

General  
Dental  
Council

Fitness to Practise  
Statistical Report **2021**





**Published August 2022**

© **General Dental Council** copyright **2022**

The General Dental Council is a public body created by statute.

This information is licensed under the Open Government Licence v3.0.

To view this licence visit:

[nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3).



This publication is available in clear print, large print, or audio formats on request.

This publication is available in Welsh and other languages on request.

All enquiries regarding this publication should be sent to:

General Dental Council  
37 Wimpole Street  
London  
W1G 8DQ

Phone: 020 7167 6000

Email: [information@gdc-uk.org](mailto:information@gdc-uk.org)

Web: [gdc-uk.org](https://gdc-uk.org)

When you use this information under the Open Government Licence, you should include the following attribution: GDC Fitness to Practise statistical report 2020, licensed under the Open Government Licence:

[www.nationalarchives.gov.uk/doc/open-government-licence/version/3/](https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/)



# Contents

Introduction .....	4
2021 Fitness to Practise Data .....	7
<b>Fitness to Practise case volumes by stage .....</b>	<b>7</b>
<b>Sources and types of concerns .....</b>	<b>8</b>
<b>Committee hearings.....</b>	<b>15</b>
Interim Orders Committee (initial hearings) .....	16
Practice Committee (initial hearings).....	19
Practice Committee (review hearings).....	20
<b>Fitness to practise cases resulting in erasure.....</b>	<b>22</b>
<b>Fitness to practise “considerations” profile 2021 for PCC and PPC hearings.....</b>	<b>22</b>
Fitness to practise Equality, Diversity, and Inclusion (EDI) analysis .....	25



# Introduction

One of the ways the GDC protects the public and maintains public confidence in dentistry is by ensuring that the register of dental professionals comprises only those individuals who are fit to practise. We do this by investigating such concerns raised by patients, the public, and our own registrants if something goes wrong, or treatment falls short of the standards they would expect.

We always recommend that patients who have a complaint or concern about a dental professional should raise it with the dental professional or practice first. However, when concerns are raised with us, we consider these and, if necessary, investigate to assess whether the issues involved indicate that a registered professional's fitness to practise may be impaired.

When we say that someone 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 may affect public confidence in the dental professionals we regulate. 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 be raised directly by a patient or member of the public, or by referral from another organisation (for example, from an employer or a police notification of a criminal caution or conviction).

We investigate concerns about:

- serious or repeated 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, keep satisfactory records, or to respond reasonably to a patient's needs
- not having professional indemnity insurance
- cross infection issues (for example, using dirty clinical equipment during treatment)
- serious breaches of patient confidentiality
- indications of a criminal offence by a dental professional
- poor health or a medical condition that significantly affects the dental professional's ability to treat patients safely

If a dental professional's fitness to practise is found to be impaired, a panel may decide to:

- take no action.
- issue a reprimand.
- place conditions on registration.
- suspend registration for a set period of time.
- remove an individual from the dentists' or dental care professionals' (DCP) register.

At any stage in the fitness to practise process, we may apply for an interim order to restrict a registrant's practice until their case is resolved.



## Closure rate at each stage of the Fitness to Practise process in 2021

The diagram below shows the closure rate at the different stages of the fitness to practise process (these figures represent the proportion of referral and closures at each stage). This is illustrative of where the decisions to close cases were made during 2021.

Average closure rate at the different stages of the fitness to practise process

  
Cases received

Of every **100** cases received for review by initial assessment



Assessment process

**87** cases progress through to assessment

**12**

closed immediately with no further action

**1** is referred to the NHS



Assessment by case examiners

**43**

**44**

closed with no further action



Progressed to Practice Committee

**19**

**24**

closed by case examiners

Of the 19 cases heard at Practice Committee, 14 result in sanctions and 5 result in no further action.



In 2021, we saw the percentage of cases closed at the initial assessment stage fall from 19% to 13%, while the percentage of cases resulting in a hearing increased to 19%, compared to 2020 (15%).

As the percentage of cases that were not considered to be fitness to practise issues at our initial review and assessment stage reduces, we should expect the referral rates to assessment to show an increase. This is because since 2016 we have received lower numbers of less serious complaints that are closed with no further action, and because we are making better decisions earlier in the process. However, some of this is also due to the number of COVID related cases that we closed at initial assessment in 2020, and the lower number of Rule 9 reviews in 2021 (these are reviews of decisions to close cases).

We received 1,349 new concerns in 2021, compared to 1,134 in 2020, a 19% increase. We made 1,341 initial assessment decisions, some of which were from cases received at the end of 2020. A small number of cases were received too late for us to make an initial assessment decision in 2021. Of all the cases reviewed at initial assessment, 87% were referred for assessment. We referred 1% of cases to the NHS and closed 12% (compared to 18% in 2020).

After further investigation, we made 869 assessment decisions in 2021, compared to 904 in 2020. This reflects some resourcing issues we experienced in 2021, which slowed investigation work and resulted in fewer investigations being completed than should have been. New recruitment was undertaken by the close of the year to address the resourcing issues.

Our caseload in this area increased significantly, from 657 at the end of 2020, to 991 at the end of 2021, an increase of 51%. This was largely caused by insufficient resource in the casework team. This also meant that we did not improve the time it takes for cases to be assessed at this stage throughout 2021.

This was explained in [a blog post published in November 2021](#), by John Cullinane, Executive Director, Fitness to Practise, where he described the increase in caseload we had seen, the work to understand our performance better, and the steps that were taken to build capacity and experience in the team.

# 2021 Fitness to Practise Data

## Fitness to Practise case volumes by stage

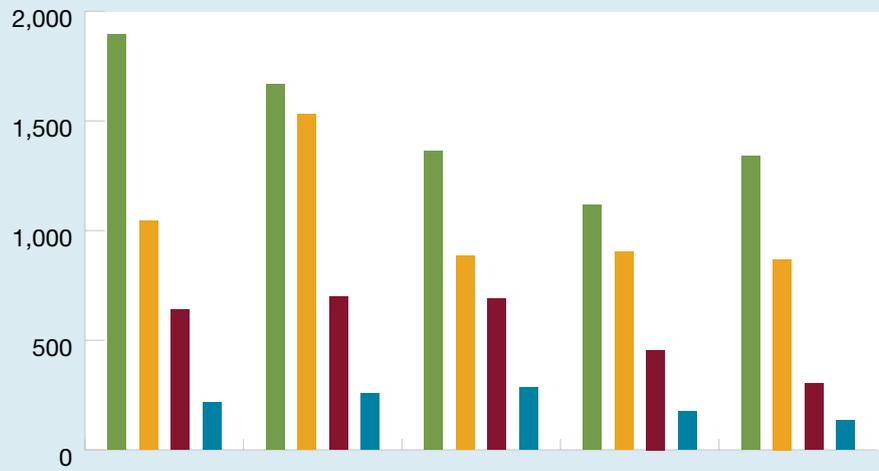
The number of cases considered at each stage of the fitness to practise process in 2021 are set out below. The percentages closed and referred are for the cases handled in each stage only and will not match the disposal at each stage chart on page 5 as that represents the percentage closed at each stage:<sup>1</sup>

 <p><b>Cases received:</b> <b>1,349</b></p>	<p>This is the number of new cases received by the GDC in 2021. It differs slightly from the number of initial assessments below because some cases assessed in 2021 would have been received in 2020, and some cases received late in 2021 would not have completed the initial assessment stage until 2022.</p>
 <p><b>Initial assessments:</b> <b>1,341</b></p>	<p>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. 12% of this total were closed, 1% referred to the NHS across the four nations for consideration, and 87% referred for assessment. The number of initial assessments at this stage shows an increase of 20% compared to 2020 (1,117).</p>
 <p><b>Assessments:</b> <b>869</b></p>	<p>This is the number of cases considered at the 'full' assessment stage when cases may be closed or referred to the case examiners and is 4% lower than the 904 cases assessed in 2020. 50% of cases in 2021 were closed at this stage and 50% referred to the case examiners.</p>
 <p><b>Case examiners:</b> <b>304</b></p>	<p>This is the overall number of cases considered by case examiners which resulted in 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). The number is 33% lower than 2020 (455), partly reflecting the fall in cases received in 2020, but also the resourcing issues in the casework team which has meant that some cases have not been progressed as quickly as expected.</p> <p>Of the 304 case examiner outcomes in 2021, 55% were closed and 45% were referred to a Practice Committee.</p>
 <p><b>Referrals to Practice Committee:</b> <b>136</b></p>	<p>This is the number of cases referred by case examiners to a Practice Committee.</p> <p>This total reflects a 23% decrease in the number of referrals outcomes compared to 2020 (176). Of the 136 overall referrals, case examiners also referred 16 (12%) of these cases to an Interim Orders Committee. This represents a 1% proportional decrease compared to 2020, where, of the 176 cases, 23 (13%) were also referred to an Interim Orders Committee.<sup>2</sup></p>

<sup>1</sup> 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/>

<sup>2</sup> A single registrant may account for more than one case.

### Fitness to practise case volumes by stage and years



	2017	2018	2019	2020	2021
Initial Assessments	1,896	1,668	1,362	1,117	1,341
Assessments	1,044	1,530	886	904	869
Case Examiners	638	700	688	455	304
Referrals to Practice Committee	216	259	283	176	136

### Sources and types of concerns

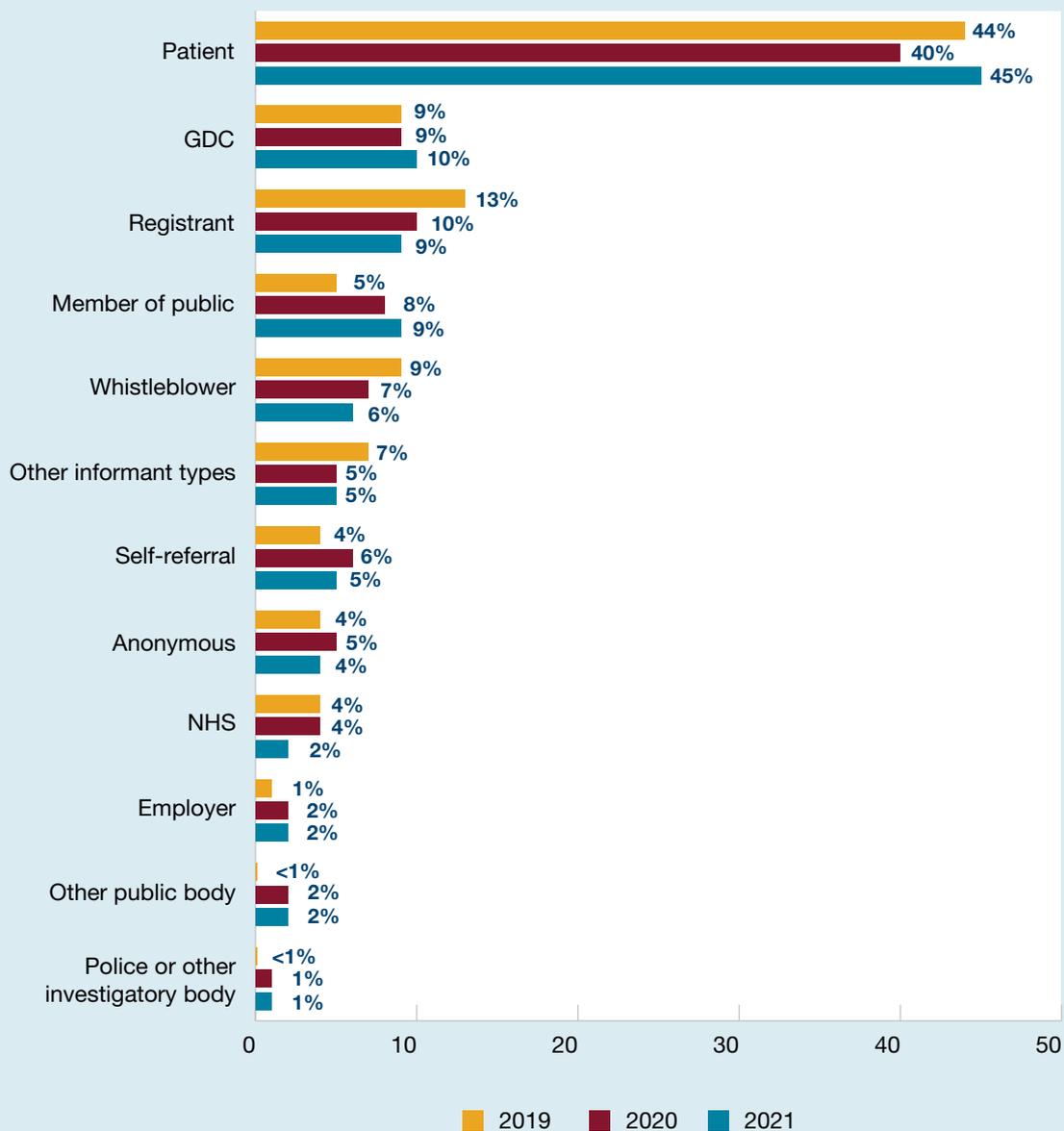
The proportion of cases relating to the treatment given to a single patient increased from 37% in 2020 to 40% in 2021. We believe this is a result of the increased levels of dental activity delivered in 2021, compared to 2020, which was significantly lower as a result of the restrictions imposed due to the pandemic.

