

**General  
Dental  
Council**

# Fitness to Practise Statistical Report **2025**

Published June 2026

**© Copyright General Dental Council 2026**

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](http://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](http://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 2025, licensed under the Open Government Licence:

<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>

# Contents

<b>Foreword</b> .....	<b>4</b>
<b>2025 at a glance</b> .....	<b>6</b>
<b>Introduction</b> .....	<b>8</b>
<b>2025 Fitness to practise data overview</b> .....	<b>10</b>
<b>Fitness to practise volumes by stage</b> .....	<b>13</b>
<b>Sources and types of new fitness to practise concerns</b> .....	<b>14</b>
<b>Equality, Diversity, and Inclusion (EDI) analysis</b> .....	<b>21</b>
<b>Initial assessment stage</b> .....	<b>26</b>
<b>Assessment stage</b> .....	<b>29</b>
<b>Case examiner stage</b> .....	<b>38</b>
<b>Hearing stage</b> .....	<b>49</b>

# Foreword



The Fitness to Practise (FtP) statistical report for 2025 is different to our previous FtP reports. As part of our ongoing commitment to increasing transparency, we have expanded our analysis for every stage of the Fitness to Practise process. We have included data showing the types of cases we are investigating, the time it is taking us to investigate concerns and what decisions we are making. This new analysis also provides further insights into the specific concerns we investigate.

For the first time, we are providing information relating to the dental professionals about whom fitness to practise concerns have been raised. This includes analysis by: how long they have been on the register, their route to registration, their sex, and ethnicity. We have also included some analysis of the data.

In 2025, we saw a 26% increase in the number of potential fitness to practise concerns reported to us - 1,766 compared to 1,401 in 2024. This is something that other healthcare regulators are also experiencing, and we are looking into what is driving this increase.

Despite this increase, the same number of dental professionals were erased from the register as in 2024 - 18 people, which is 0.01% of all those on the register at the beginning of 2025.

The analysis shows we improved our performance in 2025 at three of the four stages of the fitness to practise process, despite having to deal with the increased number of concerns.

While our performance is improving, we know that we still need to do more to improve. We know that fitness to practise investigations can take too long and can feel overly complex, often leading to feelings of mistrust, unfairness and more widely, fear of the process and of the General Dental Council (GDC). And as a result, it can negatively impact the mental health and wellbeing of those involved. We need to address this and are committed to playing our part in improving how we do things and removing stress and delays in the process where we can, without compromising patient safety.

We have already introduced a streamlined approach for single patient clinical concerns, expanding it to include less serious conduct concerns, where these arise with single patient clinical concerns. This avoids lengthy investigations which we know can have a

negative impact on the health and wellbeing of participants. This has almost halved the time it takes us to complete the assessment stage - from 30 to 16 weeks.

We have also introduced a participant support officer to help people going through the Fitness to Practise process, provided training for staff to help them identify participants who may be in distress and signpost them to support. Most hearings are now held online, which helps reduce stress for those involved in the fitness to practise process.

This statistical report helps shine a light on the process, provides greater transparency and helps us ensure that fitness to practise investigations are proportionate, but we can also use it to better understand people's experiences and improve it for all those involved.

As part of our work to improve we will continue to work closely with dental professionals and our partners to better understand where the biggest negative impacts are and work collaboratively to address these.

The format in this report is new, and I would welcome feedback from dental professionals and stakeholders, to understand if the data is useful and if we can provide different analyses to support our work to continue to improve fitness to practise.

**Theresa Thorp,  
Executive Director, Regulation**



# 2025 at a glance

## Number of concerns received

# 1,766



new **potential fitness to practise concerns** received - 26% more than 2024 (1,401). All concerns proceed to the **initial assessment stage**.

## Initial assessment stage

# 1,743



**initial assessment decisions** made - 25% more than 2024 (1,397).

# 81%



**referred for assessment** (2024: 84%) – 0.09% of all registered dental professionals at the beginning of 2025.

**Average time** to complete the initial assessment stage was four working days - up from 2024 (three working days) - but still within our internal Key Performance Indicator of five working days.

## Assessment stage

At the end of 2025, **761 cases were open** at the assessment stage - 58% related to purely clinical issues.

The most common area of dentistry was **orthodontics**, and the most common issue was the **standard of the examination** that took place.

# 1,293



**assessment decisions made**, down by one from 2024 (1,294).

# 42%



**referred to the case examiner stage** (2024:38%) – 0.38% of all registered dental professionals at the beginning of 2025.

**Average time** to complete the assessment stage was 78 working weeks - up from 76 weeks in 2024.

## Case examiner stage

At the end of 2025, **466 cases were open** at the case examiner stage<sup>1</sup>- 39% related to purely clinical issues.

The **most common case type** was a combination of **clinical** and **conduct** issues with the most common issue across the top five case types being the **standard of the examination** that took place.

**562**



**final decisions made** up from 2024 (483).

**46%**



**referred to a Practice Committee hearing** (2024:39%) – 0.18% of all registered dental professionals at the beginning of 2025.

**Average time** from assessment decision to final case examiner decision was 36 working weeks, down from 50 working weeks in 2024

## Hearings

At the end of 2025, **362 cases were open** at the hearing stage - 38% relating to purely clinical issues and 31% to the registrant's conduct.

**18**



dental professionals were **removed from the register (erased)**;

**110**



**initial Practice Committee hearings** (2024:73) and 55 Practice Committee review hearings (2024:76) took place.

- nine dentists.
- six dental nurses.
- one was a dental nurse, dental therapist and dental hygienist.
- one was a dental technician.
- one was a dental technician and clinical dental technician.

**149**



initial Interim Orders Committee (IOC) hearings (2024:99) and 206 IOC review hearings (2024: 205) took place.

The **most common case type** at initial IOC hearings was a combination of **clinical** and **conduct** issues with 83% of these resulting in an order placed on the registrant's registration or ability to practise.

**This represents 0.01% of all registered dental professionals.**

**Average time** from the decision to refer to the initial hearing taking place was 54 working weeks – the lowest it has been for the past five years.

**Average time** from the decision to refer to the hearing taking place was 19 working weeks – up from 2024 (16 working weeks).

# Introduction

As the UK-wide regulator of the whole dental team, one of our important roles 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 that meet our threshold, we will investigate if there is an indication that an individual's fitness to practise may be impaired in a manner that could impact public safety or confidence in the dental professionals we regulate.

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 dental professional's clinical performance or health. It also includes any actions they take which could affect public confidence in the professions 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 that 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, or be referred by 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:

- Potentially serious concerns about clinical practice, for example errors 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).
- 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.

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 may include the following:

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

There are circumstances where a dental professional's fitness to practise may be impaired because of poor health. These types of cases are dealt with differently and decisions are made by a Health Committee. The range of outcomes a Health Committee may impose are also different from the other Committees including the Professional Conduct Committee and Professional Performance Committee. The Health Committee may decide that a dental professional's fitness to practise is not impaired, or it may impose conditions for up to 36 months or impose a suspension for up to 12 months.

Dental professionals whose fitness to practise has been found to be impaired have a right of appeal to the High Court (or to the Court of Session in Scotland). The Professional Standards Authority also has a right of appeal in cases where they consider that a sanction imposed is not sufficient, for the protection of the public.

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



# Fitness to practise data overview 2025

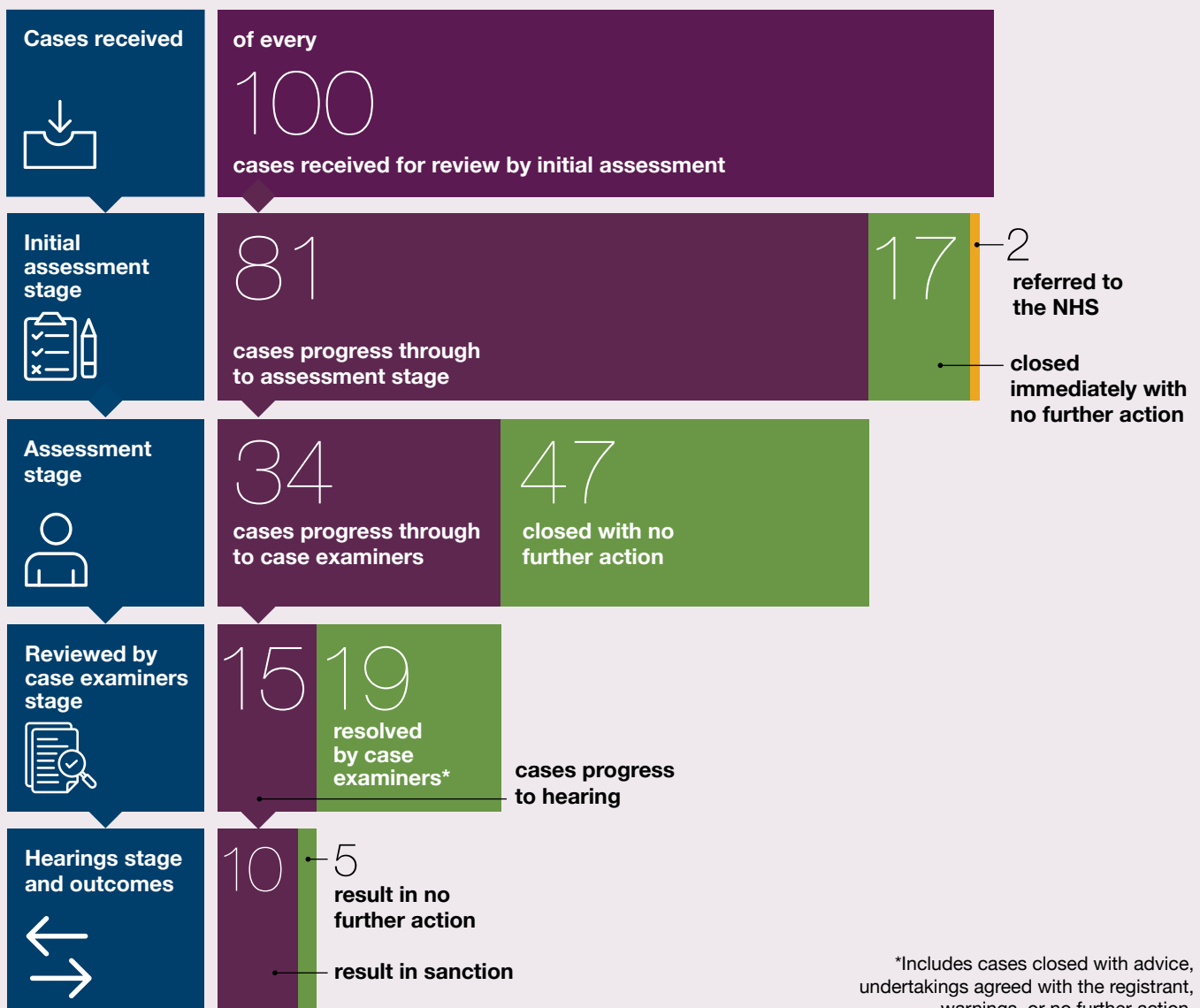
This section provides an overview of the volumes of cases and decisions that we typically deal with, using data from 2025.

As in previous years, this is reflective of what has typically happened for every 100 cases that we have dealt with over the last year. Later in the document, there is more specific detail about actual volumes of work completed over the last year.

## Decision outcome rate at each stage of the Fitness to Practise process in 2025

The diagram below shows the average decision outcomes per 100 decisions made at the four stages of the Fitness to Practise (FtP) process (rather than the number of cases received).

This is illustrative of where the decisions to close or refer cases to the next stage of the process were made and includes cases that started in previous years, rather than reflecting the outcomes for concerns received in 2025.



## Changes in average outcome rates at each stage of the FtP process 2021-2025 for every 100 cases received:

	2021	2022	2023	2024	2025
Progressed to the assessment stage	87	85	86	84	81
Progressed to case examiner review stage	43	34	34	32	34
Progressed to the hearing stage	19	16	13	12	15
Outcome resulted in sanctions	14	13	11	8	10
Outcome resulted in no further action	5	3	2	4	5

On average, for every 100 cases received, the 2021-2025 trend data shows a decrease in percentages at each stage of the FtP process. However, as the number of concerns we received increased by 26% in 2025, the actual number of cases going through the FtP process also increased, compared to 2024.

Although there is an overall increase in number of concerns being raised, we are working towards identifying and closing less serious concerns earlier in the process, through initiatives such as Initial Inquiries. This should reduce the time both registrants and informants remain in the process for these types of cases.

## Summary of fitness to practise activity 2021–2025

	2021	2022	2023	2024	2025	% change from 2024
New concerns received	1,349	1,264	1,297	1,401	1,766	+26%
Assessment decisions made	869	1,267	1,441	1,294	1,294	0%
Case examiner decisions made	304	326	356	515	562	+9%
Assessment total caseload at end of year	991	899	618	564	761	+35%

The overall picture is one of an increase in the numbers of concerns and in case activity:

- We received 1,766 new FtP concerns in 2025 (2024:1,401), an increase of 26%.
- We made 1,743 initial assessment decisions in 2025<sup>2</sup> (2024:1,397), an increase of 25%.
- Of all the cases reviewed at initial assessment, 81% were referred for assessment (2024:84%)
- We referred 2% of cases to the NHS (2024: 2%) and closed 17% (2024: 14%).
- We made 1,294 assessment decisions in 2025 (2024: 1,294). At the end of the year, the assessment caseload was at 761 (2024: 564), up by 35%.
- Our case examiners made 562 final decisions in 2025 (2024: 515), up by 9%, referring 275 registrants for the allegations to be considered by a Practice Committee, which was an increase of 39% compared to 2024, when 198 registrants were referred.
- Case Examiner referral rate in 2025 was 45%, compared to 38% in 2024.
- 110 initial Practice Committee hearings (2024: 73) and 55 Practice Committee review hearings were held in 2025 (2024: 76).
- 149 initial Interim Orders Committee hearings (2024: 99) and 206 Interim Orders Committee review hearings (2024: 205) were held in 2025.
- 18 dental professionals were removed from the register (erased) in 2025. Of these, nine were dentists, six were dental nurses, one was a dental nurse, dental therapist and dental hygienist, one was a dental technician, and one was a dental technician and clinical dental technician.

<sup>2</sup> Some of these were concerns received at the end of 2024. A small number were received too late for us to make an initial assessment decision in 2025.

## Fitness to practise volumes by stage 2025

There are four different stages of the Fitness to Practise process. These are:

- **Initial assessment**
- **Assessment**
- **Case examiner**
- **Hearings**

The number of decisions made at each of the four stages in 2025 are set out below.

<b>Number of new concerns</b>	<b>1,766</b>	This is the number of new FtP concerns we received in 2025 that could relate to a registrant's fitness to practise.
<b>Number of completed initial assessment decisions</b>	<b>1,743<sup>3</sup></b>	This figure represents the number of concerns considered at the <i>initial</i> assessment stage of the FtP process, when these are screened and may be closed, referred to the NHS, or referred for further investigation.
<b>Number of completed assessment decisions</b>	<b>1,294</b>	This is the number of cases considered at the investigation stage when cases may be closed, referred to the NHS, or referred to the case examiners.
<b>Number of final case examiner decisions</b>	<b>562</b>	This is the overall number of final decisions made by case examiners. These resulted in closure with no further action, closure with advice being given, closure with a warning being given, undertakings agreed with the registrant, or referral to a Practice Committee.
<b>Referrals to a practice committee for a hearing</b>	<b>275</b>	This is the number of cases referred by case examiners to a practice committee for a hearing <sup>4</sup> .

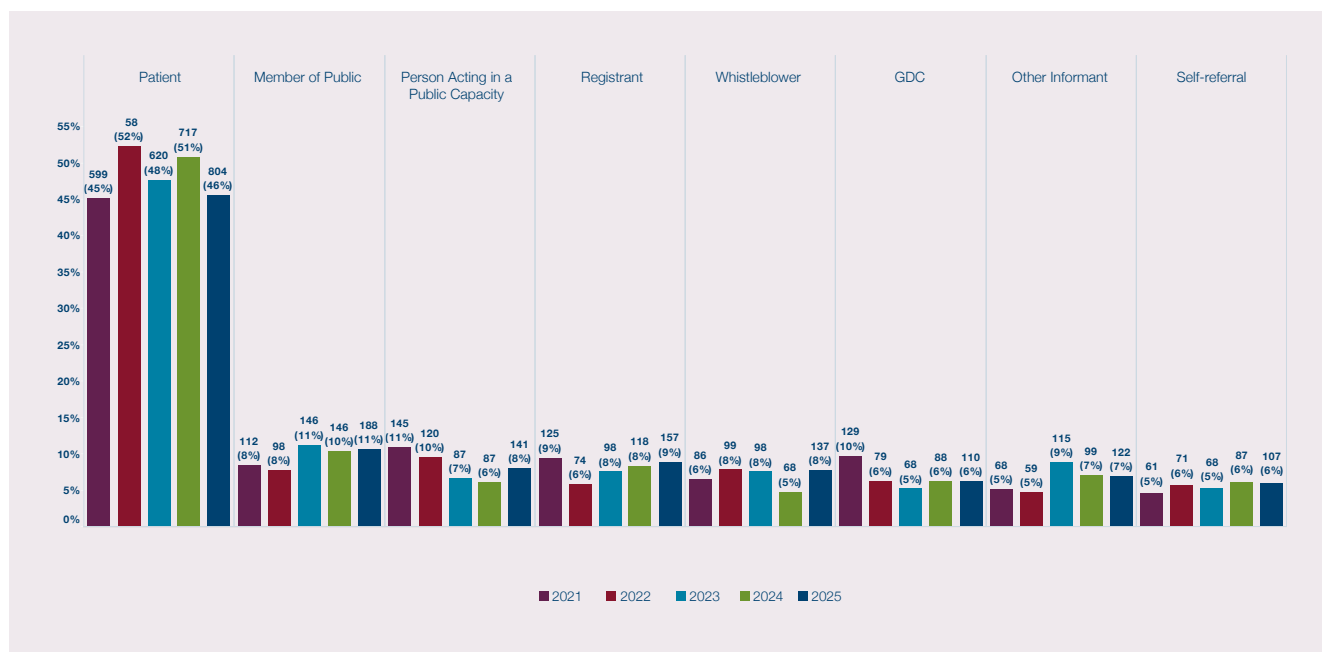
<sup>3</sup> 23 cases were received in either 2024 or 2025 without a decision being made carried in the corresponding year. As they were carried over into the following year, this figure will not reconcile with the number in the Summary of Fitness to Practise activity 2021–2025 table on the previous page.

<sup>4</sup> A single dental professional may account for more than one case.

# Sources and types of new FtP concerns

The following graphs show the numbers of FtP concerns received from 2021 to 2025 by informant type, registered address by country, registrant type, sex, time on the register, and region of qualification.

