

**General  
Dental  
Council**

# **Review of Education 2024-2025**

10 March 2026

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## Executive summary

The General Dental Council (GDC) regulates the whole dental team across the UK. We quality assure education and training to make sure that each programme meets our [standards](#). It is our statutory duty to ensure that prospective registrants fulfil the required learning outcomes so they can register with us.

Since September 2024, we have received 16 new programme submissions, 15 of which were approved. This is a 21% increase in the total portfolio of education providers that fall within the GDC Education Quality Assurance (EQA) team's remit. We have seen an increase in universities enquiring about becoming dental authorities, a status awarded by the Privy Council. Two new dental schools were approved and one of these providers was awarded Dental Authority Status in 2025. We also continue to see an interest in potential overseas providers.

With calls on the Government to prioritise dentistry and address the critical needs of the sector, and the proposed expansion of dental undergraduate training places as set out in the NHS Long Term Workforce Plan, there is clear opportunity and likelihood of further and significant growth in the number of dental and dental care professional (DCP) programmes.

This report sets out the EQA activity for the academic year 2024-2025 (September 2024 to August 2025).

Highlights from this year include:

- Granted provisional approval to **15** new programmes.
- Undertook monitoring of **34** programmes, consisting of **11** Dental Surgery (BDS/BChD/BDSi/LDS), **ten** Dental Hygiene and Therapy (DHT) programmes, **one** Orthodontic Therapy programme, **seven** Dental Technology (DT) programmes, **one** Clinical Dental Technology (CDT) programme, and **four** Dental Nurse programmes.
- The monitoring exercise resulted in an identified **11** risk-based inspections that will take place in the 2025-2026 academic year. **Seven** of these inspections are due to the time elapsed since previous inspections. After considering and identifying the potential risks of schools who have not been subject to quality assurance outside of the standard annual monitoring, we have developed a new process for time-elapsed inspections and will undertake this pilot process in the 2025-2026 academic year.
- Inspected **18** programmes across **12** providers; **ten** of these were risk-based inspections and **two** were new programme inspections; **six** re-inspections.
- Worked with all education providers to finalise the transition to the new Safe Practitioner Framework.
- Held a 12-week public consultation on updating the Standards for Education. Utilised feedback from the public consultation, Education Associates and education providers to finalise the new Standards for Education (published September 2025).
- Published [Guidance for Providers wishing to set up a Dental School in the UK](#).
- Undertook the Dental Nurse Thematic Review.
- Worked with the University of Manchester to undertake immediate improvements to both their BDS and Hygiene Therapy programmes that would provide assurance that students were graduating at the level of a Safe Practitioner.

## Background

The GDC has a statutory responsibility to promote high standards of education in all aspects of dentistry through its regulatory role. We set the requirements for all UK programmes that lead to registration as a dental professional and have quality assurance responsibility for education and training that leads to registration. We also make sure that each programme meets the requirements that have been set. This process helps us to fulfil our primary role to protect patients.

## The Standards for Education

Our [Standards for Education](#) have three standards and 21 requirements which apply to all UK dental education and training programmes leading to registration with the GDC as a dentist or DCP. The Standards are the regulatory tool used by us to ensure that a programme is fit for purpose and they are central to our quality assurance processes.

During the 2024-2025 academic year, we undertook a public consultation to update the Standards for Education. [The updated Standards](#) were finalised and published in September 2025. These will come into effect and be used for GDC QA activity from the 2026-2027 academic year. The GDC held a meeting with education providers and awarding organisations in November 2025 to share implementation plans.

The current Standards outline three areas that we expect education and training providers to address in their training programmes so that students and trainees who are awarded the qualification can then register to practise in the UK. These areas are:

<b>Standard 1 – Protecting patients (Requirements 1-8)</b>	Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount, and care of patients is of a suitable standard. Any risk to the safety of patients and their care by students must be minimised.
<b>Standard 2 – Quality evaluation and review of the programme (Requirements 9-12)</b>	Providers must have in place effective policies and procedures for the monitoring and review of their programmes.
<b>Standard 3 – Student assessment (Requirements 13-21)</b>	The programme’s assessment must be reliable and valid. The choice of assessment method must be appropriate to prove achievement of the <a href="#">GDC Learning Outcomes</a> . Assessors must be fit to perform the assessment task.

## Assessing providers against the standards

We assess education providers’ compliance with the Standards. We determine whether the ‘requirements’ that sit under each one are ‘met’, ‘part met’ or ‘not met’.

A requirement is met if:

‘There is sufficient appropriate evidence derived from the inspection process. This evidence provides the education associates with broad confidence that the provider demonstrates the requirement. Information gathered through meetings with staff and students is supportive of

documentary evidence and the evidence is robust, consistent, and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.'

A requirement is part met if:

'Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.'

A requirement is not met if:

'The provider cannot provide evidence to demonstrate a requirement, or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a requirement in terms of the overall sufficiency of a programme will depend upon the compliance of the provider across the range of requirements and the possible implications for public protection'.

## **Types of quality assurance activity**

We undertake three different types of quality assurance activity:

### **Evaluation of new programme submissions**

An education provider can submit a request to create a new programme. They must set out how they will ensure the qualification will meet the Standards, including how the students will demonstrate all the GDC learning outcomes. We review new submissions against our Standards with the help of our Education Associates (EAs). We then present recommendations to the Registrar. The Registrar makes the final decision on whether to grant provisional approval for DCP programmes.

If the programme is provisionally approved, it will be subject to a full inspection before the first student cohort graduates, and before it can grant full approval. The Privy Council awards Dental Authority Status to allow graduates of dental programmes to join the GDC register. Once approved, the GDC will then carry out quality assurance inspections of both BDS and DCP programmes to ensure ongoing sufficiency and approval and report their findings to the Registrar.

### **Monitoring**

We review written evidence submitted by education providers to ensure compliance with the Standards. Our EAs review the evidence and make recommendations about whether they meet the requirements. We may carry out an inspection if standards are partially or not met. An inspection can be planned within the coming academic year depending on the level of concern.

