

# Consultation Response

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**DHSC consultation on reforming the  
General Medical Council legislative  
framework**

# General Dental Council response to DHSC consultation on reforming the General Medical Council legislative framework

## 1. Introduction

- 1.1. We welcome the opportunity to respond to this consultation on reformed General Medical Council (GMC) legislation, as part of our ongoing support for the Government's programme of regulatory reform. We are pleased to see many of our concerns from the time of the consultation on the draft Anaesthesia Associates and Physician Associates Order (AAPAO) have been addressed, alongside notable improvements to the clarity of drafting. While we are broadly supportive of proposals and recognise that they offer opportunities to improve regulatory outcomes in a range of areas, there would still be a number of issues with the proposed legislative approach, were it to apply to the GDC in future.
- 1.2. The GMC's reformed legislative framework is intended to be a template for reform of all healthcare professional regulators, including the GDC. However, we continue to urge caution that the drive for consistency in reformed legislation must not inadvertently lead to the elimination of distinctive features of dental regulation which are crucial for public protection, nor to a situation where the unique set of risks and policy issues in dentistry are not comprehensively addressed through GDC reforms.
- 1.3. Although for differently regulated professions working in the same teams or environment, consistency of approach to regulation is important for registrants and the public, there are important differences between professionals and their working environments that must be reflected in different regulatory approaches. The GDC regulates the entire dental team, so in the overwhelmingly majority of clinical care settings for dentistry, there is already a common and consistent approach to professional regulation. With that consistency already in place for the sector, we think the real opportunity of reform for dentistry is to consider the powers required to regulate effectively and flexibly across a diverse range of services and providers, working under different business configurations, that push at the boundaries of the current model of regulation and public protection.
- 1.4. While we understand that the Government will be working with each regulator in turn to identify a degree of profession-specific variations in the template proposals, and each set of proposals will be subject to consultation, in this response we have flagged more fundamental issues with the core elements of the framework which would pose obstacles to effective dental regulation, and which we are concerned may be applied to the GDC without variation. We hope that this is helpful in supporting the Government's future thinking on GDC reform.
- 1.5. We remain very concerned that the Government has not provided a timetable for GDC reform, the need for which is increasingly urgent. The primary legislation governing dental regulation was last consolidated in 1984 with various piecemeal amendments having been made since then. The 1984 consolidation includes provisions which in places

remain unchanged since being originally enacted in 1878. It is not fit for purpose in the 21st century and puts effective regulation at significant risk, restricting our ability to respond to changes in dental practice and to develop an efficient, effective and proportionate regulatory system to protect the public.

- 1.6. The absence of a clear timetable also hinders our efforts to plan work in a way that limits opportunity costs and reduces the risk of abortive expenditure. We therefore continue to call for the Government to prioritise GDC reform, so that patients and registrants can benefit from the flexibilities of an updated and futureproofed legal framework, and to work with us to agree an appropriate implementation pathway so that we can properly prepare for change.
- 1.7. The slow progress of the reform programme also raises a wider issue. The Law Commission report which set the foundations for the approach to reform was published more than a decade ago and there is a real and increasing risk that the model being put in place will already be outdated at the point of implementation and may not reflect current best practice in the design of regulatory systems. So, it is important that as the reform programme progresses, there is an open and constructive dialogue to ensure that opportunities are not missed to create a futureproofed framework for dentistry. We look forward to working with Government to achieve this.

## **2. About the GDC**

- 2.1. The GDC works on behalf of the public to regulate the dental team across the UK, maintaining a framework of standards to support the delivery of high-quality care. An individual must be registered with the GDC to practise dentistry in the UK.
- 2.2. Unlike other healthcare professional regulators, the GDC registers the whole professional dental team. The dental team is made up of diverse roles, each playing a different part in the provision of a wide range of different dental services with different risk profiles, in a multitude of settings, and with varying degrees of autonomy. The dental team includes dentists, dental nurses, dental hygienists, dental therapists, orthodontic therapists, dental technicians and clinical dental technicians.
- 2.3. Our overarching purpose when exercising our functions is the protection of the public, which involves the pursuit of the following objectives to:
  - protect, promote and maintain the health, safety and wellbeing of the public.
  - promote and maintain public confidence in the dental professions.
  - promote and maintain proper professional standards and conduct for members of those professions.
- 2.4. Our role in meeting these objectives is to regulate around 133,000 members of the dental team (as of 15 May 2026, there were over 47,000 dentists and over 85,000 dental care professionals (DCPs) on the GDC register), which involves carrying out some specified mandatory functions. These are to:

- Set standards for dental education.
- Maintain a register of qualified dentists and DCPs who meet the registration requirements.
- Set and promote professional standards.
- Investigate allegations of impaired fitness to practise.

### 3. How we have responded to this consultation

- 3.1. Our comments specifically highlight areas of the template drafting which would create barriers to effective dental regulation, or fail to address risks properly in dentistry, if a similar approach was used for GDC reform.
- 3.2. We are not in a position to comment on the application and suitability of proposals for the medical context. Our approach has been to consider the draft legislation as it may potentially apply to dental regulation, not to assess its effectiveness in relation to medical regulation.
- 3.3. We have organised our response into sections under the following headings:
- Comments on proposed governance and operating framework.
  - Comments on education and training proposals.
  - Comments on registration proposals.
  - Comments on proposals for Fitness to Practise (FtP) and interim registration measure proceedings.
- 3.4. Our comments in some areas relate to risks associated with the underlying policy intention. In other areas they relate to risks where the effects of legislative drafting do not clearly meet the policy intention, or the drafting approach leaves room for ambiguity in interpretation. We have also sought clarification on various aspects of the proposals.
- 3.5. We will always look to support efforts to tackle racism in healthcare, and recognise that the proposals aim to implement certain recommendations from the Mann Review into antisemitism and other forms of racism in the NHS. As the report from the review was published towards the end of this consultation period, we are still carefully considering it, to ensure that the proposals meet its intent and would address the issues identified in the review, and to understand how the relevant reform recommendations may affect the GDC in future. We look forward to continuing our work with other healthcare professional regulators, the Professional Standards Authority (PSA) and wider stakeholders, to strengthen regulatory approaches for managing concerns about racism.
- 3.6. As the Government's regulatory reform programme progresses, new iterations of draft legislation are produced for different regulators, and as the dental landscape develops, our views on proposals may change. When GDC-specific proposals are presented, we will assess them on their merits at the time, in light of prevailing circumstances. That will involve detailed policy and legal analyses of draft provisions against GDC's extant legal

framework, as well as our most up-to-date organisational policy ambitions for reform, to ensure that risks are addressed and opportunities optimised.