The proportion of concerns raised by patients or members of the public also increased by over 6%, we believe also due to the increase in access to dental services, compared to 2020. At the same time, the proportion of concerns raised by other registrants continued to fall, as it did for employer categories and whistle blowers, although these were small changes.

### Incoming cases breakdown by informant type 2019 to 2021

The chart below shows the source of concerns we received in 2021 compared to the previous two years.

The largest proportion of concerns being raised remains from patients<sup>3</sup>.

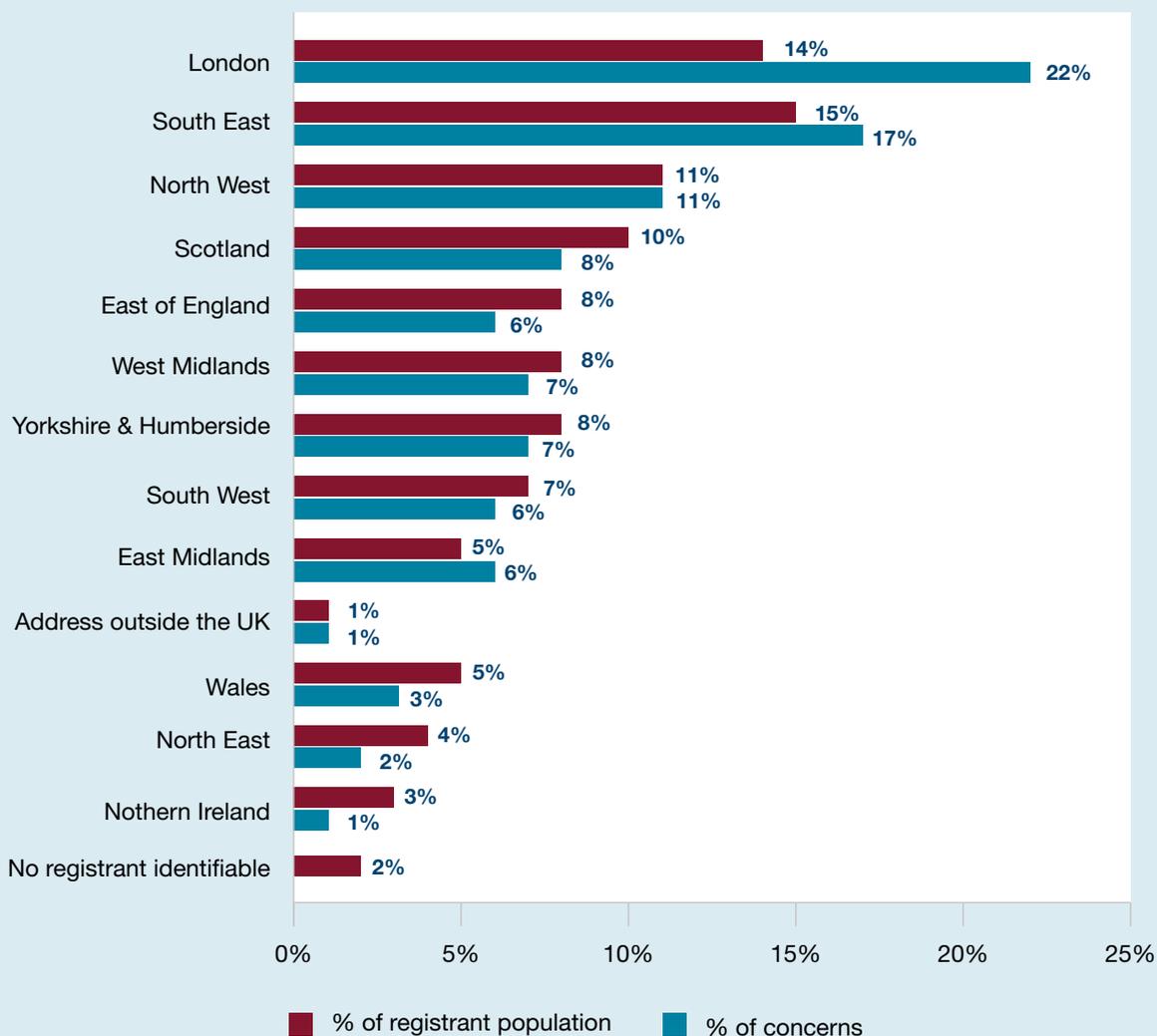


<sup>3</sup> Percentages may not add up to 100%, as they are rounded to the nearest whole number.

### Incoming cases by registrant and region 2019 to 2021

The total number of concerns received in 2021 was 1,349, compared to 1,134 in 2020 and 1,362 in 2019, indicating a return to the levels we were receiving before the pandemic. The three charts below show the comparison between the percentage of registrants and complaints by region in each year.<sup>45</sup>

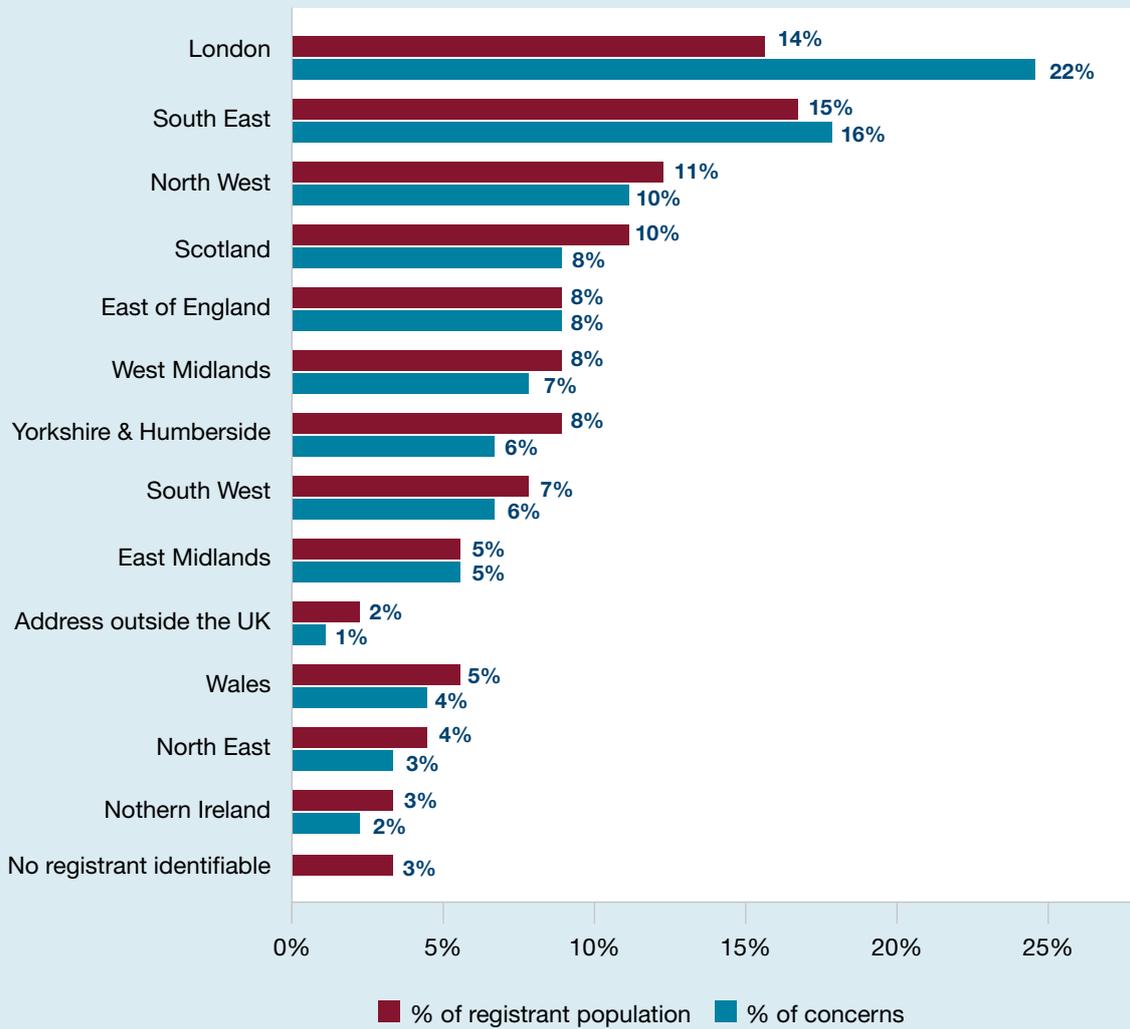
#### Incoming cases by registrant and region in 2021



4 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.

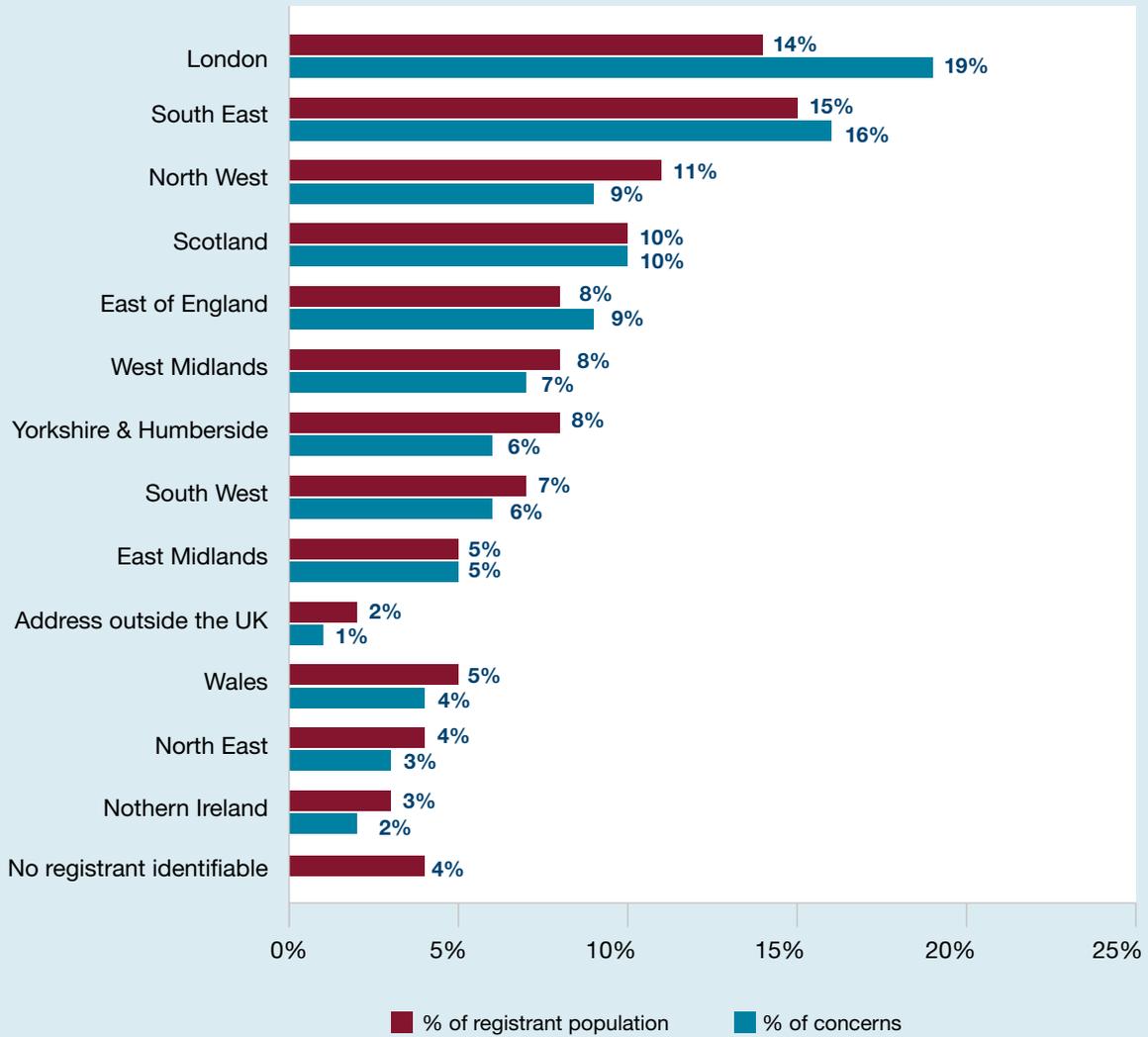
5 Percentages may not add up to 100%, as they are rounded to the nearest whole number.