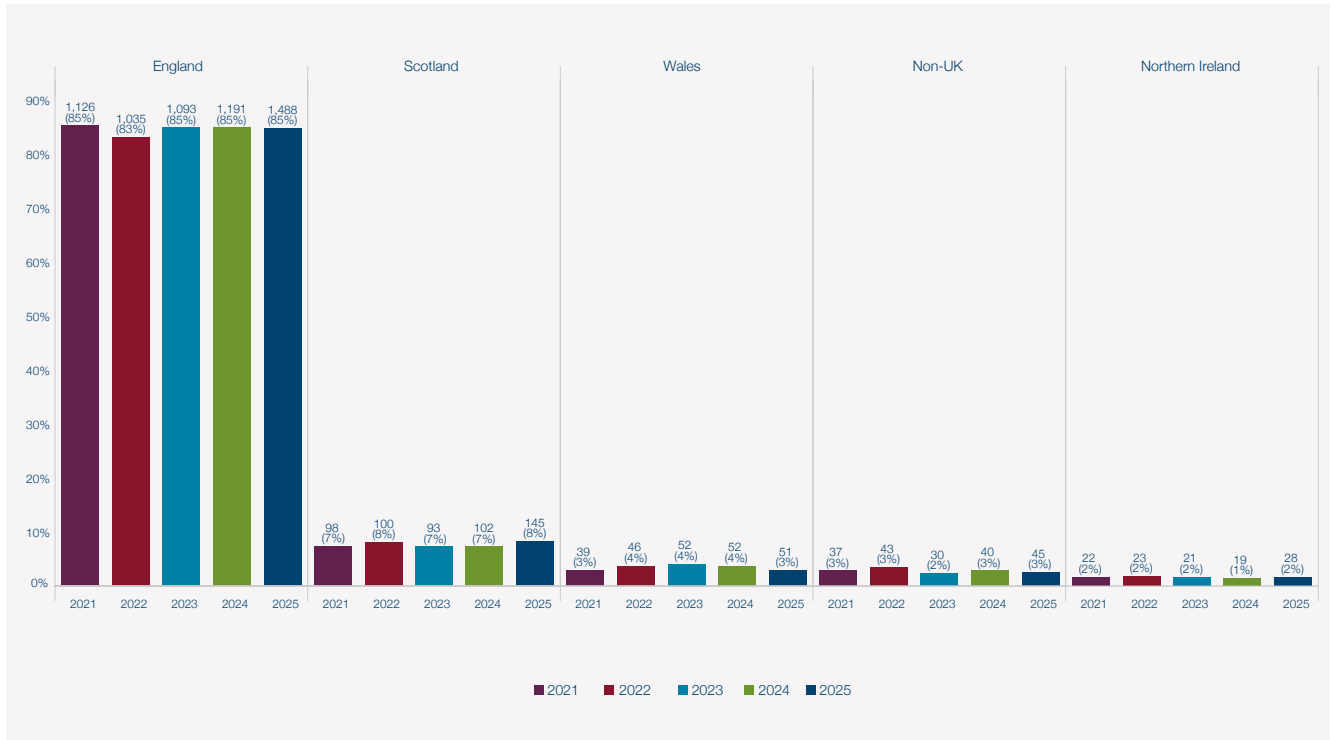
## New FtP concerns by informant type<sup>5</sup> 2021–2025



- Although the number of new FtP concerns from patients increased by 86 from 2024, the proportion of concerns from this source decreased from 51% (2024) to 45% (2025).
- The number of new FtP concerns raised by whistleblowers almost doubled in 2025, rising from 3% to 5% of the total received.
- There was a 2% rise in new FtP concerns raised by Persons Acting in a Public Capacity in 2025 – an increase of 54.

<sup>5</sup> Upon initial receipt of concerns, we record their source. We group referrals from employers, the NHS or public bodies as being from ‘Persons acting in a public capacity’ (PAPC).

## New FtP concerns by country<sup>6</sup> 2021–2025



- The number of new FtP concerns received in 2025 for registrants with a registered contact address in England fell by 296 (down 1%) in 2025.
- The distribution of new FtP concerns by registrant’s registered contact address for the home nations has remained largely the same over the last five years.
- The number of new FtP concerns by registrant’s registered contact address in Scotland increased by 43 (up 1%) in 2025.

<sup>6</sup> As a proxy for the geographical location of where concerns have occurred, we use the registered address of the registrant that is the subject of the concerns raised.

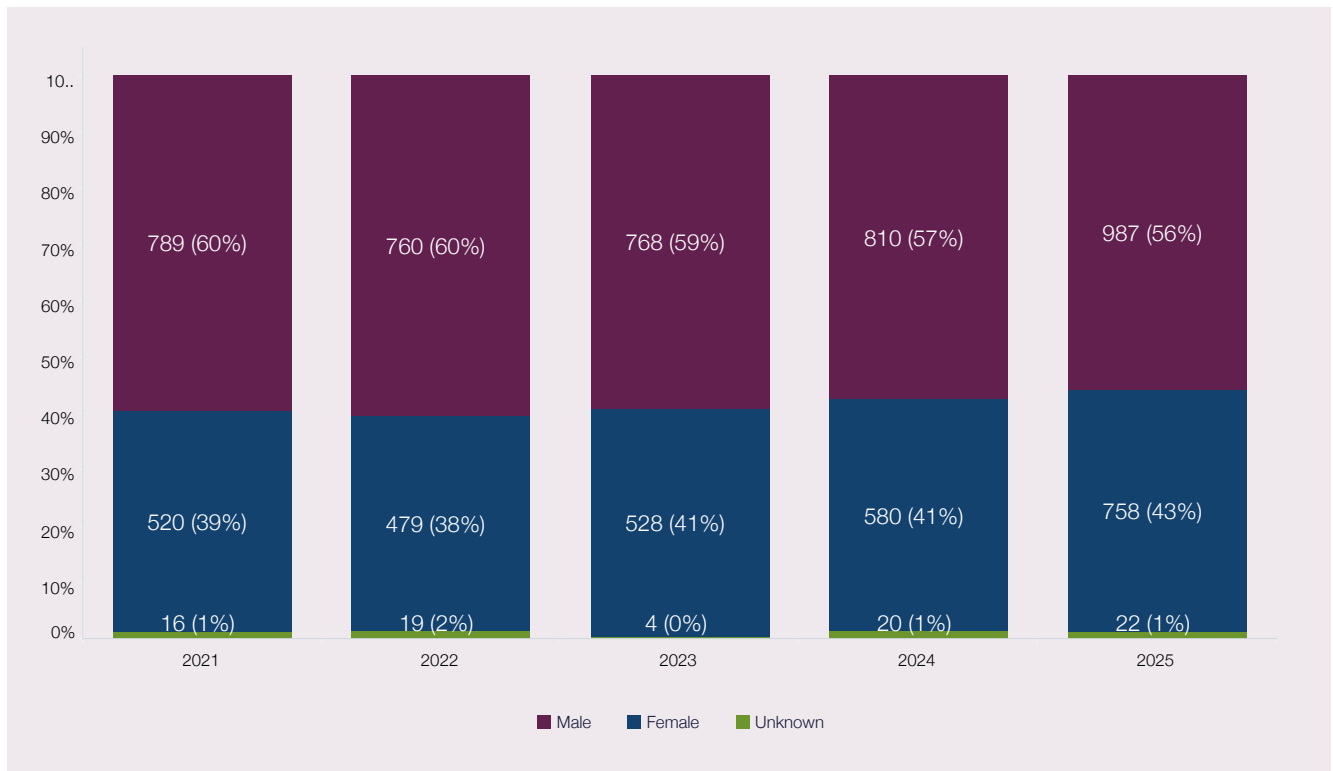
## New FtP concerns by registrant type 2021–2025<sup>7</sup>



- The proportion of new FtP concerns relating to DCPs has risen by 3% since 2024.
- In 2025, new FtP concerns relating to dentists went up by 234 (a 21% increase) and for DCPs, by 128 (a 45% increase).
- The average number of new FtP concerns relating to dentists over the last five years is 1,144 and for DCPs, 279.

<sup>7</sup> As some dental professionals have dual registration this may result in total numbers being different from total case numbers

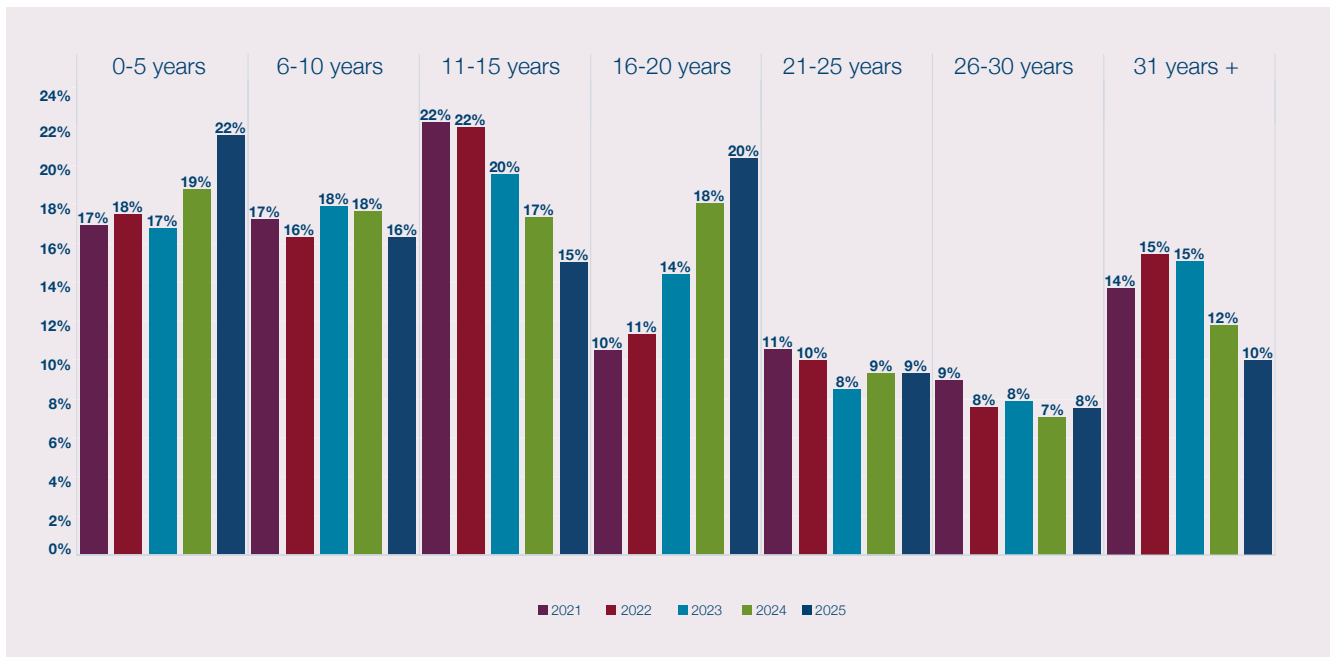
## New FtP concerns by sex 2021–2025



**Note:** 78% of people on our register are female and 22% are male. For dentists, the split is 54% female and 46% male, and for DCPs it is 92% female and 8% male.

- Although the proportion of new FtP concerns relating to male registrants has dropped by 4% over the last five years, the actual number has risen by 197 (up by 25%).
- The number of new FtP concerns relating to female registrants has exceeded 750 for the first time in five years.

## New FtP concerns by time on the register<sup>8</sup> 2021–2025



- Since 2021, there has been a year-on-year increase in the proportion of new FtP concerns received regarding registrants who have been on the register between 16 and 20 years – from 10% to 20%.
- Since 2021, the proportion of new FtP concerns received relating to registrants who have been on the register between 11 and 15 years has fallen by 7%.
- Since 2022, the proportion of new FtP concerns received relating to registrants who have been on the register for 31 years or more has fallen by 5%.

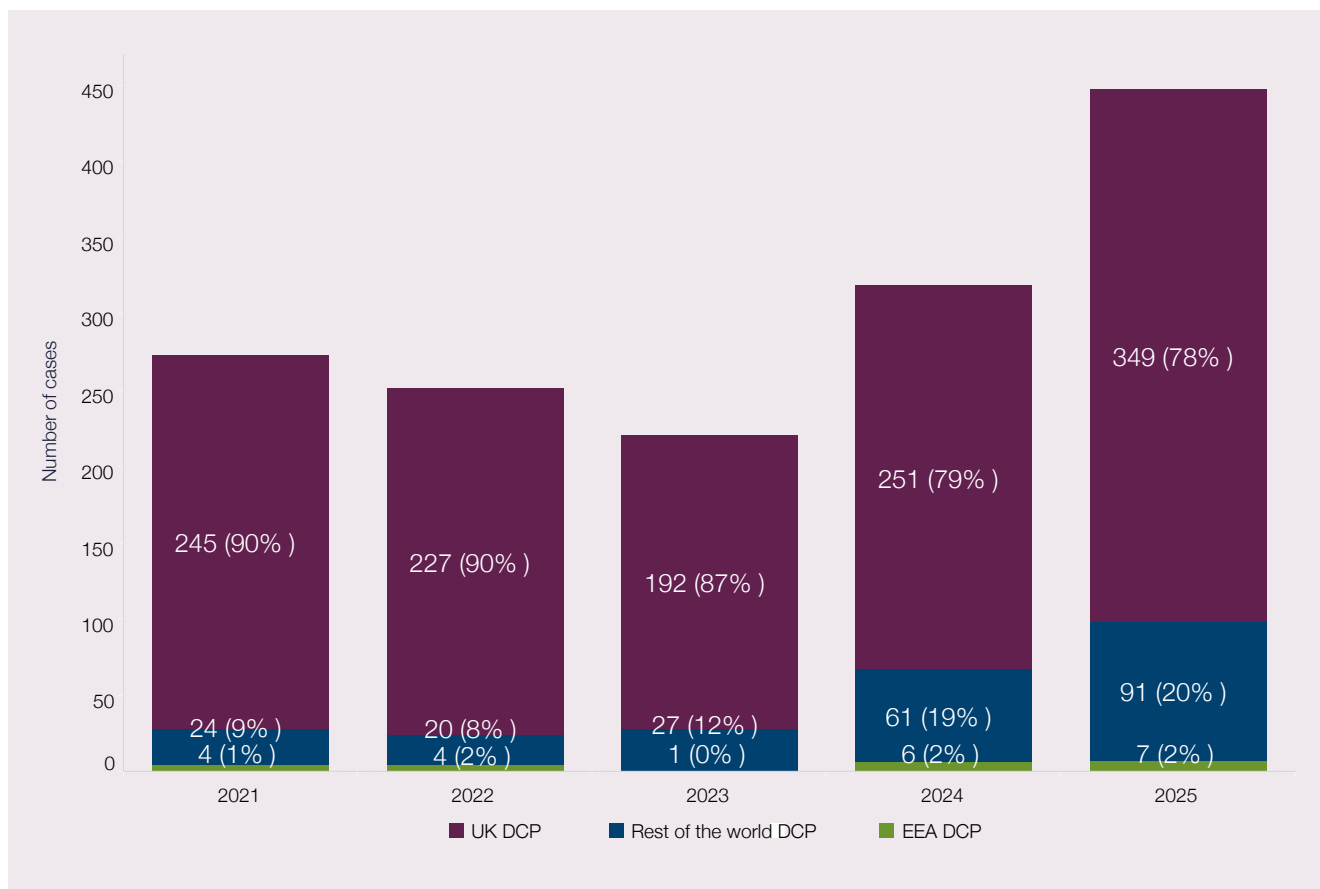
<sup>8</sup> For the purposes of this analysis, time on Register is measured from the date the registrant first joined the Register to the date that we received the concern about them.

## New FtP concerns by region of qualification (dentist) 2021–2025



- The proportion of new FtP concerns received relating to UK qualified dentists has reduced to below 60% for the first time in five years.
- In 2025 the number of new FtP concerns relating to UK qualified dentists increased by 12%. For EEA qualified dentists this increased by 36%, and for overseas qualified dentists, this increased by 32%, when compared to 2024.

## New FtP concerns by region of qualification (DCP) 2021–2025



- The proportions of new FtP concerns by DCP region of qualification have remained largely the same in 2025 when compared with 2024.
- Although the number of new FtP concerns relating to DCPs with a UK qualification has increased in recent years, the proportion has reduced from 90% to 78% since 2022.

## Equality, Diversity, and Inclusion (EDI) analysis

In the following sections, graphs are included that provide a breakdown of FtP data 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 data for around 96% of dental professionals.<sup>9</sup>

We continue to develop our understanding of what this data is telling us and more importantly, how we can use it to analyse these characteristics within the context of fitness to practise as part of our work to prevent discrimination across our processes.

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 also be relevant, such as practice location, workplace dynamics, size of practice or local demographics.

Our work to improve our understanding about EDI is included as part of our strategy, [Trusted and effective: A strategy for dental regulation 2026-2028](#).

Our ambitions remain unchanged and build on those of our previous EDI strategy. We will continue working with the wider profession to embed EDI across all our work, and around how dental professionals work with patients and each other. This includes encouraging others to put EDI at the forefront of their working practices.

### Fitness to practise involvement

We provide comparisons of dental professionals involved in the Fitness to Practise process 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 compares three things:

- The number of DCPs/dentists with this characteristic on our register.
- The number of FtP concerns raised against registrants with each characteristic (including those that are closed at the initial assessment stage).
- FtP concerns that progress beyond the initial assessment stage.

#### Note:

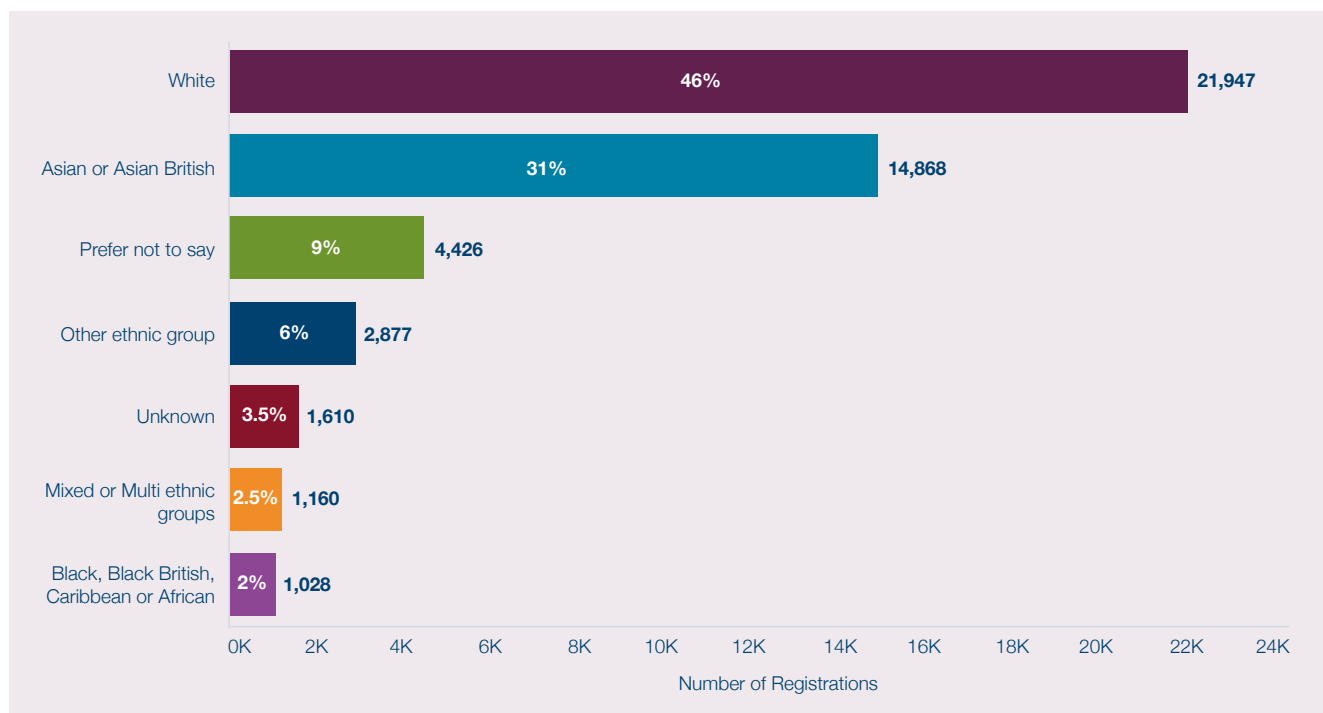
1. This analysis focuses on the distribution of data from 2025 (i.e. what is happening). As this is an annual report, it is not possible to say why any differences are appearing using this information alone. A range of factors, other than EDI, may influence reasons for a concern being raised to the GDC, such as work setting or practice size.
2. The analysis is applied to all FtP cases for 2025 and does not account for the differences in types of cases (such as whether the concern relates to a single or 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. The DCP summaries have not been separated out by profession, due to small base numbers for some DCP titles. 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 it more or less likely to have a concern raised against them.

<sup>9</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.

