General Dental Council

Public Council Meeting - 30 October 2026 - WEBSITE

MEETING

30 October 2026 10:30 GMT

PUBLISHED

30 October 2026

Agenda

Location	Date	Time
Paddington	30 Oct 2026	10:30 GMT

	Item	Owner	Time	Page
1	Welcome and apologies for absence	Chair	10:30	4
1.1	Chair's Brief			-
2	Declarations of Interest	Chair		-
3	Questions Submitted by Members of the Public	Chair		-
4	Minutes of Previous Meetings - Public Council 18 September 2026	Chair		9
4.1	Minutes of Previous Meetings - Abbreviated Minutes of Closed Council 18 September 2026	Chair		15
5	Matters Arising and Rolling Actions List	Chair		17
6	Decisions Log	Chair		18
7	Assurance Reports from Committee Chairs	Committee Chairs	10:35	-
7.1	Audit and Risk Committee - 1 October 2026			19
8	Chief Executive's Report	Tom Whiting	10:40	21
9	Business Plan 2027-2029 (to include making of ARF Regulations)	David Criddle and Samantha Bache	10:55	25
9.1	Appendix 1 - Business Plan 2027-2029			36
9.2	Appendix 2 - Business Plan EIA			89
9.3	Appendix 3 - The GDC (Dentists)(Fees) (No.2) Regulations 2026			95
9.4	Appendix 4 - The GDC (Dental Care Profession) Regulations 2026			99
9.5	FPC Assurance Report			102
	Comfort Break		11:55	-
10	Mann Review Recommendations	Ellie Coley	12:05	104
11	English Language Requirements	Laura Williamson and Luke Blakeley	12:25	115
11.1	Appendix 1 - English Language Guidance			120
11.2	Appendix 2 - Consultation			124
11.3	Appendix 3 - Equality Impact Assessment			140
12	Any Other Business	Chair	12:40	-

	Item	Owner	Time	Page
13	Date of Next Meeting	Chair		-
14	Correspondence Items			-
14.1	C1 Health and Social Care Professional Regulators Whistleblowing Report - cover note	Colin Mackenzie		151
14.1.1	Health and Social Care Professional Regulators Whistleblowing Report			152
14.2	C2 Council Forward plan	Rebecca Ledwidge		180
15	Private Council Meeting Agenda			182

A meeting of the Council of the General Dental Council

10:30am on Friday 30 October 2026 at

50 Paddington, London

Members:

Helen Phillips (Chair)

Reshard Auladin

Ilona Blue

Donald Burden

Oosh Devalia

Mike Driver

Bill Gunnyeon

Angie Heilmann

Serbjit Kaur

Mike Lewis

Timea Milovecz

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 Rebecca Ledwidge as soon as possible:

Rebecca Ledwidge, Head of Governance, General Dental Council

Email: rledwidge@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 – 10.00 – 10.30

PART ONE - PRELIMINARY ITEMS

1.	**Welcome and apologies for absence**	Helen Phillips, Chair of the Council	10:30 - 10:35 (5 mins)	Verbal
2.	**Declarations of Interest**	Helen Phillips, Chair of the Council		
3.	**Questions Submitted by Members of the Public**	Helen Phillips, Chair of the Council		Verbal
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 18 September 2026	Helen Phillips, Chair of the Council		Paper
5.	**Matters Arising and Rolling Actions List** To note any matters arising from the public meeting held on 18 September 2026 and review the rolling actions list	Helen Phillips, Chair of the Council		Paper
6.	**Decisions Log** To note decisions taken between meetings under delegation	Helen Phillips, 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** 1) Audit and Risk Committee – 1 October 2026	Noting	10:35 -10:40 (5 mins)	Papers
8.	**Chief Executive's Report** Tom Whiting, Chief Executive	Noting	10:40 - 10:55 (15 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
9.	**Business Plan 2027-2029 (to include making of ARF Regulations)** David Criddle, Head of Business Intelligence and PMO Samantha Bache, Associate Director, Finance **9.1 FPC Assurance Report** Ilona Blue, FPC Chair	Approval	10:55 -11:55 (60 minutes)	
Comfort Break 11:55 – 12:05				
10.	**Mann Review Recommendations** Ellie Coley, Policy Manager	Discussion	12:05 -12:25 (20 mins)	Paper
11.	**English Language Requirements** Laura Williamson, Policy Manager Luke Blakeley, Head of Registration Policy	Approval	12:25 - 12:40 (15 mins)	Paper
12.	**Any Other Business**	Helen Phillips, Chair of the Council	12:40 -12:45 (5 mins)	Verbal

PART THREE - CONCLUSION OF BUSINESS

13.	**Date of Next Meetings** 10 December, Colmore Square, Birmingham	
Close 12:45		

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 48 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
C1	Health and Social Care Professional Regulators Whistleblowing Report	Colin Mackenzie	Noting	Public	28 October 2026
C2	Council forward plan	Rebecca Ledwidge	Noting	Public	28 October 2026

Reading Room items

The following items contain additional papers that are provided in the Council Reading Room in the Resources section of Board Intelligence.

No.	Item	Authors	For	Closed/Public
	None			

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 fairness, transparency, responsiveness, and respect 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.

Confirmed Minutes of the Meeting of the General Dental Council held at 10:00 on Friday 18 September 2026 in Open Session at Colmore Square, Birmingham

Council Members present:

Helen Phillips (Chair)
Reshard Auladin
Ilona Blue
Donald Burden
Mike Driver
Bill Gunnyeon
Angie Heilmann
Serbjit Kaur
Mike Lewis
Simon Morrow
Laura Simons

Executive Team Members in attendance:

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

Staff in attendance:

Samantha Bache	Associate Director, Finance
David Criddle	Head of Business Intelligence, Delivery and PMO
Rachael Gilleard	Deputy Head of Governance
Rebecca Ledwidge	Head of Governance
Colin Mackenzie	Head of Nations and Engagement

Others in Attendance

Ross Cranston	Chair, Statutory Panellists Assurance Committee

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

Apologies

Timea Milovecz	Council Member

1. Welcome and apologies for absence

1.1 The Chair welcomed everyone to the meeting and noted that apologies had been received from Timea Milovecz.

2. Declaration of interests

2.1 The following declarations were received:

a. Item 11 - all Council Members in relation to Non-Statutory Committee and Senior Independent Council Member appointments 2026.

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 19 June 2026 had been **approved via correspondence.**

5. Matters Arising and Rolling Actions List

5.1 The Council **noted** the action updates.

6. Decisions Log

6.1 The Council **noted** that it had approved the Sustainability Strategy on 26 June 2026.

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.

Statutory Panellists Assurance Committee (SPC)

7.2 The Council heard that:

a. The Committee met on 3 September. Incoming Council Member, Oosh Devalia, had observed the meeting as part of her induction.

b. The Committee received an update on the work on Agreed Panel Determinations and considered that the drafting of accompanying guidance could be expedited.

c. The Committee was pleased with the range of equality, diversity and inclusion activities being undertaken within the Hearings service.

d. The Associates Code of Conduct and accompanying Guidance had been refreshed and the Committee was content with the documents.

e. It was noted that thematic causes of late Rule 6e applications were being monitored and discussions taking place with defence organisations to reduce these instances.

Finance and Performance Committee (FPC)

7.3 The Council heard that:

a. The Committee had met on three times to scrutinise the Business Plan and Budget proposals – in July, August and September. The Committee had endorsed

the proposed approach following its September meeting and recommended it to the Council.

b. The Committee had reviewed and scrutinised the second draft of the Business Plan, including the four new impact areas identified within the monitoring and evaluation framework.

c. In connection with the Plan, the Committee had discussed the reserves position. Escalating its concern to the Council, the Committee drew attention to the fact that reserves were currently forecast to be lower than target by the end of the Strategy period. The Council was informed that, alongside work on budget and business planning, action was being taken to reduce expenditure, and prioritise efficiencies which was expected to have a positive impact on the position.

d. The Committee had discussed the Quarter Two organisational performance report, noting that aside from known challenges in respect of Fitness to Practise (FtP) timeliness, performance against the organisation's strategic objectives was on track. The Committee noted that the GDC was not alone in experiencing an increase in the number of FtP concerns received and the organisation had absorbed significant volumes of additional concerns to date. The Committee had robustly challenged the Executive on its proposals for managing increased volumes whilst delivering improvements and was content that all possible alternatives had been analysed and that the recommended option was the optimal one at the present time.

e. The Committee scrutinised the finance and people decision-making framework, an important piece of work emerging from the Board Effectiveness Review which supported the principle of appropriate delegation. Following discussion, the Committee was assured that the launch timing was appropriate, and that the benefits outweighed any potential risks.

f. The Committee discussed sickness absence, which had increased from Quarter One. The Council agreed the importance of continued monitoring of sickness absence and the actions in place to manage it appropriately, including support for underlying causes.

7.4 The Council **noted** the assurance reports.

8. Chief Executive's Report

8.1 The Chief Executive provided an update on key areas of organisational delivery, focussing on matters that might not otherwise be captured in other reports and for discussion with the Council. The following points were discussed:

a. Thanks were extended to all staff involved in the move to the GDC's new London office, which had gone smoothly.

b. A successful Dental Leadership Network event had been held in June, on the theme of supporting internationally qualified dental professionals.

c. The Executive Leadership Team (ELT) had discussed the GDC's proposals in response to the Mann Review in early September and it was anticipated that the GDC would meet with the Secretary of State in October. One of the themes identified in the Review was training for decision makers and staff on how to recognise what behaviours are discriminatory, which the organisation was in the process of delivering. Internal processes for FtP had also been changed to provide decision makers with support.

d. The successful implementation of Total Reward phase one and migration of SharePoint was noted.

e. The Council noted that candidate numbers for the Overseas Registration Examination (ORE) continued to be closely monitored, and that the Executive was confident of filling places for the next 12 months. The waiting list, currently over 8,000, was reviewed on a weekly basis.

f. Some technical issues had been experienced with the new MyGDC platform during the annual renewal for Dental Care Professional (DCPs). The increase in associated queries had also negatively impacted performance of the call centre during this period. DCPs had been reassured that they would not be erased from the Register if they had informed the GDC that technical issues had been encountered. The proportion of DCPs affected was very small. Lessons learned from the DCP renewal were being applied to the dentists' renewal. The Council was informed that 96% of new applicants were using the system for their registration process, which was expected to bring efficiencies.

g. The Fear Factors in Dentistry summit planned for Quarter Four was a new initiative that was welcomed by the Council to explore and address the causes of fear in the professions.

8.2 The Council **noted** the update.

9. Organisational Performance Report Q2

9.1 The Head of Business Intelligence, Delivery and PMO introduced the Q2 report, explaining that the four impact areas identified within the monitoring and evaluation framework had been mapped, with a number of areas supporting multiple impacts. The report also provided updates for each of the Business Plan roadmap goals and operational performance for each strategic objective.

9.2 The Council **discussed** the following:

a. It was noted that a revised sickness policy and process was being rolled out, along with supporting guidance and training. The policy changes were intended to enable staff to manage sickness absence more effectively. A variety of wellness resources had been implemented to support staff.

b. The Council queried the timeframe for implementation of the framework for sexual misconduct. Engagement with external stakeholders on the Principles of Professionalism framework, of which sexual misconduct was a part, was ongoing, and supporting material was currently being developed. A pilot had also been running in respect of streamlining and frontloading cases from which learnings would be drawn.

c. It was noted that the GDC had been working with the Joint Council for Cosmetic Practitioners to develop a joint approach on cosmetic procedures, and that a balance needed to be struck between the risks posed and appropriate regulation. Ultimately, the decision about the regulation of practitioners administering these services, in respect of those who were not medical or dental registrants, was a matter for Government policy.

d. The Council discussed the relationship between free reserves and the investment fund. The initial investment of £15m in 2017 was included in free reserves, but potential gains were not recognised and have not been realised. Target return for the investment fund was CPI plus 2.5%, based on the risk profile.

e. The primary drivers of the change to the financial position were a much lower attrition rate which had increased the staff budget, increases in IT licensing costs and more legal expenditure in relation to managing existing caseloads and increased volume pressures in FtP. Otherwise, the financial performance as was expected. Work was ongoing to prioritise activity and reduce cost where possible.

10. Scheme of delegations – Financial and People Delegations

10.1 The Associate Director, Finance introduced the Finance and People decision-making framework.

10.2 The proposed framework was in line with the delegations approved by the Council in June 2026, which established the principles for decision-making across the organisation. This scheme was supported by separate financial, people and procurement authority schedules setting out operational detail for its implementation. The framework separated stable governance principles (retained by the Council) from changeable operational authority schedules (maintained by the ELT). FPC would retain oversight of the framework and the Audit and Risk Committee (ARC) would oversee compliance with it.

10.3 Mechanisms to safeguard the efficacy of the framework included staff training and finance business partnering with teams. An orderly and phased handover would be planned in advance of implementation. Focus would also be given to building confidence in individual decision-making.

10.4 The Council noted that ARC oversaw the internal control framework, of which the Finance and People decision-making framework was part. An assurance map around the control framework was also being prepared for scrutiny by ARC.

10.7 The Council **approved** the Finance and People decision-making framework.

11. Non-Statutory Committee and Senior Independent Council Member appointments 2026

11.1 The Chair of the Council proposed the membership of the Non-Statutory Committees. All appointments were proposed for one year. Aside from Oosh Devalia joining the Audit and Risk Committee to replace Simon Morrow, there were no proposed changes.

11.2 The Council **approved** the appointments to the Committees, for one year.

Donald Burden left the meeting

11.3 The Chair proposed the appointment of Donald Burden as the Senior Independent Council Member.

11.4 The Council discussed the process for expressing interest in the role in the future and **approved** the appointment of Donald Burden as the Senior Independent Council Member, for one year.

Donald Burden joined the meeting

12. External Stakeholder Discussion – British Association of Private Dentistry

12.1 The President of the British Association of Private Dentistry (BAPD), Simon Thackeray (dentist) and Board member, Jenna Ellis (Dental Technician) provided their observations on the items discussed at the Council meeting.

12.2 The BAPD recognised that the GDC had evolved its approach to engaging with the profession and welcomed the measures to address fear. The BAPD highlighted the

potential for inappropriate use of the FtP system by registrants, and suggested approaches for reducing the length of the process.

12.3 The BAPD also discussed the challenges of maintaining service quality in the context of the increasing application of digital dentistry and overseas production of dental products.

12.4 With regard to scope of practice, the BAPD suggested the need for balance between providing clarity and enabling registrants to use their professional judgement.

12.5 The Chair thanked the President and Board member for attending the meeting and sharing their insights with the Council.

13. Any Other Business

13.1 On behalf of the Council and the GDC, the Chair thanked Simon Morrow for his service as a Council Member and Senior Independent Council Member, roles which he had carried out with great distinction and which had a marked impact on the organisation.

14. Date of Next Meetings

13.1 The Council **noted** the date of the next meeting – 30 October 2026, London Paddington.

The meeting closed at 12 noon.

Confirmed Abbreviated Minutes of the Meeting of the General Dental Council held at 12:45 on Friday 18 September 2026 in Closed Session at Colmore Square, Birmingham

Council Members present:

Helen Phillips (Chair)
Reshard Auladin
Ilona Blue
Donald Burden
Mike Driver
Bill Gunnyeon
Angie Heilmann
Serbjit Kaur
Mike Lewis
Simon Morrow
Laura Simons

Executive Team Members in attendance:

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

Staff in attendance:

Samantha Bache	Associate Director, Finance
David Criddle	Head of Business Intelligence, Delivery and PMO
Rachael Gilleard	Deputy Head of Governance
Rebecca Ledwidge	Head of Governance
Colin Mackenzie	Head of Nations and Engagement

Apologies

Timea Milovecz	Council Member

1. Welcome and apologies for absence

1.1 The Chair welcomed everyone to the meeting and noted that apologies had been received from Timea Milovecz.

2. Declaration of interests

2.1 The following declarations of interest were received:

a. Item 7 – Business Plan 2027-2029 - from all Council Members and staff due to the budgetary provision for staff salaries and Members' fees, and from registrant Council Members due to any attendant impact on the level of the Annual Retention Fee (ARF).

3. Approval of Minutes of Previous Meeting

3.1 The full minutes of the closed meeting held on 19 June 2026 had been **approved via correspondence**.

4. Matters Arising and Rolling Actions List

4.1 There were no outstanding actions.

5. Decisions Log

6. Chief Executive's Report

6.1 The Council **noted** the update.

7. Business Plan 2027-2029 (second draft)

7.1 The Associate Director, Finance and the Head of Business Intelligence, Delivery and PMO presented the second draft of the Business Plan 2027-2029, including delivery, workforce and budget plans.

8. Communication Principles for the Business Plan and ARF

8.1 The Council **discussed** the item.

9. Board development

9.1 The Council discussed the proposals for the next phase of board development activity.

10. Any other business

10.1 Council members gave their reflections on Simon Morrow's achievements during his tenure as a Council member, and thanked him for his support, advice and dedication.

11. Date of Next Meetings

11.1 The Council **noted** the date of the next Council meeting on 30 October 2026, in London Paddington.

The meeting closed at 15:10.

Item 5 - Public Council Actions Log								
Action No.	**Date of Meeting**	**Minute no.**	**Subject**	**Action**	**Due date**	**Owner**	**Update**	**Status**
43	19/06/2026	15.2.c	Committee Terms of Reference	The Associate Director, POD to provide an update on progress against the People Strategy, with appropriate metrics from the outcomes work. This should focus on more difficult areas such as ambitions for staff survey engagement levels, sickness levels, employee relations matters and the impact of Total Reward. This would help determine the most appropriate reporting forum and matters that required escalation.	10.12.2026	Lee Avery	To be presented at the Council meeting on 10 December.	Live

Item 6 - Decisions Log – PUBLIC Council – 30 October 2026

Date decision taken (confirmed)	Decision taken by	Agenda Item	Purpose	Outcome
No decisions were taken between meetings under delegation.				

Committee Assurance Report

Committee	**Audit and Risk Committee**
Date(s) of meeting(s)	1 October 2026
Committee Attendance	80% - Committee was quorate

Main agenda items	1. Quarterly Compliance Report 2. Strategic Risk Register including Risk Appetite 3. RSM Progress Update 4. Internal Audit 5. Significant Legal Developments 6. NAO Management Letter 7. External Audit Lessons Learnt
Decisions made/ recommendations to the Council	1. The Committee **recommends** the Risk Appetite to the Council for its approval. This item will be discussed by the Council in Closed session.
Alert	Nothing to report.
Advise	1. **Internal Audit Report** The Committee noted pressures on the IT team capacity and was advised that the IT operating model was being reviewed to ensure sufficient specialist resource was available in the team. 2. **NAO Management Letter** In respect of reducing the timeline to enable the Annual Report and Accounts laying earlier in the year the Committee agreed that the audit approach should be pragmatic and proportionate, with the GDC and NAO to align early on requirements, tolerances and expectations.
Assure	1. **RSM Audit Progress Report** The Committee received the Procurement and EDI audits, both of which provided reasonable assurance and identified no high priority actions. 2. **Internal Audit Report** The Committee was informed that of the 22 recommendations on the tracker, two had reached their implementation date, and both had been confirmed as implemented. 3. **Quarterly Compliance Report, Q2 2026** During the period there were no potential incidents of fraud, bribery or corruption, no whistleblowing complaints, no

	contracting exceptions, no significant corporate complaints, no financial irregularities and no special payments issued.
Review of risks	1. **Strategic Risk Register (SRR)** The Committee received the latest SRR, which had been amended to reflect the previous Council risk horizon scanning session. The Committee noted that three risks were outside of appetite and sought assurance as to steps to be taken to bring them back within appetite. The Committee observed that certain risks within the register were reflected as statements rather than clear definitions of the actual risk and its impact on the business. It was agreed that risks should be articulated in terms of outcomes, to better inform audit priorities, controls and risk appetite. The Committee discussed the potential for assurance mapping to assess the control environment against identified risks and to provide greater assurance on how risks were managed.

Chief Executive Officer Update 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.
Purpose	The Chief Executive and Registrar gives a regular written update report to Council.
Issue	To update the Council on the work of the Chief Executive.
Recommendation	To **note** the update.

1. Update on Chief Executive's Priorities

1.1 I have structured this update with a focus on matters that are not otherwise covered on the agenda but provide timely updates on important areas of interest to Council, or progress on work that is key for delivery of the strategy and business plan.

1.2 **People**

a. **The People Strategy**- An update on The People Strategy will be presented at the December Council meeting and will highlight areas of work that could require Committee support or scrutiny.

a. **EDI**- Teresa Boughey, of Jungle Consultancy has completed an EDI stocktake, looking at how we manage EDI activity across the organisation. She will attend Council in December to present her final report. Strategy and POD colleagues will also present a paper on how we will take her findings forward.

b. **Digital transformation and change management**- We have recruited an Interim Associate Director, Change & Transformation, anticipated to be in post for 4-6 months presently. Interviews for the permanent role will start across the first week of November, all ELT members will be part of the interview stages. We anticipate a permanent postholder will be in place in Q1 2027 and will immediately focus efforts on the Fitness to Practise Improvement Programme.

b. **Open Doors**- The second instalment of this new engagement initiative where colleagues from both sites are invited to meet informally with me and ELT representatives will take place in both office sites in late November and December. The intention is for colleagues to ask questions and provide feedback in a supportive environment.

c. **Listening sessions**- The Learning and Organisational Development team recently ran Listening sessions for colleagues in Paddington, Colmore Square and virtually. The purpose of the sessions was for colleagues to share their experiences and views on our progress against the 3 key focus areas from the Your Voice survey – communications, learning and development, and workload and planning.

d. **Staff Network activity**- Assisted by the Head of EDI and the Culture and EDI partner there has been a busy end to the year in terms of Network activity.

i. During October ENABLE hosted a reasonable adjustments webinar. The Women's Network have scheduled two online events focused on Financial Budgeting, the first exploring the topic of savings and investments which is followed by a second session in November on Borrowing and Debt.

ii. PACT ran an online campaign during October supporting Baby Loss Awareness week – sharing colleagues personal experiences, signposting support, and information about taking part in the 'Wave of Light' event that took place on the 15 October. There are also plans for a member's event in December.

i. Also taking place in November is the Network Chair Development Day, this year taking place in our Birmingham office where Network Chairs develop knowledge and skills to support them in their roles.

j. REACH network have plans to celebrate Diwali during November.

k. Rainbow are currently working on a session to be delivered by the Terence Higgins Trust in recognition of World Aids Day in December.

1.2 External Relationships

a. **Fear Factors Summit-** We hosted a summit on 'Fear Factors in Dentistry', bringing together key stakeholders from across the dental sector, including Chief Dental Officers (CDOs), the CQC, indemnifiers, academics, corporates, professional associations and educational bodies.

b. The event was chaired by Andrew Dickenson, CDO for Wales. Helen and Theresa delivered speeches, and a selection of attendees also shared their organisations' perspectives on the topic.

c. The event highlighted the complexity of the issue of fear and the range of factors involved, demonstrating that fear extends beyond the GDC alone. Stakeholders also considered what could be done collectively across the sector to address the underlying causes. The summit was positively received and provided a valuable opportunity for open dialogue and shared understanding. We will continue engaging with stakeholders across the sector to build on these discussions and inform our ongoing work to address fear in dentistry.

d. **Four nations**- Helen and I joined an online meeting with Mabon ap Gwynfor, the new Welsh Cabinet Minister for Health and Care. We talked through our strategy and our plans to improve the timeliness of our Fitness to Practise process, and our recent Fear Factors Summit. The minister was also interested to hear about the increased capacity of the ORE.

e. Other areas covered included the reformed Welsh dental contract and the number of dentists undertaking NHS work in Wales.

f. We informed the Minister of our upcoming trip to North Wales, and he said that he valued the relationship with the GDC and hoped that we could maintain a dialogue going forward.

g. By the time of October Council, Helen and I will have met with Angela Constance, the new Scottish Cabinet Secretary and Minister for Health during our visit to Edinburgh. The itinerary also includes meetings with the Chief Dental Officer, the Dean of

Postgraduate Dental Education, and representatives from the Royal College of Surgeons, Edinburgh.

h. Helen and I met Martyn Cobourne, the new Dean of the Faculty of Dental Surgery of the Royal College of Surgeons of England, and discussed governance of dental education as well as training, support and mentorship for registrants.

i. Helen chaired a roundtable with representatives of Defence Unions and several GDC colleagues. The conversations were productive and increased understanding from both perspectives. Further Roundtables have been arranged for November with representatives of professional associations and the DLN working group.

j. Helen and I met with the new Chair and CEO of the Public Services Ombudsman (formally the Parliamentary and Health Service Ombudsman). We discussed themes and trends of complaints made to them about dentistry and ways we can continue to work together collaboratively.

k. **Upcoming stakeholder events-** In December, I will travel to North Wales for a programme of meetings and visits across two days. I will meet with students and academics from Bangor University, visit Bangor Dental Academy and attend a roundtable at the Welsh Government Offices on the subject of Regulation, Workforce and Access to Care in North Wales.

1.3 Registration

a. **MyGDC-** We have completed the first full DCP renewal and application cycle since going live in March and we are now mobilising for the first dentists renewal cycle to commence in mid-November. Two key issues (‘bugs’) remain, with PwC handling one (a performance issue experienced during peak periods) and our IT team handling the other. Some processes, such as renewal reminders, were run manually where defects prevented the system doing so, and permanent fixes for these are being delivered through the remaining backlog.

b. Registration applications continued uninterrupted throughout the transition, shifting from largely manual in March to online. Defects encountered along the way were small in scale, affecting under one per cent of the register, with the majority resolved during the period. Services are operating as expected in Registration with over 6,000 applications now completed via MGR since launch. Hypercare closed in August with the platform stable and remaining fixes are scheduled through a managed backlog (with GDC IT).

1.4 Strategy Development and Delivery

a. We are developing our approach to AI governance, capability building, prioritising workstreams and resource planning. The policy team have set up an AI Steering Group with representatives from across the organisation, chaired by Stefan, to coordinate activity on AI, to identify and manage risks and opportunities and ensures that our approach to AI supports public protection, effective regulation, organisational effectiveness and responsible innovation.

b. The Steering Group have begun to think through priorities for 2027. As part of this work they are collaborating with the PSA and other health regulators to develop high level principles for regulators on safe and ethical AI use.

c. The Steering Group will provide a progress update to the Finance and Performance Committee in November and to ELT in December.

1.5 **User Experience and Information Security**

a. **The Digital Partnership-** Twenty five supplier evaluations have been completed and moderation exercises are almost complete. The next stage is to pose some clarification questions related to the bidders which may affect final moderation.

1.6 **Estates**

a. Wimpole Street has been decommissioned, and the keys have been returned to Howard de Walden. Colleagues are enjoying the new office environment at 50 Paddington.

b. Further improvements have been made to Avon House, West Kensington. The next in person hearing is scheduled for 26 October by which time all further modifications should be in place.

2. Equality, diversity and privacy considerations

2.1 The EDI risk relating to the appropriateness of actions and processes to support implementation of our EDI Strategy is currently within appetite though must be closely monitored to ensure delivery of the business plan and an improved outcome when we are next appraised by the PSA where we are not currently meeting the EDI standard.

2.2 The EDI risk was reviewed and updated as part of the Council and ELT horizon scanning session. We have been in discussion with the provider of our EDI training for Council and ELT to provide us with some additional external challenge and support. We are now starting a further two phases of work with them to help further develop our governance of EDI and take some further external challenge.

1.3 We have received a final audit report on EDI from RSM who have given us reasonable assurance and are having follow up discussions with them about the recommendations.

3. Risk considerations.

3.1 The report details areas of work where there is significant risk attached. This is intended to supplement corporate risk management activity and support timely communication with Council.

4. Resource considerations and business planning

1.4 Additional resourcing required to deliver the 2026-28 Business Plan was agreed by Council in 2025 and is on the agenda for today in setting the 2027 plan and budget. Priority areas described in this report support the delivery of the business plan.

Lead Author: Tom Whiting, Chief Executive and Registrar
T.Whiting@gdc-uk.org

22 October 2026

Business Plan 2027-29 final draft plan

Executive Director	Gurvinder Soomal, Chief Operating Officer
Author(s)	Samantha Bache, Associate Director, Finance Dave Criddle, Head of Business Intelligence & PMO Louise Piper, Business Planning & PMO Manager Patrick Chan, Senior Financial Planning & Analysis Manager
Type of business	For approval
Purpose	This paper represents the development of the 2027-29 business plan, which underpins the delivery of the Strategy 2026-28 and our aims for 2030.
Issue	To present the draft Business Plan 2027-29 which includes the delivery, workforce and budget plans.
Recommendation	The Council is asked to: Discuss and **to approve** the Business Plan 2027-2029, the 2027 budget and the proposed Annual Retention Fee (ARF) levels.

1. Introduction

1.1 The business plan for 2027-29 builds on the 2026-28 plan to continue the GDC's commitment to deliver Trusted and effective: A strategy for dental regulation 2026-2028 through our ongoing focus on the priorities in the plan and towards our aims and objectives.

1.2 We have adapted plans accordingly to reflect changes in the external landscape and our internal priorities occurring since the 2026-28 plan was approved and to allow work to continue in delivering the strategy. At the same time the plan reflects a pragmatic, time-limited approach to delivery which recognises the pressures being caused by a continued extraordinary increase in Fitness to Practise incoming concerns and subsequent caseload increases throughout all the stages of the process.

1.3 This pragmatic, time-limited approach to Fitness to Practise requires deeper analysis of future caseloads and how to manage them effectively, alongside commencing improvement plans in 2027 before we can propose with confidence both the model for managing the service effectively into 2028 and beyond and the financial requirements to do so.

1.4 We are presenting to Council for approval a budget and plan that allows this further FtP analysis to be performed in 2027 and the work on delivering our strategy to continue, whilst maintaining the ARF at an increase of CPI for 2027.

1.5 With seeking approval of the plan, however we are asking Council to tolerate a limited time departure from the Reserves Policy range of between 2.5-4.5 months of operating expenditure for 2027 only. We will revisit this position ahead of the 2028-2030 plan, where we will agree how we can ensure our long-term financial sustainability.

2. Development of the business plan 2027-29

2.1 The plan has been developed through collaboration across the business, with reviews and scrutiny provided by our Leadership Community Network (LCN), Senior Management Team

(SMT) and Executive Leadership Team (ELT). This has focused on balancing the investment in our priorities with targeting operational efficiencies, for both maintaining financial stability and ensuring we have a deliverable plan.

2.2 We have delivered significantly against our ambitions that were laid out in year one of our new strategy. This has informed our planning for the next three years. These achievements are summarised in Appendix 1, and include but are not limited to:

a. Approval by Council to consult and consultation concluded on our Principles Based Guidance Framework.

b. Launch of the MyGDC platform and transition to fully online application, CPD and ARF processing.

c. Transition to the new contract for the delivery of the Overseas Registration Exam (ORE).

d. Implementing the revised standards of education across providers.

e. Approval of supporting strategies in People, Communications & Engagement, Research, Finance and Sustainability – which has meant that delivery plans for these are incorporated into this year's business plan.

f. Relocation of our London office and hearings premises.

g. Revised pay and grading framework approved by Council in April and implemented through Q2.

2.3 In some areas delivery progress has been slower than originally planned, mainly due to capacity constraints of teams supporting major ICT developments, such as the launch of the MyGDC platform and mobilising the ORE contracts. Where this has been the case, we have actively focused on re-phasing of work to apply learning both into this year's plan, and into defining our new IT & Digital Strategy.

2.4 Since the approval of the 2026-28 strategy and business plan in October 2025, changes to the internal landscape of priorities and in the external context have required consideration of the impacts both financially and to the priorities for our planned work. These developments have been evaluated in the business plan.

2.5 Changes in our external context which have been reviewed and evaluated include:

a. The recommendations in Lord Mann's review on antisemitism and other forms of racism in the NHS.

b. Increasingly rapid adoption of Artificial Intelligence technology in the sector and by those raising concerns.

c. Continued focus on the importance of the development of a framework for international registration alongside managing the ORE pipeline.

d. Ensuring we are monitoring and engaging with government priorities, at a time of political change in the health leadership in all four nations.

2.6 Changes in the internal landscape of priorities include:

a. Additional resource demand beyond what was anticipated to support the ORE contract transitions and the embedding of MyGDC, which have required delays in some other planned activity (largely in ICT).

b. We have now incorporated plans for supporting strategies approved by Council to date. The remaining IT & Digital and Data strategies have external consultancy reviews in progress with their respective strategies to be confirmed by Q2 2027.

c. The most significant impact to planning this year has been within Fitness to Practise:

- Firstly, an increase in the volume of incoming cases was seen in 2025 and limited additional resource was provisioned for 2026 though not in all teams. The number of concerns received then continued to rise in Q4 2025 resulting in a total 26% increase in 2025 against 2024. Rather than plateauing in 2026, the increased trend has continued with a 20% increase to August 2026, against 2025 and we forecast a possible 26% overall increase for 2026 by the year end.
- We are seeing similar increases across other regulators and there is currently no evidence to suggest that incoming concerns are likely to significantly reduce in the near future. This sustained demand is expected to place further financial pressure on the GDC from 2028 onwards. However, further analysis is needed to understand the likely ongoing costs of the increased caseload, alongside opportunities for improvements to the FtP process, in order to establish the longer-term financial impact beyond 2027.
- Secondly, in discussion at Council in February 2026 our ambition was set out to reprioritise change improvements throughout the FtP process and participant experience, to expedite the achievement of improved timeliness and to unlock opportunities within current legislation. Our ambition is to make FtP a more effective process.

2.7 Whilst none of these changes and challenges impact our fundamental strategic aims and objectives, the planning of priorities for sequencing of activity, resourcing and funding has required detailed analysis, and where necessary, rework to the business plan, to put forward a prioritised and financially sustainable position to Council. Actions taken during the planning process to enable this have included:

a. Detailed evaluation of the planning options to manage the increase in FtP caseload and plan priorities for FtP improvements for 2027.

b. Detailed reviews of activity planned and revalidation of it being the correct activity to deliver the strategy. This evaluated the risk of not doing/or reducing the scope of each individual activity on the delivery of strategic objectives and any financial opportunities.

c. Ensuring activity and resourcing planned is prioritised to align across the strategic priorities.

d. Scheduling activity appropriately to be deliverable, maintain performance and support colleague workloads to be sustainable.

e. Evaluating the investment cases required for resourcing and funding required to support delivery.

f. Evaluating opportunities for budget savings and efficiencies, with the aim of maximising efficiency and economy opportunities.