- 3.7. It will also be important to use that opportunity to consider where there are gaps in the current regulatory framework which leave risks to patient safety unaddressed. In the case of dentistry, which remains organisationally fragmented and where most care, including most NHS care, is delivered outside NHS organisational structures, this is likely to need to include consideration of the professional responsibilities of dental entities as well as those of individual dental professionals.

## **4. Comments on proposed governance and operating framework**

### **Commencement**

- 4.1. The current drafting approach at Article 2 does not leave scope to stagger the commencement of new provisions in the order. This means there is a real risk of creating regulatory gaps while transitioning to a new framework, which would have significant implications for public protection. For GDC reform, we would be seeking to work with Government to develop an appropriately phased and sufficiently flexible implementation timetable, to ensure that patient safety and public confidence in dentistry is maintained throughout the transition period.

### **Regulator objective**

- 4.2. Article 6 explains that “in exercising its functions, the regulator must act to protect the public” and that protecting the public means “maintaining or improving – the health, safety and wellbeing of the public, public confidence in the regulated professions, and professional standards and conduct.”
- 4.3. We are unsure why this section on the regulator’s objective is not actually expressed as an objective, when we believe that DHSC’s policy position is for current objectives to be preserved. Further, “protection of the public” could be interpreted as a secondary priority or an indirect outcome, whereas it should be clear that it is a regulator’s core purpose. We note that the Dentists Act 1984 sets out that “the overarching objective of the Council in exercising their functions under this Act is the protection of the public”, which we consider much more clearly expressed.
- 4.4. We also seeking clarity around use of the word “improving”. Under the Dentists Act, pursuit of our overarching objective to protect the public involves “maintaining and promoting” (as opposed to “maintaining and improving”) the health, safety and wellbeing of the public, public confidence in the dental professions, and professional standards and conduct. Ordinarily, the meaning of “promoting” is associated with supporting or raising awareness of something, in comparison to “improving”, which is associated with making something better. Therefore “improving” suggests a change in the way we are functioning, which we do not believe is the policy intention. We consider continued use of the word “promoting” to be more appropriate, because it would not create expectations that our regulatory remit has been extended (for example, that we should be continually

taking steps to improve public health outcomes, rather than that we should be acting in a way that is generally beneficial towards public health).

### **Regulatory principle**

- 4.5. Under Article 7, the regulator must carry out its functions in a manner which is transparent, accountable, proportionate and consistent. We are generally in strong agreement with these principles, but highlight the following points on transparency in particular.
- 4.6. Transparency is a GDC value and already central to our ways of working. We operate under a strong presumption that board meetings and Fitness to Practise (FtP) hearings should be held in public. The majority of our Council business is held in public, and we focus on ensuring that we only discuss matters which require confidentiality in the private session of Council. All papers for the public session of Council are published on our website in advance of its meetings, and minutes of public and private sessions are published shortly after meetings are held.
- 4.7. However, it is important that a new duty for transparency does not unduly restrict our discretion to consider matters in private, such as in exploratory discussions at an early stage of policy development. The drafting should therefore be clearer that there may be justifiable reasons in the public interest where the need to be transparent is inappropriate.

### **Disclosure and publication**

- 4.8. As drafted, the order enables the regulator to disclose or publish information about the fitness to practise of former registrants, if this is in the public interest. On our reading of Article 9, we understand that the regulator will be able to disclose or publish registration information about former registrants under the general power to disclose conferred by 9(1), and that this is not subject to a public interest test. We would welcome confirmation that this is the intended effect.
- 4.9. As a separate point, to avoid the unintended impression that disclosure would always involve publication, we suggest that Article 9(4)(b) could be redrafted to “reference to disclosing information may include, in particular...”

### **Cooperation**

- 4.10. The duty to cooperate with certain organisations under Article 14 of the draft order is more expansive than our existing equivalent duty under the Dentists Act, although we note the inclusion of the appropriateness test at Article 14(1). For GDC reform, we will need to make a comprehensive assessment of all the information that we share, to who, and for what purposes, to ensure drafting on cooperation (and disclosure) works for the dental context.

## **Equality, diversity and inclusion**

- 4.11. The GDC continues to be committed to promoting equality, diversity and inclusion (EDI) in carrying out its functions, and is working to meet the PSA's EDI standard. This commitment is exemplified in the GDC's Strategy, which draws out EDI focus areas for all of the work domains under each of our strategic objectives. We would support a strengthened approach to EDI in the draft order, but seek clarification on:
- 4.11.1. Whether, with regard to the duty to apply good practice in relation to equality and diversity at Article 15(1), the meaning of "good practice" should be guided by PSA guidance, or definitions or guidance from other relevant sources.
- 4.11.2. Whether, in relation to the duty to have regard to the PSA's EDI principles at Article 15(3), the intention is for regulators to take into account the PSA's EDI standard for healthcare professionals and any PSA guidance relating to EDI, as the PSA does not set EDI "principles" as such.
- 4.12. It would also be essential that we could factor proportionality into our considerations in relation to the duty at Article 15(2) which requires that where the regulator considers an improvement may be needed to apply good EDI practice, it takes steps as it considers appropriate to make that improvement. While we take our EDI responsibilities very seriously, we would not want to be caught in a situation where we were expected to carry out improvement work of any type or size, regardless of the nature or scale of its benefits, the resource requirements, and our organisational capacity for delivery. It may be reasonable to opt against a particular piece of improvement work if, for example, if it would require a significant amount of resource for minimal benefit, or we were already delivering a range of impactful improvement activities and had to use remaining capacity to fulfil other organisational obligations or priorities.