In 2022, we piloted a streamlined approach to our monitoring activity that meant providers could answer fewer questions when they submit documentary evidence to support their responses. Providers would return a signed declaration with their responses to support the integrity of the

response. This approach was well received, and we have continued to build on it throughout this academic year.

## Inspections

We undertake a risk-based approach to inspection, which can be triggered by several risk factors, such as:

1. Risks identified through the monitoring process
2. lack of progress against actions arising from monitoring or previous inspections
3. complaints received relating to the programme or provider
4. analysis of fitness to practise cases against recent graduates of a programme
5. issues identified in other programmes offered by the same provider.

An inspection will be undertaken by the EQA team and EAs. They meet with staff, students and stakeholders to explore the evidence against the Standards. They produce a report at the end of the inspection that might include requirements and recommendations for the education provider. Latest inspections are published [on our website](#).

## Reviewing new programme submissions

In 2024-2025, we received requests to consider 16 new programmes of education. Out of these, 15 were approved. Two of these submissions were for new BDS programmes, delivered by providers who have not awarded a BDS previously; both of these programmes are due to start in September 2026. One was received from a provider to deliver a Licence in Dental Surgery (LDS), also starting September 2026. Five submissions were received from education providers who have not delivered a dental qualification previously.

The 16 new programme submissions are set out below:

- Two BDS programmes
- One LDS programme
- Four dental hygiene and therapy programmes
- Three dental technology programmes
- Two clinical dental technology programmes
- Two dental nursing programmes
- Two orthodontic therapy programmes.

Name of programme	Outcome	Date of first graduating cohort
Cardiff Metropolitan University - FdSc Dental Technology	Approved	2026
University of Greater Manchester - BSc (Hons) Dental Hygiene and Therapy	Approved	2028
Queen Mary University of London - Licence in Dental Surgery	Approved	2028

Bangor University - BSc (Hons) Dental Therapy	Approved	2026
City & Guilds - Level 3 Dental Nursing Practitioner (Diploma)	Approved	2026
The Turret Academy - Diploma in Orthodontic Therapy	Not Approved	-
University of Lancashire - FdSc Dental Technology	Approved	2028
University of Lancashire - BSc (Hons) Clinical Dental Technology	Approved	2027
University of Lancashire - Diploma of Higher Education in Clinical Dental Technology	Approved	2027
University of Lancashire - Certificate of Higher Education in Orthodontic Therapy	Approved	2026
University of West Scotland - Certificate of Higher Education in Dental Nursing	Approved	2026
University of Portsmouth - Bachelor of Dental Surgery	Approved	2031
University of Huddersfield - BSc (Hons) Dental Hygiene and Dental Therapy	Approved	2028
University of Bristol - Bachelor of Dental Therapy	Approved	2028
University of East Anglia - Bachelor of Dental Surgery	Approved	2031
University of Hull - FdSci Dental Technology	Approved	2025

## Programme modifications

The programme modification process has been in place for two years and supports providers that want to make changes to existing programmes that do not need a full programme submission. It allows providers to inform the GDC of its plans, which we consider against set criteria for major, medium, and minor change. There were 12 programmes that used this process:

Name of programme	Type	Outcome	When follow up actions or recommendations will be reviewed
NEBDN – National Diploma in Dental Nursing	Medium	Accepted	Annual Monitoring 2025/26
University of Leeds - BChD	Major	Accepted	Inspection – February 2026
University of Leeds – BSc Dental Hygiene and Dental Therapy	Major	Accepted	Inspection – February 2026
University of Manchester - BDS	Medium	Pending	-
RCS England - LDS	Major	Accepted	March 2026
Teesside University – BSc Dental Hygiene	Major	Accepted	May 2026
NCFE CACHE – Level 3 Diploma in the Principles and Practices of Dental Nursing	Minor	Accepted	Annual Monitoring 2025/26
Cardiff Metropolitan University – Foundation Degree Dental Technology	Minor	Accepted	Annual Monitoring 2025/26
University of Bolton – BSc and FdSc in Dental Technology	Minor	Accepted	Annual Monitoring 2025/26
Newcastle University - BDS	Medium	Accepted	Annual Monitoring 2025/26
University of Suffolk – BSc (Hons) Dental Hygiene and Therapy	Minor	Accepted	Inspection 2025
University of Suffolk – BSc (Hons) Dental Hygiene and Therapy	Medium	Accepted	Annual Monitoring 2025/26

## Monitoring dental education programmes

### Risk-based monitoring activity

The 2024-2025 academic year was the third year of the GDC's revised approach to risk-based monitoring activity. It is a light touch check-in of how education providers are meeting the Standards between inspection activity. It has been well received by stakeholders, and all returns deadlines were met. The EQA team offered full briefings for the EAs and providers ahead of the monitoring commencing.

The EQA team held a ratification meeting in March 2025 and the providers were informed of their outcomes shortly after. There were four potential outcomes:

- Regular monitoring the following year
- Inspection in the next academic year
- Urgent inspection same academic year
- Additional monitoring – to provide clarity which would lead to one of the above three actions.

This year, we introduced a new outcome which was an inspection in the next academic year due to time elapsed since the previous inspection (five years). A new process has been developed and is being piloted in the 2025-2026 academic year, where we undertake a light-touch inspection with a provider where significant time has elapsed since their previous inspection, and the monitoring since then has not resulted in an inspection. This lighter inspection focuses on six requirements (1, 4, 7, 9, 13 and 15). If there are other risks identified from the monitoring exercise, additional requirements may also be included during the time-elapsed inspection.

The outcomes of the risk-based monitoring activity are shown in the table below. Of the 34 programmes monitored in the 2024-2025 period, we determined that 11 programmes would be inspected in the 2025/2026 academic year, seven of these are time-elapsed inspections. The remaining 23 programmes are to be subject to regular monitoring in 2025.