2.8 The Finance & Performance Committee (FPC) have performed detailed reviews with meetings held in July, August and September as the plan has developed. The Committee have scrutinised across the business cases for investment, the prioritisation of activity and resources, and the financial forecasts, which has resulted in the plan presented to Council today being endorsed by FPC.

2.9 The Business Plan 2027-2029 is detailed within Appendix 1 and summarised below.

3. Business Plan 2027-29 - Delivery summary

3.1 The delivery plan in Appendix 1 shows the roadmap for when work towards delivering the 2030 aims is being performed and includes new developments planned as well as ongoing activities.

3.2 In 2027 there are significant ambitions being delivered across the objectives, which include but are not limited to:

a. Implementing the Principles Based Guidance Framework including the sexual misconduct framework and the horizon scanning function.
b. Giving effect to relevant recommendations from the Lord Mann review, alongside beginning work on developing targeted approaches to tackle discrimination affecting dental professionals.
c. Commence implementing approaches to regulating modern dentistry and how we address illegal practice.
d. Embed the MyGDC platform and provided the Welsh language version.
e. Embedded the new ORE contracts into operations.
f. Presenting our evaluation of options for the international registration framework to Council.
g. The development of the revised standards for specialty education and the timetable proposed for implementation.
h. Development of the 2029-2031 strategy in preparation for consultation in 2028.
i. Continue our ongoing engagement work across stakeholder groups, including Registrant, students and the public, as well as convening events, including the Dental Leadership Network.
j. Approval by Council of the proposed IT & Digital and Data supporting strategies and their delivery plans.
k. Complete reviews across our support services for identifying efficiency opportunities.
l. Develop and mobilise the new GDC website and align to social channels.
m. Implement and embed key areas of our People Strategy including simple and effective succession planning and appropriate workforce planning capability.

3.3 In addition to the above are the plans for Fitness to Practise and Objective 3 of the strategy to both address the continued rise in incoming cases and to commence priority work within the FtP Improvements programme which is described below.

4. Fitness to Practise – Delivery plan for 2027

4.1 The GDC is committing to transforming the Fitness to Practise approach to focus on proportionately, addressing unmanaged risk. This will best ensure public protection. As part of our commitment to transformation, we have identified areas that need to be addressed in our improvement programme:

a. **Negative impact on mental health and wellbeing** - We know that fitness to practise investigations can take too long and can feel overly complex often leading to feelings of mistrust, unfairness and more widely, a fear of the process and of the GDC. As a result, this can negatively impact the mental health and wellbeing of those involved. We are working to understand the negative impacts on mental health and wellbeing and to reduce them.
b. **Further unintended negative consequences** - The way FtP operates has a range of unintended consequences, including defensive practice and ultimately potential reductions in access to care. The process is adversarial for all types of concern from the outset, relying on opposing parties developing factual and legal arguments. Given that only a very small number of FtP cases move beyond the Case Examiner stage (about 110 substantive cases annually), for the majority of cases this type of approach is not constructive or efficient. It disincentivises engagement, reflection, learning or proactive risk identification and management.
c. **Outcomes are proportionate but the process is time consuming and costly** – Where serious risk is identified, outcomes are largely proportionate, but the systems around those outcomes are not. Many cases take too long to reach a conclusion, and we are potentially missing opportunities to close cases at earlier stages. Cases are also costly to investigate, administer and determine, particularly if they progress to a practice committee, and there is

some duplication of effort involved. FtP absorbs approximately 30% of our 3-year budget. The lengthy and adversarial nature of the process disincentivises effective engagement, which can further increase the time taken, and too many cases progress beyond the earliest stage at which they could be concluded.

d. **Increasing volume driving cost and impacting performance** - The volume of incoming concerns continues to rise, putting further pressure on the system. Continued growth in incoming concerns increases the cost and capacity pressures on FtP and makes improvements in timeliness more difficult. This compounds the issues described above.

4.2 **Development of the Fitness to Practise plans for 2027**:

a. The rise in incoming cases in 2025 which resulted in a 26% year on year increase from 2024, is anticipated to have another 26% increase year on year by the end of 2026.

b. We have developed an FtP Improvements Programme to tackle the performance challenges and weaknesses in the current process, within the bounds of current legislation.

c. At Council in February, we undertook to assess the level of investment that would be required to achieve Fitness to Practise performance targets sooner while in parallel launching our Improvements Programme. These business cases have been completed and evaluated for both managing the increased caseload in the end-to-end stages within the existing process and developing the FtP improvements programme scope and anticipating impacts of improvements on KPIs and achieving strategic objectives in the longer term.

d. At the closed Council meeting on 18 September, it was discussed how the total combined investment required to achieve these two ambitions ranges from £19.2m to £32.1m over 3 years with a central case of investing £25m. The Executive recommended to the Council that this level of investment is not committed at this stage but rather that Council adopt a phased approach. This will enable better data led decision making at appropriate junctures, to optimise proportionate use of available resource for maximum benefit and to maintain current performance in end to end FtP, given anticipated increase in concerns. The recommended approach delivers this together with mobilising the FtP Improvements Programme. Critically, a phased approach to investment will also provide opportunity for analysis, engagement and dialogue with the professions.

e. The plans therefore included in the business plan for 2027 reflects the recommended phased approach to mobilise resource for both case demand and FtP improvements focused on 2027 work plans only. This will achieve the following objectives in 2027:

- Phase additional resource investment to include only that required for 2027 to manage the current increased volume of cases and maintain current performance.
- Assumes growth of 26% in 2026 and 15% in 2027 but maintains current performance timeframes at each stage of the process.
- Not all FtP stages will meet performance targets in 2027; however, we would expect six out of nine FtP teams to regularly meet targets, and a seventh is likely to start meeting internal targets in Q2 2027.
- Deliver reduced costs at the latter presentation stages of FtP by reducing our reliance on external lawyers and Counsel.
- This approach enables further analysis to be conducted and engagement with dental professionals and external stakeholders ahead of the business plan being agreed for 2028 and beyond.
- It allows volume growth in cases and rates of referral through each stage of FtP to be monitored over a longer period of time.

Key priority opportunities planned for delivery in 2027 through the FtP Improvements Programme are:

FtP mobilisation approach activity	Estimated timeline
Develop revised outcomes focussed FtP framework (within existing legislative framework)	August 2026 – February 2027
Next steps to consultation/implementation of outcomes focussed FtP framework	Q2 2027 onwards, through into 2028-29 plans
Pilot Agreed Panel Determinations	Q1 2027 through to Q4 2027
Pilot streamlining conviction cases	Starting Q4 2027
Pilot streamlining health cases	Starting Q4 2027
Evaluate sexual misconduct pilot	Q4 2026 through to Q2 2027
Progress communications improvements – tone, content, infographics in FtP correspondence	Ongoing
Procure third party support for all FtP participants	Ongoing – due to complete Q3 2027 (subject to procurement)
Develop and implement end to end FtP training plan	September 2026 – Q2 2027
Review our case management approaches for proportionality	Ongoing through 2027
Review our approach to use of experts	Ongoing through 2027
Upskilling Caseworkers in Assessment to prepare disclosure bundles	Ongoing through 2027
Maintain or improve existing performance within all FtP teams through 2027	Ongoing through 2027
Maintain existing timeframes for all FtP teams	Q1 – Q4 2027

5. Business Plan 2027-29 - Financial summary

5.1 The 2027-2029 business plan incorporates the investment required for the delivery and resourcing of our core functions as well as the change plans for delivery of our strategy.

5.2 **The total budget position for 2027-29 is £193.9m.** This is an increase of £32.5m or +20.2% to the £160.5m for 2026-28. £24m of this relates to planned activity that had been provisioned for in the Business Plan 2026-28, which includes our award of the new ORE contract and known pressures resulting from the increase in FtP concerns raised.

5.3 The plan includes the delivery, resourcing and investment required for the 2027 FtP mobilisation plan which sets out to both maintain existing performance levels and begin improvements in 2027, whilst we develop a revised outcomes focussed FtP framework and continue to monitor and understand the longer term financial implications on the increases to FtP caseload. **An investment of £4.07m for 2027 only is included to enable the FtP 2027 mobilisation plan (£1.24m for FtP Improvements Programme and £2.83m for handling increased FtP case volumes).**

5.4 The budget for years 2 & 3 of the plan currently assumes that resourcing levels for FtP remain at the levels set in 2026, which includes the conversion of some fixed term contracts to permanent positions. This is subject to change from the further analysis to be performed in 2027 for planning proposals for the revised outcomes focussed FtP framework and our understanding of longer term requirements. Efficiency plans are also being delivered to support the GDC in managing expenditure increases going forward.

5.5 **The ARF for 2027 will be maintained at the 2026 level + CPI % (set at 3.1% for August 2026) resulting in a Dentist fee of £720 (£22 increase), and a DCP fee of £111 (£3 increase).**

5.6 The decision to increase the ARF by CPI only in 2027 reflects the commitment made last year on future ARF levels.

5.7 Maintaining the ARF increase to CPI, whilst the further FtP analysis and planning for the 2028-2030 budget is performed, does result in the forecast free reserves falling to 2.4 months of operating expenditure by the end of 2027 (0.1 months below the current policy range) and to 1.9 months by the end of 2029. This forecast assumes currently that ARF raises are maintained in line with CPI through to 2029 and has no further investment in FtP projected.

5.8 It will be the focus of planning and stakeholder engagement during 2027 to propose a financially stable position for the 2028-2030 business plan, including maintaining a free reserves position that is within the Council's policy range.

5.9 We are asking Council to accept within their consideration for approving the business plan and budget for 2027-29, that the current free reserves forecast being outside of the policy range is a temporary position, as it is too early to determine whether increases above CPI will be needed before the costs of sustained FtP caseload demand and the benefits of the Improvement Programme are better understood.

5.10 Available financial investments also provide some flexibility to manage immediate risk if needed.

6. Legal, policy and national considerations

6.1 Legal policy and national considerations will be addressed in the individual projects and explored in the business cases. These will give early indicators on performance allowing greater flexibility to reposition work in the direction intended.

6.2 Should Council approve the Business Plan 2027-2029 and the budget, this sets the annual retention fee level, and the Council is asked to **approve and make** the General Dental Council (Dentists) (Fees) regulations 2026 and the General Dental Council (Dental Care Professionals) (Fees) Regulations 2026. If approved, they will then be signed by the Chair of Council and the Chief Executive and sealed.

7. Equality, diversity, and privacy considerations

7.1 The Equality Act 2010 requires public authorities to comply with the public sector equality duty. This means that public authorities must have due regard to the need to achieve the following objectives:

a. to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010.

b. to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

c. to foster good relations between persons who share a relevant protected characteristic 6 persons who do not share it.

7.2 An update to the Equality Impact Assessment for the Business Plan 2026-2028, is provided alongside the Business Plan 2027-29.

7.3 The projects and initiatives that are undertaken as a result of this plan will each undertake equality impact assessments as routine.

7.4 Planned activity that will have obvious positive impacts has been highlighted in the EIA. The Business Plan in its totality aims to provide positive impact and mitigate negative impact, but this will be detailed at the start of planning the individual activities.

8. Environmental, social and governance considerations

8.1 Our Sustainability Strategy provides the wider context for sustainability activity. Activities within the business plan will, where appropriate, be evaluated against the objectives of the sustainability strategy for assessing and tracking their impact on sustainability.

8.2 We have completed the relocation of our London estate to more energy-efficient office accommodation. This supports our wider sustainability objectives through improvements in energy of our operational estate.

8.3 The plan also includes a number of activities that support social improvement, including but not limited to:

a. The Council's ambitions in relation to EDI across our strategy and the work set out in the business plan.

b. Ensuring access to safe and effective dental care for members of the public from newly qualified registrants, for instance, by embedding the revised standards for education and continuing our engagement with education providers to explain GDC's roles and responsibilities more clearly.

c. Further developing a comprehensive framework of routes to registration from professionals who have qualified overseas, promoting diversity in the workforce.

d. Giving effect to the relevant recommendations from the Mann review, working with our partners, including the PSA and other regulators, to maximise impact.

e. Prioritising plans to address issues including innovation, professional/consumer relationships and remote treatment for dental professional to operate safely in a modern healthcare landscape.

f. Develop revised outcomes focussed FtP framework (within existing legislative framework), improving communications and support throughout the process with a focus on welfare of individuals involved, and reviewing our case management approaches for proportionality.

g. Undertaking research to understand the nature of professionalism in dentistry using evidence in relation to the themes of risk, sector, proportionality, and inclusion. This includes addressing sexual misconduct in the context of professionalism.

8.4 In addition, through the efficiency plan we have a number of initiatives targeting to achieve further operational efficiency and improving the user experience throughout our engagements.

8.5 Environmental, Social & Governance (ESG) considerations are inherent in our procurement processes, which ensures specific evaluation of potential future suppliers and their impact on both the environment, people, culture, and communities through our supply chains.

9. Risk considerations

9.1 Risks are captured on the Strategic Risk Register and regularly monitored. Our revised Strategic Risk Register and Risk Appetite Statement are also presented to Council.

9.2 The programmes of work that are undertaken as a result of the creation of the business plan will undertake risk management planning as routine.

9.3 The strategic objective priority areas in the business plan are assessed against the Strategic Risks to align delivery plans towards mitigating risks.

9.4 We consider the full range of financial risks and opportunities facing the organisation as part of our business planning process. These are assessed and, where appropriate, reflected in the development of the budget and underlying assumptions in the plan. Where a risk or opportunity is sufficiently likely or quantifiable, an appropriate provision is incorporated.

9.5 There are however a small number of risks that we consider to be sufficiently remote where it would not be appropriate for us to make specific provision. These include:

a. Regulatory Reform – We have considered the risk of the impact of regulatory reform in the planning period and do not currently anticipate that this will materialise. Should consultation on regulatory reform be required in 2027-29, this would require the GDC to mobilise additional resourcing at pace. Any resulting costs would therefore need to be met from free reserves, subject to the scale and nature of the requirement.

b. Translation costs in Fitness to Practise – There is a potential for translation and interpretation costs to arise in relation to Fitness to Practise proceedings, where a case needs to be heard in an alternative language. We consider the likelihood of such costs arising to be remote and have therefore not included a specific provision within the plan. We would also endeavour to meet these costs from within existing budgets; however, this would depend on the size and nature of translation activities required which we estimate could be significant in certain circumstances.

c. LDS – It is not possible to forecast LDS pass rates with certainty. We have therefore taken a cautious approach to future new registrations and the resulting additional potential ARF income. This will need to be kept under review as we better understand plans for future sittings and resulting pass rate averages.

10. Resource considerations

10.1 Consideration to financial and headcount resource demand is integral to the process for delivery of the plan and ability to follow the planning guidelines.

11. Monitoring and review

11.1 Delivery of the Business Plan 2027-29 is a rolling process from the 2026 plan, applying the prioritisation and investments decisions approved within the 2027-29 plan.

11.2 Delivery plans incorporate lessons learnt and receive ongoing monitoring for the reporting of progress and performance. Our business planning variance and risk management process seeks to identify at the earliest opportunity any significant variances in workload demand, capacity, finances and performance. Any risks these variances pose to business plan delivery are considered by the Executive to take steps to mitigate or make prioritisation decisions in a timely manner.

11.3 Our governance and supporting framework mean that there are regular reporting and monitoring arrangements in place for both the budget and delivery management systems for both change delivery and operational performance.

12. Development, consultation, and decision trail

12.1 Following the approval of the Business Plan 2026-28 the following change control has been incorporated:

a. Approval business cases and release of risk provisions transferred into budget.

b. Budget and Headcount template submissions across the cost centres for 2027-29 period.

c. Review rounds and revisions to delivery plans and roadmap goal prioritisation.

d. Budget consolidation and forecasts based on several rounds of addressing levers for efficiencies and economies.

12.2 Plan review timetable and decision trail:

a. First round draft reviews:

- ELT 14 July

- FPC 29 July

b. Second round draft reviews:
   - FPC additional budget review 24 August
   - ELT 25 August
   - FPC 8 September
   - Council 18 September

c. Final draft reviews:
   - ELT 6 October
   - FPC endorsed by correspondence
   - Council 30 October

13. Accounting Officer Advice

13.1 I have considered the proposed Business Plan and budget, including the assumptions, risks, opportunities, and investment proposals that underpin them. I am satisfied that the plan provides a credible basis for the organisation over the planning period, while recognising that we are operating in a financial challenging environment and that further action is required to strengthen our position.

13.2 The most significant operational and financial pressure is the sustained increase in the volume and complexity of Fitness to Practise caseloads. This demand is at extraordinary levels and is expected to continue to affect our financial position beyond 2027. The Fitness to Practise Improvement Programme intends to improve the effectiveness of Fitness to Practise which will result in improved timeliness and deliver a more efficient service over time. Further work is needed to understand the ongoing costs of the increased caseloads and the financial benefits the programme may deliver.

13.3 The sustained pressure on the service has a direct impact on our reserves position. The current plan forecasts reserves falling below Council's policy during the planning period. While this is a position we need to address, it is important that decisions on future ARF increases are based on a clear understanding of the financial outlook. We need further data and analysis to assess the ongoing costs of Fitness to Practise demand alongside the potential efficiencies from the Improvement Programme. This will allow us to determine future business plans and financial support required, and the action needed to restore reserves over the longer term.

13.4 There is scope to improve this financial position further as more broadly we remain committed to achieving an organisational 7% financial efficiencies by December 2030. There is currently a gap of £1.0m against that ambition, and the Executive will continue to identify and develop further opportunities to address this through 2027.

13.5 I have taken assurance from work undertaken by the Executive and leadership community in preparing the plan and from the scrutiny provided by the Finance and Performance Committee. This has included detailed reviews and scrutiny of key financial risks, opportunities, income forecast and other underpinning assumptions.

13.6 The strategic investment cases have been subjected to separate Accounting Officer challenge with the support of the Associate Director, Finance. I am satisfied that these proposals included in the plan are supported by appropriate business case detail and the investment identified in necessary to address the pressures facing our organisation.

13.7 Council is being asked to approve a plan in which reserves are forecast to fall below policy. Having considered the available evidence, I consider this to be the right and most prudent course of action. Increasing financial investment now would be premature given the further work needed

to establish the longer-term costs of Fitness to Practise demand and the financial benefits of the Improvement Programme.

13.8 Equally, realising financial investments at this stage could reduce our flexibility before we fully understand the future financial position and the options available to us. These investments provide an additional means of managing financial risk if required while this work progresses.

13.9 The priority is to establish a sound evidence base before making longer-term decisions on business plans and reserves. Council's approval should be understood as acceptance of a managed and time-limited position for 2027 rather than a resolution of the underlying financial pressures. Continued financial discipline and active management of the risks will be essential throughout this period.

13.10 I therefore recommend that the Council approves the Business Plan and associate budget. The Executive are to continue to monitor the financial assumptions, pursue the remaining efficiency opportunities and take further action where required to maintain financial sustainability.

14. Next steps and communications

14.1 Following approval by Council, the Business Plan will be prepared for publishing.

Appendices

1. Appendix 1 - Business plan 2027-29 Final draft plan
2. Appendix 2 - Business plan 2027-29 - Equality Impact Assessment
3. Appendix 3 - The General Dental Council (Dentists) (Fees) Regulations 2026
4. Appendix 4 - The General Dental Council (Dental Care Profession) (Fees) Regulations 2026

22 October 2026

General
Dental
Council

Business Plan 2027-2029

Final draft plan

Governance reviews:

ELT – 6 October 2026

FPC – by correspondence 9-15 October 2026

Council – 30 October 2026



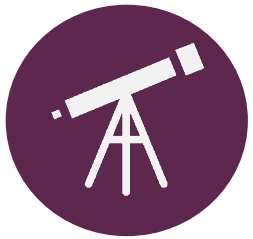
General Dental Council

Contents

Section	Page
Key planning considerations	3
Strategy	5
Fitness to Practise	16
Delivery Plan	22
Resourcing Plan	37
Funding Plan	42
Monitoring & Evaluation	52

General Dental Council

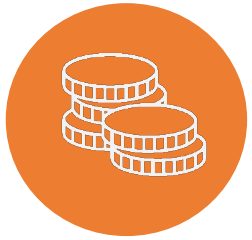
Key considerations for shaping the 2027-29 plan



Strategic focus

Ensure our priorities and activities are the right work, in the right order to deliver the aims and objectives of our strategy and supporting strategies.

Address balance of immediate pressures to manage operational challenges in current systems, with the need to build foundations for changes to being more efficient and effective.



Affordability

Ensure we have budget to deliver our strategy whilst, maximising opportunities for efficiencies in operations and in discretionary spend.

Apply economies through prioritising activity schedules to balance resource demand.



Deliverability

Validate essential work only is in plan and remove discretionary projects, that don't align with our strategy.

Focus on minimum viable scope initially to test & learn improvements in change delivery.

Ensure skills and capacity are available for deliverability.



Colleague Workload

Continue to monitor variances in demand, capacity and the potential impact to colleague workload and wellbeing, applying deliverability principles.



Performance

Monitor core function work and when necessary, temporarily agree reduced targets in KPIs or SLAs to provide flexibility in delivery timeliness and account for resources working on change priorities.

General Dental Council

How we have responded

Strategic focus



- Review of the plan to scope and RAG rate the strategic impact of not doing/lowering priority of activity in plan, to further validate the plan delivers the strategy.
- FtP improvements and BAU business cases reviewed against strategic alignment.

Affordability



- All cost centre budgets reviewed for saving options.
- FtP business cases explored to balance costs with delivery timelines.
- Efficiency plans reviewed across directorates and tracked ongoing.
- Economies of phasing work applied where appropriate to balance resource capacity.

Deliverability



- Delivery plan phasing reprofiled to balance priorities with demand on existing resources.
- Deliverables schedules revised to take on learning from delays in 2026 and apply contingency.

Colleague Workload



- Delivery phasing profiled to balance out demand on existing resources across change and core function work.
- Variance and risk management processes monitor capacity and demand changes on an ongoing basis.

Performance



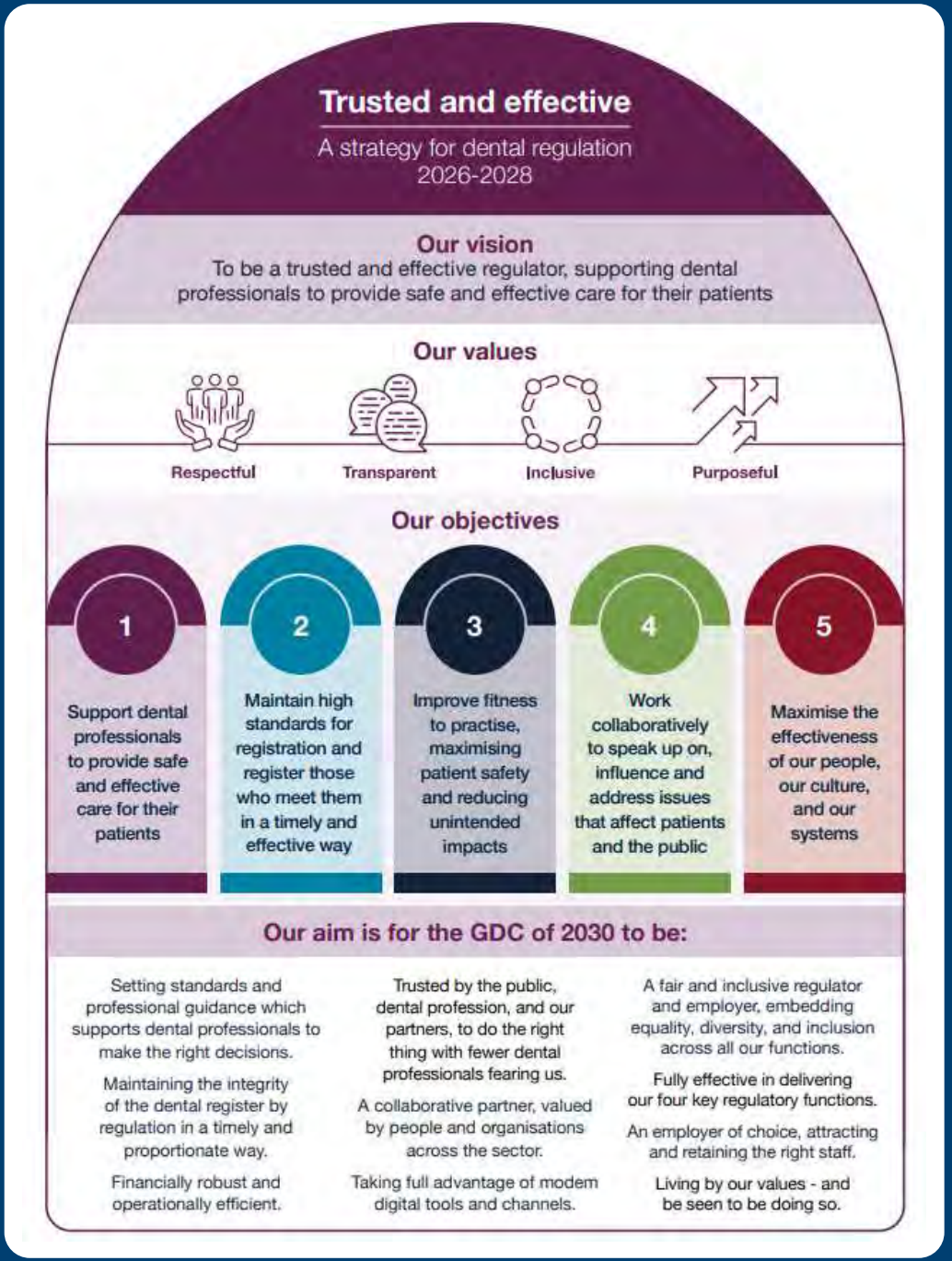
- Timeline options for achieving FtP KPIs considered in the FtP improvements business case options.
- Ongoing monitoring and evaluation of impacts and outcomes within organisational performance reporting will track performance.

General
Dental
Council

Strategy 2026-2028

GDC and supporting strategy delivery

Trusted and effective: A strategy for dental regulation 2026-2028



General Dental Council

Changes in internal landscape of priorities

Since approval of the Strategy and Business Plans for 2026-2028 in October 2025, there have been some significant changes to both priority focus and the demands of core functions which impact our financial position and the prioritisation of activity to deliver the strategy. Although none of these change our overall strategic direction, they required a shift in priority focus and resource allocation:

- **FtP Improvements Programme** – In discussion at Council in February and April, an ambition was set to reprioritise change improvements throughout the FtP process and participant experience, to expedite achievement of timeliness and unlock opportunities within current legislation which prioritise and bring forward commencing work to tackle the strategic priorities.
- **Sustained FtP caseload in BAU to be tackled in parallel to improvements** – Incoming new cases have continued to grow from 2025 volumes – beyond what was planned. We cannot wait for improvements to be designed and embedded to address caseload and so adding resource to the current BAU end to end system is required to manage caseload and performance levels.
- **MyGDC, ORE and DCP ARF support** – Support of the new MyGDC platform in parallel to managing ORE contract transitions, have required additional priority allocation of resources across several teams for supporting the live systems. This has meant decisions to delay some work planned to late 2026 or 2027 have been essential.
- **Supporting Strategy approvals to date and extended timescales for others** – Those approved to date (shown in green below) have had their delivery plans incorporated into the business plan for 2027-29. Those with extended timescales, which are the IT & Digital Strategy and the Data Strategy, have provisional activity and budgets included within the 2027-29 business plan, with their strategies to be confirmed by Q2 2027.



General Dental Council

Changes in the external context

In order to develop the strategy, we looked at the external environment via a PESTLE analysis and, considered how to respond to that via a SWOT analysis. Since approval of the Strategy and Business Plans for 2026-28 in October 2025, there have been some changes to that context worth highlighting:

- **Increased focus on EDI and tackling racism** – The recommendations in Lord Mann's report on antisemitism and other forms of racism in the NHS are wide-ranging and require us to take action in a number of areas. Some of these are linked to existing work (e.g. professionalism) but need to be delivered in line with the timescales set, while others require us to take on additional work. This is significant work for the policy, communications and fitness to practise teams, to be aligned across other activity within the plan.
- **Increasingly rapid adoption of AI technology in the sector and by complainants** – This requires us to respond by developing a clear position for registrants on use of AI and their responsibilities, as well as equipping our teams and undertaking work to understand how we can use it to support regulatory processes. Significant work for IT, policy and operational teams, requiring investment now, with the possibility of efficiency savings later, but these cannot yet be quantified.
- **Continued pressure on ORE** – The volume of new applications for the ORE is showing signs of abating. However, due to the existing size of candidate lists, despite increased supply under the new contract, candidate lists continue to increase. This underlines the importance of the framework development for international registration alongside operational delivery. Announcements about expansion of the Licence in Dental Surgery (LDS) have also been made.
- **Government priorities** – These continue to evolve, with relatively short-notice announcements on GMC reform this year, and with an expected consultation in coming months on NHS tie-ins for new graduates, which may propose a role for regulators. The CMA market study may make recommendations which, while not binding, we will need to consider. Recent changes in government leadership may influence the priorities for dentistry.

General Dental Council

Roadmap goals delivery summary for 2026

Compared to the original Business Plan 2026-28 for goals active in 2026

Objective 1 - Support dental professionals to provide safe and effective care for their patients

Implement our Principles Based Guidance Framework, with horizon scanning function established (2026-27) The framework was approved to proceed for consultation in April, with consultation commenced in June and concluded on 31 August. Following consultation response review, the framework is anticipated for implementation in mid-2027. Significant parts of the framework for sexual misconduct will be integrated into the implementation and engagement plans.

Build trust in regulation and raising student awareness of the GDC through engagement campaigns (2026) Held multiple sessions for student engagement events for vocational and foundational training, which focused on explaining the GDC's role and priorities in a mix of virtual and in-person events.

Establish a clear position on regulation of non-surgical cosmetic treatments, working with Westminster and Scottish governments (2026) We have been working with the Joint Council for Cosmetic Practitioners in order to develop a joint approach on cosmetic procedures in order to give effect to the legislation being introduced in Scotland and anticipated more widely across the UK. This has included being part of an ongoing expert group and responding to calls for evidence to support developing policy.

Prioritise a plan to address issues including innovation, professional/consumer relationships and remote treatment (2026) We have prioritised development of positions on tooth whitening for under 18s, following a change in the legal framework and development of a position on use of AI in the dental sector. We are working with the PSA and other regulators to develop principles for use of AI in the health sector. Some key considerations in respect of consent and consumer relationships are also being incorporated into the framework on professionalism.

Work to understand current learning models and learning engagement (2026) was due to commence in 2026 but requires policy resource and is being reviewed for timescales for 2027-29 planning priorities.

General Dental Council

Roadmap goals delivery summary for 2026

Compared to the original Business Plan 2026-28 for goals active in 2026

Objective 2 - Register those who meet the high standards required for registration in a timely and effective way

Implement revised standards of education across all providers (2026) The guidance to new standards are on track to be fully in place for the 2026/7 academic year.

Ensure new online registration and renewal process becomes operational and embedded (2026-27) MyGDC was launched in March, transitioning all applications, CPD and fee payment processes to the online platform. Increased resourcing needed for support of users and the system has delayed some other activity. Implementing Welsh Language Standards was originally planned to launch alongside MyGDC in the platform but has been deferred to Q1 2027.

Develop and evaluate options for international registration framework (2026-27 This is on track to present in 2027. Where we are able to bring forward elements of the programme that can stand alone (e.g. English language) we are doing so, and proposals will be presented to Council in Q4 2026.

Bring new ORE contract into operation (2026) The new contract with UCL Consultants (UCLC) had first exam sittings held in August 2026.

Develop & implement revised standards for specialty education (2026-28) The team allocated to upstream regulation/education policy has been deployed on other priorities in 2026 (professionalism, sexual misconduct). Timelines for work on specialty education will be developed in 2027.

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

Objective 3 entire scope of activity is redesigned for the FtP Improvements Programme which is subsuming the previous activity. Details in Delivery plan.

- **The Hearings service has procured services to produce videos for participants of hearings**, that demonstrate how hearings work both remotely and in person to assist their preparation.
- **Case Management Procedural Improvements, measures to improve engagement with defence** on existing alternative disposals, Rule 6E and promoting earlier engagement are in place
- **FtP Decision Making Guidance -** Initial Assessment, Assessment and Case Examiner Guidance updates are either in consultation, or consultation is nearing closure with updates to be published within the decision-making guidance.

General Dental Council

Roadmap goals delivery summary for 2026

Compared to the original Business Plan 2026-28 for goals active in 2026

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

Increase voice of influence for the dentistry sector (ongoing) The GDC have attended a number of key registrant stakeholder events, communicating our position on fear, and our strategy. Launched new designs for our monthly newsletters with the design and content revised using feedback from dental professionals. We continue to monitor performance and optimise content to increase our reach and engagement to build understanding.

Develop and embed the use of registrant, student and public, and patient panels (2026-ongoing) Contracts are in place for all panels, with engagement prioritised through the research programme.

Identify opportunities to increase influence and collaboration to better advocate for patients and the public (ongoing) Research with the public study group is underway, with the survey being tested with sample members of the public. We have expanded our Equality, Diversity and Inclusion website page to provide a central hub for our EDI related content and updates. We are working with the DHSC, the PSA and other regulators to ensure we give effect to the recommendations contained in the review on racism and antisemitism, with a view to informing future approaches to inclusion in healthcare regulation.

Increase voice of influence for the dentistry sector & **Increase influence and identify priorities for the sector by engaging with the dentistry and healthcare sector through the DLN (ongoing)** The Dental Leadership Network in June had the theme of supporting internationally qualified dental professionals, with dental corporates explaining how they support internationally qualified graduates to register and practise in the UK, and several internationally qualified graduates sharing their lived experience. The Executive Director, Strategy presented on the future shape of the dental workforce, with examples of how it will change as a result of the increasing numbers of places for internationally qualified graduates to register to practice in the UK.

