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Published May 2024

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# Introduction

To protect the public, one of our roles as a regulator is to investigate concerns and take action when there is a serious departure from our standards by a dental professional. When concerns are raised with us, if necessary we will investigate if there is an indication that an individual's fitness to practise is impaired.

When we say that a dental professional is “fit to practise” we mean that they have the appropriate skills, knowledge, character, and health to practise their profession safely and effectively.

However, fitness to practise is not just about a registrant's clinical performance or health.

A dental professional's fitness to practise also includes any actions they may have taken which could affect public confidence in dental professionals and the regulation of the profession. This may include matters not directly related to professional practice, for example, committing a criminal act.

If there are concerns about a dental professional's conduct or competence which puts patients at serious risk, or seriously damages public confidence in dentistry, we will investigate and, where appropriate, take action to mitigate that risk. Concerns may arise directly from a patient, by referral from another body (for example, a police notification of a criminal caution or conviction), or from other sources.

The kinds of matters we investigate include the following:

- Mistakes in clinical care, for example mistakes in diagnosis or dental procedure.
- Failure to examine a patient properly, to secure a patient's informed consent before treatment, to keep satisfactory records, or to respond reasonably to a patient's needs.
- Not having professional indemnity insurance.
- Infection prevention issues (for example, using dirty clinical equipment during treatment).
- Serious breaches of a patient's confidentiality.
- Potential criminal offences including fraud, sexual misconduct, theft or dishonesty by a dental professional.
- Poor health or a medical condition that significantly affects the registrant's ability to treat patients safely.

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If a dental professional's fitness to practise is found to be impaired, we may decide to take no action, or impose a sanction, which includes the following:

- Issuing a reprimand.
- Placing conditions on registration.
- Suspending registration.
- Removing an individual from the dentists' or DCPs' register.

There is an appeals process which is open to the dental professional involved in the hearing and the Professional Standards Authority (PSA).

At any stage in the Fitness to Practise process, we may apply for an interim order to restrict a dental professional's practice until their case is resolved.

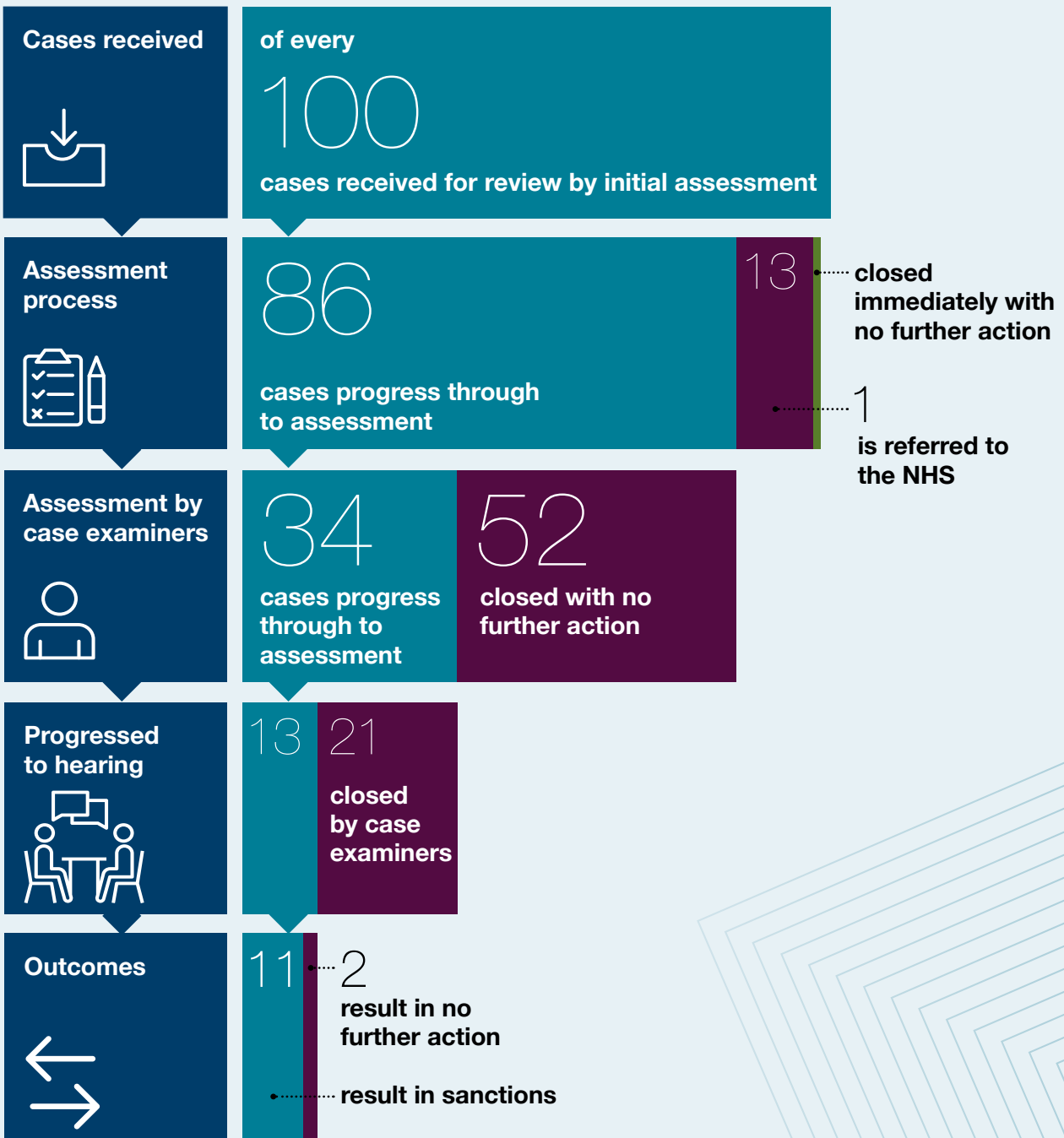


# 2023 Fitness to Practise data

## Closure rate at each stage of the Fitness to Practise process in 2023

The diagram below shows the average closure rate at the different stages of the Fitness to Practise process (this is the average of cases actioned in 2023 rather than the number of cases received).

This is illustrative of where the decisions to close cases were made and includes cases that started in previous years, rather than reflecting the outcomes for concerns received in 2023, many of which are yet to be resolved.



## Changes in the average closure rates at the different stages of the Fitness to Practise process from 2021 – 2023

Changes in the average closure rates at the different stages of the FTP process	2021	2022	2023	Percentage change from 2022
<b>Of every 100 cases received:</b>				
Progressed for assessment	87	85	86	+1%
Progressed for case examiner decision	43	34	34	-
Progressed for a Practice Committee hearing	19	16	13	-19%
Sanctions imposed	14	13	11	-15%
No further action	5	3	2	-33%

## Summary of Fitness to Practise activity from 2021 – 2023

Fitness to Practise activity	2021	2022	2023	Percentage change from 2022
New concerns received	1,349	1,264	1,297	+3%
Assessment decisions made	869	1,267	1,441	+14%
Case examiner decisions made	304	326	356	+9%
Assessment Caseload at end of year	991	899	618	-31%

In 2023, the percentage of cases closed at the initial assessment stage decreased from 15% to 14% (including those referred to the NHS) while the percentage of cases resulting in a hearing decreased to 13%, compared to 2022 (16%).

We received 1,297 new concerns in 2023, compared to 1,264 in 2022 – a 3% increase. We made 1,282 initial assessment decisions, some of which were from cases received at the end of 2022. A small number of cases were received too late for us to make an initial assessment decision in 2023. Of all the cases reviewed at initial assessment, 86% were referred for assessment. We referred 1% of cases to the NHS and closed 13% (compared to 15% in 2022).

After further investigation, we made 1,441 assessment decisions in 2023, compared to 1,267 in 2022 – a 14% increase. This increase was a result of us being able to address the resourcing issues we experienced in previous years. Our caseload in this area decreased, by 31%. This was due to increased capability and capacity in our case progression teams, as the number of staff increased by around 20 full time equivalent (47%).

We also carried out significantly more assessments in 2023. However, as many of these cases had become older than they should have been, we were not able to significantly improve the time it takes for cases to be assessed during 2023. However, we are starting to see improvements in this area and we will focus on improving this further in 2024.

## Fitness to Practise case volumes by stage 2023

The number of cases considered at each stage of the Fitness to Practise process in 2023 are set out below.

The percentages closed and referred are for the cases handled in each stage only and will not match the disposal at each stage chart on page 5 as that represents the percentage closed at each stage:<sup>1</sup>

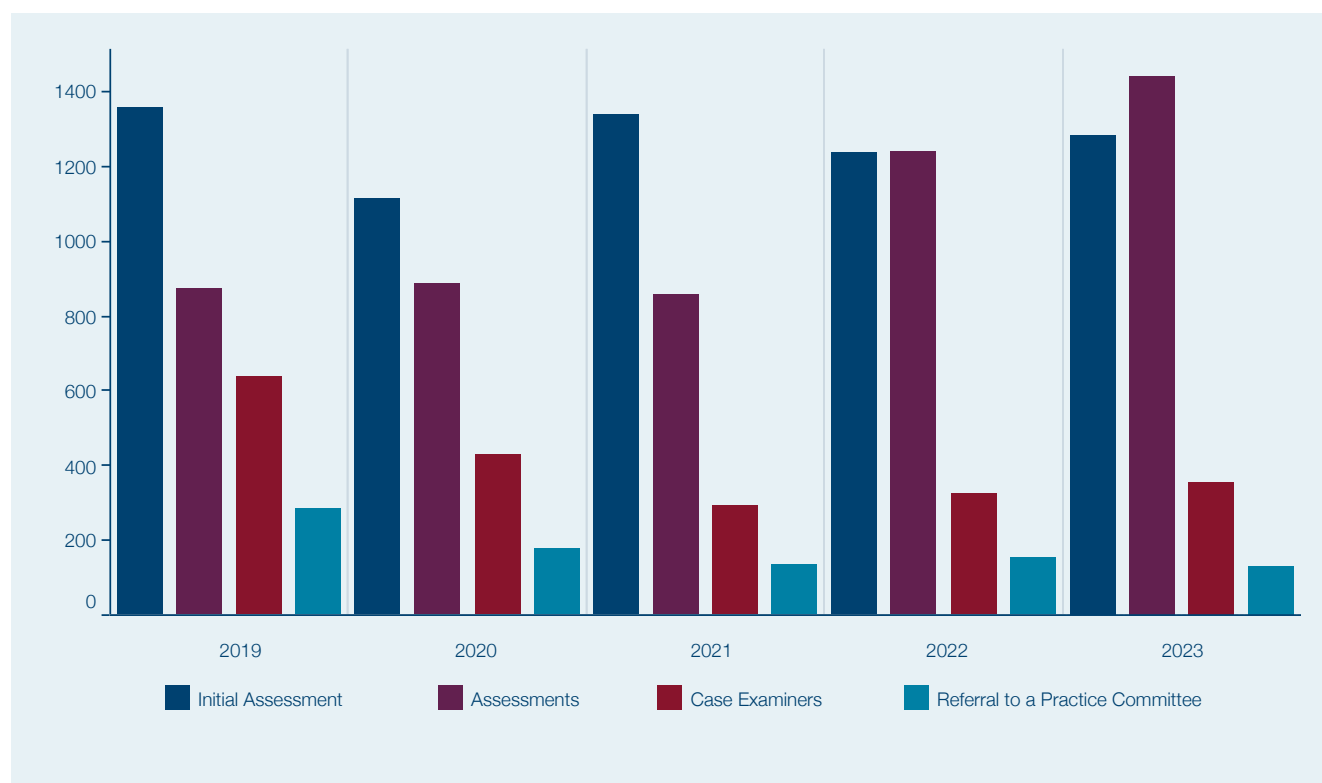
<b>Cases received</b>	<b>1,297</b>	This is the number of new cases we received in 2023.
<b>Initial assessments</b>	<b>1,282</b>	This figure represents the number of cases considered at the initial assessment stage, when cases are screened and may be closed or referred for further 'assessment' investigation.
<b>Assessments</b>	<b>1,441</b>	This is the number of cases considered at the 'full' assessment stage when cases may be closed or referred to the case examiners.
<b>Case examiners</b>	<b>356</b>	This is the overall number of cases considered by case examiners. These resulted in either closure, undertakings, or referral to a Practice Committee (including Rule 6E/reconsiderations: those cases which have returned to the case examiners following an initial referral to a Practice Committee).
<b>Referrals to Practice Committee</b>	<b>132</b>	This is the number of cases referred by case examiners to a Practice Committee for a hearing.

1. This data is represented in narrative form and therefore comparing against previous years would be very detailed. Comparisons can be made by referring to previous annual reports and accounts, which are on the GDC's website <https://www.gdc-uk.org/>

2. A single dental professional may account for more than one case.



### Fitness to Practise case volumes by stage 2019 – 2023<sup>3</sup>

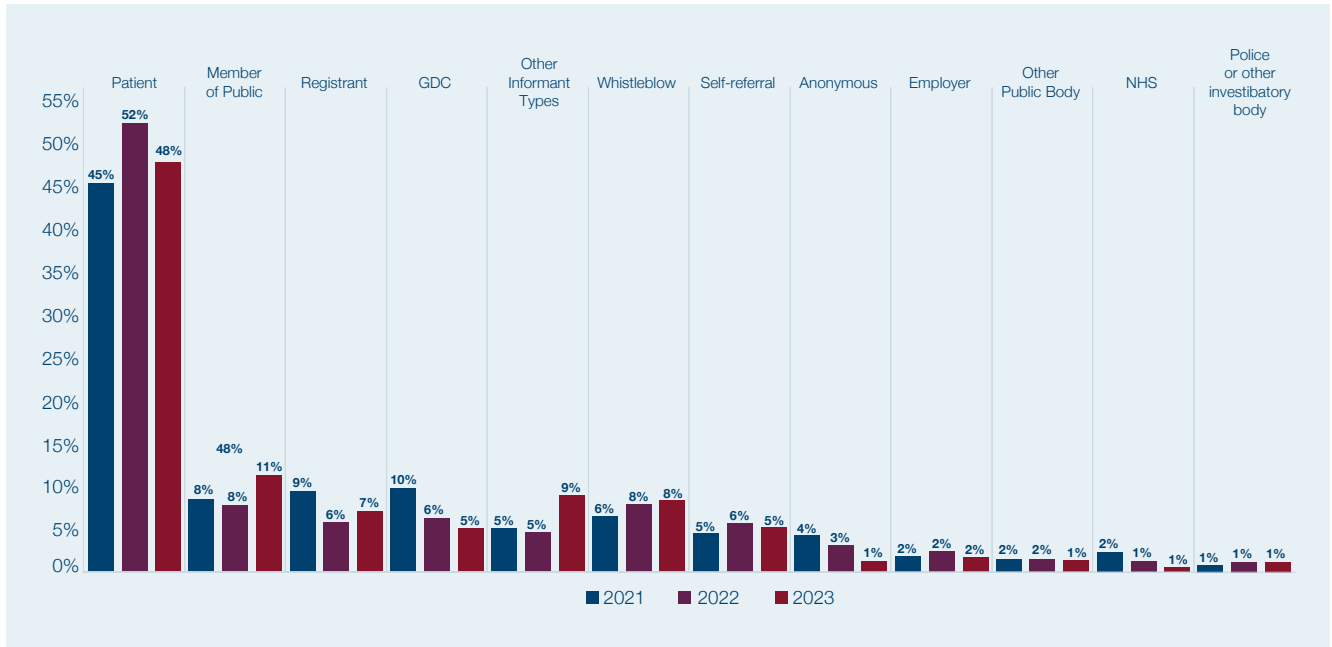


	2019	2020	2021	2022	2023
Initial Assessment	1,357	1,116	1,341	1,239	1,282
Assessments	871	885	857	1,241	1,440
Case Examiners	638	429	292	326	356
Referral to a Practice Committee	284	176	137	156	132

3. These are average figures over the year, and not reflective of year end. For example, by the end of 2023, the number of cases at assessment were about 623 (active and on hold).

# Sources and types of concerns

## Incoming cases breakdown by informant type 2021 – 2023

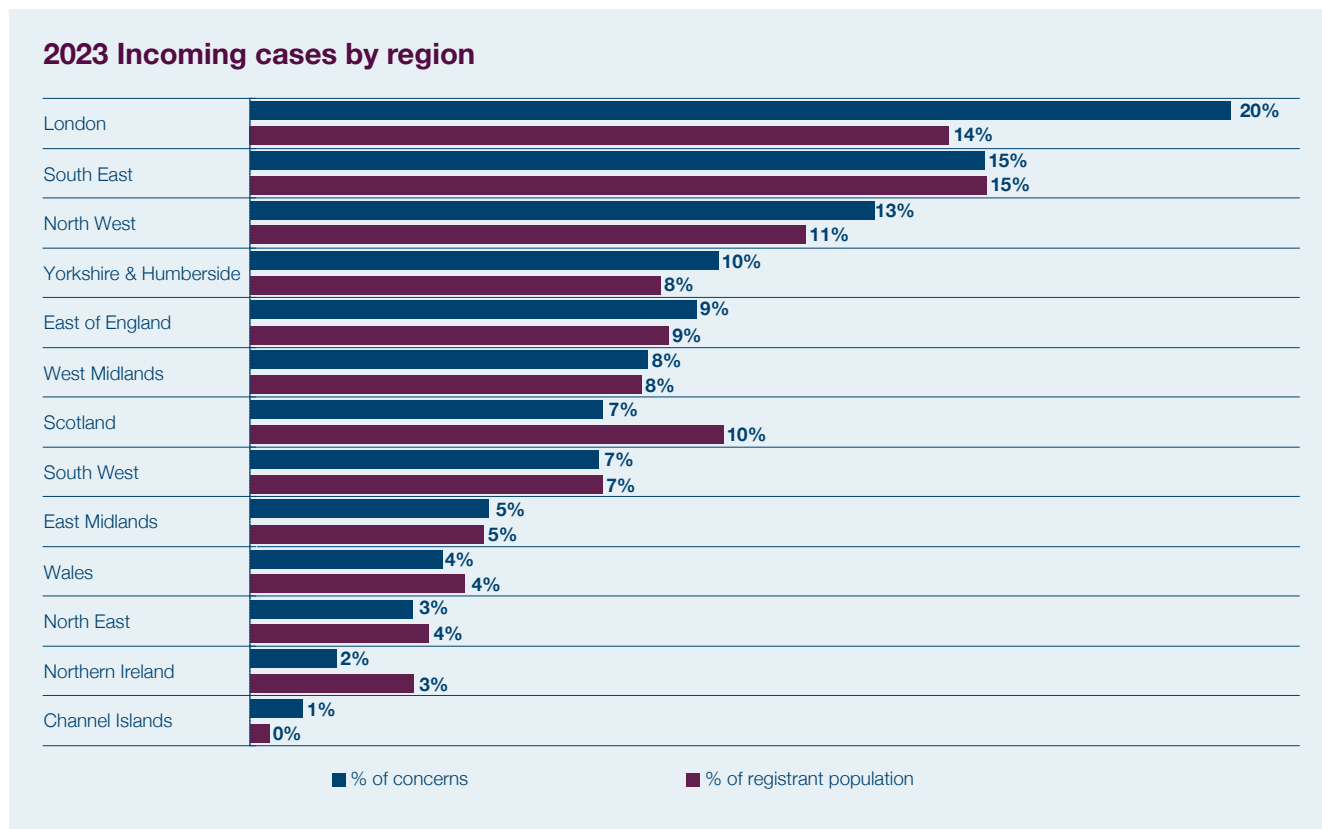


Patients continue to raise by far the largest proportion of concerns.<sup>4</sup>

4. Percentages may not add up to 100%, as they are rounded to the nearest whole number.

## Incoming cases by dental professional, by region 2021 – 2023<sup>5</sup>

The three charts below show the comparison between the percentage of dental professionals and concerns raised, by region from 2021 to 2023.<sup>6, 7</sup>



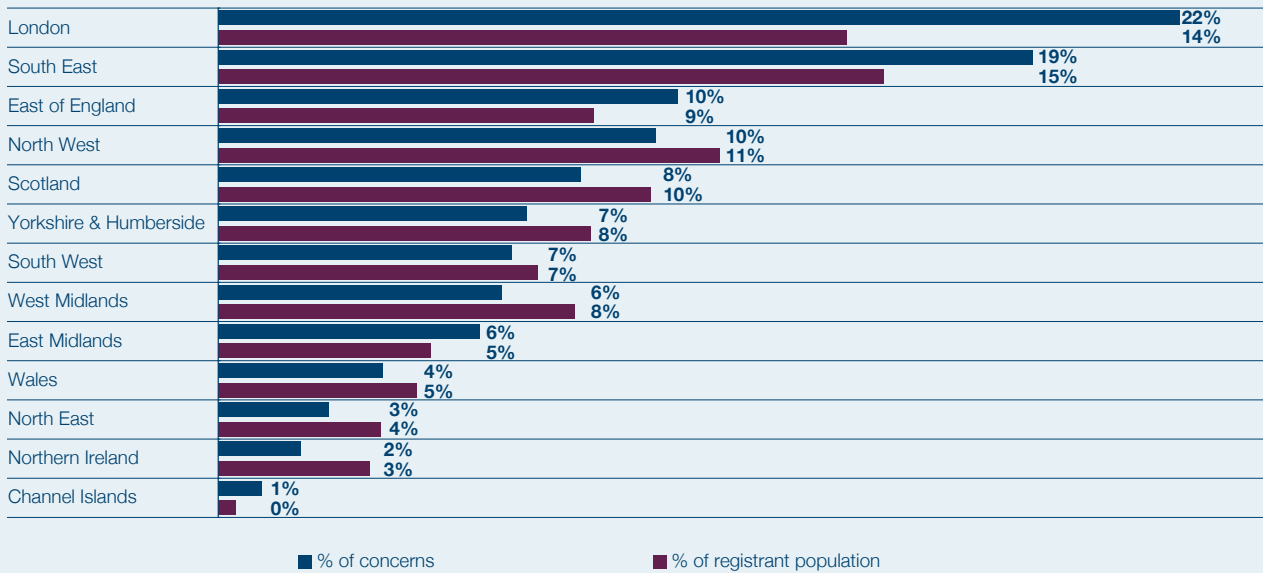
5. Based upon contact address that registrant provided to the GDC

6. No registrant identifiable – this relates to examples of concerns received where it has not been possible to identify a GDC registrant from the initial information provided. Although the case is still established and subject to an initial review, given no registrant may be identified, no registrant region is recorded for the case.