Programme Type	Activity
Dentistry (BDS, BChD, BDSi, LDS)	11
Dental technology	7
Clinical dental technology	1
Dental nursing	4
Orthodontic therapy	1
Hygiene therapy	10

Programme type	No further action*	Risk-based inspection	Urgent inspection	Time-elapsed inspection
Dentistry (BDS, BChD, BDSi, LDS)	2	1	0	8
Dental technology	7	0	0	0
Clinical dental technology	1	0	0	0
Dental nursing	4	0	0	0
Orthodontic therapy	1	0	0	0
Hygiene therapy	8	1	0	1

(\* with regular monitoring in the next academic year)

From the initial review by the EAs and the EQA team, eight programmes were subject to additional monitoring. Following these discussions, final decisions on the outcomes were made. Seven resulted in no further action, one resulted in an inspection. When the analysis of the monitoring returns is complete, the team use a risk framework to assess all internal and external data on all education providers to inform the quality assurance activity that should be carried out for each individual education provider.

Post monitoring team calibration meeting utilising the risk framework supported the triangulation of the data received within the monitoring exercise. Risk was considered for providers who were scoring well in their returns but had not been inspected for more than five years. In a number of those cases, an inspection for the next academic year was decided as a result.

## Inspections

We inspected 18 individual programmes in 2024-2025 across 12 providers. Two new programme inspections took place. Ten of the inspections were risk based and six were re-inspections. All inspections took place in person. Below is a breakdown of the number of inspections per discipline:

Programme Type	Inspections
Dentistry (BDS, BChD, BDSi, LDS)	4
Dental technology	1
Clinical dental technology	0
Dental nursing	1
Orthodontic therapy	1
Hygiene therapy	11

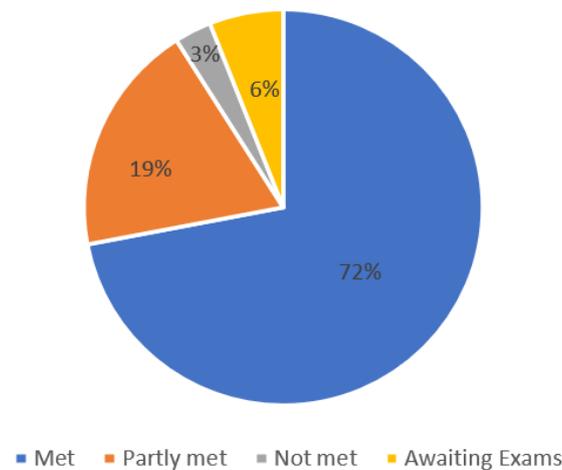
Out of the 18 programme inspections, 12 required exam inspections. All reports are published on the [latest inspections page](#).

## Performance against individual standards and requirements

We have analysed this year's inspection activity to identify common strengths and issues. From the 18 inspections conducted, all 21 requirements were scrutinised for nine programmes. Three of the nine were new programme inspections, where all requirements are always inspected, the other six were risk-based and enough risk was identified to inspect all 21 requirements. From the other nine programmes, there was enough evidence and data to show that some requirements were already met and were not considered further during the inspection. Out of the 18 inspections all have reports have been approved and published.

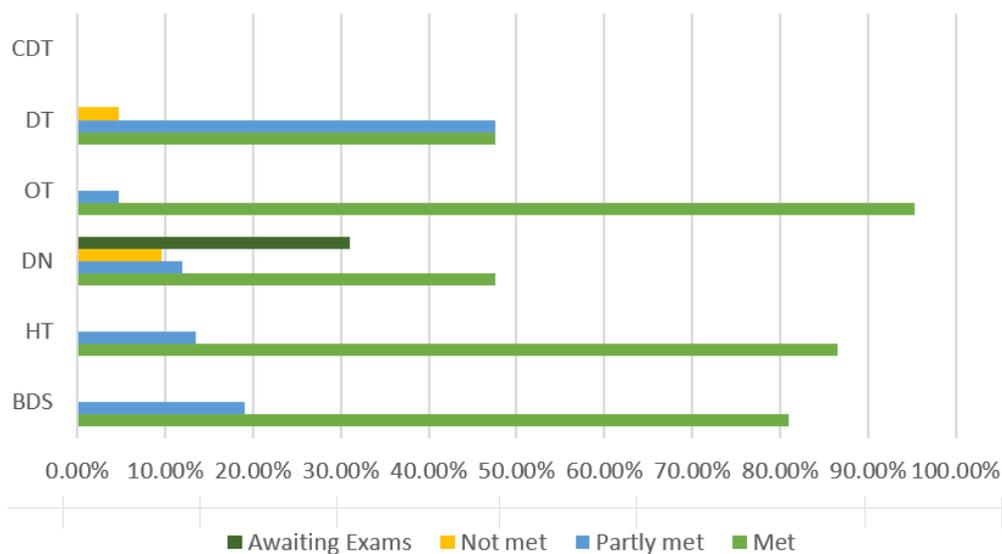
The chart below demonstrates the number of requirements that were “met” across all three Standards for all inspections in the 2024-2025 period:

**Chart 1: Percentage of met requirements 2024–2025**



This chart provides a breakdown of the requirements “met”, “part met” and “not met” by the different registrant groups:

