe Practitioner framework](#) sets out the learning outcomes and behaviours expected for each dental professional group at registration. This is a useful resource for identifying skills which are within the scope of practice of a dental hygienist if they are trained, competent and indemnified or insured.

2.3 Dental nurses

Role within the dental team

Dental nurses play a broad and varied role in providing essential support to the dental team in all aspects of patient care, across a range of environments. This includes providing oral health advice, guidance and support with a focus on prevention. Dental nurses responsibilities also include providing clinical support to colleagues and maintaining, and managing high standards of infection prevention and control.

Dental nurses must only perform tasks for which they are trained, competent, and indemnified or insured to do, as outlined in Section 1.3.

Where do dental nurses work?

Dental nurses work in a wide variety of settings. Below are some examples of these settings:

- In general and specialist practice
- In hospital settings, for example in dental hospitals or in a maxillofacial department
- In schools healthcare and family centres
- In domiciliary services, nursing and residential homes
- In salaried or community dental services.
- In military and secure services.

What do dental nurses do?

Core skills

Dental nurses work collaboratively with other dental and healthcare professionals, making appropriate referrals and providing support to colleagues and patients in all aspects of dental care. Below are some examples of the tasks that dental nurses generally undertake following registration:

- Providing clinical support during dental examinations and treatments.
- Monitoring, supporting and reassuring patients during and after treatments.
- Supporting dental and healthcare professionals with medical emergencies.
- Maintaining high standards of infection prevention and control.
- Preparing the clinical area and equipment for treatment and ensuring all necessary materials are ready for use
- Advising, supporting and motivating patients to maintain and improve their oral health and prevent oral disease.
- Recording and maintaining accurate patient records.
- Monitoring and processing digital images and dental radiographs
- Monitoring, auditing and contributing to clinical governance requirements

Building on core skills

There are a wide range of additional skills and qualifications that dental nurses can gain over the course of their career. The variety of clinical environments that dental nurses can work in may influence the skills and abilities they choose to develop in order to fulfil that role – for example they may wish to focus their practice to a particular area of dentistry which will require specific skills. [Personal Development Plans \(PDPs\)](#) can be useful in identifying the additional skills dental nurses wish to develop.

Dental nurses can also gain additional skills relating to fluoride varnish application. If appropriately trained, competent, and indemnified or insured, dental nurses may apply

fluoride varnish under the prescription (or patient specific direction) of a dentist, often as part of a community oral health programme. Additional skills can be gained in different ways depending on the skill that is being developed, some may be gained through in-house training and some through formal courses. Some skills – in particular those relating to taking radiographs and assisting with the treatment of patients under conscious sedation – require specific training and certification that are set by other regulatory bodies.

Given the wide range of additional skills and abilities dental nurses can develop, it is not expected that everyone will be competent in every area. Dental nurses must be confident that they are appropriately trained, competent and indemnified or insured to undertake additional skills before putting them into practice. There should be mutual agreement between the dental nurse and the dentist, employer or supervisor that they are competent to take on the additional role within the clinical setting. If the dental nurse is assigned a task that they do not feel adequately trained or competent to perform, they should not be pressured by their employer to accept it.

Description of the boundaries of the role

Dental nurses predominantly work with other registered dental professionals, and other registered healthcare professionals where appropriate. Dental nurses do not diagnose disease or plan treatment. Dental nurses work under prescription from, or the direction, or the delegation of, a dentist or other registered dental or healthcare professional.

The [Safe Practitioner framework](#) sets out the learning outcomes and behaviours expected for each dental professional group at registration. This is a useful resource for identifying skills which are within the scope of practice of a dental nurse if they are trained, competent and indemnified or insured.

2.4 Dental technicians

Role within the dental team

Dental technicians construct custom-made dental devices to the prescription of a dentist or clinical dental technician. Dental technicians must work in compliance with all relevant rules and regulations associated with their role, as outlined in Section 1.8 of this guidance.

Dental technicians must only perform tasks for which they are trained, competent, and indemnified or insured to do, as outlined in Section 1.3.

Where do dental technicians work?

Dental technicians work in dental laboratories as part of a team manufacturing dental appliances. They also work in clinical settings as part of a multi-disciplinary dental team that designs, develops, manufactures, and fits dental appliances and provides advice to patients.

What do dental technicians do?