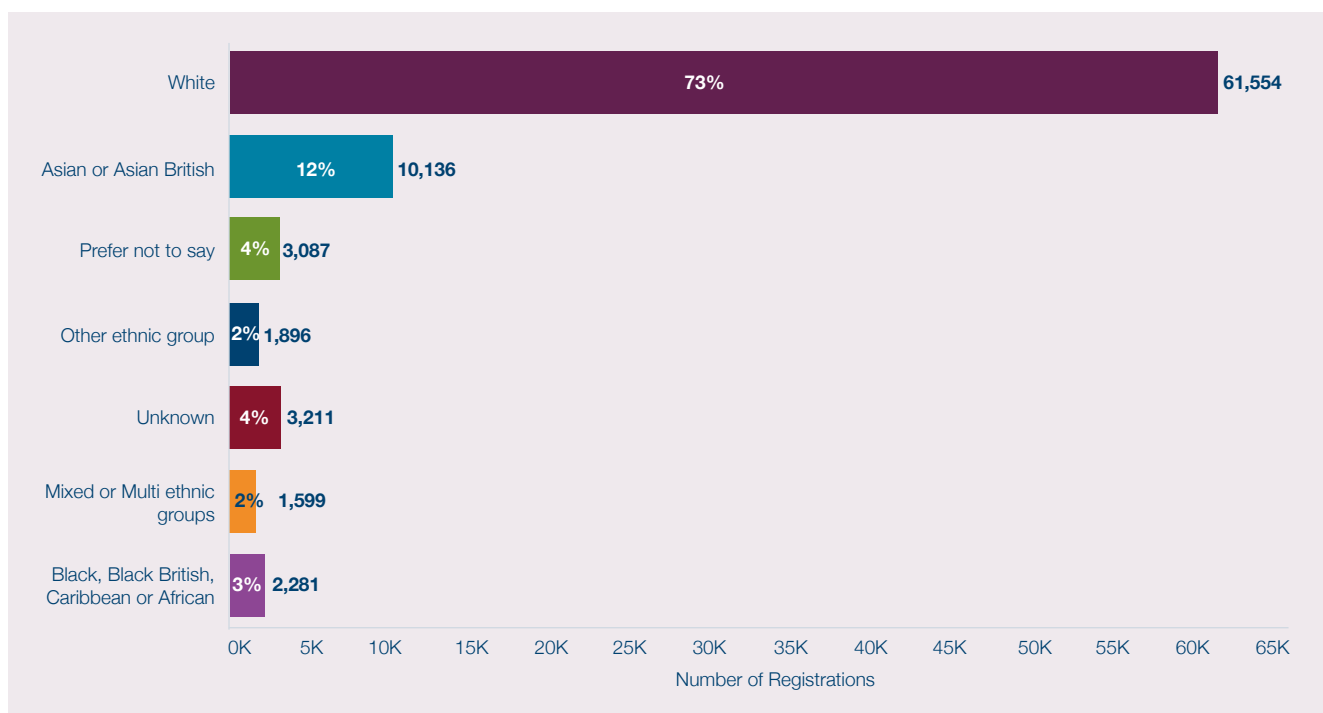
## Ethnicity of dental professionals on our registers

The following pages provide a breakdown of FtP activity based on registrant ethnicity. In order to provide some context to these numbers, we have included the ethnic breakdown of the registers, presented in the [Registration statistical report for 2025](#).

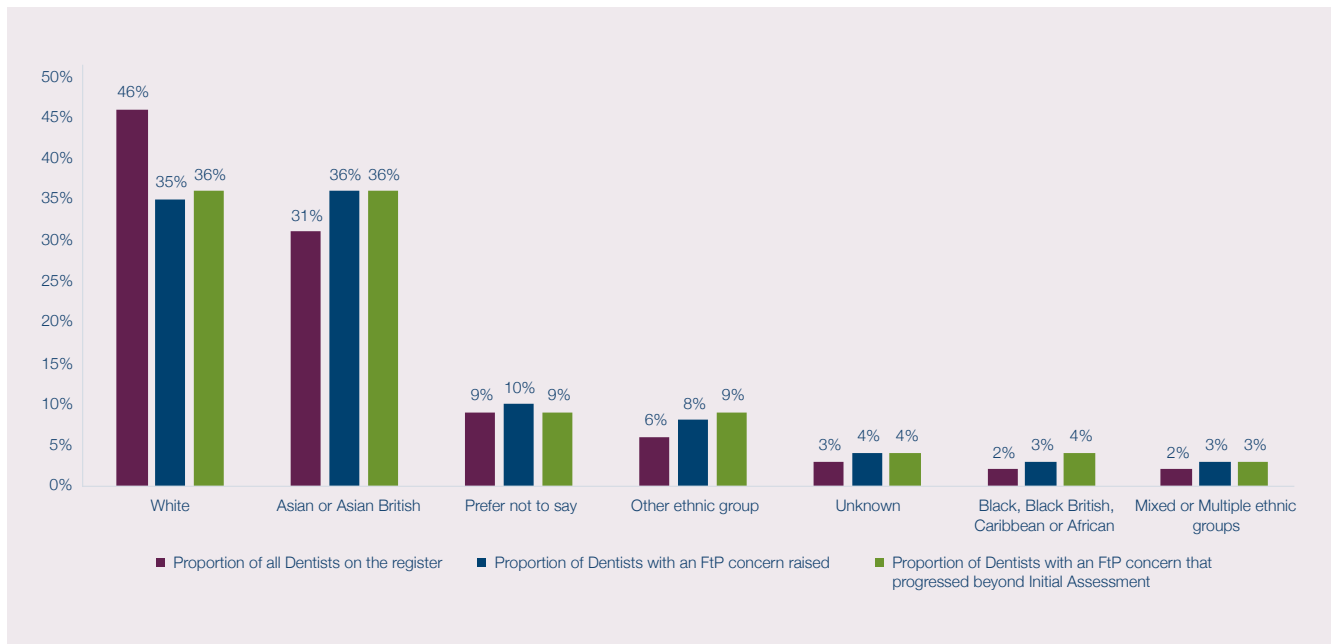
### Dentists on register by ethnic grouping as at 31 December 2025



### DCPs on register by ethnic grouping as at 31 December 2025



## Ethnicity of dentists with a new FtP concern raised 2025



- Dentists of an Asian/Asian British ethnicity make up 31% (2024: 30%) of the Register and account for 36% (2024: 34%) of new FtP concerns received in 2025.
- Dentists with a White ethnicity make up 46% of the Register (2024:48%) and account for 35% (2024: 35%) of new FtP concerns received in 2025.

## Ethnicity of DCPs with a new FtP concern raised 2025

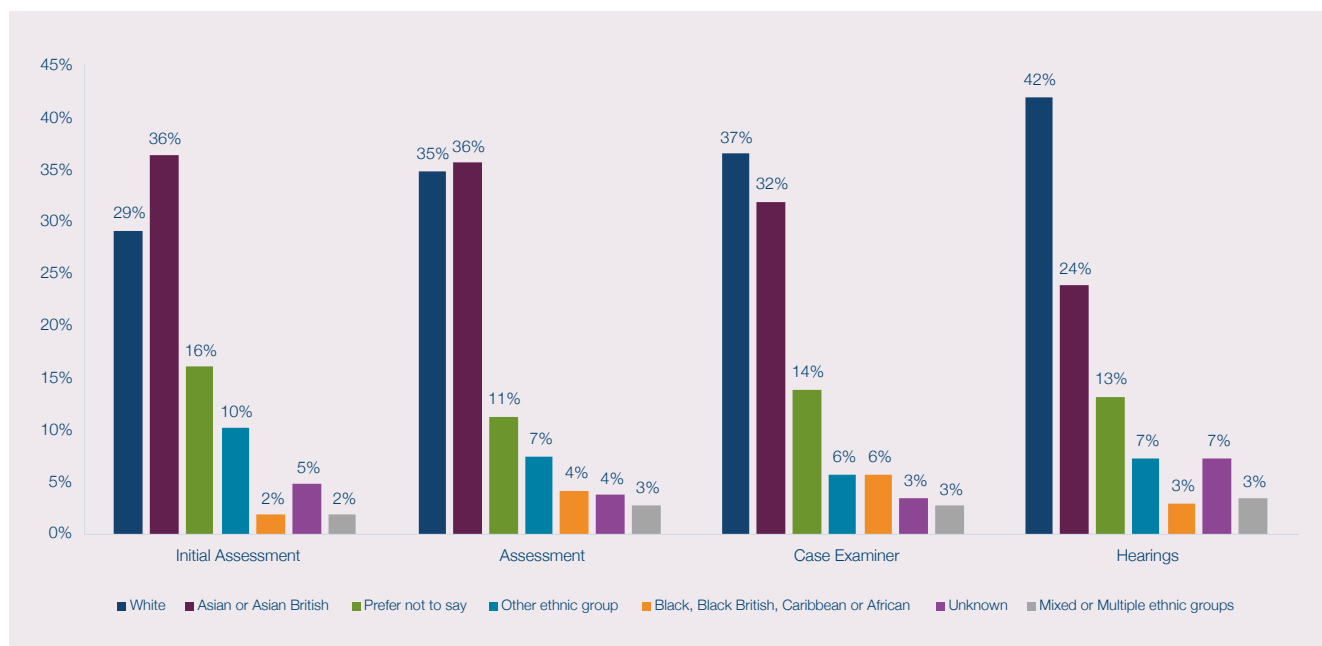


- DCPs with an Asian/Asian British ethnicity make up 12% (2024: 11%) of DCPs on the Register and account for 19% (2024: 18%) of new FtP concerns received in 2025.
- DCPs with a White ethnicity make up 73% of DCPs on the Register (2024:74%) and account for 60% (2024: 59%) of new FtP concerns that progressed beyond the initial assessment stage in 2025.

## Ethnicity of dentist case closures

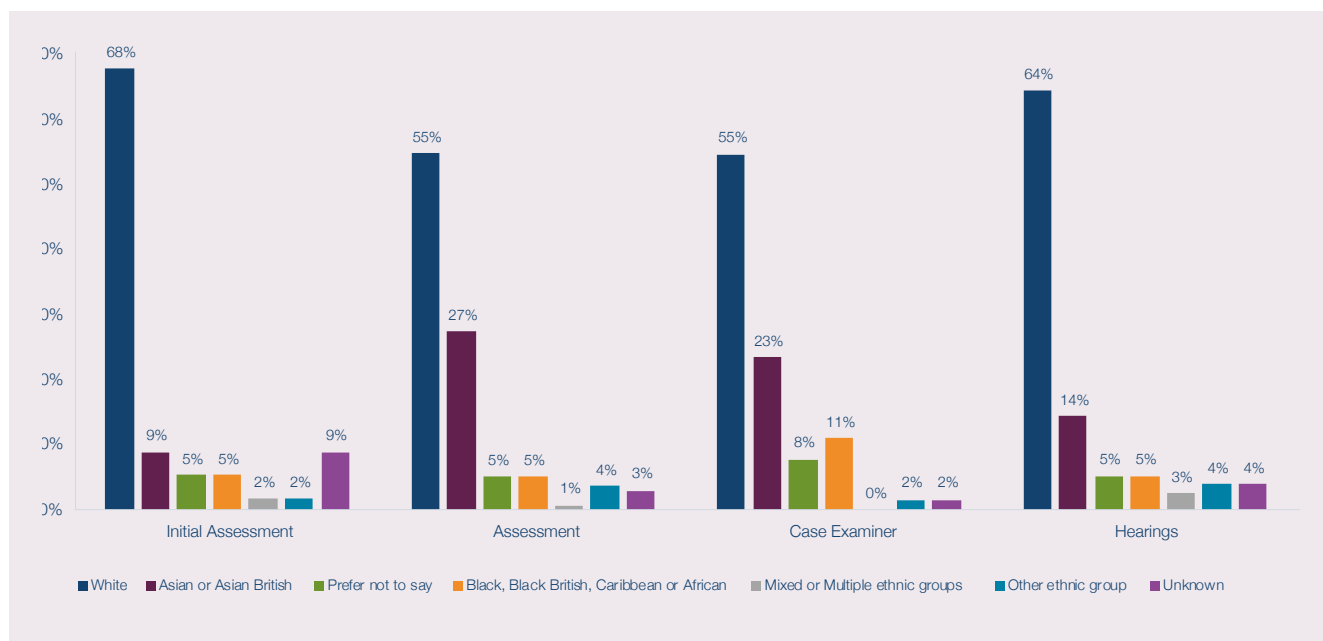
The following charts show the proportion of cases that we investigated and subsequently closed at each stage of the FtP process in 2025 by registrant ethnicity.

### Proportion of cases relating to dentists closed at each stage of the FtP process 2025



- Dentists with an Asian or Asian British ethnicity had the largest proportion of case closures at the initial assessment (36%) and assessment stages (36%) in 2025.
- Dentists with a White ethnicity had the highest proportion of case closures at the case examiner (37%) and hearings (42%) stages in 2025.

## Proportion of cases relating to DCPs closed at each stage of the FtP process 2025



- Most cases closed across the Fitness to Practise process in 2025 related to DCPs with a White ethnicity.
- The proportion of case closures in 2025 relating to DCPs with a Black, Black British, Caribbean or African ethnicity is 5% at the initial assessment, assessment, and hearings stages and rises to 11% at the case examiner stage.



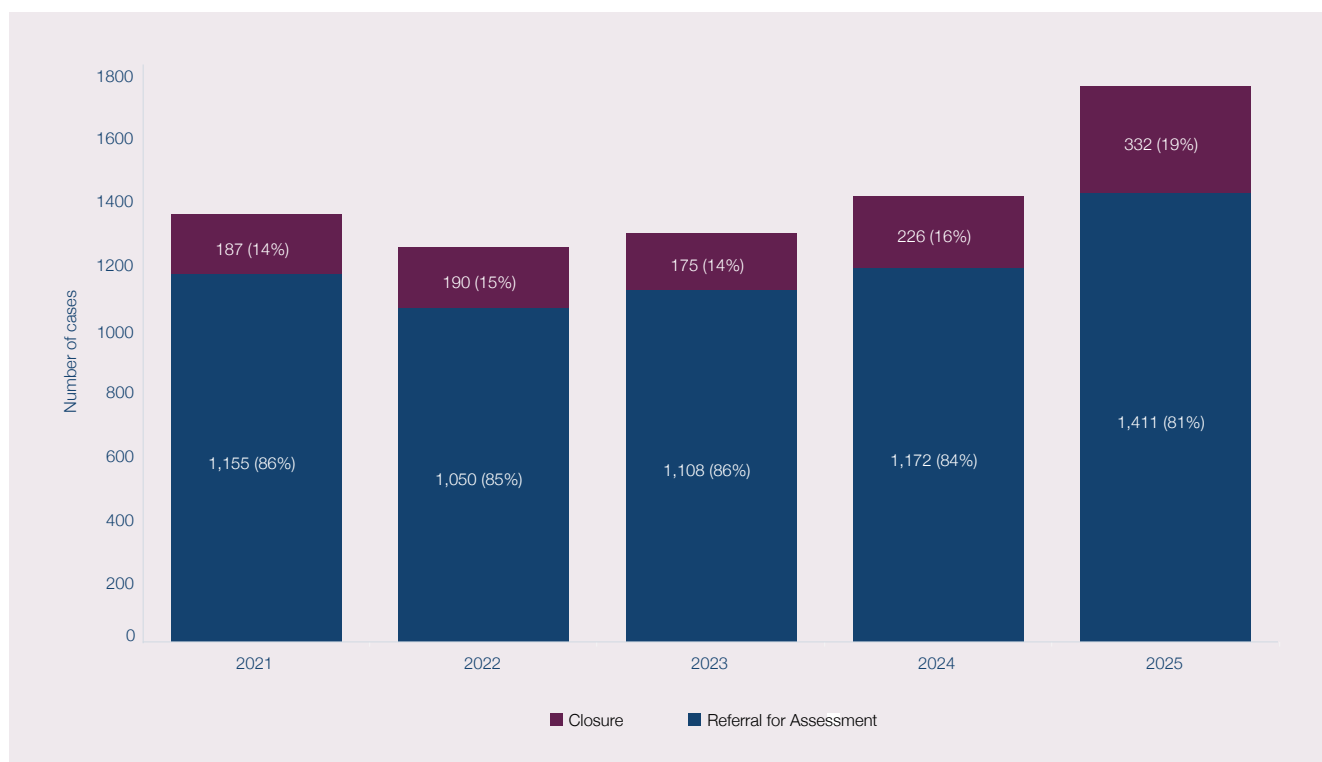
## Initial assessment stage

Upon receipt of all FtP concerns, we make an initial assessment to decide if there are any issues that could affect patient safety or public confidence in the dental professionals we regulate. Where there are issues that require investigation, we refer the case to the assessment stage.

At the initial assessment stage, we check to ensure we are the right organisation to investigate. If not, we refer matter to other organisations who are best placed to make further inquiries.

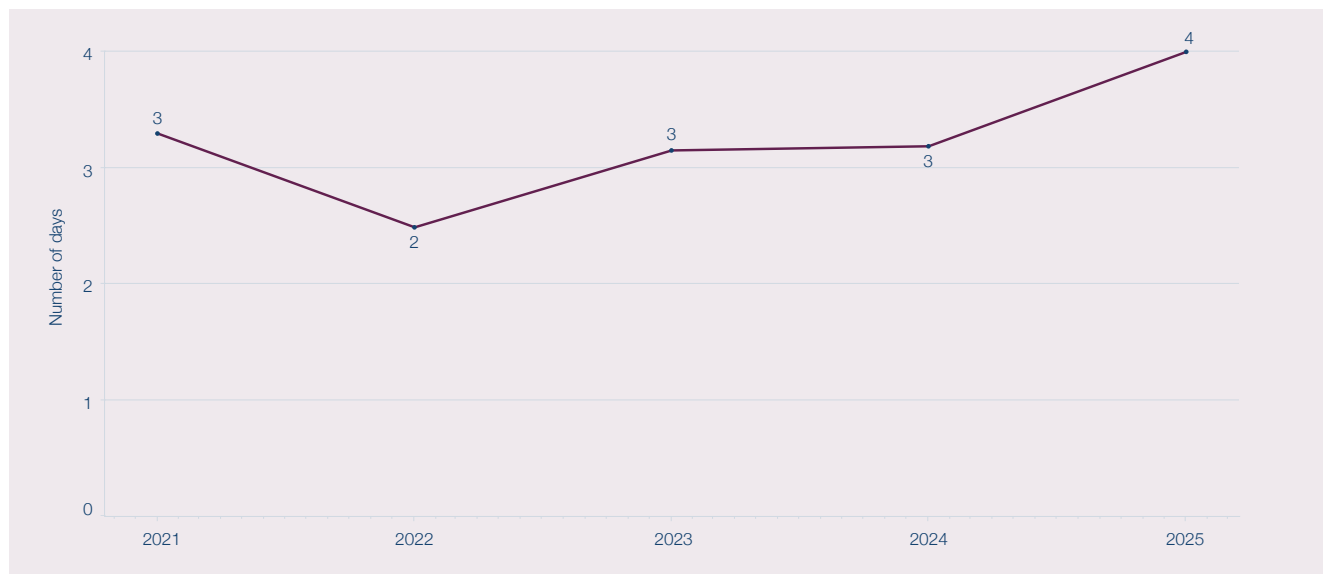
We do not refer to the assessment stage issues that do not require further investigation and will advise the person who raised the concern the reasons for our decision. At this stage in the Fitness to Practise process, we do not inform the dental professional involved that we have received a concern about them.