**Chart 2: Total requirements by profession 2024–2025**

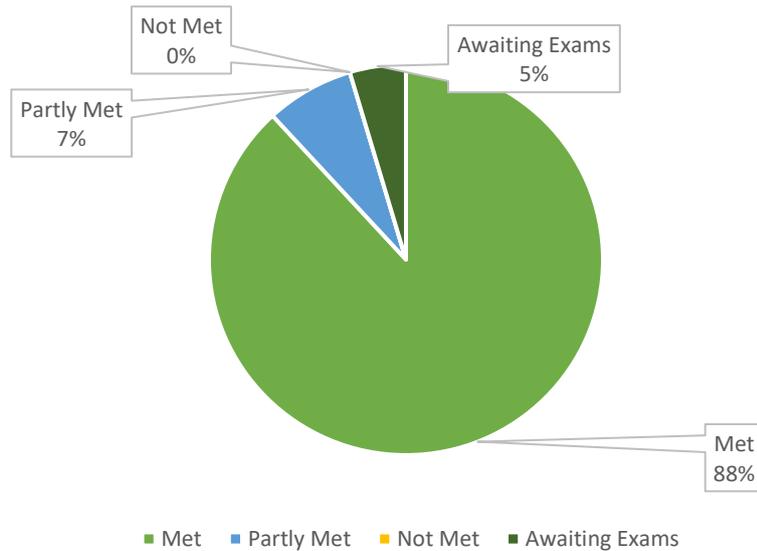


Although the data is yet to be completed with all the 2024-2025 inspection activity, with one inspection outstanding whilst we seek further assurance from that provider, there is an increase in dental nursing providers not meeting requirements. There is also an increase in dental technology providers partly meeting and not meeting requirements.

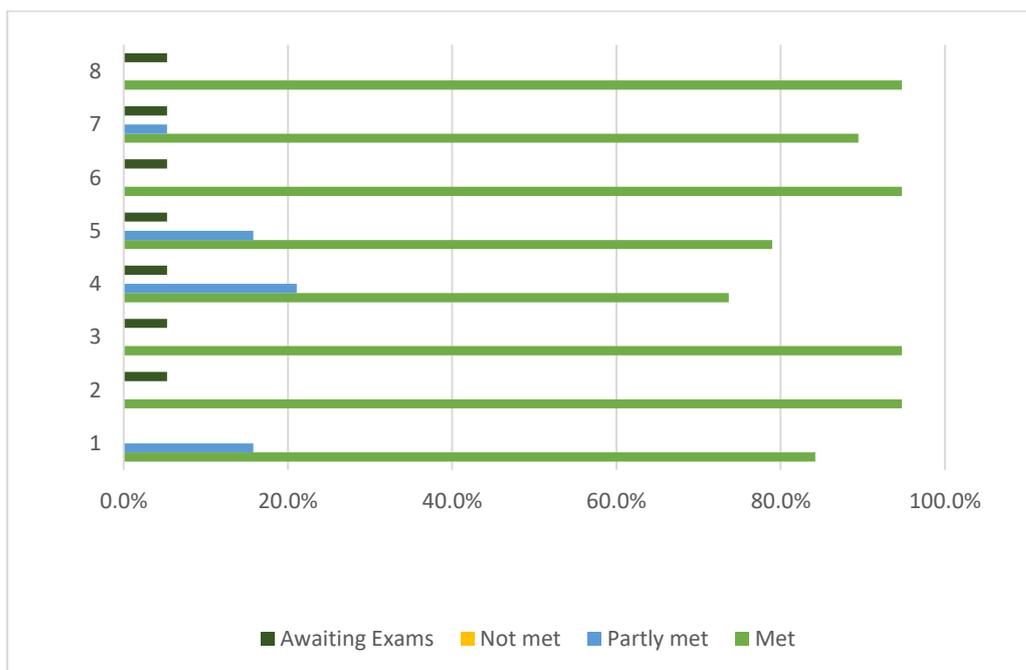
We gave these providers specific actions to achieve and have arranged follow up QA activity in the new academic year.

### Performance against Standard 1 – protecting patients (requirements 1-8)

The chart below shows the percentage of Requirements “met”, “partly met” and “not met” across Standard 1:



The chart below outlines a further breakdown per requirement for Standard 1 in the 2024-2025 academic year:



As in previous years, Standards 1 and 3, which relate to protecting patients, have the most “met” requirements across all the Standards. Within Standard 1, some requirements were ‘partly met’. Some of the areas identified for improvement were as follows:

- Centralisation of incident recording systems
- Patient consent to being treated by a student
- Ensuring that placements or workplaces were appropriately audited.

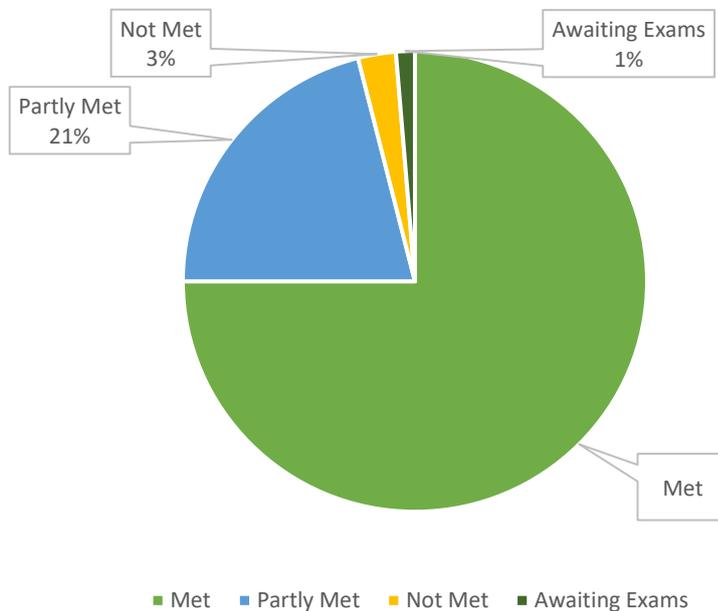
Examples of areas of good practice under Standard 1 included:

Teesside University - Dental Hygiene BSc
<b>Requirement 3</b>
Teesside University ensures student clinical activity occurs in safe, compliant environments. Good practice includes comprehensive safety governance with annual policy reviews, structured student induction with acknowledgment of policies before clinical work, easily accessible information via Blackboard, and embedded Equality, Diversity, and Inclusion (EDI) practices with staff and external supervisors trained and EDI integrated into the curriculum from induction.