## **Annual report and statistical analysis**

- 4.13. The draft order requires that, annually, the regulator publishes a report on the exercise of its functions and a statistical analysis of FtP arrangements. It also stipulates the elements of what must be included in each.
- 4.14. In respect of the annual report, under Article 16(3), when the regulator has made rules pertaining to the setting or charging of fees during the reporting period, one of the elements which the regulator must include is an impact assessment of fees pursuant to those rules. We seek clarity on the policy intention here as to the trigger for, and extent of, the impact assessment. On our reading, an assessment is only required when fees have changed, noting that rules in relation to fees may change while the fees themselves do not, but we would welcome confirmation of this. We also assume that any impact assessment would be proportionate to the fee, or fee change, being introduced, given the potential challenges in undertaking meaningful assessment of the impact on regulated professionals, but would again welcome clarity as to the expectation.

4.15. As part of the statistical analysis, under 16(4)(c), the regulator must include an assessment of the effectiveness of its FtP arrangements. We seek clarity on what regulators would be expected to report on in relation to the “effectiveness” of arrangements, because this is a subjective term and there is a risk the provision may be applied differently by different regulators. Moreover, it is highly unlikely that regulators could assess effectiveness through statistical analysis alone, as we would need to consider other information beyond raw FtP data, such as analysis of quality assurance processes, participant feedback, and FtP appeal outcomes.

### **Reporting and planning cycles**

4.16. We would find the reporting and planning cycles created by the draft order to be needlessly awkward. Articles 16(7)(b) and 17(4)(b) have the effect of shifting the annual report cycle to the date when the provision comes into force, which would not necessarily align to a sensible date for ongoing business planning purposes. Then, under Article 18(4), the strategic plan would be required to operate on a cycle which is six months offset from the annual report cycle. And further, under Article 23(1), the regulator would need to prepare annual accounts in respect of each financial year, representing a different cycle again. At the time of GDC reform, we would be seeking an alternative approach to better coordinate cycles for maximum efficiency and minimum disruption.

### **Privy Council default powers**

4.17. We would generally have no concern about being subject to the Privy Council’s default powers, which would appear to balance the greater flexibility afforded by reform, with greater accountability. These powers could lead to the Privy Council directing us regarding the exercise of our functions (or taking over in the action of our functions) in circumstances where they consider we have failed to carry out those functions. In such circumstances, under Article 24(1), the Privy Council would first have to notify us of their opinion and require us to make representations. We would recommend that the drafting is updated to also allow other interested persons to make representations, as this may be appropriate and necessary to inform Privy Council decisions.

### **Duty to consult on rules**

4.18. Regarding Article 80(3), we agree that regulators must consult before making rules, and that representatives from the groups listed at Article 80(3)(a)-(e) may be relevant to consult. Our understanding is that the policy intention is that the duty applies only in so far as the listed groups appear to the regulator likely to be affected by the rules. However, the drafting at Article 80(3) reads as though representative from all groups must be consulted (even if this is to varying extents), as opposed to there being a possibility that some groups may not need to be consulted (which we believe to be the policy intention). We would seek for the drafting to be amended for clarity.

4.19. A similar issue presents at Article 80(4). This provides that where the regulator considers it is not appropriate to consult before making rules by reason of urgency, it must consult the representatives of the same set of groups as soon as practicable after the rules are made. Again, we think that the policy intention is that the duty to consult applies in so far as the listed groups appear to the regulator to be affected by the rules. However, the drafting reads as though representative from all groups must be consulted in these circumstances. We would seek for the wording to be changed so that it results in the intended effect.

### **Constitution of the regulator**

4.20. Under reforms, a Unitary Board would replace our existing two-tier governance structure. We have no objection to this, but highlight we are confident that our existing structure already delivers high standards of governance and accountability, so we do not see that a Unitary Board would necessarily add value in that regard. It would be important for a Unitary Board to retain independence between Executive and Non-Executive Members for effective oversight and accountability.

4.21. Schedule 1 Paragraph 5 sets out that the Privy Council must by order make further provision as to the constitution of the regulator. We would need to review the draft constitution order for the GDC to fully understand the composition of the new Unitary Board and properly assess the impacts of this change. We note the strength in our existing Council composition, which comes from the balance of lay and professional members and four-nations representation.

4.22. With regards to the appointment of members, Schedule 1 Paragraph 2(3) provides that the Privy Council must determine the period of appointment of Non-Executive Members, up to a maximum period of eight years. We had previously understood that the policy intention was for the Privy Council to determine the length of the Chair's term in consultation with the regulator, however the requirement to consult the regulator is not expressed in legislation. We support this intention, and if it has not changed, we would seek to make the requirement to consult the regulator clear on the face of the order.

4.23. With regards to appointment more generally, we read the draft order as retaining flexibility for appointments into roles which are not members of the Unitary Board, including executive directors.

4.24. Lastly, Schedule 1 Paragraph 8A(2) of the Dentists Act provides that "Standing orders of the Council may make provision with regard to the provisional suspension of a member of the Council from office, pending the taking of a decision about the suspension or removal from office of the member in accordance with the provisions of an order under section 1(2A)". We would recommend equivalent provision at Schedule 1 Paragraph 6 of the draft order, to reduce the risk of challenge were we to set out the procedure for provisional suspension of members in standing orders and take action in this regard. We note that Schedule 1 Paragraph 5(2)(d)(ii) indicates that a future GDC constitution order may refer to the circumstances where members are suspended (as opposed to provisionally suspended).

## **Appeal Panels and FtP Panels**

- 4.25. We think that the policy intention is for Panels to be convened from a standing group of appointed panellists, in order for the regulator to carry out appeals and FtP functions. However, the drafting at Schedule 1 Paragraph 19 appears to conflate the standing group of panellists with the specific Panels which will sit to determine an appeal or FtP outcome, and should be amended for clarity.
- 4.26. While we recognise that the regulator could stipulate a Panel's constitution in rules in a way to promote fair outcomes, in light of the fact that an Appeal Panel would be a new entity to facilitate the internal appeal procedure contemplated by reforms, it would be helpful to clarify the expectations around Panel constitution in terms of lay versus professional representation, and the independence of panellists. Please also see our comments at sections 6.31-6.32 (on revisions and appeals) which are relevant.

## **Delegation by the registrar**

- 4.27. Schedule 1 Paragraph 23(1) sets out that the regulator must appoint a registrar, and under Paragraph 23(2), the registrar is to exercise on behalf of the regulator the functions conferred on the registrar by or under the order.
- 4.28. Tasks assigned to the registrar should be able to be delegated by the registrar to appropriate staff, as per the policy intent. However, Paragraph 23(2) reads as though the registrar does not have powers to delegate and must carry out all of the functions which are conferred on them. We would seek for the wording to be updated to reflect the policy intent, for example, similar to the wording in the Dentists Act: "The registrar may delegate, either generally or specifically, any of his functions to any of the Council's officers."

