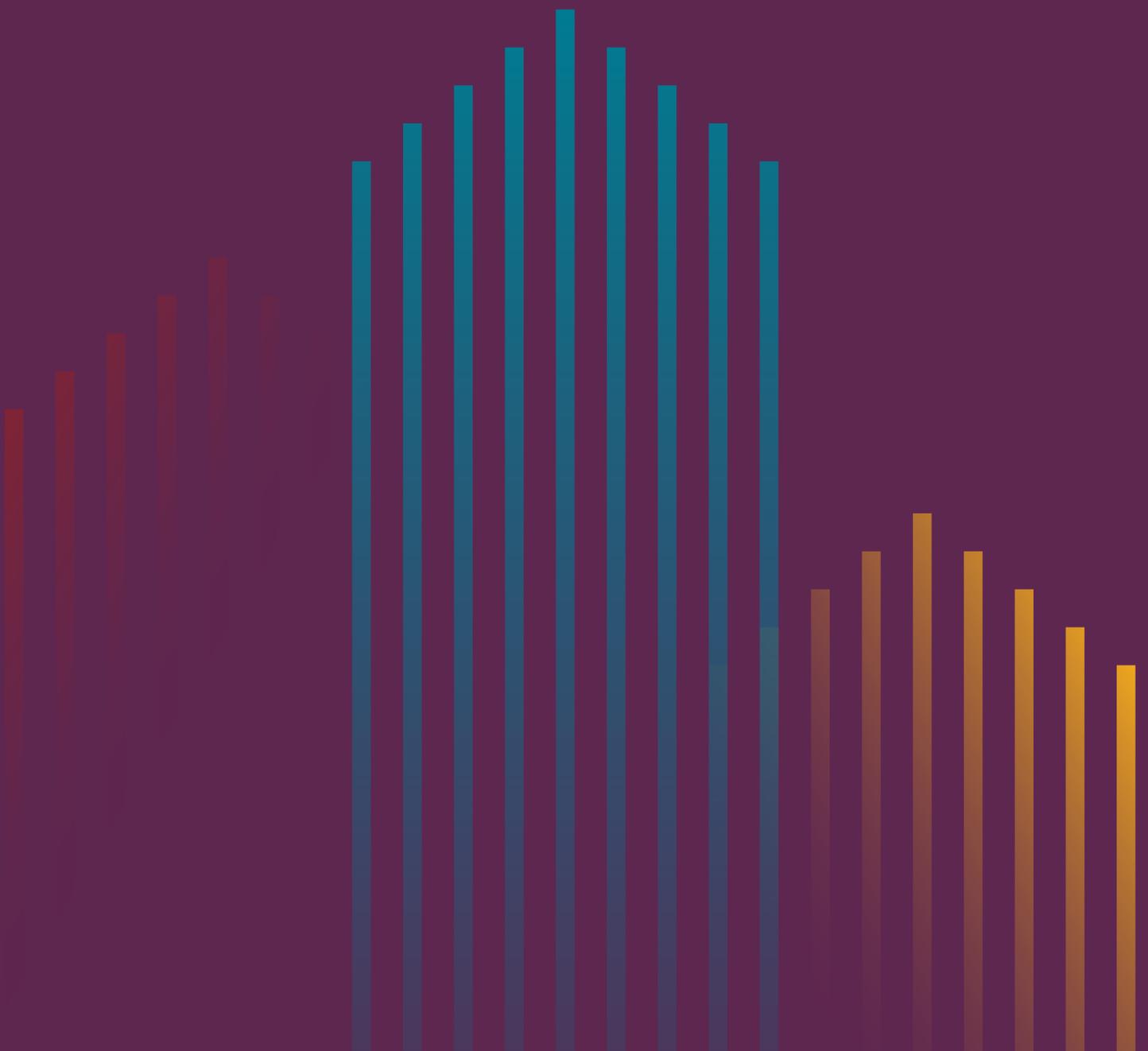


Fitness to Practise Statistical Report 2024



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Introduction

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 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, by referral from another body (for example, a police notification of a criminal caution or conviction), or from other sources.

The kinds of matters we investigate include the following:

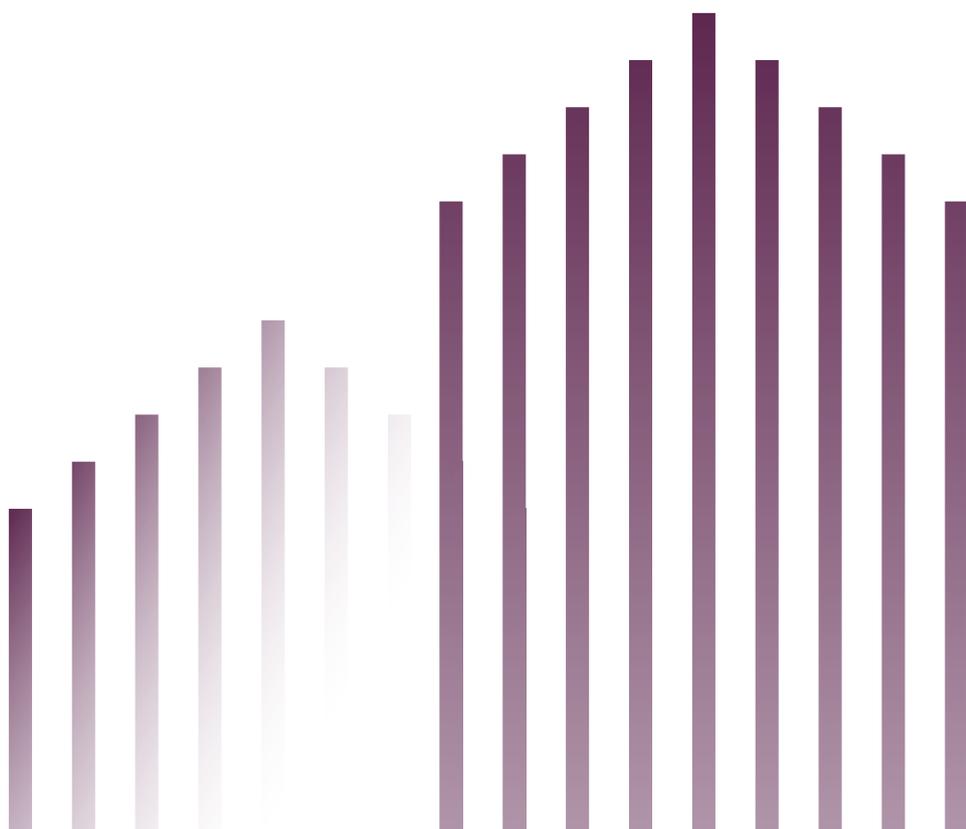
- Potentially serious concerns about clinical practice, for example errors in diagnosis or dental procedure.
- Failure to examine a patient properly, to secure a patient’s informed consent before treatment, to keep satisfactory records, or to respond reasonably to a patient’s needs.
- Not having professional 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 includes the following:

- Issuing a reprimand.
- Placing conditions on registration.
- Suspending registration.
- Removing an individual from the dentists’ or dental care professionals’ (DCP) register.

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 decision is not sufficient for the protection of the public.