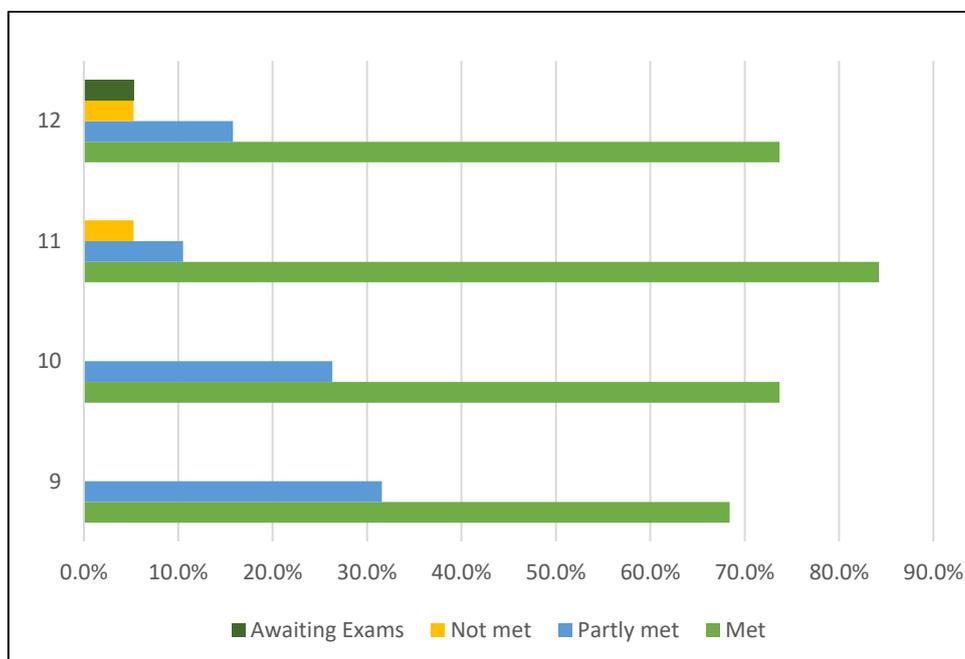
University of Edinburgh - Oral Health Sciences BSc
<b>Requirement 4</b>
The Edinburgh Dental Institute provides strong student support through a low supervisor-to-student ratio (1:5) and clinical pair work. Supervisors are fully qualified, trained, and supported by contingency plans for absences. Staff development is promoted via appraisals, personal development programmes (PDPs), continuing professional development (CPD), and team-building events including standardisation exercises. Clear separation of pastoral and clinical roles ensures effective academic and personal support, with outreach supervisors providing additional guidance.

## Performance against Standard 2 – Quality evaluation and the review of the programme (requirements 9-12)

The chart below shows the percentage of requirements “met”, “partly met” and “not met” across Standard 2:



The chart below outlines a further breakdown per requirement for Standard 2 in the 2024-2025 academic year:



Standard 2 remains the weakest of the three in terms of providers being able to demonstrate that they have fully met the requirements. Dental technology and dental nursing providers had the least amount of met requirements. There was only one dental technology provider and two dental nursing providers inspected in this academic year. One of the dental nursing providers was also only being inspected against six requirements and so the data showing met requirements includes the 15 requirements for that provider that were already considered met before the inspection. The other dental nursing provider was a new programme, and so all 21 requirements were included in the inspection.

Some of the reasons for programmes not fully meeting the requirements under this standard are:

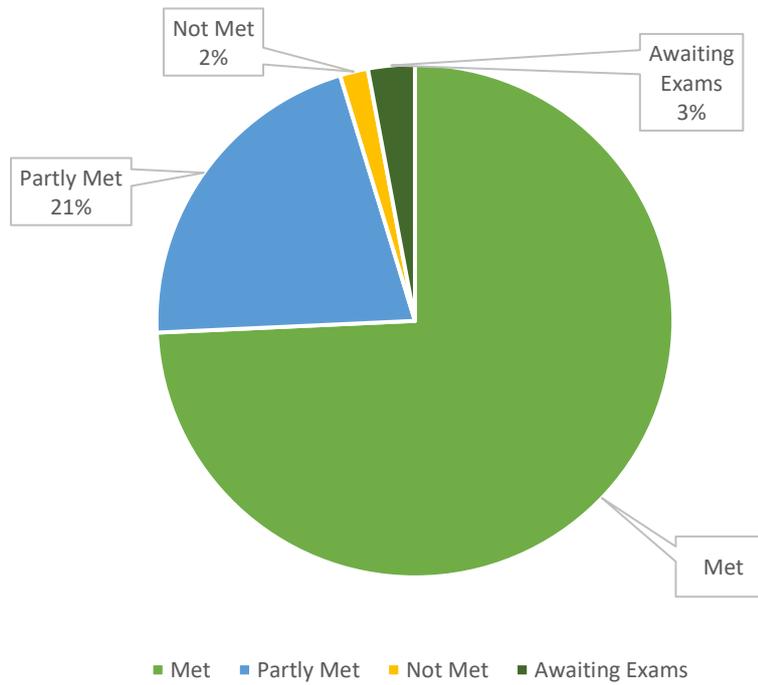
- Gateway policies not being applied appropriately
- External quality assurance around work placements and appropriate supervision
- Not utilising patient feedback to inform programme development.