## **5. Comments on education and training proposals**

### **'Suspension' of approval or determination**

- 5.1. Under Article 26, the regulator may approve UK or international education and training which meets its specified standards, and – in international contexts only - determine that education or training is of a standard appropriate to practising as a UK professional. Approvals and determinations may be subject to conditions, time limited, varied or revoked.
- 5.2. We welcome the flexibility that this provides, however we would want to ensure that our reformed legislation contains powers which enable us to suspend approvals or determinations. The effect of suspension would be distinct from revocation in respect of the speed with which it applies (withdrawal decisions would be delayed due to the provider's right to make representations, meaning a prolonged period where any presenting risks remain) and the effect of decisions to lift suspension potentially being quicker than that of decisions to reinstate approval.

- 5.3. Suspension would be beneficial over withdrawal in certain cases, particularly in scenarios where providers are facing unanticipated challenges which affect the quality of teaching for students or trainees. For example, learning from our pandemic experience, in extreme and unforeseen circumstances there may be pressures placed on dental education which restrict the opportunity for students and trainees to acquire the full breadth of experience required for safe and effective practice. In those rare circumstances there may need to be an accelerated route to suspend approval for education and training, until shortfalls can be addressed. This would provide a clearer route for students to be able to apply for registration once a suspension is lifted.
- 5.4. While we recognise the powers to attach conditions to, and vary, approvals and determinations, we are not convinced that these could necessarily be used in a way which has an effect akin to suspension. Further, these powers carry a right to make representations for the provider concerned, which would hinder the benefit of timeliness associated with suspension.

### **Requiring information or documents from providers**

- 5.5. Under Article 27, the regulator may require education and training providers to supply information or documents - effectively for monitoring, quality assurance or decision-making purposes. However, the draft order does not provide a route for a provider to be compelled to supply that information in the event that they do not comply with the regulator's request. We would expect the framework to include a power for the regulator to seek a court order for the relevant information to be produced (similar to the enforcement approach associated with evidence gathering powers under Article 61), to address any risks around non-compliance.

### **Co-ordination of education and training**

- 5.6. Under the provision at Article 31(1), the regulator may take steps as it considers appropriate to "promote high standards of education and training", and "coordinate stages of education and training". Co-ordination may include the development of a policy for general application to education and training, and facilitating the implementation of that policy.
- 5.7. We seek clarity as to the specific activities that DHSC contemplates wider healthcare professional regulators performing in these areas, as the powers appear quite vague and broadly drawn, and we would want to think carefully about how they could be used effectively in the dental context. Roles within the current dental education and training sector are multiple and varied, and we consider the future roles the GDC could play should be focussed on only those with a clear link to public protection.

## 6. Comments on registration proposals

### Configuration of the register

- 6.1. With regards to Article 32(1) and the proposal for the regulator to keep a single register, the GDC currently maintains two registers – one for dentists, the other for DCPs which are presented as a single public-facing register. We are of the view that these two registers are, and would continue to be, regarded as parts of the same public-facing register, and we would seek to maintain this arrangement. We assume, based on the drafting, that this would be acceptable despite them technically being separate databases.
- 6.2. We note in relation to Article 32(2), that the GDC DCP register is sub-divided by six specific DCP titles. The dentist register is not sub-divided but is associated with 13 specialist lists. Additionally, a very small number of dentists on the register are listed as temporary registrants. These arrangements would need to be appropriately accounted for in any new register structures for the GDC.
- 6.3. Specialist list arrangements add further complexity in that EU retained legislation requires us to keep separate lists for the two specialties of orthodontics and oral surgery. Therefore, we would also need to consider the European Primary and Specialist Dental Qualifications Regulations 1998 and any interaction with the end of the EU Exit stand-still period, in relation to GDC registration reforms.

### Publishing information on the register

- 6.4. Under Articles 32(7)(a)(ii) and 33(2), the regulator must publish register entries to include information about any warnings issued, registration measures imposed, or interim registration measures imposed. The drafting appears to have the effect that publication of that information on the register would be for an indefinite period, even though this may be disproportionate in certain cases (for example, where no impairment has been found and a warning has been issued to a registrant). The GDC currently treats the period of publication for similar information on FtP or Interim Order Committee outcomes as a matter of registrar discretion, and we articulate how this discretion will be exercised through our Disclosure and Publication Policy. We would be seeking continued discretion in this area under our own reformed framework.
- 6.5. Additionally, we seek clarity around the breadth of interpretation of Article 33(2)(d), and its reading in conjunction with Article 32(7)(b), to ensure that we are able to continue to record and publish information relating to qualifications and dental specialties.

## **Standards for registration**

- 6.6. Article 34(1) of the draft order sets out that the regulator must set registration standards for knowledge and skill, experience, professional performance, conduct and ethics, English language proficiency, and such other matters as the regulator considers appropriate. Our comments below describe some of our concerns in connection with these standards.
- 6.7. We would welcome clarity on the intention behind the inclusion in Article 361(1)(a) of the reference to the standards for education and training, since having achieved an appropriate qualification is a requirement of meeting the standards applicable to registration.
- 6.8. As regards assessment of conduct and ethics, our current registration requirements include a “good character” element. We assume that what is envisaged from the requirement to assess conduct and ethics is that regulators continue to carry out such checks upon registration, but would welcome clarity on the expectation, and particularly whether this includes additional steps or processes (e.g. requirements for longitudinal behavioural assessment, or many varied pieces of evidence).
- 6.9. An assessment of ‘ethics’ is potentially particularly problematic. While the GDC has a role in promoting ethical behaviour as part of professionalism, and communicates ethical principles via its standards and guidance, we consider that ethics (given their ordinary definition) are not something we can assess, nor have a remit to assess, for registration. The term ‘ethics’ is not used in the GDC’s extant legal framework and in this context, it is unclear what ‘ethics’ adds beyond ‘conduct’.
- 6.10. As regards professional performance, it would seem odd for an applicant to meet these standards until they are a practising professional, so these standards may be more relevant to maintaining, but not necessarily obtaining, registration.
- 6.11. We have strong concerns for international applicants, who are at greater risk of being disadvantaged by an approach which includes a mandatory assessment of professional performance, conduct and ethics. Differences in international jurisdictions (for example, variation in codes of conduct or ethics) may mean that they are less likely to have the requisite evidence – even if under our existing model we would consider them safe to join the register and expect them to uphold professional standards around performance, conduct and ethics once registered.