Align regulatory reform with government timelines (ongoing) The DHSC consultation on the reformed legislative framework for the GMC ran between March - June 2026. Following engagement with Council, we responded to the consultation in June, setting out our position and views. These were consistent with previously expressed positions on the direction of reform, taking account of the evolution of the proposals since reform plans were announced. Our response is published on our website.

Undertake ongoing monitoring and evaluation of the strategy delivery (2026-28) The initial framework and next steps were approved by Council in the 19 June meeting with the next stage of development of the framework to be presented to Council in Q4.

General Dental Council

Roadmap goals delivery summary for 2026

Compared to the original Business Plan 2026-28 for goals active in 2026

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

Complete the relocation of London office and hearings premises (2026-Q1 27) The planned move to the Paddington office and separate hearings location was completed in Q3.

Implement revised pay & grading framework – Phase 1 (2026) The revised framework was approved by Council in April and implemented through Q2.

Supporting strategies for delivery completed and work to deliver in the business plan (extended from 2026 to Q2 27) Council have to date approved the External Communications & Engagement, Medium Term Financial, Research, Sustainability and People strategies. The IT & Digital strategy has been agreed to be an output of a Digital Partner consultancy review which is being procured to run in Q4/Q1 with the subsequent strategy and delivery plan by Q2 2027. Similarly, a Data Strategy and target operating model design consultancy review commenced will complete in November, with the strategy and delivery plan expected for Q1/Q2 2027 Council review to allow alignment with IT.

Introduce and embed Workforce Planning role in our People Partnering service (Extended from 2026-28) & **Ensure that considerations for EDI are embedded throughout the employee lifecycle through Our People Strategy (ongoing)** The plans for these are both part of the People Strategy delivery plan incorporated into the business plan for 2027-29.

Complete a review of support service functions to identify opportunities for improving effectiveness and efficiency. (Extended from 2026-2027) Reviews are progressing for several teams across 2026 to early 2027 with alignment to supporting strategy developments. Further reviews are having schedules considered for 2027.

Implement recommendation from the Board Effectiveness Review An introduction to governance at the GDC is now included in the induction process, and additional e-learning on managing interests has also been. Our Financial and People delegations have been reviewed with FPC and Council in September.

Undertake ongoing continuous improvement workstreams, using continuous staff feedback, to understand and enhance engagement across people and teams (ongoing) The actions plans from the staff engagement survey have been built by the majority of the directorates and are being implemented locally. The People Forum has also conducted workshops to gather further insights, which is being fed back to the OD team. The OD team will be meeting with the Executive Directors to ascertain next steps with their actions plans. The Associates work to revise contracts and processes for engaging a number of associates roles as workers has been extended to December 2026 to enable additional payroll development scope identified to be incorporated.

Undertake ongoing continuous improvement to embed values and staff engagement. The values have been embedded into all appropriate training and further work is being undertaken to explore cultural web for further embedding.

General Dental Council

Roadmap goals delivery summary for 2026

Compared to the original Business Plan 2026-28 for goals active in 2026

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

Continue our full migration to cloud by procuring appropriate partners to support business critical systems, with focus on user experience, reviewing analytics to ongoing improve cost effectiveness, performance and usability (ongoing):

- SharePoint Migration to online was completed in Q3.
- Migration from Project Online to Microsoft Planner for corporate managed projects completed ahead of the Q3 schedule in Q2.
- The GDC Data Explorer is on track for initial release on the GDC Website early Q4 with both a Register and Working Patterns set of interactive dashboards.
- Phase one of the Intranet improvements options paper to agree the channel strategy for the organisation was reviewed by ELT in September, with the next phase agreed to define requirements for further development.

Improve security with up-to-date detection tools, automation of updates and anomaly detection, adaptive access controls, threat detection, and external audits (ongoing) The automated deletion of CRM documents to retention schedules was delayed due to the SharePoint online migration and MyGDC priority to 2027. Remote desktop and IT service help desk tooling upgrades are planned in Q4. Implementation of 24/7 cyber security monitoring is in place from Q3, and further colleague awareness training modules are scheduled in Q4.

Improve colleague technical capabilities through role based digital skills identification and training programmes (ongoing) A colleague survey is planned for Q4 to establish training needs requirements across teams, with subsequent training modules to be developed and delivered through 2027.

Continue to understand opportunities with new technologies through piloting, expanding and optimising AI use cases (ongoing) A pilot of testing use cases within Co-Pilot across business teams was performed in Q2 and an AI Steering Group has been established in Q3 to provide oversight across the workstreams of AI use both externally, for regulation and internal GDC staff.

Complete user need analysis for the GDC and DCS websites and implement the new websites (2026-27) Initial analysis of requirements has been performed which evaluated procurement, user needs analysis, user experience and content design to replace the GDC and DCS websites in 2027.

Undertake annual review and refresh of social medial channels and content (ongoing) In response to insight from what dental professionals would like to hear about, we launched a new communication channel called Insights where we commission, produce and share thought-leadership articles from both GDC staff and external stakeholders.

General Dental Council

Performance summary as at Q2 2026

PSA standards met – 2024/25 review

General Standards 4 of 5	Guidance and standards 2 of 2	Education and training 2 of 2
Registration 4 of 4	Fitness to Practise 4 of 5	Total standards met 16 of 18

2024/25 Review - Not met:

- **Standard 3** for evidencing outcomes are met for Equality, Diversity and Inclusion (EDI).
- **Standard 15** for Fitness to Practise timeliness in dealing with cases.

Objective 2

Education provider standards met

	2023/24	2024/25	2025/26
Providers completed	18	18	8
Fully met	77.7%	82.0%	87%
Partially met	21.7%	16.3%	9%
Not met	0.7%	1.7%	4%

Target > 70% fully met, < 10% not met

For 2025/26, 21 of the 25 scheduled inspections have been performed by end of Q2, with 8 reports completed, reporting **96% of standards met or partially met**.

Objective 2

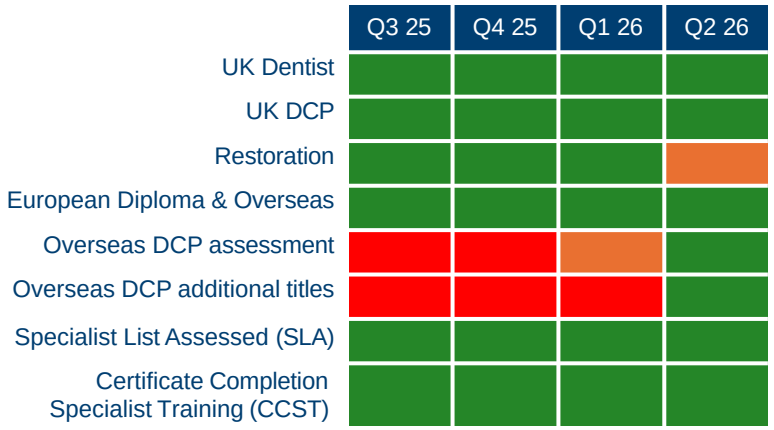
Education provider feedback of GDC

Overall satisfaction of inspection process

From 5 responses	2023/24	2024/25
Very Satisfied	60%	80%
Satisfied	40%	20%
Dissatisfied/Very Dissatisfied	0%	0%

Last reported in Q1 2026 report for the 2024/25 annual education review.

Objective 2 Registration application timeliness



The two Overseas DCP routes have now returned to meeting timeliness.

Restoration timeliness faced some slight delays due to prioritising MyGDC support but is expected to be temporary.

Objective 2 Supply and demand in international registration

ORE	Q4 2024	Q4 2025	2024 to 2025		2026 YTD	2025 to 2026 YTD		
Apps Received	3,641	3,231	▼	**11%**	1,170	▼	**28%**	Avg Q rate
Part 1 List size	4,547	6,399	▲	**41%**	5,909	▼	**7.6%**	Count
Part 2 List size	1,136	1,583	▲	**39%**	2,182	▲	**37%**	Count
Dentists joined register	354	501	▲	**42%**	285	▲	**32%**	Avg Q rate

LDS	Q4 2024	Q4 2025	2024 to 2025		Q2 YTD 2026	2025 to 2026 YTD		
Dentists joined register	36	108	▲	**200%**	92	▲	**77%**	Avg Q rate

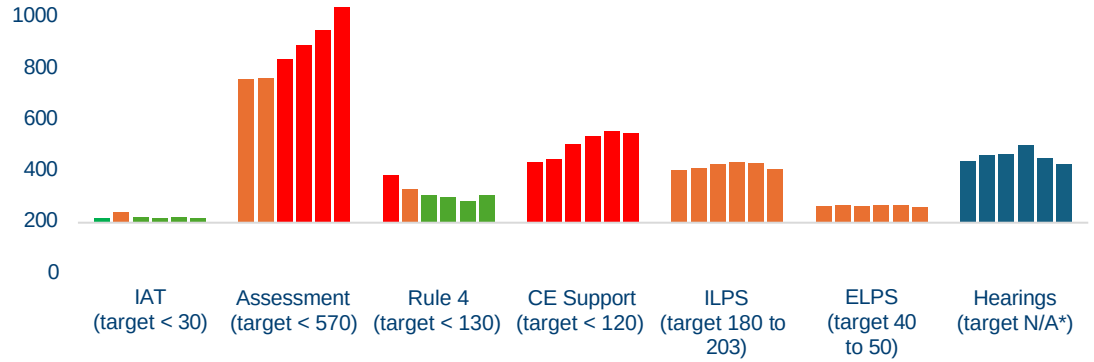
Both the ORE and Licence in Dental Surgery (LDS) saw significant increases for new Dentists joining the register in 2025 and this has continued to grow in 2026.

General Dental Council

Performance summary as at Q2 2026

Objective 3 **Fitness to Practise stage caseload & timeliness**

Caseload last 6 quarters (Q1 2025 - Q2 2026)



Average Timeliness

	Initial Assessment	Assessment	Case Examiner	ILPS	ELPS	Hearings
2024	91%	79%	16%	75%	31%	47%
2025	89%	79%	16%	42%	7%	34%
Q2 2026	96%	74%	7%	44%	17%	3%
Target	90% in 5 days	75% within 30wks/ 50wks for complex cases	70% within 13wks	80% disclosed with 98 working days	80% disclosed with 98 working days	CE referral to hearing 70% with 40wks

The independent Hearings service does not set target caseload as requirement

The consistent increases in new concerns seen in 2025 is continuing in 2026. Proposals for an FtP improvements programme focussed on how timeliness and meeting PSA standard 15 can be delivered in parallel to addressing the strategic priorities plus increased resourcing for the existing process are both being considered in the business plan for 2027-29.

Objective 3 **Quality of FtP decision making**

Rolling 12 month % of challenges where original decision was found incorrect. Target Green ≤ 0.5%, Amber ≤ 1%, Red > 1%:

Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026
0.2%	0.2%	0.3%	0.3%	0.4%	0.3%
8 of 3,524	7 of 3,476	11 of 3,642	13 of 3,812	16 of 3,710	11 of 3,875

Performance within target is consistently met. We continue to monitor for any trends emerging and where appropriate, feedback accordingly. Our internal control mechanisms highlight any questionable decisions and where applicable, engage our review mechanisms to ensure that patient safety is maintained.

Objective 4 **Communications and engagement**

	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026
Media engagement – The number of items of media coverage generated by proactive events from the GDC. Target > 35 items	308	386	411	440	261
Stakeholder engagement – The number of engagement events held with GDC's key stakeholders. Target > 60 events	84	80	111	97	77
GDC Newsletter engagement – Engagement with the monthly email newsletter to dental professionals. Target > 50% opens	62%	62%	63%	60%	58%
GDC Website engagement – The level of engagement we have though our website in total visitors. Target > 100k	93,763	95,339	81,378	79,961	93,934

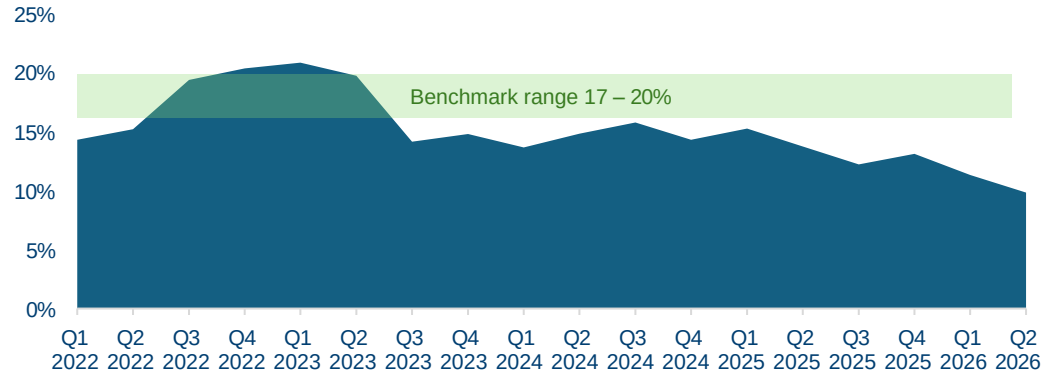
Q2 engagement has been across significant events for launch MyGDC and ORE, social media impressions, May's Dentistry Show, addressing fear series supporting professionalism through learning, and the FtP Statistical report 2025.The GDC recorded the highest engagement rate relative to audience size among health regulators (1.49%).

General Dental Council

Performance summary as at Q2 2026

Objective 5

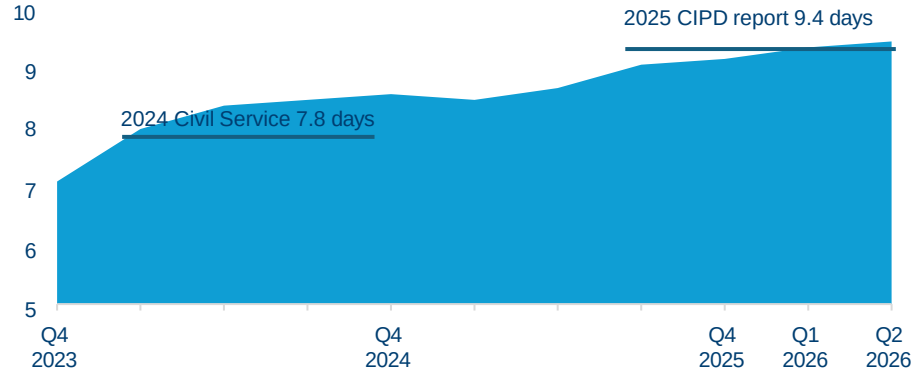
Turnover – Rolling 12 months %



Our rolling 12-month turnover view continued to reduce through 2025 and is at 9.9% for end of Q2. This is below benchmarks of comparable organisations researched which range between 17% - 20%.

Objective 5

Average sickness days lost per employee for rolling 12 months



Current sickness has risen to 9.4 days in Q1 and 9.5 days in Q2 from 9.2 days at the end of Q4. The increases continue to be proactively assessed through an ongoing action plan with the People & OD team working with line managers.

Objective 5

FTE actual vs forecast

Forecast for Q1	425 FTE
Actual	428 FTE
Variance to forecast	+ 3 FTE (+ 0.7%)

The actual headcount for end of Q2 was higher than forecast due to some posts recruited to earlier than expected.

There were 32 offers accepted in Q2, with 18 new starters joining during the quarter.

There have been 6 leavers in Q2 compared to 13 leavers in Q1.

Objective 5

Expenditure actual vs budget

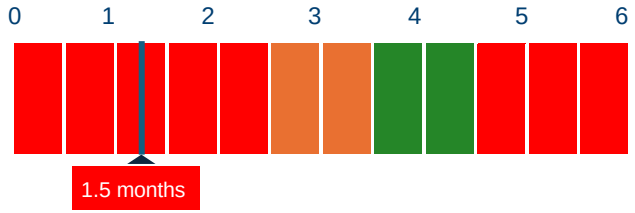
Budget	£28.08m
Actual	£26.95m
Variance	- £1.13m

Underspend is mainly due to phasing in IT remedial works; expenditure deferred for professional fees and QA inspections to later in year as well lower than forecast hearings expenditure.

These are partially offset by overspends in Regulation meetings costs and Legal & Professional fees as a result of volumes of complex cases.

Objective 5

Forecast free reserves for end 2028



Target 4 months. Policy range 2.5 – 4.5 months

At the end of Q2 the free reserves forecast for end 2028 is **1.5 months** of operating expenditure which is outside policy range. This includes approvals and essential expenditure since the 2026-28 plan approved. This currently in review to address as part of the Business Plan 2027-29

General
Dental
Council

Fitness to Practise

Approach to managing caseload increases alongside strategic improvement.

General Dental Council

Problems with the existing FtP approach

We have discussed with Council that the existing approach is not delivering the best outcomes for public protection, registrants or the GDC – and agreed our collective ambition to improve this model.

Unclear overall public protection benefits

The way FtP operates creates unintended consequences and does not encourage proactive risk management.

Fear and stress with unintended consequences

The fear and stress that results from the way FtP operates has a range of unintended consequences (defensive practice and ultimately potential reductions in access to care.)

Adversarial not supportive

The process is adversarial from the outset, relying on opposing parties developing factual and legal arguments.
It disincentivises engagement, reflection, learning or proactive risk identification and management.

Outcomes proportionate but process time consuming and costly

Where the risk is serious, outcomes are largely proportionate, but the systems around those outcomes are not.

Takes too long

Many cases take too long to reach a conclusion

Costs too much

Cases are costly to investigate, administer and determine, particularly if they progress to a practice committee. FtP absorbs 30% of our 3-year budget

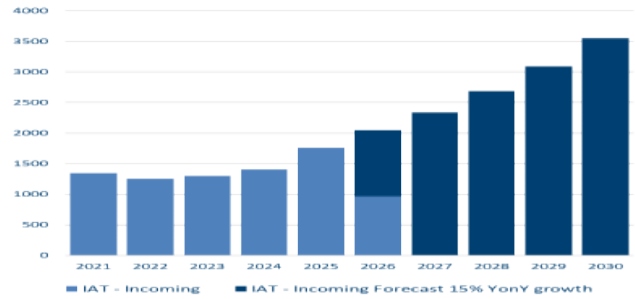
Disincentivises engagement

The lengthy and adversarial nature of the process disincentivises effective engagement and an open, cooperative and collaborative approach to identifying and managing risk by registrants, indemnifiers and others associated with the process. (e.g. employers)

Increasing volume driving cost and impacting performance

The volume of incoming concerns continues to rise, putting further pressure on the system.

Chart is annual totals. Light blue is rise from 2020 to July 2026 and our central planning assumption of a 15% increase in dark blue to 2030 (based on current data and management judgement).



Impact
Continued growth in incoming concerns increases the cost and capacity pressures on FtP and makes improvements in timeliness more difficult. Improvements programme is seeking to close more concerns at the safest earliest point.

The Result

A system that is costly, slow and adversarial, with unintended consequences for registrants and the public. Placing increasing pressure on our resources and performance.

These challenges demonstrate the need to consider how we can better focus our resources, resolve cases more proportionately and effectively and achieve the greatest possible public protection impact.

General Dental Council

What FtP planned for in 2026-28 for objective 3 and what changed since

What was planned

- Objective 3 of the GDC Strategy 2026-2028 is to improve fitness to practise, maximising patient safety and reduce unintended impacts.
- For the 2026-28 business plan, we set out a series of roadmap goals towards this objective, which committed to improving timeliness, reducing fear for the participants in the process, maintaining high-quality decision-making and ensuring that the process produces fair outcomes.

What has changed

- In discussion at Council in February 2026, ambition was set out to reprioritise change improvements throughout FtP, to improve participant experience, expedite the achievement of internal targets and unlock opportunities within current legislation.
- This ambition requires a complete change to approach and timetable for the roadmap goals, commencing work to tackle the strategic priorities across process and service sooner and expedite unlocking efficiency and effectiveness in the process.
- Analysis of options for developing an FtP Improvements Programme commenced with further reviews of approach and progress held with Council in April and June.
- Business case options have been evaluated alongside options for managing caseload increases with the ELT, FPC and Council's endorsed approach for 2027 consolidated in the business plan for 2027-29.

General Dental Council

Our programme goals for Objective 3 and Fitness to Practise from last year's plan are summarised in the table below:

Objective 3 roadmap goals	Source: Trusted and effective: A strategy for dental regulation 2026-2028
We will explore how we can use fitness to practise to manage risk more effectively, within the current legislative framework.	
2026: Implement changes to improve effectiveness of remote hearings. **2026:** Scope and develop options for closing cases earlier through employing less adversarial methods (Agreed Panel Determinations); improve tone, content and introduce infographics to FtP correspondence following survey feedback, commence pilot training including for anti-discrimination and unconscious bias in end-to-end FtP process. **2027:** Instigate procedural improvements that can be implemented without legislative change. **2028–2030:** Continue to review and develop any case management procedural improvements and evaluate those that have already been implemented (TBD).	
We will work with dental professionals and partners to better understand the elements of the current process that have the most negative impact on the mental health and wellbeing of those involved and work collaboratively to address them.	
2026: Launch enhanced support services for wellbeing support. **2027:** Analyse the fitness to practise process to identify areas of negative impact. **2028–2030:** Research into impact of process on mental health of participants. **2028–2030:** Review and improve support services based on evidence. **2026–2030:** Undertake ongoing programme of research on the fitness to practise experience, communications and operational procedures.	
We will gather and use evidence to improve our understanding of the impact of fitness to practise on dental professionals, including looking at factors related to Equality, Diversity and Inclusion (EDI), to ensure our processes are fair and equitable.	
2026: Scope to understand; outcomes of fitness to practise on groups with protected characteristics, representation of groups in fitness to practise process. **2026:** Review of fitness to practise quality assurance processes. **2027:** Evaluate options and implement recommendations from the 2026 scoping work on representing groups in fitness to practise process. **2027:** Scope changes to data collection to enable future analysis. **2028–2030:** Undertake iterative improvement based on insights from data and research.	

General Dental Council

What FtP planned for in 2026-28 for caseload and what changed since

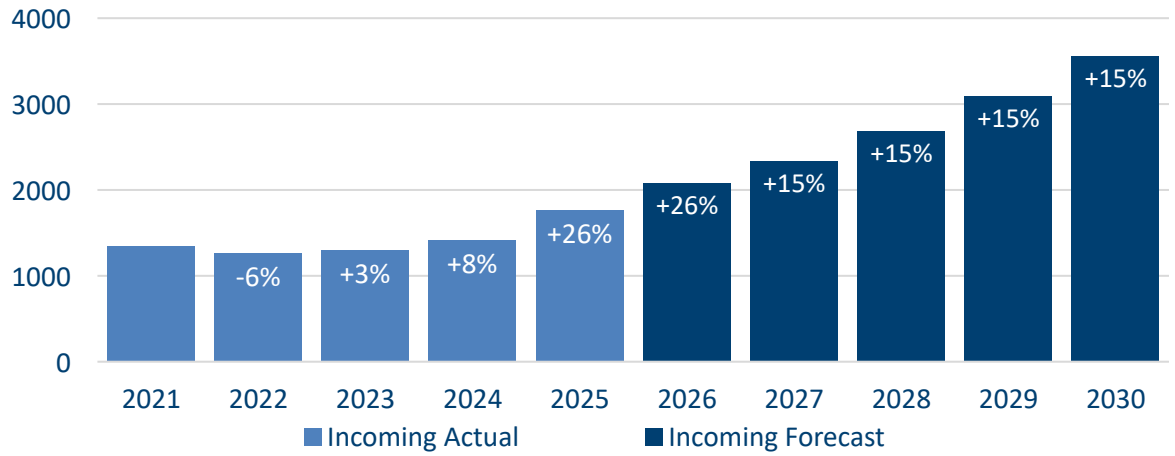
What was planned

- A step increase in incoming concerns in 2025 was seen but at the time of planning in Q3 2025 there was insufficient evidence that increased proportions would continue to rise further.
- The business plan for 2026-28 therefore included provision for additional resources in some teams to account for the 2025 growth continuing but to stabilise in 2026.
- The resulting financial position in the 2026-28 plan supported a sustainable reserves and ARF position through to 2030.

What has changed

- Incoming caseloads have risen further in Q4 2025 and in 2026. 2025 was a 26% year on year increase, and year to date to August 2026 is a further 20% increase to 2025 and we forecast a possible 26% year on year increase overall.
- An inter-regulatory forum held with the PSA has evidenced higher year on year increases of incoming concerns in the 2025/26 period, compared to previous year on year proportions across all but one regulator (see table to right).
- Our analysis of the reasons for the increase is inconclusive. There is anecdotal evidence that points to the increased use of AI by members of the public raising concerns.
- Business case options for resourcing levels required in existing FtP end to end process to manage the increased caseload have been evaluated with the ELT, FPC and Council endorsed approach for 2027 consolidated in the business plan for 2027-29.

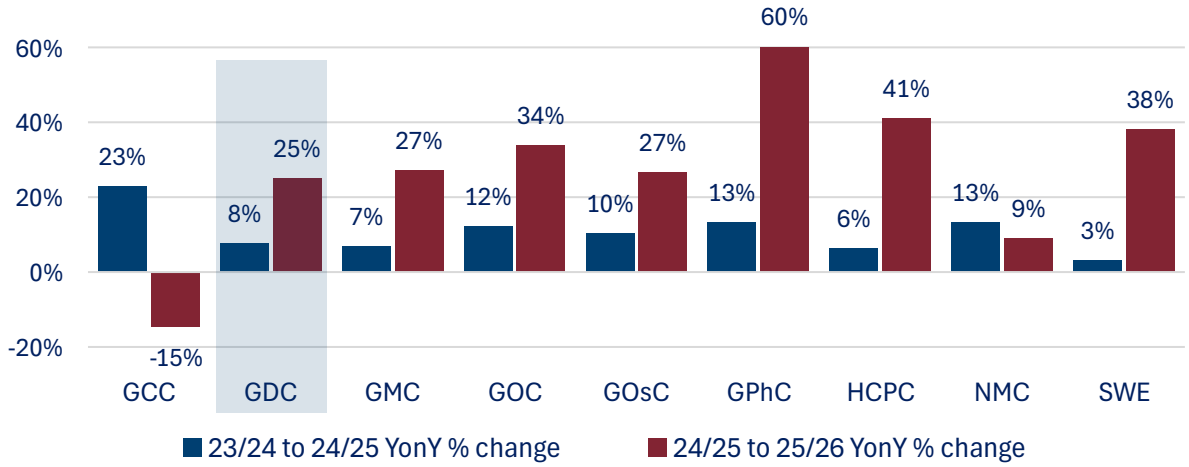
GDC incoming cases and year on year variance %



The above chart shows actual incoming concerns to August 2026 and forecast planning assumption of 15% year on year through to 2030. The 15% assumption is a modelled balance between continued increase and volumes stabilising.

Year on year incoming case % increase across regulators

Last 2 PSA dataset years (Dataset years run April-March)*



***This is GDC analysis of PSA annual dataset figures**

General Dental Council

Investing in Fitness to Practise: approach for 2027

The Executive has assessed the full cost of investing in Fitness to Practise over 3 years to achieve our timeliness targets and to deliver an FtP Improvements Programme. Our recommended approach is to phase this work in a manner which is sustainable to deliver, will give more time for volume and Fitness to Practise data to be assessed, and critically will give time for necessary engagement with the profession. This approach *immediately mobilises the FtP Improvements Programme to make progress next year.*

The planned approach is to mobilise resource for both case demand and FtP improvements focused on 2027 work plans only:

- Phase additional resource investment to include only that required for 2027 to manage the current increased volume of cases and maintain current performance.
- Assumes also a growth of 26% in 2026 and 15% in 2027 but maintains current timeframes at each stage of the process. Not all FtP stages will meet performance targets in 2027; however we would expect six out nine FtP teams to continue to regularly meet targets, and a seventh is likely to start meeting internal targets in Q2 2027.
- In 2027, deliver priority levers identified through the FtP Improvements Programme. These will include agreed panel determinations, introduce a pilot to streamline conviction and health cases and most significantly, develop a revised outcomes focussed FtP framework (within the existing legislative framework). Although the new framework itself wouldn't be delivered in 2027, the design work is critical to make decisions on business plans and budget. We will also continue to progress improvements in communications and participant support, with the procurement of a third party to provide external support from the outset.
- Enables confirmed analysis and the groundwork for communicating with the profession ahead of Council's decision about the business plan for 2028 and beyond.
- Total net investment is estimated at **£4.071m for 2027 only**, including investment in FtP Improvements Programme (**£1.24m**) and handling increased volumes (**£2.83m**).
- ARF to be maintained at + CPI in 2027, whilst the analysis for 2028 budget is performed and this approach is delivered.

Activity that will be delivered within the FtP Improvements programme in 2027 is set out in the delivery plan section.

General
Dental
Council

Delivery plan

Roadmap goals to deliver the strategy



General Dental Council

Delivery plan summary

Roadmap

- The delivery plan defines roadmap goals for what we will deliver by when towards the strategic objectives and 2030 aims. Specific activities and deliverables are mapped out through 2027 within our operational plans.

Collaborative Development

- Planning reviews for 2027-2029 have been held across the business for the roadmap goals and activities, aligning priorities and the phasing of delivery.
- The Senior Management and Executive Leadership teams have prioritised the plans and phasing.

Rolling Planning

- Delivery progress in 2026 has informed planning, adapting to change based on external and internal factors, scope and timescales.
- For 2026 a total of 18 active roadmap goals are on track to be delivered as planned this year.
- For the 2027-29 delivery plan, 9 active roadmap goals that continue into 2027 or beyond are on track, 30 new roadmap goals have been added to reflect changes in landscape of priorities and to define the delivery plans for approved supporting strategies.
- 16 active roadmap goals have adapted phasing or scope following planning and reprioritisation exercises.

Strategic Alignment

- The plan has been reviewed for revalidation of it being the correct activity to deliver the strategy. This exercise evaluated the risk of not doing/or reducing the scope of each individual activity on the delivery of strategic objectives and any financial opportunities.

Performance Governance

- Consideration has been given to the most urgent work required for both delivery of the strategy and for operational demand, with focus on being financially efficient in delivery of performance and outcomes.
- Ongoing monitoring with the Executive is performed to sustain priority focus across delivery, resources and budget, and quarterly performance reviews are held with the Finance & Performance Committee and Council.

General Dental Council

Objective 1 - Support dental professionals to provide safe and effective care for their patients

We will develop and maintain a principles-based standards and guidance framework that recognises and responds to new and emerging threats and concerns, and we will work with the professions to promote and embed it and make it a valuable and accessible tool

2026	2027	2028	2029	2030
Implement our Principles Based Guidance Framework, with horizon scanning function established ***(extended to 2027)***		Continual development, improvements and engagement across the guidance framework.		
Publish and promote a new sexual misconduct framework across stakeholders.				

We will develop a learning culture in our approach to regulation

2026	2027	2028	2029	2030
Work to understand current learning models and learning engagement	Design the future CPD model - TBD	Develop new CPD scheme following legislative change - TBC		

We will address the climate of fear within dentistry and increase trust in regulation through enhanced communications and engagement with the profession and our partners

2026	2027	2028	2029	2030
Build trust in regulation and raising student awareness of the GDC through engagement campaigns		Improve annual statistical reporting to the profession.		
Increase reach and engagement through evaluation of engagement channels				
	Understand perception and the impact of ongoing engagement on reducing fear through ongoing research evaluation and engagement.			
Ongoing engagement with students and early years dental professionals				
	Instigate ongoing senior level engagement with the sector, including regulators.			

General Dental Council

Objective 1 - Support dental professionals to provide safe and effective care for their patients

Supporting dental professionals and taking into account diverse needs

2026	2027	2028	2029	2030
Develop supporting materials for dental professionals for application in practice.	Improve guidance and ensure accessibility.			
	Instigate annual activities to improve our understanding, identify gaps and ensure increased value: 1. Reach internationally qualified, new to UK practice dental professionals in their first years of registration. 2. Promote revisions to professional guidance framework, standards for education and learning outcomes.			
Give effect to the relevant recommendations from the Mann review, working with our partners, including the PSA and other regulators, to maximise impact				
	Building on the learning from work to tackle racism and religious discrimination, and using our data and evidence, develop targeted approaches to tackle discrimination affecting dental professionals.			

We will support all dental professionals to practise safely in a modern healthcare landscape

2026	2027	2028	2029	2030
Establish a clear position on regulation of non-surgical cosmetic treatments, working with Westminster and Scottish governments.	TBD follow definition of position.			
Prioritise a plan to address issues including innovation, professional/consumer relationships and remote treatment.	TBD follow definition of position.			
	Implement approaches to regulating modern dentistry and how we address illegal practice.			