Examples of areas of good practice under Standard 2 included:

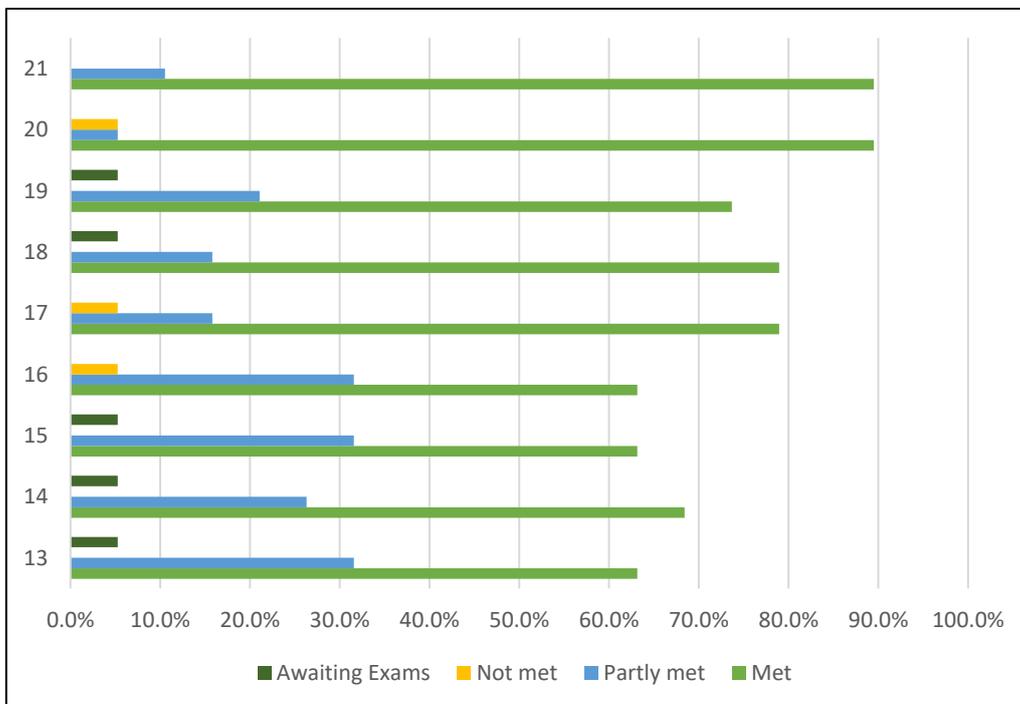
University of Essex – Oral Health Science BSc
<b>Requirement 10</b>
The university’s quality management framework effectively identifies and addresses concerns promptly. Robust internal moderation processes, including blind and double marking, ensure fairness and consistency. External Examiner (EE) feedback is actively reviewed, with actions documented through annual EE reports that inform programme improvements. Evidence confirms that feedback leads to measurable changes. Additionally, strong systems are in place to quality-assure placements and monitor student progress, ensuring timely intervention when learning outcomes are at risk.
Queen’s University Belfast – BDS
<b>Requirement 10</b>
Students have multiple routes to raise concerns, including the Student Voice Committee, module evaluations and directly with the school team. Where issues are identified, the school responds promptly and appropriately, with examples provided during the inspection. The provider also receives regular data from the postgraduate deanery on graduate performance in foundation training. This is used to monitor outcomes and inform programme development. There was no evidence of any unresolved risks affecting the ability of students to meet learning outcomes.

### Performance against Standard 3 – student assessment (requirements 13-21)

The chart below shows the percentage of requirements “met”, “partly met” and “not met” across Standard 3:



The chart below outlines a further breakdown per requirement for Standard 3 in the 2024-2025 academic year:



The overall percentage of requirements being met in Standard 3 has increased this academic year and provided further assurance that student experience was being suitably monitored, recorded, and assessed across the programmes inspected. There was also a slight increase in requirements not being met, from 1% to 2%.

Hygiene and therapy programmes made up most of the partly met outcomes under this standard. This is a trend we identified from the last academic year; however, they did make up the majority of inspections this academic year at 61%. The only not met requirements under Standard 3 are from a dental nursing new programme inspection.

Requirement 16 was the requirement across all 21 that most providers failed to meet. There was a total of seven programmes that did not meet this requirement.

The areas identified for improvement were as follows:

- Tracking of assessment and question banks to ensure exams are robust and appropriate
- Reviewing external examiner reports and ensuring recommendations are followed up
- Improvements in note taking during oral assessments, so more detailed feedback can be provided to students.

Examples of areas of good practice under Standard 3 included:

Newcastle University - BSc (Hons) in Dental Therapy
<b>Requirement 13</b>
The panel is assured that there is a good and robust system in place to assess students' progress and attainment. The panel reviewed 'BSc assessment structure flowchart' which demonstrated a clear approach to assessments. Students informed the panel that they receive good support and feedback.

University of Lancashire – Diploma in Orthodontic Therapy
<b>Requirement 18</b>
Reflection forms a big part of the programme. Each time a learner completes a directly observed procedure (DOP) within practice, they are required to record their reflections on the record within Leopard. This is then reviewed at the tripartite meetings and discussed with the learner and their clinical mentor. The school also deliver a reflective practice lecture within their professionalism and clinical practice module.

## Quality assurance of specialty education

During 2024-2025, the GDC completed a full review of the quality assurance activity of specialty education that was undertaken between 2020 and 2023. The EQA team worked with EAs and post-graduate stakeholders collaboratively to develop a draft framework for future quality assurance of post graduate training.

In November 2024, the team held an event for all specialty stakeholders where the draft framework was presented to seek feedback and collaboration from the stakeholders involved in the quality assurance processes. Following the event a revised framework was finalised and shared in August 2025.

In October 2025, the new framework was rolled out with the monitoring of all examination providers. Due to the introduction of the Dental Specialty Fellowship Examination, the GDC will conduct a light touch monitoring during the development and implementation of the new examination.

The monitoring of training commissioners will take place in 2026 as well.

## Engagement

### Student and new registrant engagement work

Every year around 8,500 students take up places in the UK to train to become dental professionals. In 2024, almost 9,000 UK qualified, and over 3,000 overseas qualified dental professionals joined our registers. Engaging with these important groups early in their career helps them understand what it means to work in a regulated profession, the role of the regulator, the ways in which we can support dental professionals and helps address some of their misconceptions early in their careers.

Across the 2024-2025 academic year, the Communications and Engagement team and colleagues from across the GDC helped deliver key content for the student and new registrant/trainee engagement programme. Since the programme was first piloted in 2018, we have engaged with over 17,000 students and new registrants in over 200 sessions, consistently receiving positive feedback, both in terms of improving perceptions of the GDC and the understanding of the role we play as their future regulator. We continued to develop and improve the programme using the learnings from previous years, feedback from students and education providers, and feedback from GDC peers and presenters/observers.