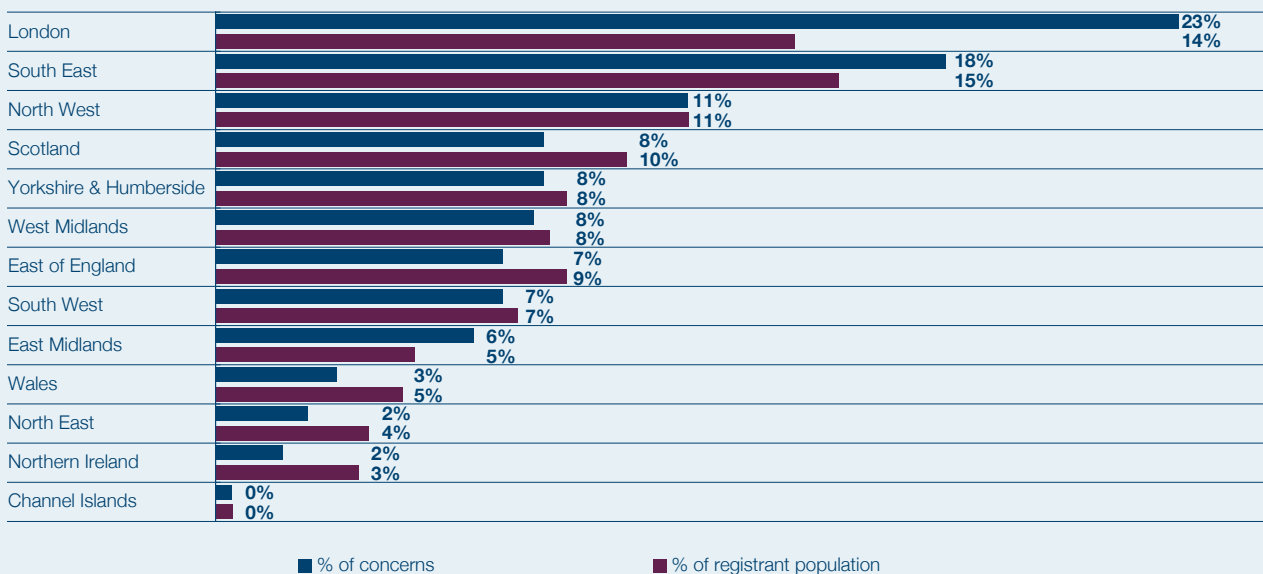
7. Percentages may not add up to 100%, as they are rounded to the nearest whole number.

In 2023, dental professionals in London accounted for around 14% of the register, but for 20% of the concerns raised with the GDC. This pattern was similar in 2021 and 2022.

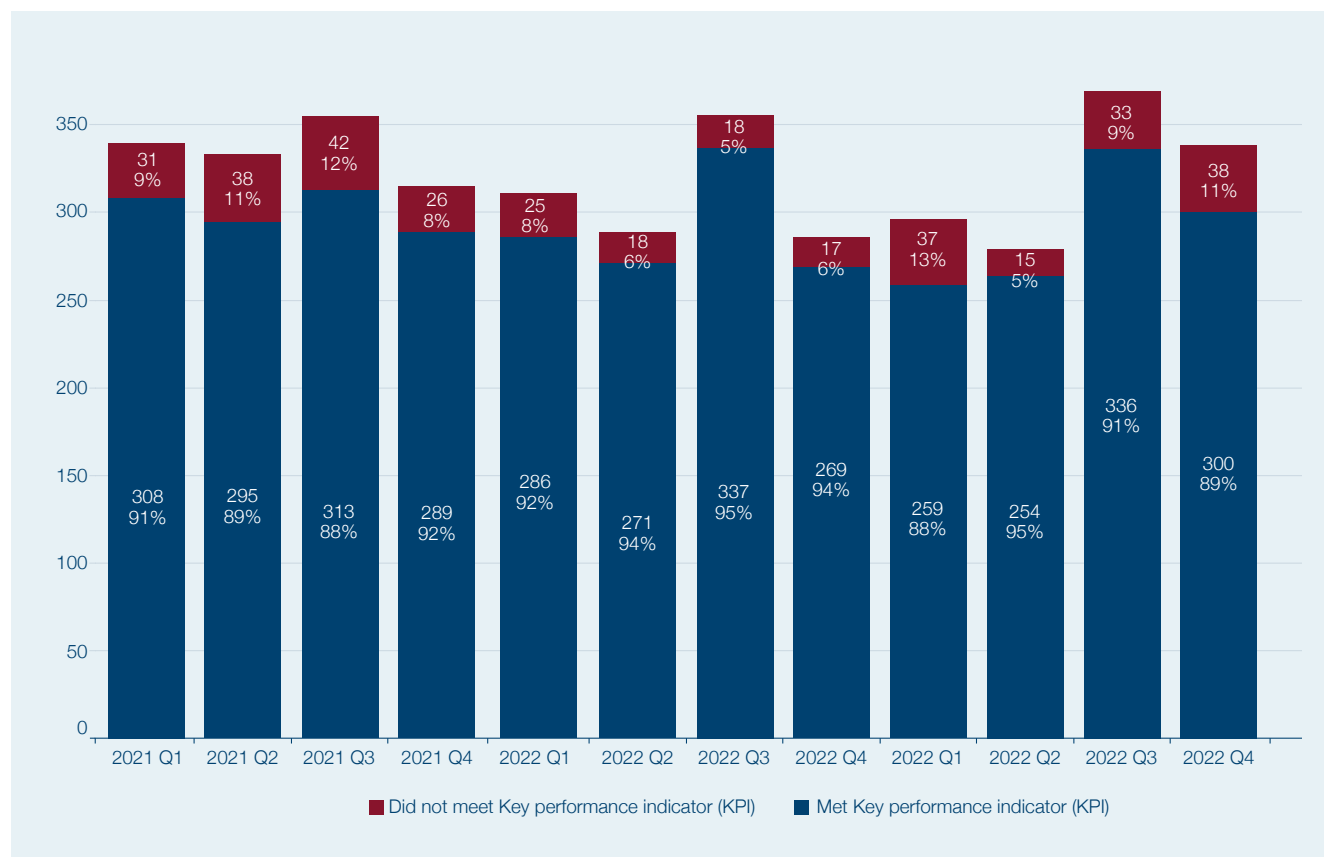
### 2022 Incoming cases by region



### 2021 Incoming cases by region



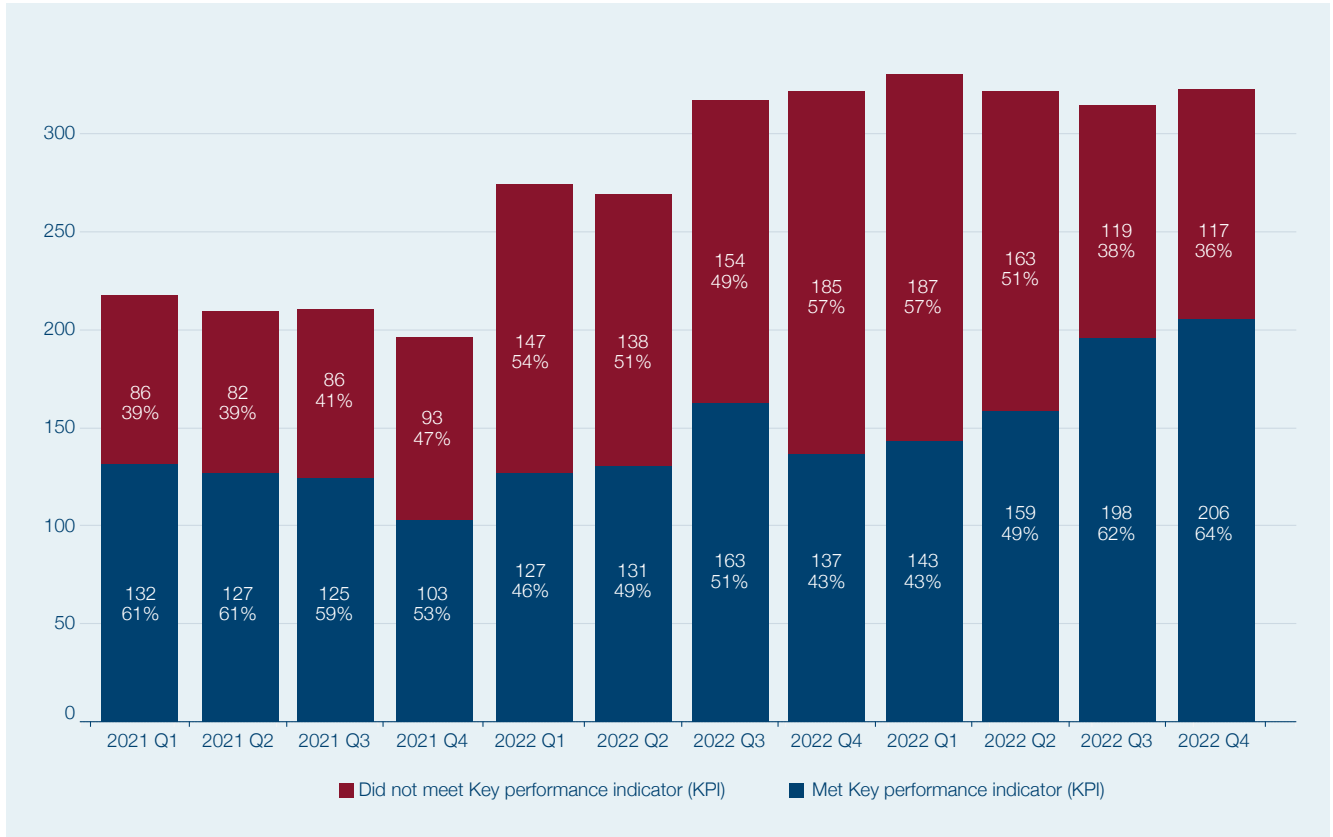
## Number of Fitness to Practise cases received and assessed by the Initial Assessment Team within target of five working days 2021 – 2023



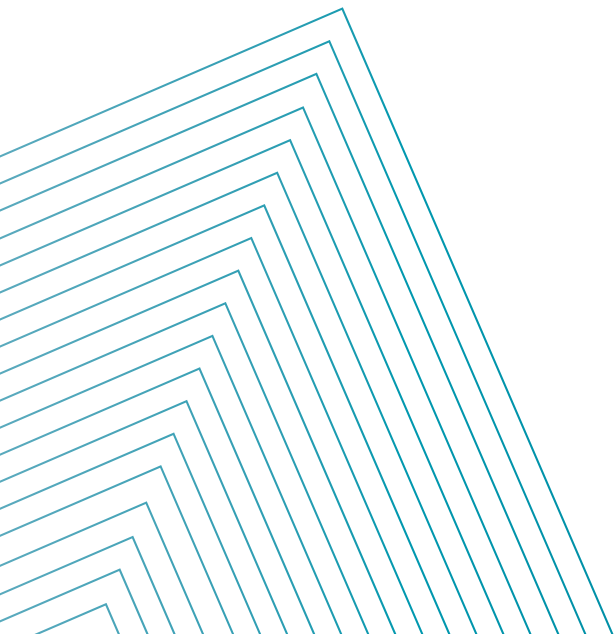
On average, 91% of cases were considered and reviewed through an initial assessment within five working days of receipt in the period 2021 to 2023.

Of the 1,282 cases considered at initial assessment in 2023, 1,108 were progressed to the next stage of the Fitness to Practise process, which involves an assessment by our casework team. The casework team will either close at this stage, or refer to case examiners, to determine whether the allegation ought to be considered by a Practice Committee.

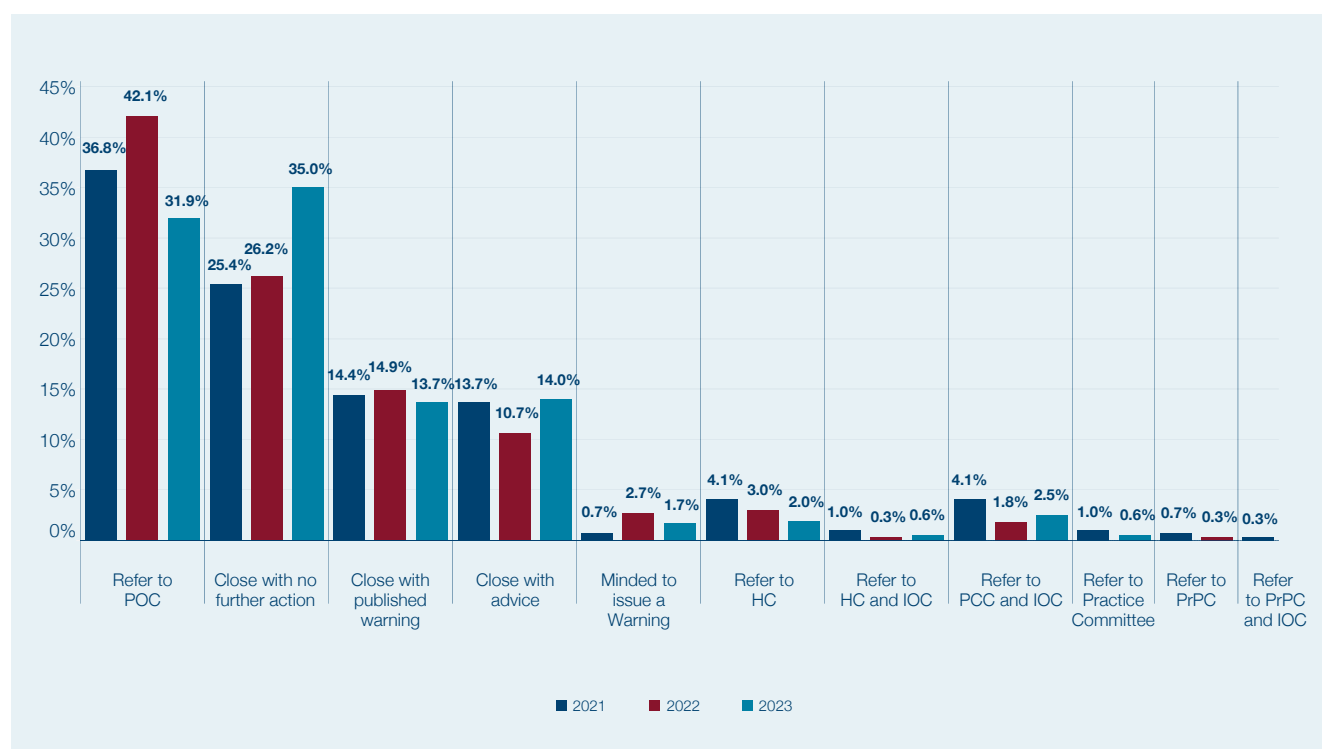
## Fitness to Practise cases completing investigation stage within six months of receipt 2021 – 2023



On average, 55% of investigation stage cases were completed within six months in 2023 (2022: 47%, 2021: 59%). This includes closures at the initial assessment, assessment and case examiner stages, as well as referrals by case examiners to a practice committee.



## Case examiner decisions - substantive outcome breakdown 2021 – 2023



In 2023 there were 356 case examiner outcomes. 224 cases (63%) were closed and 132 (37%) were referred to a Practice Committee. Most cases were referred to the Professional Conduct Committee, but some were referred to the Health Committee or Professional Performance Committee.

Where the case examiners identified that there was an immediate risk to the public or it was in the public interest, they also referred cases to the Interim Orders Committee.

The proportion of outcomes by decision has not significantly changed since 2021, as can be seen below.

### Closed with no further action

The proportion of cases closed by the case examiners without giving the registrant advice or a warning increased to 35% in 2023, compared to 26% in 2022.

### Closed with advice

There was an increase from 11% in 2022 to 14% in 2023 in the proportion of cases the case examiners closed by giving advice to the registrant.

### Closed with warning

The proportion of cases closed with warning decreased to 14% in 2023, compared to 15% in 2022.

# Dental Professionals Hearings Service

The Dental Professionals Hearings Service is the adjudication function of the GDC and is separate and independent from our investigation function.

Cases referred by case examiners are heard by one of three statutory Practice Committees: Professional Conduct, Professional Performance and Health. Each panel comprises of three panellists, two dental professionals, one of whom must be a dentist, and a lay member. If the registrant is a DCP, one of the panellists must also be a DCP.

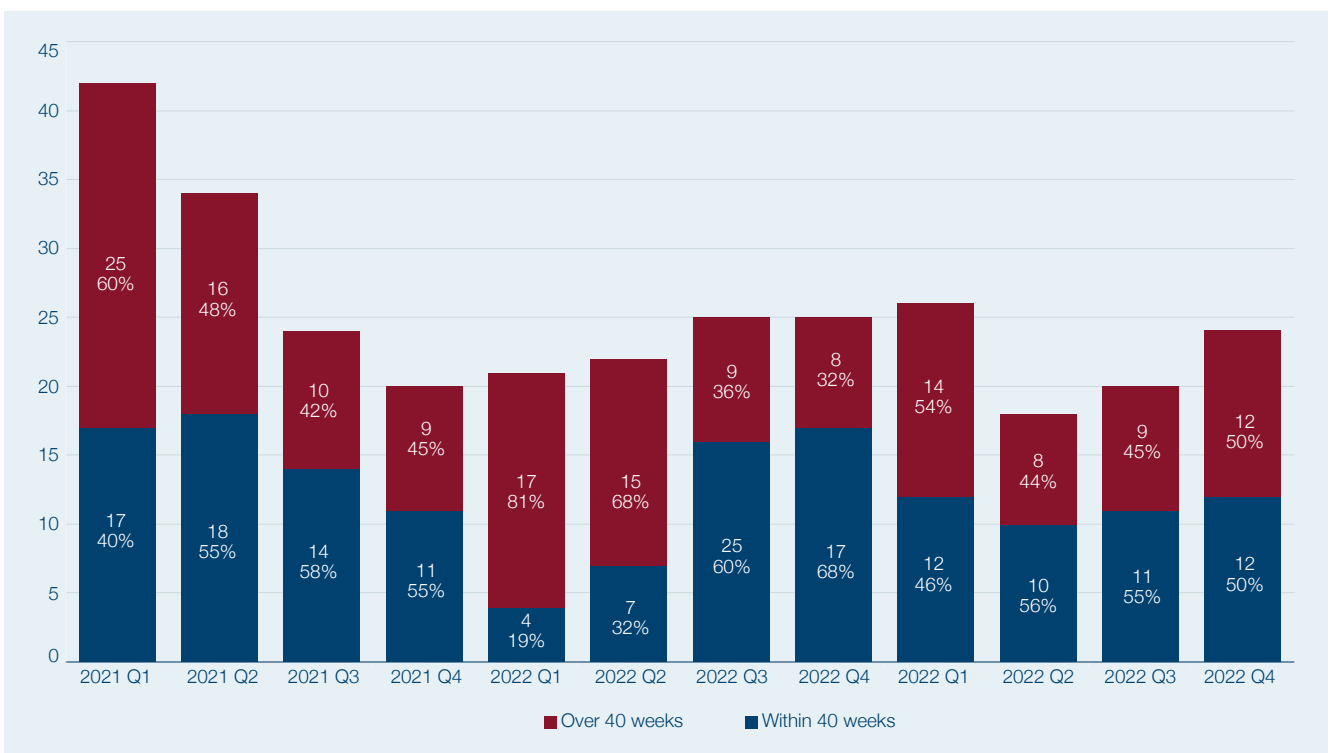
The Practice Committees completed 91 initial hearings in 2023 (2022:86). There was a small increase in the number of cases awaiting an initial hearing with 147 at the end of 2023 (2022:145). Of these, the number which had missed our nine-month target stood at 70 at the end of December 2023. (2022:78).

The median time for initial hearings to start from referral by case examiners was 10 months and 1 day. (2022: 10 months and 20 days), 47% started within 9 months of referral. (2022: 38%)

The average length of an initial hearing was 5 days, which is the same as it was in 2022. Several very long cases finished in 2023, which impacted the increase in hearing length. Most initial hearings conclude within five days.

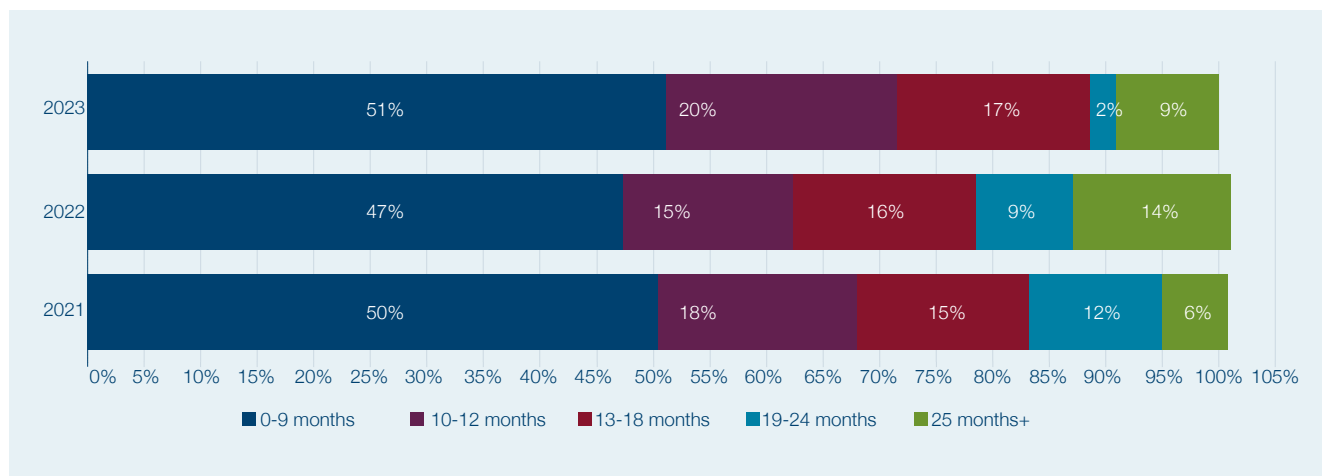
Once an initial hearing has concluded, the matter may subsequently be reviewed by a committee on one or more occasions, for example to determine whether a registrant is complying with any conditions of practice.