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

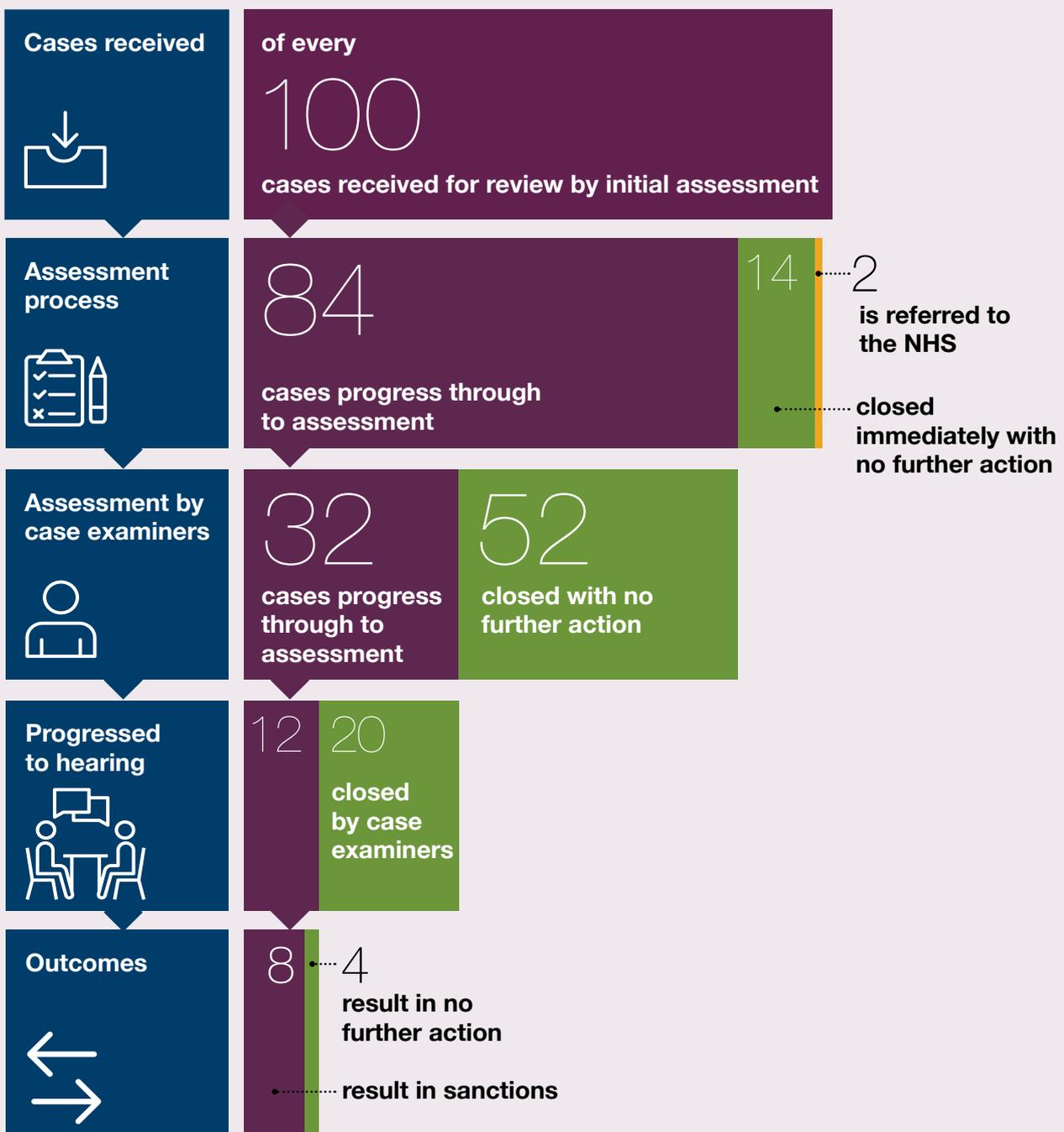


2024 Fitness to Practise data

Decision outcome rate at each stage of the Fitness to Practise process in 2024

The diagram below shows the average decision outcomes at the different stages of the Fitness to Practise process (this is the average of decisions made in 2024 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 2024, many of which are yet to be resolved.



Changes in the average decision outcome rates at the different stages of the Fitness to Practise process from 2022 – 2024

Changes in the average decision outcome rates at the different stages of the FTP process	2022	2023	2024
Of every 100 cases received:			
Progressed for assessment	85	86	84
Progressed for case examiner decision	34	34	32
Progressed for a Practice Committee hearing	16	13	12
Sanctions imposed	13	11	8
No further action	3	2	4

Summary of Fitness to Practise activity from 2022 – 2024

Fitness to Practise activity	2022	2023	2024
New concerns received	1,264	1,297	1,401
Assessment decisions made	1,267	1,441	1,294
Case examiner decisions made	326	356	515
Assessment Caseload at end of year	899	618	564

In 2024, the percentage of cases closed at the initial assessment stage increased from 14% to 16% (including those referred to the NHS) while the percentage of cases resulting in a hearing decreased to 12% (2023: 13%).

We received 1,401 new concerns in 2024 (2023: 1,297) – an 8% increase. We made 1,397 initial assessment decisions, some of which were from cases received at the end of 2023. A small number of cases were received too late for us to make an initial assessment decision in 2024. Of all the cases reviewed at initial assessment, 84% were referred for assessment. We referred 2% of cases to the NHS and closed 14% (2023: 13%).

After further investigation, we made 1,294 assessment decisions in 2024 (2023: 1,441) – a 10% decrease, which was due to our caseload in this area decreasing, by 9%.

Fitness to Practise case volumes by stage 2024

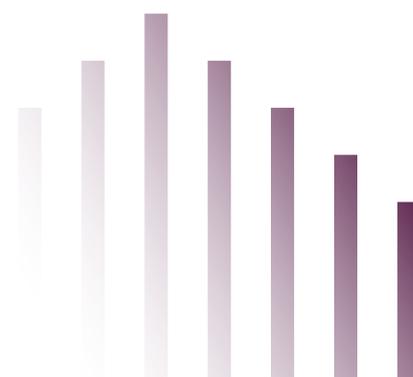
The number of cases considered at each stage of the Fitness to Practise process in 2024 are set out below.

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

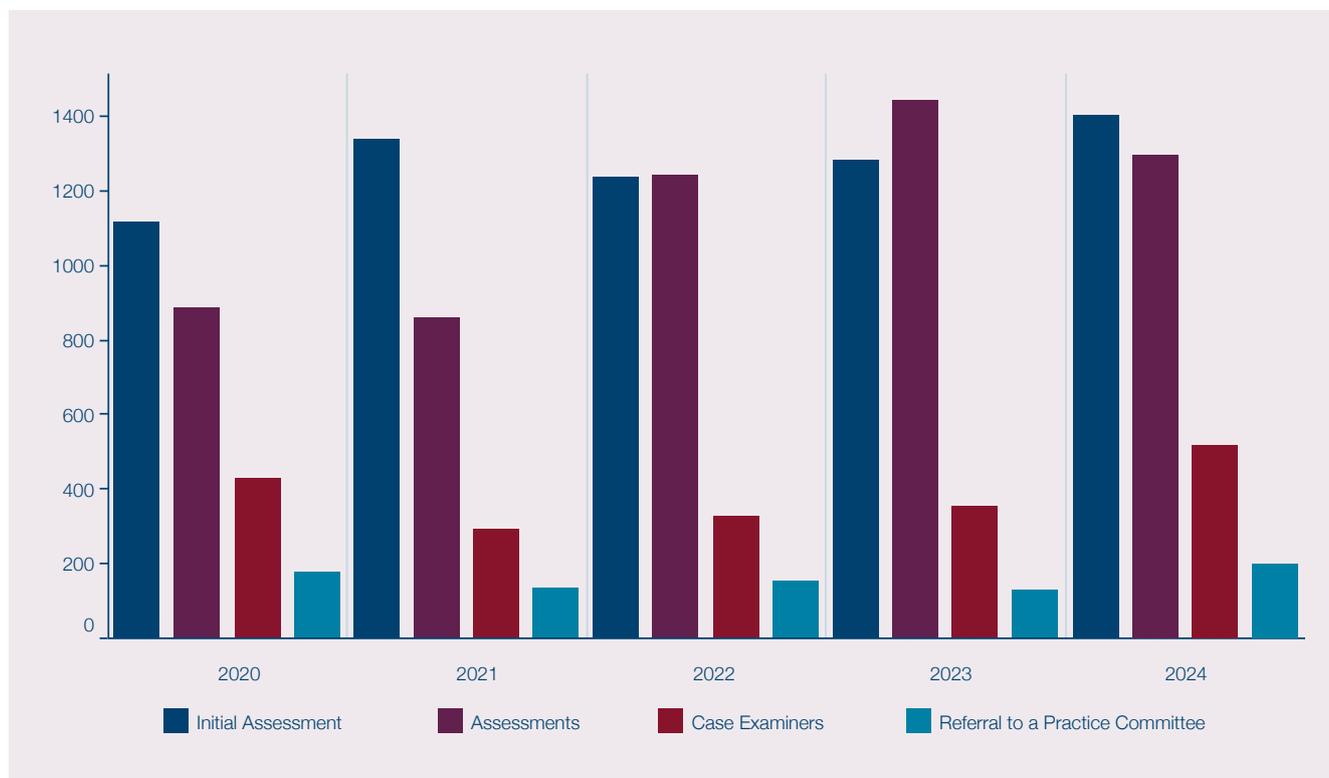
Cases received	1,401	This is the number of new cases we received in 2024.
Initial assessments	1,397	This figure represents the number of cases considered at the initial assessment stage, when cases are screened and may be closed or referred for further 'assessment' investigation.
Assessments	1,294	This is the number of cases considered at the 'full' assessment stage when cases may be closed or referred to the case examiners.
Case examiners	515	This is the overall number of cases considered by case examiners. These resulted in either closure, undertakings, or referral to a Practice Committee (including Rule 6E/reconsiderations: those cases which have returned to the case examiners following an initial referral to a Practice Committee).
Referrals to Practice Committee	198	This is the number of cases referred by case examiners to a Practice Committee for a hearing. ²

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

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



Fitness to Practise case volumes by stage 2020 – 2024³

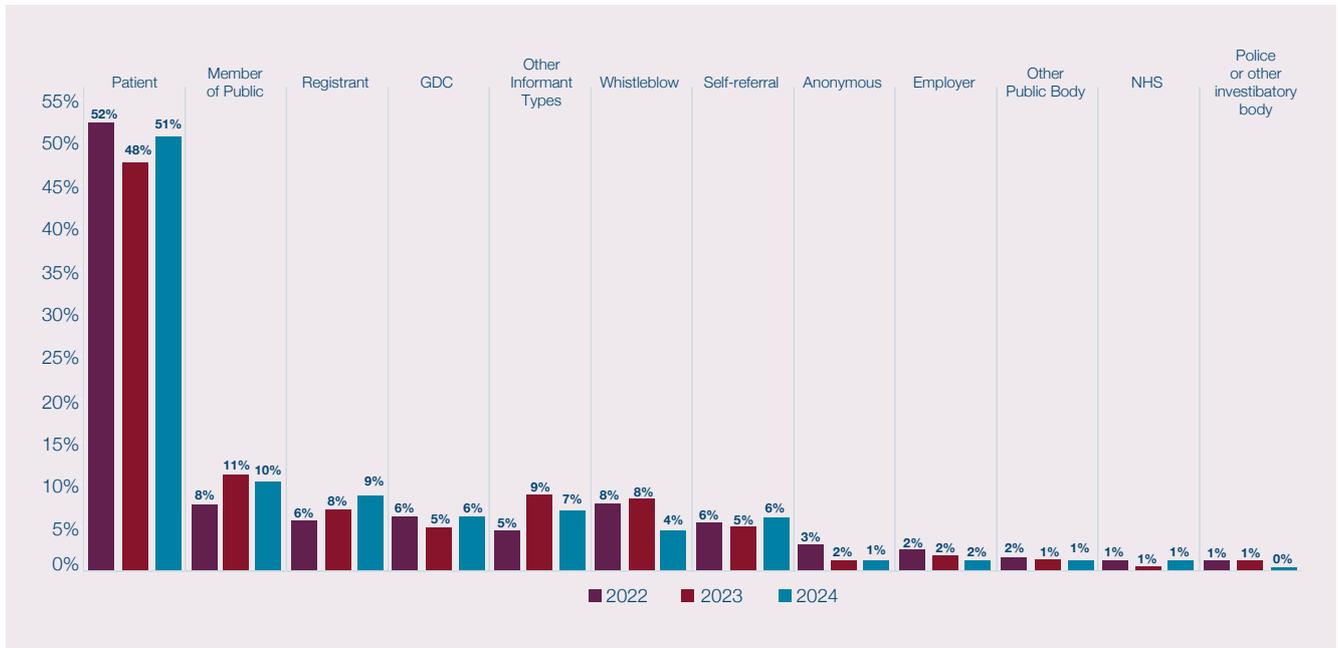


	2020	2021	2022	2023	2024
Initial Assessment	1,116	1,341	1,239	1,283	1,397
Assessments	885	857	1,241	1,440	1,294
Case Examiners	429	292	326	356	515
Referral to a Practice Committee	176	137	156	132	198

3. These are average figures over the year, and not reflective of year end. For example, by the end of 2024, the number of cases at assessment were about 564 (active and on hold).