General Dental Council

Objective 2 - Register those who meet the high standards required for registration in a timely and effective way

We will ensure education and training continue to produce safe professionals and meet patient needs

2026	2027	2028	2029	2030
Implement revised standards of education across all providers	Ensure the Safe Practitioner Framework is adopted by all provider programmes			Complete implementation of new learning outcomes
	Develop and implement revised standards for specialty education (deferred from 2026 start)			Implement revised specialty curricula

We will develop a comprehensive and accessible framework to register internationally qualified dental professionals, for all dental professions

2026	2027	2028	2029	2030
Develop and evaluate options for international registration framework		Undertake consultation on new international framework	Begin operating new international registration routes	
Bring new ORE contract into operation		Extend or replace process for registering EU trained dental professionals following the end of EU standstill period		Undertake gap analysis on future requirements for ORE and international registration

We will ensure all our registration processes are efficient and effective

2026	2027	2028	2029	2030
Ensure new online registration and renewal process becomes operational and embedded		Commence iterative registration improvements		
	Evaluate registrant user experience and identify improvements to ensure ongoing accessibility and efficiency for users			

General Dental Council

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

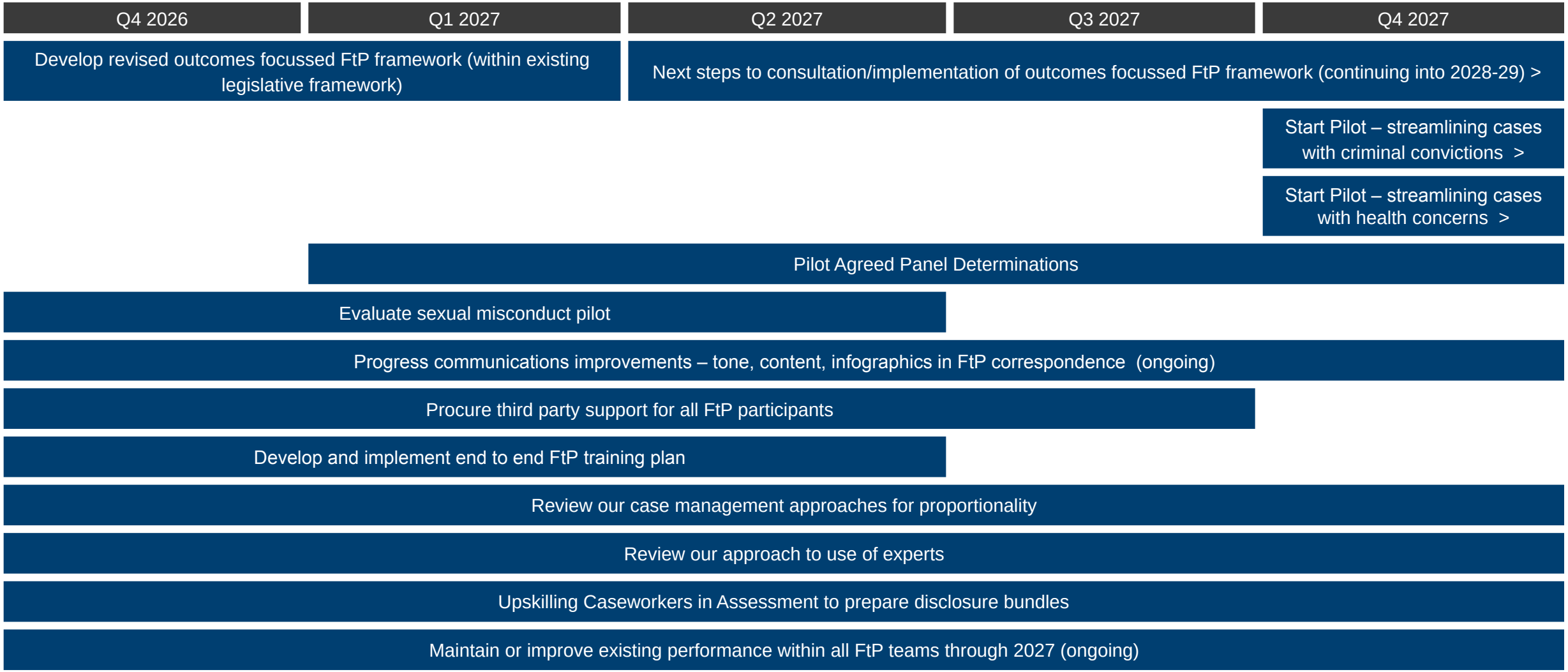
- The plan for the FtP improvements programme and managing caseload through 2027 includes the key activities shown on the next page, with continuous improvements supporting these.
- The previous business plan projects listed below will have their scope subsumed / superseded into the FtP improvements programme under redefined workstreams:
    - Improving communications and support in FtP
    - Case Management and Operational Improvements in Hearings Service
    - Case Management Procedural Improvements
    - Software for empanelment and Hearings procedure
- The following will continue as standalone projects led by Policy team, with considerations and dependencies aligned with the FtP Improvements programme:
    - FtP decision making guidance
    - Principles Based Guidance Framework
    - Supporting Safe Practice Framework
- Work with dental professionals and our partners to address fear being led through external communications and engagement, will work alongside the programme and the BAU caseload management to plan engagement accordingly.
- Activities to improve communications and support for participants in FtP have been selected based upon research outcomes and recommendations.

The work to develop revised outcomes focussed FtP framework (within existing legislative framework) will produce a proposal for the longer-term FtP improvements programme including the roadmap goals and investment business case required, to be brought to Council for approval in March/April 2027.

General Dental Council

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

The 2027 plan for the FtP improvements programme and managing caseload:



General Dental Council

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

We will continue to build robust evidence to inform our work, and where appropriate sector-wide discussions and initiatives, for the benefit of patients, the profession and public protection

2026	2027	2028	2029	2030
Registrant, student and public voice and input informs GDC's understanding of, and ability to meet diverse needs, and informs operational, policy and systems development				
Continue to deliver a mixed method multi perspective Research & Intelligence programme structured around four themes – risk, sector, proportionality and inclusion				
Put in place and then continue to develop GDC's monitoring and evaluation framework				

We will collaborate with others on issues that benefit patients, the profession and public protection

2026	2027	2028	2029	2030
Identify opportunities to increase influence and collaboration to better advocate for patients and the public.				
Increase voice of influence for the dentistry sector.				
Increase influence and identify priorities for the sector by engaging with the dentistry and healthcare sector through the DLN.				

We will identify ways to improve the regulatory framework and use our influence to effect change

2026	2027	2028	2029	2030
Organisational Performance reporting including impacts and outcomes measured by monitoring & evaluation				
	Development of the 2029-2031 Strategy		Undertake delivery and monitoring and evaluation of the next strategy	
Align regulatory reform with government timelines				
The Public Office Accountability Bill (timeline TBC)				

General Dental Council

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

We will focus on recruiting people with the right skills and capabilities, who share our values and can deliver our ambitions and develop an organisational structure capable of fulfilling those ambitions

2026	2027	2028	2029	2030
Complete a review of support service function to identify opportunities for improving effectiveness and efficiency (extend from 2026-2027)		Implement and embed approved improvement recommendations from the support services function review and perform review of the wider GDC teams for alignment (revised to commence in 2028)		
Embed appropriate MVP Workforce Planning capability into POD organisation structure (extend from 2026-2027)		Put effective workforce plans in place incorporating TOM/ Organisation Design, Headcount, Skills/Capabilities, Recruitment and 'Retention		
	Provide People & OD support and advice for the FtP improvements programme			
		Introduce and develop career pathways – 2027-2030 (moved from 2026 start to be iterative 2027-30)		
Review and implement a simple and effective MVP succession planning process utilising talent management principles			Put Annual Talent & Succession Reviews/Plans in place	
Enhance the quality of applicants to vacancies for qualifications, experience, and behaviours.				

General Dental Council

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

We will develop a high-performance culture, by investing in our people to fulfil our ambitions

2026	2027	2028	2029	2030
Reviewing and enhancing our employee benefits package to support attraction and retention of talent				
Implement revised pay & grading framework – Phase 1	Implement pay & grading framework – Phase 2 – progression & recognition	Progression & Recognition first annual application and moderation	Annual progression and recognition moderation	
	Reinvigorate and manage annual PDRs in alignment with the pay & grading framework phase 2			
Develop and introduce a new 'informal approach to Employee Relations and case management				
Ongoing engagement and learning to embed values and behaviours				
Management & Leadership role, capabilities and delegations ongoing development				
Implement recommendations from the 2025 Board Effectiveness review.	Complete 2027 Board Effectiveness Review	Implement recommends of the 2027 Board Effectiveness Review		

General Dental Council

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

We will work to ensure that colleagues and teams remain engaged and supported to deliver more effective services and outcomes for dental professionals and the public

2026	2027	2028	2029	2030

Undertake ongoing continuous improvement workstreams, using staff feedback, to understand and enhance engagement across people and teams.

We will continue building an inclusive workplace which values diversity, proactively identifying and challenging inequality and discrimination

2026	2027	2028	2029	2030

As an employer, we are committed to making EDI central to the employee experience. We will embed EDI into policy development, leadership expectations, people development, accessibility of tools and resources, and our values-led culture.

We will ensure our teams have the tools they need to provide an effective and efficient service, centred on the needs of the user

2026	2027	2028	2029	2030

Improve security with up-to-date detection tools, automation of updates and anomaly detection, adaptive access controls, threat detection, and external audits.

Improve colleague technical capabilities through role based digital skills identification and training programmes

Continue our full migration to cloud by procuring appropriate partners to support business critical systems, with focus on user experience, reviewing analytics to ongoing improve cost effectiveness, performance and usability

Continue to understand opportunities with new technologies through piloting, expanding and optimising AI use cases

Develop and delivery GDC's five-year data strategy

General Dental Council

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

We will ensure our teams have the tools they need to provide an effective and efficient service, centred on the needs of the user

2026	2027	2028	2029	2030
Develop and agree approach for annual training needs analysis and L&D plan	Deliver annual training needs and analysis plan			
Scoping preparation for HRIS systems replacement	HRIS systems replacement – Interim Procurement	HRIS systems replacement – Full Procurement and Mobilisation		HRIS Systems Replacement – Embed and support
Existing POD system maintenance and update to support other workstream improvements				
Implement changes in response to Employment Right Bill				
Development of Management & Leadership capabilities				
Provide effective delivery & maintenance of core People & OD activities throughout change delivery				
Provide a clear framework (code of conduct) so that colleagues are able to safely and transparently explore opportunities with new technologies, including AI, through piloting and validating, if proven, developing use cases for operational implementation				
Complete supporting strategies for delivery and work to deliver in the business plan (extended into Q2 2027 for the IT/Digital and Data)				
Complete the relocation of London office and hearings premises				
Continue our full migration to cloud by procuring appropriate partners to support business critical systems, with focus on user experience, reviewing analytics to ongoing improve cost effectiveness, performance and usability.				

General Dental Council

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

We will adopt modern digital communications channels to ensure that we can inclusively communicate with dental professionals, patients and the public in the ways which work best for them

2026	2027	2028	2029	2030
Complete user need analysis for the GDC and DCS websites	Mobilise the website project (extended to Q4 2027)			
	Align website with social media channels.			
Undertake annual review and refresh of social medial channels and content.				

General Dental Council

Delivery plan risks

Risk Area	Likelihood	Delivery Risk details	Mitigations
Delivery involves significant amount of change to be adopted	High	• Change isn't managed effectively or communicated sufficiently • Staff engagement and performance dips due to adapting to new ways of working and focus on retraining to adopt new processes. • Changes aren't fully embedded / take longer to embed across the GDC as too much to undertake at once.	• Change impact considered and appropriate messaging communicated to impacted groups. • Line management development of capabilities to support change and performance improvement. • Monitoring & evaluation of performance and proactively addressing issues.
Resourcing for delivery	Medium/ High	• Resourcing requirements for projects or BAU work once fully scoped are greater than initial estimates. • Roles identified as required for project delivery are not available when scheduled if BAU work activity takes priority. • Recruitment & retention and staff leaving the organisation lower capacity to deliver.	• Resources are planned to apply contingency capacity in the workforce plan. • Business plan receives ongoing analysis, monitoring resource demand and related dependencies, risks, issues and options to bring decisions to the Executive Leadership Team and relevant boards for adjusting the plan to adapt for issues emerging. • Portfolio delivery timescales phased to balance capacity demands. • Resource requirements are monitored to forward plan that people are available when required and actively managed if they are not available when planned, so to adapt delivery timescales.
Operational Resilience	Certain	• Single points of expertise in the organisation, meaning that in the event of annual leave, sickness or leavers there are knowledge gaps that cannot be mitigated immediately within organisational capacity or capability quickly	• Address through revisions to organisational design and workforce planning which is work defined within the delivery plan for Evidence based workforce planning and further details will be set out in our People Strategy. • Managers to consider team resilience in their plans and feed into organisational design.

General Dental Council

Delivery plan risks

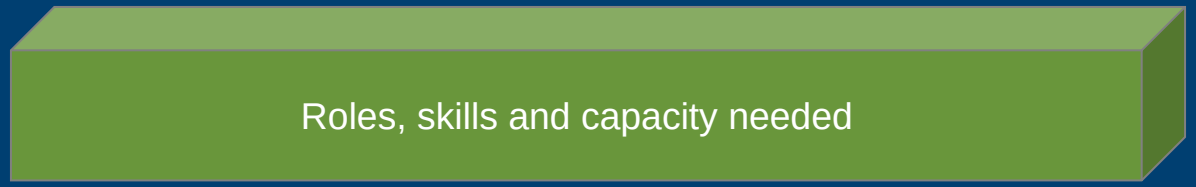
Continued

Risk Area	Likelihood	Delivery Risk details	Mitigations
Benefit Realisation	Medium	• Expected benefits are not being realised from projects that deliver strategic outcomes and aims within the GDC strategy.	• Outcomes and success measures developed will monitor if intended benefits are off track at earliest opportunity and to escalate decisions when appropriate. • Ongoing organisational performance monitoring and reporting, alongside the Monitoring & Evaluation Framework development to provide clear lineage and transparency to progress made and actions taken when issues occur.
New political priorities	Medium/ High	• Unplanned activity from UK Government / DHSC requiring immediate action.	• Our public affairs approach and engagement plan will help us to stay informed, build some influence and shape our response • Ongoing business plan management to reprioritise / amend portfolio timescales as required.
FtP incoming caseload numbers continuing to rise	High	• Reducing timeliness in caseloads will not be possible or sustainable.	• Proposals for FtP improvements and managing caseload increases in 2027 have been incorporated into the business plan. • The further to work to develop revised outcomes focussed FtP framework (within existing legislative framework) will produce a proposal for the longer-term FtP improvements programme including the roadmap goals and investment business case required, to be brought to Council for approval in March/April 2027.
Service reviews	Medium/ High	• Service reviews could negatively impact productivity, morale, motivation and available capacity for delivery of the business plan and core function activity. In addition, forecast efficiencies may alter depending on approval of approach to FtP investment.	• Service review timetable being managed with several progressed in 2026 to date. • Impact of change to managed carefully, consider communication and timing of messaging to ensure that staff well-being and morale is included in planning • Individual Heads of Functions to identify when the reviews are to take place to align with business need • Clarity of purpose is critical in the messaging and timing

General
Dental
Council

Resourcing plan

Configuring our teams for delivery



General Dental Council

Resourcing plan summary

Balanced Resourcing Model

- Our resourcing model combines the appropriate levels of core requirements for resources with flexibility added for fixed and short terms contracts and bringing in temporary specialist skills for initiatives where it would be uneconomical to recruit or develop those skills within the core establishment.
- The plan has been evaluated throughout for phasing of activity to balance resourcing support required.

Strategic Alignment

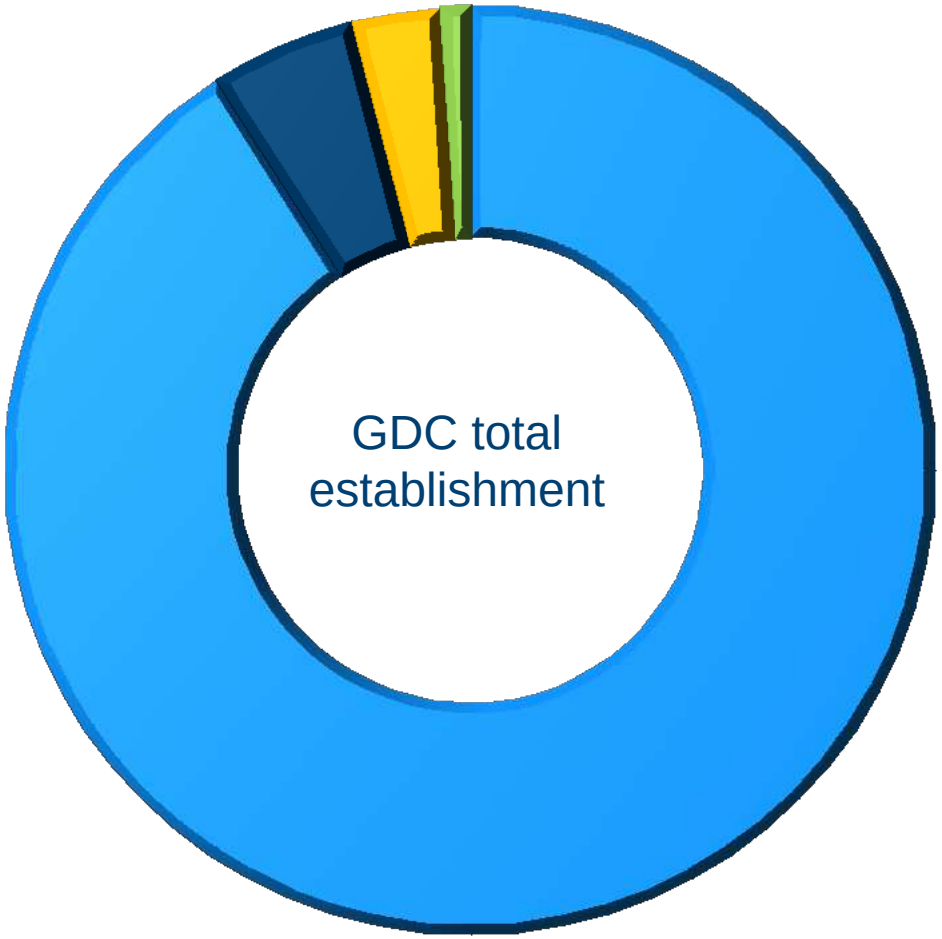
- In the 2026-28 business plan we invested in building our teams to have the right skills and capacity required to deliver our strategy and core functions efficiently and effectively.
- In the 2026 planning we have added resources where appropriate to address the delivery priorities and demand increases in core functions.
- For 2027-29 planning we have reviewed where appropriate resourcing efficiencies can be made going forward.

Monitoring & Support

- We monitor and report across the employee lifecycle of recruitment, performance, development, sickness, turnover, workload and capacity on an ongoing basis, with support for colleagues provided through a combination of Line Management, People Services, Staff Networks and Employee Assistance Programmes.
- Variances in colleague workload demand and capacity are aimed to be identified and addressed promptly, through both prioritisation of activity in local teams and reprioritisation decisions to the business plan.

General Dental Council

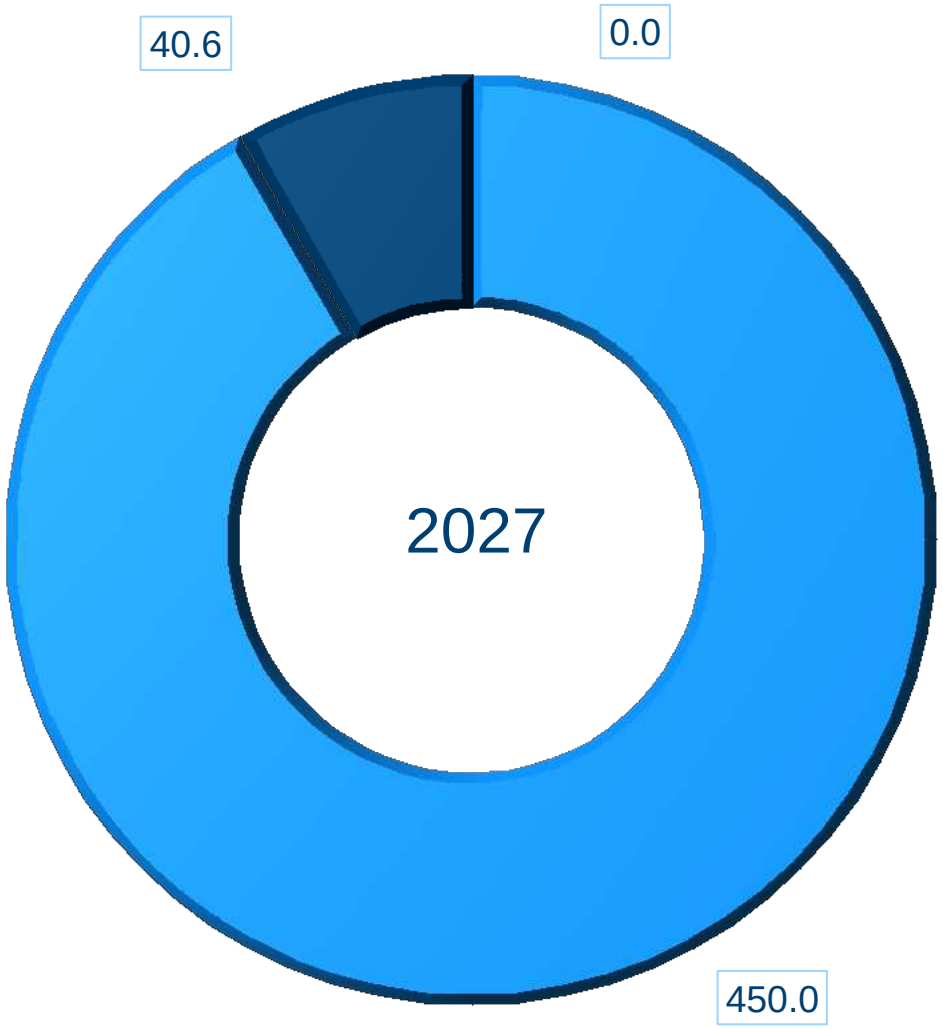
Resourcing model – the establishment



Type of resource	Type of appointment
Core requirement	These are resources identified that are required to deliver core regulatory demand expected on a stable annual basis (or for a period greater than 2 years). This resource has been planned to be recruited on a permanent basis.
Flexibility required (> 6 months)	These are resource identified to meet a temporary increase in demand led activities or deliver specific project work. This resource is best delivered using a fixed term appointment if demand is expected to be for 2 years or less. Or recruited on a permanent basis, subject to a planned investment review, if anticipated to be required for longer.
Short-term needs (<= 6 months)	These are very short-term additional resources required to meet immediate short-term needs in demand. These resources are best delivered by the use of agency.
Specialised skills	These are specialist temporary resource requirements where capability does not exist within the GDC and where it would be uneconomical to recruit or develop those skills within the baseline. This resource is best delivered using a fixed term appointment or via a professional services contract.

General Dental Council

Resourcing model – organisational establishment proposal

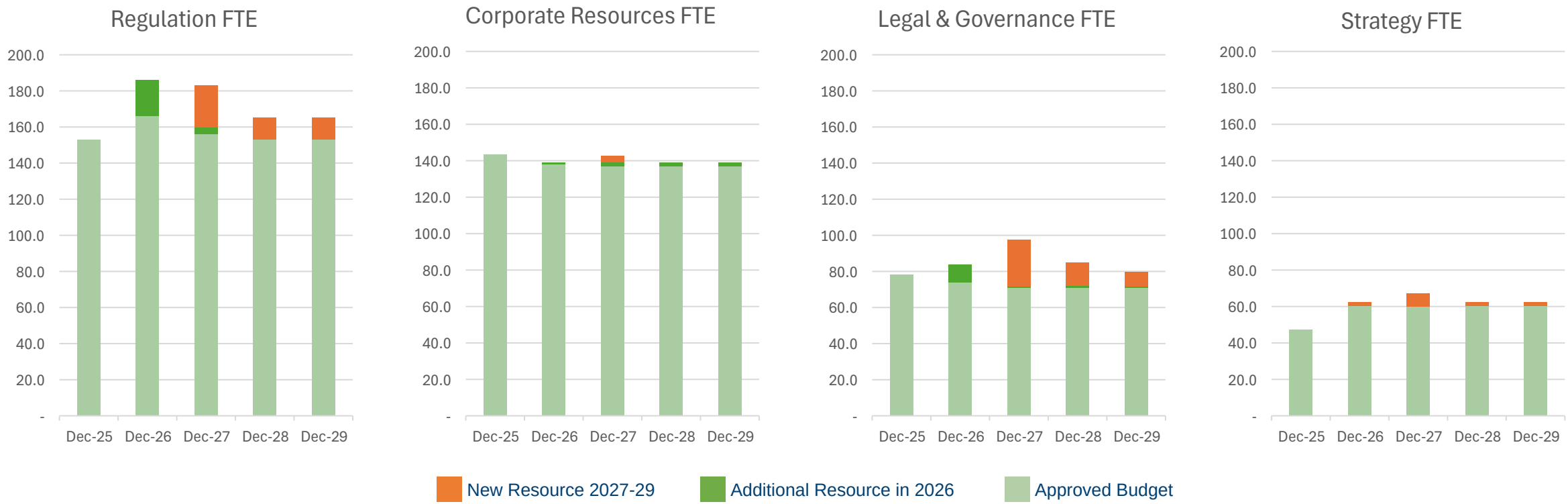


Resourcing	2026 FTE	2027 FTE	2028 FTE	2029 FTE
Core	421.0	450.0	450.0	450.0
Flexibility	48.0	40.6	0.0	0.0
Short-term	0.0	0.0	0.0	0.0
Specialised	0.0	0.0	0.0	0.0
Total	**469.0**	**490.6**	**450.0**	**450.0**

General Dental Council

Current establishment by directorate

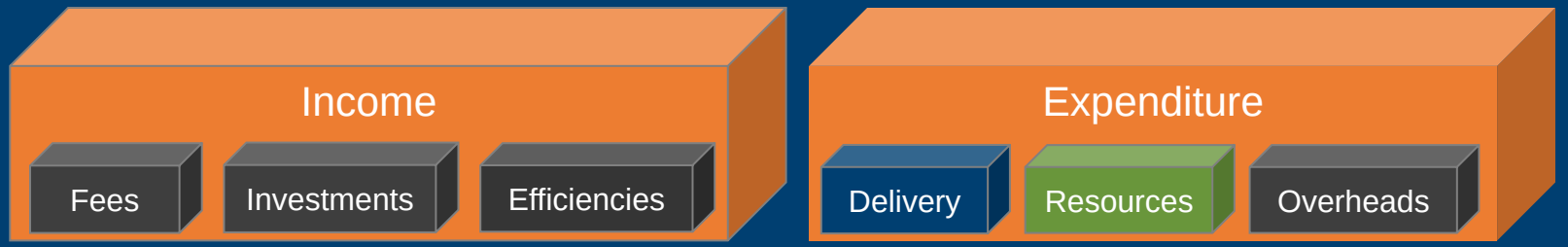
- The FTE by directorate below shows the movement in workforce from the Business Plan 2026-28, illustrating the changes in resourcing levels in each directorate since the Business Plan was approved in October 2025.
- The FTE count is the snapshot taken on 31 December each year for measurement purposes and will therefore does not reflect any minor variations that may arise during the year.
- Highlighted in orange are any new resources included within the strategic investment cases, which are subject to approval of the business plan by Council on 30 October 2026.



General
Dental
Council

Funding plan

Budget plan for financial resilience and efficiency



General Dental Council

Funding plan summary

		Variance to 2026-28 plan
Income	• 2027-29 £183.61m	• +£32.73m
Budget	• 2027-29 £193.0m	• +£32.5m
Efficiencies	• Identified £10.2m	• -£1.0m
Financial Risk	• Our financial risks and opportunities have been analysed by the Executive and the Finance & Performance Committee with the balance of financial risk v's opportunities equating to -£0.45m.	• -£0.8m
Reserves Forecast	• Forecast free reserves for 31 December 2029 is £9.9m which is equivalent of 1.9 months of operating expenditure, this is currently outside of Council's policy range of 2.5-4.5 months.	• -£6.1m
Cashflow	• £3.6m lowest cash balance (Q3 2028), following £10m divestment.	• -£17.5m
ARF	• Dentist £720, DCP £111 (3.1% CPI increase)	• Dentist +£22 • DCP +£3

General Dental Council

GDC Income

Income Summary	Expected		2027 target (£)	2028 target (£)	2029 target (£)
	People	Income	Income	Income	Income
Dentist ARF Collection	47,928	34,508,160	34,508,160	35,883,058	37,348,690
Specialist List ARF Collection	3,987	287,098	287,098	289,008	294,788
Prior Period DCP ARF Collection*	84,746	9,148,500	5,333,576	5,654,774	5,938,335
In-Year Period DCP ARF Collection*	87,382	9,699,440	4,044,667	4,247,488	4,459,061
New Dentist Registrations	2,595	939,931	939,931	1,019,423	1,063,649
Prior Period New DCP Registrations	5,186	180,298	405,297	471,574	504,357
In-Year Period New DCP Registrations	4,216	397,676	124,690	135,120	135,120
Dentist Restorations	229	97,997	97,997	102,303	107,540
Prior Period New DCP Restorations	823	31,684	61,092	85,260	79,147
In-Year Period New DCP Restorations	701	65,305	12,624	20,255	20,480
Specialist List and TR	507	293,275	293,275	324,026	356,847
Dentist Application Fees	3,189	260,131	260,131	237,193	273,652
DCP Application Fees	12,777	518,120	518,120	409,934	430,851
ORE Application fee	1201	138,115	138,115	115,296	57,696
ORE Part 1	2400	1,164,000	1,164,000	1,401,600	1,401,600
ORE Part 2	1328	9,252,176	9,252,176	11,258,672	11,119,332
Cash Interest		420,995	420,995	249,548	249,548
Total GDC Budget target			**57,861,944**	**61,904,532**	**63,840,692**

- Registration income updates use a mix of techniques between historical trend analysis and management consideration of the external operating environment based on current run rates and stakeholder discussions.
- The Dentist register is predicted to have a 2.0% growth each year for 2027 through 2029.
- The DCP register is predicted to have a 3.1% growth in 2027, 3.2% in 2028 and 3.1% in 2029.
- The expected ‘People’ column sets out the number of registrants/applicants forecast for each income stream, with ‘Income’ being the funding this would raise.
- ORE income is included based on current incumbent contract values. When the new contract is awarded post September this will be updated ahead of Council’s approval in October.
- We are obliged under current accounting standards to allocate income to the period to which it relates. The 2027 budget target column takes into account the allocation of income where it falls across 2 financial years.
- The ARF have been modelled with a future annual CPI increase; which ensures we meet our five-year Reserves target as per our recommendation to Council in April.
- Applying CPI (August 2026 at 3.1%), the ARF for 2027 will be:
  - Dentist £720
  - DCP £111

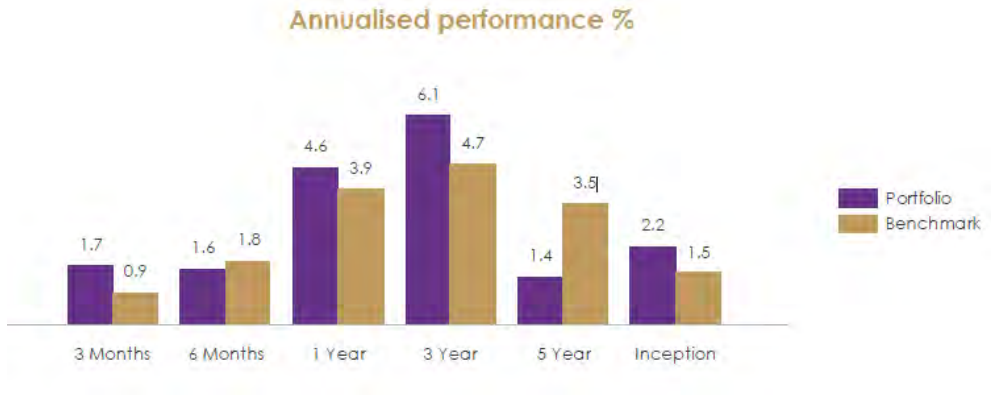
*DCP income is split due to renewal period starts from Aug of each year. Prior period relates to previous year’s ARF collection to be recognised in the following year (i.e. 58.3% of the ARF to be recognised in the following year)

General Dental Council

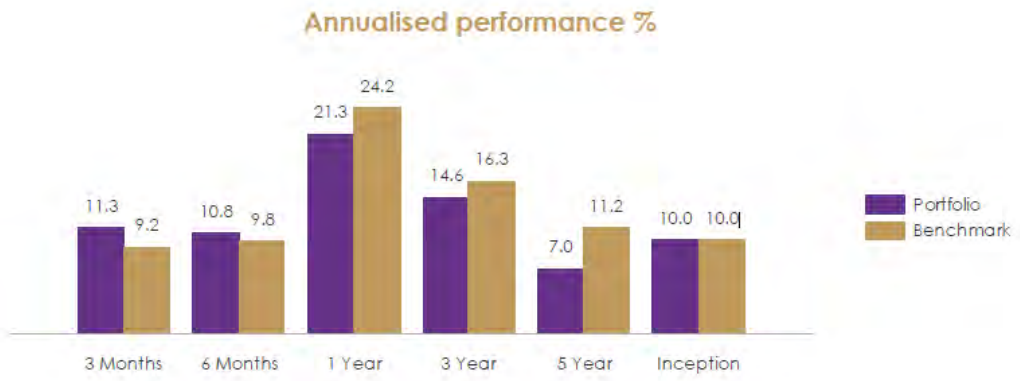
Investments

- In 2017, the Council agreed to invest £15m of excess cash held across two portfolios of differing risk (Cash Portfolio and Equities Portfolio). It is intended that growth of these portfolios are utilised to fund transformational one-off activity, limiting further impact to the ARF.
- The total growth available for investment in transformation at 30 June 2026 was £10.1m. Gains on investment are available for transformation as they do not form part of free reserves.
- The following table summarises the performance and returns achieved since the 2018 investment of £15m:

	2018 review	2019 review	2020 review	2021 review	2022 review	2023 review	2024 review	2025 review	2026 review
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Equities (including unit trust valued in Dec 2011 at £579k)	10,465	11,983	12,311	15,089	11,586	13,012	15,094	15,319	20,219
Fixed interest	4,277	5,262	5,095	5,154	4,628	4,908	4,341	4,385	5,016
Cash*	1,043	356	367	921	1,341	871	2,223	2,769	695
Total	15,785	17,601	17,773	21,164	17,555	18,791	21,658	22,473	25,930
Annual % return		11.5%	1.0%	19.1%	-17.1%	7.0%	15.3%	3.8%	15.4%
Total % return since investment		11.5%	12.6%	34.1%	11.2%	19.0%	37.2%	42.4%	64.3%



Cash Portfolio

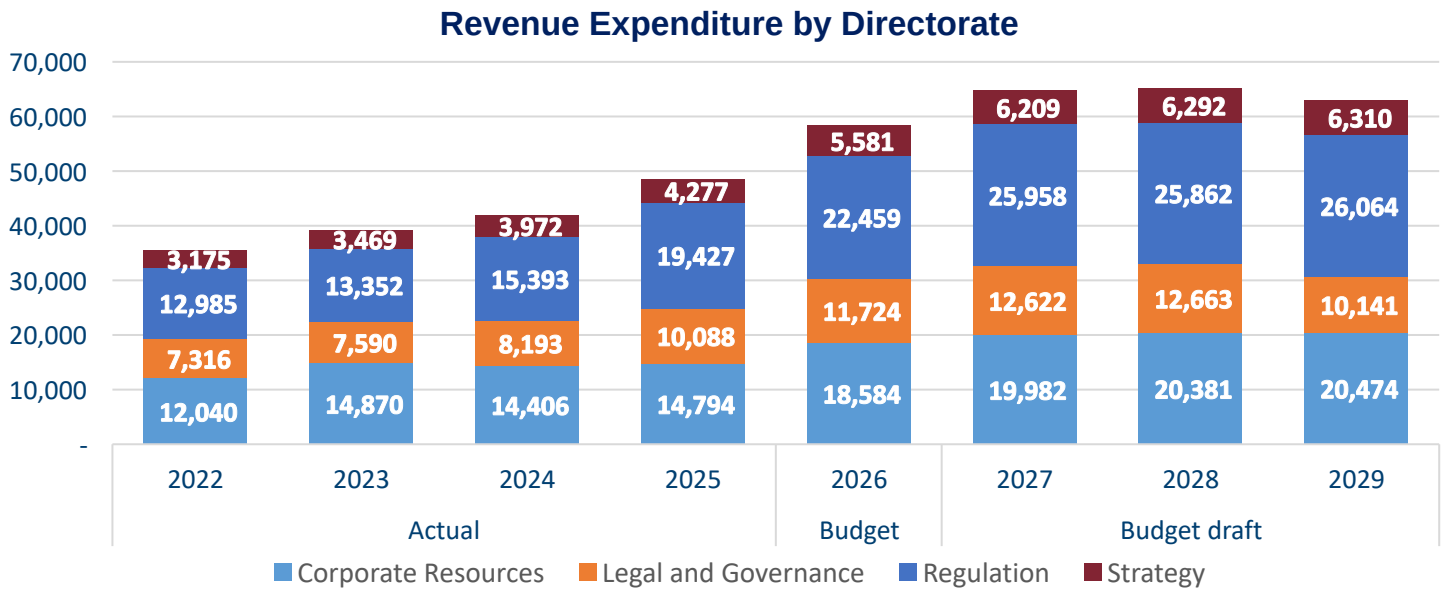


Equities Portfolio

General Dental Council

Budget plan 2027-2029

BUDGET (£'000) 2027-29					
	BUDGET 2026-28	2027-29			
	Council approved Oct25	Bottom-up planning	Investment Cases	Efficiencies Target*	TOTAL
26-28	**160,460**				
2027		64,770	4,182	(845)	**68,107**
2028		65,197	387	(1,477)	**64,107**
2029		62,988	386	(1,709)	**61,665**
Total	**160,460**	**192,956**	**4,955**	**(4,031)**	**193,880**



- The total budget envelope (bottom-up planning) 2027-29 is £193.0m compared to 2026-28 of £160.5m. This is an increase of £32.5m (+ 20.2%).
- The key variances are:
  - £22.1m ORE contract delivery (this is offset by increase exam fees).
  - £4.4m in FtP, Hearings and ILPS/ELPS costs due to uplift in caseload and temporary expansion in capacity.
  - £1.0m increase in budgeted salary costs and the attrition rate has reduced from 6.6% to 5.5%.
  - £1.2m increase in IT licences costs.
- The following increases to the budget are reallocated from Reserves and/or Risks (i.e. these have previously been provisioned):
  - £1.5m depreciation/ROU assets for new London office
  - £1.0m included for corporation tax

efficiencies already delivered are included in bottom-up planning

General Dental Council

Baseline movement by operating segment

Area	Previous Plan £k	Movement since previous plan (£K)			New baseline £k
		Decisions already reflected in planning/risk provisions (in 2026-28 plan)	Decision already reflected not offset by planning/risk provisions (not in 2026-28)	New cost and demand growth (genuine pressures)	
Fitness to Practise	52,983	2,213	744	1,504	57,444
Registration	17,099	786			17,885
ORE	10,084	18,332	3,724		32,139
Policy and Stakeholder Management	13,934	902			14,853
Quality Assurance	3,506	212		256	3,975
Governance	14,796	439	328		15,563
Corporate Reporting and Delivery	5,062	710			5,772
Dental Complaints Service	1,506	195			1,701
Support activities	45,785	928		1,467	48,180
Central provisions/contingency	(4,295)	(244)			(4,539)
TOTAL	**160,460**	**24,473**	**4,796**	**3,227**	**192,956**

Decisions already reflected in baseline

Business cases/decisions that have already been approved and are included in the baseline. These reflect an expected budget change.