Incoming cases by registrant and region in 2020



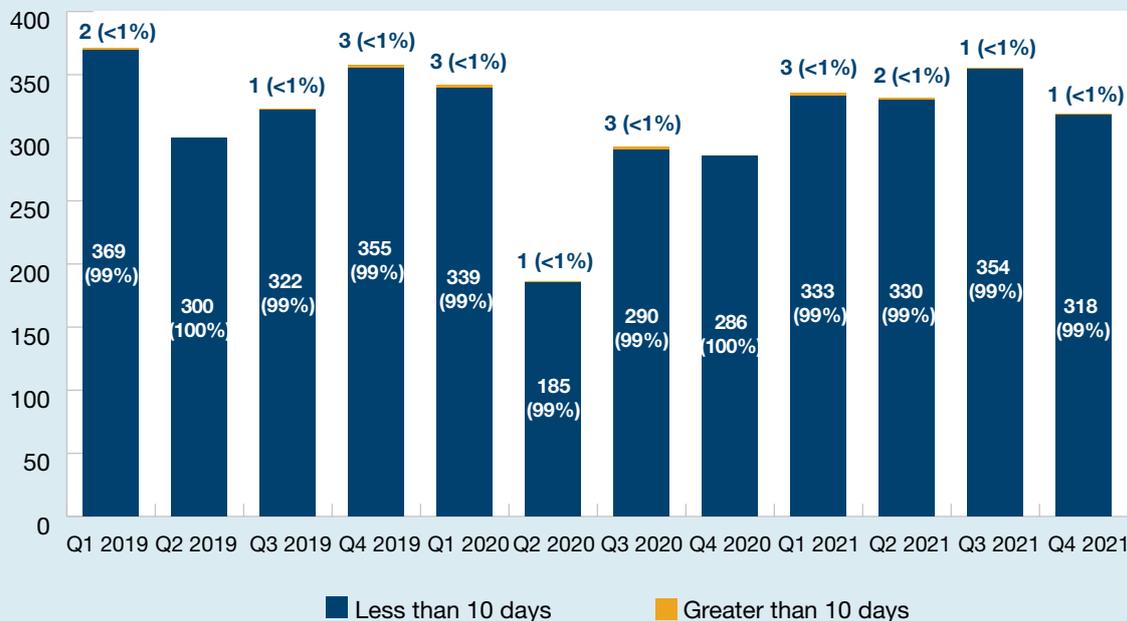


### Incoming cases by registrant and region in 2019





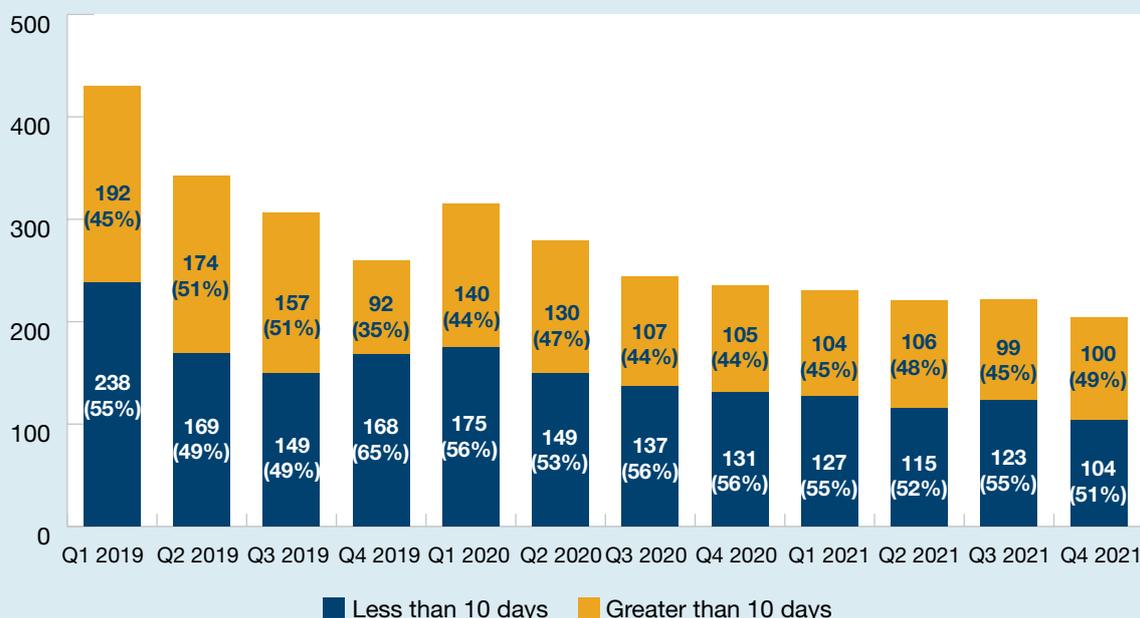
### Number of fitness to practise cases received that have been assessed by the Initial Assessment Team within target of 10 working days 2019 to 2021



On average, 99% of cases were considered and reviewed through an initial assessment within ten working days of receipt in the period 2019 to 2021.

Of the 1,341 cases considered at initial assessment in 2021, 1,155 were progressed to the next stage of the fitness to practise process, 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.

### Number of fitness to practise cases completing investigation stage within six months of receipt 2019 to 2021

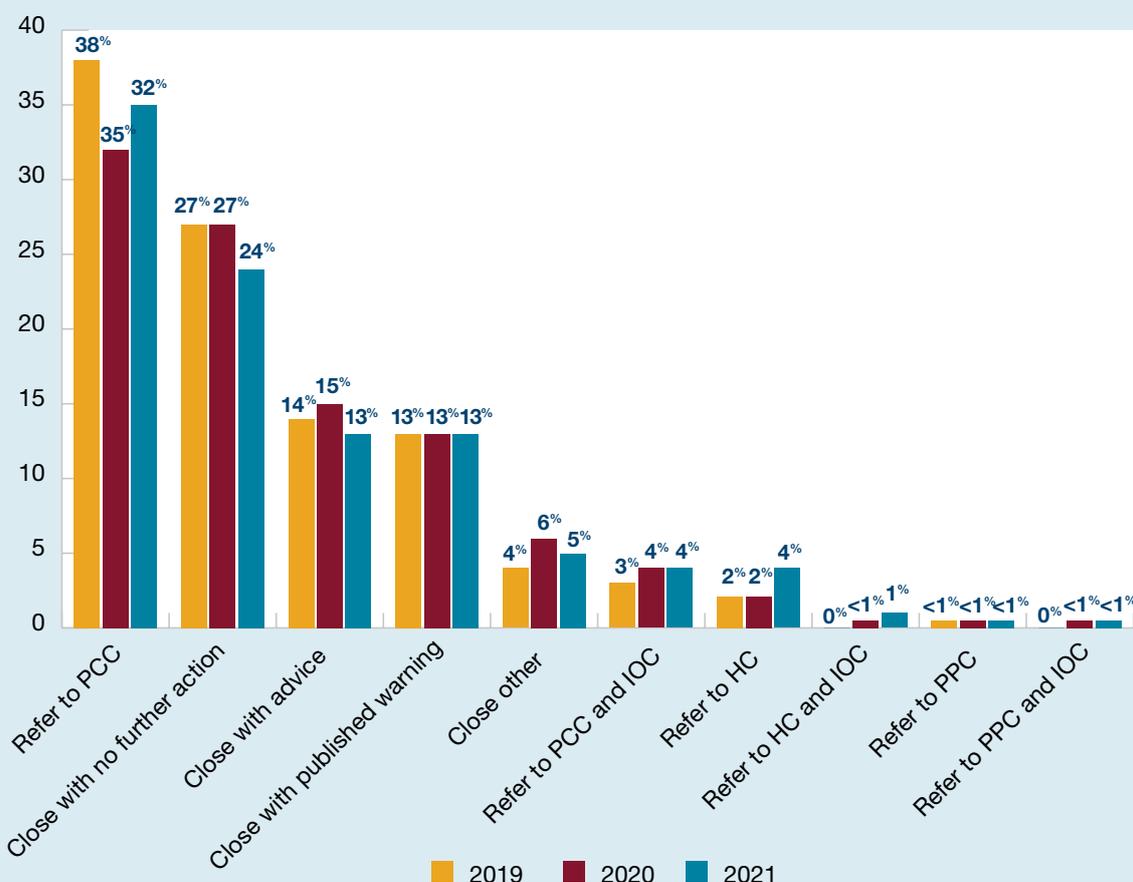


On average, 53% of investigation stage cases were completed within six months in 2021 (2020: 55%, 2019: 54%). This includes closures at the initial assessment, assessment and case examiner stages, as well as referrals by case examiners to hearings.

### Case examiners - substantive outcome breakdown

The chart below shows case examiner decisions for cases between 2019 and 2021. In 2021 there were 304 case examiner outcomes, 168 (55%) were closed and 136 (45%) were referred to a Practice Committee.

#### Case examiners substantive outcome breakdown (excluding undertakings) - 2019 to 2021



#### Closed with no further action

The proportion of cases closed by the case examiners without giving the registrant advice or a warning decreased to 24% in 2021, compared to 27% in 2020, indicating that it was the more serious and appropriate cases that were reaching the case examiners.

#### Closed with advice

There was a slight decrease from 15% in 2020 to 13% in 2021 in the proportion of cases the case examiners closed by giving advice to the registrant, again indicating that they were receiving more serious cases.

#### Closed with warning

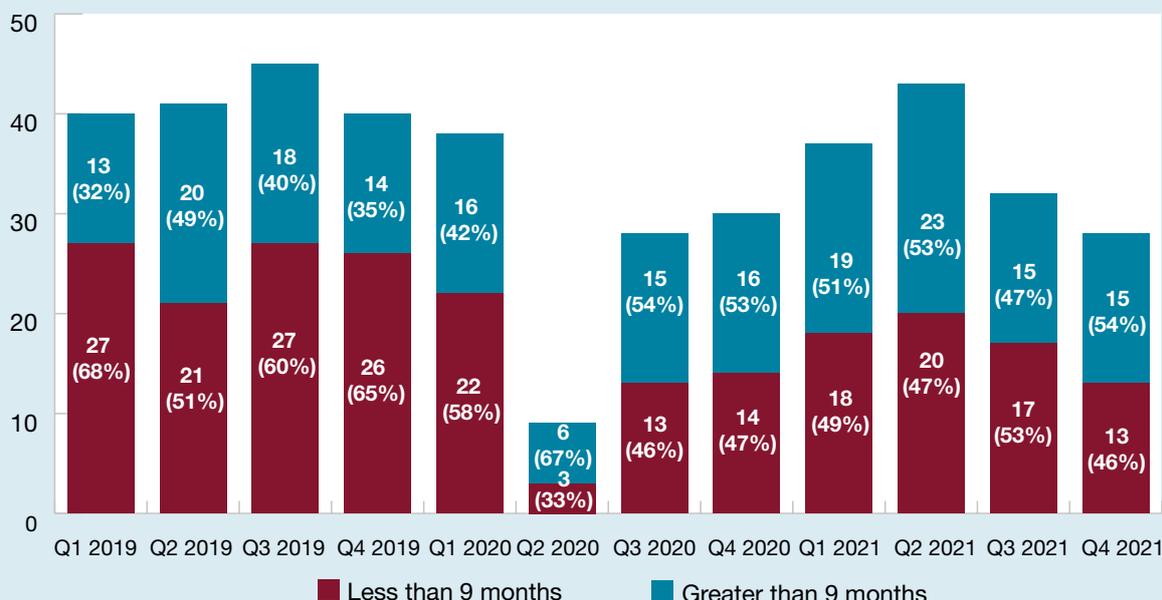
The proportion of cases closed with warning has remained constant over the last three years at 13%.

## Committee hearings<sup>6</sup>

Case examiners referred 136 cases to a practice committee in 2021. 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.

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.

### Number of fitness to practise cases by registrant that received an initial hearing within nine months of referral from case examiners



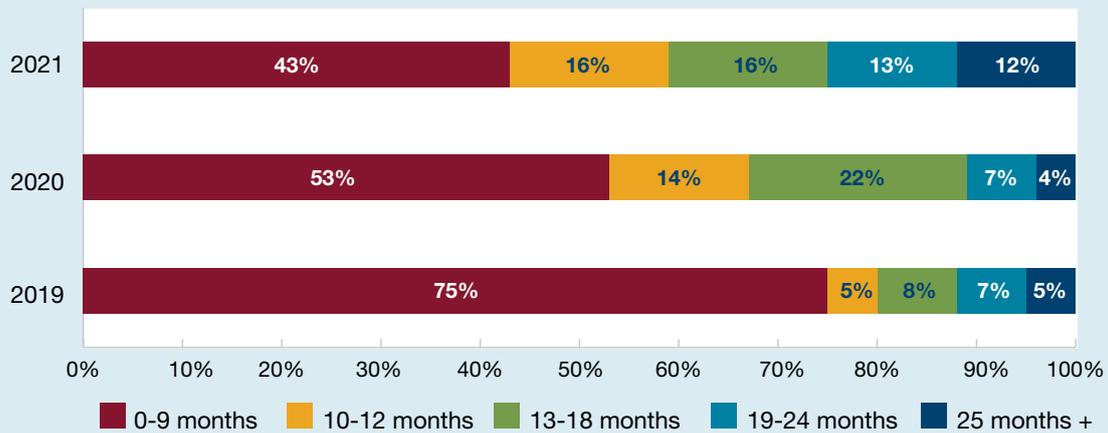
The pandemic had a significant impact on the number of hearings that we were able to hold. Not just in quarter two of 2020, when very few hearings were held, but throughout 2020 and into 2021, as we responded to the impact of the pandemic, and changed how we held our hearings, with most being held online.