Dental technicians work collaboratively with other dental and healthcare professionals, making appropriate referrals. Below are some examples of the tasks that dental technicians will generally undertake following registration:

- Providing advice and guidance to the clinical team on dental appliance design.
- Constructing a range of custom-made dental appliances which comply with MHRA requirements.
- Working with dentists and clinical dental technicians on care planning.
- Verifying and taking responsibility for the quality and safety of devices leaving a dental laboratory.

With further training, dental technicians can work with patients under supervision as part of a multidisciplinary team in a clinical setting undertaking further tasks, including:

- taking impressions, intra oral scans and measurements for the purpose of making dental appliances,
- carrying out implant frame assessments,
- recording occlusal registrations.

Dental technicians can only see patients directly, outside a multi-disciplinary team setting, for denture repairs and shade taking.

Description of the boundaries of the role

Dental technicians do not provide dental appliances for patients without a prescription from a dentist or clinical dental technician or provide dental appliances directly to the public.

The [Safe Practitioner framework](#) sets out the learning outcomes and behaviours expected for each dental professional group at registration. This is a useful resource for identifying skills which are within the scope of practice of a dental technician if they are trained, competent and indemnified or insured.

2.5 Dental therapists

Role within the dental team

Dental therapists educate and support patients to attain and maintain high standards of oral health, as well as promoting wider systemic health. Dental therapists play a key role in preventing caries and other oral diseases, treating periodontal disease, and providing oral health advice. Dental therapists also deliver a range of direct restorative treatments to patients of all age groups and extract primary teeth.

Dental therapists must only perform tasks for which they are trained, competent, and indemnified or insured to do, as outlined in Section 1.3.

What do dental therapists do?

Dental therapists work collaboratively with other dental and healthcare professionals, making appropriate referrals. Below are some examples of the tasks that dental therapists will generally undertake following registration:

- Providing oral health education, promotion, and screening, with a focus on prevention, underpinned by a holistic approach to oral and general healthcare.
- Carrying out clinical examinations within scope and competence and referring patients to other healthcare professionals if necessary.
- Diagnosing and care planning within scope and competence and referring patients to other healthcare professionals if necessary.
- Appropriately prescribing, taking, and interpreting radiographs within scope and competence.
- Supplying and administering specified medicines directly to patients upon completion of appropriate training.
- Maintaining and stabilising the dentition by:
 - managing periodontal disease,
 - managing and providing interventions for prevention of dental caries, including fissure sealants,
 - providing advice on the prevention of tooth surface loss and,
 - providing care and maintenance of dental implants.
- Identifying and treating hard tissue diseases, and soft tissue abnormalities and conditions, making appropriate referrals when out of scope.
- Carrying out direct restorations on the primary and secondary dentition.
- Undertaking pulpotomies, extractions and placing pre-formed crowns on the primary dentition.

With additional training and experience, dental therapists can provide additional services within their professional boundaries.

Description of the boundaries of the role

Dental therapists do not undertake indirect restorative treatment, procedures associated with the pulp in the adult dentition or orthodontic procedures. They do not extract permanent teeth, and they do not make or fit bite raising appliances (e.g. splints)..

The [Safe Practitioner framework](#) sets out the learning outcomes and behaviours expected for each dental professional group at registration. This is a useful resource for identifying skills which are within the scope of practice of a dental therapist if they are trained, competent and indemnified or insured.

2.6 Dentists

Role within the dental team

Dentists usually lead the dental team and can carry out the full range of dentistry if they are trained, competent and appropriately indemnified or insured.

Dentists must only perform tasks for which they are trained, competent, and indemnified or insured to do, as outlined in Section 1.3.

What do dentists do?

Dentists work collaboratively with other dental and healthcare professionals, making appropriate referrals. Information on the specific skills and abilities that dentists should have and be able to do when they join the register are set out in [the Safe Practitioner framework](#).

Dentists must work in compliance with all relevant rules and regulations associated with their role, as outlined in Section 1.8 of this guidance.

Further education and speciality training

In line with the principles of lifelong learning and [CPD](#), dentists will expand their skills and abilities over the course of their career.

Dentists can go on to undertake further education in specific clinical areas of dentistry in which they have a special interest. This can include formal training which leads to entry onto a specialist list.

The education and training undertaken must be sufficient to develop competence in the area of practice, particularly in order to practise at a specialist level. Dentists should carefully consider our guidance on training and competence at section 1.9 as this may be useful in determining what training and experience is necessary.