Sources and types of concerns

Incoming cases breakdown by informant type 2022 – 2024



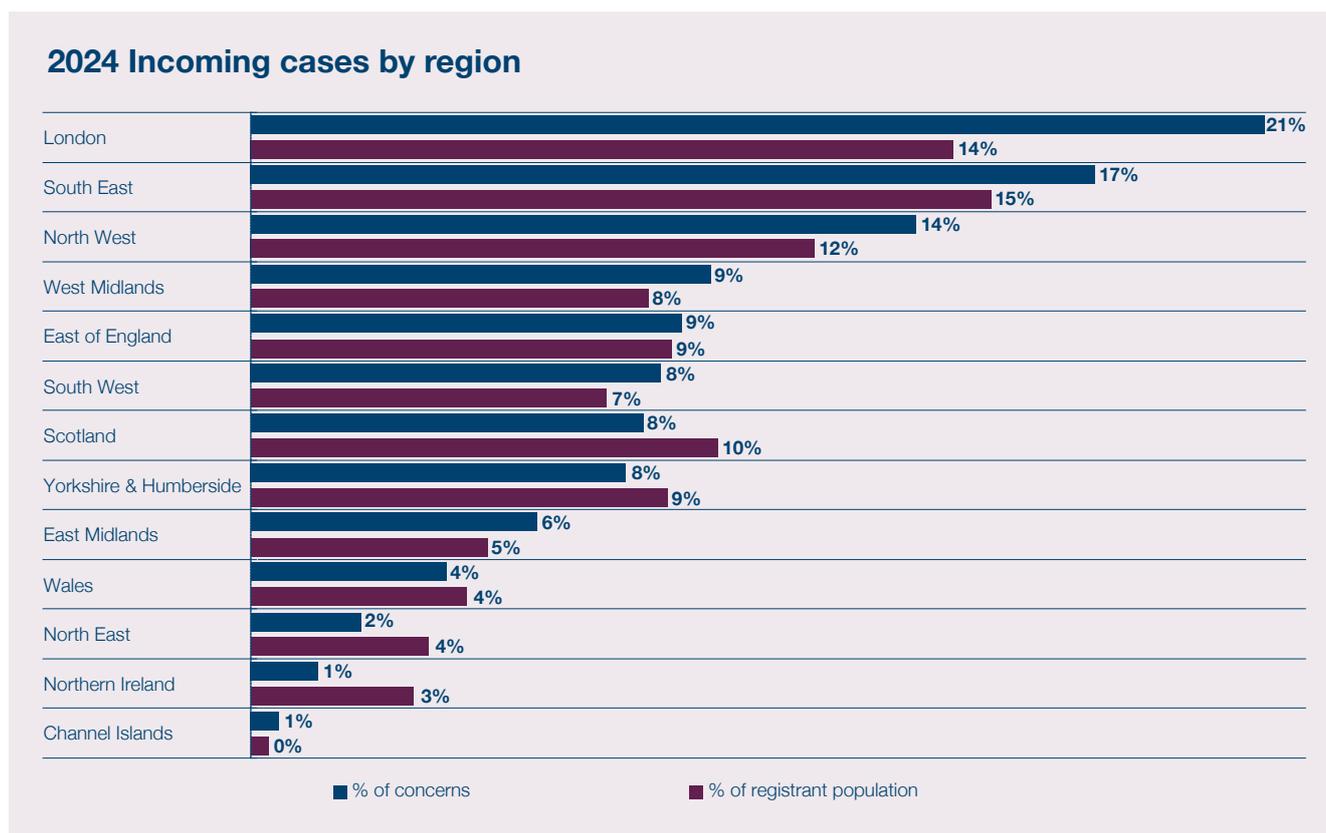
Patients continue to raise by far the largest proportion of concerns.⁴

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

Incoming cases by dental professional, by region 2022 – 2024⁵

The three charts below show the comparison between the percentage of dental professionals and concerns raised, by region, from 2022 to 2024.^{6, 7}

In 2024, dental professionals in London accounted for around 14% of the register, but for 21% of the concerns raised with the GDC. This pattern was similar in 2022 and 2023.

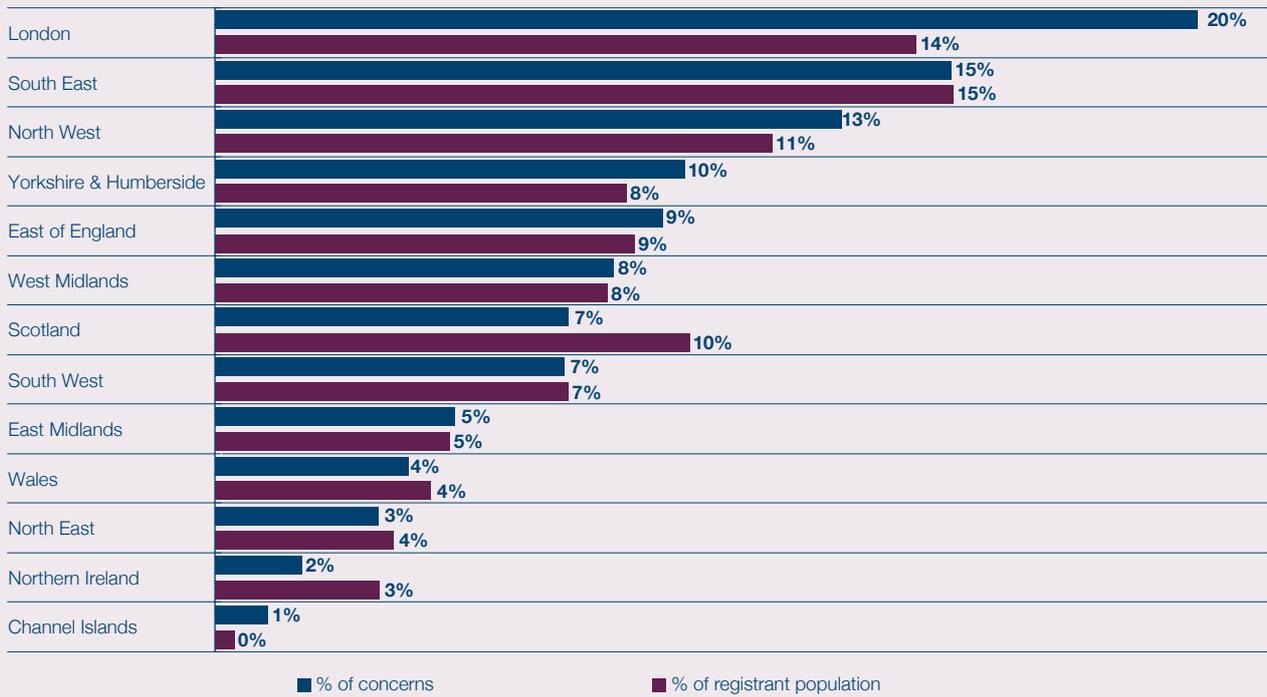


5. Based upon contact address that registrant provided to the GDC.

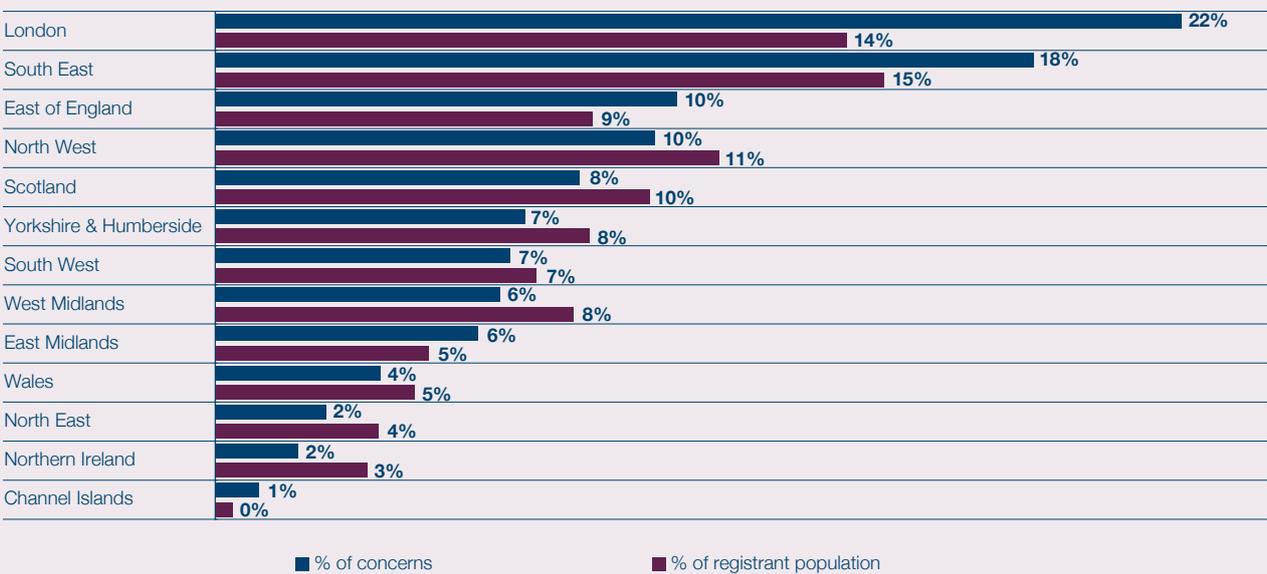
6. No registrant identifiable – this relates to examples of concerns received where it has not been possible to identify a GDC registrant from the initial information provided. Although the case is still established and subject to an initial review, given no registrant may be identified, no registrant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