<sup>6</sup> Committee hearings sections are listed in order of case volume with highest first, this is different to the order presented in the 2017 annual report.



## Time taken to complete the initial hearing for individual cases<sup>7</sup>

### Practice Committee initial outcomes – % of hearings by months since referral to case examiners



We aim to start hearings within nine months of referral by case examiners. In 2021, we achieved this in 43% of cases.

The number of cases awaiting an initial hearing was 131 at the end of 2021, compared to 193 at the end of 2020 – a decrease of 32%. Of these, the number which had missed our nine-month target stood at 74 at the end of December 2021. This is in comparison to 97 in the previous year, a decrease of 24%.

## Hearings and Committees

### Interim Orders Committee (initial hearings)

The 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 Interim Orders Committee (IOC) at any time in the fitness to practise process, should the GDC become aware of information indicating that such an approach is appropriate.

There was a small increase in the overall number of interim order hearings in 2021 compared to 2020.

In terms of hearing outcomes, the proportion of no order determinations increased slightly, from 37% in 2020 to 39% in 2021, the proportion of interim conditions decreased from 33% in 2020 to 27% in 2021 and the proportion of interim suspensions increased from 30% in 2020 to 34% in 2021.

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



**Total number of interim order initial hearings in 2021:**

**152**

(142 in 2020)

**Number of interim order initial hearings involving dentists:**

**106**

(102 in 2020)

**Number of interim order initial hearings involving DCPs:**

**46**

(40 in 2020)

These included 34 dental nurses, 9 dental technicians, 1 dental hygienist, 1 dental therapist, 1 orthodontic therapist and 4 clinical dental technicians.<sup>8 9</sup>

Outcome	Number of outcomes	% of Total
Interim suspension	51	34%
Interim conditions	41	27%
No order imposed	60	39%
<b>Total</b>	<b>152</b>	<b>100%</b>

8 The same registrant may appear in multiple hearings.

9 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 suspension. The number of IOC review hearings in 2021 was 68 (32%) higher than in 2020.

**Total number of interim order review hearings in 2021:**

# 279

(211 in 2020)

**Number of review hearings involving dentists:**

# 209

(169 in 2020)

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

# 70

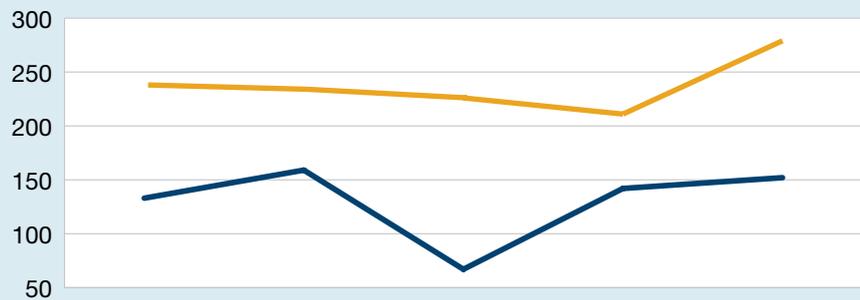
(42 in 2020)

These included 38 dental nurses, 7 dental technicians, 3 clinical dental technicians, 3 dental hygienists and 3 dental therapists.<sup>10</sup>

Outcome	Number of outcomes	% of Total
Suspension continued	117	42%
Revoke conditions, impose suspension	5	2%
Conditions continued	114	41%
Conditions varied	23	8%
Revoke suspension, impose conditions	4	1%
Suspension revoked	5	2%
Conditions revoked	11	4%
<b>Total</b>	<b>279</b>	<b>100%</b>

<sup>10</sup> The same registrant may appear in multiple hearings.

### Interim Order Committee hearings



	2017	2018	2019	2020	2021
Interim Order Committee Initial Hearings	133	159	67	142	152
Interim Order Committee Review Hearings	238	234	226	211	279

### Practice Committee (initial hearings)

An initial 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 – the Professional Conduct Committee, the Health Committee, and the Professional Performance Committee.

**Total number of Practice Committee hearings in 2021:**

**115**

(92 in 2020)

**Number of hearings involving dentists:**

**80**

(61 in 2020)

**Number of hearings involving DCPs:**

**35**

(31 in 2020)

These included 32 dental nurses, 1 dental therapist, 3 dental technicians and 1 clinical dental technician<sup>11</sup>.

<sup>11</sup> Same registrant may appear in multiple hearings.

The table below show the outcomes to all fitness to practise initial hearings in 2021.

Outcome	Number of Outcomes	% of Total
Erased and immediate suspension	17	15%
Suspended with immediate suspension (with a review)	34	30%
Suspension (with a review)	5	4%
Suspension	10	9%
Conditions with immediate conditions (with a review)	12	10%
FtP impaired. Reprimand	6	5%
FtP not impaired, case concluded	18	16%
Facts found proved did not amount to misconduct. Case concluded	7	6%
Facts not proved; case concluded	5	4%
No case to answer	1	1%
<b>Total</b>	<b>115</b>	<b>100%</b>

### Practice Committee (review hearings)

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

There were fewer review hearings held in 2021, compared to 2020. This reflects the reduced number of initial hearings held in 2020.

**Total number of review hearings in 2021:**

**78**

(114 in 2020)

**Number of review hearings involving dentists:**

**48**

(69 in 2020)

**Number of review hearings involving DCPs:**

**30**

(45 in 2020)

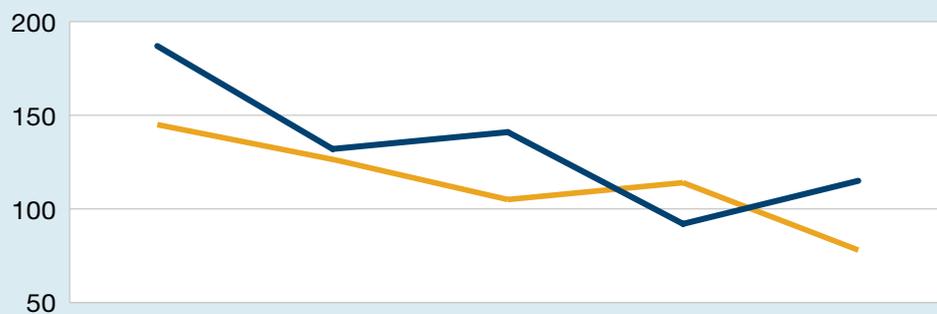
These included 20 dental nurses, 8 dental technicians and 1 clinical dental technician.<sup>12</sup>

<sup>12</sup> The same registrant may appear in multiple hearings.



Outcome	Number of Outcomes	% of Total
Suspension extended (with a review)	19	24%
Suspended indefinitely	15	19%
Suspension extended	1	1%
Conditions revoked and suspension imposed (with a review)	0	0%
Conditions revoked and suspension imposed (with a review) and immediate suspension	2	3%
Conditions extended and varied (with a review)	8	10%
Conditions extended (with a review)	3	4%
Suspension revoked and conditions imposed (with a review) and immediate conditions	6	8%
Suspension revoked and conditions imposed (with a review)	0	0%
Suspension revoked, Fitness to practise no longer impaired	13	17%
Suspension allowed to lapse, Fitness to practise no longer impaired	1	1%
Conditions revoked, Fitness to practise no longer impaired	10	13%
<b>Total</b>	<b>78</b>	<b>100%</b>

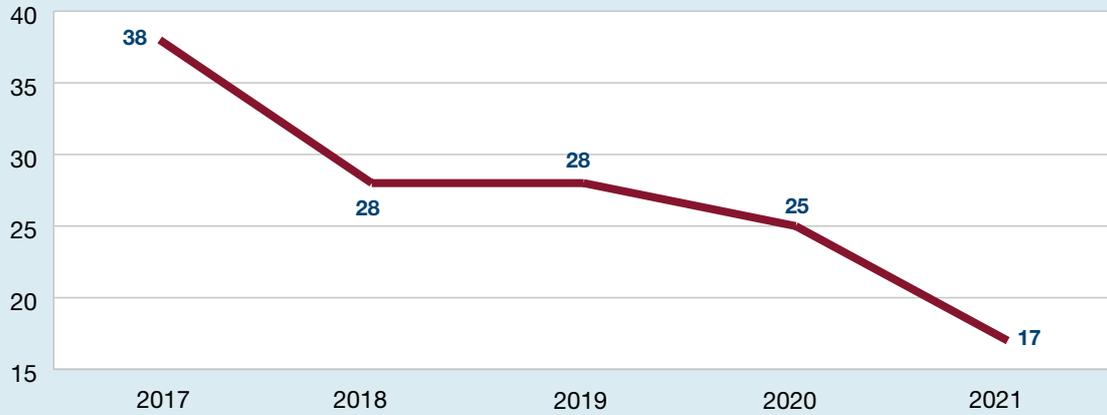
### Practice Committee hearings



	2017	2018	2019	2020	2021
Practice Committee Initial Hearings	133	159	67	142	152
Practice Committee Review Hearings	238	234	226	211	279



## Fitness to practise cases resulting in erasure



## Hearing days

We held a total 1,096 hearing days in 2021. This is 30% increase compared to 2020, when hearings were suspended for a period due to the pandemic.

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	2021	2020	2019
Number of hearing days	1,096	840	1,017
Average length of an initial hearing	6.1 days	5.3 days	4.9 days

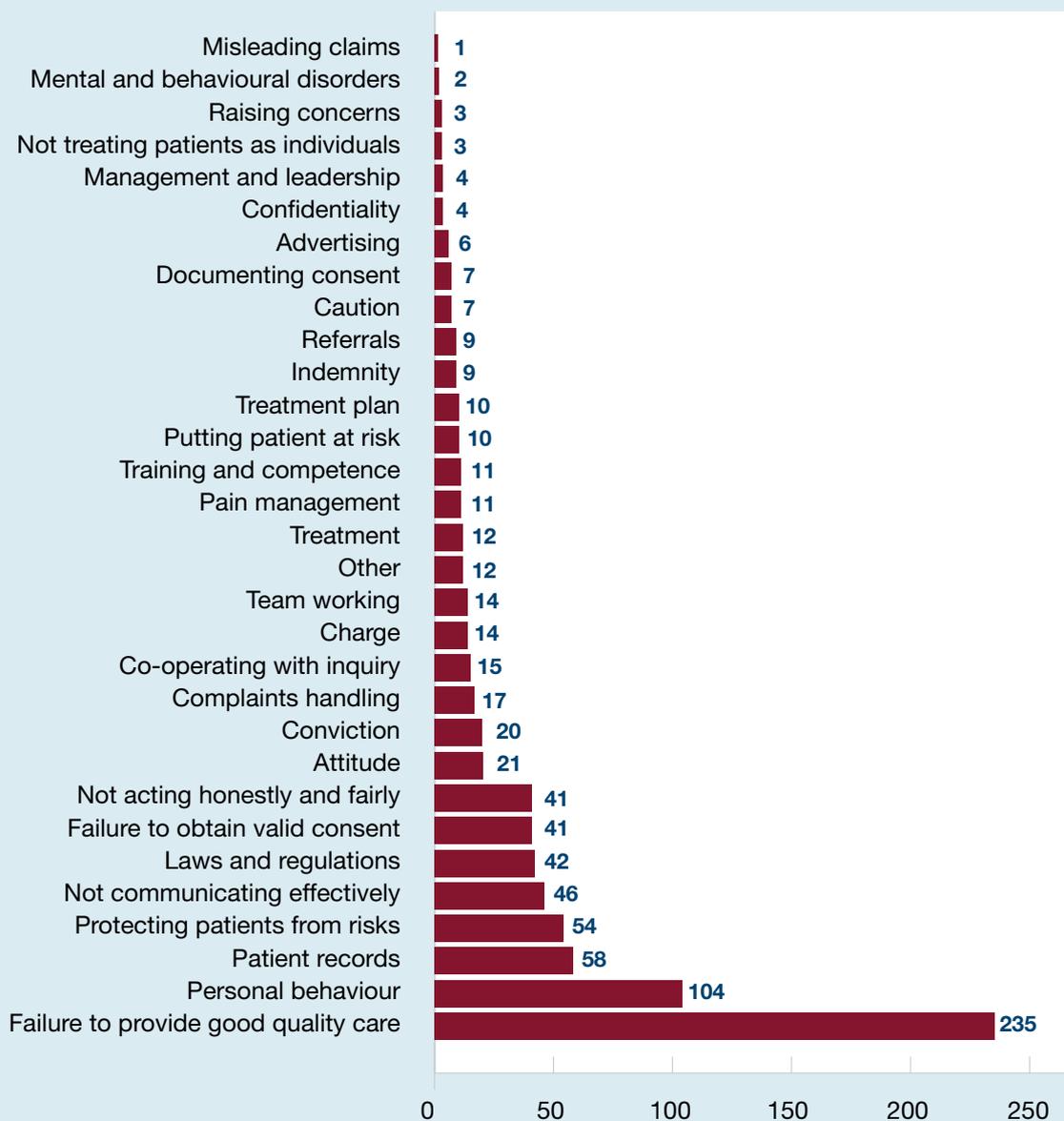
## Fitness to practise “considerations” profile 2021 for PCC and PPC hearings<sup>13</sup>

We use “considerations” 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>14</sup> and are recorded by ‘group’, ‘sub-group’, and ‘particular’.