Description of the boundaries of the role

In order to undertake skills that were not covered in pre-registration training, dentists must undertake further training and ensure they are competent and appropriately indemnified or insured before they start to practise.

The [Safe Practitioner framework](#) sets out the learning outcomes and behaviours expected for each dental professional group at registration. This is a useful resource for identifying skills which are within the scope of practice of a dentist if they are trained, competent and indemnified or insured.

2.7 Orthodontic therapists

Role within the dental team

Orthodontic therapists carry out certain parts of orthodontic treatment under prescription from an orthodontist or a dentist who is trained and competent in the provision of orthodontic treatment. Orthodontic therapists support the patient through the clinical journey of orthodontic treatment.

Orthodontic therapists must only perform tasks for which they are trained, competent, and indemnified or insured to do, as outlined in Section 1.3.

What do orthodontic therapists do?

Orthodontic therapists work collaboratively with other dental and healthcare professionals, making appropriate referrals. Below are some examples of the tasks that orthodontic therapists will generally undertake following registration:

- Preparing tooth surfaces for orthodontic treatment.
- Taking patient measurements and impressions to be used to produce orthodontic appliances.
- Preparation, insertion, and removal of fixed appliance components previously prescribed or, where necessary, activated by a dentist.
- Insertion and removal of removable appliances previously prescribed or, where necessary, activated by a dentist.
- Providing emergency care to make a patient comfortable between scheduled appointments with the dentist.
- Identifying and referring treatment issues or concerns to the prescribing dentist.
- Carrying out Index of Orthodontic Treatment Need (IOTN) screening.

With additional training and experience, orthodontic therapists can provide additional services within their professional boundaries.

Description of the boundaries of the role

Orthodontic therapists can only work under the prescription of an orthodontist or suitably qualified dentist, with appropriate supervision, and do not take responsibility for the progress of treatment. Orthodontic therapists do not undertake dental treatments that are not related to the provision of orthodontic treatment or undertake procedures involving the removal of enamel, for example interproximal reduction.

The [Safe Practitioner framework](#) sets out the learning outcomes and behaviours expected for each dental professional group at registration. This is a useful resource for identifying skills which are within the scope of practice of an orthodontic therapist if they are trained, competent and indemnified or insured.

Council's Role in Consultations

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Dorian Kennedy, Policy Manager
Type of business	For discussion
Purpose	The paper aims to bring greater clarity to the decision-making processes regarding internal and external consultations, particularly regarding the role of the Council and the executive. It is in line with the recommendations of the GDC board effectiveness review.
Issue	To discuss the approval process for consultation responses and call for evidence responses.
Recommendation	Council is invited to discuss and note the position and process set out in section 2 of this paper which aim to set out policy consideration and process clearly, with particular focus given to when Council consideration and decision is required.

1. Key considerations

- 1.1 Consultations, both our own and those of other organisations, require the development and/or articulation of GDC positions. We recognise that the GDC executive and staff have previously taken various approaches to seeking Council approval at different stages of the process, including approval involving scrutiny of the text of documents. This paper seeks to bring clarity and consistency to our approach and process for approving consultation responses and consultation proposals.
- 1.2 When considering this issue, we have taken into account:
 - the General Dental Council (Delegation of Functions) Rules 2020; and
 - the findings of the recent GDC board effectiveness review. In particular, we have tried to reflect the roles of the Council on the development of strategy, the GDC's executive in decision-making, and of GDC staff carrying out the operational work.
- 1.3 We have also been guided by the approach Council endorsed in 2022 in respect of policy development and approval on boundaries of regulation. This built on a previous consideration of consistent and proportionate interventions for the consideration of cases on the boundaries of the current regulatory model. The 2022 paper proposed a protocol for governing decisions arising from the assessment of boundary cases in order to support effective decision making.
- 1.4 A protocol was developed to guide staff to the most suitable route for decision-making on resolving issues. The principles underlying the design of the protocol were:
 - Governing responses effectively
 - Engaging proportionately
 - Responding with expediency when possible
 - Recognising the opportunity of reform

1.5 Three possible options were covered in the protocol, in brief:

- Where the response is consistent with the current legal, standards and policy framework and does not raise wider issues, ELT approval is required.
- Where the response is a change to the standards and policy framework or where the scale of innovation, or the level of public or professional interest is significant, Council approval is required.
- Where the response is to propose a change to legislation, Council approval is required on the recommendation of ELT.