### Initial assessment decision outcomes 2021– 2025



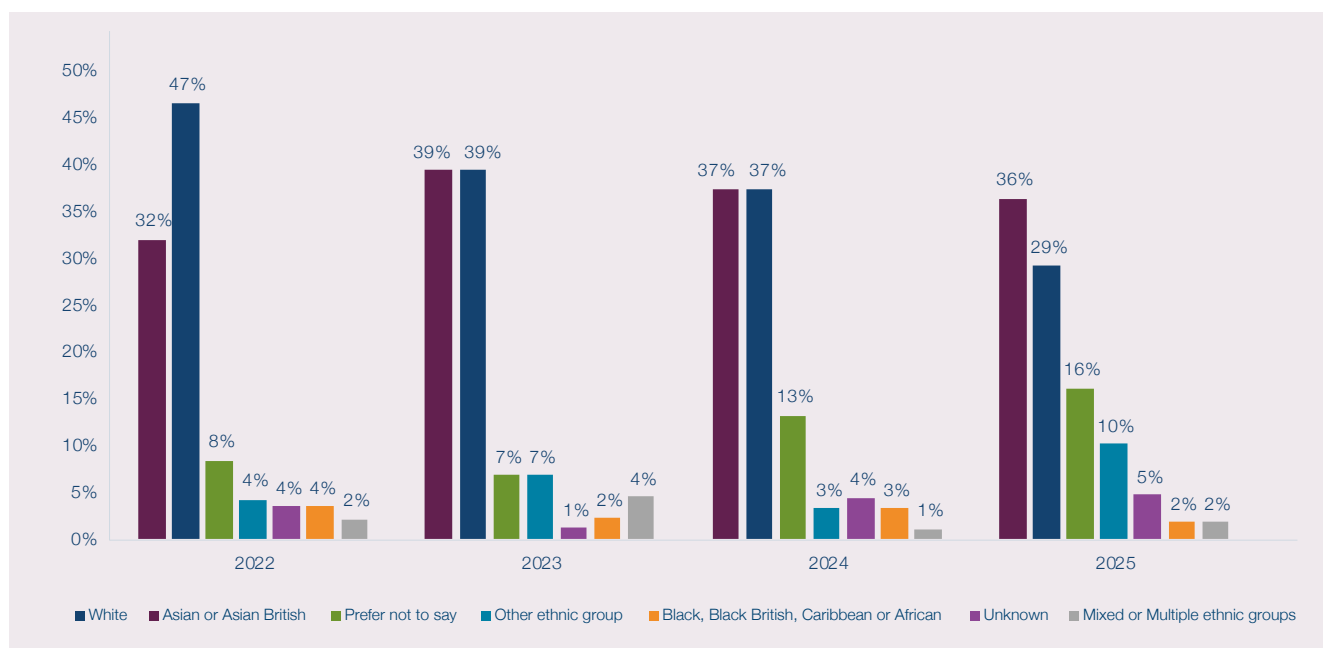
- The number of new FtP concerns we received in 2025 increased by 345 and the proportion that were closed at the initial assessment stage increased by 3% when compared with 2024.
- In 2025, we closed 106 more new FtP concerns at the initial assessment stage than in 2024.
- In 2025, we referred 239 more new FtP concerns to the assessment stage in 2025.
- The proportion of new FtP concerns closed at the initial assessment stage compared to 2024 (19%) is higher than in any of the previous four years.

## Average time (in working days) between receipt and initial assessment decision 2021-2025



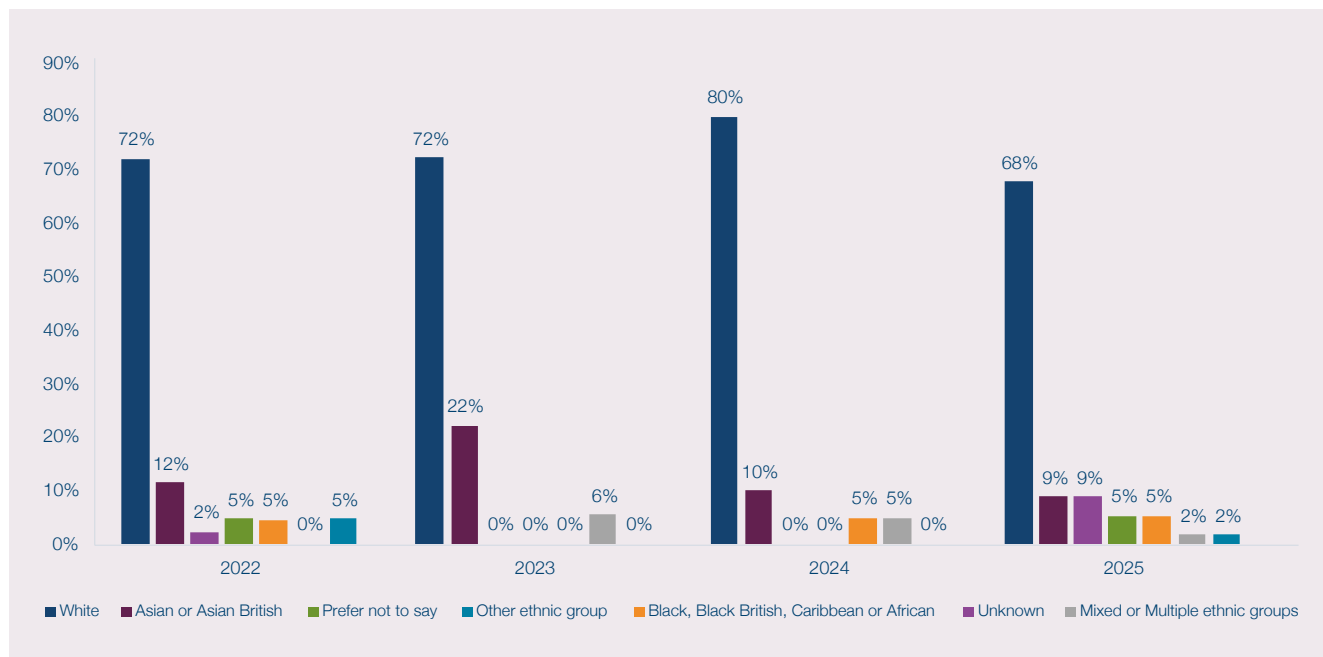
- In 2025, we continued to make final initial assessment decisions on average in under five working days (our internal Key Performance Indicator).
- In 2025, the average number of working days to make a final initial assessment decision increased from three to four days when compared with 2024.

## Proportion of new FtP concerns closed at initial assessment by ethnicity (dentists) 2022-2025



- In 2025, the largest proportion of new FtP concerns closed at the initial assessment stage related to dentists with an Asian or Asian British ethnicity (36%).
- The proportion of new FtP concerns closed at the initial assessment stage that related to dentists with a White ethnicity dropped from 37% in 2024 to 29% in 2025.

## Proportion of new FtP concerns closed at initial assessment by ethnicity (DCPs) 2022-2025



- The proportion of new FtP concerns closed at the initial assessment stage that related to DCPs with a White ethnicity decreased from 80% in 2024 to 68% in 2025.
- Nearly one in ten (9%) new FtP concerns closed at the initial assessment stage in 2025 relate to registrants whose ethnicity is not known.



## Assessment stage

If the initial assessment decision is that there are issues that could affect patient safety or public confidence in the dental professionals we regulate, we refer the matter to the assessment stage.

The assessment/investigation process may involve:

- informing the dental professional involved.
- collecting information relevant to the case, including patient records and clinical advice when needed.
- gathering any other relevant information, such as medical reports in cases about health conditions or police reports relating to any criminal offence.

This process is streamlined for some cases that relate to clinical practice and involve a single patient. In these cases, we will first make

initial inquiries. We only do this when the dental professional involved has not had any allegations previously referred to the case examiners (see below) or had concerns raised with us within the previous 12 months.

Our initial inquiries are limited to requesting the relevant clinical patient records. These will then be reviewed by a Clinical Dental Adviser (CDA) before a decision is reached on how to proceed.

When we have all relevant information, we can decide to either:

- close the case and take no further action, or
- refer it to case examiners for a decision.

Cases are referred if we are able to raise an allegation that a dental professional's fitness to practise may be impaired. No decision is made on whether an allegation is true at this stage.

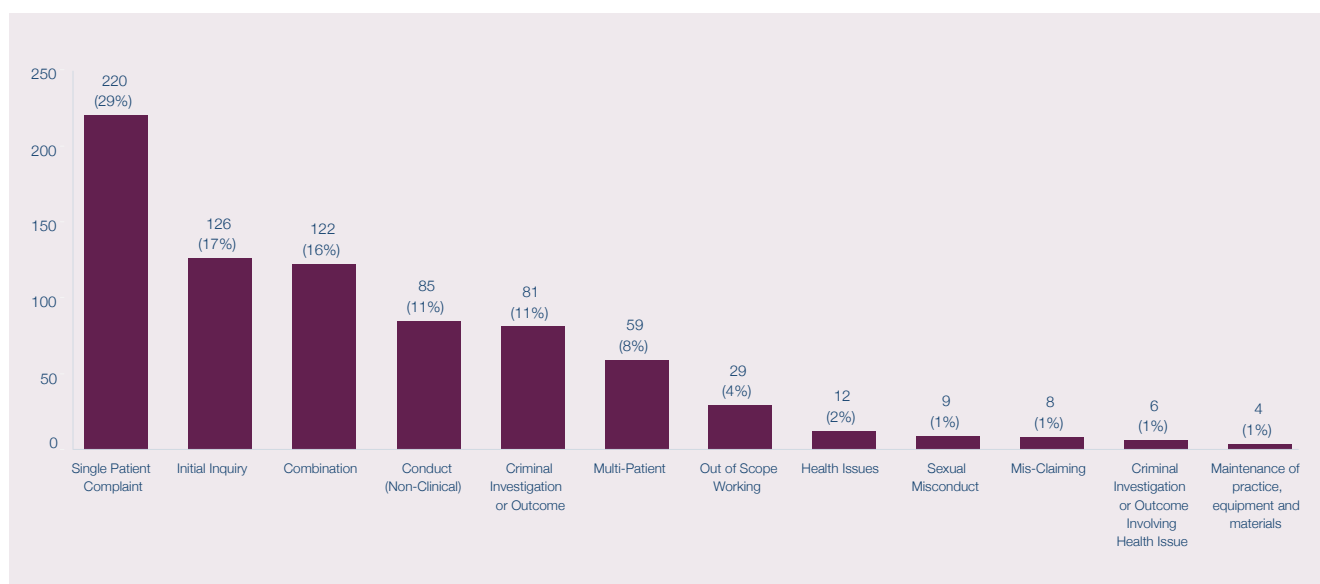
## Assessment decisions 2021-2025

Assessment decision	2021	2022	2023	2024	2025
Closure	425	736	866	797	757
	49.5%	59%	60%	62%	58.5%
Refer to Case Examiners	434	507	575	497	536
	50.5%	41%	40%	38%	41.5%
<b>Total</b>	<b>859</b>	<b>1,243</b>	<b>1,441</b>	<b>1,294</b>	<b>1,293</b>

- In 2025, the proportion of cases closed at the assessment stage fell by 3.5% when compared with 2024.
- In 2025, we closed 40 fewer cases at the assessment stage than in 2024.

## Distribution of case types at the assessment stage as at 31/12/2025

At the assessment stage, we classify cases to reflect what the concerns raised are mainly about. The graph below gives a snapshot of the types of cases that made up our assessment caseload at the end of 2025.



- Single Patient Complaint cases make up the largest proportion of open cases (29%) at the assessment stage at the end of 2025.
- Cases solely relating to a registrant's conduct account for 24% of open cases at the assessment stage at the end of 2025.
- Cases relating to purely clinical issues account for 59% of open cases at the assessment stage at the end of 2025.

We record details of what is alleged to have happened when a case is referred to the assessment stage. The way in which we classify this aligns with our Standards for the Dental Team, areas of dentistry, the World Health Organisation's ICD-10 Classification of Mental and Behavioural Disorders, and classifications used by HM Courts & Tribunals Service relating to criminal offences.

For the purposes of this analysis, we use the term 'allegation' to describe the specifics of what has been raised as part of an FtP concern. Although we are using the same term, this should not be confused with formal allegations that we use at the case examiner and hearings stages of the Fitness to Practise process.

Where a case relates only to clinical issues, the following table shows the most common areas of dentistry that the concern specifically relates to for all open cases at the assessment stage as at 31st December 2025.

Allegation	Number of cases	% of total allegations
Examination	158	37%
Orthodontics	63	15%
Fillings	61	14%
Extractions	53	12%
Not following current evidence and best practice	45	11%

- These clinical allegation types accounted for 89% of all allegations recorded in open cases at the assessment stage of the Fitness to Practise process as at 31st December 2025.
- The most common area of dentistry was orthodontics in open cases at the assessment stage of the fitness to practise process as at 31st December 2025.
- 37% of all allegations recorded in open cases at the assessment stage of the fitness to practise process as at 31st December 2025 related to the quality of the examination that took place.

## Top five allegations for most common case types at assessment stage as at 31 December 2025

The table below shows the top five allegations for the top five case types as at 31 December 2025: single patient complaints, initial inquiries, combination (clinical and conduct issues), conduct (non-clinical), and criminal investigation (or outcome).

Case type	Allegation	Number of allegations
Single Patient Complaint	Examination	60 (30%)
	Orthodontics	33 (17%)
	Extractions	33 (17%)
	Fillings	25 (13%)
	Crowns	23 (12%)
Combination (Clinical and Conduct)	Behaviour not justifying public trust in registrant or profession	25 (21%)
	Working outside of scope of practice	19 (16%)
	Bringing the profession into disrepute	15 (13%)
	Examination	15 (13%)
	Not treating colleagues fairly and with respect	13 (11%)
	Health and Safety	13 (11%)
Initial Inquiry	Examination	50 (42%)
	Fillings	21 (18%)
	Not listening to patients	13 (11%)
	Failure to manage pain and anxiety	11 (9%)
	Failure to obtain consent before treatment starts	10 (8%)
	Failure to provide full information on treatment	10 (8%)
Conduct (Non Clinical)	Behaviour not justifying public trust in registrant or profession	43 (39%)
	Not treating colleagues fairly and with respect	19 (17%)
	Own conduct	11 (10%)
	Failure to ensure staff appropriately registered	9 (8%)
	Failure to keep patients' information confidential	9 (8%)
Criminal investigation or outcome	Behaviour not justifying public trust in registrant or profession	51 (64%)
	Other offences	17 (21%)
	Personal behaviour	8 (10%)
	Bringing the profession into disrepute	7 (9%)
	Not informing GDC of criminal proceedings	6 (8%)

- In 2025, the most common allegation recorded in Single Patient Complaint and Initial Inquiry case types related to the quality of the examination that was carried out.
- In 2025, the most common allegation recorded in Combination (clinical and conduct), Conduct (Non-Clinical) and Criminal Investigation or Outcome case types was 'Behaviour not justifying public trust in the profession'.
- 60% of the recorded allegations in initial inquiry type cases related to the quality of the treatment that had been carried out.

## Average time (in working weeks) from initial receipt to final assessment decision 2021-2025



- The average number of working weeks taken from initial assessment to assessment increased from 76 weeks in 2024 to 78 weeks in 2025.

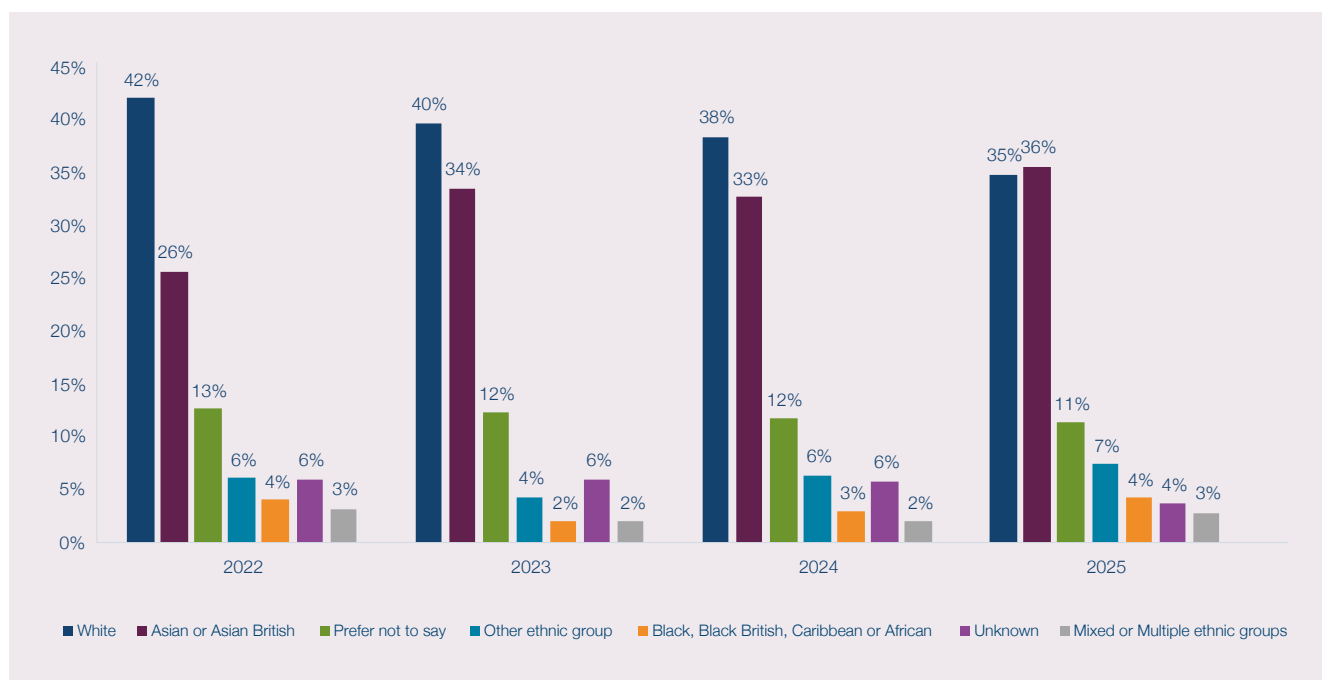
## Assessment decision outcomes for the top five case types<sup>10</sup> 2021-2025

Case type	Assessment outcome	2021	2022	2023	2024	2025
Single Patient Complaint	Closure	110 (58%)	333 (69%)	466 (69%)	409 (68%)	235 (67%)
	Refer to Case Examiners	80 (42%)	150 (31%)	210 (31%)	192 (32%)	118 (34%)
Combination (Clinical and Conduct)	Closure	71 (53%)	163 (61%)	213 (57%)	143 (61%)	95 (46%)
	Refer to Case Examiners	62 (47%)	106 (39%)	160 (43%)	92 (39%)	111 (54%)
Conduct (Non-Clinical)	Closure	106 (52%)	161 (60%)	99 (61%)	110 (70%)	148 (62%)
	Refer to Case Examiners	98 (48%)	108 (40%)	64 (39%)	47 (30%)	91 (38%)
Criminal Investigation or Outcome	Closure	28 (36%)	19 (37%)	20 (27%)	42 (38%)	35 (29%)
	Refer to Case Examiners	50 (64%)	34 (65%)	53 (73%)	69 (62%)	85 (71%)
Initial Inquiry	Closure	-	-	-	14 (74%)	143 (79%)
	Refer to Case Examiners	-	-	-	5 (26%)	37 (21%)

<sup>10</sup>As initial inquiries started in September 2023, data is not available prior to that date.