## Fitness to Practise cases that received an initial hearing within 40 working weeks of referral from case examiners 2021 – 2023





## Time taken to complete the initial hearing for individual cases<sup>8</sup>



We aim to start hearings within nine months of referral by case examiners. In 2023, we achieved this in 51% of cases. (2022: 47%)

The number of cases awaiting an initial hearing at the end of 2023 was 147 (2022: 145). Of these, the number which had missed our nine-month target was 70 at the end of 2023 (2022: 78), which is a decrease of 10%.

8. Percentages may not add up to 100%, as they are rounded to the nearest whole number.

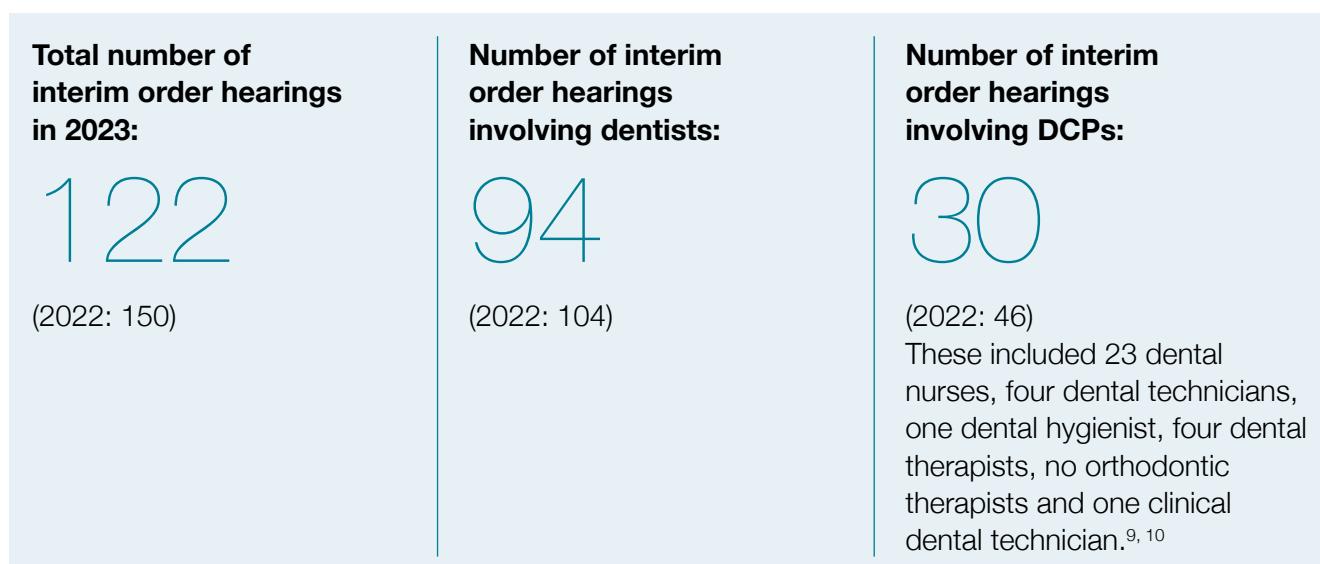
# Hearings and Committees

## Interim Orders Committee hearings

The Interim Orders Committee (IOC) consider whether it is necessary to make an order affecting an individual's registration for the protection of the public, in the public interest, or in the interest of the individual concerned, pending the outcome of the investigation. The IOC does not investigate the allegations or conduct a fact-finding exercise.

Cases can be referred to the IOC at any time in the Fitness to Practise process, should we become aware of information indicating that such an approach is appropriate.

In terms of interim order hearing outcomes, the proportion of no order determinations decreased to 25% (2022: 36%), the proportion of interim conditions increased to 43% (2022: 35%) and the proportion of interim suspensions increased to 33% (2022: 29%).



There were two registrants who are dual registered so appear in both the dentist and DCP numbers.

Outcome	Number of cases	% of total
Interim conditions	52	43%
Interim suspension	40	33%
No order imposed	30	25%
<b>Total</b>	<b>122</b>	<b>100%</b>

9. The same registrant may appear in multiple hearings.

10. Some registrants may also have multiple DCP titles so can be counted more than once in the breakdown

## Interim Orders Committee review hearings

An IOC will also review cases where a dental professional has previously been given interim conditions or a suspension. The number of IOC review hearings in 2023 was 366, a 17% increase compared with 2022. This is because we have taken longer to resolve substantive cases, which means that more interim orders have remained open.

### Total number of interim order review hearings in 2023:

366

(2022: 313)

### Number of interim order review hearings involving dentists:

280

(2022: 218)

### Number of interim order review hearings involving DCPs:

88

(2022: 93)

These included 56 dental nurses, 25 dental technicians, nine clinical dental technicians, five dental hygienists and five dental therapists.<sup>11</sup>

There were two registrants who are dual registered so appear in both the dentist and DCP numbers.

11. The same registrant may appear in multiple hearings.

## Summary of interim order review decisions 2023

Outcome	Number of decisions	% of total
Conditions continued	139	44%
Conditions revoked	9	4%
Conditions varied	33	13%
Revoke conditions, impose suspension	7	3%
Revoke suspension, impose conditions	8	4%
Suspension continued	167	49%
Suspension revoked	3	1%
<b>Total</b>	<b>366</b>	<b>100%</b>

## Interim order committee hearings 2019 – 2023



	2019	2020	2021	2022	2023
Initial IOC hearing	70	151	155	150	122
Review IOC hearing	231	212	277	313	366

## Practice Committee hearings

A hearing is held when a Practice Committee meets to determine whether a dental professional's fitness to practise is currently impaired because of misconduct, health or as a result of a criminal conviction/caution.

There are three types of statutory practice committees:

- Professional Conduct Committee
- Health Committee
- Professional Performance Committee.

### Total number of Practice Committee hearings in 2023:

91

(2022: 84)

### Number of hearings involving dentists:

58

(2022: 47)

### Number of hearings involving DCPs:

33

(2022: 40)

These included 29 dental nurses, three dental therapists, two dental technicians, one orthodontic therapist and three dental hygienists.<sup>12</sup>

13. The same dental professional may appear in multiple hearings.

## Outcomes to all Fitness to Practise hearings in 2022 and 2023

Outcome	Number of outcomes		% of total	
	2022	2023	2022	2023
Conditions (with a review)	0	1	0%	1.1%
Conditions with immediate conditions (with a review)	9	6	10.5%	6.6%
Erased and immediate suspension	18	24	20.8%	26.4%
Facts found proved did not amount to misconduct. Case Concluded.	4	3	4.7%	3.3%
Facts not proved, case concluded	2	2	2.3%	2.2%
FTP impaired. Reprimand	8	6	9.3%	6.6%
FTP not impaired, case concluded	8	10	9.3%	11.0%
No case to answer	1	2	1.2%	2.2%
Suspended with immediate suspension	0	2	1.2%	2.20%
Suspended with immediate suspension (with a review)	27	24	32.5%	26.4%
Suspension	4	8	4.7%	8.7%
Suspension (with a review)	3	3	3.5%	3.3%
<b>Total</b>	<b>84</b>	<b>91</b>	<b>100%</b>	<b>100%</b>

The Practice Committees will also hold review hearings, following initial hearings where suspension or conditions were imposed.

There were more review hearings held in 2023, compared to 2021. This reflects the increased number of initial hearings heard in 2021 compared to 2020, which led to an increase in suspensions and conditions being imposed.

### Total number of review hearings in 2023:

89

(98 in 2022)

### Number of review hearings involving dentists:

48

(46 in 2022)

### Number of review hearings involving DCPs:

41

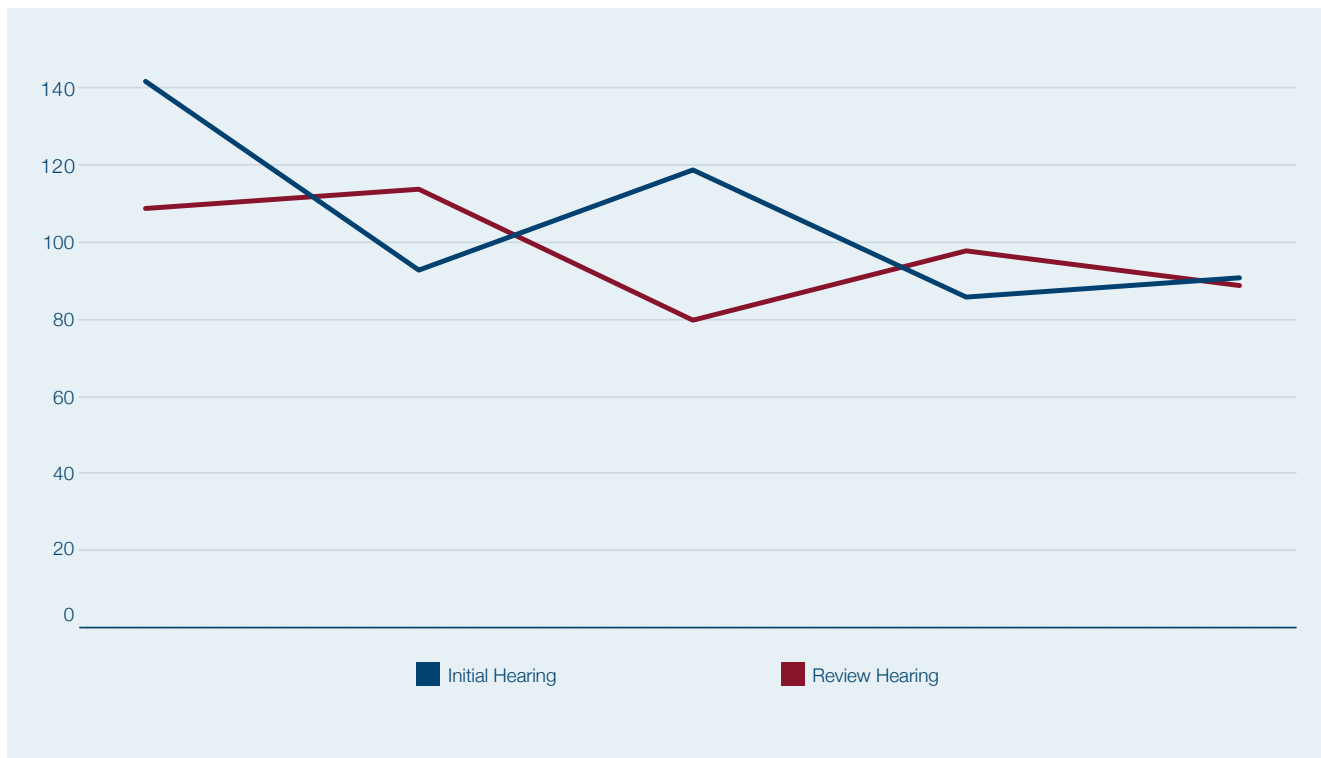
(42 in 2022)

These included 34 dental nurses, six dental technicians, two dental hygienists, two dental therapists and two clinical dental technicians.<sup>13</sup>

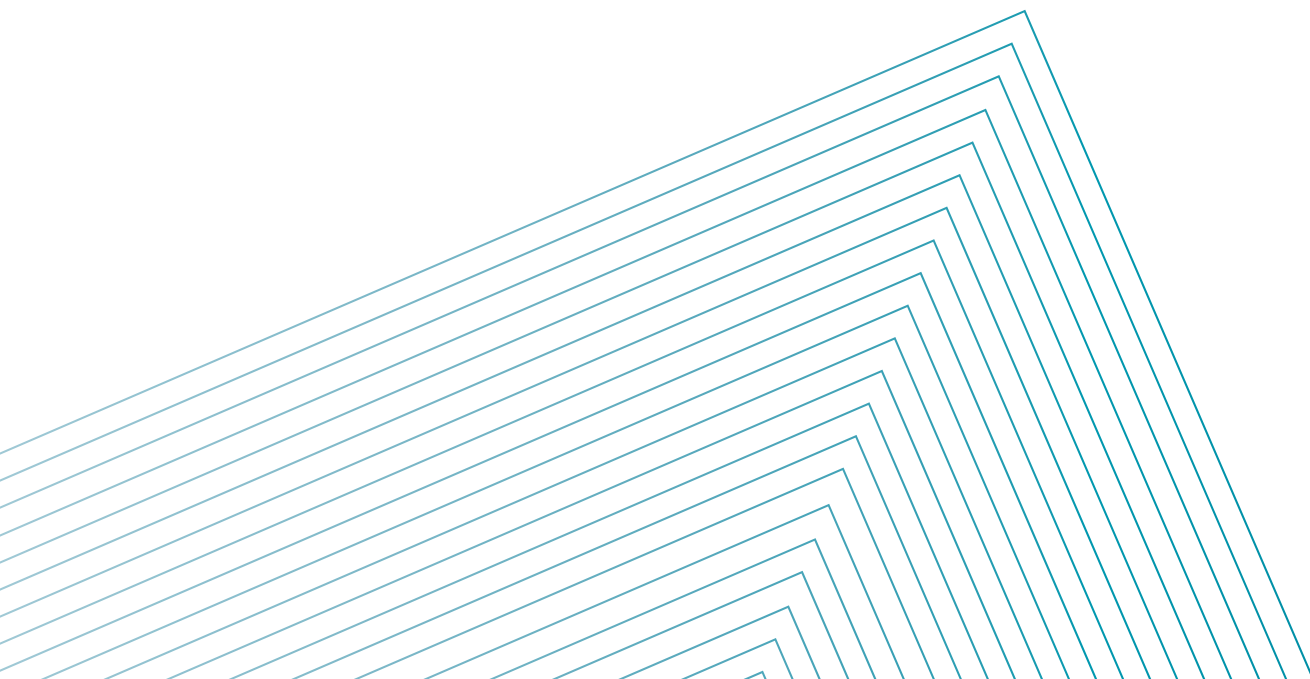
## Outcomes of review hearings held in 2022 and 2023

Outcome	Number of outcomes		Number of decisions %	
	2022	2023	2022	2023
Conditions allowed to lapse, ftp no longer impaired	1	3	1.0%	3.4%
Conditions extended (with a review)	4	5	4.1%	5.6%
Conditions extended and varied (with a review)	12	4	12.2%	4.5%
Conditions revoked and suspension imposed (with a review)	1	1	1.0%	4.5%
Conditions revoked and suspension imposed (with a review) and immediate suspension	6	3	6.1%	3.4%
Conditions revoked, FTP no longer impaired	10	7	10.2%	7.9%
Indefinite suspension confirmed	0	1	10.2%	1.1%
Suspended indefinitely	13	18	13.3%	20.2%
Suspension allowed to lapse, FTP no longer impaired	1	1	1.0%	20.2%
Suspension extended	0	2	1.0%	2.2%
Suspension extended (with a review)	37	28	37.8%	31.5%
Suspension revoked and conditions imposed (with a review)	0	2	37.8%	2.2%
Suspension revoked and conditions imposed (with a review) and immediate conditions	3	4	3.1%	4.5%
Suspension revoked, FTP no longer impaired	10	12	10.2%	13.5%
<b>Total</b>	<b>98</b>	<b>89</b>	<b>100.0%</b>	<b>100.0%</b>

### Practice Committee hearings 2019 – 2023

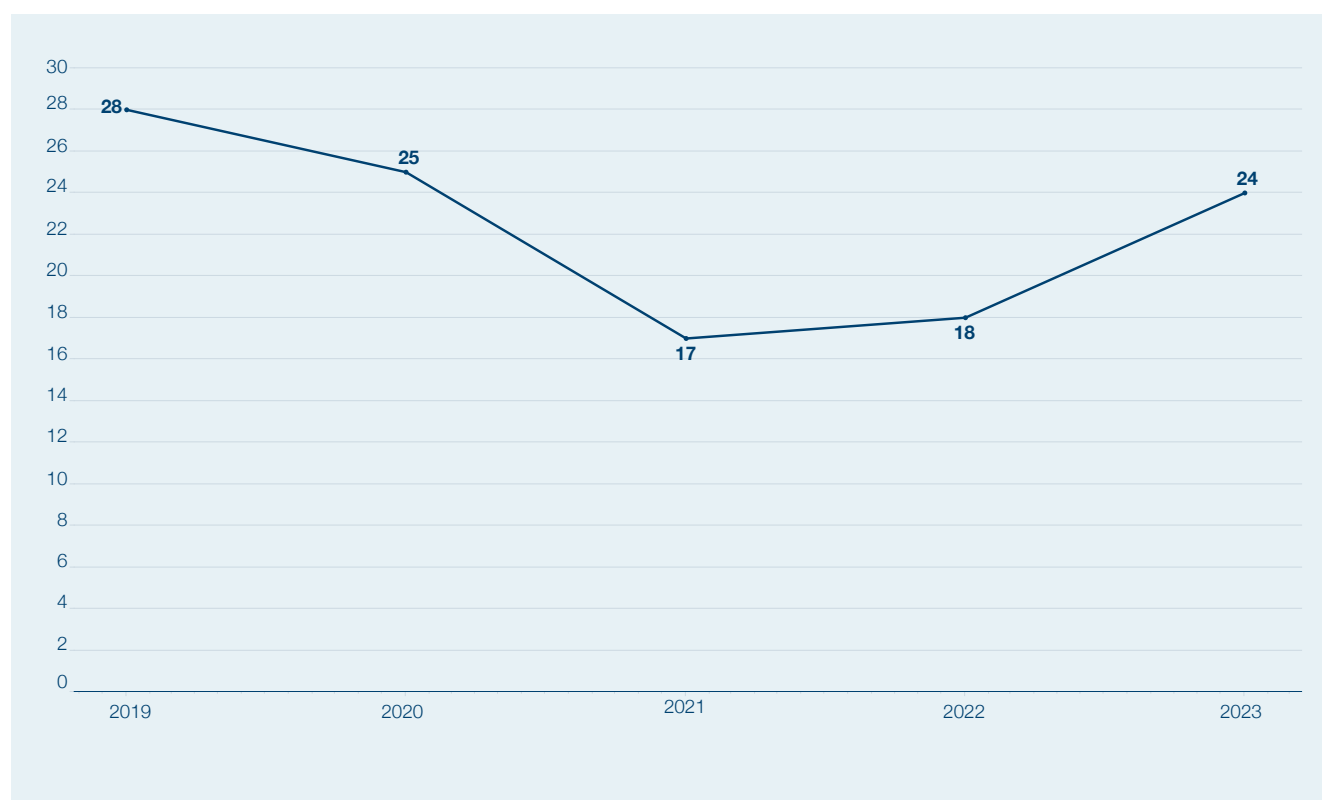


	2019	2020	2021	2022	2023
Initial hearing	142	93	119	86	91
Review hearing	109	114	80	98	89





## Fitness to Practise cases resulting in erasure 2019 – 2023



### Hearing days

We held a total of 1,058 hearing days in 2023, which is a 3% increase compared to 2022. This included 20 CPD appeal hearing days.

This includes hearing days for initial hearings as well as those held for all other types of hearings, including review hearings and IOC hearings.

Activity	2019	2020	2021	2022	2023
Number of hearing days	1,017	840	1,096	1,030	1,058
Average length of an initial hearing	4.9 days	5.3 days	6.1 days	5.0 days	5.0 days

## Fitness to Practise “considerations” profile 2021 – 2023<sup>14</sup>

The chart below references the specific number of considerations recorded within all sub-groups for those matters heard at our PCC and PPC hearings during the year.

Consideration	Number of considerations			% of total		
	2021	2022	2023	2021	2022	2023
Failure to provide good quality care	228	141	123	29.1%	25.3%	23.4%
Personal behaviour	101	88	95	12.9%	15.8%	18.1%
Protecting patients from risks	54	58	45	6.9%	10.4%	8.6%
Patient records	57	39	37	7.3%	7.0%	7.0%
Laws and regulations	42	34	31	5.4%	6.1%	5.9%
Not communicating effectively	46	26	28	5.9%	4.7%	5.3%
Failure to obtain valid consent	40	19	19	5.1%	3.4%	3.6%
Not acting honestly and fairly	41	16	18	5.2%	2.9%	3.4%
Charge	14	22	15	1.8%	3.9%	2.9%
Conviction	20	16	17	2.6%	2.9%	3.2%
Other	12	15	20	1.5%	2.7%	3.8%
Co-operating with inquiry	15	15	14	1.9%	2.7%	2.7%
Attitude	21	10	6	2.7%	1.8%	1.1%
Complaints handling	17	13	7	2.2%	2.3%	1.3%
Indemnity	9	8	12	1.1%	1.4%	2.3%
Advertising	5	5	4	0.6%	0.9%	0.8%
Putting patients at risk	10	4	5	1.3%	0.7%	1.0%
Caution	7	4	3	0.9%	0.7%	0.6%
Pain management	11	5	2	1.4%	0.9%	0.4%
Referrals	9	5	2	1.1%	0.9%	0.4%
Confidentiality	4	6	7	0.5%	1.1%	1.3%
Documenting consent	7	3	3	0.9%	0.5%	0.6%
Management and leadership	4	1	7	0.5%	0.2%	1.3%
Not treating patients as individuals	3	1	2	0.4%	0.2%	0.4%
Raising concerns	3	1	1	0.4%	0.2%	0.2%
Mental and behavioural disorders	2	2	2	0.3%	0.4%	0.4%
Misleading claims	1			0.1%		

14. A single case may have more than one consideration associated with it.

15. <https://standards.gdc-uk.org/>

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“Considerations” are used to record details of the allegations or charges raised against a dental professional’s fitness to practise within a case or hearing.