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

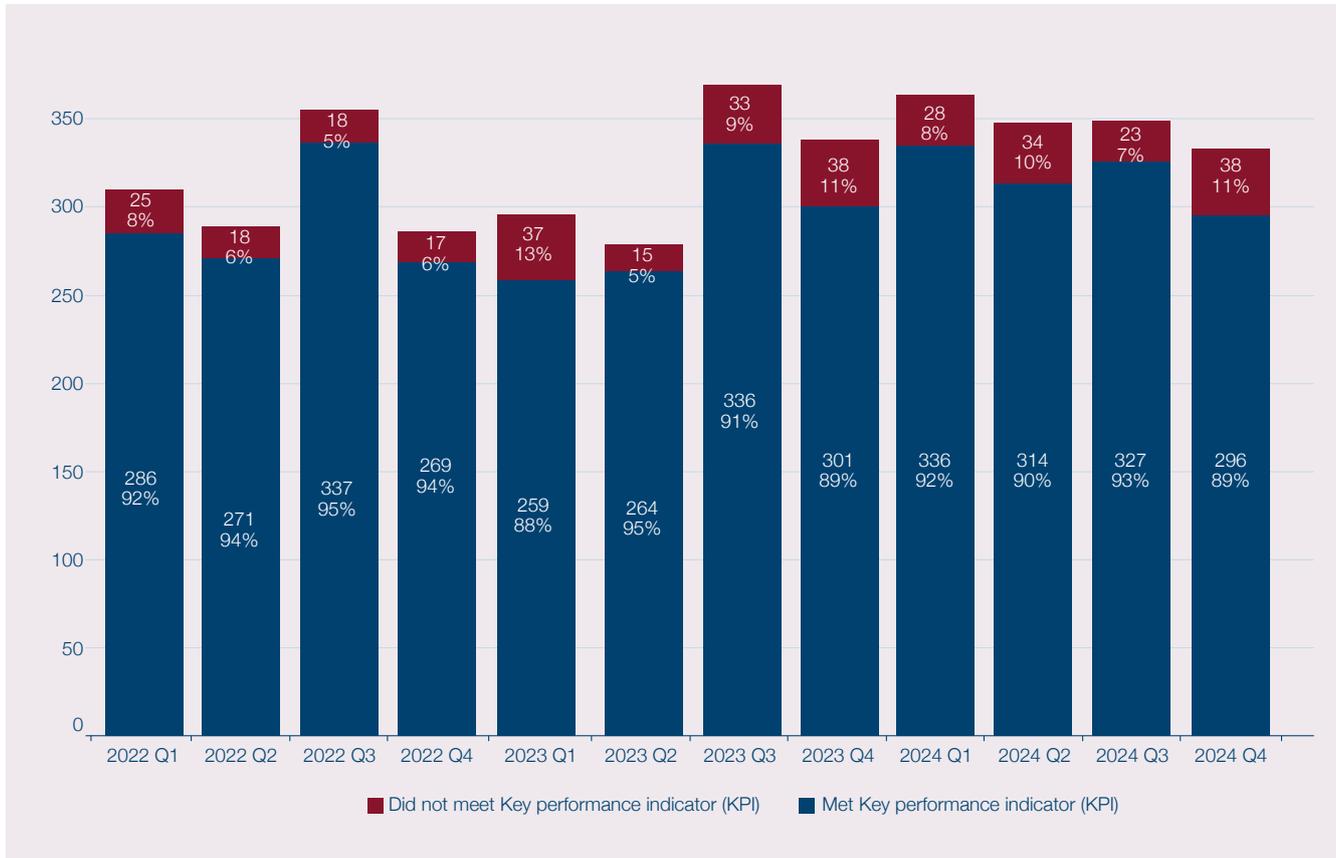
2023 Incoming cases by region



2022 Incoming cases by region



Cases received and assessed by the Initial Assessment team within target of 5 working days 2022 – 2024

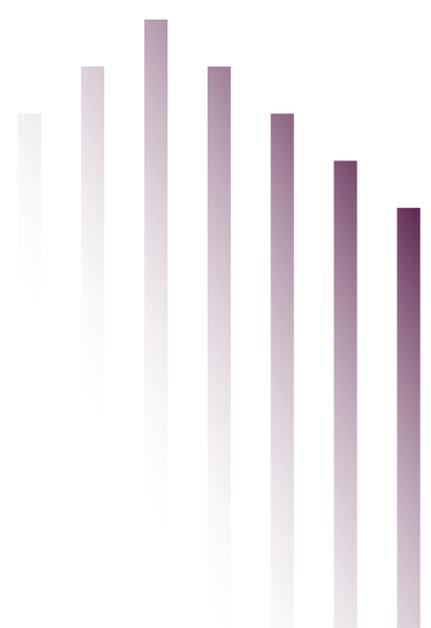
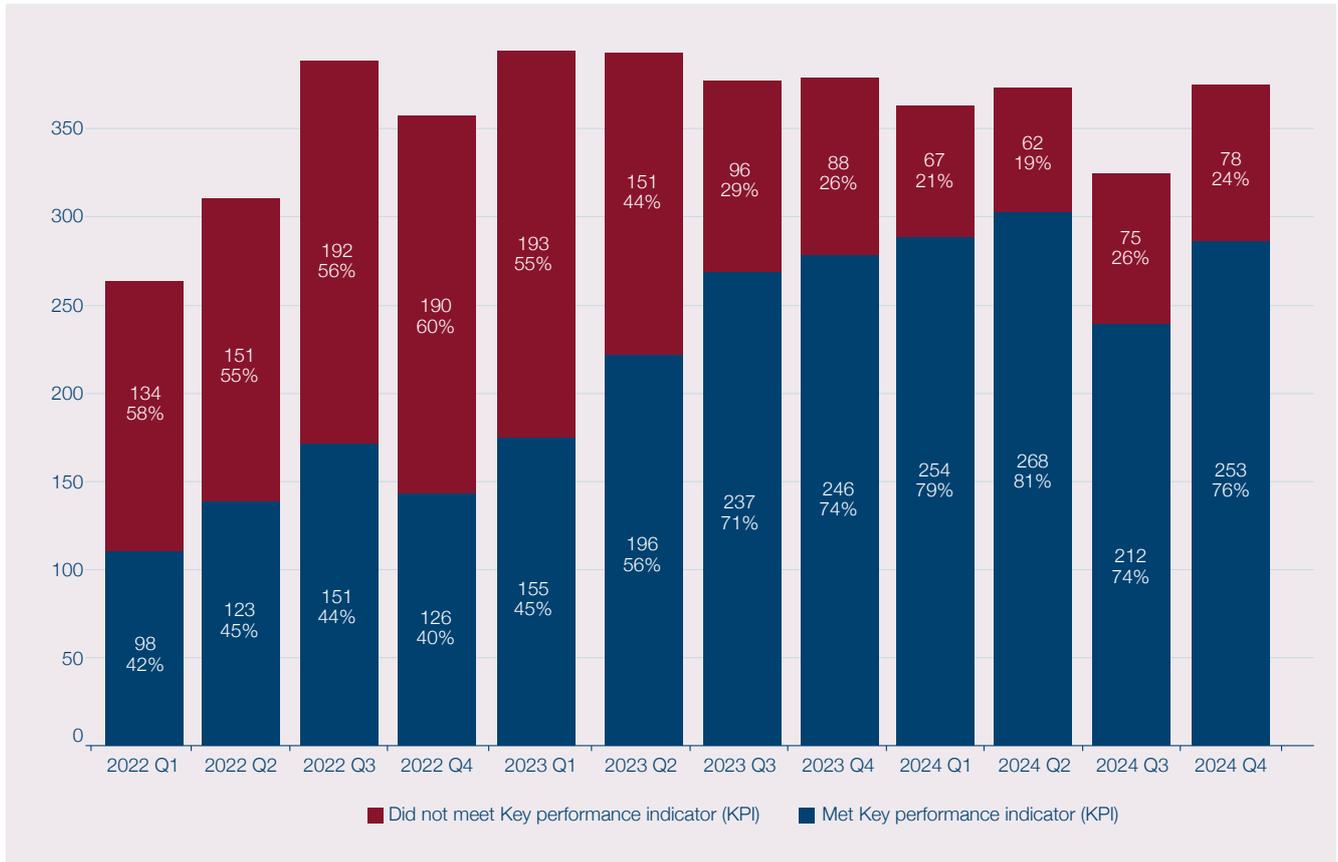


92% of cases were initially assessed within five working days, in the period 2022 to 2024.

Of the 1,396 cases considered at initial assessment in 2024, 1,170 were progressed to the next stage of the Fitness to Practise process, which involves an assessment by our casework team. The casework team will either close at this stage, or refer to case examiners, to determine whether the allegation ought to be considered by a Practice Committee.