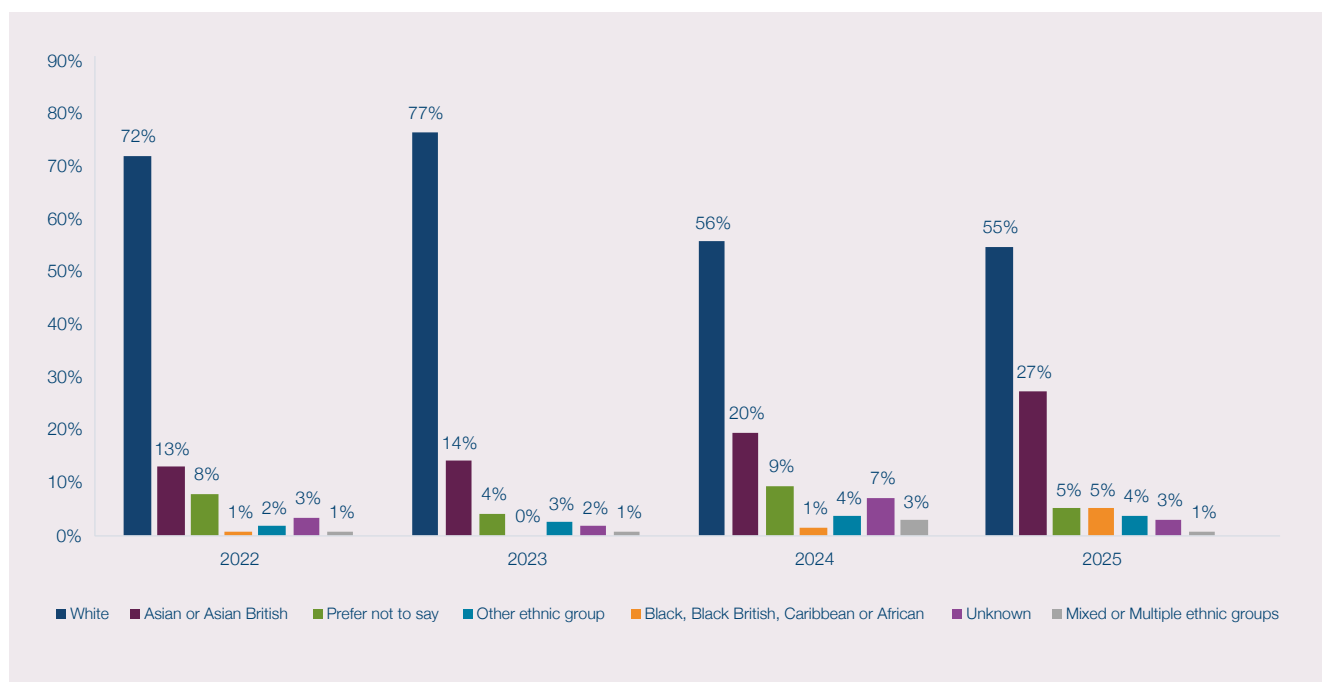
- Although the referral rate for Single Patient Complaints increased by 2% to 34% in 2025, this equates to fewer cases - down by 72 when compared with 2024.
- The proportion of Combination cases (clinical and conduct) referred to the case examiners is at its highest over the last five years - more than 50% for the first time over this period.
- A higher proportion of Criminal Investigation or Outcome cases were referred to the case examiners in 2025 – up by 9%.

## Proportion of final assessment decision closures by ethnicity (dentist) 2022-2025



- Since 2022, there has been a year-on-year reduction in the proportion of cases closed at the assessment stage that relate to dentists with a White ethnicity – from 42% in 2022 to 35% in 2025.
- The proportion of cases closed at the assessment stage relating to dentists with an Asian or Asian British ethnicity in 2025 is at its highest over the last four years.

## Proportion of final assessment decision closures by registrant ethnicity (DCP) 2022-2025



- Since 2023, there has been a reduction in the proportion of cases closed at the assessment stage relating to DCPs with a White ethnicity – down by 22%.

## Assessment decision outcomes<sup>11</sup> by registrant type 2021-2025

Registrant type	Assessment outcome	2021	2022	2023	2024	2025
DCP	Closure	90 (39%)	102 (47%)	125 (50%)	133 (56%)	132 (49%)
	Refer to Case Examiners	139 (61%)	114 (53%)	125 (50%)	105 (44%)	140 (51%)
	<b>Total</b>	<b>229 (100%)</b>	<b>216 (100%)</b>	<b>250 (100%)</b>	<b>238 (100%)</b>	<b>272 (100%)</b>
Dentist	Closure	342 (53%)	643 (61%)	753 (62%)	678 (62%)	642 (61%)
	Refer to Case Examiners	301 (47%)	403 (39%)	460 (38%)	409 (38%)	404 (39%)
	<b>Total</b>	<b>643 (100%)</b>	<b>1,046 (100%)</b>	<b>1,213 (100%)</b>	<b>1,087 (100%)</b>	<b>1,046 (100%)</b>

- On average, a higher proportion of cases relating to dentists are closed at the assessment stage than those relating to DCPs – 62% over the last four years for dentists compared to 51% for DCPs over the same period.
- In 2025, more cases relating to DCPs were referred to the case examiners than in 2024 – up by 35.

<sup>11</sup> The total assessment decision outcomes in this table will not match other tables relating to final assessment decisions as this data is split by registrant type and as some are registered as a dentist and a DCP, they will be counted twice.

## Assessment outcomes by sex 2021-2025

Sex	Assessment outcome	2021	2022	2023	2024	2025
Female	Closure	165	277	353	328	299
		48%	59%	60%	63%	56%
	Refer to Case Examiners	181	192	239	194	235
		52%	41%	40%	37%	44%
Male	Closure	260	456	513	469	458
		51%	59%	61%	61%	60%
	Refer to Case Examiners	253	315	333	303	301
		49%	41%	39%	39%	40%

- In 2025, more female registrants were referred to the case examiners than in 2024 – up by 41.
- In 2025, fewer cases relating to male registrants were closed at the assessment stage than in 2024 – down by 11 (proportionally the same at 61%).

## Assessment outcomes by time on the register<sup>12</sup> 2021-2025

Time on Register	Assessment outcome	2021	2022	2023	2024	2025
0-5 years	Closure	65 (47%)	114 (59%)	152 (60%)	130 (58%)	120 (47%)
	Refer to Case Examiners	74 (53%)	79 (41%)	100 (40%)	96 (42%)	134 (53%)
6-10 years	Closure	79 (47%)	123 (60%)	168 (63%)	140 (58%)	131 (57%)
	Refer to Case Examiners	89 (53%)	82 (40%)	98 (37%)	101 (42%)	99 (43%)
11-15 years	Closure	95 (48%)	142 (54%)	156 (58%)	142 (62%)	122 (61%)
	Refer to Case Examiners	102 (52%)	121 (46%)	112 (42%)	88 (38%)	79 (39%)
16-20 years	Closure	37 (56%)	95 (66%)	106 (60%)	132 (62%)	164 (65%)
	Refer to Case Examiners	29 (44%)	50 (34%)	70 (40%)	81 (38%)	88 (35%)
21-25 years	Closure	47 (50%)	98 (62%)	75 (59%)	83 (62%)	72 (64%)
	Refer to Case Examiners	47 (50%)	59 (38%)	53 (41%)	50 (38%)	40 (36%)
26-30 years	Closure	35 (50%)	58 (61%)	81 (68%)	58 (69%)	58 (64%)
	Refer to Case Examiners	35 (50%)	37 (39%)	38 (32%)	26 (31%)	32 (36%)
31 years +	Closure	67 (54%)	105 (57%)	127 (55%)	112 (67%)	88 (58%)
	Refer to Case Examiners	58 (46%)	79 (43%)	104 (45%)	55 (33%)	64 (42%)

- In 2025, the proportion of registrants on the register between 21 and 25 years with cases closed at the assessment stage was the highest it has been for the last five years (64%).

<sup>12</sup>Time on register is measured as being from the date of joining the Register to the date that we receive the concerns.

- In 2025, the proportion of registrants on the register under five years that were referred to the case examiners was at its highest since 2021 (53%).
- In 2025, the highest proportion of registrants referred to the case examiners was those on the register between 16 and 20 years (65%).

## Assessment outcomes by region of qualification (dentist) 2021-2025

Region	Assessment outcome	2021	2022	2023	2024	2025
UK	Closure	216 (53%)	423 (64%)	485 (66%)	431 (67%)	388 (65%)
	Refer to Case Examiners	195 (48%)	237 (36%)	254 (34%)	211 (33%)	212 (35%)
Rest of the world	Closure	51 (57%)	91 (57%)	123 (60%)	111 (57%)	119 (60%)
	Refer to Case Examiners	39 (43%)	70 (44%)	81 (40%)	83 (43%)	79 (40%)
EEA	Closure	75 (53%)	129 (57%)	145 (54%)	136 (54%)	135 (54%)
	Refer to Case Examiners	67 (47%)	96 (43%)	124 (46%)	114 (46%)	113 (46%)

- The proportions of assessment decision outcomes for dentists by region of qualification remained largely unchanged in 2025.
- In 2025, fewer cases relating to UK qualified dentists were closed than in 2024 (down by 43).

## Assessment outcomes by region of qualification (DCP) 2021-2025

Region	Assessment outcome	2021	2022	2023	2024	2025
EEA DCP	Closure		3 (50%)	2 (67%)	3 (50%)	2 (50%)
	Refer to Case Examiners	1 (100%)	3 (50%)	1 (33%)	3 (50%)	2 (50%)
Rest of the world DCP	Closure	9 (60%)	11 (50%)	16 (57%)	28 (60%)	37 (64%)
	Refer to Case Examiners	6 (40%)	11 (50%)	12 (43%)	19 (40%)	21 (36%)
UK DCP	Closure	83 (38%)	97 (47%)	120 (50%)	114 (54%)	108 (47%)
	Refer to Case Examiners	137 (62%)	110 (53%)	121 (50%)	99 (46%)	124 (53%)

- In 2025, UK qualified DCPs made up the largest proportion of all DCPs at the assessment stage (79%).
- In 2025, the proportion of UK qualified DCPs with cases closed at the assessment stage fell by 7% when compared with 2024.

## Case examiner stage

Our case examiners consider formal allegations alongside all relevant information at this stage, including any comments from the dental professional involved and the person who raised the matter.

The case examiners consider whether there is a real prospect of the facts alleged being found proved by a Practice Committee, and if so whether or not there is a real prospect of a Practice Committee finding the registrant's fitness to practise to be currently impaired by reason of their conduct, performance, or health.

When making their final decision, the case examiners can:

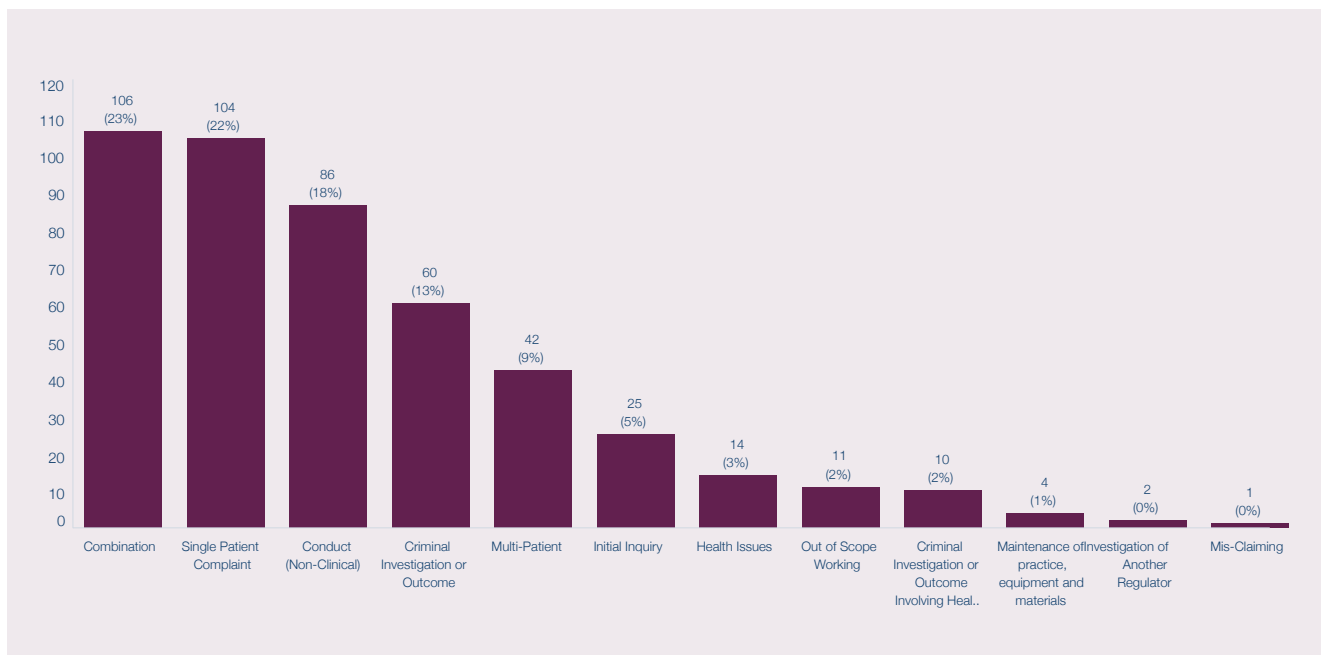
- Close the case and take no further action.
- Issue a letter of advice.
- Issue a warning.
- Issue a warning and direct that the warning should be published to the dental professional's entry on the Register.
- Ask the registrant to agree a series of undertakings.
- Refer the case to one of the three practice committees for a full inquiry.

## Case examiner final decision outcomes 2025

Decision outcome	2021	2022	2023	2024	2025
Advice	28 (11%)	32 (11%)	44 (13%)	67 (14%)	54 (10%)
No further action	65 (25%)	71 (24%)	107 (33%)	157 (33%)	151 (27%)
Refer to hearing	123 (47%)	147 (49%)	128 (39%)	189 (39%)	259 (46%)
Undertakings	4 (2%)	8 (3%)	5 (2%)	6 (1%)	7 (1%)
Warning	40 (15%)	42 (14%)	43 (13%)	64 (13%)	91 (16%)

- In 2025, the number of registrants referred for a Practice Committee hearing rose by 70 when compared with 2024.
- In 2025, more registrants received a warning than in 2024, rising from 64 to 91.
- In 2025, just under half (46%) of the cases considered by the case examiners resulted in a referral to a Practice Committee hearing.

## Distribution of case types at the case examiner stage as at 31/12/2025



- Cases relating to purely clinical issues accounted for 39% of the cases at the case examiner stage as at 31st December 2025.
- The largest proportion of cases at the case examiner stage as at 31st December 2025 (23%) related to those with both conduct and clinical elements.

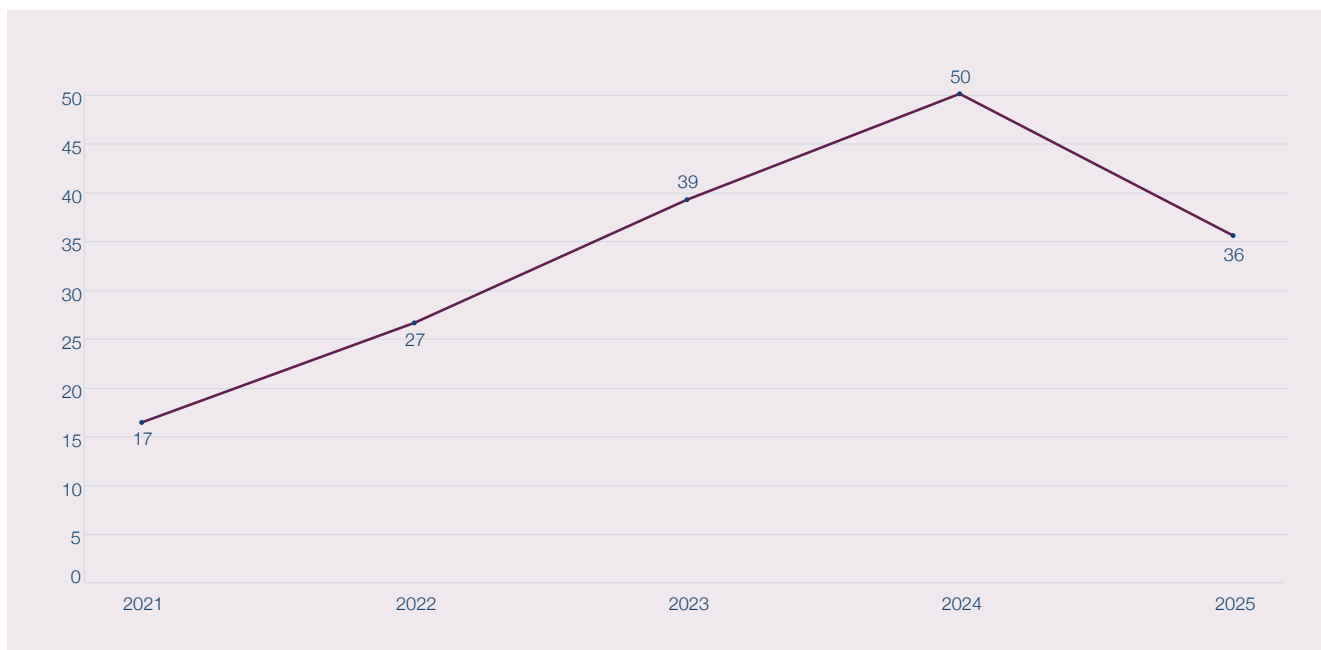


## Top five allegations for the top five case types at the case examiner stage as at 31/12/2025

Case type	Allegation	Number of allegations
Combination (Clinical and Conduct)	Behaviour not justifying public trust in registrant or profession	42 (40%)
	Examination	18 (17%)
	Not treating colleagues fairly and with respect	18 (17%)
	Bringing the profession into disrepute	17 (16%)
	Inaccurate records	15 (14%)
Single Patient Complaint	Examination	45 (45%)
	Failure to provide full information on treatment	26 (26%)
	Extractions	17 (17%)
	Fillings	16 (16%)
Conduct (Non-Clinical)	Examination	15 (15%)
	Behaviour not justifying public trust in registrant or profession	55 (67%)
	Not treating colleagues fairly and with respect	12 (15%)
	Bringing the profession into disrepute	7 (9%)
	Not having appropriate insurance or indemnity	7 (9%)
Criminal Investigation or Outcome	Failure to ensure staff appropriately registered	7 (9%)
	Behaviour not justifying public trust in registrant or profession	32 (54%)
	Driving under influence of alcohol	13 (22%)
	Other offences	11 (19%)
	Not informing GDC of criminal proceedings	8 (14%)
Multi-Patient	Assault	8 (14%)
	Examination	18 (45%)
	Failure to provide full information on treatment	10 (25%)
	Inaccurate records	7 (18%)
	Crowns	7 (18%)
	Radiography	7 (18%)

- The most common allegation raised in the top five case types related to the examination that was carried out.
- Failure to provide full information on treatment is the second most common allegation for both Single Patient Complaint and Multi-Patient type cases.

## Average number of working weeks from assessment decision to final case examiner decision 2021-2025



- In 2025, the average time between assessment and final case examiner decisions fell from 50 weeks to 36 weeks, down by 28% from 2024.
- The average time between assessment and final case examiner decisions in 2025 (36 weeks) is lower than the average time taken in the previous two years.