These considerations are closely aligned with the Standards for the Dental Team<sup>15</sup> and are recorded by ‘group’, ‘sub-group’, and ‘particular’.

**Note:** Considerations are not routinely updated throughout the life of a case. Therefore, the recorded consideration may only relate to the case at the assessment stage and not necessarily to the investigation or its outcome, as we may discover things as part of our investigations that we were not aware of at the assessment stage.

### Restoration Applications

There were three restoration applications in 2023. Two resulted in restoration to the register, one with conditions, and one was not restored.

15. <https://standards.gdc-uk.org/>



# Fitness to Practise - Equality, Diversity, and Inclusion (EDI) analysis

## Introduction

The following graphs provide a breakdown of Fitness to Practise cases broken down by a range of EDI characteristics.

There are nine protected characteristic fields (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion/belief, sex (gender) and sexual orientation).

The EDI data we hold about dental professionals is provided by them voluntarily. We currently hold EDI data for around 94% of dental professionals.<sup>16</sup>

We encourage all dental professionals to provide their EDI details as part of our commitment to store the right data in the right format to help assess the proportionality of its processes.

We continue to develop our understanding of what this data is telling us, and more importantly how we can use this data to analyse these characteristics within the context of fitness to practise, as part of our work to ensure we do not discriminate across our process.

What we do know is that it is complex. The information and data should not be used in isolation, particularly when assessing correlation and causation, as many other factors may be relevant, such as practice location, size of practice or local demographics.

Our 2024 – 2026 EDI Strategy is currently being finalised and will build on the ambitions of our existing strategy. Our aspiration is to work with the wider profession to embed equality, diversity, and inclusion not just across what the GDC does, but also around how dental professionals work with patients and each other going forward. This will include encouraging others to put EDI at the forefront of their working practices.

## Fitness to Practise involvement per head of population

We provide comparisons of dental professionals involved in Fitness to Practise, to understand if any of the EDI characteristics appear more (or less) than we would expect, when compared with their distribution across the whole registrant population.

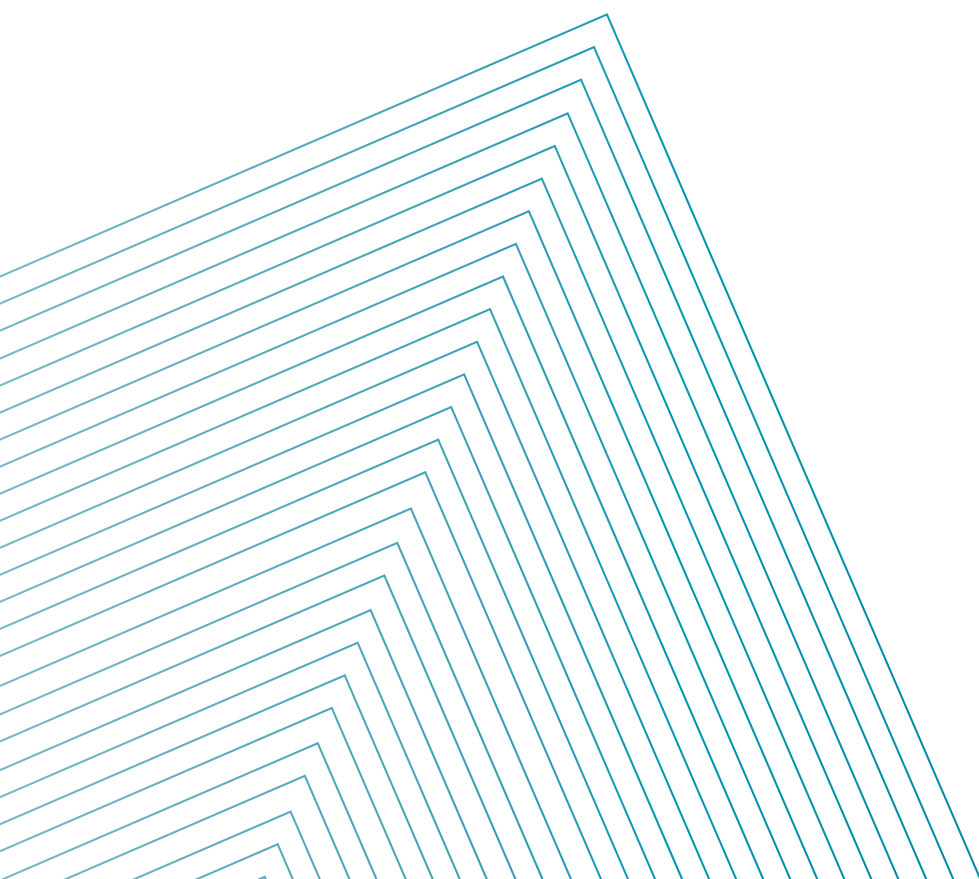
Each of the charts have three series to compare:

- The number of DCPs/dentists with this characteristic on our register.
- The number of FTP concerns raised to the GDC for registrants with each characteristic (including those that are closed after an initial assessment).
- FTP concerns that progress beyond an initial assessment

16. We currently do not collect data on pregnancy/maternity. Bases sizes for disability status and Gender Identity categories did not provide enough variation to report on. Overall counts can be found in the registration report.

**Note:**

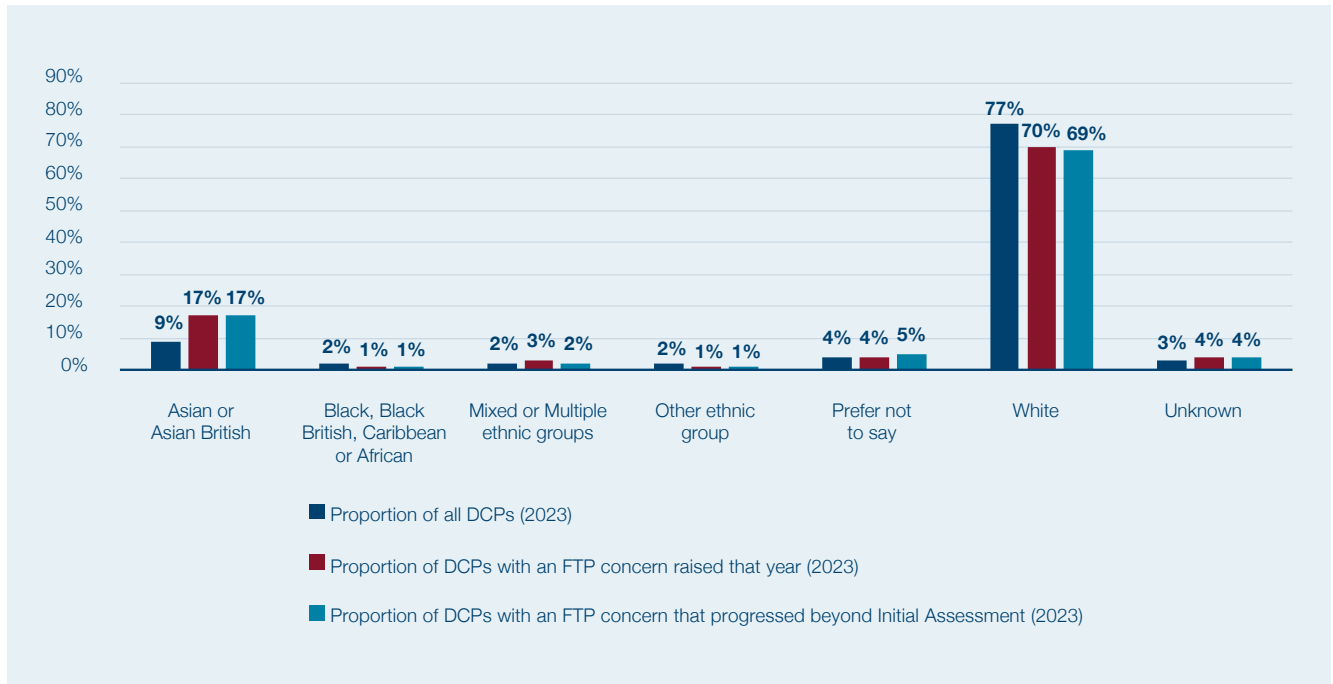
1. This analysis focuses on the distribution of data from 2023 (i.e. what is happening). As this is an annual report, it is not possible to say why any differences are appearing using this information alone. A range of factors, other than EDI, may influence reasons for a concern being raised to the GDC, such as work setting or practice size.
2. The analysis is applied to all FTP cases for 2023 and does not account for the differences in types of cases (such as whether the concern relates to a single patient complaint or a multi-patient complaint).
3. There are some visible differences in the charts, but because of small base sizes for some categories, statistical testing was not appropriate.
4. In some cases where the numbers are low, the DCP summaries have not been separated out by profession. This assumes that all DCP titles have a similar likelihood of being involved in an FTP case. This is a broad assumption that may not reflect the differences between the different duties carried out by the different professions, which may make them more or less likely to have a concern raised against them.
5. Trend data: Data collected before 2022 was captured using old EDI categories. These changed for 2022. To provide continuity with previous reporting, trend data for 2019 – 2021 is reported in these old categories. We plan to migrate the old data to new EDI categories for future reports.



## Per head of population analysis: Age

The charts below show how dentists and DCPs are distributed across the age groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

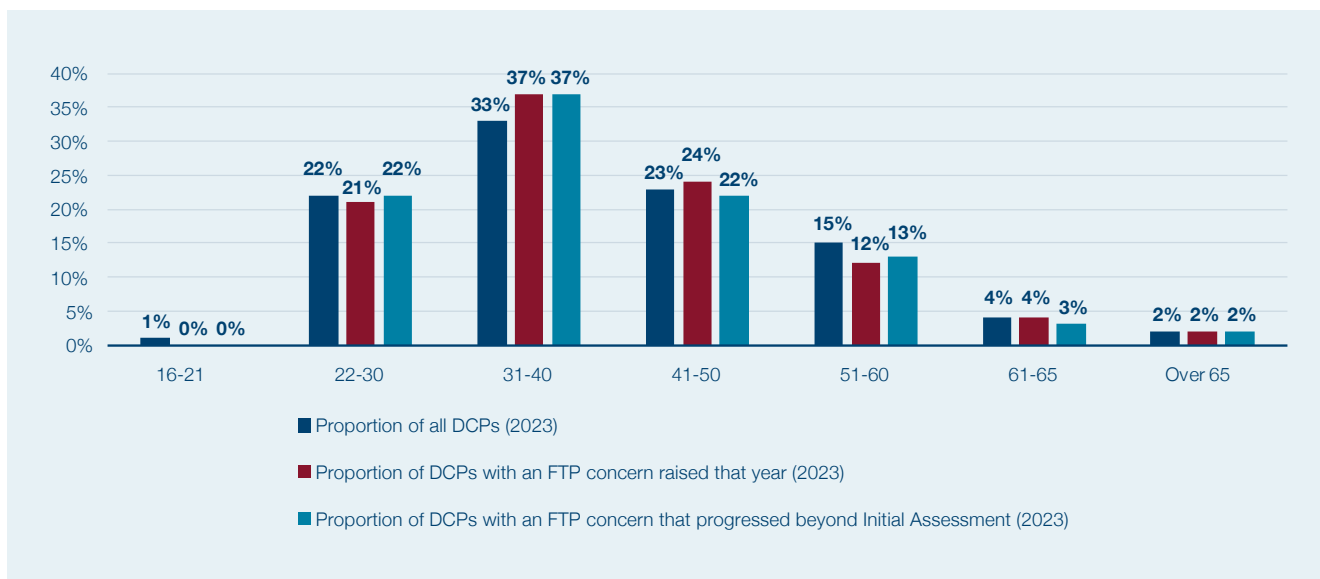
### Age-group of dentists who had an FTP concern raised against them 2023



Dentists aged 22-30 make up just over a quarter of the register (16%) but only 9% of the dentists who have an FTP concern raised against them. Dentists aged 51-60 make up a similar proportion of the register (18%) but have nearly a quarter (23%) of all FTP concerns raised against them.

This trend was very similar to last year when dentists aged 22-30 accounted for 8% of all concerns and dentists aged 51-60 accounted for 23% of concerns raised to the GDC.

## Age-group of DCPs who had an FTP concern raised against them 2023

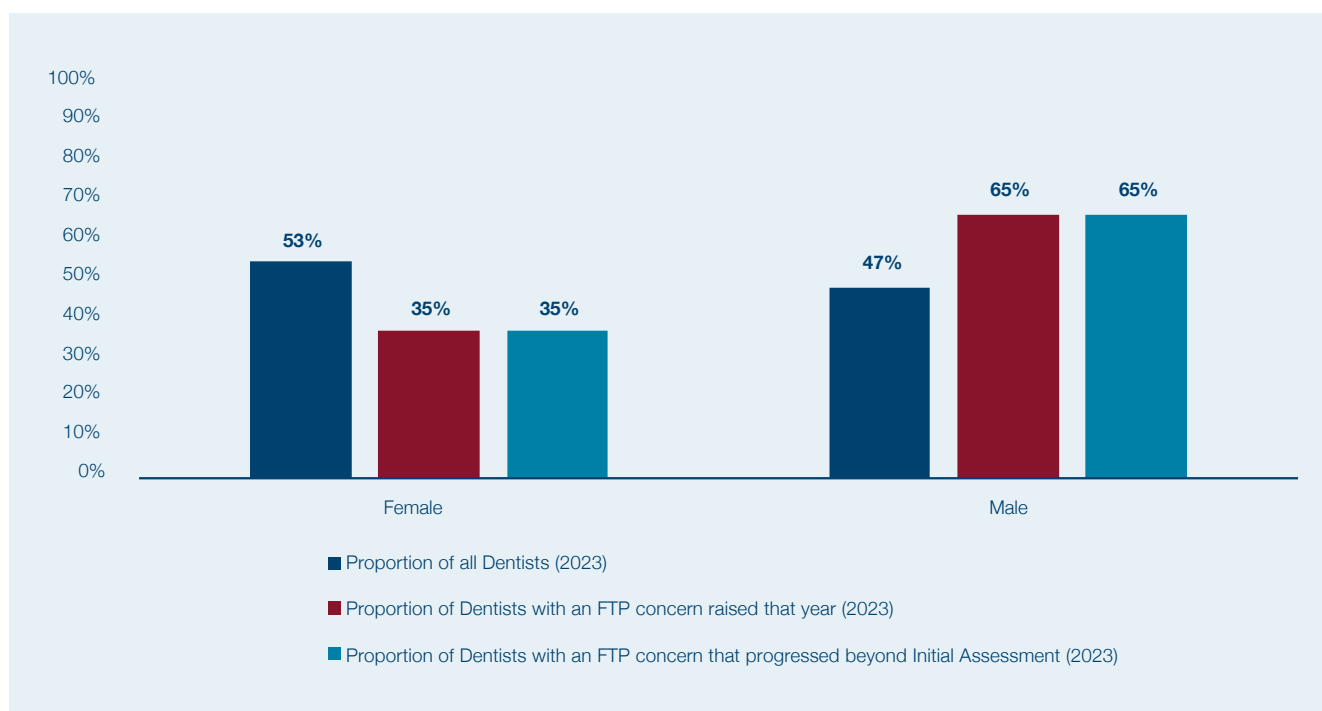


DCPs aged between 31-40 make up third (33%) of the DCP population, however, they make up 37% of the DCPs who have an FTP concern raised against them. In 2022, this group accounted for 34% of concerns.

## Per head of population analysis: Sex

The charts below show how dentists and DCPs are distributed across males and females on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

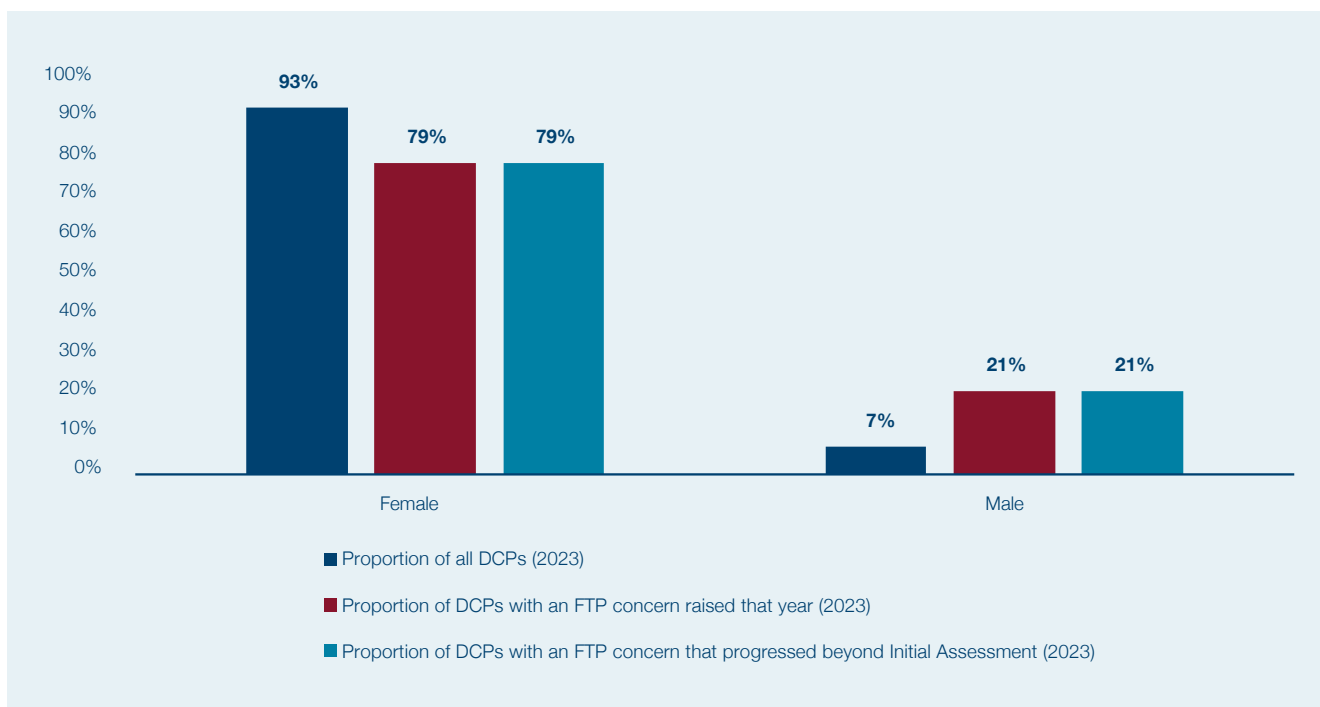
### Sex of dentists who had an FTP concern raised against them



Males contribute to 47% (2022: 48%) of the dentist register, but account for 65% (2022: 68%) of all concerns raised to the GDC about dentists.



## Sex of DCPs who had an FTP concern raised against them

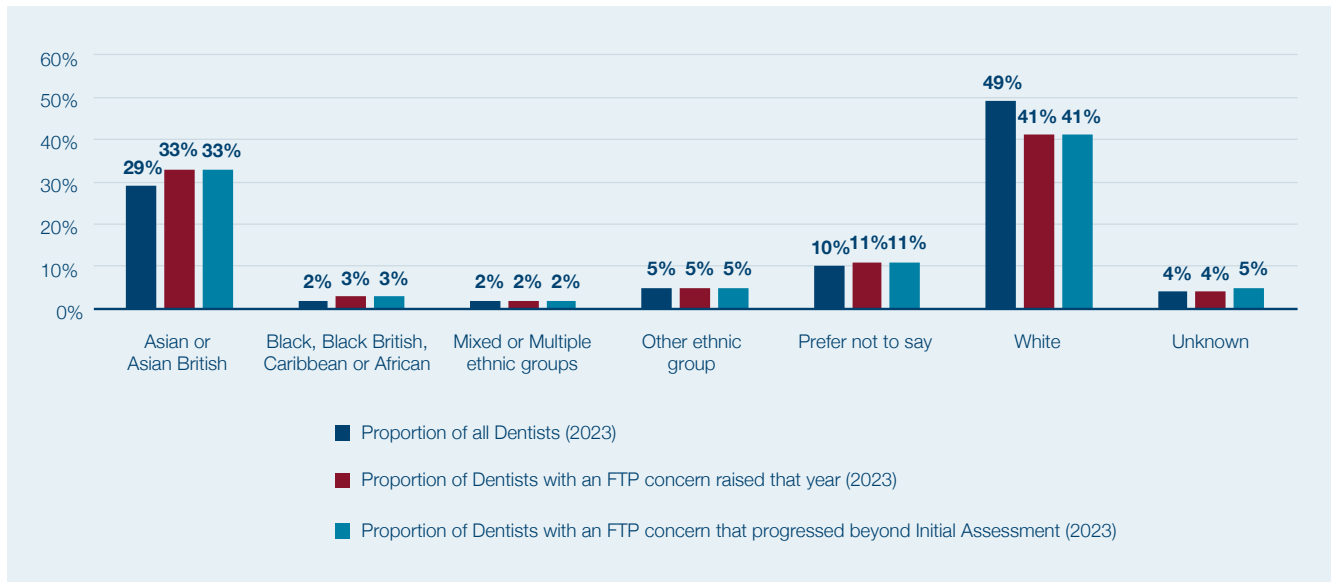


Females contribute to 93% (2022: 93%) to the DCP register, but only account for 79% (2022: 79%) to all concerns raised to the GDC about DCPs.