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

### Fitness to practise considerations profile 2021



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

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

Consideration	2021	%	2020	%	2019	%
Access to treatment	0	0.0%	1	0.1%	1	0.1%
Misleading claims	1	0.1%	1	0.1%	1	0.1%
Mental and behavioural disorders	2	0.2%	2	0.2%	0	0.0%
Raising concerns	3	0.4%	4	0.5%	6	0.4%
Not treating patients as individuals	3	0.4%	2	0.2%	9	0.7%
Management and leadership	4	0.5%	6	0.7%	6	0.4%
Confidentiality	4	0.5%	5	0.6%	5	0.4%
Advertising	6	0.7%	3	0.3%	7	0.5%
Documenting consent	7	0.8%	8	0.9%	4	0.3%
Caution	7	0.8%	4	0.5%	6	0.4%
Referrals	9	1.1%	8	0.9%	19	1.4%
Indemnity	9	1.1%	6	0.7%	14	1.0%
Treatment plan	10	1.2%	8	0.9%	19	1.4%
Putting patients at risk	10	1.2%	13	1.5%	19	1.4%
Training and competence	11	1.3%	18	2.0%	26	1.9%
Pain management	11	1.3%	4	0.5%	17	1.2%
Treatment	12	1.4%	20	2.3%	27	2.0%
Other	12	1.4%	12	1.4%	9	0.7%
Team working	14	1.7%	18	2.0%	27	2.0%
Charge	14	1.7%	22	2.5%	22	1.6%
Co-operating with inquiry	15	1.8%	18	2.0%	24	1.7%
Complaints handling	17	2.0%	18	2.0%	19	1.4%
Conviction	20	2.4%	28	3.2%	23	1.7%
Attitude	21	2.5%	12	1.4%	18	1.3%
Not acting honestly and fairly	41	4.9%	33	3.7%	36	2.6%
Failure to obtain valid consent	41	4.9%	41	4.6%	83	6.0%
Laws and regulations	42	5.0%	46	5.2%	74	5.4%
Not communicating effectively	46	5.5%	45	5.1%	80	5.8%
Protecting patients from risks	54	6.4%	76	8.6%	70	5.1%
Patient records	58	6.9%	80	9.1%	145	10.5%
Personal behaviour	104	12.3%	110	12.5%	160	11.6%
Failure to provide good quality care	235	27.9%	211	23.9%	403	29.2%
<b>Total</b>	<b>843</b>	<b>100%</b>	<b>883</b>	<b>100%</b>	<b>1,379</b>	<b>100%</b>

## Restoration Applications

There was one restoration application in 2021, which resulted in restoration to the register, with conditions.

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

## Introduction

The following tables provide a breakdown of fitness to practise cases broken down by a range of EDI characteristics.

There are nine protected characteristic fields (Age, Disability, Ethnicity, Marital Status, Sex, Gender Identity, Religion, Pregnancy / Maternity).

Our EDI data is provided voluntarily, and we currently hold EDI data for around 90% of dental professionals.<sup>15</sup>

This is the first time we have published this data, and we are in the early stages of understanding what it 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.

## Fitness to practise involvement per head of population

This section provides 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

### Note:

1. This analysis focuses on the distribution of data from 2021 (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 2021 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. Any statistically significant differences are highlighted below each graph.
4. There are some visible differences in the charts, but because of small base sizes for some categories, statistical testing was not appropriate.

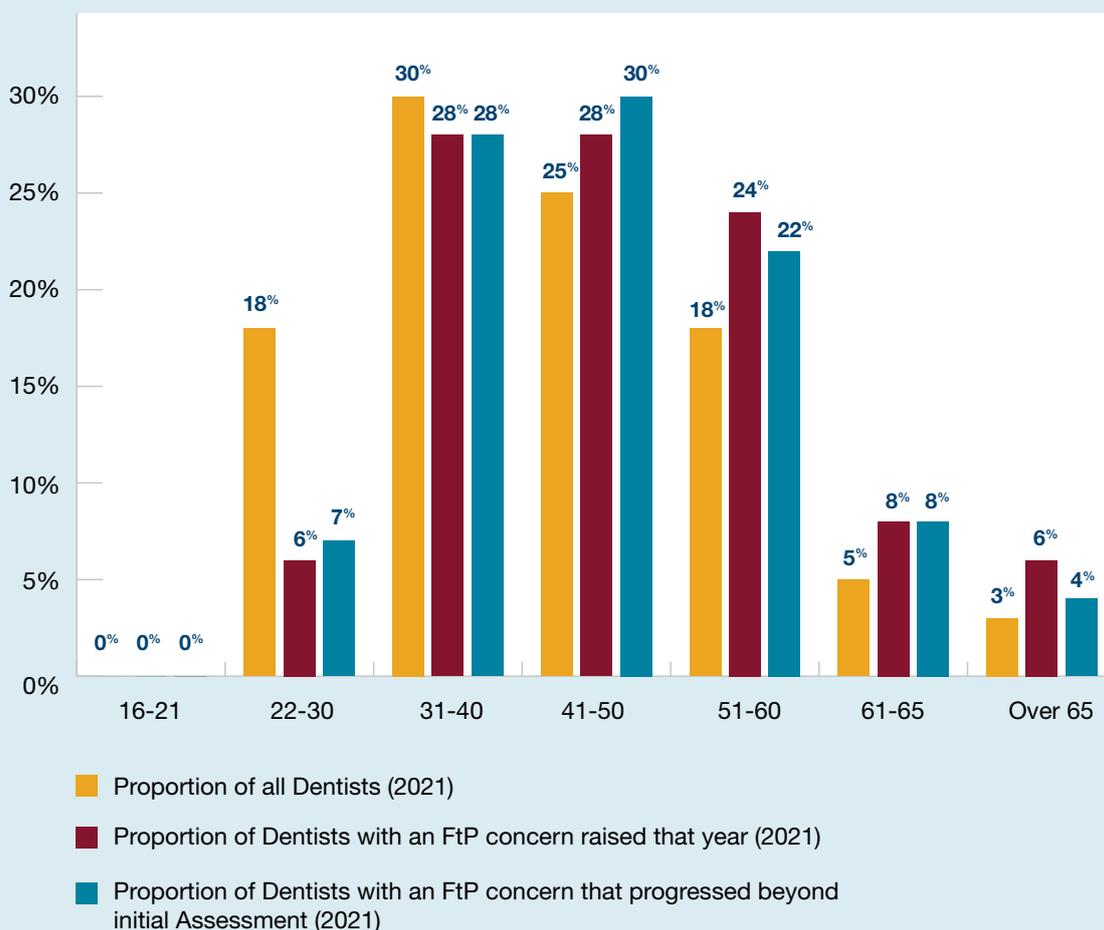
<sup>15</sup> We currently do not collect data on pregnancy / maternity. Bases sizes for disability status and Gender Identity categories did not provide enough variation to report on. Overall counts can be found in the registration report.

5. 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.

## Per head of population analysis: Age

The charts below show how DCPs and dentists 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.

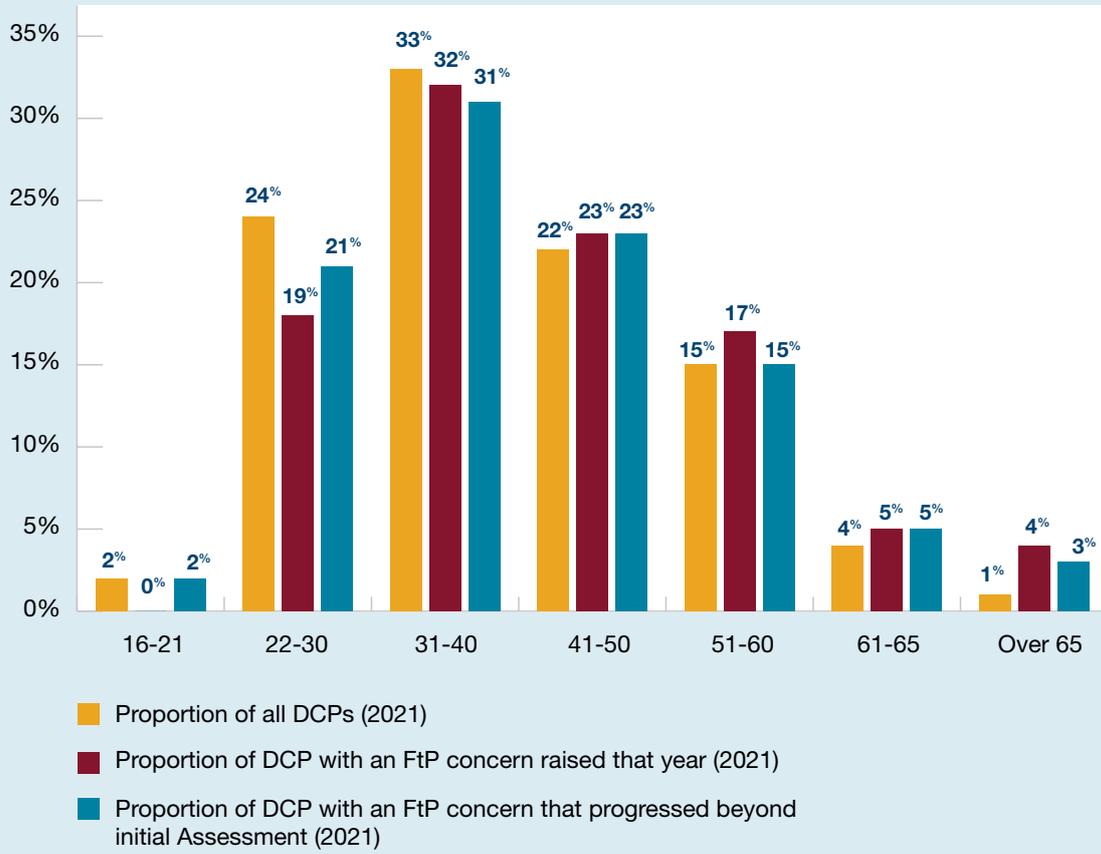
### Age-group of dentists who had an FtP concern raised against them



Dentists aged 22-30 make up nearly a fifth of the register (18%) but only 6% of the dentists who have an FtP concern raised against them. Dentists aged 51-60 also make up 18% of the register but have nearly a quarter (24%) of all FtP concerns raised against them.



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

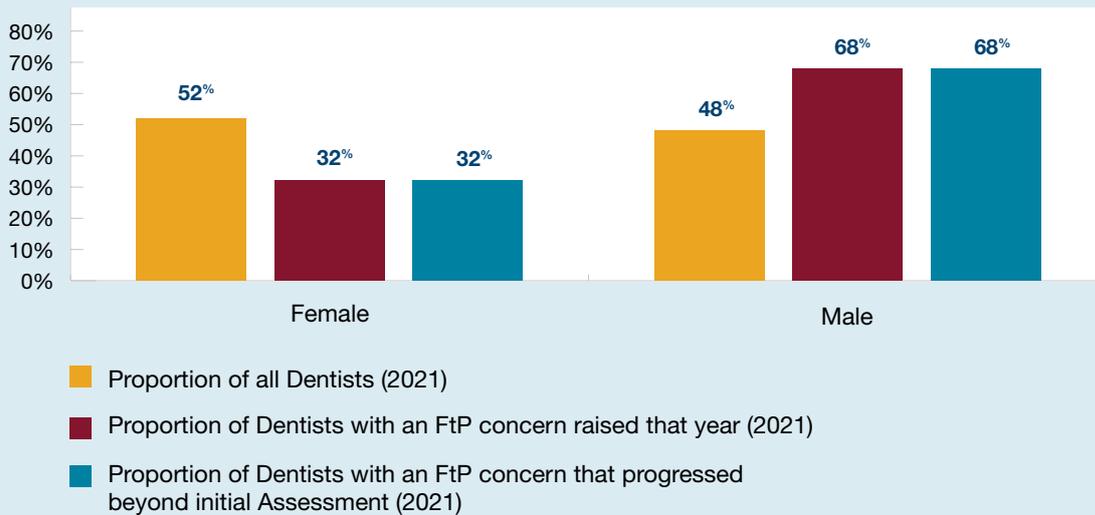


DCPs aged between 22-30 make up nearly a quarter (24%) of the DCP population, however, they only make up 19% of the DCPs who have an FtP concern raised against them.