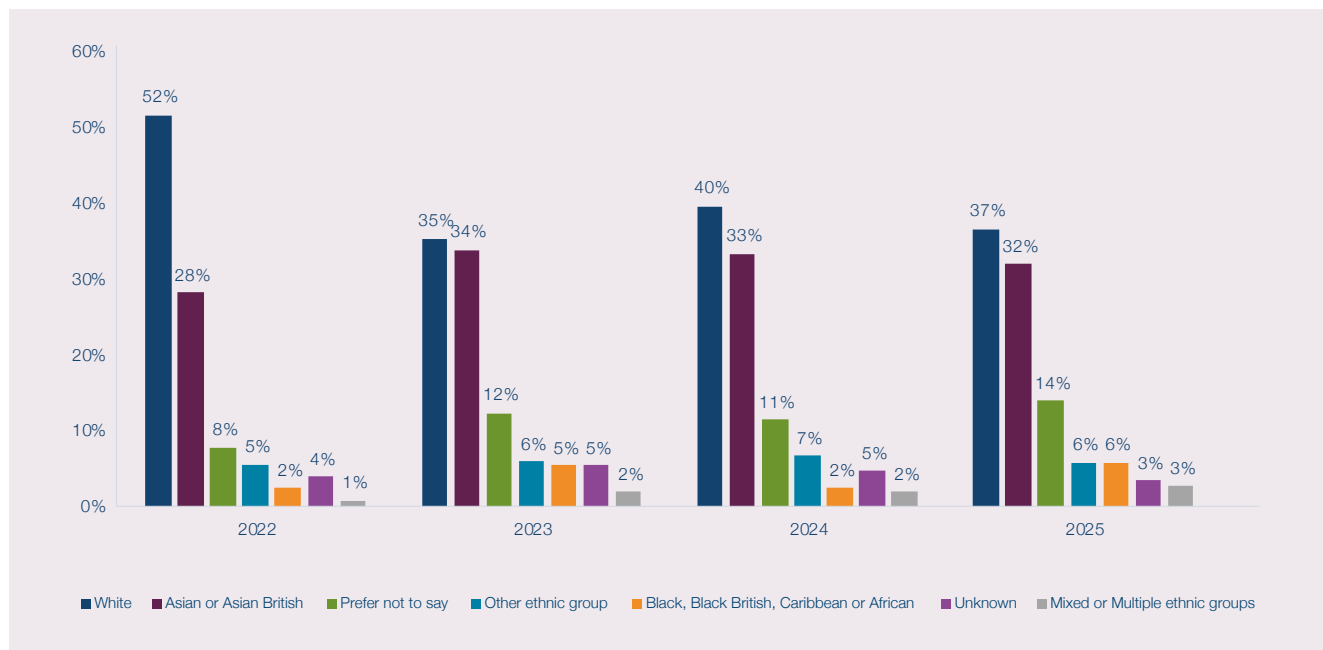


## Final case examiner decision outcomes by case type 2021-2025

Case type	Decision outcome	2021	2022	2023	2024	2025
Combination (Clinical and Conduct)	Advice	3 (7%)	4 (10%)	6 (8%)	14 (12%)	6 (5%)
	No further action	10 (24%)	8 (19%)	24 (33%)	27 (23%)	28 (25%)
	Refer to hearing	25 (61%)	28 (67%)	38 (52%)	71 (60%)	71 (63%)
	Undertakings	0 (0%)	0 (0%)	2 (3%)	2 (2%)	1 (1%)
	Warning	3 (7%)	2 (5%)	3 (4%)	5 (4%)	7 (6%)
Conduct (Non-Clinical)	Advice	2 (5%)	7 (10%)	7 (12%)	5 (8%)	4 (6%)
	No further action	15 (34%)	23 (32%)	15 (26%)	18 (29%)	23 (35%)
	Refer to hearing	20 (45%)	34 (48%)	27 (47%)	31 (49%)	32 (48%)
	Warning	7 (16%)	7 (10%)	9 (16%)	9 (14%)	7 (11%)
Criminal Investigation or Outcome	Advice	3 (11%)	1 (3%)	0 (0%)	0 (0%)	3 (3%)
	No further action	1 (4%)	2 (7%)	0 (0%)	2 (6%)	3 (3%)
	Refer to hearing	15 (56%)	17 (59%)	18 (58%)	13 (36%)	45 (48%)
	Warning	8 (30%)	9 (31%)	13 (42%)	21 (58%)	42 (45%)
Multi-Patient	Advice	2 (15%)	1 (7%)	6 (30%)	5 (24%)	4 (8%)
	No further action	4 (31%)	3 (21%)	5 (25%)	6 (29%)	13 (25%)
	Refer to hearing	6 (46%)	7 (50%)	6 (30%)	6 (29%)	29 (57%)
	Undertakings	1 (8%)	1 (7%)	1 (5%)	1 (5%)	4 (8%)
	Warning	0 (0%)	2 (14%)	2 (10%)	3 (14%)	1 (2%)
Single Patient Complaint	Advice	18 (27%)	16 (24%)	23 (22%)	43 (21%)	35 (19%)
	No further action	23 (35%)	28 (42%)	56 (54%)	96 (47%)	67 (36%)
	Refer to hearing	22 (33%)	18 (27%)	17 (17%)	49 (24%)	58 (32%)
	Undertakings	0 (0%)	1 (2%)	0 (0%)	2 (1%)	2 (1%)
	Warning	3 (5%)	3 (5%)	7 (7%)	15 (7%)	22 (12%)

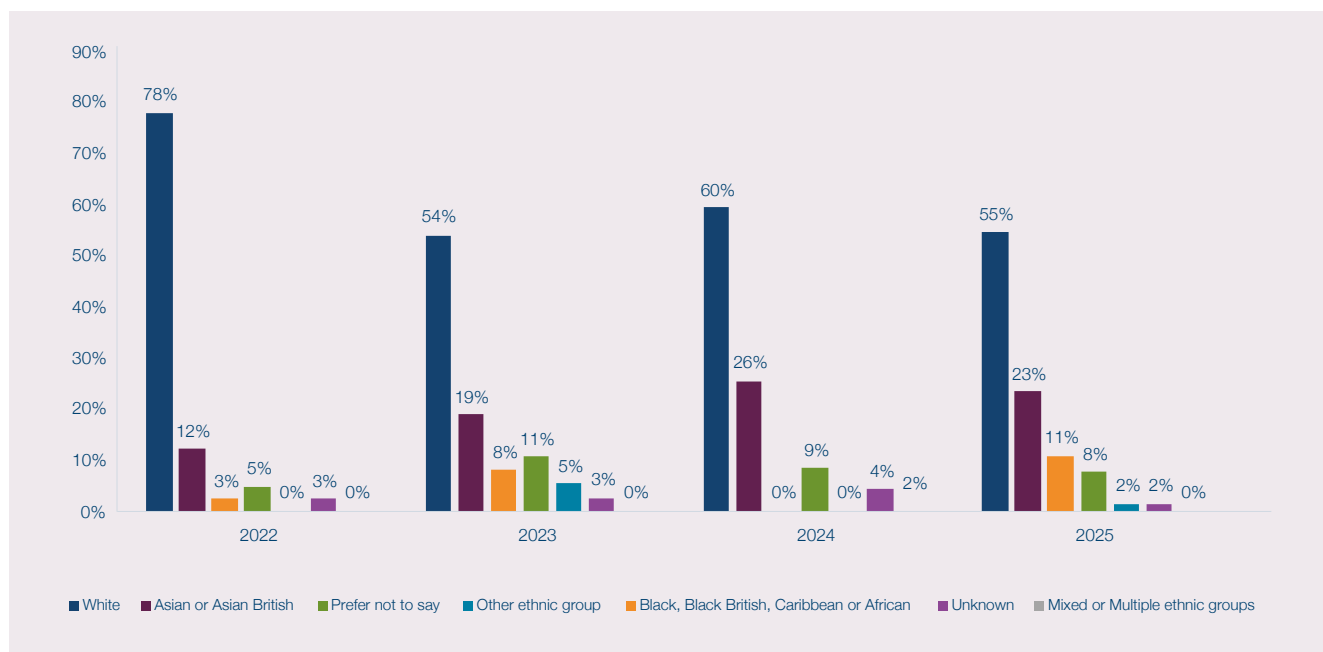
- The number of warnings given in Criminal Investigation or Outcome cases doubled over the last year, up from 21 in 2024 to 42 in 2025.
- The number of Single Patient Complaint cases closed with no further action in 2025 fell by 30% compared with 2024.
- The highest proportion of cases referred for a hearing by case type in 2025 were Combination cases (clinical and conduct) - 63%.

## Proportion of final case examiner decisions to close with no further action by ethnicity (dentist) 2022-2025



- The proportion of decisions to close at the case examiner stage for dentists with a White ethnicity reduced by 3%, from 40% in 2024 to 37% in 2025.

## Proportion of final case examiner decisions to close with no further action by ethnicity (DCP) 2022-2025



- In keeping with previous years, the largest proportion of DCPs with cases closed at the case examiner stage in 2025 is those with a White ethnicity.

## Final case examiner decision outcomes by registrant type<sup>13</sup> 2021-2025

Registrant type	Decision outcome	2021	2022	2023	2024	2025
DCP	Advice	5 (6%)	6 (6%)	3 (4%)	4 (4%)	3 (2%)
	No further action	6 (8%)	11 (11%)	15 (20%)	18 (19%)	18 (13%)
	Refer to hearing	42 (55%)	63 (64%)	40 (54%)	49 (52%)	73 (54%)
	Undertakings	1 (1%)	3 (3%)	0 (0%)	0 (0%)	0 (0%)
	Warning	23 (30%)	16 (16%)	16 (22%)	24 (25%)	40 (30%)
Dentist	Advice	24 (13%)	27 (13%)	42 (16%)	65 (16%)	52 (12%)
	No further action	62 (33%)	62 (30%)	95 (37%)	143 (36%)	135 (31%)
	Refer to hearing	81 (43%)	85 (41%)	89 (34%)	140 (35%)	192 (43%)
	Undertakings	3 (2%)	5 (2%)	5 (2%)	6 (2%)	7 (2%)
	Warning	17 (9%)	26 (13%)	28 (11%)	43 (11%)	56 (13%)

- The number of dentists referred for a hearing in 2025 rose by 52 from 2024 – up by 37%.
- The number of DCPs referred for a hearing in 2025 rose by 24 from 2024 – up by 49%.
- More warnings were issued to dentists and DCPs in 2025 compared to 2024, with the numbers rising from 43 to 56 for dentists and from 24 to 40 for DCPs.

<sup>13</sup> The total number of decisions in this table will not match other case examiner tables because some registrants are registered as both dentists and DCPs which results in them being counted twice.

## Final case examiner decision outcomes by sex 2021-2025

Sex	Decision outcome	2021	2022	2023	2024	2025
Female	Advice	7 (7%)	11 (9%)	16 (12%)	32 (16%)	18 (8%)
	No further action	16 (15%)	26 (20%)	47 (34%)	71 (35%)	62 (27%)
	Refer to hearing	55 (52%)	65 (51%)	50 (36%)	67 (33%)	98 (43%)
	Undertakings	1 (1%)	6 (5%)	2 (1%)	2 (1%)	4 (2%)
	Warning	26 (25%)	19 (15%)	22 (16%)	29 (14%)	47 (21%)
Male	Advice	21 (14%)	21 (12%)	28 (15%)	35 (13%)	36 (11%)
	No further action	49 (32%)	45 (26%)	60 (32%)	86 (31%)	89 (27%)
	Refer to hearing	68 (44%)	82 (47%)	77 (41%)	120 (43%)	161 (48%)
	Undertakings	3 (2%)	2 (1%)	3 (2%)	4 (1%)	3 (1%)
	Warning	14 (9%)	23 (13%)	21 (11%)	35 (13%)	44 (13%)

- The number of female registrants referred for a hearing rose in 2025 – up by 31 (up 46% from 2024).
- The number of male registrants referred for a hearing rose in 2025 – up by 41 (up 34% from 2024).
- The proportion of cases resulting in no further action for both female and male registrants reduced in 2025.

## Final case examiner decision outcomes by time on the register<sup>14</sup> 2021-2025

Time on Register	Decision outcome	2021	2022	2023	2024	2025
0-5 years	Advice	4 (9%)	4 (8%)	6 (10%)	12 (14%)	12 (9%)
	No further action	9 (20%)	6 (11%)	16 (26%)	25 (29%)	28 (22%)
	Refer to hearing	18 (40%)	30 (57%)	26 (42%)	31 (36%)	59 (46%)
	Undertakings	0 (0%)	2 (4%)	1 (2%)	1 (1%)	2 (2%)
	Warning	14 (31%)	11 (21%)	13 (21%)	18 (21%)	28 (22%)
6-10 years	Advice	7 (11%)	3 (6%)	5 (9%)	7 (9%)	6 (6%)
	No further action	19 (31%)	13 (25%)	13 (24%)	31 (38%)	30 (30%)
	Refer to hearing	22 (36%)	25 (48%)	25 (46%)	29 (35%)	38 (38%)
	Undertakings	3 (5%)	4 (8%)	1 (2%)	1 (1%)	2 (2%)
	Warning	11 (18%)	7 (13%)	10 (19%)	14 (17%)	24 (24%)
11-15 years	Advice	6 (11%)	7 (9%)	11 (14%)	14 (14%)	9 (9%)
	No further action	5 (9%)	14 (19%)	26 (34%)	28 (28%)	27 (26%)
	Refer to hearing	37 (65%)	42 (57%)	32 (42%)	45 (45%)	57 (55%)
	Undertakings	0 (0%)	2 (3%)	1 (1%)	0 (0%)	0 (0%)
	Warning	9 (16%)	9 (12%)	7 (9%)	12 (12%)	11 (11%)
16-20 years	Advice	1 (8%)	4 (14%)	5 (16%)	13 (21%)	8 (9%)
	No further action	2 (15%)	12 (41%)	12 (39%)	15 (25%)	27 (31%)
	Refer to hearing	9 (69%)	9 (31%)	12 (39%)	25 (41%)	42 (48%)
	Undertakings	1 (8%)	0 (0%)	1 (3%)	2 (3%)	2 (2%)
	Warning	0 (0%)	4 (14%)	1 (3%)	6 (10%)	8 (9%)
21-25 years	Advice	4 (17%)	4 (21%)	4 (10%)	7 (17%)	5 (10%)
	No further action	9 (38%)	6 (32%)	23 (55%)	15 (36%)	17 (33%)
	Refer to hearing	10 (42%)	7 (37%)	9 (21%)	15 (36%)	23 (44%)
	Warning	1 (4%)	2 (11%)	6 (14%)	5 (12%)	7 (13%)
26-30 years	Advice	3 (10%)	3 (11%)	6 (26%)	2 (7%)	8 (26%)
	No further action	8 (28%)	8 (30%)	5 (22%)	10 (33%)	7 (23%)
	Refer to hearing	15 (52%)	11 (41%)	9 (39%)	12 (40%)	13 (42%)
	Undertakings	0 (0%)	0 (0%)	0 (0%)	1 (3%)	1 (3%)
	Warning	3 (10%)	5 (19%)	3 (13%)	5 (17%)	2 (6%)
31 years +	Advice	3 (10%)	7 (15%)	7 (18%)	12 (15%)	6 (10%)
	No further action	13 (43%)	12 (26%)	12 (32%)	33 (40%)	15 (25%)
	Refer to hearing	12 (40%)	23 (50%)	15 (39%)	32 (39%)	27 (46%)
	Undertakings	0 (0%)	0 (0%)	1 (3%)	1 (1%)	0 (0%)
	Warning	2 (7%)	4 (9%)	3 (8%)	4 (5%)	11 (19%)

- In 2025, the proportion of registrants who received advice was highest in those on the register between 26 and 30 years (26%)
- In 2025, the proportion of registrants referred for a hearing was highest in those on the register between 11 and 15 years (55%).
- In 2025, the proportion of registrants given a warning was highest in those on the register between six and ten years (24%).

<sup>14</sup> Time on register is measured as being from the date of joining the Register to the date that we receive the concerns.

## Final case examiner decision outcomes by region of qualification (dentist) 2021-2025

Region	Decision outcome	2021	2022	2023	2024	2025
UK	Advice	13 (11%)	18 (13%)	21 (16%)	32 (14%)	23 (10%)
	No further action	42 (35%)	43 (32%)	53 (39%)	85 (38%)	79 (34%)
	Refer to hearing	52 (43%)	56 (41%)	43 (32%)	81 (36%)	95 (41%)
	Undertakings	2 (2%)	3 (2%)	3 (2%)	3 (1%)	5 (2%)
	Warning	12 (10%)	16 (12%)	15 (11%)	25 (11%)	32 (14%)
Rest of the world	Advice	7 (29%)	4 (17%)	12 (21%)	15 (23%)	12 (14%)
	No further action	6 (25%)	5 (22%)	22 (39%)	18 (27%)	27 (32%)
	Refer to hearing	10 (42%)	9 (39%)	17 (30%)	24 (36%)	35 (41%)
	Undertakings	0 (0%)	1 (4%)	1 (2%)	2 (3%)	1 (1%)
	Warning	1 (4%)	4 (17%)	5 (9%)	7 (11%)	10 (12%)
EEA	Advice	4 (10%)	5 (11%)	9 (13%)	18 (17%)	17 (14%)
	No further action	14 (34%)	14 (30%)	20 (30%)	40 (38%)	29 (24%)
	Refer to hearing	19 (46%)	20 (43%)	29 (43%)	35 (33%)	61 (50%)
	Undertakings	1 (2%)	1 (2%)	1 (1%)	1 (1%)	1 (1%)
	Warning	4 (10%)	6 (13%)	8 (12%)	11 (10%)	14 (11%)

- More EEA qualified dentists were referred for a hearing at the case examiners stage in 2025 compared to 2024 – up by 26 (a 74% increase).

## Final case examiner decision outcomes by region of qualification (DCP) 2021-2025

Region	Decision outcome	2021	2022	2023	2024	2025
EEA DCP	Advice	-	-	0 (0%)	-	1 (33%)
	No further action	-	-	3 (100%)	-	2 (67%)
Rest of the world DCP	Advice	1 (25%)	2 (40%)	1 (17%)	3 (23%)	1 (6%)
	No further action	3 (75%)	2 (40%)	3 (50%)	5 (38%)	3 (18%)
	Refer to hearing	0 (0%)	1 (20%)	1 (17%)	2 (15%)	7 (41%)
	Warning	0 (0%)	0 (0%)	1 (17%)	3 (23%)	6 (35%)
UK DCP	Advice	5 (7%)	5 (5%)	3 (4%)	2 (2%)	3 (2%)
	No further action	5 (7%)	11 (11%)	14 (19%)	16 (18%)	17 (13%)
	Refer to hearing	42 (55%)	63 (64%)	39 (54%)	48 (55%)	71 (55%)
	Undertakings	1 (1%)	3 (3%)	0 (0%)	0 (0%)	0 (0%)
	Warning	23 (30%)	16 (16%)	16 (22%)	22 (25%)	38 (29%)

- More UK qualified DCPs were referred for a hearing in 2025 compared to 2024 – up by 23 - with the proportion remaining the same (55%).

## Hearing stage

If the case examiners decide that there is a real prospect of the facts alleged being found proved by a Practice Committee, they will refer the case to be heard by one of our three committees: Professional Conduct, Professional Performance, and Health.

These committees will consider the evidence put forward on behalf of the registrant and the GDC and decide if what has been alleged amounts to misconduct and if it does, whether the registrant's fitness to practise is currently impaired.

It may sometimes be necessary to impose an interim order to restrict a dental professional's registration while an investigation takes place.

The Interim Orders Committee (IOC) at the Dental Professionals Hearing Service assesses any serious or immediate risks to public safety or confidence and decides if an interim order is necessary. A referral can be made at any stage, and the committee may decide that no action is needed.