## Per head of population analysis: Ethnicity

The charts below show how dentists and DCPs are distributed across the ethnic groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

### Ethnicity of dentists who had an FTP concern raised against them

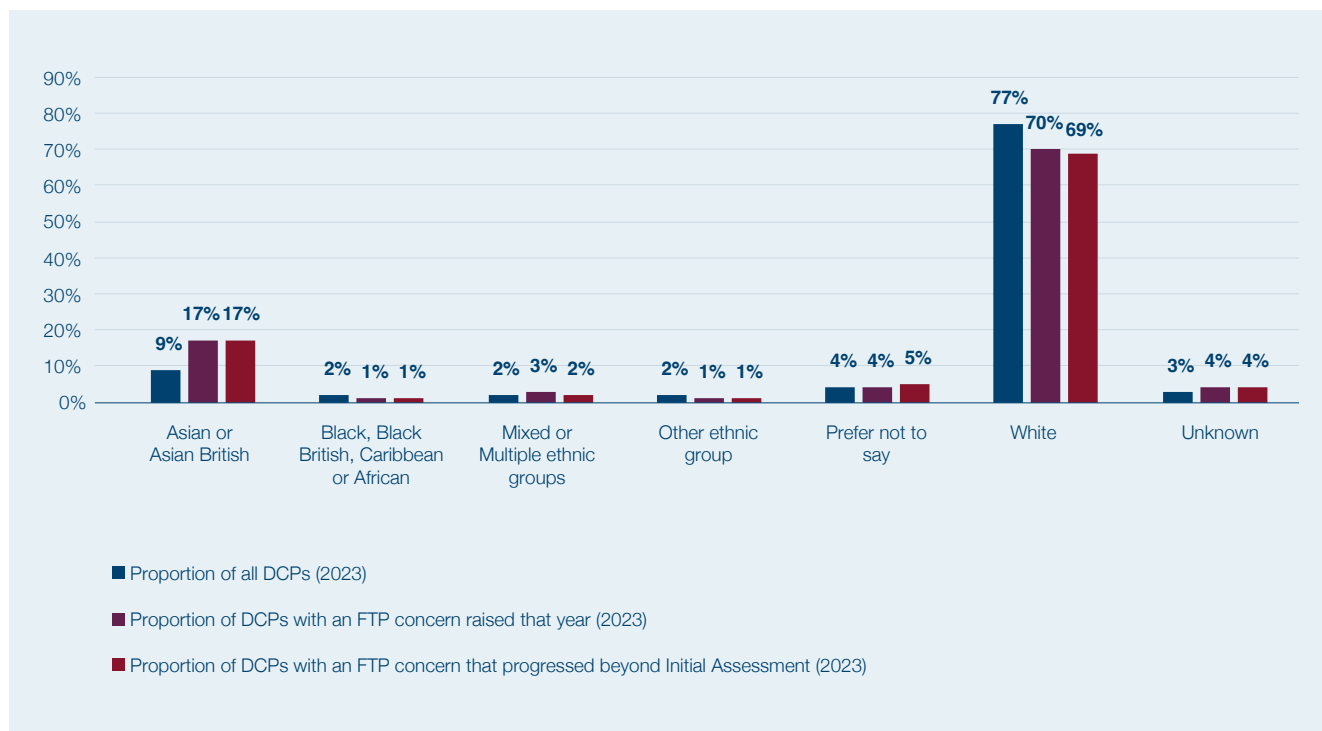


Dentists of an Asian / Asian British ethnicity contribute to 29% (2022: 28%) of the register but account for 33% (2022: 32%) of FTP concerns raised to the GDC.

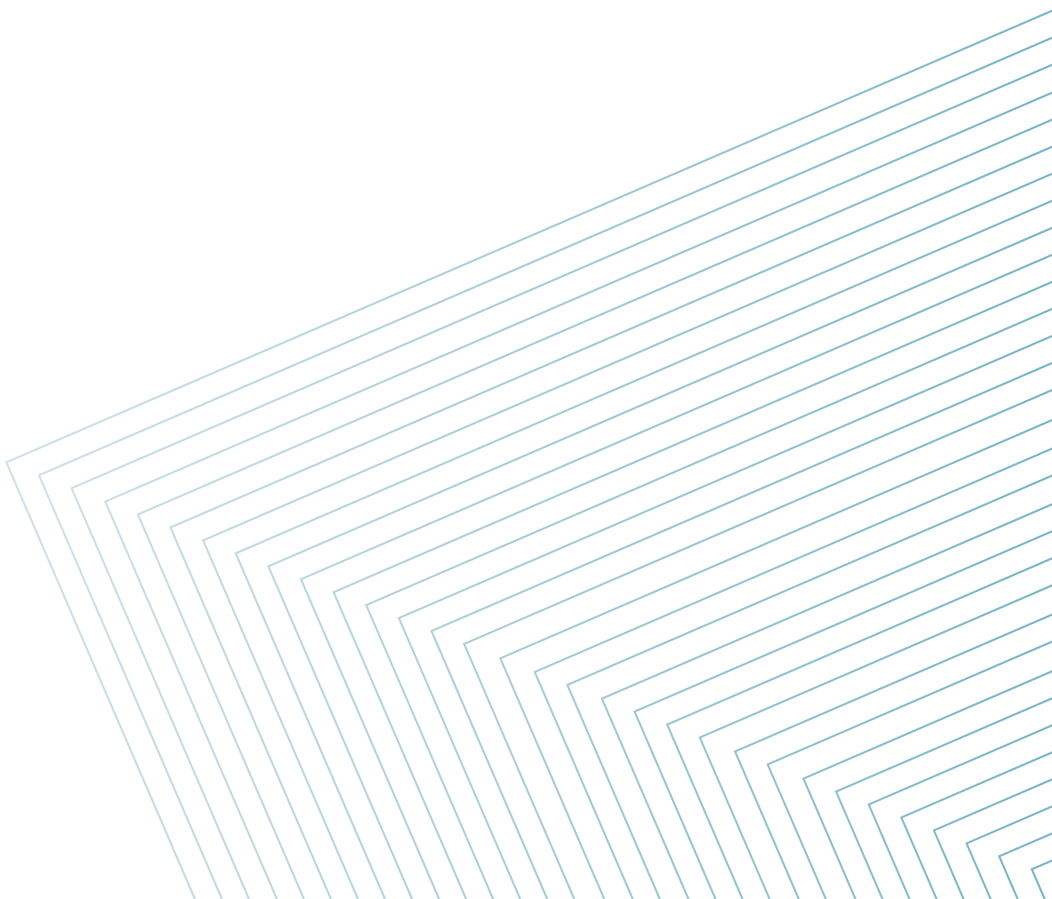
Dentists with a White ethnicity account for 49% of the register (2022:50%) but only account for 41% (2022: 41%) of the concerns raised to the GDC.

Almost 90% of FTP cases are generated outside of the GDC. The proportion of cases progressed throughout the FTP system, when measured by ethnic group, remain consistent at each point of the system. This indicates that our process does not exacerbate any apparent ethnicity bias.

### Ethnicity of DCPs who had an FTP concern raised against them



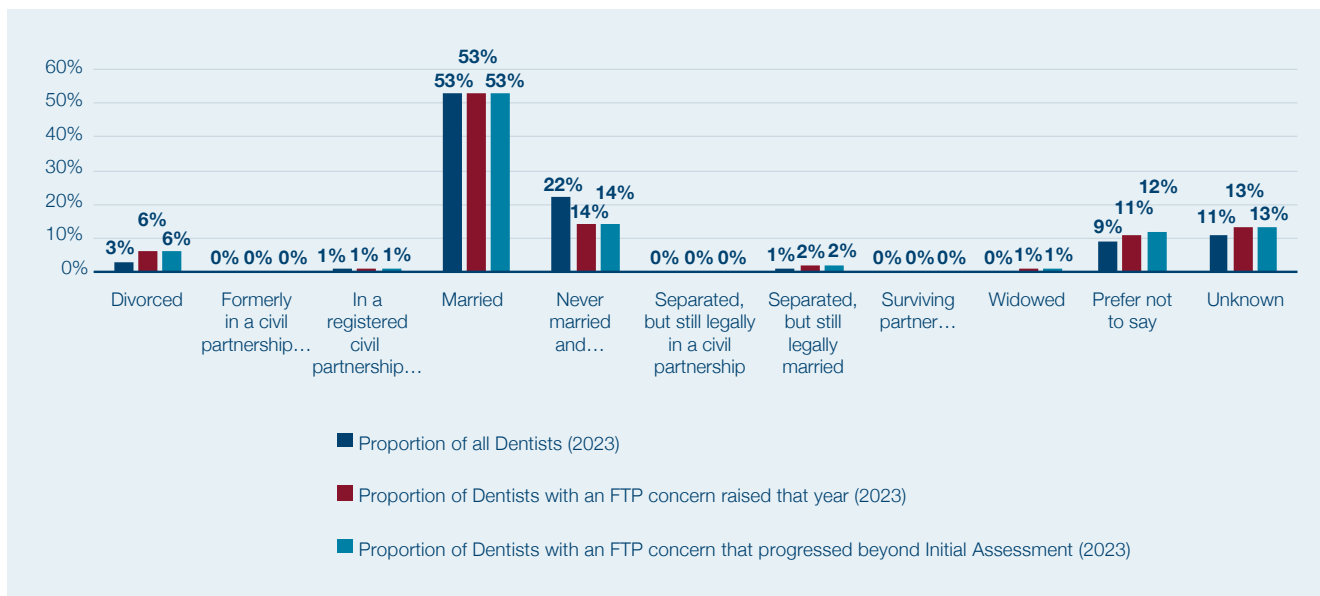
The majority of DCP concerns raised to the GDC relate to DCPs with a White ethnicity – in line with the proportion they contribute to the DCP register, and 2022.



## Per head of population analysis: Marital status

The charts below show how dentists and DCPs are distributed across the marital status categories on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

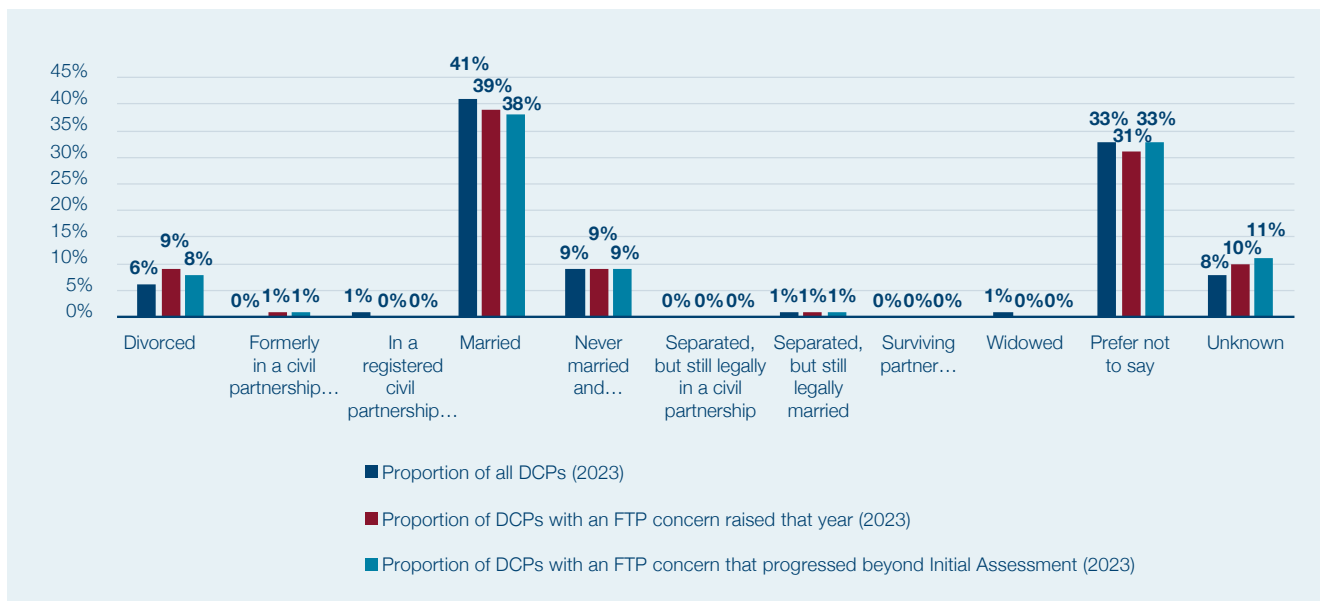
### Marital status of dentists who had an FTP concern raised against them



Dentists who are married account for more than half (53%) of the register and the same proportion of FTP concerns raised to the GDC.

### Marital status of DCPs who had an FTP concern raised against them

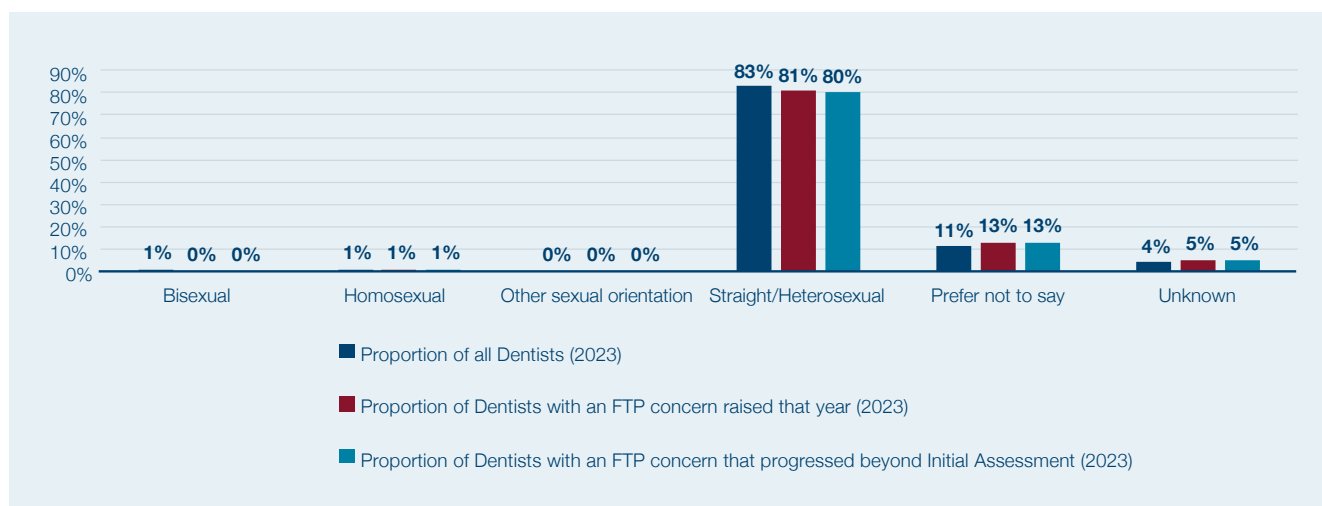
DCPs who are married make up 41% of the register, and a similar percentage of FTP concerns raised that progress beyond Initial Assessment (38%).



## Per head of population analysis: Sexual orientation

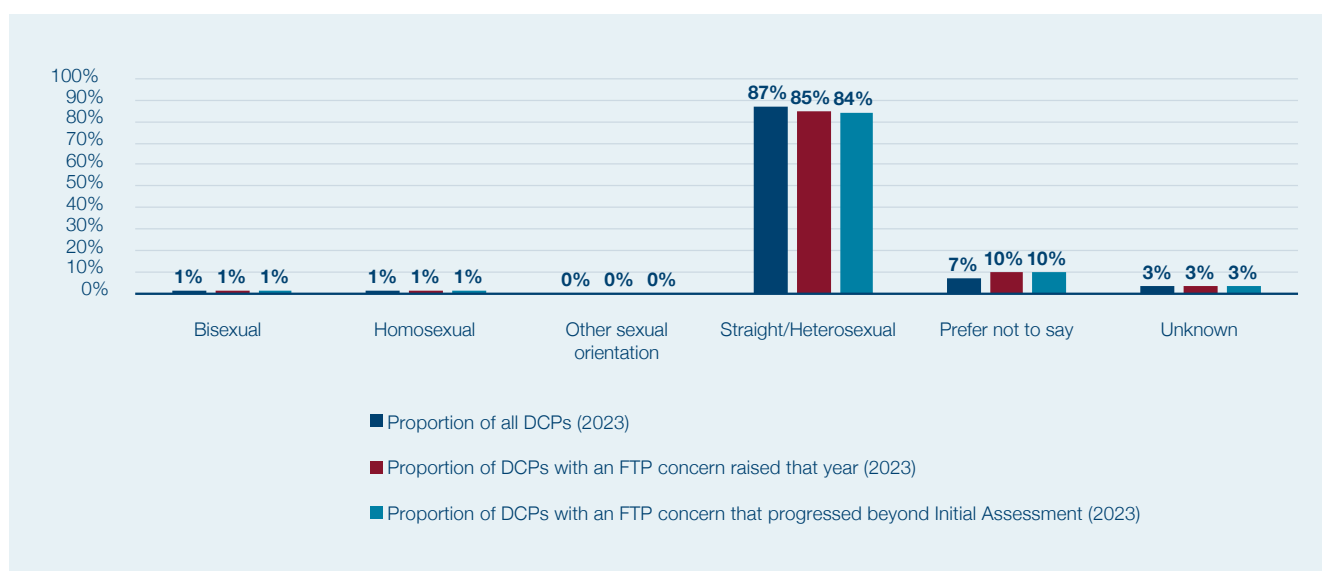
The charts below show how DCPs and dentists are distributed across the sexual orientation groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

### Sexual orientation of dentists who had an FTP concern raised against them



Dentists with a ‘Heterosexual’ sexual orientation account for 83% (2022: 82%) of the register and 81% of concerns raised to the GDC. (2022: 83%)

### Sexual orientation of DCPs who had an FTP concern raised against them

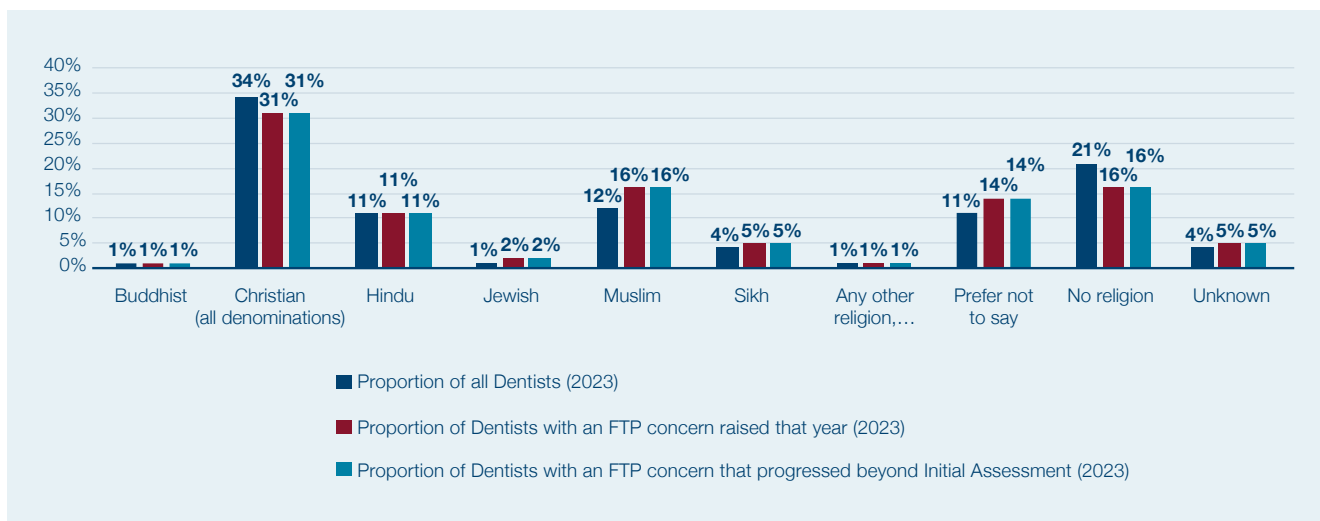


DCPs with a ‘Heterosexual’ sexual orientation account for 87% of the register (2022: 86%) and 85% of concerns raised to the GDC. (2022: 89%)

## Per head of population analysis: Religion

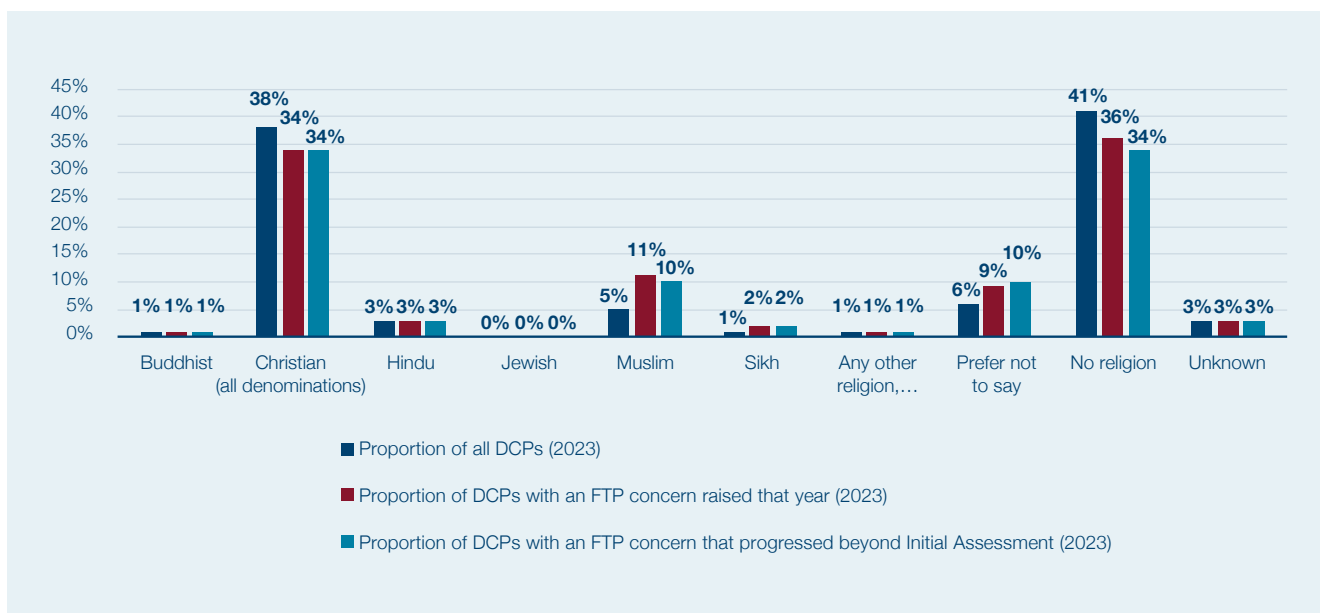
The charts below show how dentists and DCPs are distributed across the religious groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