Cases assessed by the Assessment team

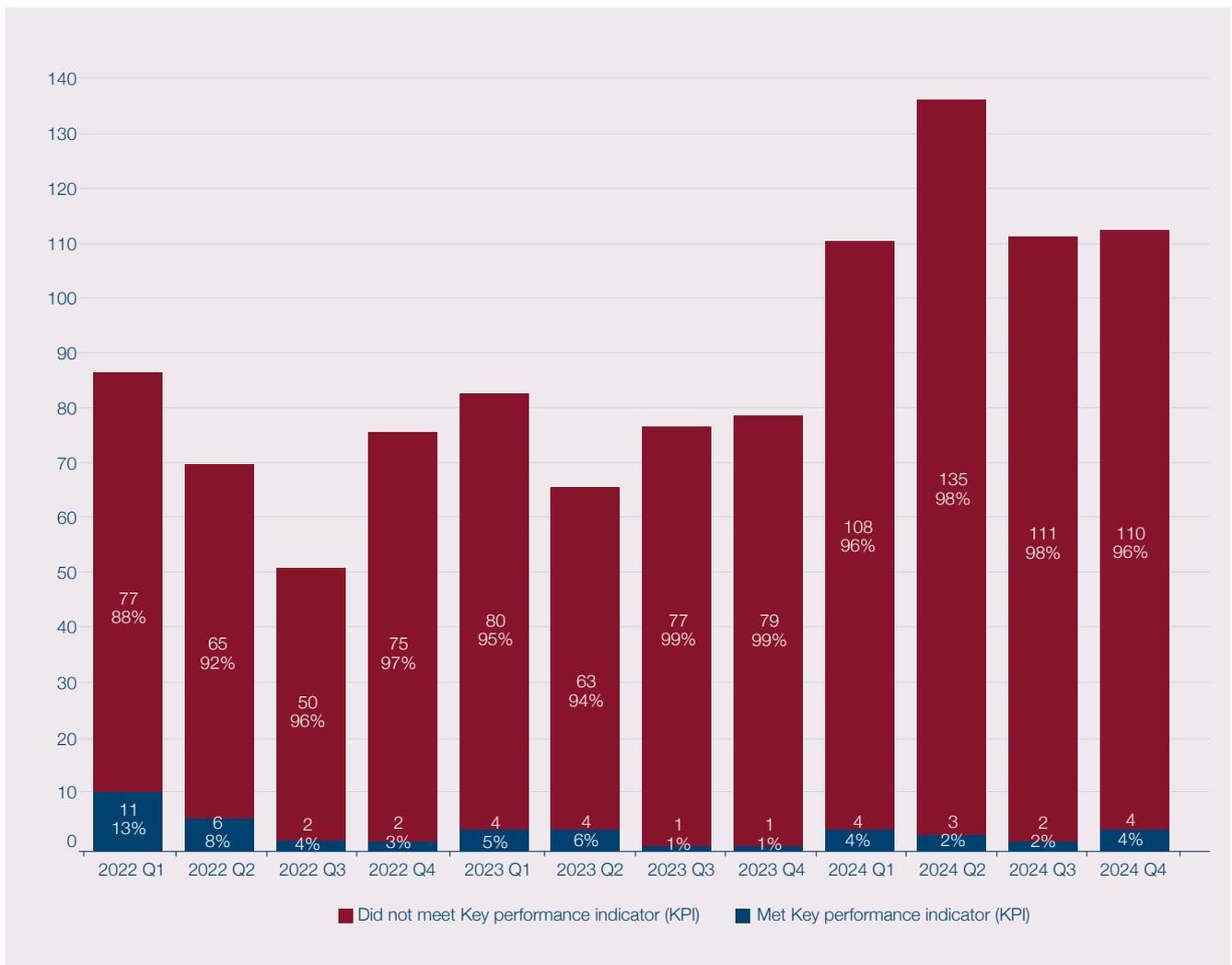
There is a target of 30 working weeks for cases that should progress with minimal delay, or 50 working weeks for complex cases that require additional time to resolve. These targets were met in over 75% of cases assessed in 2024, and individually in three out the four quarters.



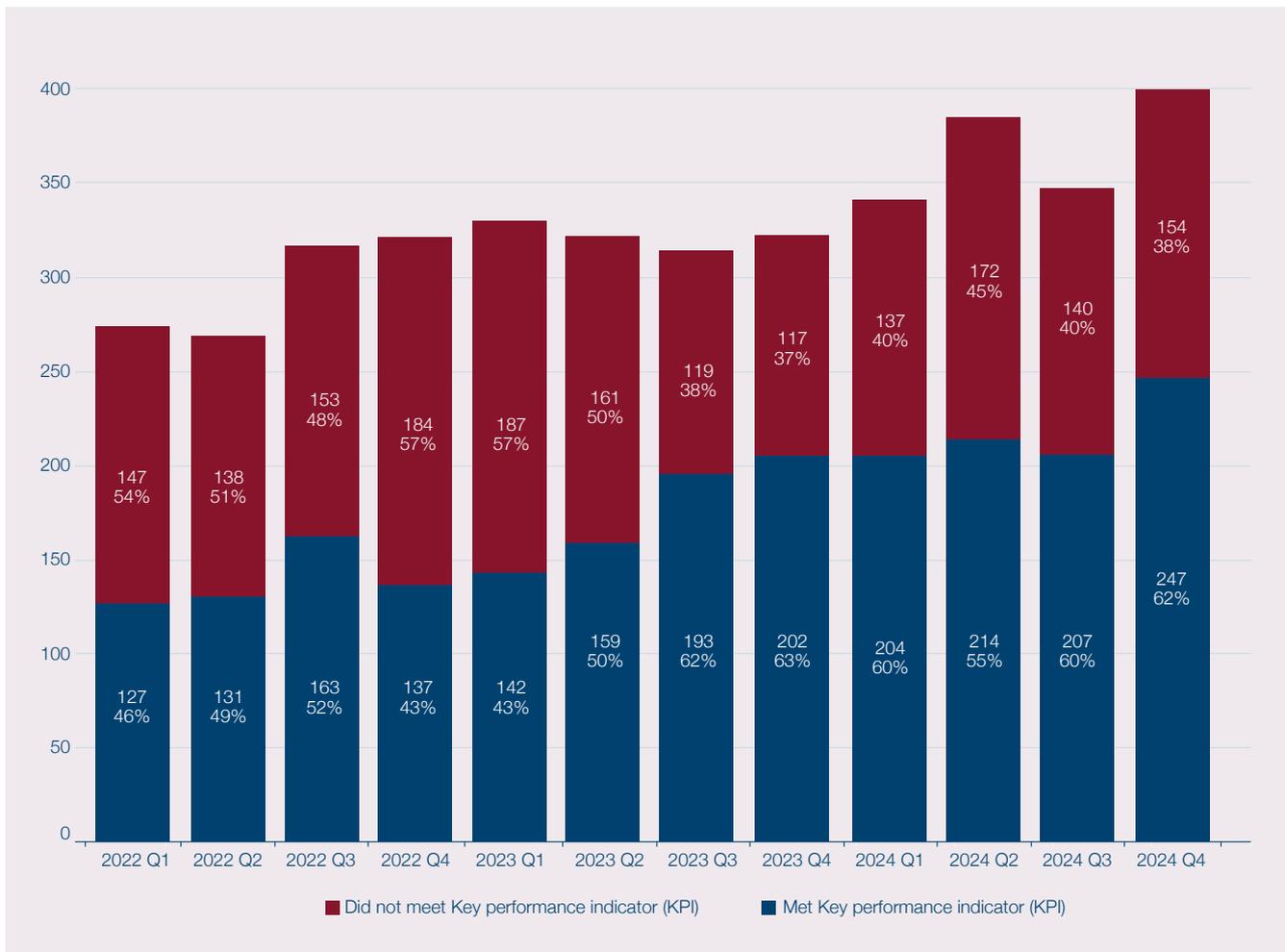
Decisions made by the Case Examiner team within target of 13 working weeks

The target in over 70% of cases assessed is not currently being met. This is due to a backlog of cases from 2023 being assessed in 2024, which meant that the majority of cases completed in 2024 did not meet the 13-week target.

Additional resource was added to the Case Examiners team in Q3 2024. It is anticipated that the backlog of older cases already exceeding the 13-week target will be clear by mid-2025.



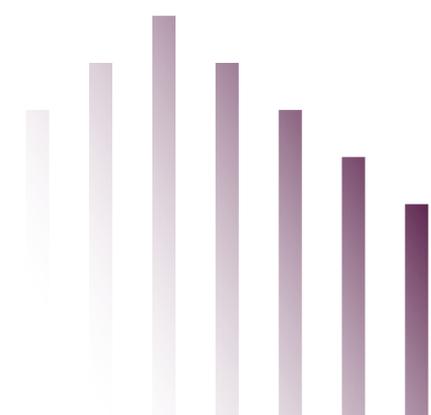
Cases completing investigation stage within six months of receipt 2022 – 2024