Decision already reflected not offset by planning/risk provisions (not in 2026-28)

Business cases/decisions that have already been approved that were not offset by planning/risk provisions in 2026-28 plan.

New cost and demand growth (genuine pressures)

Growth in activity and demand since the previous plan, driving additional resource requirements

Total movement since previous plan - £ 32.5m

Movement	£m
Decisions already reflected in base baseline	29.3
New Cost and demand growth	3.2
Offset by income	33.1
Net movement between plans	(0.6)

General Dental Council

Efficiency plan summary

£11.2m committed by 2030

£3.1m Core efficiency programme

£7.1m Key project efficiency activities

£1.0m Current efficiency Gap

Theme/Opportunity	2026 (realised)	2027	2028	2029	2030	Total	Status
Core Efficiency Plan	£321,764	£619,144	£744,104	£726,104	£727,104	**£3,138,221**	
Estates Optimisation	£3,400,000	(£150,000)	(£150,000)	(£150,000)	(£150,000)	**£2,800,000**	
Manage MyGDC Registration	(£82,409)	£282,764	£683,451	£760,363	£784,169	**£2,428,338**	
Service Team/Investment Case Reviews			£457,148	£457,148	£457,148	**£1,371,444**	
Digital Efficiencies				£250,000	£250,000	**£500,000**	
Total committed efficiencies	**£3,639,355**	**£751,908**	**£1,734,703**	**£2,043,615**	**£2,068,421**	**£10,238,002**	

Committed and achievable

Expected to be achieved

Estimated – requires scoping

General Dental Council

Reserves Position

	£k
General Reserves at 31 December 2025	39,558
Reserves committed to fixed assets	(13,550)
Free reserves at 31 December 2025	**26,008**
Capital investment 2026-29	1,532
Depreciation 2026-29	(243)
Strategic Investments	(4,954)
Over (under) recovery of income against expenditure plan 2026-29*	(12,026)
Movement over planning period	***(15,692)***
Forecast free reserves at 31 December 2029	***10,316***
Free reserves expressed as number of months of current annual operating expenditure	***1.9***
In consideration of financial risks:	
Current assessment of financial risks	(4,700)
Current assessment of financial opportunities	4,249
Total financial risk 2026-29	**(452)**
Free reserves as adjusted for financial risk	**9,865**
Adjusted free reserves expressed as number of months of annual operating expenditure for end 2029	***1.9***

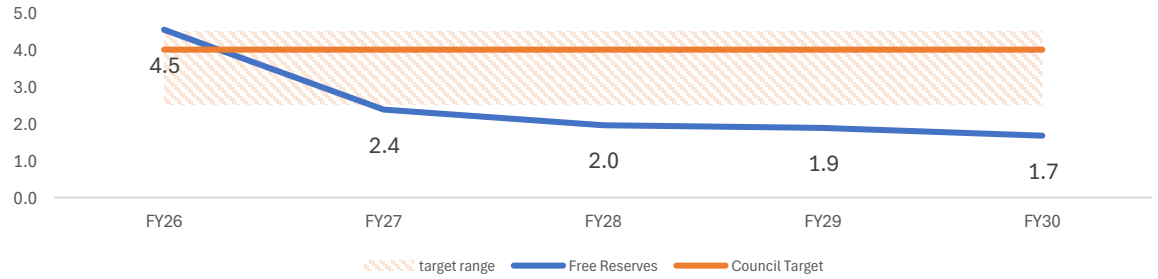
Target level of free reserves, expressed as number of months of current annual operating expenditure	***3.0***

Reserves review assumptions:

- Forecast free reserves, as adjusted for any amendments in budget and changes in financial position is forecast to be **£9.9m**. This is the equivalent of **1.9 months** of annual operating expenditure at the end of 2029.
- This compares to the approved Business Plan 26-28 where at the end of 2029 it was forecasted to be £16.5m and 3.7 months of annual operating expenditure.
- ARF is proposed in this model to be index linked with annual adjustments of up to CPI. To ensure balance, CPI has been applied to both the ARF and our non-pay expenditure lines.
- ARF amounts are subject to our income forecasting which is undergoing validation and finalisation ahead of October submission on predicted register size and therefore subject to further amendment.
- This position includes the 2027 FtP Mobilisation investment requirement.
- **Expected reserves position at the end 2027 is 2.4 months.**

Free Reserves Forecast

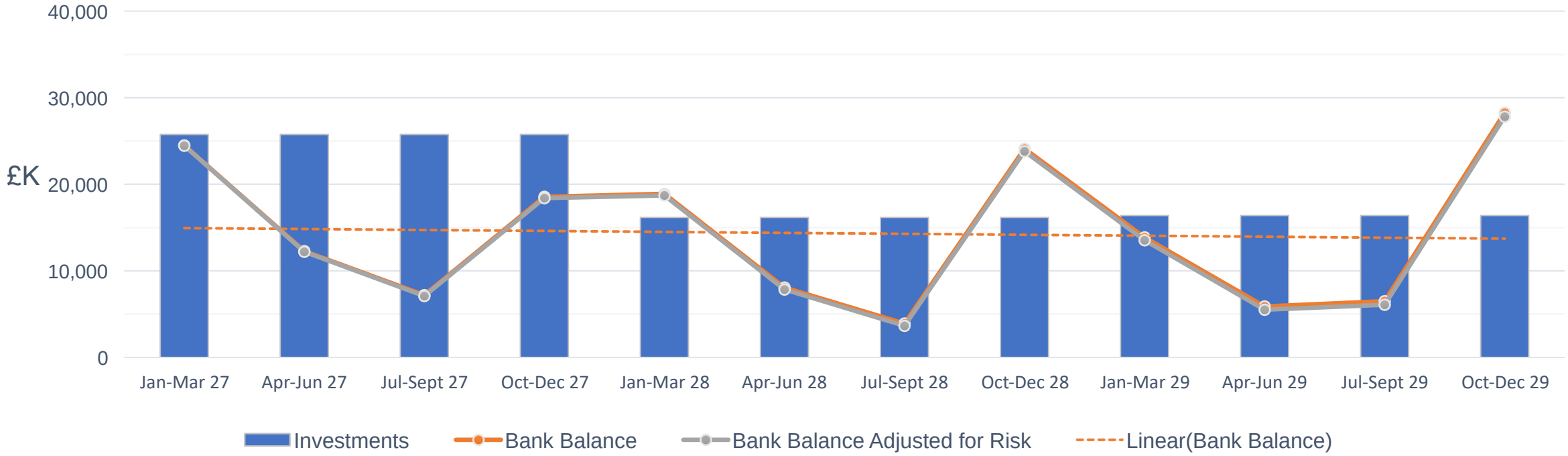
Target 4 months of operating expenditure. Policy range 2.5 – 4.5 months)



Available for transformation	£
Investments predicted gain	10,145
IT Digital	(3,000)
Website	(1,450)
Intranet	(340)
Replacement HR system	(300)
Total remaining	**5,355**

General Dental Council

Cashflow forecast



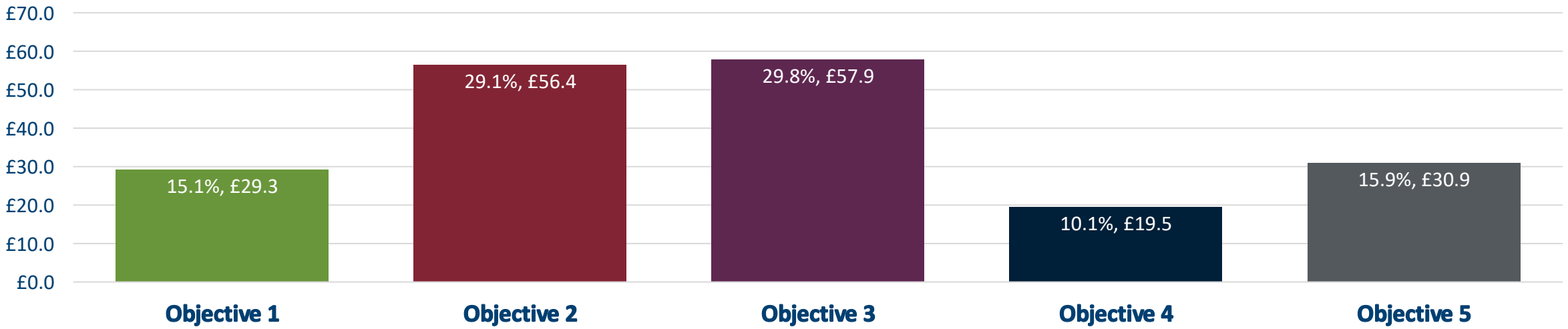
Key points:

- The forecast cash flow remains subject to approval of the budget.
- Forecast CPI has been applied to investment asset valuations.
- We track the impact to cash balances if all net financial risks were to materialise, for this plan the impact is immaterial.
- The cashflow model is subject to further updates on income forecasts.
- This profile is on the basis of us divesting £10.0m of investments during Q1 2028.
- All workings assume that register growth is sustained between 2-3%. On this basis, we would have the lowest risk adjusted cash balance between July to September 2028 of £3.6m.

General Dental Council

Strategic objective costings 2027-2029

Costings are based on resource demand analysis across the strategic delivery. Activities that span multiple objectives have had costs apportioned. Objective 2 has increased from within the 2026-2028 business plan; this is due to the new ORE contract being signed this year.



Objective			3 year costs £m	3 Year % of total
1		Support dental professionals to provide safe and effective care for their patients	£29.3	15.1%
2		Maintain high standards for registration, and register those who meet them in a timely and effective way	£56.4	29.0%
3		Improve Fitness to Practise so that it better promotes patient safety	£57.9	30.0%
4		Work collaboratively to influence issues that affect patients and the profession	£19.5	10.1%
5		Maximise the GDC's ability to reach our potential through our people, our culture, and our systems	£30.9	15.8%
		TOTAL	**£194.0**	

General
Dental
Council

Monitoring & Evaluation

Performance and progress towards delivery of the strategy and business plan



General Dental Council

Monitoring & Evaluation Framework

- Using the workshops analysis, **we identified the four key impact areas below that we can measure achievement of our aims and objectives**. Each impact has outcome groups associated where evidence sources will report progress to achieving them across stakeholder perspectives.
- **The outcomes and impacts are not separate from or additional to the objectives. They are the combined results of achieving them and are designed to describe the measurable difference our actions will make.**
- Following Council approval of the initial framework proposal on 19 June, further analysis is being completed to develop the detailed and initial framework which will be used to evidence progress towards outcomes and impact. The progress on this work will be presented to Council in Q4.



General
Dental
Council

gdc-uk.org

Equality Impact Assessment (EIA)

Description of Activity or Project Name	Business Lead & Directorate	
Business Plan 2027-29	Gurvinder Soomal, Chief Operating Officer	
Author	**Date**	**Version**
Samantha Bache, Associate Director, Finance Dave Criddle, Head of Business Intelligence & PMO Louise Piper, Business Planning & PMO Manager Patrick Chan, Senior Financial Planning & Analysis Manager	October 2026	2
Summary of the aims and objectives	• To create an achievable business plan for the GDC in 2027-29 • To create a forecasted budget for the 3-year period • To develop a forecasted portfolio of projects • To ensure we have the right capacity/capabilities in the organisation to deliver our plan • To align delivery with the GDC Strategy 2026-28 • To align with the EIA performed for the GDC Strategy.	
What consultation or evidence gathering has taken place to inform this EIA?	Development has been performed alongside the business plan for activity to align to this. The EIA has been developed with and aligned to the EIA for the GDC Strategy	
Who is impacted by the change?	ELT/SMT, FPC and Council	
What are the arrangements for monitoring the impact of the change?	The monitoring and evaluation will be performed as part of the regular organisational performance review and reporting.	

General
Dental
Council

Project ID	Version Number	Business Lead	Strategic Objective
N/A	1	David Criddle / Sam Bache	All

Approval from sponsor or sponsoring group				
Name	Title	Department	Date of sign off	Version
Gurvinder Soomal	Chief Operating Officer			1.1

(Business sponsor is acknowledging accountability for the contents of the EIA)

Distribution List				
Name	Title	Department	Date	Version
Sam Bache	AD, Finance	Finance	8/10/26	1.1
Dave Criddle	Head of PMO & BI	PMO & BI	8/10/26	1.1
Patrick Chan	Senior Financial Planning & Analysis Manager	Finance	8/10/26	1.1
Louise Piper	Business Planning & PMO Manager	PMO & BI	8/10/26	1.1

Version History		
Revision Date	Version	Summary of Changes
08/10/26	1.1	Additional comments for specific pieces of work that will have positive impact

Screening Questions – Assess the impact on different groups of people

In the table below, please indicate how the change affects particular groups of people in different ways. Specifically consider how the change will impact those who have Protected Characteristics. Different aspects of the project may have different impacts – these should be separated in the table.

Screening questions should be completed for all policies, projects, strategies etc.

Fuller EIA: only needs to be completed where a negative impact or disadvantage has been identified.

Screening Questions			**Fuller EIA**		
Protected Characteristic	**Potential impact: Positive Negative Neutral**	**Please explain and give examples/evidence**	**Actions planned to address the disadvantage or negative impact**	**Individual responsible**	**Updates on actions, with dates**
Age	Neutral	There is no evidence to suggest there will be positive or negative impacts on people of different ages as a result of the content of the business plan 2027-2029, and the effects of our operational and project plans will be equitable across the whole range of ages of the people on our register or engaging with our services.			
Disability	Neutral	There is no evidence to suggest there will be positive or negative impacts on disabled people as a result of the content of the business plan 2027-29, and the effects of our operational and project plans will be equitable across the whole range of ages of the people on our register or engaging with our services. Activities in the plan supporting include:			

		• Replacing the GDC's website and consideration of accessibility standards throughout the development of the user experience. • New standards for education, which considers the diverse needs of student and trainees			
Gender Reassignment	Neutral	There is no evidence to suggest there will be positive or negative impacts on people in the trans community as a result of the content of the business plan 2027-29.			
Marriage and Civil Partnership	Neutral	There is no evidence to suggest there will be positive or negative impacts on people are married or in civil partnerships as a result of the content of the business plan 2027-29 and the effects of our strategic plan will be equitable across people who are married, in civil partnerships, in other types of relationship or not in a relationship.			
Pregnancy and Maternity	Neutral	There are no negative impacts on people who are pregnant or on maternity leave and the effects of our business plan 2027-29 will be equitable across people who are pregnant or on maternity leave.			
Race	Neutral	There is no evidence to suggest there will be positive or negative impacts on people of different races as a result of the content of the strategy, and the effects of our strategic plan will be equitable across people of all races.			

		Activities in the plan supporting include: • Giving effect to relevant recommendations from the Lord Mann review including embedding the NHS Race Health Observatory principles. • Implementation of Welsh Language version of MyGDC. • Work to support International Registrants			
Religion or Belief	Neutral	There is no evidence to suggest there will be positive or negative impacts on people with or without religious belief (or more broadly spiritual components to their lives) as a result of the content of the business plan 2027-29 and the effects of our strategic plan will be equitable across believers and non-believers. Activities in the plan supporting include: • Giving effect to relevant recommendations from the Lord Mann review.			
Sex	Neutral	There is no evidence to suggest there will be positive or negative impacts on people of the two legal sexes or people who occupy a position between those points as a result of the content of the strategy, and the effects of our business plan 2027-29 will be equitable across people of sexes. Activities in the plan supporting include: • The Sexual Misconduct framework development raising awareness as part of			

		the Principles Based Guidance Framework implementation.			
Sexual Orientation	Neutral	There is no evidence to suggest there will be positive or negative impacts on people based on their sexual orientation as a result of the content of the business plan 2027-29, and the effects of our strategic plan will be equitable across people of all sexual orientations.			

Part 4 – Promoting equality

Under the Equality Act 2010, we have a legal duty to have 'due regard' to the need to promote equality of opportunity, eliminate unlawful discrimination and foster good relations between people who have a protected characteristic and those who do not.

We are determined to do more than just meet our statutory obligations. We are committed to actively promoting equality where we can because we acknowledge the value that diversity of thought and experience brings amongst the staff who work within the organisation, and the stakeholders we work with. By looking for ways to promote inclusion and help people feel heard and valued, we meet our strategic EDI objectives and deliver our vision of being a champion of EDI inside our organisation, with the sector we regulate and with the public.

If you have not identified any positive impacts, please detail how this project will aim to promote equality, eliminate discrimination or foster good relations.	The planning and presentation whilst as whole has neutral impact, does contain projects that will impact positively protected characteristics. These individual projects will be subject to impact assessment in order to promote equality, diversity and inclusion. Impact assessment work will also identify risks of accessibility, inequality or discrimination and seek to manage and mitigate these as part of the activity being delivered in the project.
If there is no evidence that the change will achieve these aims, what changes, if any, could be made to achieve them?	

The General Dental Council (Dentists) (Fees) (No.2) Regulations 2026

The General Dental Council make the following Regulations in exercise of their powers conferred by section 19(1) and (2), section 16A and section 52(1A) and (1B) of the Dentists Act 1984[1].

1. Citation and commencement

(1) These Regulations may be cited as the General Dental Council (Dentists) (Fees) (No.2) Regulations 2026 and are made on 30 October 2026.

(2) These Regulations shall come into force on 2 January 2027.

(3) In these Regulations –

"instalment date" means the date each instalment falls due.

"Overseas Registration Examination" means the examination held pursuant to section 16A of the Dentists Act 1984 and the General Dental Council (Dentists) (International Registration) Rules 2023.

"medical emergencies examination" means an examination in medical emergencies pursuant to the General Dental Council (Dentists) (International Registration) Rules 2023.

"renewal date" means 31 December in each year.

"retention fee" means the fee due under Regulation 2(1)(e).

"Swiss dentist" means a qualifying applicant who had not before Implementation Period completion day made a registration application (other than an application for registration under Schedule 4 to the Dentists Act 1984).

2. Fees

(1) The Council hereby prescribe the following fees for the purposes of sections 19 and 16A of the Dentists Act 1984 (Fees) –

(a) for the processing of an application for entry of a person's name in the dentists register:	£42.70
(b) for the assessment of an application for entry of a person's name in the dentists register, where applicable:	a fee set out in Regulation 3
(c) for the processing of an application to take the Overseas Registration Examination:	£115.00

[1] 1984 c24: section 19 (1) was amended by SI 2007/3101; section 19(2) was amended; and section 52(1A) and (1B) were inserted by SI 2005/2011.

(d)	for taking of Part 1 of the Overseas Registration Examination (per attempt):	£485.00
(e)	for taking of Part 2 of the Overseas Registration Examination (per attempt):	£6,967.00
(f)	or the re-sit of the medical emergencies examination:	£686.00
(g)	for the first entry of a person's name in the dentists register:	a fee equivalent to £60.00 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made.
(h)	for the first entry of a person's name in the dentists register on the basis of temporary registration during such period as specified by a Direction made under Section 17:	a fee calculated by the following formula, where A is the length of the directed period in calendar days, B is the fee payable under regulation 2(1)(e) and C is 365: (A x B)/C = fee in pounds sterling.
(i)	for the retention of a person's name in the dentists register during each period to twelve months following the renewal date:	£720.00
(j)	for restoration of a person's name to the dentists register:	a fee equivalent to £60.00 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made.

(2) A person may, with the agreement of the registrar, pay the prescribed fee under regulation 2(1)(i) in such instalments and by such means of payment as the registrar may determine.

(3) For the purpose of sub-paragraph (2) the registrar may determine –

(a) the amount of each instalment and the date by which each instalment is to be paid, and
(b) that payment will be made by direct debit.

(4) When a person is erased for failure to pay the retention fee−

(a) under regulation 8, or
(b) under regulation 7 of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2025,

they are disqualified from entering into an agreement under sub-paragraph (2) in respect of the retention fee that that falls due on the subsequent two annual renewal dates.

Assessment fees

3. This regulation sets out the prescribed fee for the assessment of an application for entry of a person's name in the dentists register.

Section of the Dentists Act 1984 under which the application for registration is made	**Assessment fee**
Section 15(1)(b)[2] − Swiss Dentists Section 15(1)(c)	£78.16
Section 15(1)(ba)[3] − Swiss Dentists	£778.55
Section 17	£75.81

Refusal to make an entry etc.

4. The registrar may refuse to make in or restore to the dentists register any entry until a fee prescribed by these Regulations has been paid.

Notice of retention fee

5. The registrar shall send to each person registered in the dentists register no less than 28 days before the renewal date −

(a) notice of the retention fee, and
(b) a warning that failure to pay either −

(i) the first instalment by the instalment date and the retention fee by the renewal date, or
(ii) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

may result in that person's name being erased from the dentists register.

[2] To the extent that it continues to apply to Swiss Dentists by virtue of the European Qualifications (Heath and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019/593 (as amended by) the European Qualifications (Health and Social Care Professions) (EFTA States) (Amendment etc.) (EU Exit) Regulations 2020 S.I. 2020/1349.
[3] Same as above.

6. The notice and warning required to be sent to a person under regulation 5 shall be sent–

   (a) to that person's address in the dentists register
   (b) to their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person, or
   (c) by electronic means with the consent of that person.

7. The fact that the notice and warning required to be sent to a person under regulation 5 have not been received by them shall not–

   (a) prevent the registrar from erasing that person's name under regulation 8, or
   (b) constitute the grounds for the restoration of that person's name following erasure under regulation 8,

   provided that notice and warning have been sent in accordance with regulations 5 and 6.

Erasure for failure to pay retention fee

8. Where a person fails to pay either–

   (a) the first instalment by the instalment date and the retention fee by the renewal date, or
   (b) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

   the registrar may erase that person's name from the dentists register, provided that notice and warning have been sent in accordance with regulations 5 and 6.

9. The registrar may decide not to erase a person's name under regulation 8 where there is an outstanding issue concerning–

   (a) that person's fitness to practise as a dentist, or
   (b) an entry in respect of that person in the dentists register.

Revocation and transitional provisions

10. The General Dental Council (Dentists) (Fees) Regulations 2026 are hereby revoked.

11. Any fees due to the Council under or by virtue of the General Dental Council (Dentists) (Fees) Regulations 2026 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of the General Dental Council.

Helen Phillips
Chair

Tom Whiting
Registrar

The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2026

The General Dental Council make the following regulations in exercise of their powers conferred by section 36F(1) and (2) and section 52(1A) and (1B) of the Dentists Act 1984.[1]

Citation and commencement

1. (1) These Regulations may be cited as the General Dental Council (Professions Complementary to Dentistry (Fees) Regulations 2026 and are made on 30 October 2026.

(2) These Regulations shall come into force on 2 January 2027.

(3) In these Regulations -

"application" means an application for entry of a person's name within the dental care professionals register under a single title;

"instalment date" means the date each instalment falls due;

"renewal date" means 31 July in each year;

"retention fee" means the fee due under Regulation 2(1)(h);

"Swiss dental care professional" means a qualifying applicant who had not, before Implementation Period completion day, made a registration application (other than an application for registration as a visiting dental care professional).

Fees

2. (1) The Council hereby prescribe the following fees for the purposes of section 36F of the Dentists Act 1984 (Fees) -

(a) for the processing of an application for entry of a person's name in the dental care professionals register:	£42.70
(b) for the assessment of an application from a Swiss dental care professional[2] for first entry of a person's name in the register:	£595.02
(c) for the assessment of an application for first entry of a person's name in the dental care professionals register pursuant to subsection (4) of section 36C:	£602.66
(d) for the assessment of any subsequent applications from a Swiss dental care professional for entry of a person's name in the dental care professionals register under an additional title:	£532.90
(e) for the assessment of any subsequent applications for entry of a person's name in the dental care professionals register under an additional title pursuant to subsection (4) of section 36C:	£399.62

---

1 1984 c.24; section 36F was inserted by S.I. 2005/2011; section 36F(1) was amended and (1A) inserted by S.1.2007/3101

2 Pursuant to changes enacted by S.I. 2020/1394, inserting S35A into S.I. 2019/593 or section 35A inserted into
S.I 2019/593 by S.I. 2020/1394.

(f) for the first entry of a person's name in the dental care register:	a fee equivalent to £9.25 for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.
(g) for a subsequent entry of a person's name in the dental care professionals register under an additional title:	£12.00
(h) for the retention of a person's name in the dental care professionals register under a title or titles during each period of twelve months following the renewal date:	£111.00
(i) for the restoration of a person's name to the dental care professionals register under a title or titles:	a fee equivalent to £9.25 for every month or part thereof from the first day of the month in which the entry is made until the next renewal date.

(2) Where two or more applications for entry in the dental care professions register are submitted together, only one fee is payable under sub-paragraph (1)(a).

(3) A person may, with the agreement of the registrar, pay the retention fee in such instalments and by such means of payment as the registrar may determine.

(4) For the purpose of sub-paragraph (3) the registrar may determine -

(a) the amount of each instalment and the date by which each instalment is to be paid, and

(b) that payment will be made by direct debit.

(5) When a person is erased for failure to pay the retention fee-

(a) under regulation 7, or

(b) under regulation 8 of the General Dental Council (Dentists) (Fees) Regulations 2025

they are disqualified from entering into an agreement under sub-paragraph (3) in respect of the retention fee that falls due on the subsequent two annual renewal dates.

Refusal to make an entry etc.

3. The registrar may refuse to make in or restore to the dental care professionals register any entry until a fee prescribed by these Regulations has been paid.

Notice of retention fee

4. The registrar shall send to each person registered in the dental care professionals register no less than 28 days before the renewal date -

(a) notice of the retention fee, and

(b) a warning that failure to pay either -

(i) the first instalment by the instalment date and the retention fee by the renewal date, or

(ii) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

may result in that person's name being erased from registration under all titles under which that person is registered in the dental care professionals register.

5. The notice and warning required to be sent to a person under regulation 4 shall be sent to -

(a) that person's address in the dental care professionals register,

(b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person, or

(c) by electronic means with the consent of that person.

6. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not -

(a) prevent the registrar from erasing that person's name under regulation 7, or

(b) constitute the grounds for the restoration of that person's name following erasure under regulation 7,

provided that notice and warning have been sent in accordance with regulations 4 and 5.

Erasure for failure to pay the retention fee

7. Where a person fails to pay -

(a) the first instalment by the instalment date and the retention fee by the renewal date, or

(b) any subsequent instalment and the outstanding balance of the retention fee by the end of the calendar month within which the missed instalment date fell due,

the registrar may erase that person's name from registration all titles under which that person is registered in the dental care professionals register, provided that notice and warning have been sent in accordance with regulations 4 and 5.

8. The registrar may decide not to erase a person's name under regulation 7 where there is an outstanding issue concerning -

(a) that person's fitness to practise as a member of a profession complementary to dentistry, or

(b) an entry in respect of that person in the dental care professionals register.

Revocation and transitional provisions

9. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2025 are hereby revoked.

10. Any fees due to the Council under or by virtue of the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2025 shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of General Dental Council.

Helen Phillips
Chair

Tom Whiting
Registrar

Committee Assurance Report – Business Plan 2027-2029

Committee	**Finance and Performance Committee**
Date(s) of meeting(s)	29 July, 24 August and 8 September 2026. The final draft version of the Business Plan was circulated to the Committee via email on 9 October.
Committee Attendance	29 July - 4/4, 24 August – 3/4, 8 September 3/4 - each Committee was quorate

Main agenda items	The Committee discussed the Business Plan at its meetings on 29 July, 24 August and 8 September. The meeting of 24 August was dedicated to review and scrutiny of the Plan.
Decisions made/ recommendations to the Council	The Committee has reviewed and commented on the final draft of the Plan and is content to endorse it for consideration by the Council.
Alert	Following feedback from the Committee, the forecast 2027 **reserves position** is improved, however the Council is alerted to the fact that the forecast reserves level remains outside of Policy (see risks, below).
Advise	The **efficiency plan** has become more robust over the Plan development period, and status reporting included. **Investment cases** have been subject to detailed scrutiny and focus on essential activities. C£10m of **investment gain** has been identified as available for transformation activity.
Assure	In accordance with paragraph F1c of its Terms of Reference, a key purpose of the Committee is to scrutinise and provide assurance on delivery of the GDC's financial strategy, including scrutinising the development and delivery of the Business Plan and scrutinising and challenging budgetary assumptions. The Committee has performed its role in relation to this requirement over a period of months, including discussion at Committee meetings, briefing sessions and with senior management. Detailed discussion and assurance included: a. Debate on the level of ambition in relation to delivering the Fitness to Practise improvement plan, to ensure there

	were realistic objectives that were ambitious but deliverable. b. Challenge around what constituted essential Business Plan activity and requests for further efficiency savings with more detailed efficiency planning. c. Request for further narrative on the development of the forecast models linked to the current financial planning assumptions. d. Request for enhanced testing of the risks and opportunities to ensure comprehensive coverage. e. Discussion concerning the appropriate use of funding for transformation purposes and for this to be considered in line with the GDC's investment strategy. The Committee is able to assure the Council that it has been afforded the opportunity for detailed scrutiny of the Business Plan and has fulfilled its responsibilities in so doing.
Review of risks	A **full range of financial risks and opportunities** were considered as part of the business planning process and, where appropriate, reflected in the development of the budget and assumptions underlying the Plan. Where a risk/ opportunity is sufficiently likely or quantifiable a provision has been incorporated. The Committee draws to the Council's attention to the fact that **forecast reserves** are out of Policy (which is set at 2.5 months). The Plan includes over £1m of as yet **unidentified efficiencies**, which remain a risk until confirmed.

Lord Mann Review: recommendations and high-level delivery plan

Executive Director	Stefan Czerniawski, Executive Director of Strategy
Author(s)	Ellie Coley, Policy Manager Jessie Reid, Policy and Project Officer Katherine McGirr, Head of Right-Touch Regulation
Type of business	For discussion
Purpose	This paper provides Council visibility on the development and content of an implementation plan to translate the relevant recommendations of the Mann Review into the UK dental context.
Issue	In committing to address the recommendations from the Mann Review, we are mindful of the GDC's broader commitments to furthering EDI and challenging discrimination and inequality in healthcare, using actions to drive change for all and not to inadvertently create a hierarchy between types of discrimination.
Recommendation	Council is asked to **discuss** the approach for developing a high-level plan to action the recommendations of the Mann Review, including the adoption and embedding of the regulatory principles of anti-racism (Appendix 1).