2. Consultations

2.1 Consultations – our own and others’ – require development and/or articulation of GDC positions. This section proposes an approach to determining the pathways for approval of the GDC positions in response to consultation by others and to our own policy pre – and post – consultation.

GDC Responding to external Consultations and Calls for Evidence

2.2 The GDC is frequently invited to respond to calls for evidence or consultations issued by others, and as an organisation we are keen to contribute and influence the debate. These requests cover a wide range of issues, from the Government consulting on proposed legislative changes through to requests on data and information on GDC processes. Within this range, there are clearly some proposals which are of such strategic significance, or which require the development of new policy positions or responses such that the Council needs to engage with the substance, and approve the policy approach. There may also be a subset of these, in which the Council needs to approve the detail of the response (in line with the General Dental Council (Delegation of Functions) Rules 2020), although this subset is likely to be small. Many consultation responses, however, will simply involve articulation of agreed positions, and hence ought not to require Council engagement or approval.

2.3 We propose that for:

Responses that are in line with the current legal, standards and policy framework

2.4 The Council does not need to engage with or approve responses to these types of consultation as there is no new strategy or policy being presented.

- a. an Executive Director (ED) has the responsibility for approving these responses as they are consistent with existing GDC policies and positions, consulting with other relevant EDs where necessary. The ED may delegate responsibility for approval to an associate director or head of function where appropriate.
- b. Where the lead ED considers that the matter is sufficiently significant in the scale of innovation or the level of public or professional interest, then the ED will request that Council consider the issue.

Responses that go beyond current legal, standards or policy framework.

2.5 Where the executive proposes to respond to a consultation in a way which requires development of policy positions that are on previously unexplored areas, or which represent a change in policy approach, this will need to be discussed and agreed with the Council. The paper presented to Council for consideration will set out the issues, including consideration of legal, policy and national issues; equality, diversity and privacy, risks, and the resource implications. This will, in most cases, require engagement of and approval of the overall policy or organisational approach, and will not require approval of the text of the consultation response itself.

GDC Consultations and Calls for Evidence

- 2.6 The GDC needs to go out to consultation regarding proposed changes to legislation, rules and regulations, and on new, amended or withdrawn policy or professional guidance. As part of the process, an Equality Impact Assessment will be undertaken. We may also choose to consult on certain issues even without a clear legal requirement, as we did for example on the Standards for Education.
- 2.7 The role of the Council regarding consultations and calls for evidence is to steer the GDC's policy and strategic approach to an issue, having considered proposals put forward by the executive. The role of the GDC executive and staff is to present robust, well-reasoned proposals, and then to give effect to the Council's agreed approach. There are a number of issues and stages to consider.

The Council is presented with the policy issue to consider and make a decision on that policy.

- 2.8 This is the key decision-making stage for Council in the process. The Council consideration and development of consensus and agreed approach is essential in order to determine the GDC position on the issue, and it may also influence how the work is taken forward. For a GDC consultation, the decision made by Council will determine the direction and focus of the consultation's policy proposals and consultation questions.
- 2.9 It is undesirable to subsequently amend policy proposals that have been subject to consultation unless the consultation has raised significant issues. Hence full consideration and clear decision by the Council are required at this pre-consultation stage. The paper presented to Council for consideration will set out the issues, including consideration of legal, policy and national issues; equality, diversity and privacy, risks, and the resource implications.

Council gives permission to commence the consultation process.

- 2.10 Having agreed the organisational approach, the Council then needs to agree that the proposals are sufficiently well-developed and reasoned for consultation to commence and the various stages of the process to be concluded.
- 2.11 The consultation process includes:
- Launching the consultation with the relevant documentation
 - Engaging with stakeholders where necessary
 - Considering the consultation responses
 - Publishing the consultation outcome report
- 2.12 Given the Council's role as the strategic decision-maker, it should not be necessary to seek further approval at any of the stages within the consultation process, including publication of the initial consultation or the outcome report. We recognise that the GDC executive and staff have previously taken various approaches, including seeking approval at a number of these stages, including approval involving scrutiny of the text of documents. We now seek to bring clarity and consistency to our approach, however, and ensure that the Council's time is used effectively. The approach therefore need to properly reflect the responsibilities of the Council and the executive.
- 2.13 Since the Council will have given agreement to the substance of the proposals and the scope of the consultation, and outcome reports are primarily factual summaries of the responses to the consultation, they will not normally be documents of such strategic significance as to require approval from the Council. Instead, the ED who has responsibility for the consultation process, will approve all consultation documents, having satisfied themselves that they align with Council's agreed approach.