## **Restrictions and enhancements on registration**

- 6.12. In principle, we support a model of restrictions and enhancements on registration which would allow us more flexibility to regulate the practice of defined groups of registrants. This could offer more opportunities for the safe transition of new and returning registrants (including internationally qualified professionals) into practice through restrictions, as well as for indicating enhanced elements of practice where appropriate.

- 6.13. The proposals for restrictions are intended to enable provisional registration type arrangements. We note that they convey a model of annotations for the register (with powers to limit the duration of registration and to remove the professional from the register if they breach a restriction), as opposed to a true model of provisional registration. This is a very different drafting approach from the Government's previous proposals for the provisional registration of overseas qualified dentists, which we engaged on extensively from 2024 to 2025 (but which the Government decided not to advance at the time). We would need to consider the proposals for restrictions against our previous analysis of GDC-specific provisional registration proposals, as well as the options for routes to international registration we are currently developing as part of registration improvement work (see section 6.28) - to ensure that the model of restrictions would provide sufficient flexibility for the full range of potential provisional registration use cases.
- 6.14. We take from proposals that enhancements would reflect the speciality status of registrants. In the dental context, speciality status does not currently lead to legally enhanced scope, but does permit professionals to use protected speciality titles.
- 6.15. The right for a professional to appeal a decision made to revoke an enhancement on their registration is missing from the order. We do not believe this is the policy intention.

#### **Mandatory removal of an entry from the register**

- 6.16. At Article 38(3), there is a duty for the regulator to remove an entry from the register when the regulated professional in question has died. We agree with this, but to make this fair and workable we would recommend that the obligation is triggered once the regulator has been made aware that the professional is deceased.

#### **Periodic assessment**

- 6.17. In relation to Article 42, we broadly support the increased flexibility for the regulator to design and implement a process for the periodic assessment of regulated professionals. This would enable us to make improvements to the annual renewal/Continuing Professional Development (CPD) process that we currently use as the ongoing assurance mechanism for our registrants.
- 6.18. Our understanding is that the intention is for there to be no obligation for regulators to deliver the medical model of revalidation under reforms, and that the drafting should be accommodating of the entire range of models for registration renewal currently used by different regulators. We very much welcome this approach, because we would have the flexibility to devise the best option for the dental environment, wherever it sat on the spectrum of registration renewal models. However, as it stands, we cannot see that the drafting would encompass our existing renewal model, as while the powers for periodic assessment are broadly drawn, they require the assessment of registrants against specified standards, which our existing CPD model does not involve. There is therefore some ambiguity around the policy intention and whether it has translated into drafting.

6.19. We seek clarification on what could be considered an assessment, as a genuine assessment process akin to revalidation would be a major change for dentistry and extremely challenging to implement in the dental system. For example, in dentistry there are many private providers and small practices which do not benefit from the same clinical governance structures as would be found in an NHS hospital setting, say. We would definitely not want to be in a situation where we were inadvertently forced into delivering a revalidation model when this is highly unlikely to be workable or the most effective option in dentistry.

### **Emergency registration**

6.20. Although we have no objection to the set of emergency registration powers proposed, we consider that emergency registration would have very limited utility in the dental context. For example, in our experience of the COVID-19 pandemic, dental service provision was initially reduced to urgent care only, with many dental professionals redeployed to support wider non-dental healthcare services. While we received a small number of requests from former registrants to reactivate their registration, that was with the desire to provide pandemic care, rather than to practise dentistry. Therefore, the emergency did not lead to a workforce shortage which an emergency register could have addressed; nor would it seem appropriate to establish an emergency register when we do not anticipate those that join it to practise their registered profession.

6.21. In proposals, those registered under emergency powers would be exempt from certain parts of legislation (for example, registration application and FtP processes) under Article 44. It would make sense to similarly disapply legislation on interim registration measures, given that these individuals would not be applying for registration, nor would they be subject to FtP proceedings.

### **Registration offences**

6.22. The approach for registration related offences in future GDC legislation must differ from that in the draft GMC order, to enable us to address risks arising from the unique dental context. In GMC proposals, these offences are intent offences, when the GDC currently operates on a basis of strict liability for illegal practice cases.

6.23. We understand that the rationale for this may be that it provides a means for proportionate resolution of concerns when there is no intent to deceive; however within our current strict liability model, the [GDC's prosecution policy](#) provides alternatives to resolving concerns through criminal prosecutions and as a result there are already opportunities to take consistent and proportionate action when the GDC is assured that the public is protected and there is ongoing compliance with the Dentists Act. Therefore, there is a significant risk that the burden of proving intent becomes an inappropriate barrier to enforcement action, which in fact counters efforts to protect the public.

6.24. The GDC is firm in its position that strict liability offences are a more appropriate means to offer protection to the public from illegal practice in dentistry. This is because the nature of illegal practice in dentistry is different to some other professions where practice

mostly takes place within the managed sector and titles are not protected. Examples of features of the dental context which illustrate how different types of public protection risk arise, include that:

6.24.1. A significant proportion of dentistry takes place in private settings.

6.24.2. There is increasing incidence of new models of dental practice (including cosmetic dentistry) becoming more accessible to members of the public through disruptive business models.

6.24.3. The business models we have seen and taken action upon include risk of harm from uninformed and unqualified individuals establishing themselves, or being established through a parental organisation, in remote or pop-up services.

6.25. There is still a precision of meaning attached to dental professional titles – and ‘dentist’ especially – which has been lost in respect of some other professional titles. For example, there are circumstances in which people refer to themselves or others as ‘doctor’ or ‘nurse’ without being registrants and without any intent to deceive. That is not the case with ‘dentist’, where it is not easy to think of benign circumstances in which somebody describes themselves as a dentist without being one. That clear delineation has value on both public policy and public protection grounds and is a further reason to treat the misuse of such titles as strict liability offences.