We invest a significant amount of time and resources in our student engagement activities. This is important for several reasons:

- As this audience are the future of the dental profession, it is important the GDC understands their perspectives, concerns, and aspirations. Our perceptions research has told us that students were the group that had the most misconceptions about the GDC, and the lowest understanding of our remit. It's important to engage with this group as early as possible in their careers to help them understand the role of their regulator and how we can support them throughout their career. These misconceptions are directly addressed in the content of the presentations.
- Students and new registrants may face unique challenges during their education and training. Engaging with them provides them with a platform to share these challenges, so we can understand them and help identify solutions, either from within the GDC or with external partners.
- We help student and new registrant voices to be heard, and their perspectives considered when making decisions that impact their future professional life. This can lead to greater trust in us as their regulator and the overall dental profession.

- Building relationships with younger and new dental professionals can lead to further collaboration between us and education providers. These partnerships can result in more effective communication and mutual support in achieving common goals, such as improving dental education and patient care.

The presentations that were delivered across the four nations of the UK focused on topics like the role of the GDC as their regulator, the changing make-up of the dental profession, what it means to be a part of a regulated profession, professionalism, trust in the profession, and changing patient expectations.

Throughout the academic year, presentations were adapted and improved in response to feedback and to ensure the content was fit for purpose.

The GDC held a total of **46** (42 in 2022/23; 58 in 2023/24) student and new registrant engagement sessions across England, Scotland, Wales and Northern Ireland, with a total of **3,144** attendees (3,169 in 2022/23; 3,706 in 2034/24) across these sessions. This year, we held fewer sessions as some cohorts were combined into one rather than delivered across multiple sessions, and the total attendees dropped with fewer students/new registrants not attending on the day. The full breakdown includes:

- **15** first year sessions (seven of these were a mixed group including dental therapists or clinical dental technicians)
- **16** final year sessions (four of these were a mixed group including dental hygienists, dental therapists, or clinical dental technicians)
- **12** sessions with foundation/vocational trainees
- **1** session was for a dental nurse pre-course session
- **2** sessions with dental therapists.

The sessions were delivered by 13 different colleagues from across the GDC. Presentations in England and Northern Ireland tend to be delivered virtually due to travel limitations and the quantity of education providers, while sessions in Scotland and Wales tend to be delivered in person. This is under constant review, and some sessions in England are now delivered in person to match the preferences of certain education providers. The total number of attendees for these sessions were:

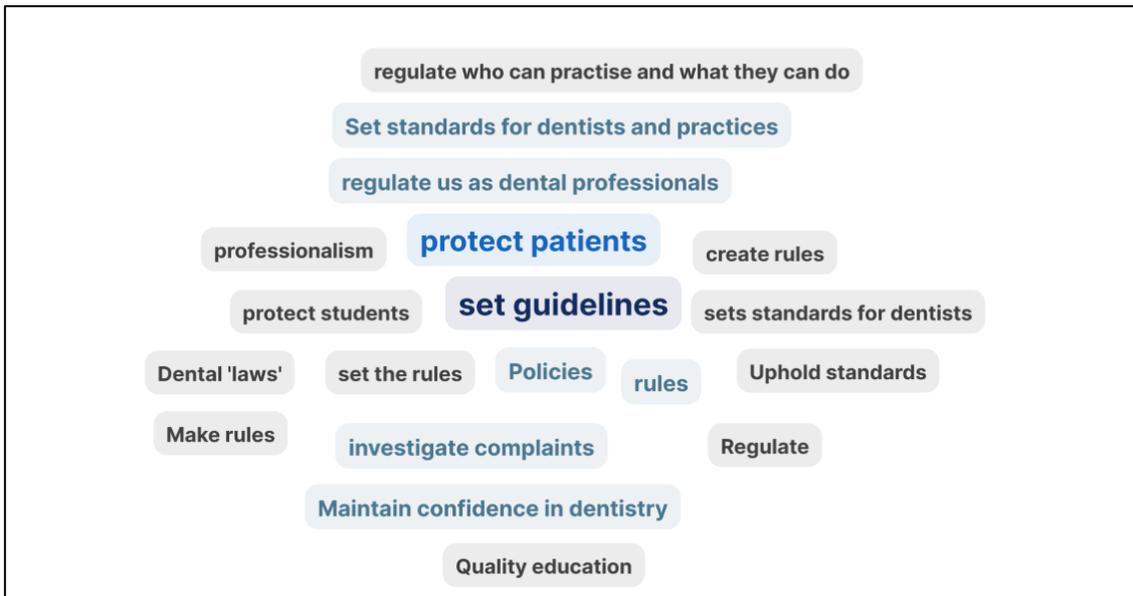
- BDS first year students: 1,277
- BDS final year sessions: 992
- Foundation/vocational trainees: 802
- Dental therapists and clinical dental technicians: 62
- Dental nurses: 11

## Engagement and feedback

The use of interactive Slido polls within the sessions has increased year-on-year as these tools further integrate into the Communications team's day-to-day functions. This gives attendees further opportunities to engage proactively, and to discuss and comment on various topics within the presentations, such as on professionalism and patient expectations.

The Slido polls (two per session, upgraded to three after feedback regarding interactive elements of the presentations) are an integral part of the success of this engagement programme. This audience are more engaged when able to contribute more proactively, and they are more confident to submit comments anonymously rather than raise a point via the chat or in the meeting itself.

For example, one of the polls at the start of the Y1 presentation asks, 'what do you think we do?'. This typically gathers an interesting range of responses, as shown by the word cloud below from the session with Y1 dental students at King's College London in April 2025.



Compare this to the responses we may typically see from Y5 dental students in their first poll of the session (see word cloud below), which asks them, 'what word(s) come to mind when you think about the GDC?'. Whilst most attendees understand the GDC's role and remit, particularly around patient safety, there are some that view the GDC as 'scary' and that 'litigation' springs to mind when thinking of the GDC. 'Sack dentists' and 'regulation' also featured in responses.