- 2.14 The exception to this will be where, in the consultation outcome report, the GDC seeks to explain a change in approach as a result of having considered matters raised during the consultation. In such circumstances, agreement of the Council to that change in approach will be sought prior to publication.

Following consultation, Council formally needs to approve the proposed changes to legislation, rules and regulations, or professional standards

- 2.15 The Council has a formal role in approving changes to legislation, rules and regulations, GDC policy and professional standards as set out in the General Dental Council (Delegation of Functions) Rules 2020. However, following the process set out above, this approval will not normally need to reopen the policy position Council has approved for consultation when the Consultation response is favourable. As noted in para 2.8 above, the Council consideration and decision on the substance of the issue has already taken place.
- 2.16 Should the consultation response not support the proposals that have been consulted upon, the Executive will develop a reasoned and proportionate proposal for change to the position, and will seek Council's agreement to the change.
- 2.17 The executive will need to ensure that papers for Council regarding consultations set out the policy and process clearly, with particular focus given to when Council consideration and decision is required.

3. Legal, policy and national considerations

- 3.1 We expect the proposal to support policy development through increasing transparency in the process, and to help ensure we engage in genuine and meaningful consultations. We do not anticipate legal concerns.

4. Equality, diversity and privacy considerations

- 4.1 We do not anticipate any equality, diversity or privacy issues arising from this approach.

5. Risk considerations

- 5.1 We do not anticipate any new risks arising from these recommendations.

6. Resource considerations and CCP

- 6.1 This approach is being proposed in order to ensure that the Council is able to focus on issues of strategic significance and importance, that decisions are sought from the Council on the right matters at the appropriate time, and that the GDC can increase efficiency by reducing requests for formal approval where it is not needed. We do not anticipate these recommendations creating any new demands on resources.

7. Monitoring and review

- 7.1 The impact of the proposals will be monitored via performance reporting, particularly within the strategy directorate, which will lead on the majority of GDC consultations and responses to consultations by others.

8. Development, consultation and decision trail

- 8.1 This paper has been developed by the Strategy Directorate. Both the research publication protocol and the decision-making framework on boundaries of regulation were discussed with and agreed by the Council. This paper builds on and seeks to maintain consistency with these previously developed approaches.

9. Next steps and communications

- 9.1 In preparing papers on consultations, the executive and staff will set out clearly the position and process in order to assist the Council.

Appendices

1. Annex from the Boundaries of Regulation Paper

Dorian Kennedy Policy Manager
DKennedy@gdc-uk.org

20 June 2025

Item 12.1 - Appendix 1 from the Boundaries of Regulation Paper

Protocol

Actions	Respond in line with legal, standards and policy framework	Respond with a change to the standards and policy framework	Respond with a change to legal framework
What	Reinforce existing law, standards or policy with communications or tailored information to the context	Develop, propose, consult and engage and agree a change to standards or policy framework prior to communication and engagement	Prepare a proposal for amendments to rules or legislation
Who	<ul style="list-style-type: none"> • Strategy directorate • ILAS • Operational teams • EMT 	<ul style="list-style-type: none"> • Strategy directorate • ILAS • Operational teams • EMT • Council 	<ul style="list-style-type: none"> • Strategy Directorate • ILAS • Operational teams • Regulatory Reform Programme Board • EMT • Council
Decision	Approval of communications and further explanation of existing law, standards and policy	Approval of: <ul style="list-style-type: none"> • Proposal • Consultation and / or engagement • Changes to standards and policy 	Approval for inclusion in regulatory reform policy ambition
Sign off	EMT or Council where the issue is significant in the scale of innovation or the level of public or professional interest	Council	<ul style="list-style-type: none"> • *Regulatory Reform Programme Board • EMT • Council

***Note:** The governance of regulatory reform is likely to change when its prospect and form becomes clearer. If reform of any kind realises, the Council will play a more direct role in governance of changes to the legal framework and this protocol will be updated.