6.26. In 2025, the GDC received 866 concerns in relation to the illegal practice of dentistry or misuse of protected titles. The GDC’s rigorous prosecution policy sets out the approach to be taken when considering such concerns. In the first instance, the GDC will seek to dispose of matters in the most appropriate and proportionate way which typically results in issuing a warning letter or conducting a compliance visit. Notwithstanding this, the GDC receives a number of complaints each year which warrant prosecution in the criminal courts. Therefore, we consider strict liability offences essential to the model for public protection in dentistry.

6.27. We would need to work closely with DHSC to review the approach for GDC-specific offences, including offences for the practice of dentistry and carrying on the business of dentistry by an individual who is not registered or exempted from the prohibition. Our future framework must preserve existing mechanisms proven to protect the public.

### **International registration**

6.28. Following the introduction of new flexibilities to our international registration legislation through the Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives (International Registrations) Order 2023, to improve its international registration processes the GDC has been working towards the development of a comprehensive and accessible framework to register internationally- qualified dental professionals. This is a significant longer-term piece of work, with plans to deliver on a range of workstreams throughout our current strategy period. It is also key in supporting cross-sectoral efforts to address the widespread dental access challenges faced by the public. It is essential that

everything provided for under our extant international registration legislation is similarly provided for under a future GDC order, so that legislative barriers are not inadvertently put in the way of our work by wholesale reform.

### **EU qualified professionals and standstill arrangements**

- 6.29. In proposals, the draft sets out separately the process enabled by standstill arrangements for the near-automatic recognition of EU qualifications listed in the relevant table of Annex V of European Directive 2005/36/EC. At Article 46(3), the drafting has the effect that a regulator may designate qualifications listed in the table such that they are exempted from these recognition arrangements, subject to Privy Council consent. We would welcome designation as a useful safeguard in cases where there was evidence an EU qualification was not meeting our standards, so that we were not required to recognise it automatically. However, we highlight that because of the way Annex V is configured, 'qualifications listed in the table' would be at country-level, rather than the level of a particular qualification from a particular institution. We query whether this is the intention, as we consider that designation may operate more helpfully at a more granular level, to avoid whole countries being excluded from these recognition arrangements if this is not proportionate.
- 6.30. In the absence of constraints associated with former treaty obligations, we also seek clarification as to why Privy Council oversight of designation decisions would continue to be required. This seems to sit at odds with the fact that under Article 26, regulators would have the discretion to approve or make determinations about non-EU international qualifications, and revoke approvals and determinations, without Privy Council involvement.

### **Revisions and appeals**

- 6.31. From Article 66 through 78, the model for revisions and appeals for registration (and FtP) decisions is very complicated to follow when tracking the routes for different decisions through the drafting. We seek clarity on the underpinning policy intention, to fully assess whether any risks arise from this, whether the intended effects have been achieved in drafting, and whether the drafting approach could be simplified. It is important that the routes for revising or appealing regulatory decisions are clear for all stakeholders, especially where decisions impact the rights of others or have consequences for public protection.
- 6.32. We would also like further information on the expectations around the proposed process for internal appeals via a regulator's Appeal Panel. Operating appeals in this way would be a change for the GDC, and we would need to consider carefully how to use these powers – for example, to develop appropriate grounds and permission criteria for appeal. In addition, it would be helpful to understand the intended mechanisms for the oversight of decisions made under these powers, as proposals leave no option for internal appeal decisions to be revisited, except for a scenario where the person to whom the relevant decision relates makes an appeal to the appropriate court following a disposal by the Appeal Panel.

## **7. Comments on proposals for FtP and interim registration measure proceedings**

### **Overall FtP model**

- 7.1. Regulatory reform offers a rare opportunity to create an innovative and flexible framework around our functions, which should be maximised. Although the proposed FtP model provides regulators with much more flexibility in how they manage FtP proceedings, so that it would be easier to reorientate efforts around the most serious concerns and close cases more quickly when there is no risk to public protection (and this could certainly lead to significant improvements from where we are now) – ultimately, the model remains an adversarial three-stage process.
- 7.2. We know that stress in the FtP system stems from the drawn-out and adversarial nature of proceedings and the uncertainties around case progression, and we share the Government’s ambition to reduce this. Therefore, we plan to consider whether or when the three-stage structure locks us into a more elongated process, and if there are other more innovative approaches to FtP which could result in further improvements to FtP experience and outcomes for patients, registrants and witnesses.
- 7.3. As set out in our Corporate Strategy, the GDC is already committed to delivering FtP improvement work under its existing framework, which is integral to trusted and effective regulation. We will want to ensure that the progress we make is protected and enhanced under reforms.

### **Impairment of fitness to practise due to criminal conviction**

- 7.4. In proposals, a registrant’s fitness to practise would be deemed impaired automatically if they have been convicted and sentenced in line with the listed offences at Schedule 4. Such circumstances would result in their automatic removal from the register under Article 38, without the need to instigate FtP proceedings. We would agree with this approach for listed offences which are fundamentally incompatible with registration.
- 7.5. However, it is critical to highlight that there is other criminal behaviour, beyond listed offences, that would be relevant for regulators to consider under FtP proceedings, and may also be incompatible with registration. It would be beneficial for it to be expressly stated in legislation that criminal convictions not included in Schedule 4 may be considered under the impairment/misconduct FtP route (i.e. via Article 49(1)(b)), so that it could not be argued that silence on other criminal convictions indicates they are not a consideration for FtP. It is important the inclusion of listed offences does not hinder us in any way from considering other types of criminality, or requesting information associated with other types of criminality, in relation to FtP.