1. Context

Discrimination in the UK health & care system

1.1 Discrimination on the basis of race or religion, remains a systemic issue across the health and care system, reflecting wider inequalities in UK society. Home Office statistics show seven in ten hate crimes are racially motivated, and that religious hate crimes increased 25% in the year ending in March 2024. The government's social cohesion plan also recognises that antisemitism and anti-Muslim hate have reached record heights. For religious hate crimes in England and Wales, where the religion of the victim is known, the number of incidents relating to Muslim and Jewish victims far exceed other religions, accounting for 46% and 28% respectively in the year ending March 2026. Hate crimes against Jewish people account for the highest proportion (117 per 10,000 population) during that same period.

1.2 Though the Mann Review and its outputs focus predominantly on antisemitism and anti-Muslim hostility, in developing the following plan we have considered how we can enable positive change across all protected characteristics to avoid creating a perceived hierarchy of discrimination. Evidence consistently demonstrates a spectrum of racial and religious inequalities which affect patients and healthcare professionals, with significant adverse consequences for health outcomes, experiences of care, workforce wellbeing, career progression and pay.

1.3 The persistence of discrimination is extensively documented in the National Health Service (NHS) and suggests that progress remains insufficient for staff and patients alike. The 2025 NHS staff survey found that staff of all religions, and Black and minority ethnic staff, are more likely to experience discriminatory behaviour at work than in 2020. In the past 12 months, this included 20% of Black and minority ethnic staff, 16% of Muslim staff, and 11% of Jewish staff reporting facing discriminatory behaviour from patients or the public. Jewish staff were the only religious group for whom discrimination from managers and colleagues exceeded discrimination from

patients. Moreover, the 2024 Brap report found that the NHS response to discrimination in the workplace, including on the basis of race, remains ineffective and inadequate. Increasing antisemitism continues to affect Jewish communities, with the Commission on Antisemitism reporting that unaddressed antisemitism can make patients feel uneasy about accessing care, leading to individuals removing religious symbols or feeling reluctant to request kosher meals.

1.4 The number of concerns reported to the GDC about registered dental professionals that related to antisemitism and/or anti-Muslim hostility has remained low between October 2023 and October 2026. Most of those concerns related to registrants' actions on social media, including liking or posting alleged discriminatory content, whilst a smaller proportion related to alleged discriminatory comments made towards or whilst in conversation with patients.

NHS and regulator anti-racism initiatives

1.5 In 2021, National Health Service Race & Health Observatory (NHS RHO) was established by the NHS as an independent expert body to "***examine ethnic inequalities in health across the country and to support national bodies in implementing meaningful change for ethnic minority communities, patients, and members of the health and care workforce***." In 2024, as part of these efforts, the NHS RHO developed and published Seven Anti-Racism Principles to guide NHS organisations in embedding anti-racism throughout their practices and policies.

1.6 In summer 2025, UK health and care regulators convened a roundtable to discuss the "***persistent and systemic issue of racial inequality in the NHS workforce***", with aims to "***reflect on current and historical challenges, share insights, and co-develop a unified approach to improve race equity and cultivating inclusive workplace environments***". They committed to nine regulatory principles for advancing workforce race equity and inclusive working environments in health and social care, built upon the NHS RHO's principles but tailored to regulatory bodies (Appendix 1). The principles draw upon strengths-based positioning to promote "***organisational awareness, efficacy, and resourcefulness",*** the intention of which, is that "***by drawing attention to and driving action on racism in the workplace, we also improve equity for the other dimensions of discrimination***". On 7 September 2026, ELT/SLT approved the GDC's formal adoption of these principles, as encouraged by the Mann Review.

Relevance of anti-discrimination initiatives to the GDC

1.7 As the professional regulator for the dental team, the GDC's primary purpose is to protect patients and maintain public confidence in the dental professions. This includes supporting a profession in which patients can expect safe, effective, and person-centred care, free from discrimination.

1.8 Equality, diversity, and inclusion (EDI) is central to our 2026-28 Strategy and underpins the full portfolio of work that supports its delivery:

a. **As an employer**, EDI is fundamental to creating a workplace in which people can thrive, and to effectively delivering our regulatory responsibilities.

b. **As a regulator**, through our core functions, including setting standards for conduct, education and training quality assurance, and operating the Fitness to Practise (FtP) process, the GDC can influence the behaviours, values, and professional cultures that underpin the delivery of safe, effective, and equitable care. The GDC's actions and staff conduct can also affect public confidence.

c. **As a sector leader**, we play a key role in signalling the behaviours and professional standards expected of dental professionals and can use our influence to support wider efforts to promote inclusive professional environments.

2. The Lord Mann Review

2.1 In October 2025, against a backdrop of increasing incidents of racism and religious hatred in UK society, the then Secretary of State for Health and Social Care commissioned Lord Mann – in his role as the UK government's Independent Adviser on Antisemitism – to lead a rapid review in response to antisemitism and other forms of racism across NHS England and the healthcare professional regulatory system.

2.2 Published in June 2026, the Mann Review builds upon the legacy of the Macpherson report (1999), one of the UK's most significant reviews of systemic and institutional racism. It draws upon the report's principles in conjunction with the NHS RHO anti-racism principles as an evidence-based starting point to tackle racial inequalities.

2.3 The Mann Review concludes that discrimination on the basis of race remains a persistent feature of the health and care system. It highlights the impact of discriminatory behaviours and workplace cultures on both patients and staff, including undermining psychological safety, reducing staff wellbeing and retention, and risks to the quality and safety of care. It proposes two overarching aims for the NHS:

a. establish an organisation-wide priority to increase trust and confidence in NHS services among Jewish, and other minority ethnic patients and staff through promoting an anti-racist workplace culture and systems to tackle racism thoroughly, fairly, and transparently.

b. embed anti-racism principles at its very core, eliminate racist prejudice and disadvantage, and demonstrate fairness in all aspects of NHS employment and care.

2.4 To achieve these aims, the Review makes thirty-six recommendations, stating that the government should provide Parliament with an initial update by October 2026 and a detailed progress report by June 2027.

2.5 The Government supports the recommendations in principle and responded that it would accept all recommendations for the Department of Health and Social Care (DHSC) and NHS England, subject to subject to consultation and further engagement with key stakeholders.

Mann Review recommendations for regulators:

2.6 While most recommendations are tailored to the NHS structures, many directly address health and care regulators (Appendix 2) or can be adapted to reflect their roles. The Review directs regulators, and the PSA, to use their influence and regulatory levers appropriately to strengthen accountability for tackling race or religious discrimination within the healthcare system. Together, the recommendations seek to ensure regulators actively promote professional cultures that are fair, inclusive, and free from discrimination, benefiting both patients and staff.

2.7 The PSA welcomed the recommendations and plans to work with the health and social care regulators to tackle racism. The PSA's response to the consultation on the GMC's new legislation provided further detail on their response to the Review's recommended expanded PSA powers.

Relevance of the Mann Review to the GDC

2.8 To enable meaningful progress, we have considered each recommendation within the dental context, ensuring its relevance to the environment in which our registrants deliver care and to our regulatory framework. A key consideration is our role as a UK regulator, and how this interacts with recommendations tailored to NHS England. It is noteworthy that working patterns data shows 20% of dentists provide exclusively private care, while a further 14% spend over 75% of their time in private practice. This highlights the importance of a GDC commitment to tackling discrimination across both NHS and private practice. Applying the recommendations without appropriate

consideration of this context risks generating a considerable range of activities with unclear outputs for staff and service users.

2.9 The recommendations align with the GDC's strategic commitments and existing programmes of work, including on the Framework for Professionalism (the Framework), Continuing Professional Development (CPD), and the embedding of anti-racism principles across the organisation. By building on these initiatives, we can maximise existing momentum, avoid duplication of effort, and deliver outcomes tailored to our regulatory environment.

2.10 As the GDC is not responsible for commissioning or delivering care, or regulating premises, many of the systems issues identified by the Review fall outside the GDC's remit and require action from others. Where recommendations fall beyond our remit, we are considering whether and how we can demonstrate their intent through our activities, influence, or collaborative working.

2.11 We are also mindful of the fact that dental primary care settings do not have the same clinical governance structures as larger institutions or NHS trusts, resulting in greater variation in culture, policy, and working environments. We therefore recognise that creating and supporting change in the dental context is more challenging.

3. High-Level Implementation Plan

3.1 We intend to take a proportionate, structured approach to applying the recommendations to the dental context, concentrating our efforts on the areas in which the GDC can make the most meaningful contribution across NHS and private care. The following high-level plan enables us to build upon the GDC's existing workstreams, while identifying specific opportunities for improvement or further action. **Reading Room Paper 1** outlines the activities planned between Q3 2026 and Q1 2027. A more comprehensive timeline will be set out in future papers alongside the continuation of quarterly reporting to ELT, the Finance & Performance Committee, and Council on strategy and operational delivery of work related to EDI.

- **Inter-regulatory collaboration –** addressing discrimination in the health and care system cannot be achieved through action within the dental sector alone. The issues identified by the Mann Review are systemic and require collaboration to drive meaningful change.
    - Key action: **participate in existing and/or newly established working groups** seeking to address race or religious discrimination in the UK health and care regulatory system.
- **Promoting professionalism –** incorporating recommendations from the Review and proposed working groups into registrant-facing materials will reinforce inclusive and non-discriminatory behaviour as fundamental to professionalism and to the standards expected of dental professionals.
    - Key actions:
        - **Developing Supporting Material** to proactively support professionals in considering EDI, and its impact on their practice.
        - **Develop national employer guidance on tackling discrimination in the workplace**, collaborating with NHS Employers and regulators to ensure its suitability to the dental context and compatibility with our own employer guidance, recognising that only a small minority of dental professionals are directly employed by the NHS, even if they are providing NHS services.
        - **Ensure learning on EDI for all regulated professionals**, and that emerging concepts in EDI are considered in plans to improve the CPD scheme (as outlined in the Business Plan).

- **Fitness to Practise –** as discrimination is inherently serious, we will incorporate the recommendations from the Review, alongside outputs from the proposed working groups, into the training and decision-making guidance provided to all FtP decision makers.
    - Key actions:
        - **Ensure decision-making guidance draws upon the best practice** in defining and handling concerns related to discrimination, including race and religious discrimination, and that our FtP processes align with the expectations we set for dental professionals.
        - **Co-develop definitions for racism and religious hatred** with DHSC and other health and care regulators and, once agreed, consider their inclusion in FtP decision-making guidance.
        - **Continue work under the Communications and Support in FtP workstream,** using patient-facing communications to support the raising of concerns and public navigation of the regulatory system. This work links to existing PSA standards requirements to enable people to raise concerns.
        - **Review FtP processes and policies under the FtP improvements workstream** to ensure alignment with EDI standards expected of regulators.
- **NHS RHO Anti-Racism Principles for Regulators –** the principles allow us to think holistically about the actions required to become an anti-racist organisation. In embedding these principles, we recognise that our response must extend beyond the actions prescribed in the recommendations of the Mann Review.
    - Levers for change: we have taken a thematic approach to consolidating the nine principles for regulators into four overarching levers for change that allow us to focus on practical actions. These are research, statistical analysis, and insight; showing leadership; continuous and collaborative learning; and valuing lived experience.
    - Key actions:

      Research, statistical analysis and insight –
        - Maintain EDI as a core theme of research and statistical analysis, including use of disaggregated data (where possible) to identify disparities and inform action and use and development of methods to capture diverse perspectives so that we understand need and experiences.
        - Maintain alignment with relevant statistical guidance and standards, considering emerging evidence and differences in guidance across the UK nations, including the implications of Recommendation #2.
        - Assure education and training providers hold information on EDI, including on differential acceptance, progression, and attainment data.
        - Capitalise on new EQA annual monitoring data on EDI within the Standards for Education.

      Showing leadership –
        - Publicly articulate our approach to embedding anti-racism principles across the GDC, including through a position statement on the Mann Review**.**
        - Use the GDC EDI webpages to communicate our work and commitments as both an employer and a regulator.
        - Maintain Council strategic oversight of EDI commitments, with the Associate Director for Policy and Research acting as public EDI Champion for the Mann Review actions.
        - NHS RHO to lead a session with the GDC's Leadership Community Network (LCN) to support organisation-wide application of the principles with a view to

promoting a shared understanding of racism and its impacts and the practical steps to eliminate it both for GDC staff and within the regulated professions.

Continuous and collaborative learning –

- Deliver EDI training for Council, Senior Leaders, FtP staff on anti-racism, antisemitism, and the Macpherson principles, and for all GDC staff, on anti-racism, de-biasing, dignity at work.
- Support dental professionals to care for diverse populations through guidance and signposting, including on EDI, discrimination, and sexual misconduct.
- Inter-regulatory engagement through NHS RHO convened Community of Practice sessions, to support understanding of the principles and to share good practice

Valuing lived experience –

- Continue to use the patient and public, student, and registrant panels to incorporate diverse perspectives into our work.
- Consider working with expert providers to develop bespoke EDI training.
- Work with dental professional focussed anti-discrimination and anti-racism groups.
- Co-design EDI Supporting Materials with representative groups.

4. Legal, policy and national considerations

4.1 As this is a high-level proposal, formal advice is not needed from legal; however, as we develop more detailed plans and proposals, the legal teams will be involved.

4.2 Though the principal questions of the Mann Review pertain to NHS England, its findings and implications for the broader UK health and care regulatory system will impact all four nations. Similarly, the NHS RHO as an organisation focuses on inequalities in England, however, the anti-racism principles are not specific to any one nation. Recognising our role as a UK regulator, the GDC's application of the recommendations and principles will extend across all four nations. Planned activities will consider national differences in NHS structure and that processes, including data capture and training provision, may vary.

5. Risk considerations

5.1 Addressing all discrimination: In developing the implementation plan, we have considered how we can enable positive change across all protected characteristics to avoid creating a perceived hierarchy of discrimination. Different forms of discrimination have distinct features and experiences. Therefore, in ensuring our focus is broad where possible, we must not lose sight of the need to name and discuss specific forms of discrimination individually to understand and tackle each effectively. As such we will need to consider our overall strategy to ensure our focus is inclusive and evidence led. This includes considering how highlighting one form of discrimination more prominently than others may be perceived, while recognising that references to specific forms of discrimination can be justified where they are supported by evidence, including case law, lived-experiences, regulatory insights and dental complaints and concerns. As such, communications should be framed within the context of our broader commitment to EDI.

5.2 Defining discrimination: the Mann Review asks regulators and DHSC to co-develop definitions for racism and religious hatred. This development will require legal and policy insight given there is a risk that this may attract attention and challenge from groups who do not agree with the position.

5.3 PSA scrutiny and new guidance: several recommendations call on the PSA to play a leading role in setting guidance, managing reporting, and coordinating across-regulatory activity. Consequently, future PSA review cycles will scrutinise activities the undertaken by regulators in response to the Review as part of their analysis of Standard 3 (EDI). The limited detail on the

form and scope of these activities presents a risk, as it limits our ability to assess potential implications at this stage.

5.4 Reliance on the Framework: the Framework for Professionalism, specifically Supporting Material, will be pivotal in providing support to dental professionals, including explaining our expectations around EDI. The Framework is only expected to be operational in Q4 2027, and as such this timescale limits its ability to support the advancement of issues relating to race and discrimination such as those highlighted by the review. Ahead of implementation, we plan to publish a position statement to provide signposting how the Mann Review links to our standards, and how the NHS RHO principles can be a tool for registrants to take tangible action against racism.

6. Resource considerations

6.1 Delivering against the wide-ranging recommendations will require organisation-wide leadership, input, and coordination. ELT have agreed resourcing and prioritisation to ensure:

- recommendations to Council are appropriately resourced.
- we have named individual workstream leads.
- any potential impacts on organisational priorities have been identified.

7. Monitoring and review

7.1 Coordination: the Policy team will coordinate delivery of the recommendations, as we do for the PSA performance review. Many of the proposed actions support broader EDI requirements under the PSA's Standard 3, and so this approach will allow linkage of the two workstreams.

7.2 Project management: PMO will provide support to ensure relevant workstreams contribute to driving forward the recommendations and anti-racism initiatives, and that such actions are appropriately recorded. We will align and integrate these plans into the GDC's business plan.

7.3 Reporting: we will continue to report on strategy and operational delivery work related to EDI via our quarterly reporting to the ELT, the Finance & Performance Committee, and Council. When the proposed activities commence, progress will be monitored through the business plan and project management processes as appropriate.

7.4 Monitoring and evaluation: we will utilise the emerging monitoring and evaluation framework.

8. Next steps and communications

8.1 We will align our next ELT and Council updates with the December 2026 deadline set out in the Mann Review, at which point we will provide a more detailed implementation plan and progress updates against the workstreams.

8.2 ELT/SMT discussions informed the proposed next steps:

a. EDI Steering Group: we will work with the individuals recommended by ELT/SMT to establish a cross-directorate steering group to provide organisational oversight and coordination of the GDC's EDI actions arising from the Mann Review.

b. Public communications: we will work with the External Communications and Engagement team to develop a communication and engagement plan to support the delivery of recommendations and next steps. This plan is likely to include:

- The naming of a GDC spokesperson for this programme of work, to demonstrate accountability and represent the GDC in the media.
- An early announcement on the adoption of the high-level plan in November 2026. The purpose of this announcement being to reassure our stakeholders of our

intention to action these recommendations and to mitigate any reputational risks associated with perceived inaction.

Appendices

1. Advancing Workforce Race Equity in Health and Social Care: Shared principles across regulators
2. Mann Review recommendations with direct action(s) for UK health and care regulators

Ellie Coley, Policy Manager
EColey@gdc-uk.org

16 October 2026

Appendix 1

Advancing Workforce Race Equity in Health and Social Care: Shared principles across regulators

On behalf of our organisations, we pledge our commitment to the advancement of race equity and inclusive working environments across the health and care sector and beyond. Based on the NHS Race and Health Observatory anti-racism principles and building on a roundtable in June 2025, we sign up to these nine regulatory principles.

The anti-racism principles have been framed using a strengths-based positioning that promotes organisational awareness, efficacy, and resourcefulness thus making us more resilient and capable of achieving the goals of these principles.

Our focus on anti-racism is in response to the compelling evidence base across the NHS, CQC research and other professional bodies' reviews which demonstrate a strong correlation between people's experience of discrimination and their ethnicity. Our intention is that, by drawing attention to and driving action on racism in the workplace, we also improve equity for the other dimensions of discrimination to ensure that our workplaces are inclusive, compassionate, and valuing everyone's contributions.

1. **Naming racism:** We demonstrate leadership by naming racism explicitly and consistently to advance race equity and commit to work actively to address racism.
2. **Valuing lived experience:** We listen to people working in health and care who experience racism, we co-produce our work with them, centring our agenda on their experiences and ensuring psychological safety. We consider how racism intersects with other inequalities and with health inequalities throughout our work to address racism.
3. **Showing leadership:** We raise our ambition on race equity and inclusion for the workforce at every level of the health and care system, through modelling the behaviours and actions that we expect from others and having clear leadership accountability for developing our work to tackle racism and advance equity.
4. **Collaborative working:** We act positively as a group of health and social care regulators, collectively influencing and promoting workforce race equity. We do this through a shared understanding of how racism and other forms of discrimination operate, co-creation of strategies, clear and aligned goals and communications and sharing good practice.
5. **Data and insight development:** We strengthen the collection and use of data to generate insights that drive action, enabling assessment of the extent and impacts of racism and the effectiveness of work to address racism.
6. **Empowering approaches:** We empower health and care leaders, providers, and the workforce, to achieve and maintain working environments - and a health and care system where "everyone counts". This involves understanding structural, institutional, and interpersonal racism and other forms of discrimination through impactful education and learning approaches, supporting continuous improvement in performance, and sharing good practice.
7. **Using our powers effectively:** We embed the advancement of workforce race equality and inclusion in regulatory strategy, policy and standards within the health and care sector and in our day-to-day business. We set standards and expectations of those we regulate in a way that explicitly embeds a focus on equality on the regulatory decisions that we make; and more use our role and functions to tackle racism and help deliver positive change.
8. **Influencing progress together:** We use our collective voice to influence national policy on workforce race equity and wider health inequalities and equity issues, based on our regulatory insights.

9. **Transparency and Accountability:** We set ourselves specific, measurable, and timely indicators for our work on addressing racism and promoting workforce race equity. We then evaluate and report on the impact of our work as regulators to hold ourselves and others to account for achieving measurable progress.

EXPLANATORY NOTES

- We use the word “equity” throughout the principles as this encompasses the widest range of approaches and actions, including legal obligations around equality in the Equality Act 2010.
- The focus of this work is on race and ethnicity. This is data and evidence driven – stark inequalities by race (and ethnicity) are widening, and with the diversity of the health and care workforce increasing, there is an even more urgency to tackle these inequalities. When considering what we mean by race equity, we include all forms of racism and associated discrimination in this work, including on the basis of religion, faith or belief, for example Antisemitism and Islamophobia. However, using these principles will move forward equity for staff with other equality characteristics too.
- Having shared principles is an important step forward. We recognise that the principles alone will not deliver change. Each regulator will need to work through the changes required to deliver them in practice, considering their role and size. We will also need to work together as regulators to maximise our positive impact on workforce race equity and inclusion.

Joint signatories to date are the Care Quality Commission, General Chiropractic Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council, Nursing and Midwifery Council, and Social Work England.

Appendix 2

Mann Review recommendations with direct action(s) for UK health and care regulators:

- **Recommendation #10** – work with DHSC to secure an agreed approach on definitions of racism and religious hatred.
- **Recommendation #16** – establish a taskforce to clarify mechanisms for information sharing, discuss best practice for employers, and coordinate actions related to current and emerging forms of racism.
- **Recommendation #17** – strengthen the existing inter-regulatory EDI working group to provide a dedicated forum for sharing good practice and convene a dedicated session or roundtable on addressing antisemitism, and other forms of racism.
- **Recommendation #18** –
    a) Work with DHSC, NHS England and the CQC to develop a clear, publicly available set of national guidance for employers which outlines their responsibilities for tackling discrimination and the types of incidents which should be referred to a regulator, and/or to the police.
    b) Work together with other healthcare regulators to develop communications for patients and the public on plans to address antisemitism and other forms of racism and who to contact if they have a concern.
    c) Work with patient representative groups to develop material that is clear, brief, and helpful for navigating the regulatory system.
- **Recommendation #21** – work with the PSA to develop a clear process for securing expert advice on relevant FtP decisions, particularly where they involve matters relevant to those with protected characteristics, to support cultural awareness and learning among relevant decision makers.
- **Recommendation #22** – fulfil the commitment made at the regulatory roundtable (2025) to report to the NHS RHO with a proposal for embedding the regulatory principles of anti-racism within 6 months of the publication of the Mann Review (by December 2026).
- **Recommendation #27** – establish national guidance to support organisations when staff face violence or discrimination from patients or the public, including clear, context-specific guidance on the refusal of access to services in non-life-threatening situations.
- **Recommendation #33** – participate in a DHSC-led meeting to discuss and find a path to delivering training for regulated professionals who are not captured by NHS training.
- **Recommendation #35** – ensure leaders of the professional regulators undertake similar training, covering antisemitism, anti-racism and building on the Macpherson principles, as proposed for NHS leaders.

English Language Requirements: Guidance and Consultation

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Laura Williamson, Policy Manager
Type of business	For approval
Purpose	To seek approval to consult on updated English language guidance.
Issue	We have updated our English language requirements, and subsequent guidance and are required by law to consult on any new guidance.
Recommendation	The Council is asked to • **Agree** the updated English language guidance • **Approve** the proposed consultation

1. Introduction

1.1 The legislation states "***A person shall not be entitled to be registered in the dentists register... unless he satisfies the registrar as to the following matters, namely— (ba) that he has the necessary knowledge of English***;"

1.2 This means we have a statutory obligation to ensure anyone joining our register has sufficient English language skills.

1.3 However, the guidance we currently use is 10 years old. This means it is out of date with current English language testing possibilities and no longer fits the needs of overseas qualified applicants wanting to join our register.

1.4 This has led to decisions being made in a piecemeal, inconsistent way, and has become a barrier to us registering applicants in an effective and timely way. There has also been a growing number of enquiries, complaints and appeals, which is placing significant demands on registration, policy and legal resources.

1.5 As part of our new strategy, we have committed to "modernising our registration and renewal processes". Updating our English language requirements is an opportunity to showcase that we are a trusted and effective regulator by contributing to this strategic goal.

1.6 The proposed changes introduce a more robust and verifiable approach to assessing English language evidence. This should reduce the volume of complaints, appeals and challenges, lowering the need for legal intervention; streamline processes for more efficient application handling; and support fair, proportionate and defensible decision-making.

1.7 We have a duty to consult on any changes to the guidance; therefore, we are seeking Council approval to consult on this new guidance in November 2026.

2. What we have changed and why

2.1 Overall, the guidance has been streamlined, made more transparent, and future proofed. We have focussed changes on making sure that the registration team are not left making inconsistent judgements on non-robust, non-verifiable evidence and instead will guide the majority of international applicants towards an English language exam.

2.2 The new guidance can be found in Appendix 1.

2.3 Evidence must now meet the following criteria:

a. **Skills**: your evidence must demonstrate ability to listen, read, speak and write in English.

b. **Recent**: your evidence must be no more than two years old at the time the application is submitted.

- The two-year threshold is derived from recommendations from test providers. Some (e.g. IELTS) only recommend this expiration date, and scores remain verifiable after this period. Whereas other providers (e.g. TOEFL) stop scores from being verified after 2 years. This timeline has been applied across all evidence types for a standardised approach rather than to reflect evidence of language atrophy rates.

c. **Verifiable**: your evidence must be from a source that the GDC can readily verify.

d. **Robust**: your evidence must demonstrate a level of English sufficient for safe practise in a clinical setting, equivalent to Common European Framework of Reference for Languages (CEFR) C1.

- We currently require this level via the scores we expect from IELTS Academic results. This change standardises that expected level across all evidence types.

2.4 We have expanded the number of English language tests we accept.

a. As the most easily verifiable, objective test of English language, that has little administrative burden on our registration team, we want to encourage applicants to take this route.

b. We devised criteria an exam must meet and evaluated seven English language exams against these.

c. We concluded the follow exams meet the criteria and should be accepted:

- Occupational English Test (OET) Dentistry [including OET on paper, OET on computer, OET@Home]
- IELTS Academic [including IELTS One Skill Retake, IELTS Online]
- Cambridge C1 (Advanced) [Digital only]
- TOEFL iBT [including TOEFL iBT at home]
- PTE Academic

d. The criteria an exam must meet will be laid out in the guidance. The list of accepted tests and required scores will be published on our website. This is to ensure that every time we accept a new test, or scores change, we do not have to consult on guidance changes.

2.5 We have maintained the use of primary qualifications taught and examined in English as a type of evidence, but have restricted this evidence type to only those qualifications that are from a country on the UK government list of English-speaking countries.

a. By restricting this evidence type to only those qualifications that are on this list, we can be confident that a qualification has indeed been taught and examined, and sufficient clinical interactions have been in English.

2.6 We have maintained the use of recent experience in English speaking country, but have specified this must be recent clinical practice, and this evidence can only be experience in a country on the UK government list of English-speaking countries.

a. As above, this is to ensure we can be confident clinical interactions were in English.

b. This evidence type can be provided via a structured reference form, which we have updated to align it with the CEFR framework, or by a recent employment contract for a clinically relevant role alongside proof of registration.

c. We have included both these types of evidence to account for those that may not be able to contact or access a suitable reference, in which case they can provide a recent contract; or if their contract is insufficient, or older than two years, a reference still allows them to use their relevant experience as evidence.

2.7 We have removed ‘A recent (no more than two years old) pass in a language test for registration with a regulatory authority in a country where the first language is English’ as this type of evidence will be assimilated into our broader exam evidence, as we can use our test criteria to assess any new exam we are presented with.

2.8 We have maintained the inclusion of ‘other evidence’ but have specified it must meet the same criteria as all other evidence. This ensures any other evidence submitted is directly comparable,

but we are not disproportionality restrictive if applicants have a legitimate, robust alternative form of English language evidence.

2.9 We have explained in the guidance why we require evidence of English language competence at the point of applying to sit the ORE, and introduced a section on expired evidence. We require evidence of English language competence at the time of application for the ORE because the exam is conducted in English, and we want to be sure applicants have sufficient English language skill to be able to complete the exam. This helps ensure that we do not waste ORE spaces and/or candidates' money on sitting an exam they do not have the language skills to pass. Given current demand for the ORE, however, and the impact that has on time taken to pass the exam for some candidates, we recognise that evidence may expire. We have therefore made explicit that we accept a pass in the ORE Part 2 as evidence of English language competence, provided that the application for registration is made within two years of achieving a pass in the ORE, and explained that this will only usually be relevant in cases involving expiry of previously submitted evidence.

3. The consultation

3.1 We will conduct a 6-week consultation in November/December 2026. This will include running an online webinar with stakeholders to collate qualitative and quantitative feedback, and seek views from key stakeholders, particularly international dentists and dental care professionals (DCPs).

3.2 The draft consultation can be found in Appendix 2.

3.3 We expect responses to be majority in favour of the new guidance, as it is simplified, and offers more English language test options, making it more accessible for applicants.

3.4 We expect some push back on restricting the qualification/experience evidence to only those from the UK government list of English-speaking countries, as many of those that currently use this route will no longer be able to. Despite this, we are confident our approach is proportionate.

3.5 We will produce a consultation outcome report, and final guidance, incorporating any changes from the consultation, to be signed off by Council in March 2027.

4. Expected impact

4.1 Only accepting primary qualifications from the UK government list of English-speaking countries will likely have the biggest impact as it is currently one of the most used types of evidence, with an average of 480 dentist applications per year using this evidence type (5-year average). Modelling suggests that ~90% of applicants that currently use this type of evidence would no longer be eligible to.[1]

4.2 The recent increase in the number of applicants using 'other' evidence should also decrease. We cannot model how many applicants this will impact as we do not have data on what evidence was used and therefore what will no longer be eligible, but we expect most of these applicants to now complete an English language exam.

4.3 For applicants that will now need to take an English language test, there will be a cost impact. Exam prices vary by provider and country where the test is taken, but are roughly £200-300.

4.4 An English language exam is already the most used type of evidence for DCPs and while this might increase slightly, the change won't be as significant as for dentists.

5. Legal, policy and national considerations

5.1 The GDC's statutory duty is to protect patients, and changes to our English language policy must maintain or improve patient safety. Overly restrictive policies may be challenged by way of Judicial Review for being outside of the GDC's powers or as unreasonable barriers to registration.

5.2 ILAS have reviewed the policy changes and the guidance itself. They considered the proposed changes to the Guidance to fit within the GDC's legislative framework; the risk of legal challenge to the proposed changes is low, with the same risk of such a challenge succeeding.

[1] GDC Data. Number of applicants using evidence type 2, broken down by country of primary dental qualification, 2016-2026.

5.3 Overseas trained dental professionals can help address workforce shortages, but we must ensure they are competent to practise in the UK, including sufficient English language skills. While issues like the ORE backlog are having more of an impact, our English language requirements should also be considered as part of the wider policy work on international registration.

6. Equality, diversity and privacy considerations

6.1 In developing our proposals, we have focussed on objective ways that applicants can evidence their English language proficiency, providing fairness and clarity to international applicants.

6.2 Most of the proposed changes will have either a neutral or positive impact on those who have Protected Characteristics.

6.3 However, we recognise that some of our proposals may have a negative impact on specific population groups.

6.4 This includes Race. As the proposed changes will only affect international applicants, they are more likely to affect applicants who do not identify as white, further enhanced by the impact of being more selective in defining English speaking countries.

6.5 We also consider Pregnancy and Maternity to be negatively impacted, as pregnancy may impact an applicant's ability to take a language test and perform as they would usually.

6.6 To mitigate these impacts, we have:

a. Made the testing route more open by accepting a wider variety of English language tests.
b. Ensured testing providers are globally available and offer reasonable adjustments.
c. Provided guidance on where applicants can seek training and financial support.
d. Maintained 'other' evidence so that we are not disproportionality restrictive if applicants have a legitimate, robust alternative form of English language evidence.

6.7 We will also have a transition period of implementation to avoid creating any sudden barriers for those who have begun or planned their application based on current requirements.

6.8 We will conduct impact monitoring post-implementation to identify any unintended disproportionate effects and review the policy if adverse impacts emerge.

6.9 We believe that any remaining impact is justified in ensuring that we continue to meet our statutory obligations to ensure that all professionals on our register are capable of safe and effective practise in the UK.

6.10 A full Equality Impact Assessment can be found in Appendix 3.

7. Risk considerations

7.1 We may risk reputational harm by being perceived as moving to be more restrictive in our registration policies and process by changing the evidence of qualification and experience to only be from those countries on the UK government list of English-speaking countries.

7.2 We believe this risk can be mitigated by proactive communication to those stakeholders who will be impacted.

7.3 We also consider this risk to be lower than the risk that we currently face of allowing those without robust and verifiable English language evidence to register with the GDC.

7.4 Furthermore, ILAS have provided advice that the risk of legal challenge to the proposed changes is low, with the same risk of such a challenge succeeding.

8. Monitoring and review

8.1 The registration policy team will conduct periodic review of the guidance and policy landscape to ensure guidance is still meeting applicant needs and GDC strategic aims.

8.2 We will assess the evidence submitted data annually to ensure our changes have the intended impact of increasing the number of applicants using an English language test as evidence.

8.3 We will monitor any changes to test providers processes and protocols to ensure they continue to meet our criteria, particularly regarding security protocols remaining current and effective against technological advances that may support cheating or fraudulent submissions.

9. Development, consultation and decision trail

9.1 Relevant internal teams, including registration and ILAS, have contributed to the development of this new guidance.

9.2 The development of this guidance included direct engagement with relevant stakeholders, including the British Dental Association, RefuAid, English Language test providers and healthcare regulators in the UK and overseas.

10. Appendices

10.1 Appendix 1 - English language guidance

10.2 Appendix 2 - English language consultation

10.3 Appendix 3 - Equality Impact Assessment

Laura Williamson, Policy Manager
LWilliamson@gdc-uk.org

20 October 2026

English Language requirements – Guidance for applicants

1. Introduction

1.1 To practise safely in the UK and to be entitled to be registered under the Dentists Act 1984, all dentists and dental care professionals must satisfy the registrar that they have the necessary knowledge of English.[1]

1.2 In this guidance, we set out what evidence, information or documents are to be provided for the purpose of satisfying us that you have the necessary knowledge of English when you apply for registration or restoration.