Item 13 - Council Forward Plan 2025

Key:

Corporate Resources

Legal & Governance

People Services & OD

Regulation

Strategy

Meeting Date	Fri 26 September 2025		Fri 31 October 2025	
Location	Wimpole Street		Colmore Square	
ELT / Committee / Council Dates	FPC - 20 July 2025 FPC - 11 Sep 2025 SPC - 16 Sept 2025 ARC - 17 Sept 2025		FPC - 11 Oct 2024 RemNom - 16 Oct 2024	
Reporting Period	Quarter 2			
Action Required	Closed	Public	Closed	Public
For approval		✓		
For approval		✓		
For approval		✓		✓
For approval	✓			
For approval	✓		✓	
To note	✓		✓	
To note		✓		
To note		✓		
For approval		✓		
To note		✓		✓
For approval				✓
For discussion	✓			
For discussion	✓			
For approval			✓	✓
For approval			✓	
For discussion	✓			
For approval	✓			
For approval		✓		
For discussion			✓	
For discussion		✓		
To note				✓
For approval			✓	
For discussion	✓			
For approval		✓		
For approval				✓
To note		✓		✓
To note			✓	
To note				✓
To note				✓

Senior Independent Council Member Remuneration

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	John Middleton, Head of People Services Ian Vaughan, Head of Governance (Interim)
Type of business	For approval
Purpose	<p>The remuneration levels for Council Members is set at £15,000 per annum, with a time commitment of 15-20 days per year.</p> <p>To reflect the additional time commitment involved in taking on additional responsibilities through chairing one of the GDC's non-statutory Committees, Council Members are paid an additional supplement of £3000 per annum.</p> <p>Historically, the Senior Independent Council Member role (SICM) has been fulfilled by a Committee Chair and no additional supplement has been applied to their remuneration. To reflect the additional time commitment undertaken through the responsibilities of that role, it is proposed that a £3000 supplement is also applied to a SICM who does not also Chair a committee.</p>
Issue	<p>To approve a change to the remuneration approach to Council Members who take on the additional responsibility of acting as Senior Independent Council Member, whilst not acting as a Committee Chair.</p> <p>It is proposed that this supplement is retrospectively applied to the current SICM and Council is asked to approve that approach.</p>
Recommendation	Council is asked to approve the proposal that a Council Member who acts as SICM (where they are not also a Committee Chair) receives an annual supplement to their remuneration of £3000 and that this supplement is retroactively applied to the current SICM.

1. Background and key considerations

- 1.1 In February 2017, following recommendation by the Remuneration and Nomination Committee, the Council reviewed and approved remuneration levels for Council Members. This included that those Council Members who chair a non-statutory Committee (such as the Audit and Risk Committee, the Finance and Performance Committee and the Remuneration and Nomination Committee) should continue to receive an additional supplement of £3000 to their annual fee.
- 1.2 As part of the discussion, the Council agreed that the supplement reflected the organisation's recognition of the time commitment required for those roles and in recognition of the additional responsibility and accountability attached to them.
- 1.3 The approach to overall remuneration levels was reviewed in 2019, 2020, 2022 and in June 2023 and, having considered relevant benchmarking, the Council has kept remuneration at the same level.
- 1.4 The question of whether the Senior Independent Council Member should also receive a supplement to reflect the additional time commitment and responsibilities of that role has not

arisen since 2017, as that role has been filled by a Committee Chair. The next review of Council Member remuneration is due in 2026.

2. The Senior Independent Council Member (SICM)

- 2.1 The Standing Orders for the Conduct of Business for the Council and Committees 2022 (the Standing Orders) enable the Council to appoint a Council Member as the SICM. The role of a SICM is similar to that of a Senior Independent Director and is designed to fulfil the dual process of acting as a sounding board for the Chair and intermediary for other Council Members. The roles and responsibilities of the SICM are drawn from the Standing Orders and set out at **Appendix 1**.
- 2.2 Some of the specific aspects of the role are as follows:
 - a. Be a conduit between Members and the Chair to communicate any major concerns Members have to the Chair
 - b. Lead the process of appraising the performance of the Chair and take advice from the Council and the Remuneration and Nomination Committee around whether to seek views of external stakeholders (including Government)
 - c. Investigate any complaints (from Members, Officers of the Council or any other parties) about the Chair's conduct; and
 - d. Occasionally deputise for the Chair at external or internal meetings
- 2.3 The SICM also has a role in relation to handling whistleblowing concerns and attends regular meetings of the Chairs' Group.
- 2.4 Given the additional time commitment, responsibility and accountability of the SICM role, it is proposed that this is reflected by a proportionate additional supplement to the annual Council Member fee. It is proposed that this in line with the supplement attached to the Chairing role – currently set at £3000 annually.
- 2.5 For completeness, where a Council Member is appointed to both the role of SICM and to a Committee Chair post, it is not currently proposed that a 'double' supplement applies, although this may be revisited when the next full review of Council Member remuneration takes place.
- 2.6 In June 2025, The Remuneration and Nomination Committee scrutinize and supported the proposals.
- 2.7 **Council is asked to approve** the application of a supplement of £3000 to the annual fee for a Council Member who is appointed to the role of SICM, when they do not also hold the role of Committee Chair.