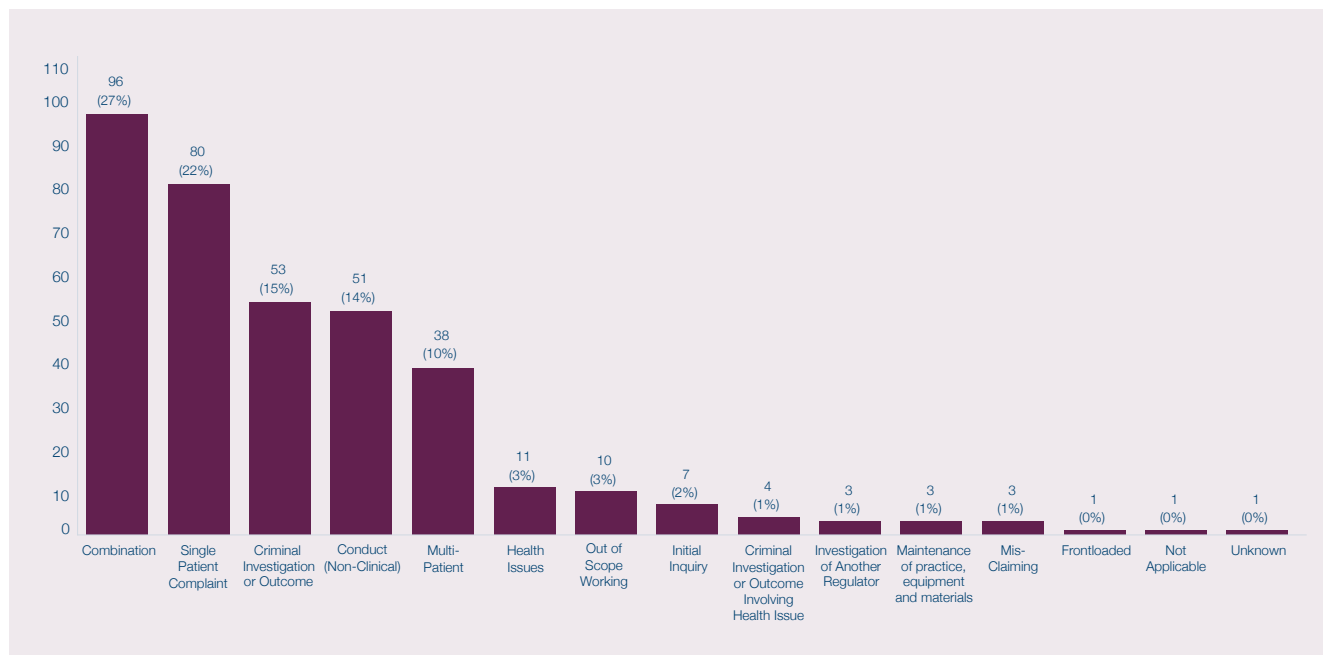
If the committee does decide that action is needed, they can direct that a registrant's registration be suspended or impose conditions on their registration that a registrant must adhere to. Any order imposed by the IOC is regularly reviewed by the committee to check on the registrant's compliance.

## Initial Practice Committee hearing outcomes 2025

PC outcome	2021	2022	2023	2024	2025
Conditions	12 (10%)	9 (10%)	7 (8%)	4 (5%)	11 (11%)
Erased	17 (15%)	18 (22%)	24 (26%)	18 (26%)	18 (16%)
No sanction	35 (29%)	15 (17%)	17 (18%)	24 (32%)	38 (35%)
Reprimand	6 (5%)	8 (9%)	6 (7%)	9 (12%)	13 (12%)
Suspension	49 (41%)	36 (41%)	38 (41%)	18 (24%)	30 (27%)

- The number of registrants who received no sanction at a Practice Committee in 2025 (38) rose by 14 (2024:24).
- The number of registrants erased (struck off) at a Practice Committee remained the same as in 2024 (18).
- The number of registrants whose registration was suspended by a Practice Committee in 2025 (30) rose by 12 (2024:18).

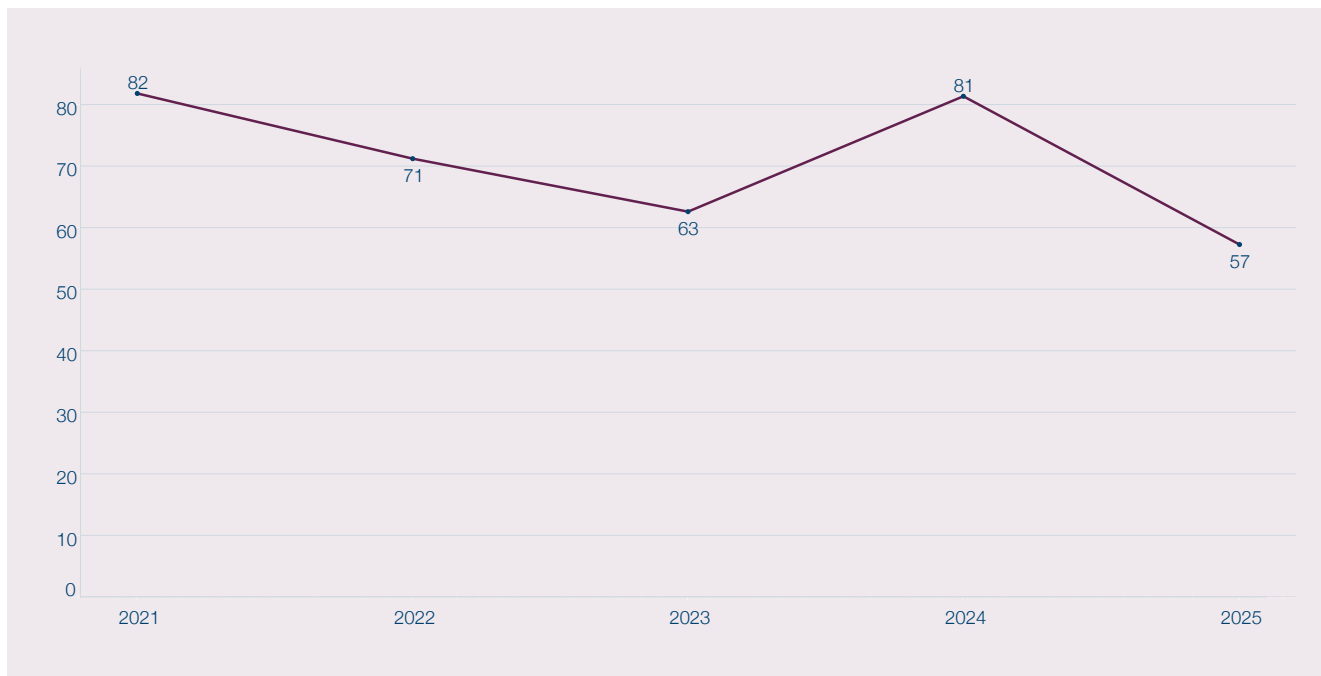
## Distribution of case types at the hearing stage as at 31/12/2025<sup>15</sup>



- Cases solely relating to a registrant’s conduct accounts for 31% of all cases awaiting a hearing as at 31 December 2025.
- Cases relating to clinical issues accounts for 38% of all cases awaiting a hearing as at 31 December 2025.
- Combination (clinical and conduct) was the largest proportion of cases awaiting a hearing as at 31 December 2025 – 27%.

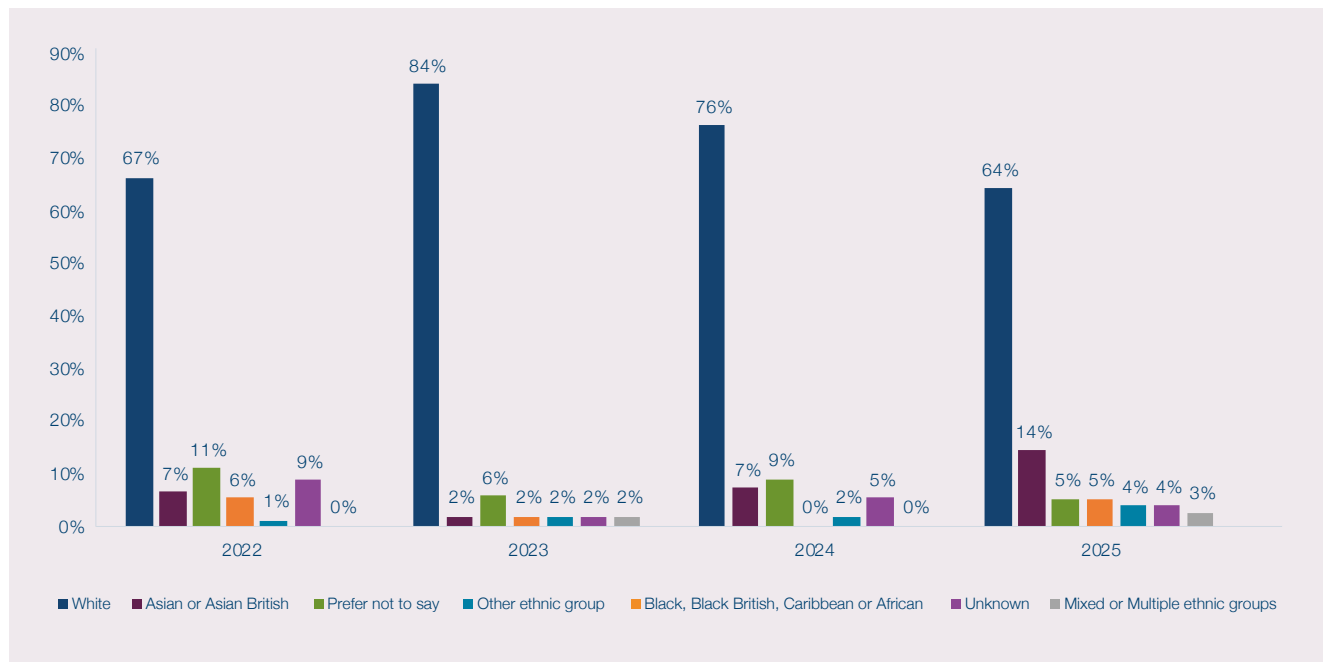
<sup>15</sup>The data for this graph relates to cases that are awaiting a hearing following referral by the case examiners.

## Average number of working weeks from final case examiner decision to initial Practice Committee hearing 2021-2025



- The average time taken from final case examiner decision to initial consideration at a Practice Committee hearing reduced by 17 weeks in 2025 and is at its lowest for the past five years.

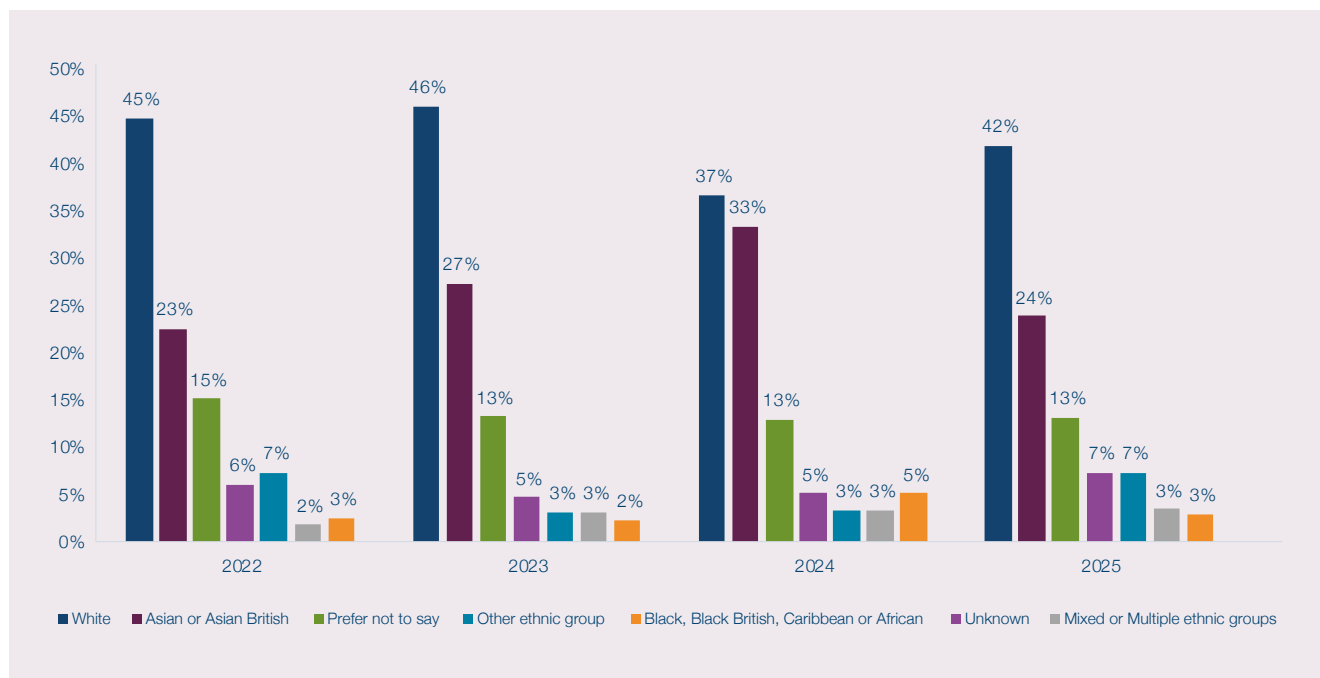
## Proportion of final Practice Committee hearing outcomes resulting in no further action by ethnicity (dentist) 2022-2025



- The proportion of hearings resulting in no further action for registrants with a White ethnicity fell by 12% in 2025 (2024:76%).
- The proportion of hearings resulting in no further action for registrants with an Asian or Asian British ethnicity rose by 7% in 2025 (2024:7%).



## Proportion of final Practice Committee hearing outcomes resulting in no further action by ethnicity (DCP) 2022-2025



- The proportion of hearings resulting in no further action for dentists with a White ethnicity rose by 5% in 2025 (2024:37%).
- The proportion of hearings resulting in no further action for dentists with an Asian or Asian British ethnicity fell by 9% in 2025 (2024:33%).

## Top five allegations for all initial Practice Committee hearings in 2025

Allegation	Number of cases	% of total allegations
Behaviour not justifying public trust in registrant or profession	44	40%
Not treating colleagues fairly and with respect	15	14%
Examination	10	9%
Extractions	8	7%
Bringing the profession into disrepute	7	6%

- 60% of allegations before initial Practice Committee hearings in 2025 related to registrants' conduct.

## Initial Practice Committee hearing outcomes by registrant type 2021-2025

Registrant type	PC outcome	2021	2022	2023	2024	2025
DCP	Conditions	0 (0%)	2 (5%)	2 (6%)	0 (0%)	3 (8%)
	Erased	7 (18%)	6 (15%)	12 (35%)	10 (50%)	9 (24%)
	No sanction	6 (16%)	7 (18%)	2 (6%)	3 (15%)	8 (22%)
	Reprimand	2 (5%)	1 (3%)	1 (3%)	2 (10%)	4 (11%)
	Suspension	23 (61%)	24 (60%)	17 (50%)	5 (25%)	13 (35%)
Dentist	Conditions	12 (15%)	7 (15%)	5 (9%)	4 (8%)	8 (11%)
	Erased	11 (13%)	13 (28%)	12 (21%)	8 (15%)	9 (12%)
	No sanction	29 (35%)	8 (17%)	15 (26%)	21 (40%)	30 (41%)
	Reprimand	4 (5%)	7 (15%)	5 (9%)	7 (13%)	9 (12%)
	Suspension	26 (32%)	12 (26%)	21 (36%)	13 (25%)	17 (23%)

- In 2025, the number of dentists receiving no sanction at a Practice Committee increased by nine (2024:21).
- In 2025, the number of DCPs suspended by a Practice Committee rose by eight (2024:5).

## Initial Practice Committee hearing outcomes by sex 2021-2025

Sex	PC outcome	2021	2022	2023	2024	2025
Female	Conditions	4 (8%)	2 (6%)	1 (2%)	0 (0%)	3 (7%)
	Erased	9 (18%)	5 (14%)	15 (34%)	9 (32%)	8 (19%)
	No sanction	12 (24%)	6 (17%)	4 (9%)	7 (25%)	13 (30%)
	Reprimand	2 (4%)	1 (3%)	4 (9%)	3 (11%)	3 (7%)
	Suspension	26 (52%)	22 (61%)	20 (45%)	10 (36%)	16 (37%)
Male	Conditions	8 (12%)	6 (12%)	6 (13%)	4 (9%)	8 (12%)
	Erased	8 (12%)	13 (27%)	9 (19%)	9 (21%)	10 (15%)
	No sanction	23 (35%)	9 (18%)	13 (27%)	17 (40%)	25 (38%)
	Reprimand	4 (6%)	7 (14%)	2 (4%)	6 (14%)	10 (15%)
	Suspension	23 (35%)	14 (29%)	18 (38%)	7 (16%)	14 (21%)

- In 2025, the proportion of male registrants before a Practice Committee hearing was over 60% for the first time since at least 2021.
- In 2025, the number of female registrants suspended by a Practice Committee rose by six in 2025 (2024:10).
- In 2025, the number of male registrants who received no sanction at a Practice Committee rose by eight (2024:17).

## Initial Practice Committee hearing outcomes by time on the register<sup>16</sup> 2021-2025

Time on Register	PC outcome	2021	2022	2023	2024	2025
0-5 years	Conditions	2 (8%)	4 (18%)	2 (8%)	1 (7%)	1 (5%)
	Erased	4 (16%)	6 (27%)	6 (24%)	4 (29%)	3 (16%)
	No sanction	6 (24%)	2 (9%)	4 (16%)	4 (29%)	5 (26%)
	Reprimand	3 (12%)	1 (5%)	1 (4%)	1 (7%)	4 (21%)
	Suspension	12 (48%)	9 (41%)	12 (48%)	4 (29%)	6 (32%)
6-10 years	Conditions	2 (8%)	1 (5%)	0 (0%)	1 (5%)	1 (7%)
	Erased	5 (19%)	3 (14%)	6 (40%)	5 (25%)	4 (27%)
	No sanction	11 (42%)	6 (29%)	3 (20%)	4 (20%)	7 (47%)
	Reprimand	2 (8%)	2 (10%)	0 (0%)	3 (15%)	1 (7%)
	Suspension	7 (27%)	9 (43%)	6 (40%)	7 (35%)	2 (13%)
11-15 years	Conditions	2 (7%)	1 (5%)	3 (12%)	0 (0%)	6 (16%)
	Erased	3 (10%)	3 (14%)	6 (23%)	2 (17%)	4 (11%)
	No sanction	8 (28%)	4 (19%)	3 (12%)	6 (50%)	10 (27%)
	Reprimand	1 (3%)	0 (0%)	2 (8%)	2 (17%)	4 (11%)
	Suspension	15 (52%)	13 (62%)	12 (46%)	2 (17%)	13 (35%)
16-20 years	Conditions	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (14%)
	Erased	1 (11%)	3 (50%)	1 (20%)	4 (50%)	1 (7%)
	No sanction	2 (22%)	0 (0%)	0 (0%)	2 (25%)	9 (64%)
	Reprimand	0 (0%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)
	Suspension	6 (67%)	1 (17%)	4 (80%)	2 (25%)	2 (14%)
21-25 years	Conditions	3 (50%)	1 (14%)	1 (33%)	1 (50%)	0 (0%)
	Erased	1 (17%)	2 (29%)	0 (0%)	0 (0%)	3 (33%)
	No sanction	1 (17%)	1 (14%)	0 (0%)	0 (0%)	2 (22%)
	Reprimand	0 (0%)	1 (14%)	0 (0%)	1 (50%)	1 (11%)
	Suspension	1 (17%)	2 (29%)	2 (67%)	0 (0%)	4 (44%)
26-30 years	Conditions	0 (0%)	1 (25%)	0 (0%)	1 (14%)	1 (25%)
	Erased	2 (17%)	1 (25%)	0 (0%)	2 (29%)	1 (25%)
	No sanction	5 (42%)	0 (0%)	2 (33%)	3 (43%)	0 (0%)
	Reprimand	0 (0%)	1 (25%)	3 (50%)	0 (0%)	2 (50%)
	Suspension	5 (42%)	1 (25%)	1 (17%)	1 (14%)	0 (0%)
31 years +	Conditions	3 (33%)	1 (20%)	1 (8%)	0 (0%)	0 (0%)
	Erased	1 (11%)	0 (0%)	5 (42%)	1 (11%)	2 (18%)
	No sanction	2 (22%)	2 (40%)	5 (42%)	5 (56%)	5 (45%)
	Reprimand	0 (0%)	1 (20%)	0 (0%)	2 (22%)	1 (9%)
	Suspension	3 (33%)	1 (20%)	1 (8%)	2 (22%)	3 (27%)

- In 2025, registrants that have been on the register between 11 and 15 years made up the largest proportion of all registrants referred to a Practice Committee.
- In 2025, the number of registrants on the register between 11 and 15 years that were suspended at a Practice Committee rose by 11 (2024: two).