### Religion of dentists who had an FTP concern raised against them



Dentists who cite their religion as Christian contribute to 34% of the register (2022: 35%) and to 31% of concerns raised to the GDC. (2022:30%)

### Religion of DCPs who had an FTP concern raised against them

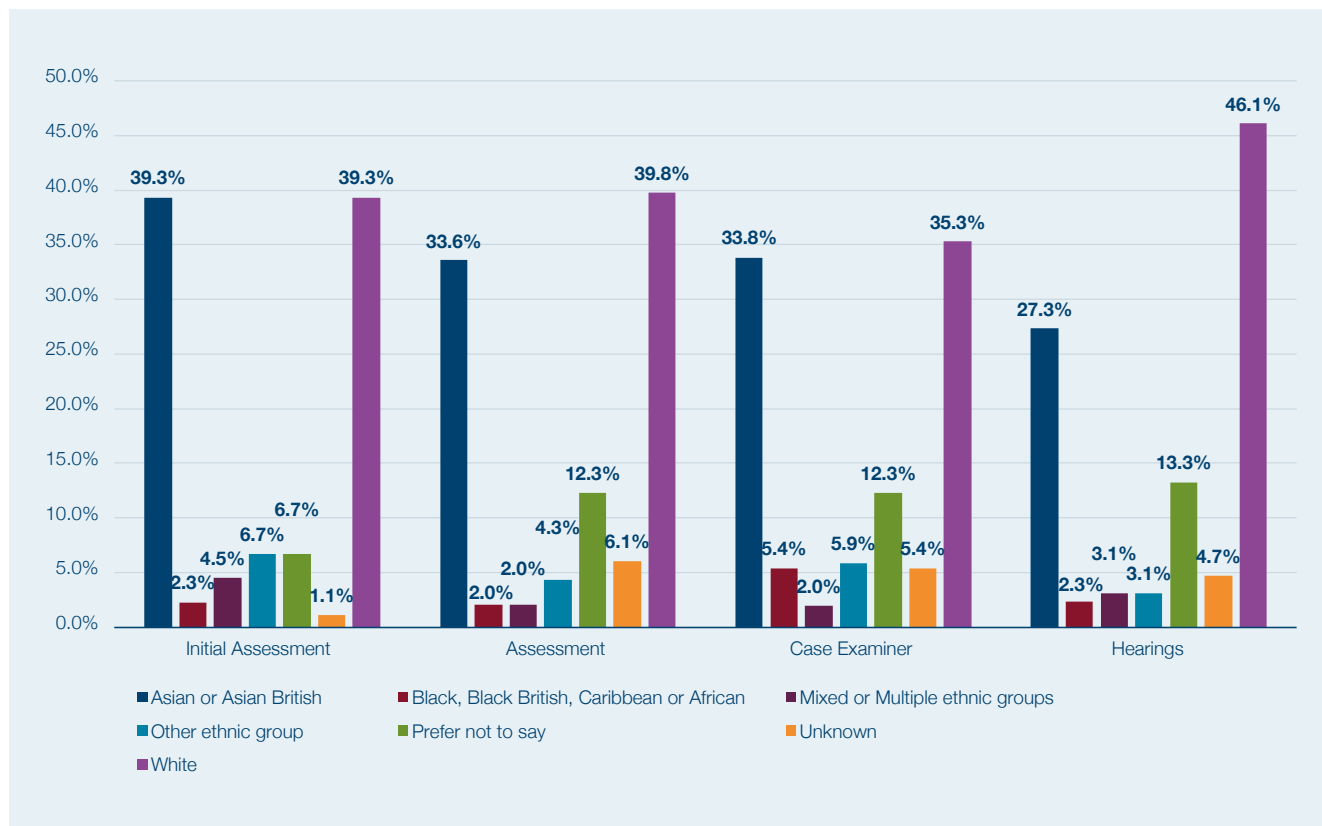


DCPs who cite their religion as Christian contribute to 38% of the DCP register (2022: 39%) and 34% of concerns raised to the GDC. 2022: 36%).

More than a fifth, 21% (2022: 21%) of dentists and 41% of DCPs (2022: 40%) have 'No Religion' entered as their religion.

## Ethnicity of dentist case closures

The following charts show the proportion of cases that were closed at each stage of FTP by ethnicity in 2023.



## Proportion of dentist cases closed at each stage of FTP in 2023

This shows the ethnicity of the dentists for every case the GDC investigated and made a decision on, in 2023.

Most cases closed across all the stages of the FTP process related to dentists with a white ethnicity.

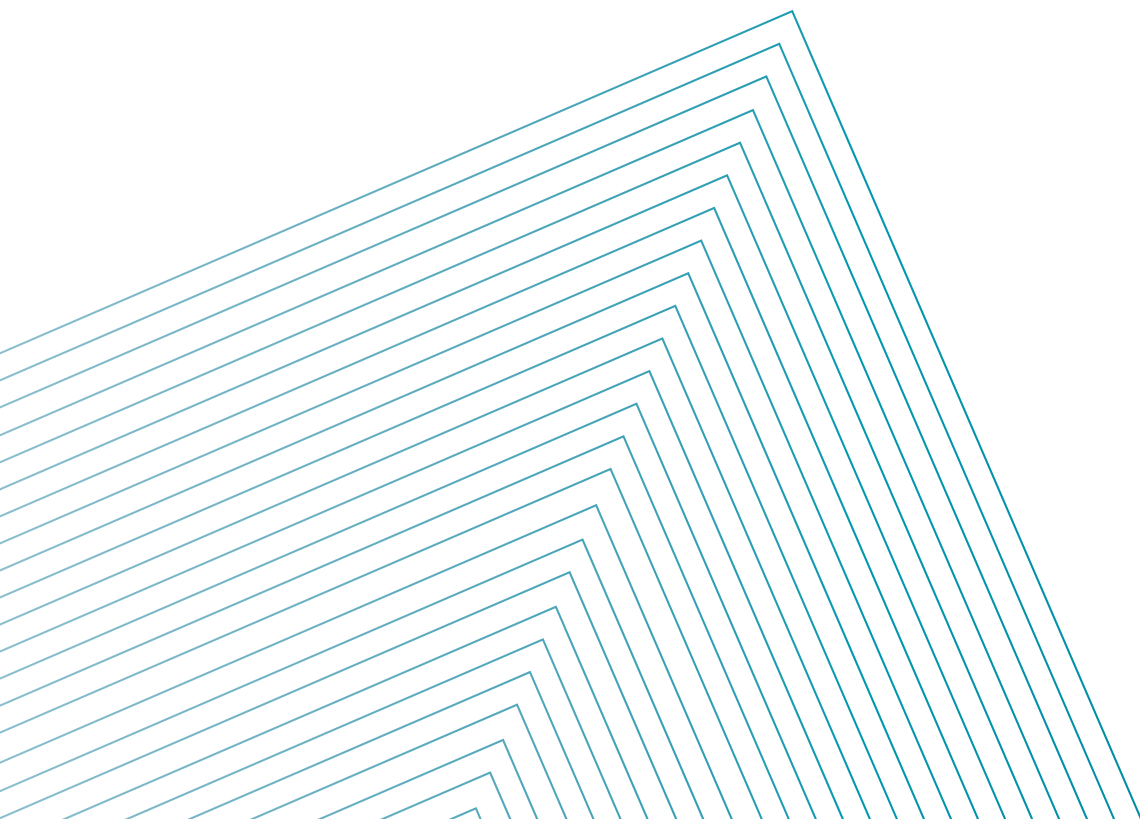
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## Proportion of dentist cases closed at each stage of FTP from 2019 – 2023

**Note:** The following graphs show the ethnicity of dentist's cases over the last five years, across the four decision making points in the Fitness to Practise process.

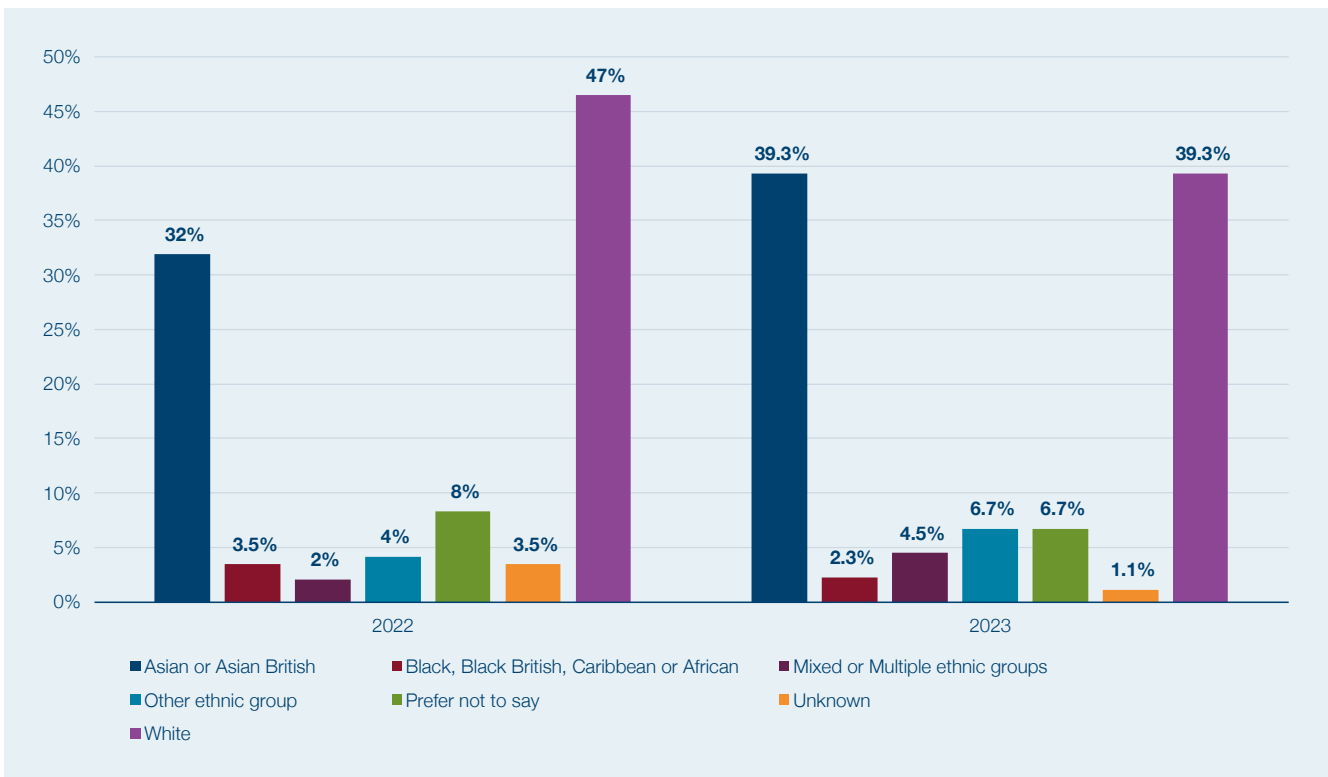
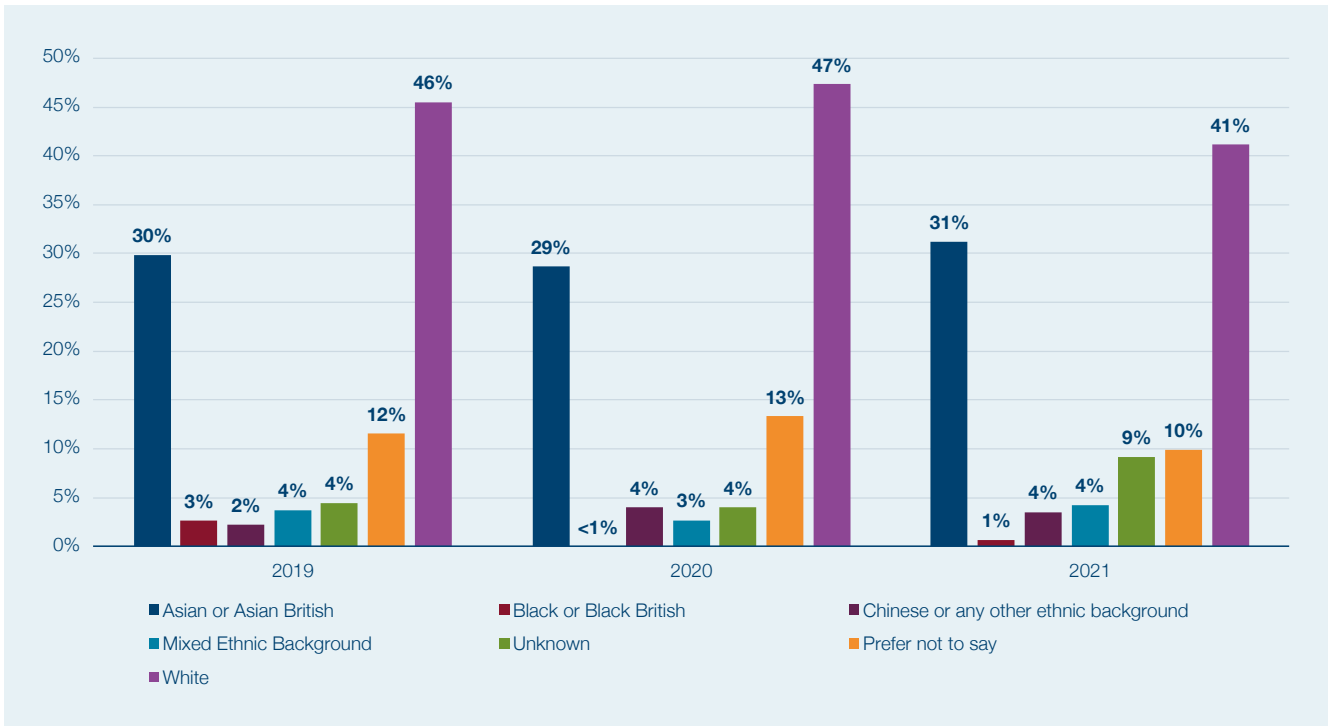
It shows trend data, and is based on percentages, rather than actual numbers. The decisions made at the different stages may refer to cases that were initially received by the GDC in previous years. As data earlier in this report shows, the numbers of case closures at case Examiners and Hearings stages are far less than at initial assessment. It is important to remember this if comparing the charts below

To align with previous reporting the trend data for 2019 – 2021 is reported using the old ethnicity categories. Many of the new categories used for 2022 and 2023 are comparable, however, 'Mixed', 'Other' and 'Unknown' groups, have differences that mean they can't accurately be compared with previous years. However, it should be noted that these categories are very small. We plan to 'back-code' this data for future publications

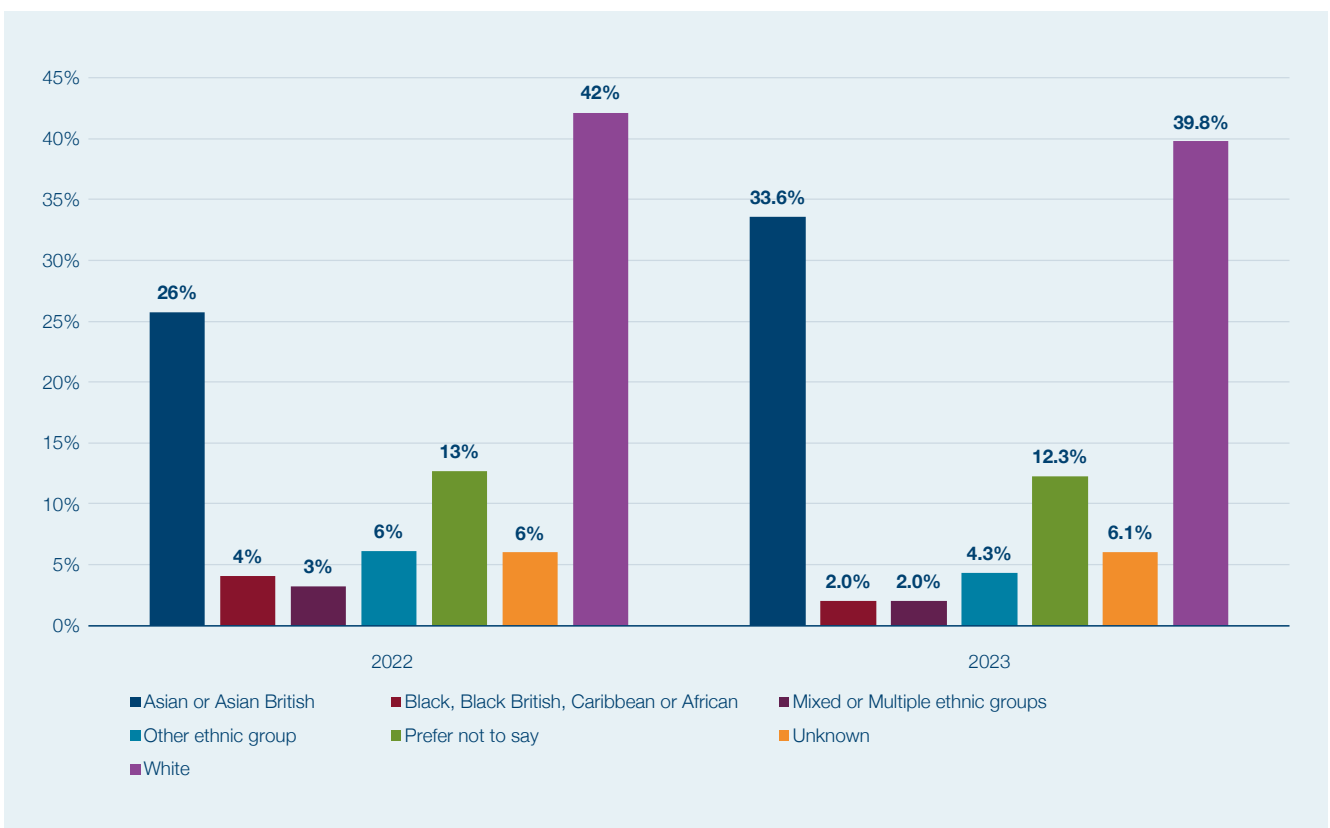
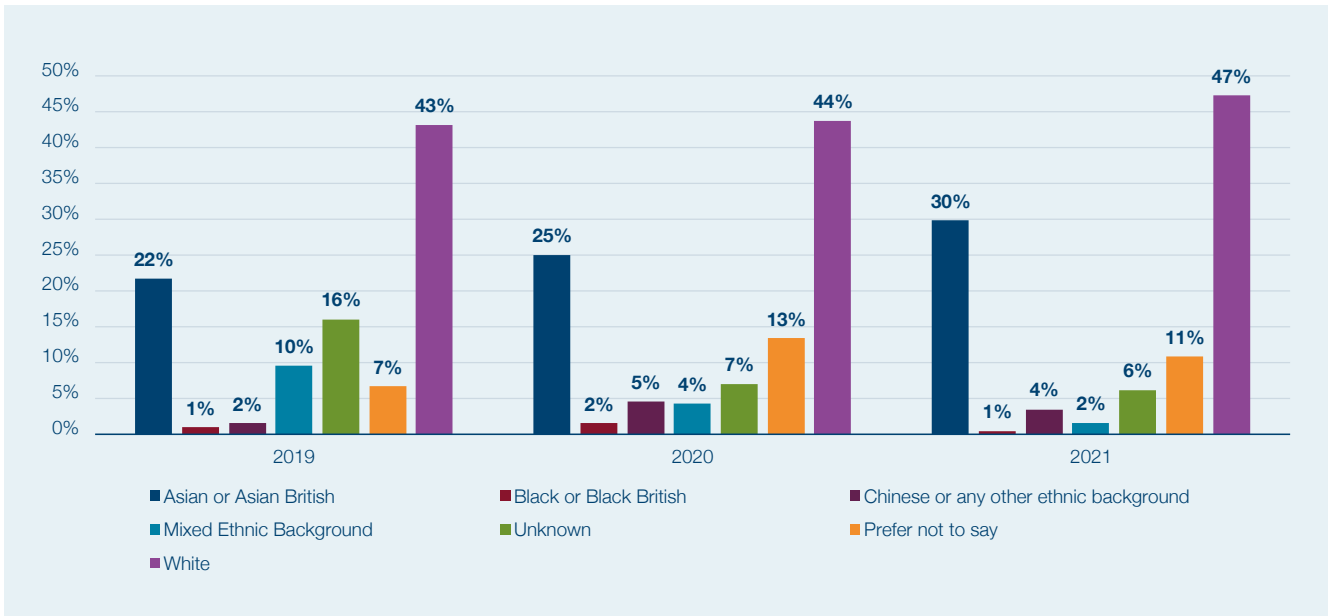