## **Impairment of fitness to practise due to standard of care, misconduct or health**

- 7.6. There are three grounds for impairment in the proposed FtP model: inability to provide care to a sufficient standard; misconduct; and health.
- 7.7. The drafting approach which sets out these grounds is potentially problematic. Article 49(1) stipulates that the fitness to practise of a regulated professional *may* be impaired if the regulated professional is unable to provide care to a sufficient standard, has behaved in a way which amounts to misconduct, or is adversely affected by a physical or mental health condition. We understand that there may be circumstances where misconduct or a health condition does not equate to impairment (e.g. for misconduct, which is not serious enough, or a where the symptoms of a health condition do not affect professional practice), and therefore the word “may” appears to make sense in connection with these two grounds. However, we would consider it impossible that a professional who is unable to provide care to a sufficient standard could ever be found fit to practise, and therefore the word “may” does not work in connection with that ground. We suggest that a drafting approach similar to that used in the AAPAO (“fitness to practise being impaired is a reference to impairment by reason of...”) or the Dentists Act (“fitness to practise as a dentist shall be regarded as ‘impaired’ for the purposes of this Act by reason only of...”) would bring more clarity.
- 7.8. In addition, we would want to ensure that the wording at Article 49(1)(a) (“is unable to provide care to a sufficient standard”) does not prevent us – where the circumstances are serious enough - from taking action against someone who has provided sub-standard care on one occasion but who is still considered able to provide care to a sufficient standard more generally. It would be helpful to understand DHSC’s policy intention on these sorts of cases in case another approach for dealing with them is contemplated instead.
- 7.9. We would also want to ensure that the ground of inability to provide care to a sufficient standard does not restrict us only to considering harm once it has occurred, and enables us to also consider the potential for future harm when a concern is raised.
- 7.10. The GDC will need to consider how the grounds in its current structure (misconduct, deficient professional performance, health, criminal convictions and rulings from another regulatory body) map onto the proposed grounds and whether this would confer any risks. With regards to the proposed misconduct ground in particular, please see our comments in sections 7.4-7.5 which are relevant. It must be ensured that misconduct allows for circumstances involving criminality where appropriate.
- 7.11. We note that we very strongly support the change in DHSC’s policy position which has resulted in the re-introduction of health as a distinctive ground for concern, having previously been omitted in the AAPAO. Health as a separate ground would much better enable us to design supportive and compassionate FtP approaches for registrants who are affected by poor health or disability, and reduce the risk that this group of registrants is inappropriately disadvantaged by FtP proceedings.

## **FtP guidance**

7.12. Under Article 49(3), the regulator must issue guidance on what may constitute impairment of a professional's fitness to practise. It would be vital for this guidance not to inappropriately constrain FtP decision-making, nor to undermine regulatory approaches for promoting professional standards (for example, we would want to avoid a situation where registrants were looking to FtP guidance, rather than guidance on professional standards, to guide their behaviours and practice); and therefore, our assumption is that it would relate to thresholds around initial assessment and Case Examiner stages, or the circumstances which could (or would never) give rise to an allegation. However, we seek confirmation as to the nature and scope of guidance envisaged here.

## **Initial assessment stage**

7.13. We very much support the Government's general intention to give regulators more discretion around FtP thresholds and when they choose to investigate. However, we seek clarity around how regulators are expected to treat a concern once received, as some of the drafting could be interpreted to give rise to effects which do not seem to align with the overall intention, or which generate some ambiguity.

7.14. Under Article 50(1)(a), where the regulators consider that the fitness to practise of a professional *may* be impaired, they *must* carry out an initial assessment. The ordinary reading of the wording at Article 50(1), notably "may" representing a low threshold, followed by the obligation of "must", appears not to provide much flexibility for the regulator. It would be very important to avoid a situation where the drafting does not tie us into opening up the FtP process for concerns where it is not needed.

7.15. Further, the same drafting appears to have the effect that the regulator first needs to have considered if a registrant's fitness to practise may be impaired (i.e. almost a pre-assessment), before the initial assessment is undertaken. We query whether this is the intention, or whether this drafting approach has been used for a particular reason – for example, to allow regulators to operate a "triage" stage (e.g., to divert or close concerns which are categorically not matters for the regulator), or to enable regulators to be aware of a third party investigation but without opening an initial assessment.

7.16. Linked to our comments at section 7.12, we also query if the expectation is that regulators would set out in guidance the sorts of concerns or circumstances that could (or would never) amount to fitness to practise impairment, and use this to assess whether a concern should reach initial assessment stage.

## **Case Examiner decision making and discretion to refer to Panel**

7.17. We understand the policy intention is for the regulator to have discretion as to how many Case Examiners it appoints to make a determination on a FtP case. However, this intention has not translated into the drafting. Even if read alongside the broad powers to make procedural rules (Article 64) and to appoint (Schedule 1 Paragraph 25), the language throughout the draft order refers to a singular Case Examiner, which we

interpret as limiting decision-making to one Case Examiner only. We would suggest that the drafting approach is updated to reflect the intention (for example, amending the definition of Case Examiner in the interpretation section).

7.18. We seek clarification on the expectations around the circumstances in which Case Examiners refer cases to a Panel, prior to having made a fitness to practise determination. Under Article 51(1), Case Examiners must determine whether the fitness to practise of a registrant is impaired, or, where they consider appropriate, refer the case to a Panel. We would have assumed that Case Examiners should only refer when they cannot make a determination, to reduce the risk of needlessly prolonging FtP proceedings - so we seek clarity as to what the Government envisage may be the wider circumstances in which Case Examiners may consider it appropriate to refer. It could be that, for example, in exceptional circumstances there are certain types of case which could benefit from public ventilation, and the regulator could specify these in guidance – but the policy intention is unclear in this area.

7.19. Under Article 51, in the event that a Case Examiner finds that fitness to practise is impaired, there are also some circumstances which would leave no route for a Case Examiner to refer the case to a Panel, even where this would be appropriate. The circumstances are namely where:

7.19.1. A registrant does not respond to a proposed measure. As drafted, in these circumstances, a Case Examiner only has the option to impose the measure, but cannot refer.

7.19.2. There is a finding of impairment where no action is necessary (i.e. a proposed measure does not need to be put forward), but the registrant disagrees with the finding. As drafted, a Case Examiner could only refer if there was a finding of impairment *plus* a proposed measure was put forward, and the registrant disagreed.

7.20. We would want the drafting to allow for referral in the circumstances above.

### **Outcomes when no impairment is found**

7.21. In proposals, for FtP cases where Case Examiners or Panels find no impairment, they would have the option to issue the registrant in question with a warning.

7.22. For cases where no impairment is found, often there are degrees of concern that do not meet the threshold for a warning but may still need some kind of regulatory outcome which acts as a flag should the regulator see the same issue again with the registrant, or which is otherwise an appropriate outcome for the registrant in the circumstances. Currently, the Dentists Act gives Case Examiners the power to issue advice, which is an outcome that we believe serves this purpose. We would seek to retain advice as an option under GDC reforms.