<sup>16</sup>Time on register is measured from the date a registrant first joined the Register to the date of the substantive hearing taking place.

## Initial Practice Committee hearing outcomes by region of qualification (dentist) 2021-2025

Region	PC outcome	2021	2022	2023	2024	2025
UK	Conditions	7 (15%)	4 (13%)	2 (6%)	2 (7%)	5 (13%)
	Erased	5 (10%)	7 (22%)	6 (17%)	5 (17%)	5 (13%)
	No sanction	18 (38%)	5 (16%)	12 (34%)	12 (40%)	16 (40%)
	Reprimand	1 (2%)	6 (19%)	3 (9%)	5 (17%)	4 (10%)
	Suspension	17 (35%)	10 (31%)	12 (34%)	7 (23%)	11 (28%)
Rest of the world	Conditions	0 (0%)	1 (14%)	1 (13%)	1 (8%)	2 (17%)
	Erased	2 (18%)	2 (29%)	2 (25%)	1 (8%)	1 (8%)
	No sanction	4 (36%)	2 (29%)	1 (13%)	7 (58%)	4 (33%)
	Reprimand	1 (9%)	1 (14%)	1 (13%)	0 (0%)	3 (25%)
	Suspension	4 (36%)	1 (14%)	3 (38%)	3 (25%)	2 (17%)
EEA	Conditions	5 (23%)	2 (25%)	2 (13%)	1 (10%)	1 (5%)
	Erased	4 (18%)	4 (50%)	4 (27%)	2 (20%)	3 (15%)
	No sanction	7 (32%)	1 (13%)	2 (13%)	2 (20%)	10 (50%)
	Reprimand	2 (9%)	0 (0%)	1 (7%)	2 (20%)	2 (10%)
	Suspension	5 (23%)	1 (13%)	6 (40%)	3 (30%)	4 (20%)

- In 2025, 56.2% of registrants at a Practice Committee were UK qualified, 27.4% were EEA qualified and 16.4% were Rest of the world qualified.
- In 2025, the number of UK qualified dentists receiving no sanction at a Practice Committee hearing increased by four (2024:12).

## Initial Practice Committee hearing outcomes by region of qualification (DCP) 2021-2025

Region	PC outcome	2021	2022	2023	2024	2025
Rest of the world DCP	Erased	1 (50%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
	Suspension	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
UK DCP	Conditions	0 (0%)	2 (5%)	2 (6%)	0 (0%)	3 (8%)
	Erased	6 (16%)	6 (15%)	12 (35%)	10 (50%)	9 (24%)
	No sanction	6 (16%)	7 (18%)	2 (6%)	3 (15%)	8 (22%)
	Reprimand	2 (5%)	1 (3%)	1 (3%)	2 (10%)	4 (11%)
	Suspension	23 (62%)	24 (60%)	17 (50%)	5 (25%)	13 (35%)

- In 2025, the number of UK qualified DCPs suspended by a Practice Committee rose by eight to 13 (2024:5).

## Initial IOC hearing outcomes 2021-2025

IOC outcome	2021	2022	2023	2024	2025
Interim Conditions	41 (27%)	51 (36%)	52 (44%)	39 (40%)	59 (39%)
Interim Suspension	50 (32%)	43 (29%)	39 (33%)	23 (22%)	45 (31%)
No order imposed	59 (41%)	53 (35%)	30 (24%)	37 (38%)	45 (30%)

- In 2025, 70% of initial Interim Orders Committee hearings resulted in an order being placed on the registrant's registration (2024:62%).
- In 2025, the number of registrants referred to the Interim Orders Committee (149) is higher than the last three years.
- In 2025, the number of registrants subject to an interim order of conditional registration rose by 20 (2024:39).

## Top five allegations at initial IOC hearings 2025

Allegation	
Behaviour not justifying public trust in registrant or profession	50 (34%)
Examination	20 (13%)
Working outside of scope of practice	16 (11%)
Not treating colleagues fairly and with respect	15 (10%)
Inappropriate prescribing	11 (7%)

- In 2025, 43% of all allegations in cases considered by the Interim Orders Committee related to registrants’ conduct.

## Average number of working days from the decision to refer<sup>17</sup> to an initial IOC hearing 2021-2025



- In 2025, the average number of days from a referral to the Interim Orders Committee, to the hearing taking place was 19 days, up from 16 days in 2024.

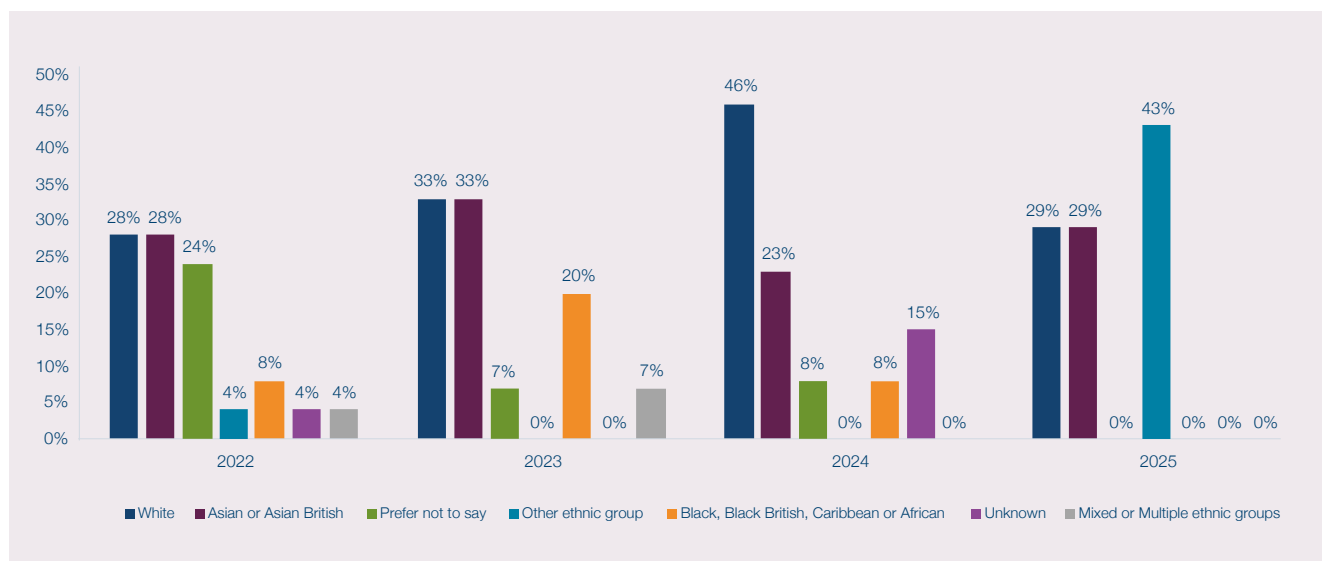
<sup>17</sup> A referral to the Interim Orders Committee can be made by the Registrar or the case examiners. This analysis includes referrals made by both

## Initial IOC hearing outcomes for top five case types 2025

Case type	IOC outcome	2021	2022	2023	2024	2025
Combination (Clinical and Conduct)	Interim Conditions	17 (47%)	15 (45%)	17 (41%)	7 (35%)	20 (50%)
	Interim Suspension	11 (33%)	7 (21%)	11 (29%)	4 (20%)	13 (33%)
	No order imposed	7 (19%)	11 (33%)	12 (29%)	9 (45%)	7 (17%)
Conduct (Non-Clinical)	Interim Conditions	4 (16%)	7 (41%)	3 (27%)	2 (20%)	6 (32%)
	Interim Suspension	9 (36%)	10 (45%)	4 (36%)	2 (20%)	6 (32%)
	No order imposed	10 (48%)	2 (14%)	4 (36%)	6 (60%)	7 (37%)
Criminal Investigation or Outcome	Interim Conditions	2 (15%)	7 (39%)	5 (24%)	5 (29%)	3 (12%)
	Interim Suspension	5 (38%)	10 (48%)	12 (62%)	9 (53%)	15 (62%)
	No order imposed	6 (46%)	3 (13%)	3 (14%)	3 (18%)	7 (27%)
Multi-Patient	Interim Conditions	5 (71%)	1 (17%)	10 (71%)	11 (57%)	13 (68%)
	Interim Suspension	0 (0%)	2 (33%)	3 (18%)	2 (9%)	0 (0%)
	No order imposed	2 (29%)	3 (50%)	2 (12%)	6 (35%)	6 (32%)
Single Patient Complaint	Interim Conditions	0 (0%)	9 (38%)	7 (70%)	9 (50%)	8 (67%)
	Interim Suspension	0 (0%)	3 (12%)	1 (10%)	1 (6%)	2 (17%)
	No order imposed	7 (100%)	13 (50%)	2 (20%)	8 (44%)	2 (17%)

- In 2025, the most common type of case referred to the Interim Orders Committee was Combination (clinical and conduct), accounting for 35% of all referrals.
- In 2025, the case type with the highest proportion of orders imposed by the Interim Orders Committee was Combination (clinical and conduct), with 83% of referrals resulting in an order being placed on the registrant's registration.
- In 2025, the case type with the highest proportion of suspensions was Criminal Investigation or Outcome, with 62% of all referrals resulting in the registrant's registration being suspended.

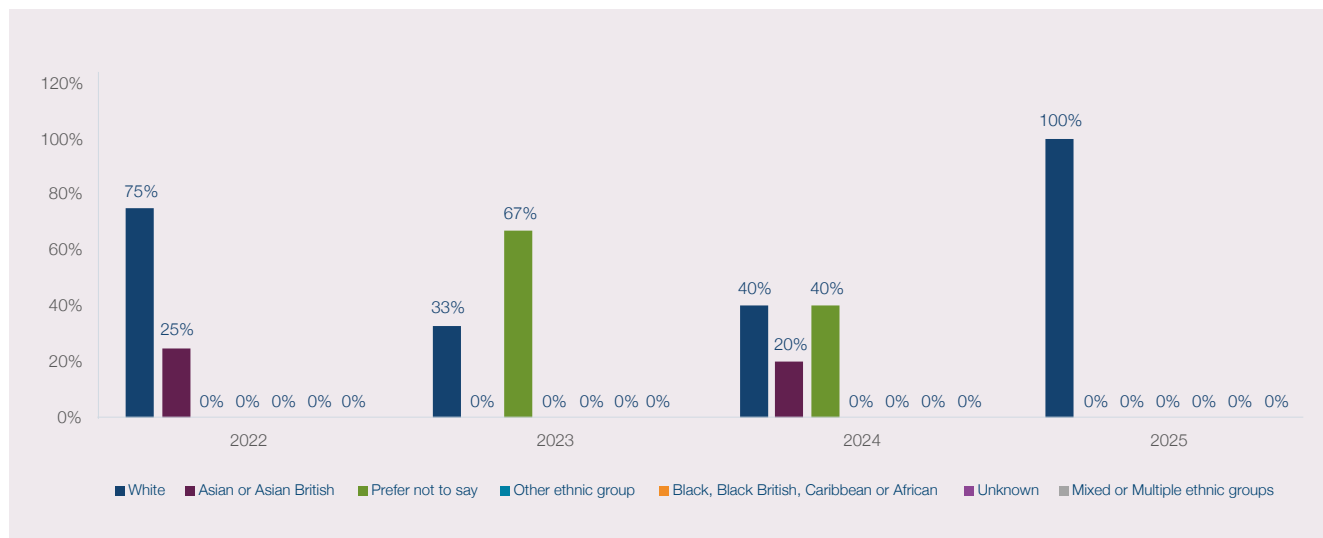
## Proportion of initial IOC hearing outcomes resulting in no further action by ethnicity (dentist) 2022-2025<sup>18</sup>



- In 2025, dentists with an ethnicity classified as ‘Other’ made up the largest proportion (43%) at initial Interim Order Committee hearings.
- In 2025, the proportion of dentists with a White ethnicity dropped by 17% when compared with 2024 (46%)

<sup>18</sup> A referral to the Interim Orders Committee can be made by the Registrar or the case examiners. This analysis includes referrals made by both

## Proportion of initial IOC hearing outcomes resulting in no further action by ethnicity (DCP) 2022-2025<sup>19</sup>



- In 2025, DCPs with a White ethnicity accounted for all DCPs referred to an initial Interim Orders Committee.

<sup>19</sup> Given the comparatively small numbers that make up the data in this section’s analysis, caution should be applied in taking any inference where large percentage changes are recorded.

## Initial IOC hearing outcomes by registrant type 2021-2025

Registrant type	IOC outcome	2021	2022	2023	2024	2025
DCP	Interim Conditions	9 (19%)	13 (27%)	8 (28%)	12 (34%)	11 (23%)
	Interim Suspension	22 (46%)	21 (44%)	15 (52%)	12 (34%)	15 (32%)
	No order imposed	17 (35%)	14 (29%)	6 (21%)	11 (31%)	21 (45%)
Dentist	Interim Conditions	32 (31%)	39 (39%)	45 (48%)	28 (42%)	49 (48%)
	Interim Suspension	29 (28%)	22 (22%)	25 (27%)	11 (16%)	30 (29%)
	No order imposed	43 (41%)	39 (39%)	24 (26%)	28 (42%)	23 (23%)

- In 2025, the number of DCPs with no interim order placed on their registration by the Interim Orders Committee increased by 10 compared to 2024.
- The proportion of dentists with an interim order placed on their registration by the Interim Orders Committee in 2025 (77%) is at its highest for the last five years.

## Initial IOC hearing outcomes by sex 2021-2025

Sex	IOC outcome	2021	2022	2023	2024	2025
Female	Interim Conditions	13 (22%)	13 (24%)	21 (49%)	17 (37%)	20 (34%)
	Interim Suspension	26 (43%)	17 (31%)	14 (33%)	11 (24%)	12 (20%)
	No order imposed	21 (35%)	25 (45%)	8 (19%)	18 (39%)	27 (46%)
Male	Interim Conditions	28 (31%)	37 (41%)	31 (40%)	22 (42%)	39 (43%)
	Interim Suspension	24 (27%)	25 (28%)	25 (32%)	12 (23%)	33 (37%)
	No order imposed	38 (42%)	28 (31%)	22 (28%)	19 (36%)	18 (20%)

- On average over the last five years, more male registrants were referred to the Interim Orders Committee – 80 compared to the average for female registrants (53).
- In 2025, the number of female registrants with no order placed on their registration by the Interim Orders Committee increased by nine (2024:18).
- In 2025, the number of male registrants whose registration was suspended by the Interim Orders Committee increased by 21 (2024:12).

## Initial IOC hearing outcomes by time on the register<sup>20</sup> 2021-2025

Time on Register	IOC outcome	2021	2022	2023	2024	2025
0-5 years	Interim Conditions	8 (24%)	12 (33%)	13 (50%)	16 (67%)	9 (33%)
	Interim Suspension	13 (38%)	10 (28%)	10 (38%)	4 (17%)	9 (33%)
	No order imposed	13 (38%)	14 (39%)	3 (12%)	4 (17%)	9 (33%)
6-10 years	Interim Conditions	7 (27%)	7 (29%)	5 (29%)	5 (28%)	12 (40%)
	Interim Suspension	11 (42%)	9 (38%)	6 (35%)	5 (28%)	8 (27%)
	No order imposed	8 (31%)	8 (33%)	6 (35%)	8 (44%)	10 (33%)
11-15 years	Interim Conditions	13 (33%)	11 (33%)	8 (36%)	6 (27%)	8 (29%)
	Interim Suspension	10 (25%)	11 (33%)	7 (32%)	7 (32%)	9 (32%)
	No order imposed	17 (43%)	11 (33%)	7 (32%)	9 (41%)	11 (39%)
16-20 years	Interim Conditions	3 (30%)	4 (40%)	9 (47%)	2 (20%)	9 (29%)
	Interim Suspension	4 (40%)	3 (30%)	8 (42%)	4 (40%)	12 (39%)
	No order imposed	3 (30%)	3 (30%)	2 (11%)	4 (40%)	10 (32%)
21-25 years	Interim Conditions	4 (31%)	6 (60%)	6 (75%)	1 (14%)	5 (63%)
	Interim Suspension	5 (38%)	0 (0%)	1 (13%)	1 (14%)	2 (25%)
	No order imposed	4 (31%)	4 (40%)	1 (13%)	5 (71%)	1 (13%)
26-30 years	Interim Conditions	4 (36%)	4 (44%)	3 (60%)	2 (67%)	5 (63%)
	Interim Suspension	3 (27%)	2 (22%)	2 (40%)	0 (0%)	2 (25%)
	No order imposed	4 (36%)	3 (33%)	0 (0%)	1 (33%)	1 (13%)
31 years +	Interim Conditions	2 (13%)	6 (25%)	8 (33%)	7 (47%)	11 (65%)
	Interim Suspension	4 (27%)	8 (33%)	5 (21%)	2 (13%)	3 (18%)
	No order imposed	10 (67%)	10 (42%)	11 (46%)	6 (40%)	3 (18%)

- In 2025, registrants that have been on the register between 16 and 20 years made up the largest proportion of all registrants referred to an Interim Orders Committee.
- In 2025, 65% of registrants that have been on the register for 31 years or more were given conditions by the Interim Orders Committee.

<sup>20</sup> Time on register is measured from the date a registrant first joined the Register to the date of the IOC hearing taking place.

## Initial IOC hearing decision outcomes by region of qualification (dentist) 2021-2025

Region	IOC outcome	2021	2022	2023	2024	2025
UK	Interim Conditions	18 (31%)	17 (29%)	27 (47%)	13 (34%)	27 (48%)
	Interim Suspension	16 (27%)	14 (24%)	17 (29%)	6 (16%)	16 (29%)
	No order imposed	25 (42%)	27 (47%)	14 (24%)	19 (50%)	13 (23%)
Rest of the world	Interim Conditions	5 (28%)	11 (55%)	7 (41%)	3 (43%)	7 (47%)
	Interim Suspension	3 (17%)	3 (15%)	4 (24%)	0 (0%)	4 (27%)
	No order imposed	10 (56%)	6 (30%)	6 (35%)	4 (57%)	4 (27%)
EEA	Interim Conditions	9 (33%)	11 (50%)	11 (61%)	12 (55%)	15 (48%)
	Interim Suspension	10 (37%)	5 (23%)	3 (17%)	5 (23%)	10 (32%)
	No order imposed	8 (30%)	6 (27%)	4 (22%)	5 (23%)	6 (19%)

- Over the last five years, UK qualified dentists have made up the largest proportion of all registrants referred to the Interim Orders Committee.
- In 2025, 48% of UK qualified and EEA qualified dentists had conditions placed on their registration by the Interim Orders Committee.

## Initial IOC hearing decision outcomes by region of qualification (DCP) 2021-2025

Region	IOC outcome	2021	2022	2023	2024	2025
Rest of the world DCP	Interim Conditions	0 (0%)	1 (100%)	3 (75%)	3 (60%)	2 (40%)
	Interim Suspension	1 (50%)	0 (0%)	1 (25%)	0 (0%)	1 (20%)
	No order imposed	1 (50%)	0 (0%)	0 (0%)	2 (40%)	2 (40%)
UK DCP	Interim Conditions	9 (19%)	13 (27%)	6 (23%)	10 (31%)	9 (20%)
	Interim Suspension	21 (45%)	21 (44%)	14 (54%)	12 (38%)	15 (34%)
	No order imposed	17 (36%)	14 (29%)	6 (23%)	10 (31%)	20 (45%)

- In 2025, the number of UK qualified DCPs with no order placed on their registration by the Interim Orders Committee doubled to 20 (2024:10).

# General Dental Council

General Dental Council  
37 Wimpole Street  
London  
W1G 8DQ  
020 7167 6000  
[gdc-uk.org](http://gdc-uk.org)