## Per head of population analysis: Sex

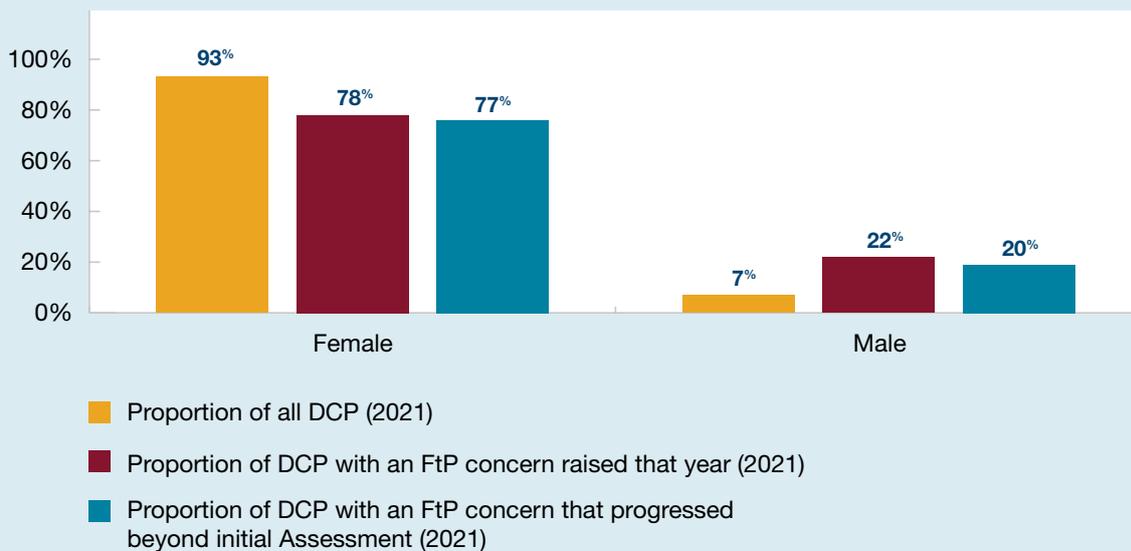
The charts below show how DCPs and dentists are distributed across males and females on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

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



Males contribute 48% to the dentist register, but 68% of all concerns raised to the GDC about dentists.

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

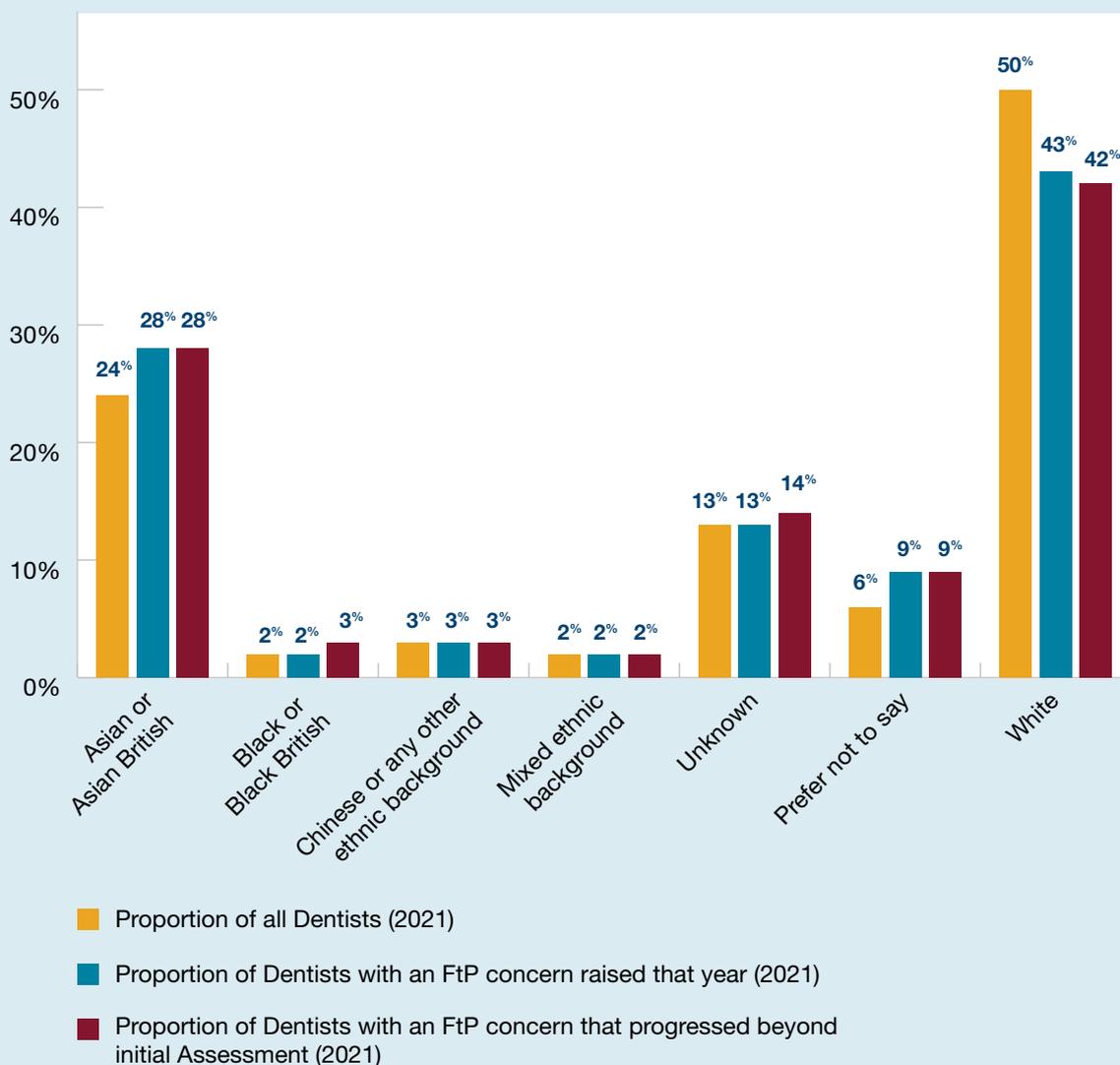


Females contribute 93% to the DCP register, but only 78% to all concerns raised to the GDC about female DCPs.

## Per head of population analysis: Ethnicity

The charts below show how DCPs and dentists are distributed across the ethnicity 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

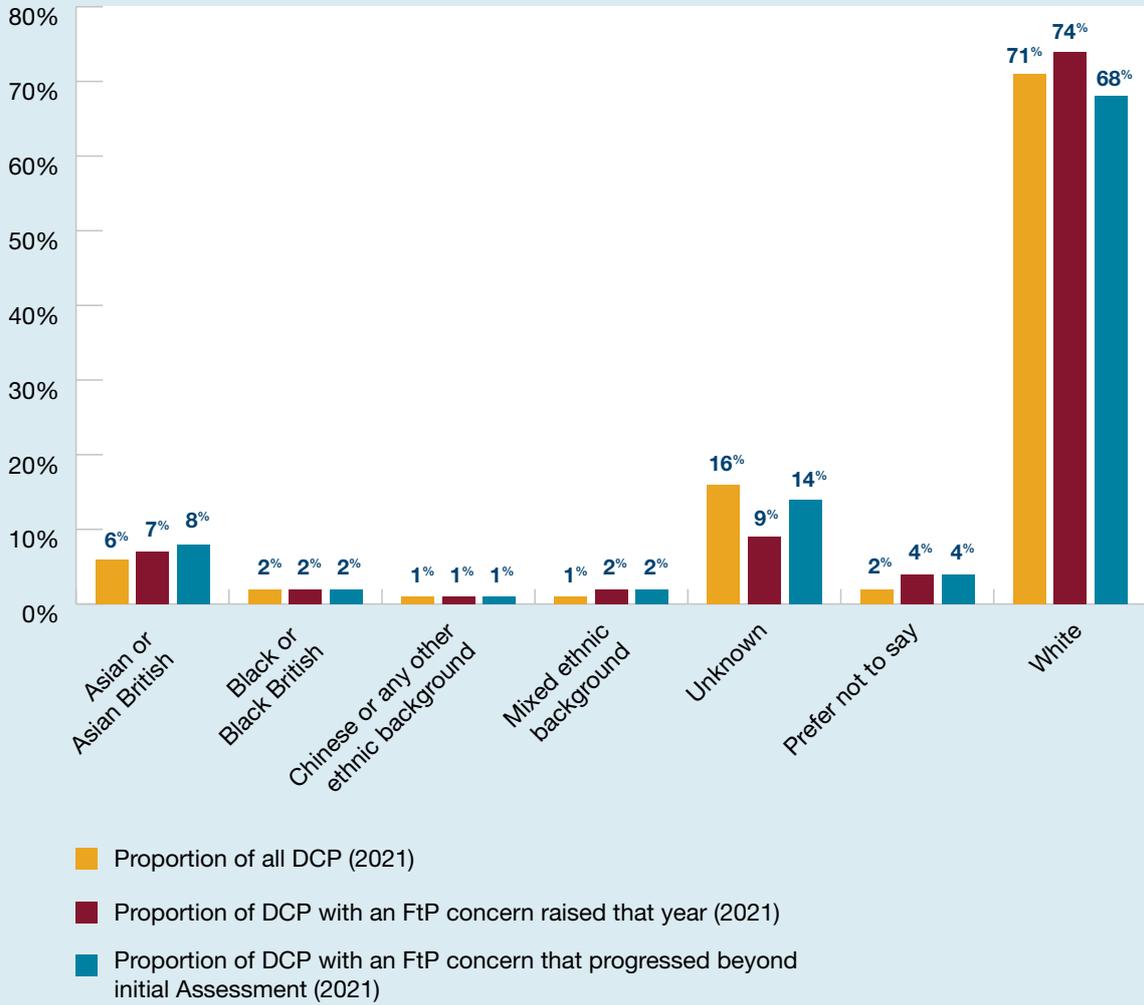


Dentists of an Asian / Asian British ethnicity account for nearly a quarter (24%) of the register but 28% of FtP concerns raised to the GDC.

Dentists with a White ethnicity account for half of the register but only 43% of the concerns raised to the GDC.

The actions of the GDC impact the proportion of cases progressed, which remained consistent across all of the ethnic groups, indicating that our process does not exacerbate any apparent ethnic bias.

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

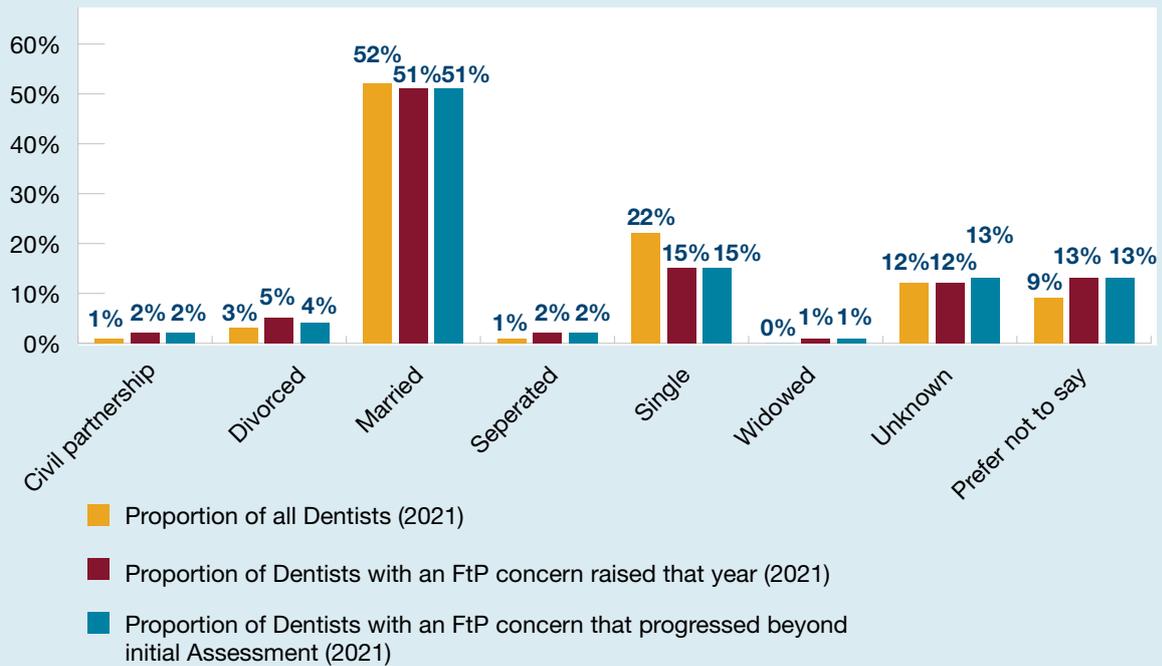


DCPs with a White ethnicity make up the majority of concerns raised to the GDC – in line with the proportion they contribute to the DCP register.