The Slido polls, and the answers they generate on screen in the sessions, highlight the range of thoughts/comments from attendees and allows the presenter to clarify any misconceptions they may have. It also allows presenters to react to attendee feedback in the moment and helps to give the GDC a 'human face'.

We requested feedback from attendees and received responses from **409** individual participants. This is the single largest response rate of any year of the engagement programme (240 in 2022/23; 291 in 2023/24). Respondents represented various roles within the profession.

## Summary of feedback

Overall feedback from attendees and education providers has been very positive. Below is the total breakdown of those who provided feedback during the sessions:

- The average rating was **4.4 out of 5 stars** (with 88% rating the sessions 4 star or above)
- **92%** found that the session improved their overall understanding and perception of the GDC to some or a great extent
- **86%** were either satisfied or very satisfied with their opportunities to participate throughout the session.

The majority of attendees said their biggest takeaway from the sessions was their improved understanding of the role of the GDC and the importance of putting patients first. When asked what their key takeaways were from the session, some examples of the responses are as follows:

- “The GDC is beneficial for all not just patients”
- “That the GDC is not the government but it does have power from Parliament”
- “The GDC aren't an organisation to be afraid of as a dental professional, but instead a pillar that supports us, and our patients”
- “I felt reassured that only a small portion of dentists have fitness to practice investigations”.

Other topics included in these responses covered:

- Professionalism and ethics
- The supportive nature of the GDC
- CPD and registration requirements
- Clarifying misconceptions
- Statistics/demographic info.

Many attendees felt reassured by the information provided (e.g., “don't be afraid of the GDC,” “supportive body,” “not just there to prosecute”). Participants appreciated learning that the GDC is not punitive, but supportive and preventative. This is encouraging and in line with our strategic goals listed in our Corporate Strategy.

## Student/trainee feedback received

Below are some examples of the feedback participants left via the feedback form:

- I'm already registered as a dental nurse so I'm already aware of what the GDC is, hence why I said it didn't improve my understanding of the GDC. It was a good session. Thank you
- Really good and interactive presentation
- I really enjoyed the session, the host was really engaging and friendly.
- I now know who the GDC are better
- Everything correlated greatly
- It was informative and I liked the statistics and the inclusion of how female dental professionals are increasing in a once male dominated profession.
- Thank you for the presentation that was right in terms of length of time. Punctuating it with polls helped keep the topic engaging. thank you for using clear language and delivering the text at an appropriate pace.

The feedback the programme receives every year is used to amend and design the content for the following year. This year's feedback reiterated to us that the topics we focus on are the right ones for our audience (including professionalism, CPD, and fitness to practise). The feedback also outlines the need to keep the overall satisfaction scores high and on trend with the last few years.

## **Learning outcomes review – Safe Practitioner implementation**

The [Safe Practitioner: A framework of behaviours and outcomes for dental professional education](#) (SPF) was approved by Council and published in October 2023. The EQA team implemented a process of Transition Action Plans (TAPs) that allowed all providers and awarding organisations (AOs) to explain how they would transition their programmes to SPF. Education providers were subject to check-in review points of their TAPs and the EQA team and EAs reviewed updates and evidence to support the implementation of TAPs. All programmes except two completed their transitions to the SPF as of 1 August 2025. Two providers were granted extensions at the beginning of the TAP process.

The implementation of SPF is expected to continue until 2032, with the bulk of programmes being transitioned onto and delivered fully based on SPF by 2030.

Overall, engagement with our stakeholders has been positive and the willingness shown by all providers to work with the GDC has been very assuring.

## **Education policy developments**

### **Specialty curricula**

As of September 2024, all 13 revised and approved specialty curricula have been in use across the four nations. We continue to work closely with stakeholder regarding their implementation.

### **Potential plan to revise specialty curricula**

We have developed a potential plan for the next nine years regarding the revision of specialty curricula, which was shared with stakeholders in September 2025. This is resource dependent. We are keen to ensure open and clear engagement and dialogue with stakeholders around any such developments.

### **Dental nurse training**

We have been reviewing our policies and we will announce that we are reducing the period of time that trainee dental nurses can work before they start a recognised training programme. From June 2026, this period will be reduced to one year from the current two years, and this will better support trainee dental nurses.

### **Scope of Practice**

The [revised Scope of Practice guidance](#) was published on 16 September 2025 following extensive, collaborative engagement with key stakeholders, including educators, indemnifiers, and dental professional organisations. The changes reflect a shared effort to improve clarity, ensure consistency, and support appropriate application in practice.

## Principles of professionalism

We have continued to develop our Framework for Professionalism following extensive engagement with external stakeholders, including education providers, and internal colleagues. Further engagement and testing will continue in advance of seeking approval from Council to consult on our proposals. We have also continued to develop supporting materials to support the Framework, including our updated Scope of Practice document.

## Stakeholder engagement

Although not purely educational, we have sought to engage more constructively with colleagues from the British Dental Association (BDA), the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) and the Academy of Medical Royal Colleges (AoMRC) Specialty and Associate Specialist (SAS) Committee to better understand the SAS grade and how we might support them better. In 2025, we spoke at three conferences about the Specialist List Assessed Application (SLAA) process and how potential applicants might apply.

## Development plans for 2025-2026 and beyond

In 2025-2026 our focus will be to:

- Continue implementation of the revised Learning Outcomes
- Complete the implementation of the updated Standards for Education
- Hold a collaborative sharing of good practice event with all pre-registration education providers (summer 2026)
- Review our risk-based approach to quality assurance
- Undertake a review of our internal quality management system
- Improve our internal data and performance reporting processes
- Continue to work with colleagues to develop international registration
- Complete the specialty QA pilot and further to the learnings, commence the QA of the commissioners of education
- Publish and implement the Framework for Professionalism.

# General Dental Council

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Published 10 March 2026

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