1.3 To ensure that candidates applying to sit the Overseas Registration Examination (ORE) have the required knowledge of English to complete the exam, we require evidence of language competence at the time of applying for the exam.

1.4 If we are satisfied with your knowledge of English from your initial application, we will not request anything further.

1.5 Your application will be returned as incomplete if no English language evidence has been provided.

2. Accepted English language evidence

2.1 Evidence must meet the following criteria to satisfy us that you have the necessary knowledge of English and be acceptable:

- **a.** **Skills**: your evidence must demonstrate your ability to listen, read, speak and write in English.
- **b.** **Recent**: your evidence must be no more than two years old at the time the application is submitted (with the exception of section 3 below).
- **c.** **Verifiable**: your evidence must be from a source that the GDC can readily verify.
- d. **Robust**: your evidence must demonstrate a level of English sufficient for safe practice in a clinical setting, equivalent to Common European Framework of Reference for Languages (CEFR) C1.

2.2 Set out in sections 3-7 below are the types of evidence we will ordinarily accept as demonstrating that you have the necessary knowledge of English.

3. Evidence of a UK qualification

3.1 By this we mean if you qualified from an approved programme in the UK.

3.2 We also accept a pass in the ORE Part 2. However, because we require evidence of English language competence to sit the exam, this is only usually relevant in cases where evidence submitted at the time of applying to sit the exam has expired while waiting to pass the ORE.

[1] Section 15(3)(ba), Section 17(d) and Section 36C(1)(b) and (6)(aa) of the Act

4. A recent English language exam at the appropriate level

4.1 Exams that meet the following criteria will be acceptable:

- **Skills**: listening, reading, speaking, and writing skills are tested.
- **Recent**: no more than two years old at the point of submission.
- **Verifiable**: the GDC must be able to verify scores directly with the test provider.
- **Robust**: the exam must test a sufficient level of English for use in a clinical setting, equivalent to CEFR C1.
- **Secure**: biometric registration of test takers, protocols against cheating and fraudulence.
- **Objective**: standardised, publicly available, assessment criteria.
- **Independent**: not owned or run by any one organisation that may have a conflict of interest with the GDC.

4.2 To support applicants in deciding which English language test to complete, we provide a table of tests we have determined meet these criteria, and the minimum scores required, on our website.

4.3 All dental professionals are required to achieve the same minimum scores.

4.4 Where test providers have alternative forms of their exam, for example Occupational English Test (OET)@Home, we will use the criteria in para 4.1 to assess their suitability to be accepted.

4.5 Where test providers offer the opportunity to re-sit one section of the test, for example International English Language Testing System (IELTS) One Skill Retake, you are permitted to retake one section within 60 days of the original result.

4.6 In general, we will not accept a combination of scores from multiple sittings of the same whole exam.

4.7 Exams are designed to be a fair and objective measure of English language ability. If you have a disability that you think might affect the outcome of the test, please contact the test provider directly to discuss what arrangements can be made.

4.8 Exams can cost varying amounts depending on the exam taken and the location you are taking it. If you are facing financial hardship, or the cost of the English language exam is a barrier, you may be able to find support with the organisations below:

- BDA Benevolent Fund
- Breaking Barriers' Language Tuition support
- Refugee Council's Building Bridges service

5. A certificate of a recent primary dental qualification, that has been taught and examined in English, from the UK government list of English-speaking countries

5.1 To be sure that a primary dental qualification has been taught and examined in English, we require it to have been achieved in a country that is included in the UK government list of English-speaking countries.

5.2 This list can be found here: https://www.gov.uk/english-language/exemptions

5.3 We define recent as no more than two years old.

6. Recent clinical practice in a country where the first language is English

6.1 To ensure recent clinical practice has been in English, we require it to have been achieved in a country that is included in the UK government list of English-speaking countries.

6.2 This list can be found here: https://www.gov.uk/english-language/exemptions

6.3 We define recent as no more than two years old.

6.4 We define clinical practice as a clinical role in a clinical setting where you have actively interacted with patients. This does not need to have been the same role as you intend to practice in the UK.

6.5 One of the following must be provided as evidence of recent clinical practice:

a. A reference from an employer over the preceding two years detailing practice in English.

- This must be submitted using the Structured Reference Form.
- The referee must be able to confirm you have the knowledge of English necessary to practice in the UK, and provide evidence that they have witnessed you using all four skills (listening, reading, speaking, and writing) in a clinical setting.
- The C1 criteria from the CEFR self-assessment grid has been used to guide the requirements of evidence in this structured reference form.
- Referees must:
  - be registered with a professional body we can verify.
  - have known you for over 12 months.
  - not be a member of your family.
- We will accept a handwritten signature, a scanned signature, or a typed signature.

b. A recent employment contract for a clinically relevant role in a country on the UK government list of English-speaking countries, alongside proof of registration in the country you been working in.

- Any contract must be from within the last two years.

7. Other types of evidence

7.1 There are ways in which you may be able to show us that you have the necessary knowledge of English for registration, other than the forms of evidence described above.

7.2 If you provide evidence other than those we have listed above, the evidence must meet the criteria laid out in para 3.1.

8. What happens if we are not satisfied that an applicant has the necessary knowledge of English?

8.1 If having considered any evidence, information or document provided by you in support of your application, we are not satisfied that you have the necessary knowledge of English, we will request that you provide further evidence, information

or documents[2], or we will direct you to undertake an English language exam from the list on our website within such period as we may specify[3].

8.2 Non-exhaustive examples of circumstances where we may request further evidence, information or documents are as follows:

a. Where there is any doubt as to the authenticity of the evidence you have provided, or

b. Where a primary dental qualification meets the criterion in para 5.1 above but is not recent, we may ask for evidence that you have practised dentistry for the preceding two years in a country included in the list referred to in para 5.2.

9. Expired evidence

9.1 If evidence is more than 2 years old at the point of submission, it will not be accepted.

9.2 As set out in para 1.3, we require English language evidence when applying to sit the ORE. However we recognise that this may expire if an applicant takes more than 2 years to complete the ORE. In such cases, because we accept a pass in the ORE Part 2, this will provide sufficient evidence of English language competence, provided that the application for registration is made within two years of passing the ORE.

9.3 If evidence expires for any other reason, then new evidence that meets our criteria, i.e. no more than two years old at the point of submission, will be required.

10. Right of appeal

10.1 There is a right of appeal against a registrar's decision:

a. not to register your name in the register on the grounds that you have failed to satisfy the registrar that you have the necessary knowledge of English,

b. to require you to undergo an examination or other assessment,

c. not to give a direction for temporary registration,

d. not to restore your name to the register.[4]

11. Contact

11.1 If you are unsure about whether the evidence you have is sufficient, or have any other questions about English language requirements, please contact the registration team - assessment@gdc-uk.org.

[2] Section 15A(4) and 36CA(4)

[3] Section 15A(6) and 36CA(6)

[4] Section 25A and Schedule 2A and section 36J and Schedule 4A of the Act

General Dental Council

Consultation

English Language Guidance

November 2026

Table of contents

Overview 3
Consultation period and deadline for responses 3
Contact us 3
About the GDC 4
Information about the consultation process 5
Analysis 5
Responding to your views 5
About this consultation 5
About your response 5
Ways to respond 6
EDI information section 7
Understanding who is responding 8
Consultation proposal 9
Background 9
Section 1: A recent English language exam at the appropriate level 9
Section 2: A certificate of a recent primary dental qualification, that has been taught and examined in English, from the UK government list of English-speaking countries 10
Section 3: Recent clinical practise in a country where the first language is English 11
Section 4: Other types of evidence 12
Section 5: Further questions 12
Section 6: Equality Impact Assessment 12
EDI monitoring information and link 14
Appendix: list of all questions 15

Overview

We are consulting on new English language guidance.

This guidance has been updated to reflect changes in the English language and dental workforce landscape, in addition to the new strategic direction of the General Dental Council (GDC). The updated guidance reflects our values and supports our strategic aims.

To produce this guidance, we conducted a thorough review of the policies upon which the guidance is based. This included engagement with a variety of stakeholders, analysing GDC data on English language related fitness to practise cases, and reviewing the current literature on language proficiency and deterioration in healthcare settings.

The changes proposed will impact overseas-qualified dentists and dental care professionals.

The likely impact of these proposed changes will be to improve the English language evidence process for overseas qualified applicants. By provide more testing options we will enable more applicants to use the most robust form of evidence. Removing unclear and unused evidence routes will enable applicants to evidence their English proficiency via a clear, simplified, set of options and documents. These changes will also ensure the GDC can be confident in any English language evidence it accepts, by ensuring all evidence meets the same criteria, is verifiable, and more robust.

This consultation aims to understand if the changes we are proposing are acceptable and the guidance we have produced is easy to understand by all applicants. We would like to hear from overseas-qualified dentists and dental care professionals, stakeholders, and interested parties.

Consultation period and deadline for responses

This 6-week consultation exercise was opened on 9 November 2026.

The closing date, or deadline for responses, is 18 December 2026.

We will be unable to consider responses submitted after that date.

Contact us

If you have any questions or queries about this consultation, please email: stakeholder@gdc-uk.org or phone: 020 7167 6330

About the GDC

The General Dental Council (GDC) is the UK professional regulator of the dental team. Dental professionals must be registered with the GDC to practise dentistry in the UK.

We regulate the whole dental team across the UK. We seek to ensure patient safety and public confidence in the dental professionals we regulate, which include dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists, orthodontic therapists and dentists.

Our primary objective is to protect the public, and in doing so to:

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

All dental patients should be confident that the treatment they receive is provided by a dental professional who is properly trained, qualified, and meets our standards.

To achieve this, we register qualified dental professionals, set standards for the dental team, investigate serious concerns about dental professionals' fitness to practise, and work to ensure the quality of dental education.

Information about the consultation process

Analysis

We will use descriptive statistics to analyse the closed questions, including sub-group analysis if appropriate. Responses to the open questions will be analysed thematically to identify key areas of interest. When analysing and reporting on the data we will consider whether responses are from an individual or an organisation.

Responding to your views

The GDC will respond to views raised during the consultation by producing a consultation outcome report. The report will be published on the GDC website.

About this consultation

This consultation survey has 17 questions, which start on page 8. We would encourage all respondents to read the information in the consultation before answering the questions.

This consultation is structured in 6 different sections:

Section 1: A recent English language exam at the appropriate level
Section 2: A certificate of a recent primary dental qualification, that has been taught and examined in English, from the UK government list of English-speaking countries
Section 3: Recent clinical practise in a country where the first language is English
Section 4: Other types of evidence
Section 5: Further questions
Section 6: Equality Impact Assessment

About your response

Summary and direct quotes of individual response may be included in our consultation outcome report, and responses from organisations may be attributed to them.

We ask for contact details from individuals and those responding to the consultation on behalf of an organisation only for the purposes of asking questions about your response. The need to do this is rare. The names and personal contact details of those responding will not be included in our outcome report and will not be published as part of a Freedom of Information (FOI) release.

At the end of this consultation, we will ask you to tell us about yourself by completing an anonymised survey. This information will not be connected to your responses to this consultation. We will use the data you provide us for overall analysis and insight into the fairness and inclusivity of our processes. Providing this data is extremely helpful, and we would like to encourage you to complete this step.

For details of how we collect, store and process information, please see our privacy notice.

Information held by the GDC is subject to FOI requests, so please do not provide any information you would not want to be disclosed.

Ways to respond

Please respond to this consultation by using the online response form.

You can also submit your response by email, please include the name of the consultation in the subject line of your email: stakeholder@gdc-uk.org.

If you would like to submit your response by post, please address it to:

General Dental Council
Fifty Paddington
50 Eastbourne Terrace
London
W2 6LG

EDI information section

The GDC's core purpose is to protect patients and the public, and to maintain trust in the dental profession. One way we do this is by setting clear standards for all dental professionals in the UK.

We want every patient to be treated as an individual, with respect for their culture and values, and without discrimination. We believe dental professionals give better care when they work in safe, fair, and inclusive environments—free from discrimination or bias. This isn't just a legal duty; it's also the right thing to do for professionals, patients, and the public. In putting together these proposals, we have thought about how the way that we provide guidance to the dental team can support this important aim.

To stay trusted as a regulator, we put equality, diversity, and inclusion (EDI) at the heart of our work. We explain how we do this in our 2026-28 Strategy, which aims to support a profession that is inclusive and focused on patient-centred care for everyone.

In Section 6, we explain how the new guidance supports EDI.

We have also considered how our proposals may affect people with protected characteristics. As you read this consultation, we ask you to think about whether we have missed anything and to share your views on how these groups might be impacted.

Understanding who is responding

ORGANISATION OR INDIVIDUAL

1. **Does your response represent your personal views, or are you providing the official response of an organisation?**
   - Personal response [Go to Q.4]
   - Organisation response [Go to Q.2]

ORGANISATION QUESTION FOLLOW UP

2. **Please tell us the name of your organisation.**

[text box]

3. **Occasionally we may need further information about your organisation's response (the need to do this is rare). Please provide a contact email address. [Go to main consultation questions]**

[text box]

INDIVIDUAL MULTIPLE QUESTION FOLLOW UP (delete where necessary)

4. **Please tell us if you are (Select all that apply):**
   - A UK registered dental professional [Go to Q.5]
   - A Dental student or trainee [Go to main consultation questions]
   - A Qualified dental professional not currently registered with the GDC [Go to main consultation questions]
   - Employed by a UK dental education or training provider [Go to main consultation questions]
   - Employed by a UK healthcare regulator [Go to main consultation questions]
   - None of the above [Go to main consultation questions]

5. **Please tell us your registered title and if you are on a specialist list (Select all that apply):**
   - Dentist
   - Dental nurse
   - Dental hygienist
   - Dental therapist
   - Dental technician
   - Orthodontic therapist
   - Clinical dental technician
   - Specialist list

Consultation proposal

Background

To practise safely in the UK and to be entitled to be registered under the Dentists Act 1984, all dentists and dental care professionals must satisfy the registrar that they have the necessary knowledge of English. The evidence required to satisfy the GDC that an applicant meets this requirement was last updated in 2017. Restrictive or unclear evidential requirements may result in unnecessary barriers for applicants and creates operational burden when reviewing evidence on a case-by-case basis. Our new guidance aims to overcome these challenges.

Our new guidance sets out the criteria any evidence must meet:

a. **Skills**: your evidence must demonstrate your ability to listen, read, speak and write in English.

b. **Recent**: your evidence must be no more than two years old at the time the application is submitted.

c. **Verifiable**: your evidence must be from a source that the GDC can readily verify.

d. **Robust**: your evidence must demonstrate a level of English sufficient for safe practice in a clinical setting, equivalent to Common European Framework of Reference for Languages (CEFR) C1.

The guidance also provides the types of evidence we will routinely accept as demonstrating that a dental professional has the necessary knowledge of English. These have been designed to meet our criteria while remaining proportionate to the needs of overseas qualified applicants.

Section 1: A recent English language exam at the appropriate level

We are proposing to change the English language tests we accept by using a criteria-based approach. These criteria will be used to assess the suitability of an English test, and the scores required.

We propose that exams that meet the following criteria will be acceptable:

- **Skills**: listening, reading, speaking, and writing skills are tested.
- **Recent**: no more than two years old at the point of submission.
- **Verifiable**: the GDC must be able to verify scores directly with the test provider.
- **Robust**: the exam must test a sufficient level of English for use in a clinical setting, equivalent to CEFR C1.
- **Secure**: biometric registration of test takers, protocols against cheating and fraudulence.
- **Objective**: standardised, publicly available, assessment criteria.
- **Independent**: not owned or run by any one organisation that may have a conflict of interest with the GDC.

We will provide a list of tests, and scores, that meet these criteria on our website.

6. To what extent do you agree or disagree with the criteria proposed to assess the suitability of English language tests?

a. Strongly agree
b. Somewhat agree
c. Neither agree nor disagree
d. Somewhat disagree
e. Strongly disagree

Please explain your answer (including any suggestions for changes).

[text box]

We have assessed a variety of English language tests currently available against these criteria. We concluded the follow exams meet the criteria and should be accepted:

- Occupational English Test (OET) Dentistry [including OET on paper, OET on computer, OET@Home]
- IELTS Academic [including IELTS One Skill Retake, IELTS Online]
- Cambridge C1 (Advanced) [Digital only]
- TOEFL iBT [including TOEFL iBT at home]
- PTE Academic

7. To what extent do you agree or disagree with the tests we propose accepting?

a. Strongly agree
b. Somewhat agree
c. Neither agree nor disagree
d. Somewhat disagree
e. Strongly disagree

Please explain your answer (including any suggestions for changes).

[text box]

Section 2: A certificate of a recent primary dental qualification, that has been taught and examined in English, from the UK government list of English-speaking countries

We are proposing to retain this evidence type, but to ensure we can be confident in the robustness of the evidence we will only accept it from those who have achieved their primary dental qualification, which has been taught and examined in English, in a country that is included in the UK government list of English-speaking countries, as per this list: https://www.gov.uk/english-language/exemptions.

8. To what extent do you agree or disagree with this proposed change?

a. Strongly agree
b. Somewhat agree
c. Neither agree nor disagree
d. Somewhat disagree
e. Strongly disagree

Please explain your answer (including any suggestions for changes).

[text box]

Section 3: Recent clinical practise in a country where the first language is English

We are proposing to retain this evidence type, but to ensure we can be confident in the robustness of the evidence we will only accept it from those who have recent clinical practise in English in a country that is included in the UK government list of English-speaking countries, as per this list: https://www.gov.uk/english-language/exemptions.

9. To what extent do you agree or disagree with this proposed change?

a. Strongly agree
b. Somewhat agree
c. Neither agree nor disagree
d. Somewhat disagree
e. Strongly disagree

Please explain your answer (including any suggestions for changes).

[text box]

We suggest the following must be provided as evidence of recent clinical practice:

- A reference from an employer over the preceding two years detailing practice in English.
- A recent employment contract for a clinically relevant role in a country on the UK government list of English-speaking countries, alongside proof of registration in the country you have been working in.

10. Do you think either of these forms of evidence are not necessary, or not suitable? Please explain your answer (including any suggestions for changes).

[text box]

Section 4: Other types of evidence

We are proposing to continue to accept other, non-specified, evidence. The evidence must meet the criteria laid out in para 3.1 of the guidance.

11. To what extent do you agree or disagree with maintaining this evidence type?

a. Strongly agree
b. Somewhat agree
c. Neither agree nor disagree
d. Somewhat disagree
e. Strongly disagree

Please explain your answer (including any suggestions for changes).

[text box]

Section 5: Further questions

12. To what extent do you agree or disagree that the English language guidance is clear and easy to understand?

a. Strongly agree
b. Somewhat agree
c. Neither agree nor disagree
d. Somewhat disagree
e. Strongly disagree

We have considered the right time to ask for English language evidence for those applying to sit the Overseas Registration Examination (ORE). We are proposing that the right time is when applying to sit the exam, as is our current practice. This is because the ORE is conducted in English, and we want to be sure you have sufficient English language skill to be able to complete the exam.

13. Do you think continuing to request English language evidence at the time of applying for the exam is the right time during the registration process to do so?

a. Yes
b. No

14. Do you have any other comments on the English language guidance that are not covered by your answers to the previous questions?

[text box]

Section 6: Equality Impact Assessment

As part of these considerations and in order to meet requirements associated with the Equality Act (2010) and the Public Sector Equality Duty (PSED), we ensure the equality and diversity implications of new proposals are considered through an Equality Impact Assessment, and we are seeking to gather further information on the impact of the proposals from respondents.

We would like you to consider whether our proposals have the potential to impact people based on their protected characteristics. Please note, you do not need to provide us with any information regarding your protected characteristics to answer this question. The protected characteristics identified by the Equality Act 2010 are:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race.
- Religion or belief.
- Sex.
- Sexual orientation.

15. Would any people in the above groups face increased inequalities, challenges or difficulties as a result of these changes?
Please specify which groups you think would be impacted and how. Please let us know if you have any suggestions for how these issues could be addressed.

[Text box]

16. Would these changes address any existing equality issues, challenges or difficulties that you are aware of?
Please specify which groups you think would be impacted and how. If applicable, please let us know if you have any suggestions for how these issues could be better addressed.

[Text box]

17. Would these changes have any positive equality impacts?
Please specify which groups you think would be impacted and how.

[Text box]

EDI monitoring information and link

Thank you for taking the time to share your views as part of this consultation.

To help us better understand who we are reaching and improve future consultations, we would appreciate it if you could complete our optional short Equality, Diversity and Inclusion questionnaire linked below.

Link: EDI Monitoring Information

Appendix: list of all questions

1. Does your response represent your personal views, or are you providing the official response of an organisation?
2. Please tell us the name of your organisation.
3. Occasionally we may need further information about your organisation's response (the need to do this is rare). Please provide a contact email address. [Go to main consultation questions]
4. Please tell us if you are (Select all that apply):
5. Please tell us your registered title and if you are on a specialist list (Select all that apply):
6. To what extent do you agree or disagree with the criteria proposed to assess the suitability of English language tests? Please explain your answer (including any suggestions for changes).
7. To what extent do you agree or disagree with the tests we propose accepting? Please explain your answer (including any suggestions for changes).
8. To what extent do you agree or disagree with this proposed change? Please explain your answer (including any suggestions for changes).
9. To what extent do you agree or disagree with this proposed change? Please explain your answer (including any suggestions for changes).
10. Do you think either of these forms of evidence are not necessary or not suitable? Please explain your answer (including any suggestions for changes).
11. To what extent do you agree or disagree with maintaining this evidence type? Please explain your answer (including any suggestions for changes).
12. To what extent do you agree or disagree that the English language guidance is clear and easy to understand?
13. Do you think continuing to request English language evidence at the time of applying for the exam is the right time during the registration process to do so?
14. Do you have any other comments on the English language guidance that are not covered by your answers to the previous questions?
15. Would any people in the above groups face increased inequalities, challenges or difficulties as a result of these changes?
    Please specify which groups you think would be impacted and how. Please let us know if you have any suggestions for how these issues could be addressed.
16. Would these changes address any existing equality issues, challenges or difficulties that you are aware of?
    Please specify which groups you think would be impacted and how. If applicable, please let us know if you have any suggestions for how these issues could be better addressed.
17. Would these changes have any positive equality impacts?
    Please specify which groups you think would be impacted and how.

General Dental Council

This information is licensed under the Open Government Licence v3.0

When you use this information under the Open Government Licence, include the following attribution: Consultation on English Language Guidance.

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

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

Published November 2026
© Copyright General Dental Council 2026
The General Dental Council is a public body created by statute.

General Dental Council
Fifty Paddington
50 Eastbourne Terrace
London W2 6LG
020 7167 6000

Equality Impact Assessment (EIA)

Description of Activity or Project Name	Business Lead & Directorate	
Policy review of English language requirements and update to published English language guidance	Policy and Research	
Author	**Date**	**Version**
Laura Williamson	07 October 2026	1.2
Summary of the aims and objectives	It is an important part of our public protection role that we assure ourselves that everyone joining our register can communicate effectively in English. In doing so, we are upholding our legal duty to ensure registrants are competent in English. Our English language requirements must be a fair and proportionate way to ensure that everyone who is capable of safe and effective practice as a Dentist or DCP is able to join our register, no matter where they trained or how they became competent in English. This work contributes to the GDC's strategic aims: • Exploring and evaluating options for assessing internationally qualified applicants, to create an efficient and effective, forward looking international registration framework to meet future capacity demands. • Modernising our registration and renewal processes, enabling digital and online interfaces where possible. Project aims: Aim 1: Conduct a comprehensive policy review of the GDC's English language proficiency requirements and deliver policy recommendations for changes to improve the process for both internal teams and registrants. Aim 2: Renew and update the online guidance to reflect these policy changes, making the guidance clear and user friendly for all internal and external audiences.	
What consultation or evidence gathering has taken place to inform this EIA?	This work has included direct engagement with relevant stakeholders, including the British Dental Association, a variety of health and dental regulators in the UK and overseas, English Language test providers, and relevant charities e.g. RefuAid. We have conducted desk-based research and looked at the recent English language changes undertaken by other regulators, namely the NMC, GMC, and AHPRA, to assess any equality impact we can learn from. We will be conducting a public consultation on the new guidance to ensure we engage with a wider range of stakeholders including dental professionals and the public too.	
Who is impacted by the change?	Internationally qualified dental professionals.	

General
Dental
Council

What are the arrangements for monitoring the impact of the change?	We will seek feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response. Ongoing monitoring of English Language related ftp cases and feedback/complaints will help to identify impact post-implementation.

Distribution List				
Name	Title	Department	Date	Version

Version History		
Revision Date	Version	Summary of Changes
25 June 2026	1.1	Edits as per ILAS feedback
07 October 2026	1.2	Edits as per ELT feedback Updates on actions taken

General
Dental
Council

Screening Questions – Assess the impact on different groups of people

In the table below, please indicate how the change affects particular groups of people in different ways. Specifically consider how the change will impact those who have Protected Characteristics. Different aspects of the project may have different impacts – these should be separated in the table.

Screening questions should be completed for all policies, projects, strategies etc. You may wish to refer to the guidance section, 'What should we think about when completing EIAs?' when considering the impact.

Mitigation actions only need to be completed where a negative impact or disadvantage has been identified.

General Dental Council

Explanation of potential/actual impact – Screening Questions			What actions to mitigate adverse impact can/have been taken?		
Protected Characteristic	**Potential impact: Positive Negative Neutral**	**Please explain and give examples/evidence**	**Actions planned to address the disadvantage or negative impact**	**Individual responsible**	**Updates on actions, with dates**
Age	Negative	There is well established evidence that age-associated cognitive decline can impact test proficiency, particularly where tests require speed of processing, working memory, and executive cognitive function as opposed to cumulative knowledge and experiential skills (ref). We also recognise that older applicants may find language tests more challenging due to educational or technological barriers (ref). This means that policy changes that encourage the testing route for more applicants may have a negative impact relating to age as a protected characteristic. It is important to note that less than 5% of our register is over-65 (ref), and so the number of international applicants that may be negatively impacted by this will be low.	Maintaining non-testing-based routes to evidence. Different test providers will meet a wider variety of needs.	Policy	After conducting the test assessment, we are proposing a variety of test providers to help meet a wider variety of needs.
Disability	Positive	Increasing the testing providers that a language test can be accessed through, and accepting online versions of tests, will have a positive impact on accessibility. • Applicants can complete a test in a location most accessible to them • Applicants may sit the test at their preferred location, including at home, which reduces any geographical, travel or accessibility barriers	We must ensure accepted tests offer reasonable adjustments.	Policy/Test providers	We have done this as part of the test assessment exercise and ensured all tests we are proposing to accept do offer reasonable adjustments, in

		Many test providers have a number of ways to support people who are disabled either temporarily (for example, a broken arm) or long-term (for example, ADHD), or those with specific additional needs at the time of the exam (for example, feeding an infant).			varying forms across providers.
	Positive	Improvements to our digital experience i.e. improving the usability of the reference forms, may help reduce accessibility barriers faced by some people with disabilities. It is worth considering some disabilities make using a computer difficult though the English language policy changes won't introduce any more negative impact than that of MyGDC and our other digital systems overall so should not be considered here.			
	Positive	Rewriting our English language guidance to be more digestible and easier to read will have a positive impact on those with any disability that impacts reading (e.g. Dyslexia) or information processing (e.g. ADHD). We will also consider providing the guidance in additional accessible formats e.g. subtitled video, ensuring written guidance is compatible with screen reader software.			
Gender Reassignment	Neutral	The new policy and guidance is not expected to have any differential impact relating to Gender Reassignment as a protected characteristic.			
Marriage and Civil Partnership	Neutral	The new policy and guidance is not expected to have any differential impact relating to Marriage and Civil Partnership as a protected characteristic.			

Pregnancy and Maternity	Positive	Increasing the testing providers that a language test can be accessed through, and accepting online versions of tests, will have a positive impact on accessibility which is important for those who are pregnant or looking after infants. • Applicants can complete a test in a location most accessible to them • Applicants may sit the test at their preferred location, including at home, which reduces any geographical, travel or accessibility barriers faced as a result of Pregnancy or Maternity Many test providers have ways to support people who are feeding an infant.	We must ensure accepted tests offer reasonable adjustments.	Policy/Test providers	We have done this as part of the test assessment exercise and ensured all tests we are proposing to accept do offer reasonable adjustments, in varying forms across providers.
	Negative	Pregnancy is increasingly recognised for its potential impact on cognitive function (ref), and some evidence found that pregnancy can significantly decrease performance in verbal fluency (ref). Therefore, pregnancy may impact an applicant's ability to take a language test and perform as they would usually. This means policy changes that encourage the testing route for more applicants may have a negative impact relating to Pregnancy as a protected characteristic. We may also recognise that progress through the application process may not be suitable during the maternity period due to time, energy, or financial constraints.	Maintaining the 2 year time limit on test validity means tests taken pre-pregnancy will remain valid until post-natal period. Maintaining non-testing-based routes to evidence also allows other options if testing is not suitable for this group. A transition period of implementation will avoid creating any sudden barriers on those who have begun or planned	Policy	Our drafted guidance maintains the 2 year time limit on evidence.

			their application based on current requirements.		
Race	Negative	As the proposed changes will only affect international applicants, they are more likely to affect applicants who do not identify as white. Policy changes that remove routes to evidence, or implement stricter evidence requirements, can create barriers to registration, therefore employment for these groups. This is due to accessibility of English language courses, differences in learning and cultural contexts across applicants, and the financial impact of paying for a test or achieve the experience required to use as evidence. We can also consider the specific effect on race of shifting from courses taught and examined in English, to accepting on those qualifications or experience gained only in a country on the UK government list of English-speaking countries. The difference between countries (and courses) where there is English language tuition, and countries on the approved list we are adopting skews quite heavily by race. However, we consider our proposals to be proportionate, reflective of the racial makeup of applicants to the register, and in line with our obligations to ensure that professionals on our register are capable of safe and effective practise in the UK.	Policy changes to make the testing route more accessible will help to mitigate against these barriers, particularly accepting a wider variety of English language tests. Ensure testing providers are globally available. We can provide guidance on where applicants can seek training and financial support. Maintain 'other' evidence so that we are not disproportionality restrictive if applicants have a legitimate, robust alternative form of English language evidence. A transition period of implementation will avoid creating any sudden barriers for those who have begun or planned their application based on current requirements. Impact monitoring post-implementation to identify any unintended	Policy	After conducting the test assessment, we are proposing a variety of test providers that are available across the world. Our drafted guidance includes signposting to organisations that can support with financing an English language exam. Our drafted guidance maintains 'other' evidence.

			disproportionate effects and review the policy if adverse impacts emerge.		
	Positive	Through stakeholder engagement we have found that at least one test provider (DET) provides free tests for certain groups, e.g. refugees. RefuAid support the policy change to our accepted tests as many of their clients face challenges to access IELTS and would benefit from a more accessible testing route.			
Religion or Belief	Neutral	The new policy and guidance is not expected to have any differential impact relating to Religion or Belief as a protected characteristic.			
Sex	Neutral	The new policy and guidance is not expected to have any differential impact relating to Sex as a protected characteristic.			
Sexual Orientation	Neutral	The new policy and guidance is not expected to have any differential impact relating to Sexual Orientation as a protected characteristic.			

Promoting equality

Under the Equality Act 2010, we have a legal duty to have ‘due regard’ to the need to promote equality of opportunity, eliminate unlawful discrimination and foster good relations between people who have a protected characteristic and those who do not.

We are determined to do more than just meet our statutory obligations. We are committed to actively promoting equality where we can because we acknowledge the value that diversity of thought and experience brings amongst the staff who work within the organisation, and the stakeholders we work with. By looking for ways to promote inclusion and help people feel heard and valued, we meet our strategic EDI objectives and deliver our vision of being a champion of EDI inside our organisation, with the sector we regulate and with the public.

If you have not identified any positive impacts, please detail how this project will aim to promote equality, eliminate discrimination or foster good relations.	n/a
If there is no evidence that the change will achieve these aims, what changes, if any, could be made to achieve them?	n/a

Evaluation

Please select the most relevant outcome (grey column) based on your responses to the screening questions and, if relevant, the full EIA.

The second column will help guide your next steps.

The evidence indicates that there are disadvantages or negative impacts AND has identified positive impacts.	Most of the proposed changes will have a neutral or positive impact on those who have Protected Characteristics. We recognise that some of our proposals may have a negative impact on specific population groups but believe that these are justified in ensuring that we continue to meet our statutory obligations to protect the public. In developing our proposals, we have focused on objective ways that applicants can evidence their English language proficiency, providing fairness and clarity to international applicants. Any negative impacts identified can and will be mitigated appropriately. **We recommend that the proposed activity is taken forward.**

General
Dental
Council

Additional Information

Where we do not have sufficient information to safely conclude whether there is a disadvantage or negative impact, it is necessary to think about what additional data or intelligence you will need to gather. Collection and analysis of this information may require input from EDI, OD or Research colleagues.

What additional evidence are you going to gather? ***(Please put an "X" next to any that apply)***	Advice from experts	
	Demographic profiles	
	Existing consultation results	
	Existing user data	
	External verification e.g. expert views of people/organisations representing equality group(s)	X
	National best practice information e.g. PSA, CQC reports	
	New consultation with a specific equality group(s)	X
	Research reports	
	Relevant staff group expertise	
Other (please state)		
If you have any additional comments please add them here.	Consultation and ongoing monitoring with further inform any EDI considerations as this work is progressed and implemented.	

General
Dental
Council

Approvals

Completed by	
Name and job title:	Laura Williamson, Policy Manager
Date of completion:	13 May 2026
Reviewed by Equality, Diversity & Inclusion	
Name and Job Title:	
Date of completion:	
Completed by Head of Department/Associate Director	
Name and Job Title:	Luke Blakeley, Head of Registration Policy
Date of completion:	
Will this EIA be published? Yes/No	
Any other comments?	No
Review date?	

Note: when completed, a copy of this form should be saved with the relevant strategy, plan, policy, project, contract, major change in service or decision and an electronic copy sent to the EDI team, who will arrange for publication on the GDC's web pages and the Intranet (as appropriate).