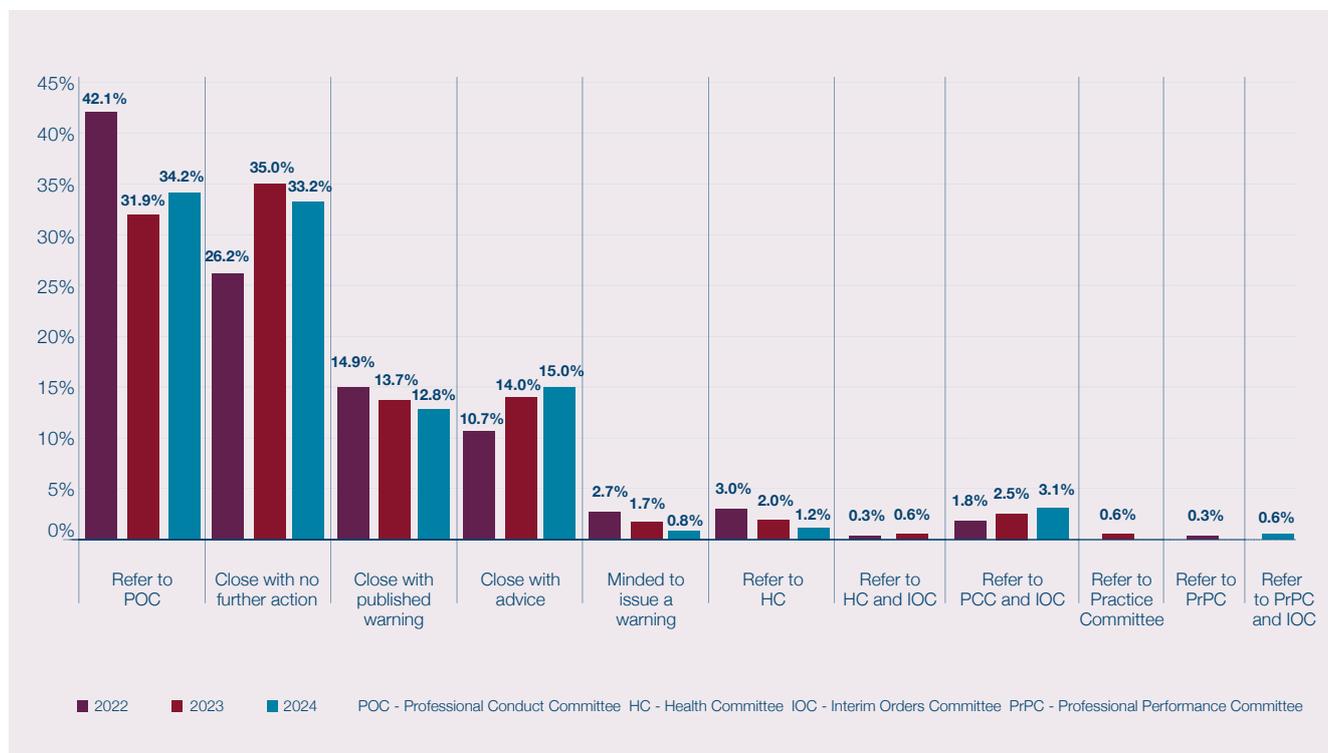
On average, 54% of investigation stage cases were completed within six months in 2024 (2023: 55%, 2022: 47%). This includes closures at the initial assessment, assessment and case examiner stages, as well as referrals by case examiners to a practice committee.

In late 2024, following a pilot, we adopted a new way of investigating single-patient clinical concerns. This has reduced by half the average

time to assess these concerns, from 30 to 15 weeks. This change has received positive stakeholder feedback, and we anticipate it will have a positive impact on the number of cases completing the investigation stage within 6 months, by the end of 2025.



Case examiner decisions - substantive outcome breakdown 2022 – 2024



In 2024 there were 515 case examiner decision outcomes. 317 decisions (62%) were closed with no further action and 198 (38%) were referred to a Practice Committee. Most cases were referred to the Professional Conduct Committee, but some were referred to the Health Committee or Professional Performance Committee.

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

The proportion of outcomes has not significantly changed since 2022, as can be seen below.

Closed with no further action

The proportion of cases closed by the case examiners without giving the registrant advice or a warning decreased to 33% in 2024 (2023: 35%).

Closed with advice

There was an increase to 15% in 2024 (2023: 14%) in the proportion of cases the case examiners closed by giving advice to the registrant.

Closed with warning

The proportion of cases closed with a warning decreased to 13% in 2024 (2023: 14%).

Dental Professionals Hearings Service

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

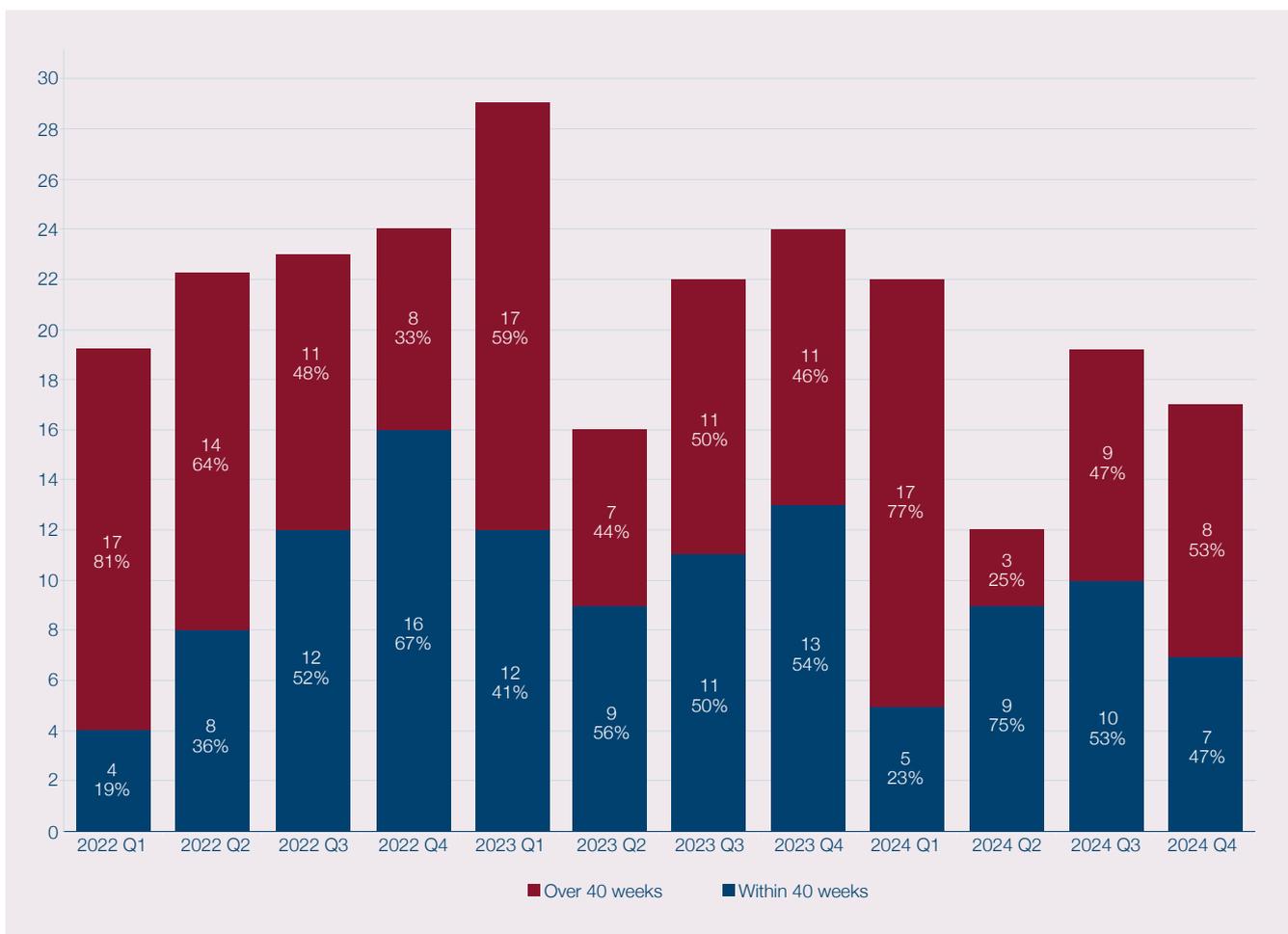
Cases referred by case examiners are heard by one of four statutory Practice Committees: Professional Conduct, Professional Performance Health and Interim Orders. Each panel comprises of three panellists, two dental professionals, one of whom must be a dentist, and a lay member. If the registrant is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

The Practice Committees completed 73 initial hearings in 2024 (2023: 91). There was an

increase in the number of cases awaiting an initial hearing with 209 at the end of 2024 (2023: 147). Of these, the number which had missed our nine-month target stood at 77 at the end of December 2024. (2023: 70).

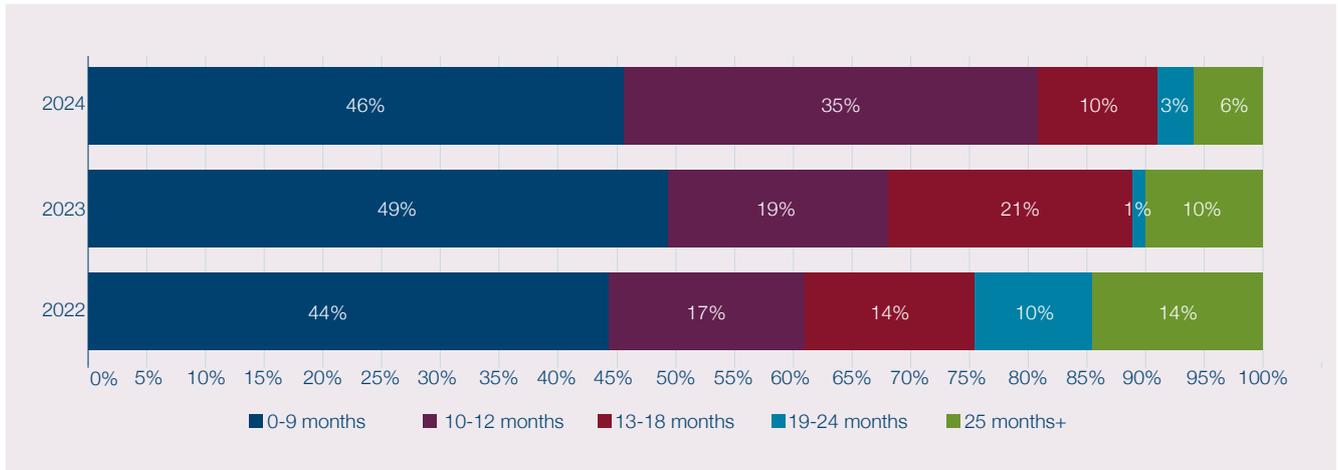
The median time for initial hearings to start from referral by case examiners was 10 months and six days (2023: 10 months and one day). 43% started within nine months of referral (2023: 47%).