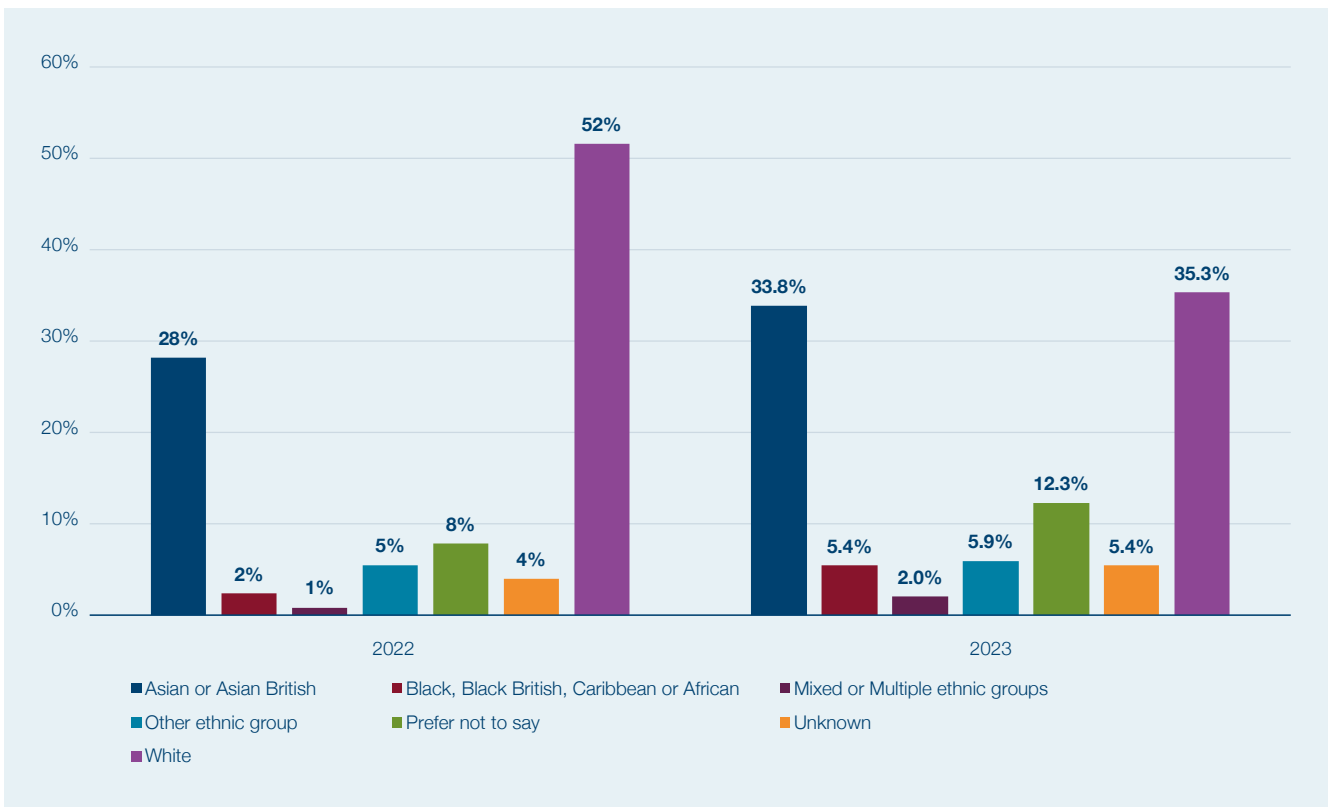
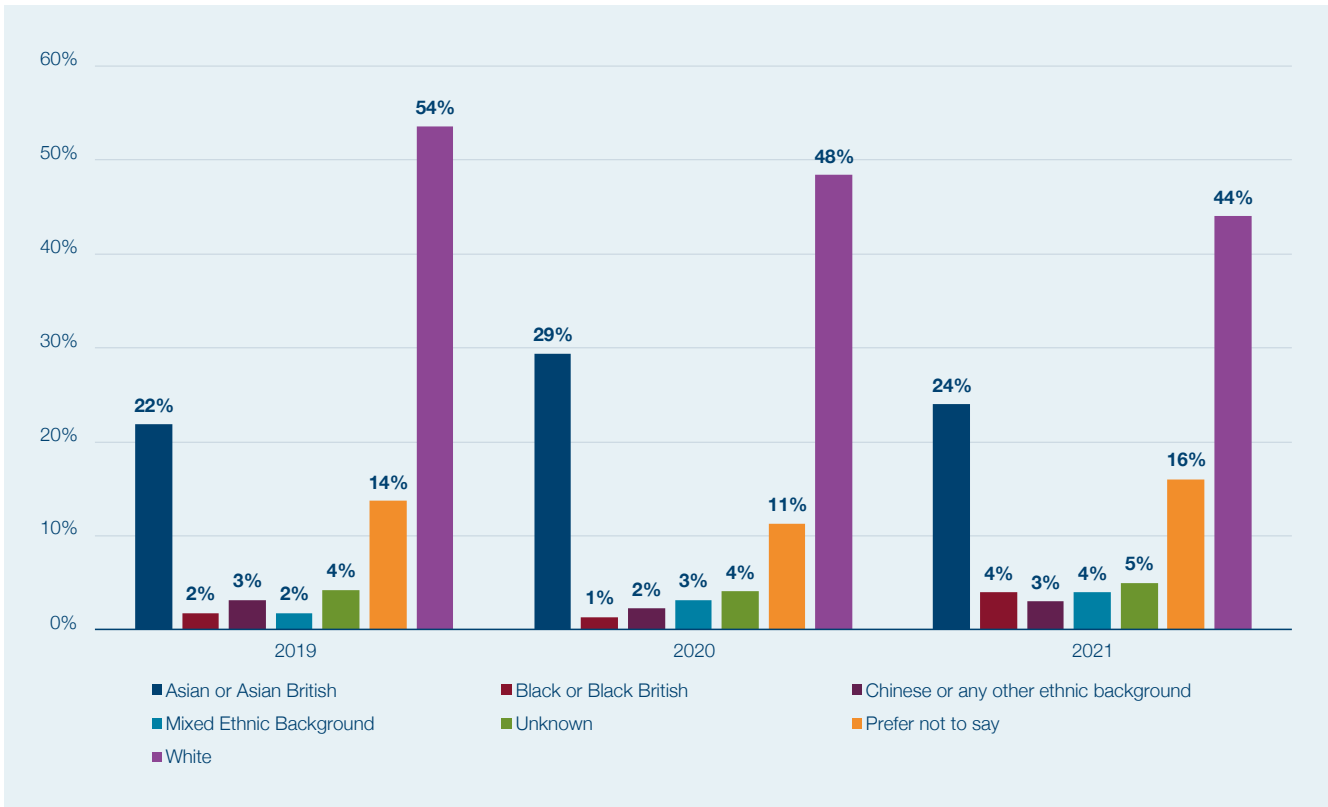
**Proportion of dentist cases closed at Initial Assessment stage by ethnicity**



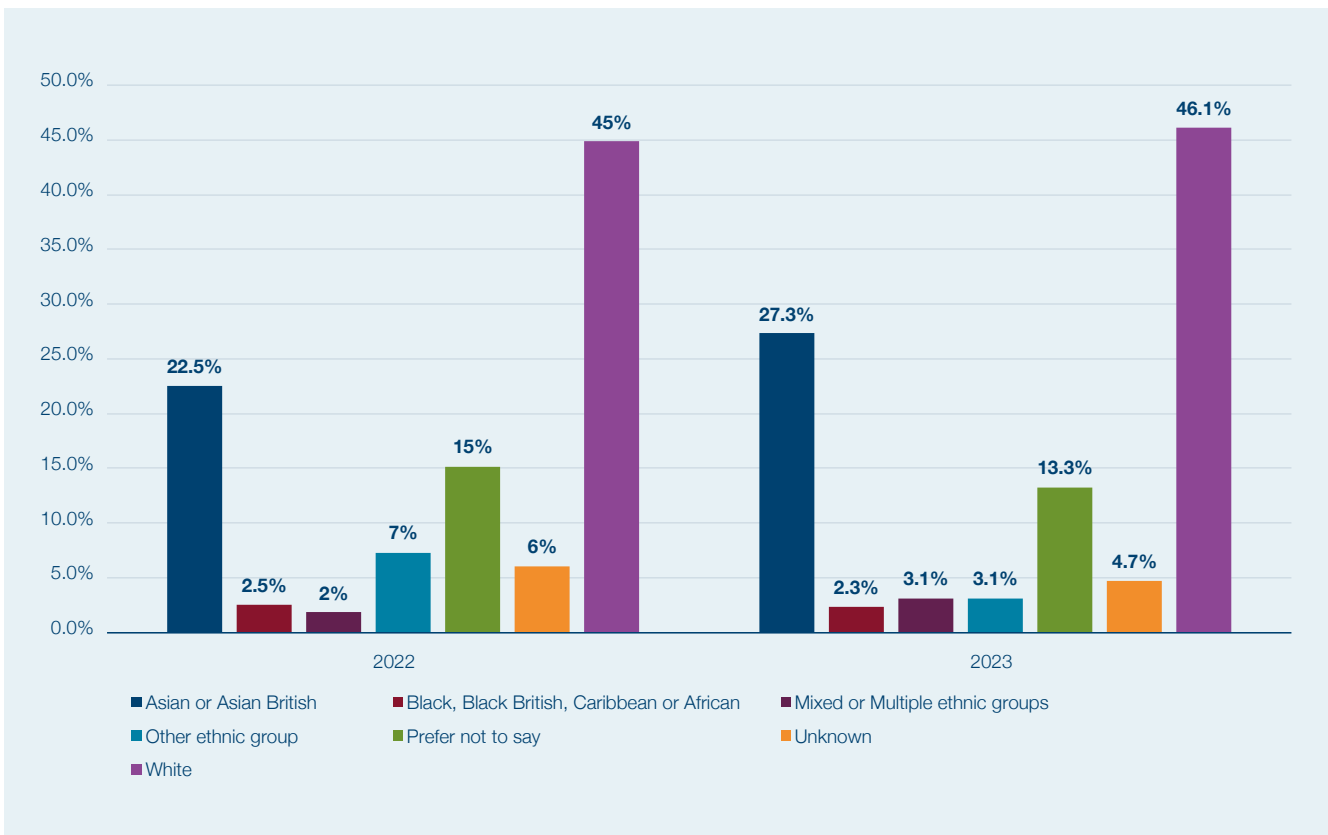
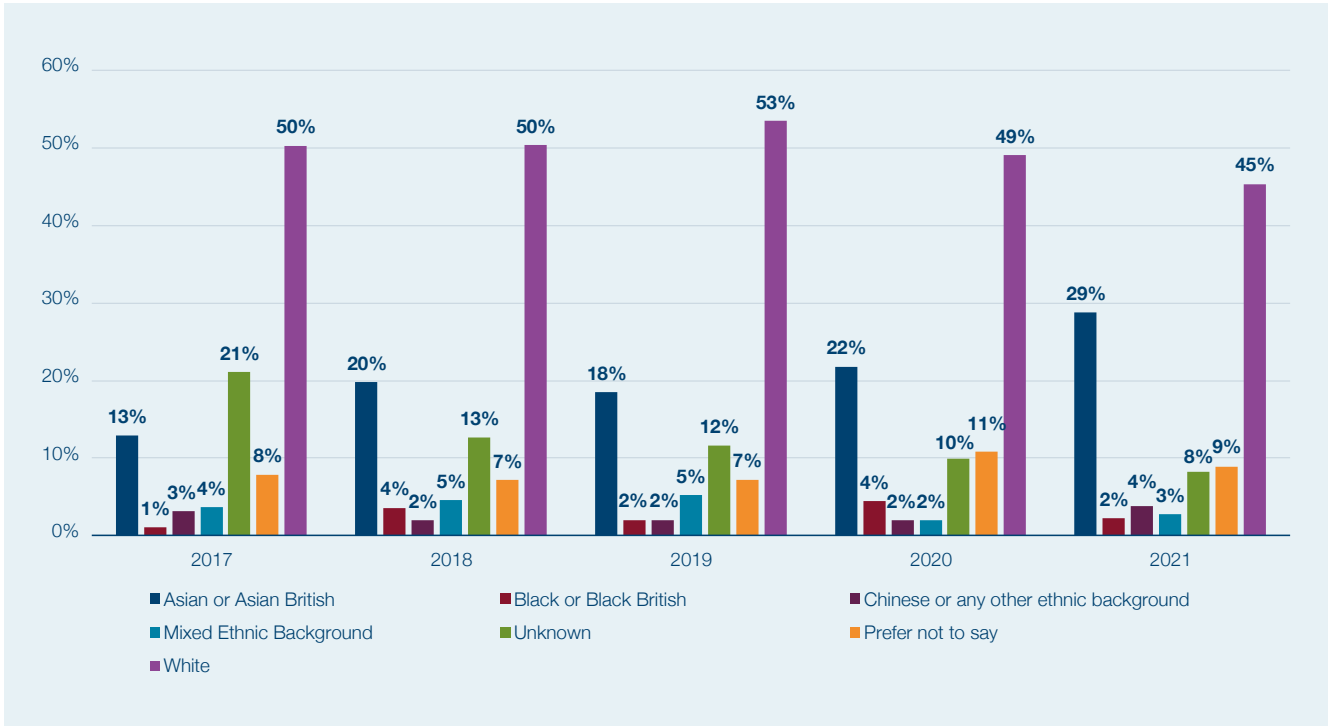
### Proportion of dentist cases closed at Assessment stage by ethnicity



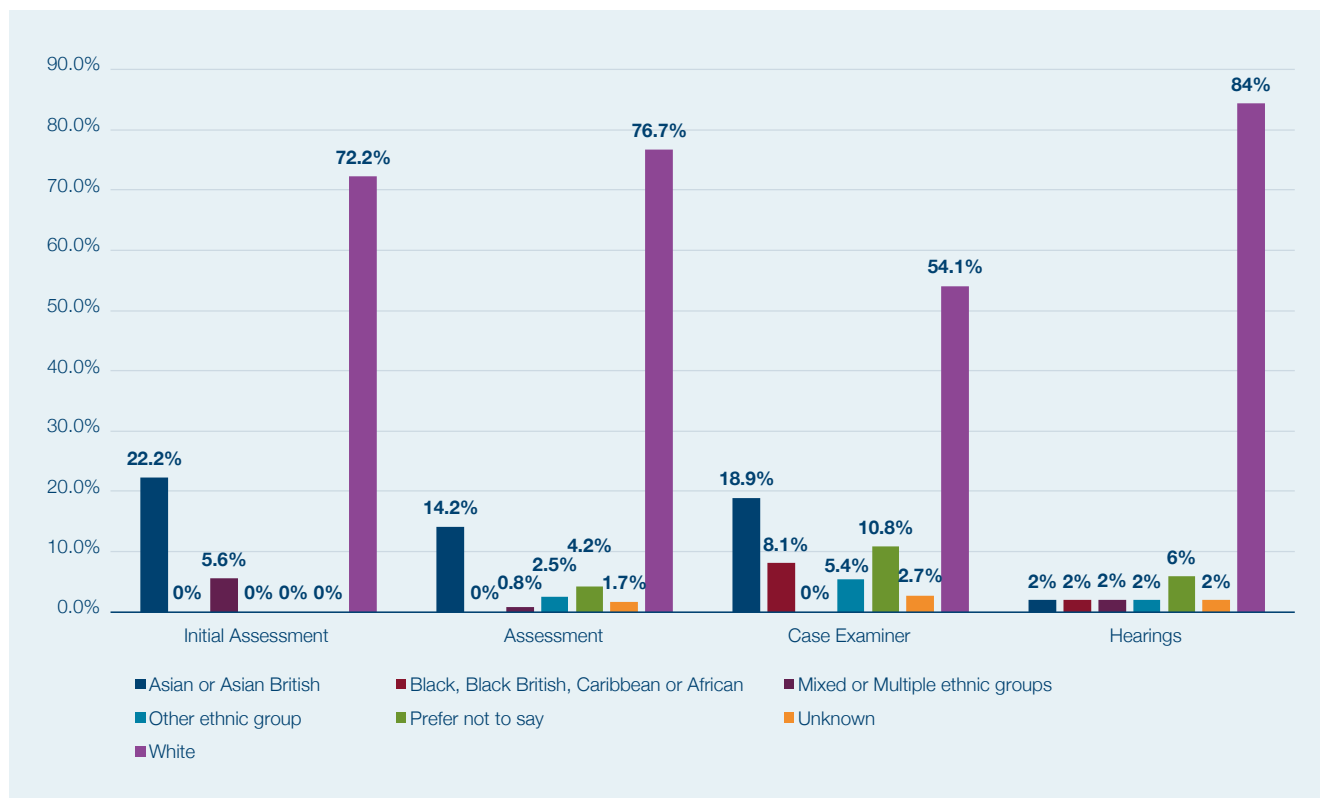
**Proportion of cases dentist closed at case examiner stage by ethnicity**



### Proportion of dentist cases closed at Hearings stage by ethnicity



## Ethnicity of DCP case closures



### Proportion of DCP cases closed at each stage of FTP for 2023

It shows the ethnicity of the DCPs for every case the GDC investigated and made a decision on, in 2023. The majority of cases closed across all the stages of the FTP process related to white ethnicity respondents.

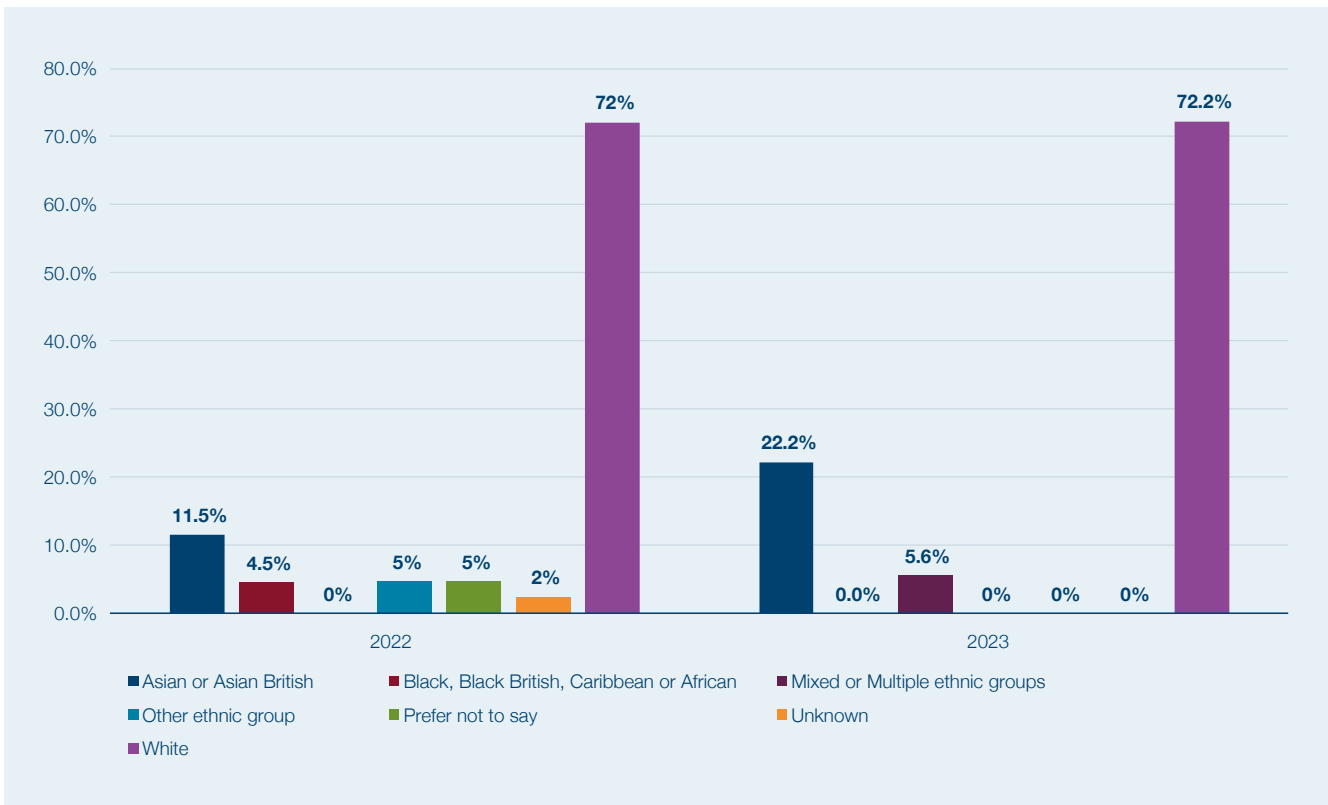
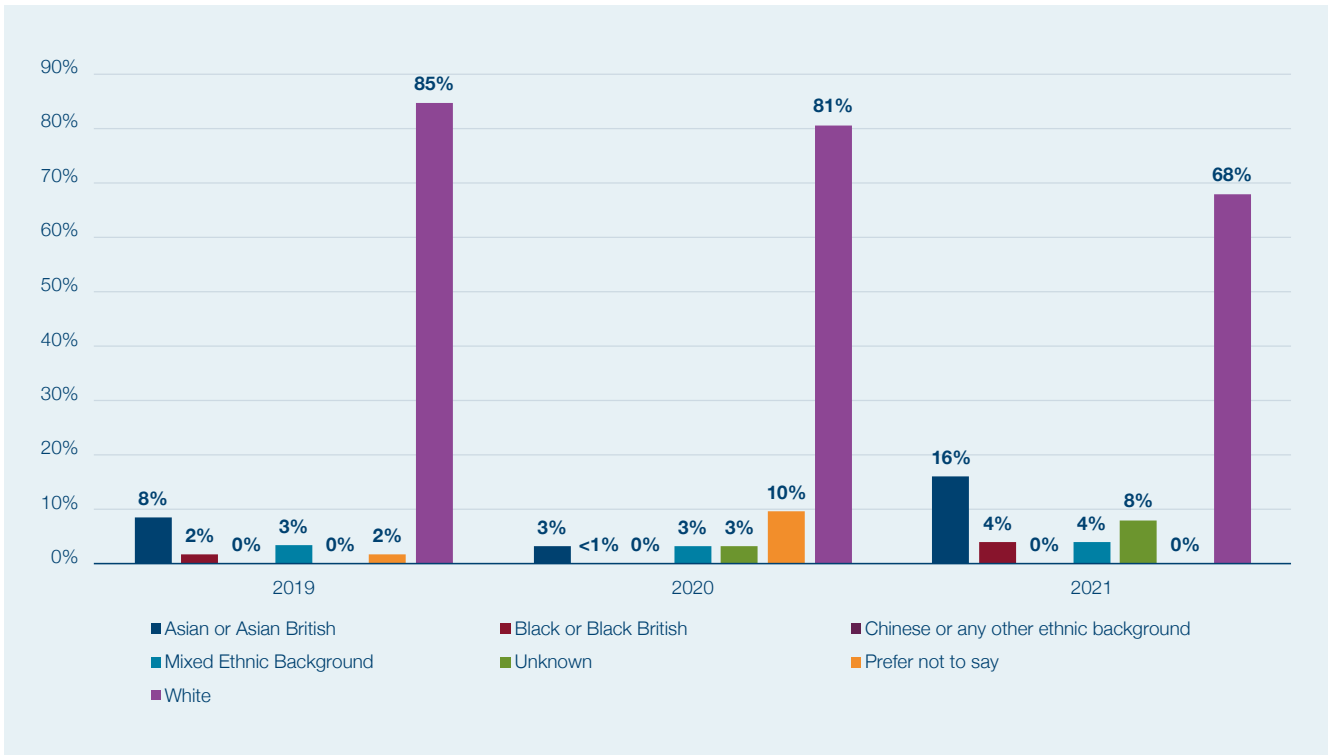
### Proportion of DCP cases closed at each stage of FTP from 2019 – 2023

**Note:** The following graphs show the ethnicity of DCPs cases over the last five years, across the four decision making points in the Fitness to Practise process.