3. Retrospective Application

- 3.1 Following the decision of the Council on 21 June 2024, Simon Morrow was appointed as the Senior Independent Council Member for a term of one year from the 1 October 2024 until 30 September 2025. He has fulfilled this role with unchanged remuneration for over eight months.
- 3.2 To reflect the new proposed approach, it is recommended that the £3000 supplement is retrospectively applied to Simon Morrow holding this post since 1 October 2024.
- 3.3 **Council is asked to approve** this approach.

4. Legal, Policy and national considerations

- 4.1 If this approach is approved by the Council, the Member Agreement for Simon Morrow will be updated and future Member Agreements for those holding the SICM role will reflect this change.

5. Equality, diversity and privacy considerations

- 5.1 There are no equality, diversity or privacy considerations.

6. Risk considerations

- 6.1 Failing to adequately reflect, in remuneration, the time commitment, responsibilities and accountability of the role of the SICM could deter Council Members from taking up this important role.

7. Resource considerations and CCP

- 7.1 The cost attached to retrospectively applying this supplement can be met within existing budgets and will be factored into budgetary planning annually. The Associate Director, Finance has confirmed that there are no financial concerns with the proposed approach.

8. Monitoring and review

- 8.1 A light touch review of the remuneration of Council members was conducted in 2023. No changes to the levels of remuneration were proposed at that time. A full review of remuneration for Council Members will be conducted in 2026.

9. Next steps and communications

- 9.1 If the Committee approves the recommendation, the Member Agreement for Simon Morrow will be updated, including changes to the remuneration and back date payments.
- 9.2 Future Member Agreements for those holding the SICM role will reflect this change.
- 9.3 The Senior Independent Council Member role profile will be updated to reflect the change.

Appendices

1. Senior Independent Council Member role profile

John Middleton
Head of People Services

Appendix 1 - Senior Independent Council Member Role Profile

Role title:	Senior Independent Council Member
Reports to:	The Council
Fees & expenses:	In line with their contract as a Council Member. There is no additional remuneration for the role.
Time commitment:	No additional time other than is required as a Council Member
Type of appointment & duration of hire:	The post of Council Member is a statutory office rather than a job and the person will be an office holder not an employee of the GDC. The initial term of office is for up to 2 years, with the possibility of reappointment for a second and final term of up to 2 years. There should be no expectation of automatic re-appointment.
Location:	Council and Committee meetings are held at the GDC's offices in London, however, some meetings may be held in Birmingham

Background information:

The Council has within its gift the power to appoint a Senior Independent Council Member (SICM). The role of a SICM is similar to that of a Senior Independent Director and is designed to fulfil the dual process of acting as a sounding board for the Chair and intermediary for other Council Members. The role of the SICM is rooted in the UK Governance Code and is considered best practice.

The role:

The role of the SICM is set out in the Standing Orders as follows:

1. Be a conduit between Members and the Chair to communicate any major concerns Members have to the Chair
2. Lead the process of appraising the performance of the Chair and take advice from the Council and the Remuneration and Nomination Committee around whether to seek views of external stakeholders (including Government)
3. Investigate any complaints (from Members, Officers of the Council or any other parties) about the Chair's conduct; and
4. Occasionally deputise for the Chair at external or internal meetings

The SICM also has a role in relation to whistleblowing as set out in the policy for Council Members and Independent Governance Associates.

The SICM is not automatically the deputy Chair of the Council. A temporary or deputy Chair can be appointed by the process as set out in the GDC Constitution (Order) and the Standing Orders.

Eligibility:

The SICM must be a current member of the Council. The term of appointment is usually two years, and therefore, at the point of appointment, the SICM must have at least two years remaining on their term as a Council Member.

The Council, in consultation with the Chair, are responsible for appointing an appropriate Council Member to the position of the SICM.