The average length of an initial hearing was five days, which is the same as it was in 2023. Several very long cases finished in 2024, which impacted the increase in hearing length. Most initial hearings conclude within five days.



8. Please note logic has been updated to align to our internal KPI logic.

Time taken to complete the initial hearing for individual cases^{9 10}



We aim to start hearings and reach an initial outcome within nine months of referral by case examiners. In 2024, we achieved this in 46% of cases. (2023: 49%). We are currently reviewing our performance indicators.

The number of cases awaiting an initial hearing at the end of 2024 was 203 (2023: 147). Of these, the number which had missed our nine-month target was 77 (2023: 70), which is an increase of 10%.

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

10. Please note logic has been updated to align to our internal KPI logic.

Hearings and Committees

Interim Orders Committee (initial hearings)

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

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

In terms of interim order hearing outcomes, the proportion of no order determinations increased to 37% (2023: 25%), the proportion of interim conditions decreased to 39% (2023: 43%) and the proportion of interim suspensions decreased to 23% (2023: 33%).

Interim order initial hearings in 2024:

99

(2023: 122)

Interim order initial hearings involving dentists:

67

(2023: 94)

Interim order initial hearings involving DCPs:

32

(2023: 30)

These included 29 dental nurses, 2 dental technicians, 5 dental hygienists, 5 dental therapists and 3 orthodontic therapists.^{11 12}

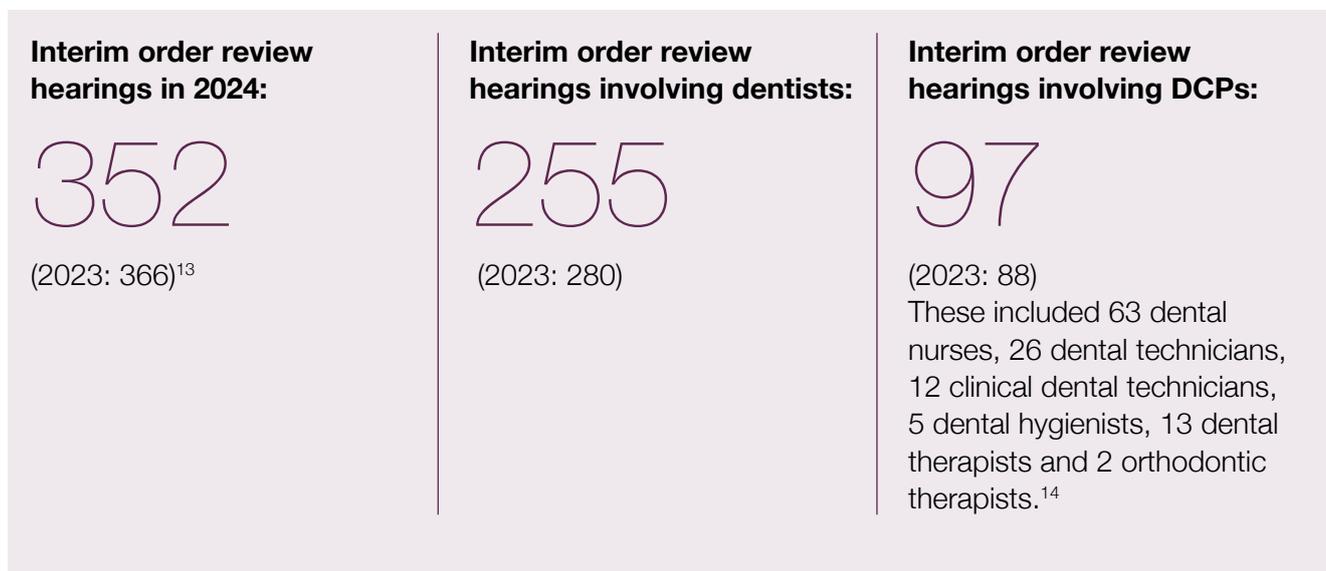
Outcome	Number of cases	% of total
Interim conditions	39	39%
Interim suspension	23	23%
No order imposed	37	37%
Total	99	100%

11. The same registrant may appear in multiple hearings.

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

Interim Orders Committee (review hearings)

An IOC will also review cases where a dental professional has previously been given interim conditions or a suspension. The number of IOC review hearings in 2024 was 352, a 4% decrease compared with 2023.



Summary of interim order review decisions 2024

Outcome	Number of decisions	% of total
Conditions continued	145	47%
Conditions revoked	12	6%
Conditions varied	21	10%
Revoke conditions, impose suspension	14	7%
Revoke suspension, impose conditions	8	4%
Suspension continued	142	42%
Suspension revoked	10	5%
Total	351	100%

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

14. The same registrant may appear in multiple hearings.

Interim order committee hearings 2020 – 2024



	2020	2021	2022	2023	2024
Initial IOC hearing	143	151	147	122	99
Review IOC hearing	212	277	313	365	352



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 deficient performance, misconduct, health or because of a criminal conviction/caution.

There are three types of statutory practice committees:

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

Practice Committee hearings in 2024:

73

(2023: 91)

Practice Committee hearings involving dentists:

53

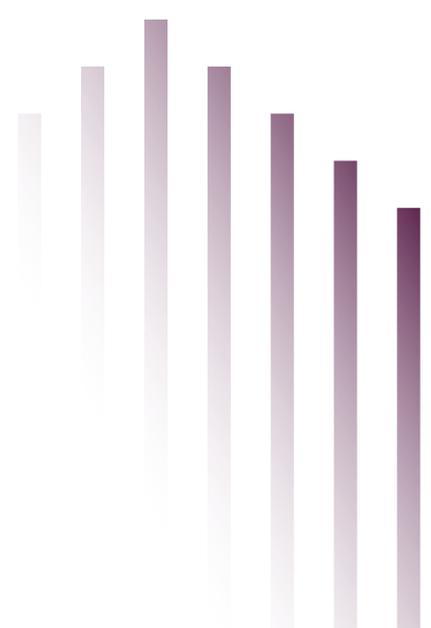
(2023: 58)

Practice committee hearings involving DCPs:

20

(2023: 33)

These included 17 dental nurses, 1 dental therapists, 1 dental technician and 1 dental hygienist.¹⁵



15. Some dental professionals may appear in multiple hearings.

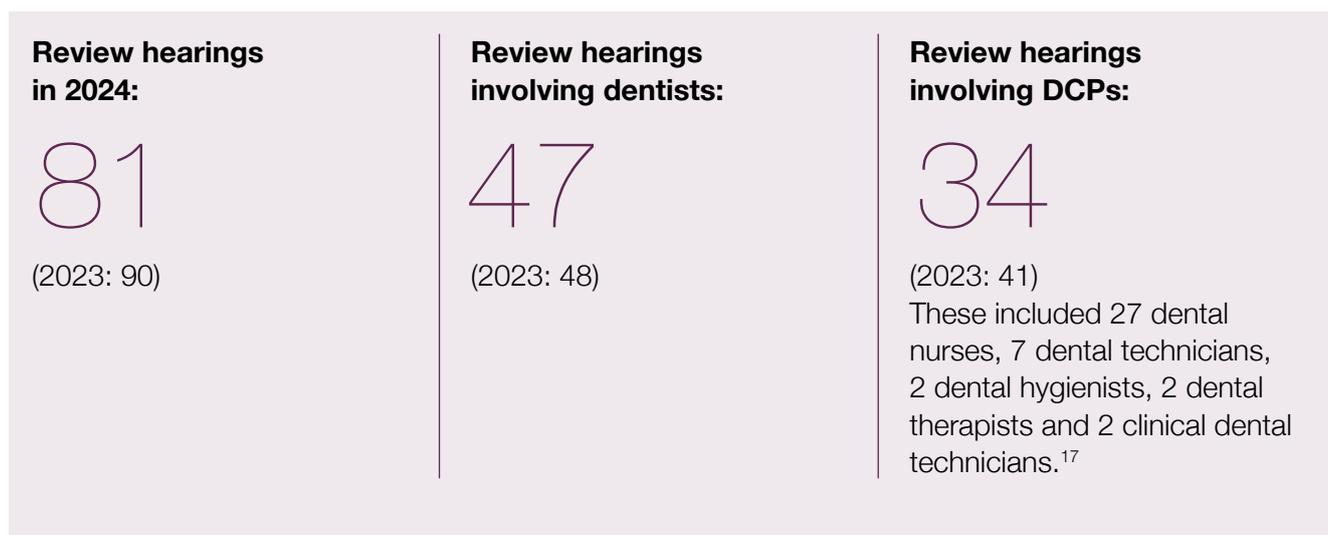
Outcomes to all substantive hearings in 2023 and 2024

Decision made	Number of outcomes		% of total	
	2023	2024	2023	2024
Not impaired	17	24	18.7%	32.4%
Reprimanded	6	9	6.6%	12.2%
Conditions	7	4	7.7%	5.4%
Suspended	37	19	40.6%	25.7%
Erased	24	18	26.4%	24.3%
Total	91	74¹⁶	100%	100%