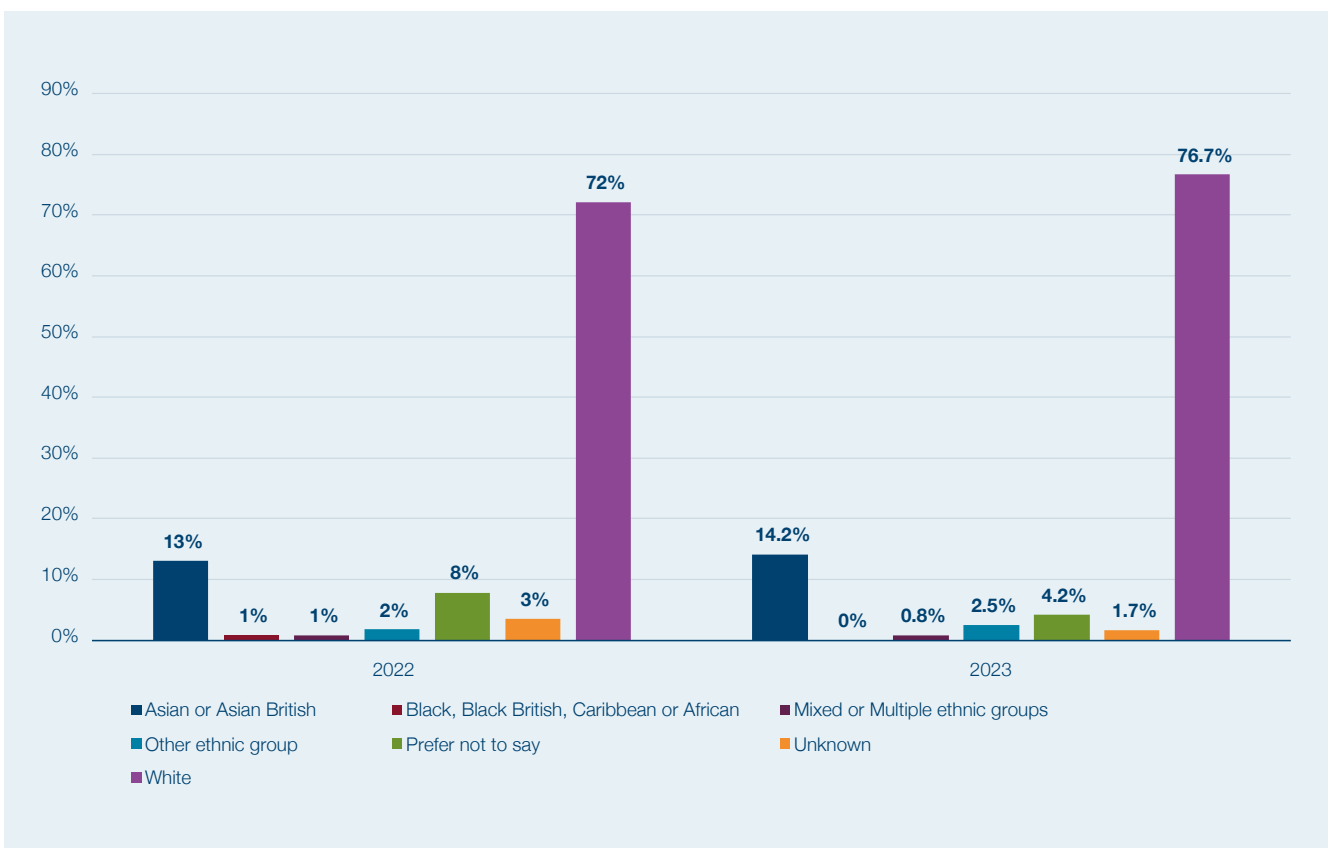
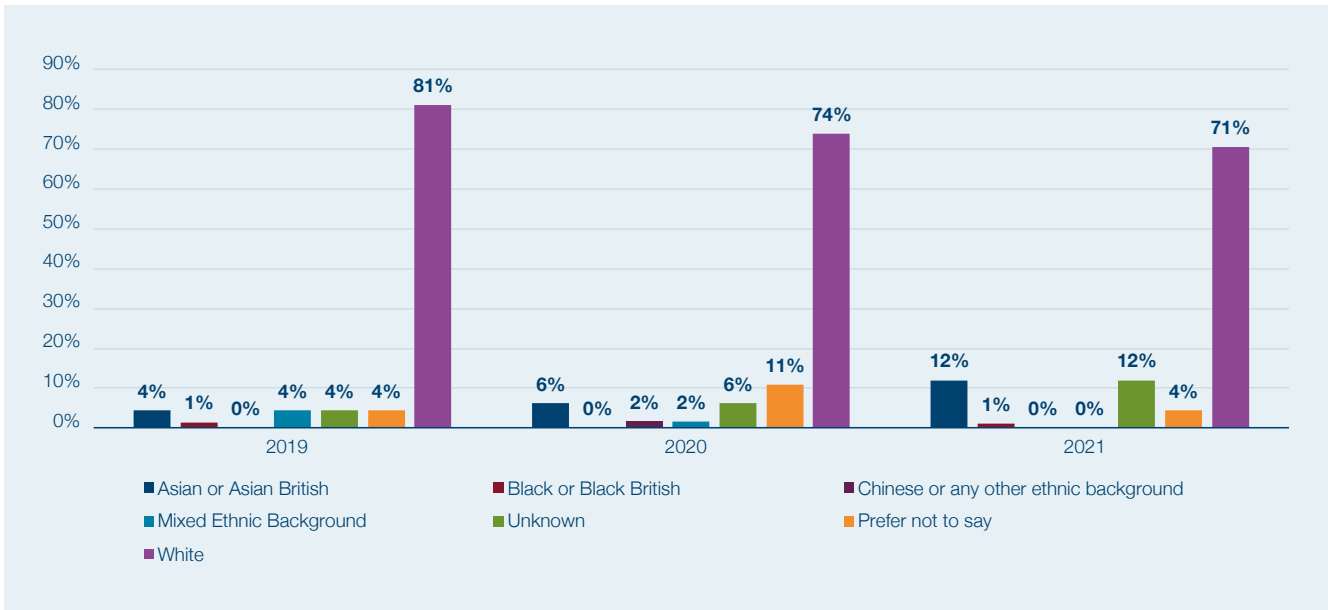
It shows trend data, and is based on percentages, rather than actual numbers. The decisions made at the different stages may refer to cases that were initially received by the GDC in previous years.

To align with previous reporting the trend data for 2019 – 2021 is reported using the old ethnicity categories. Many of the new categories used for 2022 and 2023 are comparable, however, 'Mixed', 'Other' and 'Unknown' groups, have differences that mean they can't accurately be compared with previous years. However, it should be noted that these categories are very small. We plan to 'back-code' this data for future publications.

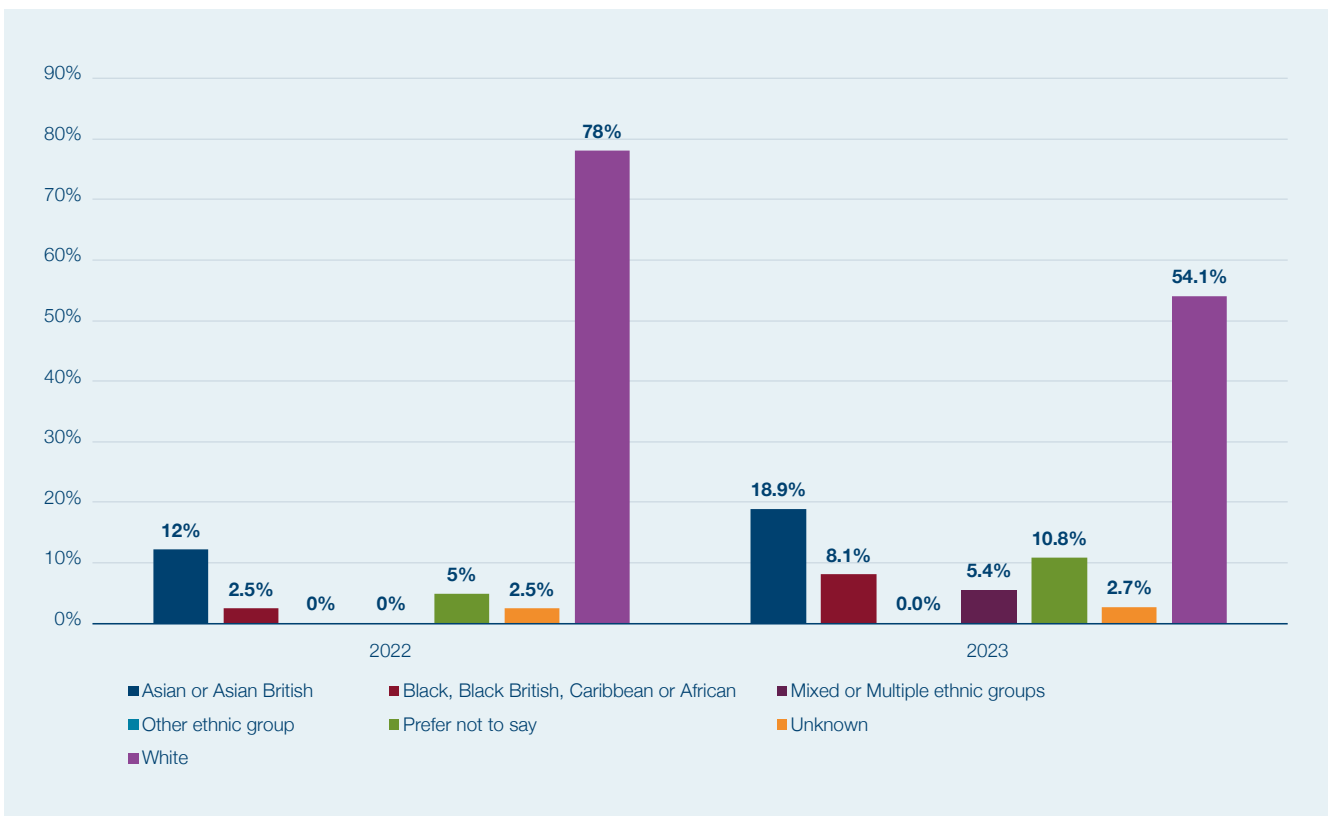
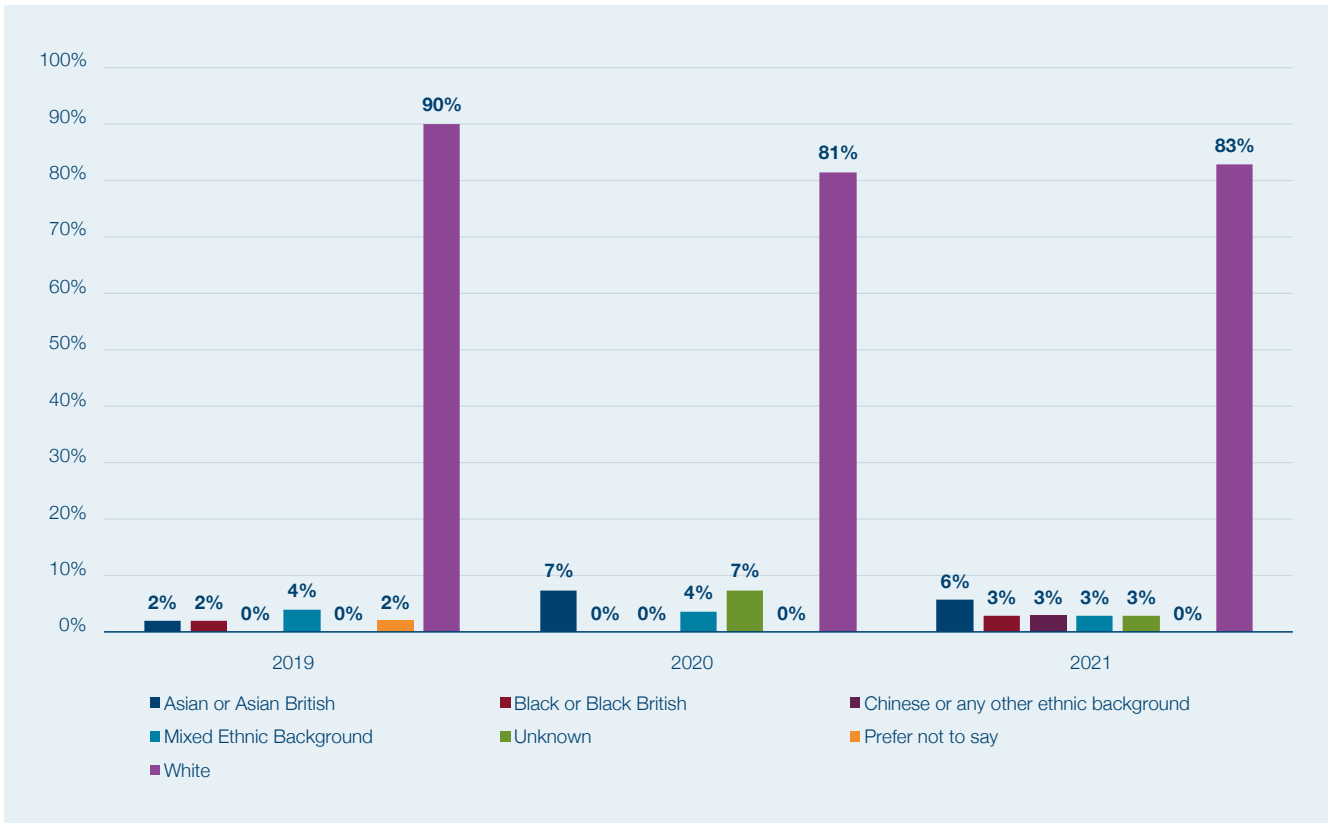
**Proportion of DCP cases closed at Initial Assessment stage by ethnicity**



### Proportion of DCP cases closed at Assessment stage by ethnicity

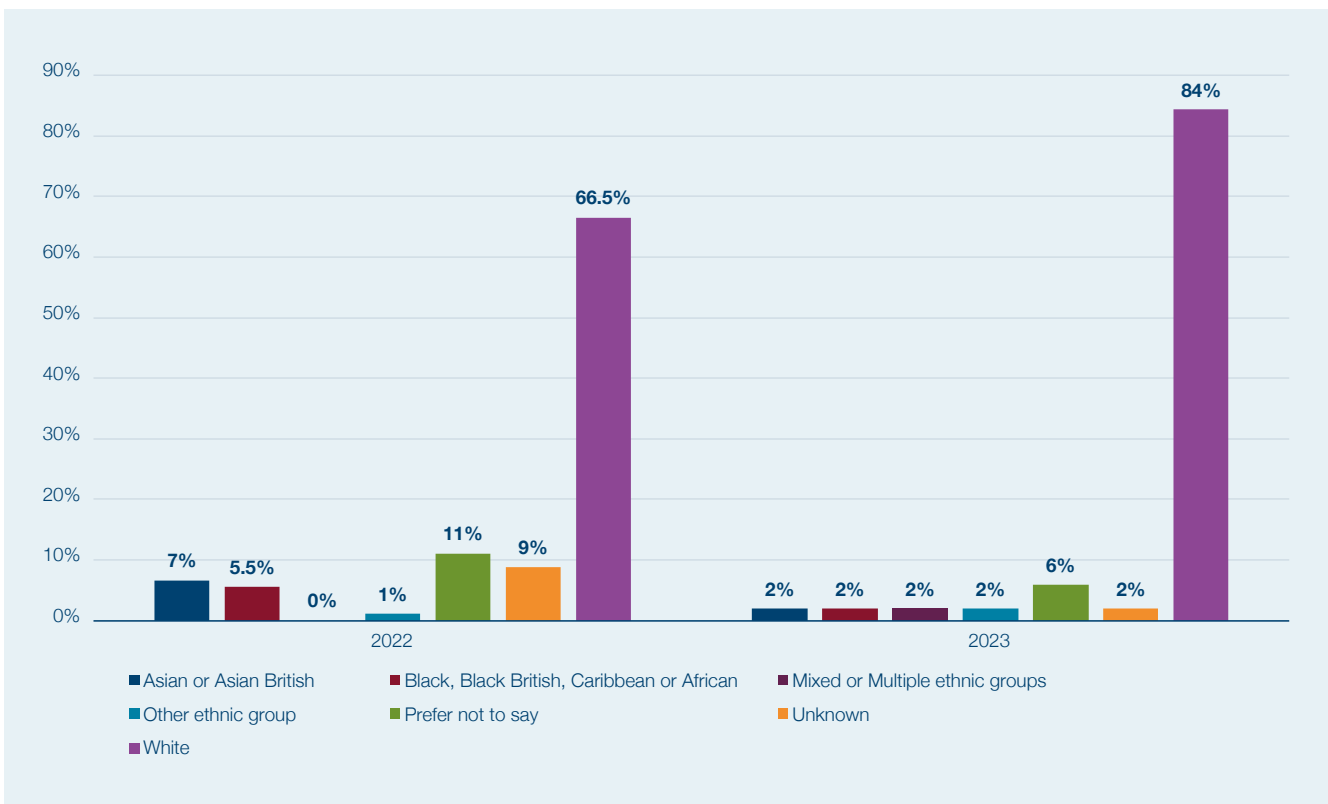
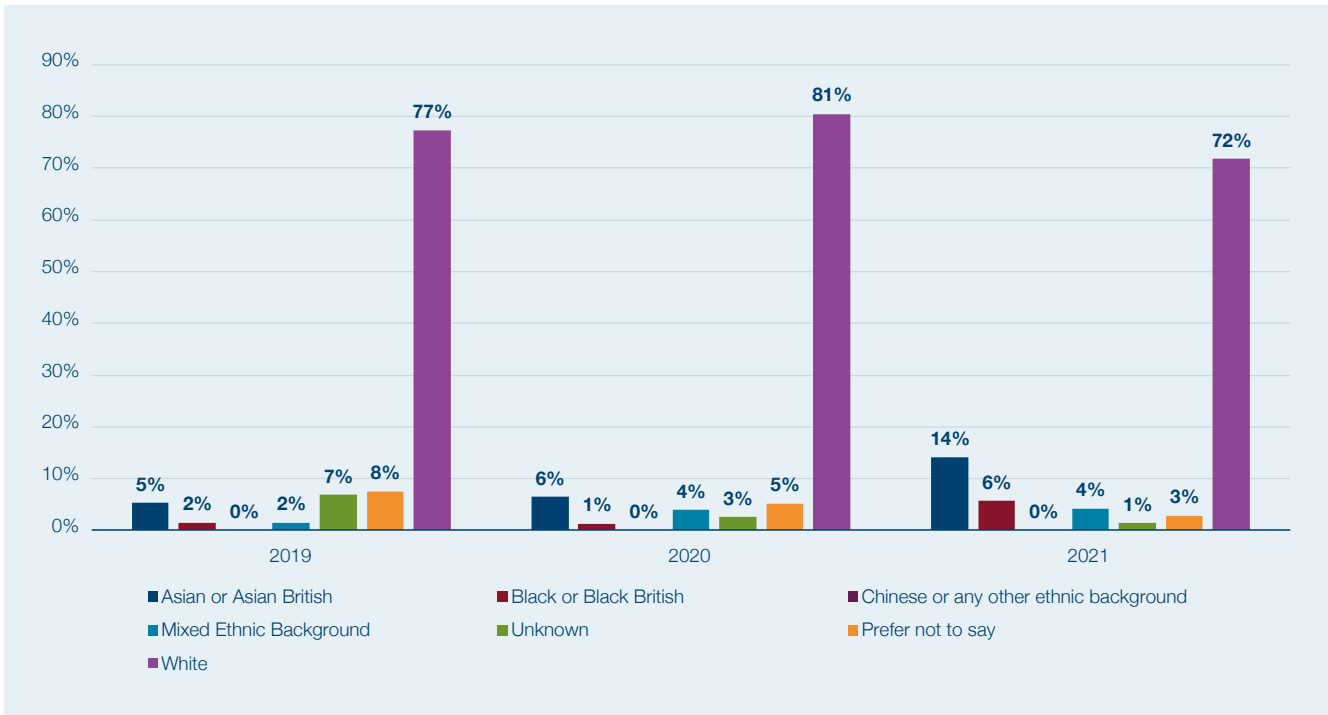


### Proportion of DCP cases closed at Case Examiners stage by ethnicity





**Proportion of DCP cases closed at Hearings stage by ethnicity**



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