## Per head of population analysis: Marital Status

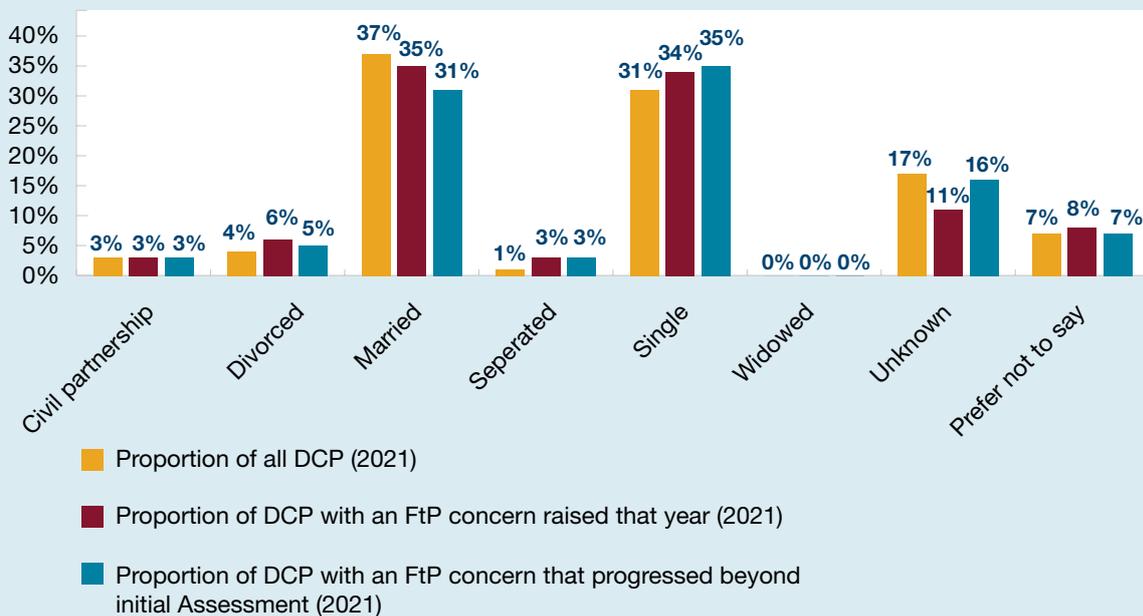
The charts below show how DCPs and dentists are distributed across the marital status groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

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



Single dentists account for 22% of the register, but only 15% of the concerns raised to the GDC.

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

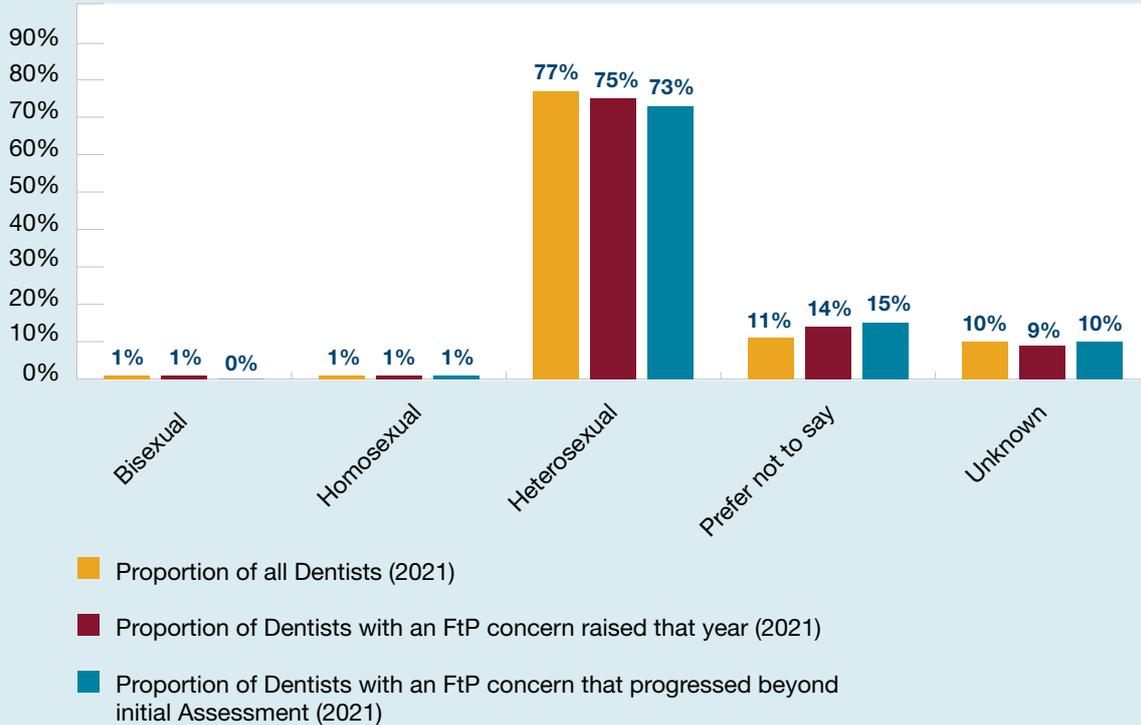


DCPs who are single make up 31% of the register, but 34% of FtP concerns raised

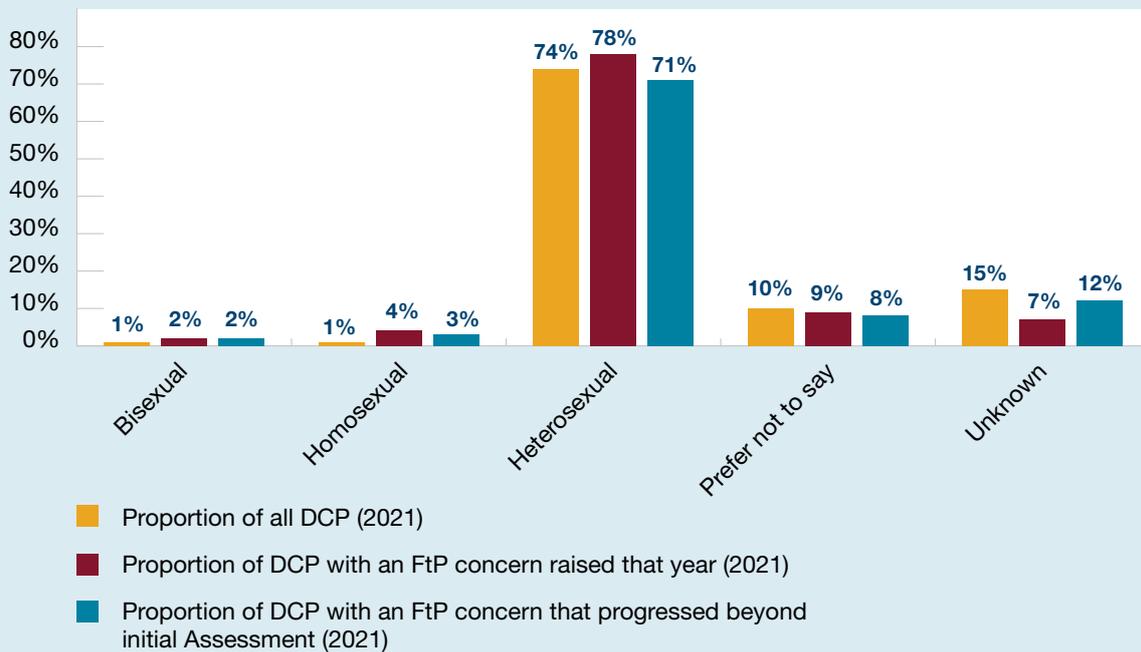
## Per head of population analysis: Sexual Orientation

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



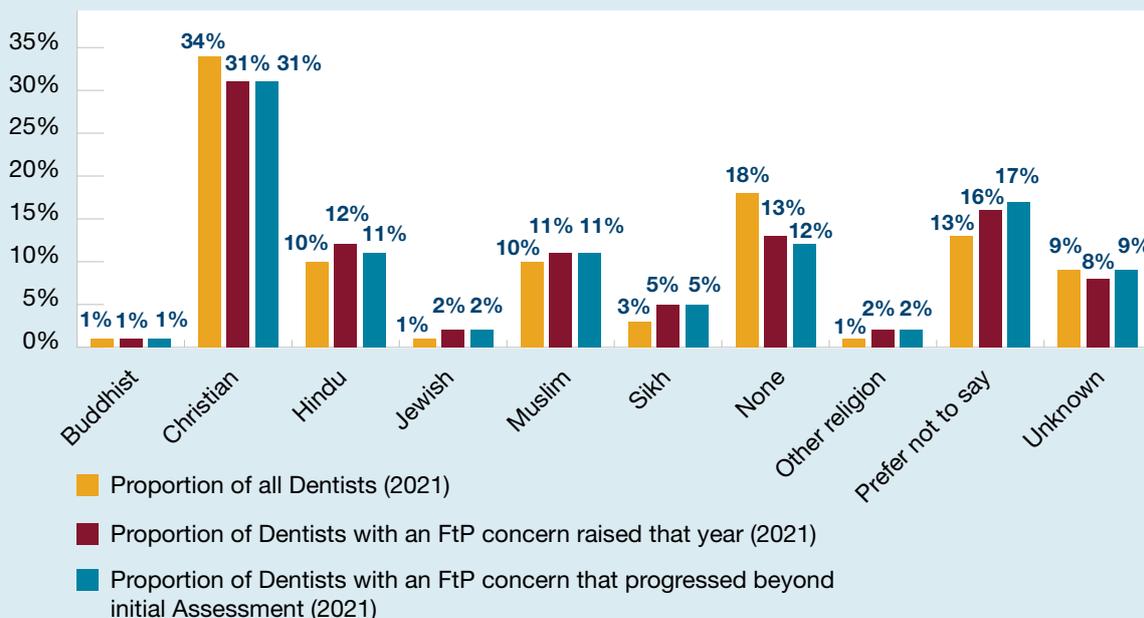
### Sexual orientation of DCPs who had an FtP concern raised against them



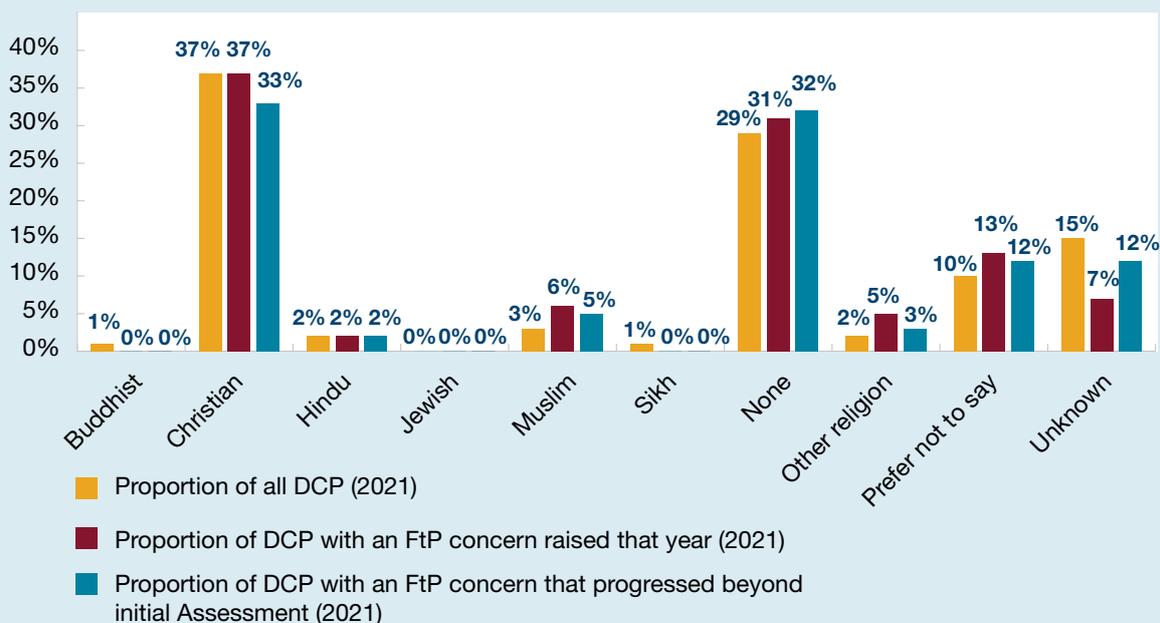
## Per head of population analysis: Religion

The charts below show how DCPs and dentists 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



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



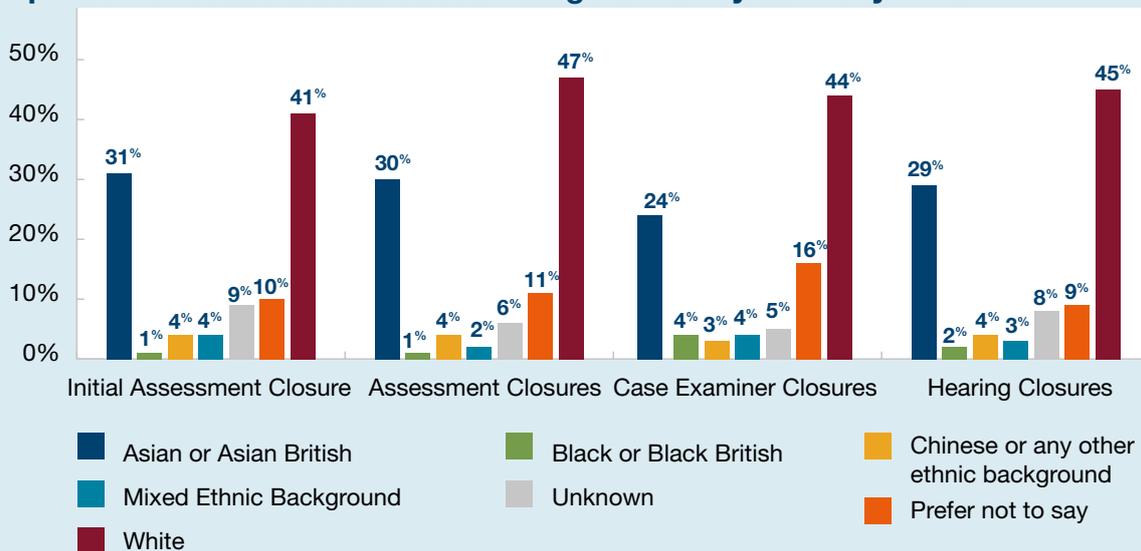
The proportion of concerns raised to the GDC is broadly in line with register representation apart from the Unknown category. The exception is those DCPs who state their religion as Muslim. This group account for 3% of the DCP register, but 6% of all the FtP concerns that are referred to the GDC involving DCPs. This figure is based on less than 20 DCPs so is too small to indicate a definite trend in the data (i.e. a statistically significant difference).