## Registration measures

- 7.23. Under Article 53, the registration measures available to Case Examiners and FtP Panels are a condition on registration, a suspension of registration, or a removal of registration.
- 7.24. We would recommend that the drafting is updated to allow for multiple conditions on registration (as opposed to a singular condition), as more than one condition may be imposed on a registrant. This would also apply to drafting on reviews of registration measures, interim registration measures, and reviews of interim registration measures.
- 7.25. We would also recommend that the drafting approach is updated to allow for scenarios where a professional is registered under more than one title with the same regulator (e.g. a dental therapist may also be registered as a dental hygienist), as a sanction may impact registration under one title but not the other(s). Again, this would also apply to drafting on reviews of registration measures, interim registration measures, and reviews of interim registration measures.
- 7.26. Under proposals, a condition or suspension imposed as a registration measure may be issued for a maximum of 12 months, and extended for an additional period of 12 months on review. We consider this to be too short a period in certain cases because, for example:
- 7.26.1. Regulators may know from the outset that a sanction of longer than 12 months is required – for instance, in alcohol or drug dependency cases, it is recommended that a registrant demonstrates abstinence for at least 12 – 18 months. A limit of 12 months may introduce more review hearings, leading to increased stress and burdens on the registrant, and increased cost to the regulator.
- 7.26.2. There are High Court cases (e.g. Council for the Regulation of Health Care Professionals v GDC & Anor (Fleischmann) [2005] EWHC 87 (Admin), and GMC v Saeed [2020] EWHC 830 (Admin)) involving criminality where it has been concluded that a registrant’s sanction should last as long as their sentence (e.g. the length of a Community Order) to protect the public and maintain confidence in the professions.
- 7.27. Currently, the GDC FtP process enables us to apply substantive conditions for a period of three years. At the time of GDC reform, we would want to review proposals on the effective period of registration measures, to ensure that the safety and legal considerations above are not overlooked.
- 7.28. The GDC’s practice committees currently have the option to direct that a registrant is reprimanded when impairment is found. This sanction would ordinarily be used where the concern is low level and a restriction for public protection purposes is not required, but it is considered necessary to mark the registrant’s behaviour as unacceptable in the public interest. Depending on how we plan to use the FtP flexibilities afforded by reforms, we may seek to retain reprimands as an option.

## **Interim registration measure hearings**

7.29. Although Article 52(4) provides that FtP panel proceedings must be held in public for stage three of the FtP process (apart from in prescribed circumstances), the draft order is silent on whether interim registration measure proceedings should be held in public or private. We consider that interim registration measure proceedings should be held in private by default (with exceptions made in prescribed circumstances), to reduce the risk of adverse publicity for registrants at a very early stage of FtP proceedings, and provision for this should be made explicit on the face of the order, to align with the drafting approach at Article 52(4).

## **Reviews of registration measures and interim registration measures**

7.30. Article 55(3) provides that a Case Examiner or Panel may, *taking into account any changes* in impairment of the fitness to practise of the regulated professional, modify a registration measure in a range of ways. We would recommend that the wording of this provision be reviewed to avoid the risk that it constrains decision-makers from increasing or extending restrictions on registrants in situations where their overall level of impairment has not changed since the time the measure was initially imposed, but there is still a reason for an increase or extension. Examples of such situations may include:

7.30.1. When new concerns of the same nature have arisen in relation to a particular registrant whilst the measure has been in effect.

7.30.2. Where a registrant continues to experience the same level of alcohol or drug dependency.

7.30.3. Where a measure is not working and needs to be varied.

7.31. Similarly, in relation to interim registration measures, Article 59(4) provides that a Case Examiner or Panel may, *taking into account any changes* in what may be necessary for the protection of the public, otherwise in the public interest or in the interests of the regulated professional in question, modify the measure in a range of ways. It may be wholly appropriate for an interim registration measure to continue running in circumstances which have not changed since its imposition – in fact, an extension may be made on the basis that there has been no change in circumstances - so again, we would recommend that the wording of this provision be reviewed to avoid the risk that it constrains decision-makers from modifying the interim measure when there has been no change.

## **Publication of decisions**

7.32. In the drafting there are some inconsistencies around when decisions, revisions of decisions, and appeal outcomes must be published. This is because tests predicated on whether publication is necessary for public protection have been applied inconsistently. There are several examples of this, but using one to illustrate the point:

7.32.1. Under Article 54(4), the regulator would have to publish a decision of a Case Examiner to impose a registration measure.

7.32.2. Then, if the regulator revised the Case Examiner's decision, under Article 66(10) the regulator would have to publish this revision, unless the regulator considered that to do so would not be necessary for public protection.

7.32.3. If the original decision was appealed, then under Article 67(7), the regulator would have to publish the decision on disposal of the appeal, unless the regulator considered that to do so would not be necessary for public protection.

7.33. This irregularity poses the risk that revised decisions and appeal outcomes may not be published, even if the original decisions have been - which may be detrimental to public confidence. We would recommend that publication requirements for decisions made as part of FtP and interim registration measure proceedings (including reviews of measures) are made clear and consistent.

7.34. We appreciate that under the interpretation provisions at Article 81(1), the regulator would have discretion to publish decisions in the manner it considers appropriate (unless a contrary intention appears in the drafting). However, further information on the expectations around the requirements for the publication of FtP and interim measure decisions (including what elements of the decision should be published), would be helpful.

7.35. Under Article 54(4)(a), the regulator must publish the decision of a Case Examiner or FtP Panel regardless of the outcome. Given that a warning arises from a finding of no impairment, we consider that a duty to publish the decision *not* to issue a warning is disproportionate and should be removed.

7.36. Finally, please see our comments at section 6.4 (regarding the publication of warnings and registration measures on the register) which are also relevant.

### **Issuing writs of subpoena**

7.37. We believe there is drafting error at Article 62(1)(b). It sets out that a party to the proceedings may issue a writ of subpoena ad testificandum or subpoena duces tecum, but a party to the proceedings would have to apply to the High Court to issue one of these, rather than being able to issue one themselves.

### **Revisions and appeals**

7.38. Please see our comments at sections 6.31-6.32 regarding the drafting approach for the appeals model.

23 June 2026

# General Dental Council

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