Joint regulators whistleblowing disclosures report 2026

Executive Director	Theresa Thorp, Executive Director of Regulation
Author(s)	Colin MacKenzie, Head of Nations and Engagement
Type of business	For noting
Purpose	This is the joint health and social care professional regulators annual report on whistleblowing disclosures, for the period 1 April 2025 to 31 March 2026.
Issue	To ensure Council is aware of the publication and its content.
Recommendation	The Council is asked to **note** the content of the report, which was published on 17 September 2026.

1. Background to the annual joint health and social care professional regulators whistleblowing report

1.1 The GDC, along with the other health regulators, has additional whistleblowing responsibilities in relation to its role as a “prescribed person” (external whistleblowing). Being a prescribed person means that the GDC is an alternative route for a worker or former worker who wishes to blow the whistle in relation to matters concerning the GDC’s statutory functions.

1.2 There is a requirement for prescribed persons to publish an annual report. This must detail the number of qualifying disclosures raised and the action taken in relation to them.

1.3 The healthcare regulators, led by the GMC, prepare a joint report in relation to this requirement each year. The GDC prepares and publishes this consolidated document based on the information provided by the other health regulators.

1.4 This is a joint report with eight other health regulators: GMC, NMC, GPhC, HCPC, GCC, GOC, GOsC and Social Work England.

1.5 The number of disclosures the GDC received this year was 138, an increase of 59 (74%) compared to 2025. These have all been raised by people who are working within dentistry.

1.6 All 138 whistleblowing concerns received were referred on for regulatory assessment:

1.7 87 of the concerns were received from dental professionals, 29 from non-registrants who were employed in dentistry, and 22 were anonymous.

Appendices

Appendix 1 – Joint regulators whistleblowing disclosures report 2026

Colin MacKenzie, Head of Nations and Engagement
cmackenzie@gdc-uk.org
21 October 2026

Whistleblowing disclosures report 2026

Health and social care professional regulators

This report has been produced by the health and social care professional regulators

General Chiropractic Council

General Optical Council

General Medical Council

General Dental Council

General Osteopathic Council

General Pharmaceutical Council

hcpc health & care professions council

nmc Nursing & Midwifery Council

Social Work England

Contents

2 About the report

5 General Chiropractic Council

7 General Dental Council

10 General Medical Council

12 General Optical Council

15 General Osteopathic Council

17 General Pharmaceutical Council

19 The Health and Care Professions Council

21 Nursing and Midwifery Council

24 Social Work England

2

About the report

On 1 April 2017, a new legal duty came into force which requires all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

> **"The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures."**
>
> Department for Business, Energy and Industrial Strategy (2017)

As with previous years, we have compiled a joint whistleblowing disclosures report to highlight our coordinated effort in working together to address the serious issues raised to us.

Our aim in this report is to be transparent about how we handle disclosures, highlight the action taken about these issues, and to improve collaboration across the health and social care sector.

As each regulator has different statutory responsibilities and operating models, a list of actions has been devised that can accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that while every effort has been made to align the 'action taken' categories, each regulator will have slightly different definitions, activities and sources of disclosures.

Table 1: Types of action taken after receiving a whistleblowing disclosure

Action type	Description
Under review	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.
Closed with no action taken	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required. This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.
Onward referral to alternative body	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.
Regulatory action taken	This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit. This may include but is not limited to: ● referral to its Fitness to Practise team or any other fitness to practise process ● opening an investigation ● advice or guidance given to discloser, employer, education body or any other person or organisation ● registration actions ● other enforcement actions. In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as 'no action – not enough information'.
No action – not enough information	This applies to disclosures that have been assessed by the regulator and a decision has been made that there is not enough information to progress any further. This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser is unable to provide more information or the disclosure was withdrawn before it could be investigated.
Onward referral to alternative body and regulatory action taken	This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation.

4

To protect the confidentiality of whistleblowers and other parties involved, no information is included here that would enable a worker who has made a disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2025 and 31 March 2026.

5

General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

- We maintain a UK-wide register of qualified chiropractors.
- We set the standards of education for individuals training to become chiropractors.
- We set the standards of chiropractic practice and professional conduct for individuals working as chiropractors.
- We investigate complaints against chiropractors and take action against them where necessary. The GCC has the power to remove a chiropractor from the register if they are found to be unfit to practise.

Number of disclosures received

From 01 April 2025 to 31 March 2026 the General Chiropractic Council received one disclosure of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	1
Onward referral to alternative body	0
Regulatory action taken	0
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

6

Summary of actions taken

The whistleblower, a fellow chiropractor, contacted us with concerns about the practice of an individual who had been removed from the register. Although the person considered themselves a whistleblower, we categorised this as a potential s32 illegal practice case which might be appropriate for enforcement action. We opened the case as an illegal practice/misuse of title case, but ultimately found insufficient evidence to meet the threshold for prosecution.

Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions or meet our objectives during the reporting period.

7

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of around 133,000 members of the dental team, including over 48,000 dentists and around 85,000 dental care professionals (DCPs).

An individual must be registered with the GDC to practise dentistry in the UK.

Unlike other health professional regulators, we register the whole dental team including dental nurses, dental hygienists, dental therapists, dental technicians, clinical dental technicians, orthodontic therapists and dentists.

Our primary purpose is:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the professions we regulate.
- To promote and maintain proper professional standards and conduct for members of those professions.

To achieve this, we register qualified dental professionals, set the professional standards for the dental team, work to ensure the quality of dental education, and investigate complaints and concerns about a dental professional's fitness to practise.

We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

We fund the Dental Professionals Hearings Service, which is the adjudication function of the GDC. The Hearings Service is separate and works independently from our investigation function and facilitates its work through our hearing committees. The committees are made up of dental professionals and lay panellists, who are independent decision makers.

We also deliver the Dental Complaints Service, which provides a free and impartial service to support patients and dental professionals in using mediation to resolve complaints about private dental care.

Number of disclosures received

From 01 April 2025 to 31 March 2026 the General Dental Council received 138 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	0
Onward referral to alternative body	0
Regulatory action taken	99
No action - not enough information	39
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The number of disclosures received was 138. This was an increase of 59 (74%) compared to the previous year. We believe this increase is due in part to changes which made it easier for informants to self-identify as a whistleblower when they raised a concern with us.

All 138 disclosures were made directly to the Fitness to Practise team. All these disclosures resulted in regulatory action taking place, namely the opening of a fitness to practise case.

It became apparent in 39 of these cases that the GDC was not in receipt of enough information, despite making efforts to obtain relevant information from the reporting whistleblowers, to progress any further. These cases were therefore closed at the assessment stage. Of the 99 remaining cases, 82 are still being considered at the assessment stage, and may lead to a referral to the Case Examiners. These open cases could lead to a range of resolving actions determined by a statutory practice committee. This includes removal (erasure) from the register, suspension from the register, conditions for a determined period, or the conclusion that a registrant's fitness to practise is not impaired and the case can be closed, with no further action.

All 138 whistleblowing concerns we received were referred on for further regulatory assessment:

- 82 are still at the assessment stage.
- 17 have been referred to Case Examiners, of which seven have been referred to a practice committee and 10 are awaiting consideration by the Case Examiners.
- 39 were closed with no further action at assessment.

87 of the concerns were received from dental professionals, 29 were from non-registrants (who were employed in dentistry) and 22 were anonymous.

9

Learning from disclosures

The disclosures we have received continue to have no impact on our ability to perform our regulatory functions and objectives during the reporting period. Given our statutory framework, the action we would take in response to a whistleblowing disclosure is the same as the regulatory action we would take with any other concern reported to the GDC.

All concerns received, including those who self-identify as whistleblowers, are reviewed at the initial assessment decision group against the statutory definition of a whistleblower to confirm how the individual reporting the matter is identified. The initial assessment decision group includes lawyers from our in-house legal advisory service.

Of the whistleblowing concerns received during this reporting period, conduct concerns were raised in 92 of the 138 disclosures received. We define conduct concerns as concerns that relate to matters around dental professionals' behaviour, either in or outside the workplace.

In the reporting period, a review of all whistleblowing disclosures received was completed to confirm the status of the individual and that they fit the whistleblowing criteria.

We continue to receive a high proportion of disclosure for the size of the register. However, it is worth highlighting that most dentistry is provided in a primary care setting and outside the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are not available in many dental settings, resulting in a larger proportion therefore being reported to the regulator.

It is also worth noting that we received 26% more concerns last year compared to the previous period. This increase in overall concerns received may have had a knock-on effect on the number of whistleblowing concerns we received.

General Medical Council

We're the independent regulator of doctors, physician associates (PAs) and anaesthesia associates (AAs) in the UK.

We work with them and other stakeholders to:

- set the standards of patient care and professional behaviours doctors, PAs and AAs need to meet
- make sure doctors, PAs and AAs get the education they need to deliver good, safe patient care
- check who is eligible to work as a doctor, PA or AA in the UK and work with them and their employers to confirm they're keeping up to date and meeting the professional standards we set
- give guidance and advice to help doctors, PAs and AAs understand what's expected of them
- investigate where there are concerns that patient safety, or the public's confidence in doctors, PAs or AAs may be at risk, and take action if needed.

Number of disclosures received

From 01 April 2025 to 31 March 2026, the General Medical Council received 52 whistleblowing disclosures regarding doctors and employers. During the period covered by this report, we received no whistleblowing disclosures about registered PAs and AAs.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Regulatory action taken	51
No action – not enough information	0
Onward referral to alternative body and regulatory action taken	1

The majority (47 out of 52) of the whistleblowing disclosures we received came in via our Fitness to Practise directorate, and five were received by Registration and Revalidation. Of all the disclosures we received, 19 were made by doctors, 15 were made by other healthcare professionals and 18 were made anonymously.

Of the 47 disclosures that were assessed by our fitness to practise team:

- 45 were closed after an initial assessment
- Two resulted in either a preliminary or full investigation – these are still going through the investigation process.

Of the 47 disclosures that closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- the disclosure was or had already been handled locally
- advice was given to the discloser
- the disclosure was outside of our remit to deal with e.g. a local employment dispute
- no concerns were found from the information provided.

Update on disclosures from previous years

11 disclosures that we received prior to 1 April 2025 were concluded.

Learning from disclosures

The information disclosed to us during the reporting period has not had an impact on our ability to perform our regulatory functions and deliver our objectives. We have an operational group that meets throughout the year to reflect on the disclosures we have received. As with previous years, complaints covered a wide-variety of allegations, including staffing structures, professional misconduct and individual dishonesty.

The number of anonymous complaints has risen slightly compared with the previous year's report (16 in 2024-25, 18 in 2025-26). There has also been an increase in the number of total whistleblowing complaints (45 in 2024-25, 52 in 2025-26).

12 complaints were incorrectly labelled as meeting the criteria for whistleblowing; we continue to provide training and support for staff on how to recognise and act on whistleblowing disclosures.

We have guidance available to doctors, PAs and AAs on what to do if they have a concern and continue to support and encourage them to raise their concerns through appropriate channels.

*Medical Act 1983 (as amended)

General Optical Council

We protect the public by upholding high standards in eye care services in the UK. We currently register and regulate around 35,000 optometrists, dispensing opticians, student optometrists and dispensing opticians, and optical businesses, known as registrants.

We hold registers for optometrists, dispensing opticians, student optometrists and dispensing opticians, specialty practitioners and bodies corporate conducting business in optometry or dispensing optics in the UK.

We have four core functions:

- setting standards for the performance and conduct of our registrants.
- approving qualifications leading to registration.
- maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians.
- investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

Number of disclosures received

From 01 April 2025 to 31 March 2026, the General Optical Council (GOC) received 23 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	9
Onward referral to alternative body	0
Regulatory action taken	11
No action – not enough information	3
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

During 2025-26, the GOC identified 23 case references as potential qualifying whistleblowing disclosures. All were recorded within our fitness to practise case management system and formally assessed.

The potential disclosures were made by individuals in a range of workplace relationships, including employees and other workers, locums, trainees and other professionals working within optical practice. In assessing whether a matter constituted a qualifying whistleblowing disclosure for reporting purposes, the GOC considered whether the individual fell within the statutory definition of a "worker" and whether the nature and circumstances of the disclosure amounted to a protected disclosure under the whistleblowing provisions of the Employment Rights Act 1996.

23 concerns were considered a qualifying whistleblowing disclosure during the reporting period. The cases related to concerns about patient safety, clinical governance, record keeping, supervision and training, fraud or dishonesty, confidentiality, discrimination, and sexual misconduct in the workplace.

Of the 23 cases which the GOC received in the reporting period:

- 11 resulted in regulatory action being taken
- nine were closed with no further action being required
- three were closed because there was insufficient information available to progress the concerns.

There were no cases recorded during the reporting period as resulting solely in an onward referral to another body, or in both an onward referral and regulatory action. However, in closing a concern, the GOC considers whether signposting to another organisation or body would be helpful, depending on the concerns raised.

Some matters were closed following assessment because the concerns did not require further regulatory action. In other cases, we were unable to progress because there was insufficient information available to allow us to investigate the concerns effectively. This was particularly relevant where concerns had been raised anonymously and there was limited opportunity to obtain further information or evidence from the person making the disclosure.

Learning from disclosures

There was a reduction in the number of potential qualifying whistleblowing disclosures identified during 2025-26, from 32 in the previous reporting period to 23 cases this year. This represents a reduction of approximately 28%, despite an increase in the overall volume of referrals received by the GOC.

This reduction should be viewed in the context of the nature of referrals received during the year. A significant proportion of the increase in overall referrals related to consumer matters rather than the more serious workplace or public interest concerns that would ordinarily be expected to constitute qualifying whistleblowing disclosures. Although incoming case volumes increased, the number of matters progressing to formal investigation remained broadly stable.

The disclosures received during the year demonstrate the breadth of issues that may be raised through whistleblowing. Themes included patient safety and clinical care, supervision and training, record keeping, clinical governance, confidentiality and data protection, fraud and dishonesty, health and safety, discrimination, and sexual harassment or inappropriate workplace conduct.

We have also continued to experience challenges in identifying qualifying disclosures where concerns are submitted anonymously. In some cases, the substance of the concern may indicate a potentially serious regulatory issue, but the information provided does not make it possible to establish whether the person making the disclosure is a worker or other individual afforded protection under whistleblowing legislation. This can make any subsequent investigation more difficult, particularly where concerns have not been raised with the business directly, and the GOC cannot contact the complainant for further information.

Anonymous disclosures can also create evidential difficulties where further information, clarification or supporting evidence is needed. Nevertheless, our approach remains focused on proportionate assessment of the information available and taking regulatory action where the evidence and public protection considerations justify it. The GOC seeks to provide early support to potential whistleblowers and encourage their engagement in the regulatory process. This year, 11 of the 23 case references resulted in regulatory action, representing the largest single outcome category.

General Osteopathic Council

The General Osteopathic Council (GOsC) is the statutory regulator of osteopaths in the UK and it is our overarching duty to protect the public.

We use a range of different ways to work with the public and osteopathic profession to promote patient safety including:

- setting, maintaining and developing standards of osteopathic practice and conduct
- investigating serious allegations of misconduct which calls into question an osteopath's fitness to practise
- checking and assuring the quality of osteopathic education and ensuring that osteopaths carry out learning as part of their continuing professional development.

As part of our duty to protect the public, we investigate any concerns received about a registered osteopath's fitness to practise.

Number of disclosures received

From 01 April 2025 to 31 March 2026, the General Osteopathic Council received four disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	1
Onward referral to alternative body	0
Regulatory action taken	2
No action - not enough information	1
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

In one disclosure, we received a concern from an osteopathic colleague of the registrant in question. The

colleague had received various concerns from patients about the alleged conduct of the registrant. We attempted to find out more from the patients, but none wanted to engage and/or provide more detail. This matter was considered by an independent osteopath known as a screener and closed under our initial closure procedure.

In one disclosure we received a concern about the conduct of a registrant from a receptionist at the osteopathic practice where the registrant worked. This matter was referred to the Investigating Committee. Having considered the evidence available, the IC decided that the matter should be closed with no further action.

In one disclosure we received concerns from a GP who worked in a multi-disciplinary practice with the registrant, who relayed concerns from a patient about the registrant. This matter was closed after both the independent osteopath screener and the independent lay (non-osteopath) screener decided that the concerns that had been raised met the threshold criteria for closure at that stage.

In one disclosure, we received concerns about a registrant from the head of human resources at a university, who told us that the conduct of the registrant towards students was under investigation. This matter was referred to the Investigating Committee but is yet to conclude.

Learning from disclosures

There are no specific learning points we can draw directly from the disclosures we received, or how they were progressed in line with our fitness to practise process. The concerns we received have not impacted on the General Osteopathic Council's ability to perform its regulatory functions or meet its objectives during the reporting period.

Only 3% of the concerns and queries received during the reporting period were whistleblowing disclosures. The GOsC considers anonymous disclosures on a case-by-case basis.

The GOsC continues to provide a free Independent Support Service for people who have raised whistleblowing concerns. This service is independent of the GOsC and run by volunteers from the charity Victim Support.

General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain. We work to assure and improve standards of care for people using pharmacy services.

What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- We help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Number of disclosures received

From 01 April 2025 to 31 March 2026 the General Pharmaceutical Council received 66 disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	7
Closed with no action taken	5
Onward referral to alternative body	5
Regulatory action taken	49
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

The action we took included a full investigation through our fitness to practise processes and follow-up action through our inspection network. The former can result in any of the available fitness to practise outcomes, while the latter can include guidance, follow-up visits or an unannounced inspection.

47 cases were concluded by sharing information with inspection colleagues for follow-up action. Five concerns were signposted to another organisation and two were concluded with guidance. The remaining five concerns were concluded with no further action. Seven remain under investigation.

Six concerns from the previous reporting period were concluded with no further action. One was concluded by sharing information with inspection colleagues for follow-up action and another was concluded with guidance. One concern was concluded by warning at an Investigating Committee, while two remain under investigation.

Learning from disclosures

None of the disclosures had an impact on our ability to perform our functions and meet our objectives, which are set out in the About us section at the beginning of this report.

The Health and Care Professions Council

The Health and Care Professions Council (HCPC) was established under section 60 of the Health Act 1999 as a regulator of health and care professions in the UK. Our role is to protect the public, which we achieve by setting standards for education and training, professional skills, conduct, performance and ethics, as well as continuing professional development for 15 healthcare professions. We keep a register of professionals who meet these standards, approve education programs that professionals must complete prior to registration, and take action when registrants do not meet our standards.

As an organisation, we are a Prescribed Person under the Public Interest Disclosure Order 2014.

On 1 April 2017, a new legal duty came into force which required all prescribed persons to publish an annual report on the whistleblowing disclosures made to them by workers (for example employee, former employee, trainee, agency worker or member of an organisation).

The professional healthcare regulators agreed to publish a joint report each year highlighting each regulator's approach to whistleblowing. This year will be the HCPC's seventh annual report.

Number of disclosures received

From 01 April 2025 to 31 March 2026 the HCPC received seven disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	3
Onward referral to alternative body	3
Regulatory action taken	1
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Seven whistleblowing disclosures were made to the Health and Care Professions Council (HCPC) during the financial year 25/26.

Two disclosures were made to our Policy and Standards department, two disclosures to our Education department and three received by our Fitness to Practise department.

Regarding the two disclosures assessed by our Policy and Standards department:

- Both of the disclosures were raised via email and raised concerns about unsafe running of service, meeting the HCPC's standards and scope of practice.
- In response to the disclosures, we provided advice and guidance linking to the standards and recommended relevant other organisations including professional bodies, the Care Quality Commission (Care Quality Commission) and the whistleblowing organisation Protect (Protect | Speak Up, Stop Harm).

Of the two disclosures assessed by our Education department:

- One disclosure was raised about the quality of a programme. The other was raised about professionalism of staff.
- Both cases were resolved at triage stage and closed with no further action.

Lastly, the three disclosures assessed by our Fitness to Practise department:

- One case is open and being investigated.
- One case was closed with no further action.
- One case raised concerns about services, and we referred the discloser to the CQC.

Learning from disclosures

We regularly review disclosures and our recording processes to identify whether we need to improve any of our publicly available information, including guidance. Since last year's report, we have continued to enhance how we handle whistleblowing disclosures. With the changes to whistleblowing and sexual harassment being included in the qualifying disclosures from April 2026, we will be ensuring that any guidance is updated to reflect these changes.

We have provided internal process updates on the changes to qualifying disclosures from April 2026. We have also updated the system used by our Fitness to Practise department, with guidance provided to our teams and changes to systems to record and report whistleblowing disclosures.

We are continuing to review, develop and update our frequently answered questions (FAQs) document for our internal staff and external webpage content. This will provide the public and registrants with clearer guidance on disclosing information.

21

Nursing and Midwifery Council

Our vision is for safe and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the Nursing and Midwifery Council (NMC) – a fit for the future organisation, with fairness and equity at the heart of everything we do.

Our role is to protect the public, inspire confidence in the nursing and midwifery professions, and uphold high professional standards. As the largest independent regulator in Europe of more than 860,000 nursing and midwifery professionals, we have a crucial role in making this a reality.

We do this by setting and promoting high education and professional standards for all future and registered nurses and midwives in the UK and nursing associates in England.

We also ensure every nurse, midwife and nursing associate on our register meets clear standards of conduct and practice which protects the public and the reputation of our professions.

We have a duty to investigate concerns and to take steps to protect the public in the relatively rare instances where we need to limit or restrict a nurse, midwife or nursing associate's right to practise.

We are building a new NMC with integrity, fairness, respect, equity and effectiveness at its core.

We are determined to improve and modernise our culture and ways of working. This will ensure that the public and professionals feel confident in our work.

Number of disclosures received

From 01 April 2025 to 31 March 2026 the Nursing and Midwifery Council received 159 disclosures we reasonably believed met the criteria and were 'qualifying disclosures'.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Regulatory action taken	253
Onward referral to alternative body	93

In all 'qualifying disclosures' we have taken action either by way of regulatory action, or both regulatory action and onward referral to alternative body.

Regulatory action taken on these disclosures is as follows (some disclosures have been managed by more than one team and so will be duplicated in the overall number):

- 148 disclosures were considered through our fitness to practise process where we investigate concerns raised about nurses, midwives and nursing associates.
- Two disclosures were considered through our registration and revalidation processes where we maintain the register of professionals eligible to practise and investigate concerns raised about registration.
- 30 disclosures were considered through our education quality assurance processes where we ensure that education programmes, learning environments and placements for student nurses, midwives and nursing associates meet the standards needed to prepare them to join our register.
- One disclosure was considered as part of our standards process where we ensure nurses, midwives and nursing associates are equipped with the knowledge, skills and behaviours they need to develop safe care now and in the future.
- 37 disclosures were considered by our Employer Link Service to ensure employers are engaged in respect of the issues raised.
- 35 disclosures were handled as safeguarding or wellbeing concerns.

We have shared information with the Advertising Standards Authority (ASA), Care Inspectorate (Scotland), Care Quality Commission (CQC), Employment Agency Standards Inspectorate, Gangmasters and Labour Abuse Authority (GLAA), General Medical Council (GMC), General Pharmaceutical Council (GPhC), Health and Care Professions Council (HCPC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), HM Inspectorate of Prisons, the Home Office and the Medicines and Healthcare products Regulatory Agency (MHRA).

The main reason why information was not treated as a 'qualifying disclosure' was because it did not fall within our regulatory remit or it did not meet the public interest criterion.

We still acted on many disclosures where we did not reasonably believe they met the 'qualifying disclosure' criteria. We either took regulatory action or shared information with a range of other bodies including the Advertising Standards Authority (ASA), Care Inspectorate (Scotland), Care Inspectorate Wales (CIW), Care Quality Commission (CQC), General Dental Council (GDC), General Medical Council (GMC), General Pharmaceutical Council (GPhC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), HM Inspectorate of Prisons, HM Inspectorate of Prisons for Scotland and the Medicines and Healthcare products Regulatory Agency (MHRA).

Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

The number of 'qualifying disclosures' we received remained consistent: 149 (2023-2024), 152 (2024-2025) and 159 (2025-2026).

The most common themes of these disclosures were unprofessional behaviour, management issues, dishonesty, patient care, criminal behaviour, harassment and health and safety.

Social Work England

Social Work England is the regulator of social workers in England. Our purpose is to protect the public and raise standards across social work in England, so that people receive the best possible support whenever they might need it in life.

Social Work England was established by the Children and Social Work Act 2017 and The Social Workers Regulations 2018 (as amended). Our overarching objective is to protect the public. We do this by (all of the following):

- setting profession-specific standards for, and approving, courses of initial education and training to enable registration as a social worker
- setting professional standards for social workers, including those for proficiency, conduct and ethics
- maintaining a register of social workers in England
- running a proportionate and efficient fitness to practise process to deal with concerns raised about those on our register
- assessing continuing professional development, which promotes continuing fitness to practise
- approving post-qualifying courses.

Number of disclosures received

From 01 April 2025 to 31 March 2026 Social Work England received eight disclosures of information.

Actions taken in response to disclosures

Action type	Number of disclosures resulting in this action
Under review	0
Closed with no action taken	1
Onward referral to alternative body	0
Regulatory action taken	7
No action - not enough information	0
Onward referral to alternative body and regulatory action taken	0

Summary of actions taken

Of the disclosures we received, we concluded our enquiries in all eight cases. Our actions are detailed below:

- One case was closed with no action taken. The matters raised were not within Social Work England's remit. Onward referral was not considered necessary as the referrer had already provided the same information to the relevant prescribed person.
- Seven cases were referred for consideration under our fitness to practise process. All seven cases are still ongoing.

Of the five disclosures received in the previous reporting periods (2023/24 and 2024/25) that had been referred through our fitness to practise process, and which were ongoing at the end of the last reporting period, all five were closed at our initial triage stage.

Of the two disclosures received in the previous reporting period (2024/25) that had been referred for consideration under our process for concerns raised about the quality of approved social work courses, one was closed as it was determined no further action was required. In the second, further monitoring of the course was initiated as a result of the disclosure. Following this further monitoring, it was determined no further regulatory action was required.

Learning from disclosures

This was our third full reporting period and the volume of disclosures we received is comparable to the previous two years; seven in 2023/24, eight in 2024/25.

Concerns received this year covered a variety of allegations, including staffing structures, health and safety concerns, unethical management practices, systemic discrimination and professional misconduct.

We continue to receive a small number of anonymous disclosures (one in 2025/26) and consider these on a case-by-case basis, taking regulatory action where there is sufficient information provided in the original disclosure.

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT

www.gcc-uk.org

General Dental Council

Fifty Paddington, 50 Eastbourne Terrace, London W2 6LG

www.gdc-uk.org

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN

www.gmc-uk.org

General Optical Council

10 Old Bailey, London, ED4M 7NG

www.optical.org

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU

www.osteopathy.org.uk

General Pharmaceutical Council

1 Cabot Square, London. E14 4QW

www.pharmacyregulation.org

The Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU

www.hcpc-uk.org

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ

www.nmc.org.uk

Social Work England

1 North Bank, Blonk Street, Sheffield, S3 8JY

www.socialworkengland.org.uk

To ask for this publication in Welsh, or in another format or language, please call the General Medical Council on 0161 923 6602 or email us at publications@gmc-uk.org.

Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service.

Published September 2026

Council Forward Plan 2026/ 2027

Key: Corporate Resources | Legal & Governance | People Services & OD | Regulation | Strategy

Meeting Date	Thu 10 December 2026		Thu 4 March 2027		Thu 15 April 2027	Thu 03 June 2027		Wed 21 July 2027	Fri 17 Sept 2027		Thu 21 Oct 2027		Wed 8 Dec 2027	
Location	Colmore Square		Colmore Square		London	Wales/ NI/ Scotland tbc		London	Paddington		Colmore Square		Paddington	
ELT / Committee / Council Dates	RemNom - 13 Nov 2026 SPC - 18 Nov 2026 ARC - 19 Nov 2026 FPC 23 Nov 2026		ARC - 27 Jan 2027 FPC - 11 Feb 2027 SPC 22 Feb 2027 RemNom - 24 Feb 2027		Board development/ strategy day	ARC - 1 April, 20 May 2027 SPC 4 May 2027 RemNom - 6 May 2027 FPC - 24 May 2027		Board development/ strategy day	FPC 29 July, 7 Sept SPC 24 Aug 2027 ARC - 1 Sept 2027		RemNom - 30 Sept 2027		SPC - 30 Nov 2027 ARC - 15 Nov 2027 FPC - 25 Nov 2027 RemNom - 29 Nov 2027	
Reporting Period														

Category	Report	Action Required	Closed	Public	Closed	Public		Closed	Public		Closed	Public	Closed	Public	Closed	Public
	Board Effectiveness Review	For approval		✓												
	Board development	For discussion														
	Committee appointments 2027	For approval										✓				
	SICM appointment 2027	For approval										✓				
	Committee Assurance Reports	For approval		✓		✓			✓			✓		✓		✓
	Duties and roles of Chair/CM/SICM and Duties and role of CE, AO and Registrar	For approval				✓										
	Code of Conduct - Council Members and IGAs	For approval				✓										
	Council Member Reappointment - as required	For approval						✓								
	Independent Governance Associate Reappointment - as required	For approval						✓								
	Chair and CEO Objectives	For approval				✓										
	Total Reward (tbc)	For approval														
	Chief Executive's Report	To note	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
	Annual Retention Fee (ARF) Regulations - if required	For approval												✓		
	Defined Benefit Pensions Scheme Update - if required	To note														
	Business Plan - second draft	For discussion														
	Business Plan - final	For approval														
	Strategic Risk Appetite	For approval									✓					
	Strategic Risk Register	For approval	✓		✓											
	Organisational Performance Report (Quarterly) to include strategy outcomes	For approval		✓		✓			✓			✓				✓
	IT Strategy	For approval				✓										
	People Strategy - update	For approval		✓												
	Chief Executive [and ELT] remuneration	For approval	✓													
	Agree Panel Determinations	For approval			✓											
	Council Members and Associates Remuneration Policy	For approval			✓											
	Council Member and Associates Remuneration	For approval			✓											
	Overseas Registration Examination fees	For approval														
	FtP improvements	For discussion														
	Non-recent sexual offences (tbc)	For approval	✓													
	Mann Review recommendations	For approval														
	EDI - external consultant's report			✓												
	Strategy Outcomes Monitoring and Evaluation Framework	For approval		✓												
	Data Strategy Roadmap	For approval				✓										
	Research Intelligence Update and forward plan 2028	For approval		✓												✓
	Annual Report and Accounts- timing tbc	For approval						✓								
	PSA Standards of Good Regulation and GDC Organisational Performance	For discussion														
	Review of Education	To note		✓												✓
	Corporate Strategy - as required	For approval														
	Communication Principles for Business Plan, ARF, Budget and Reserves	For discussion									✓					
	Changes in Legislation - as required	For discussion														
	Framework for Professionalism outcome report	For approval		✓		✓										
	English Language requirements (final guidance)	For approval				✓										
	Routes to International Registration - as required	For discussion	✓													
	Communications and Engagement: quarterly review and insights	To note		✓		✓			✓			✓		✓		✓

Correspondence items	**Triennial Pensions Update and Actuarial Assumptions**	To note														
	Pension Plan - Report from the Chair of Trustees	To note	✓													
	Health and Safety Annual Report	To note				✓										
	Council Member and Associates Expenses Policy	For approval	✓												✓	
	Minutes of Non-Statutory Committees	To note	✓		✓			✓			✓		✓		✓	
	Annual Committee Reports	To note		✓												✓
	Council Member appointments timetable	To note														
Items to note (to be provided when available)	**Annual Report on Significant Litigation**	To note			✓											
	Education Quality Assurance Annual Update	To note		✓												✓
	Joint Regulatory Whistleblowing Report	To note												✓		
	Annual Report on the Use of the Seal	To note				✓										

General Dental Council

gdc-uk.org

A closed meeting of the Council of the General Dental Council

1:45 pm on Friday 30 October at

50 Paddington, London

Members:

Helen Phillips (Chair)

Reshard Auladin

Ilona Blue

Donald Burden

Oosh Devalia

Mike Driver

Bill Gunnyeon

Angie Heilmann

Serbjit Kaur

Mike Lewis

Timea Milovecz

Laura Simons

The meeting will be held in private. 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 Rebecca Ledwidge as soon as possible:

Rebecca Ledwidge: Head of Governance, General Dental Council

Email: rledwidge@gdc-uk.org

[1] Section 5 of the General Dental Council Standing Orders for the Conduct of Business of Council and Committees 2022

Closed Council Meeting

PART ONE - PRELIMINARY ITEMS

1.	**Welcome and Apologies for Absence**	Helen Phillips, Chair of the Council	13:45 – 13:50 (5 mins)	Verbal
2.	**Declarations of Interest**	Helen Phillips, Chair of the Council		
3.	**Minutes of Previous Meetings** To note approval of the full minutes of the closed meeting held on 18 September 2026	Helen Phillips, Chair of the Council		Paper
4.	**Matters Arising and Rolling Actions List** To note any matters arising from the closed meeting held on 18 September 2026 and review the rolling actions list	Helen Phillips, Chair of the Council		Paper
5.	**Decisions Log** To note decisions taken between meetings under delegation	Helen Phillips, Chair of the Council		Paper

PART TWO - ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
6.	**Chief Executive's Report** Tom Whiting, Chief Executive	Noting	13:50 -14:00 (10 mins)	Paper
7.	**Strategic Risk Register (incl Risk Appetite) Update** Sam Clements, Head of Risk Management and Internal Audit	Approval	14:00 -14:30 (30 mins)	Paper
8.	**Council Member Reappointments** Tina Rosenow, Senior Governance Manager	Approval	14:30 - 14:40 (10 mins)	Paper

PART THREE - CONCLUSION OF BUSINESS

9.	**Any Other Business**	Helen Phillips, Chair of the Council	14:40 - 14:45 (5 mins)	Oral
10.	**Date of Next Meeting** 10 December 2026, Colmore Square, Birmingham			

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 48 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
C1	**Minutes of the meetings of the Non-Statutory Committees** 1) Audit and Risk Committee – 1 October 2026	Governance Managers	Noting	Closed	28 October 2026

Reading Room items

The following items contain additional papers that are provided in the Council Reading Room in the Resources section of Board Intelligence.

No.	Item	Authors	For	Closed/Public
	None			

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 fairness, transparency, responsiveness, and respect 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.