## Ethnicity of dentist case closures

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

### Proportion of cases closed at each stage of FtP by ethnicity in 2021

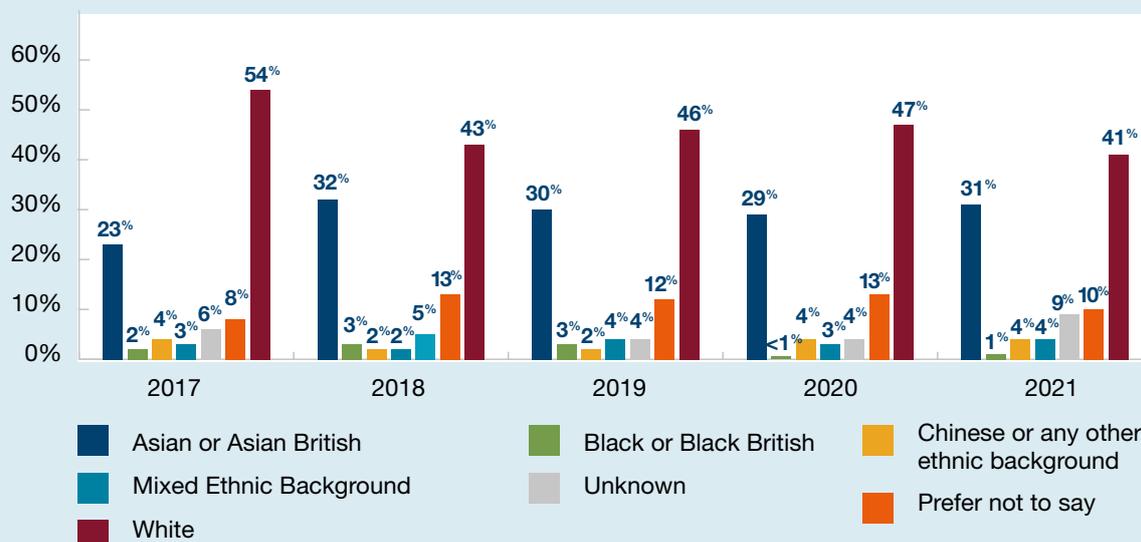


### Proportion of dentist cases closed at each stage of FtP from 2017 to 2021

**Note:** 2017 data is included to show a 5-year trend in the following tables. However, 2017’s caseload was much higher than in subsequent years following the introduction of better information about the fitness to practise process for those considering referring a concern.

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

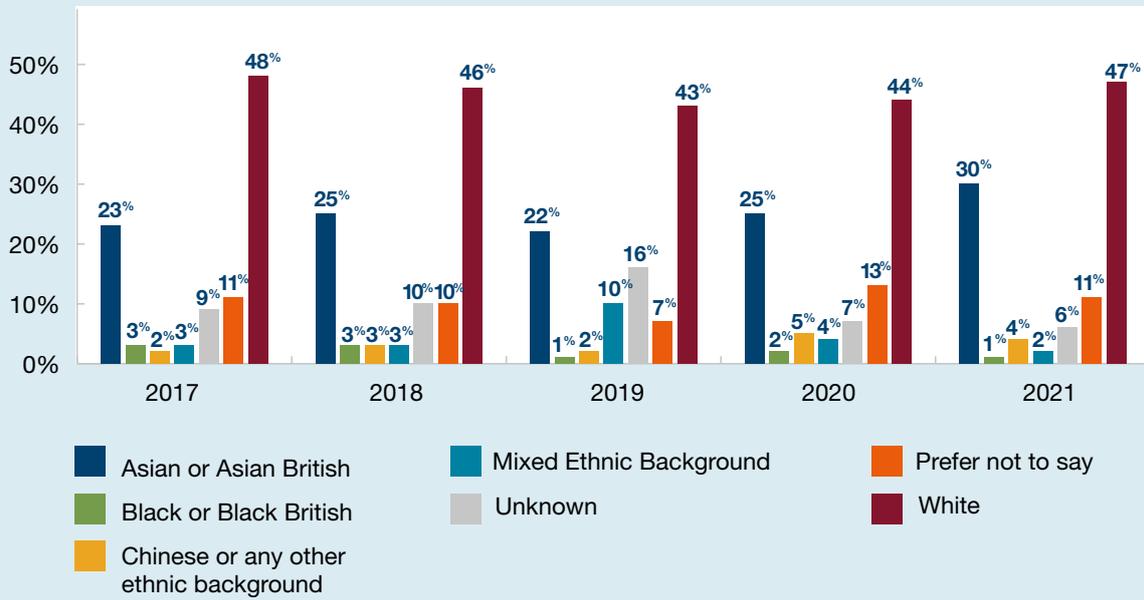
#### Initial assessment Case Closures





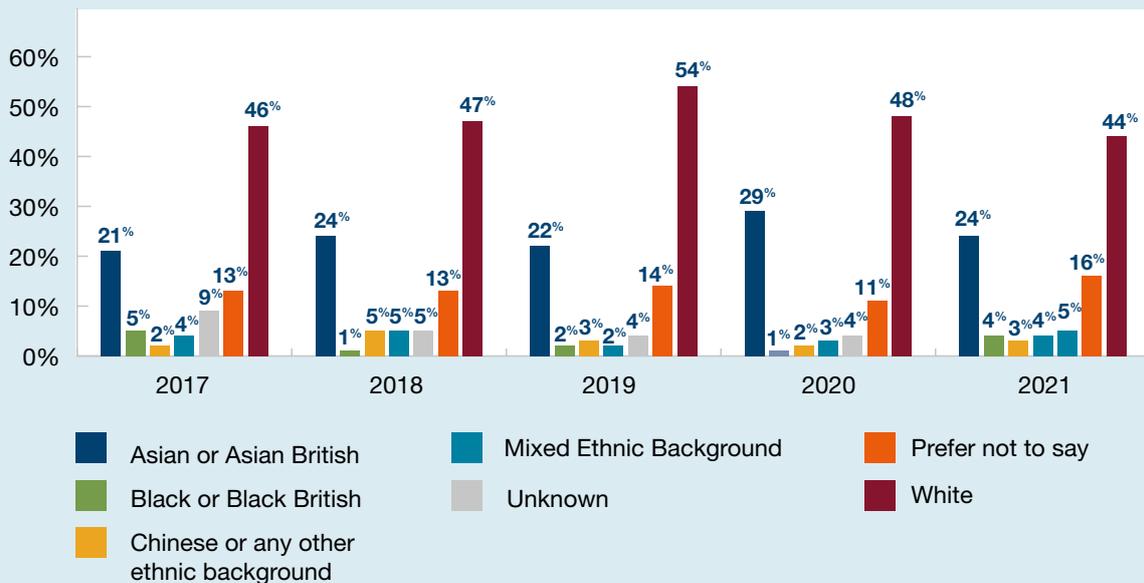
## Proportion of dentist cases closed at Assessment stage by ethnicity

### Assessment case closures



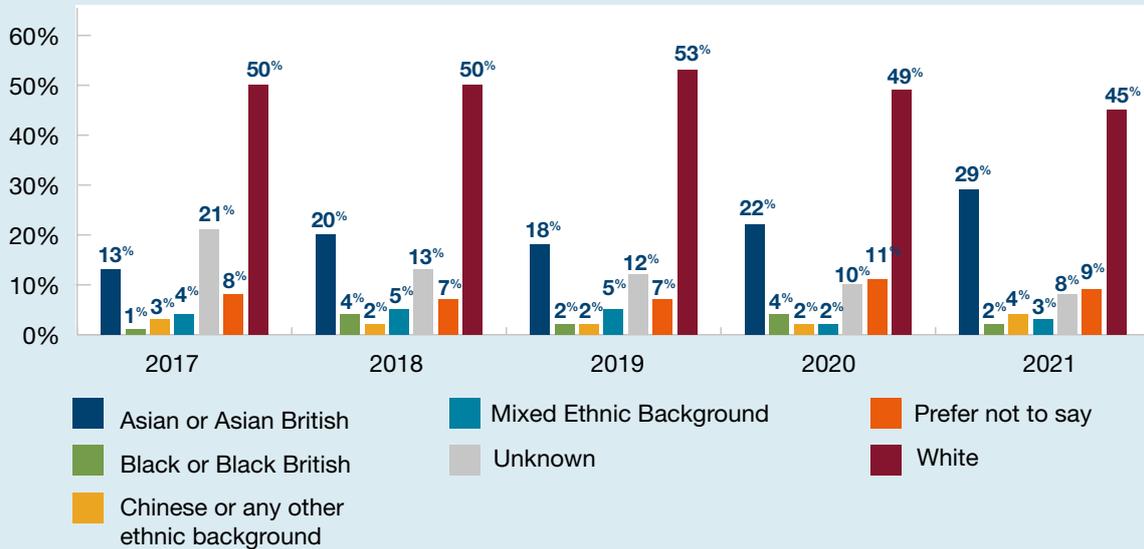
## Proportion of cases dentist closed at case examiner stage by ethnicity

### Case examiners case closures



## Proportion of dentist cases closed at Hearing stage by Ethnicity

### Hearings case closures

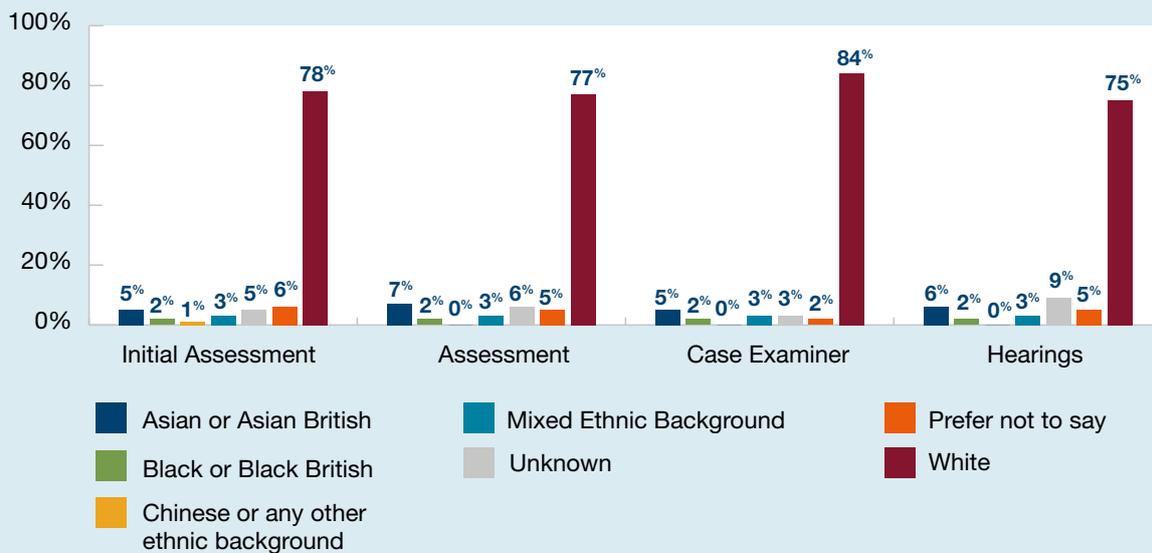


## Ethnicity of DCP case closures

Due to the small base numbers for DCP cases these have been grouped over a five year period.

### Proportion of DCP cases closed at each stage of FtP from 2017 to 2021

#### DCP case closures by ethnicity of dental professional (2017 to 2021)





**General Dental Council**  
**37 Wimple Street**  
**London**  
**W1G 8DG**  
**020 7167 6000**