Decision made	Number of outcomes		% of total	
	2023	2024	2023	2024
No case to answer	2	4	2.2%	5.4%
Did not proceed	0	3	0.0%	4.0%
Facts not proved, case concluded	2	2	2.2%	2.7%
FTP not impaired, case concluded	10	9	11.0%	12.2%
Facts found proved did not amount to misconduct, case concluded.	3	6	3.3%	8.1%
FTP impaired, reprimand	6	9	6.6%	12.2%
Conditions (with a review)	1	1	1.1%	1.4%
Conditions with immediate conditions (with a review)	6	3	6.6%	4.0%
Suspended with immediate suspension	2	1	2.2%	1.4%
Suspended with immediate suspension (with a review)	24	10	26.4%	13.5%
Suspension	8	6	8.7%	8.1%
Suspension (with a review)	3	2	3.3%	2.7%
Erased and immediate suspension	24	18	26.4%	24.3%
Total	91	74	100%	100%

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

16. There was one hearing which had two outcomes.



Outcomes of review hearings held in 2023 and 2024

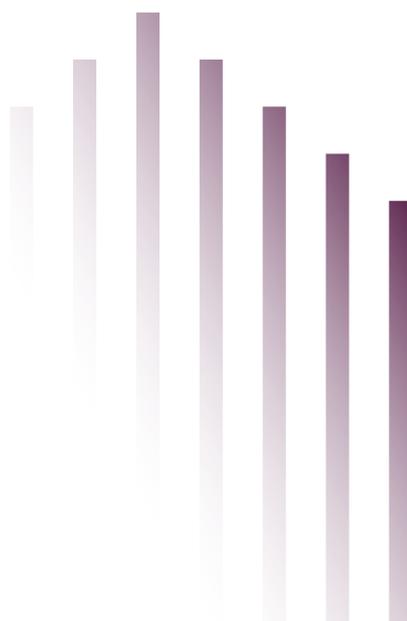
Outcome	Number of outcomes		Number of decisions %	
	2023	2024	2023	2024
Conditions allowed to lapse, FTP no longer impaired	3	1	3.3%	1.2%
Conditions extended (with a review)	5	7	5.6%	8.6%
Conditions extended and varied (with a review)	4	5	4.4%	6.2%
Conditions revoked and suspension imposed	0	1	4.4%	1.2%
Conditions revoked and suspension imposed (with a review)	0	1	4.4%	1.2%
Conditions revoked and suspension imposed (with a review) and immediate suspension	3	1	3.3%	3.7%
Conditions revoked, FTP no longer impaired	7	5	7.8%	6.2%
Indefinite suspension confirmed	1	1	1.1%	6.2%
Suspended indefinitely	18	15	20.0%	18.5%
Suspension allowed to lapse, FTP no longer impaired	0	2	20.0%	2.5%
Suspension extended	1	1	1.1%	2.5%
Suspension extended (with a review)	30	26	33.3%	32.5%
Suspension revoked and conditions imposed (with a review)	2	2	2.2%	2.5%
Suspension revoked and conditions imposed (with a review) and immediate conditions	4	6	4.4%	7.4%
Suspension revoked, FTP no longer impaired	12	7	13.3%	8.6%
Total	90	81	100%	100%

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

Practice Committee hearings 2020 – 2024



	2020	2021	2022	2023	2024
Initial Hearing	93	119	86	91	73
Review Hearing	114	80	98	90	81



Cases resulting in erasure 2020 – 2024



Hearing days

We held a total of 932 hearing days in 2024 which is a 12% decrease (2023: 1,058). This is a result of a high number of Rule 6E applications. The spaces created in the hearings schedule were used to hold other types of committee hearings, including review hearings, IOC hearings and 103 CPD appeals.

Activity	2020	2021	2022	2023	2024
Number of hearing days	840	1,096	1,030	1,058	932
Average length of an initial hearing	5.3 days	6.1 days	5.0 days	5.0 days	5.0 days

Fitness to Practise ‘considerations’ profile 2022 – 2024¹⁸

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

Consideration	Number of considerations			% of total		
	2022	2023	2024	2022	2023	2024
Failure to provide good quality care	141	123	116	25.3%	23.4%	25.9%
Personal behaviour	88	95	73	15.8%	18.1%	16.3%
Protecting patients from risks	58	46	48	10.4%	8.6%	10.7%
Patient records	39	37	27	7.0%	7.0%	6.0%
Laws and regulations	34	31	18	6.1%	5.9%	4.0%
Not communicating effectively	26	28	22	4.7%	5.3%	4.9%
Other	15	20	22	2.7%	3.8%	4.9%
Not acting honestly and fairly	16	18	20	2.9%	3.4%	4.5%
Failure to obtain valid consent	19	19	14	3.4%	3.6%	3.1%
Charge	22	17	9	3.9%	2.9%	2.0%
Conviction	16	17	10	2.9%	3.2%	2.2%
Co-operating with inquiry	15	14	9	2.7%	2.6%	2.0%
Indemnity	8	12	13	1.4%	2.3%	2.9%
Complaints handling	13	7	8	2.3%	1.3%	1.8%
Attitude	10	6	4	1.8%	1.1%	0.9%
Management and leadership	1	7	10	0.2%	1.3%	2.2%
Confidentiality	6	7	5	1.1%	1.3%	1.1%
Putting patients at risk	4	5	4	0.7%	0.9%	0.9%
Referrals	5	2	5	0.9%	0.4%	1.1%
Advertising	5	4	3	0.9%	0.8%	0.7%
Caution	4	3	2	0.7%	0.6%	0.4%
Documenting consent	3	3	2	0.5%	0.6%	0.4%
Pain management	5	2	1	0.9%	0.4%	0.2%
Not treating patients as individuals	1	2	0	0.2%	0.4%	0%
Raising concerns	1	1	1	0.2%	0.2%	0.2%
Mental and behavioural disorders	2	2	2	0.4%	0.4%	0.4%

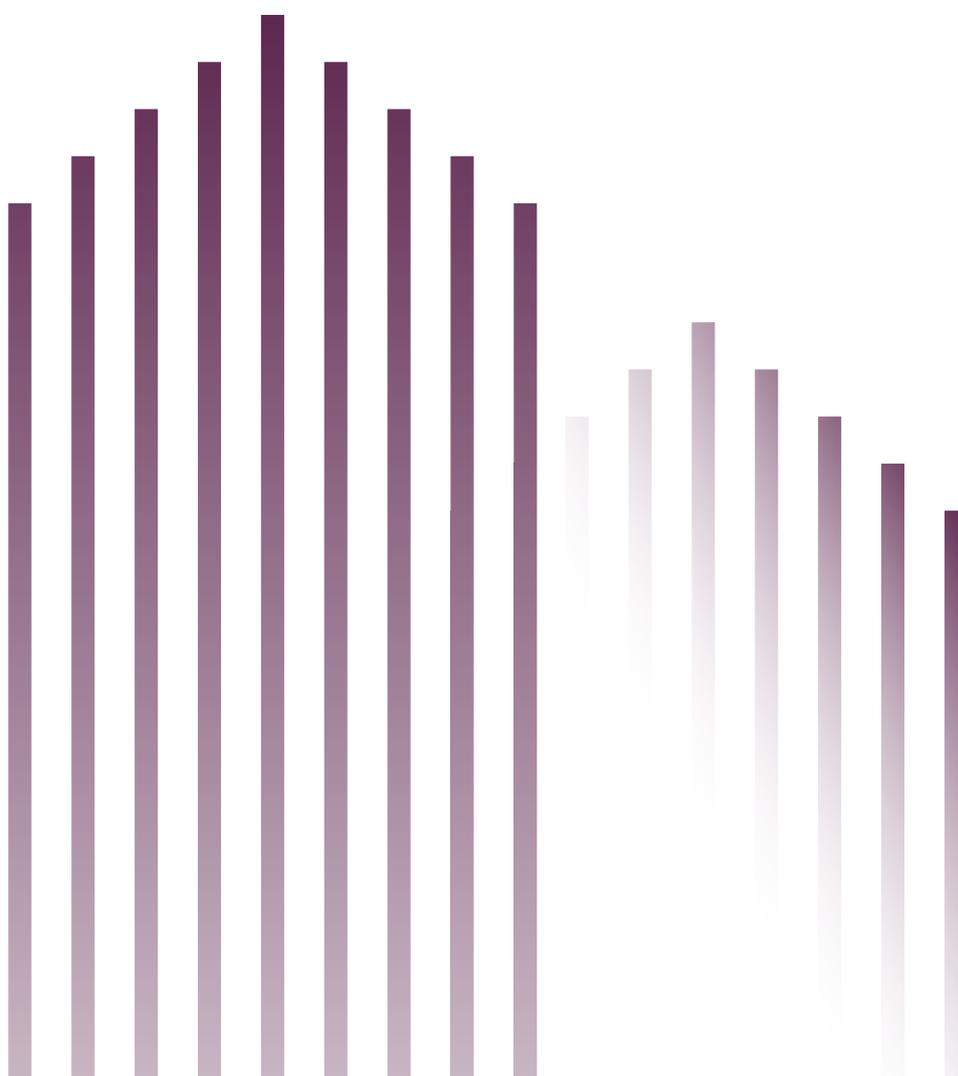
18. A single case may have more than one consideration associated with it.

‘Considerations’ are used to record details of the allegations or charges raised against a dental professional’s Fitness to Practise within a case or hearing. These considerations are closely aligned with the Standards for the Dental Team¹⁹ and are recorded by ‘group’, ‘sub-group’, and ‘particular’.

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

Restoration applications

There were five restoration applications in 2024. Two resulted in restoration, both with conditions, and three were not restored.



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

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

Introduction

The following charts show our Fitness to Practise cases analysed with reference to the Equality Act 2010 protected characteristics. There are nine protected characteristic fields (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

The demographic data we hold about dental professionals is provided voluntarily. Around 96% of dental professionals have provided this data.²⁰

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

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

We published our EDI Strategy for 2024–2025, in May 2024. Our ambitions remain unchanged and builds on the ambitions of our previous strategy. We must 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 per head of population

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

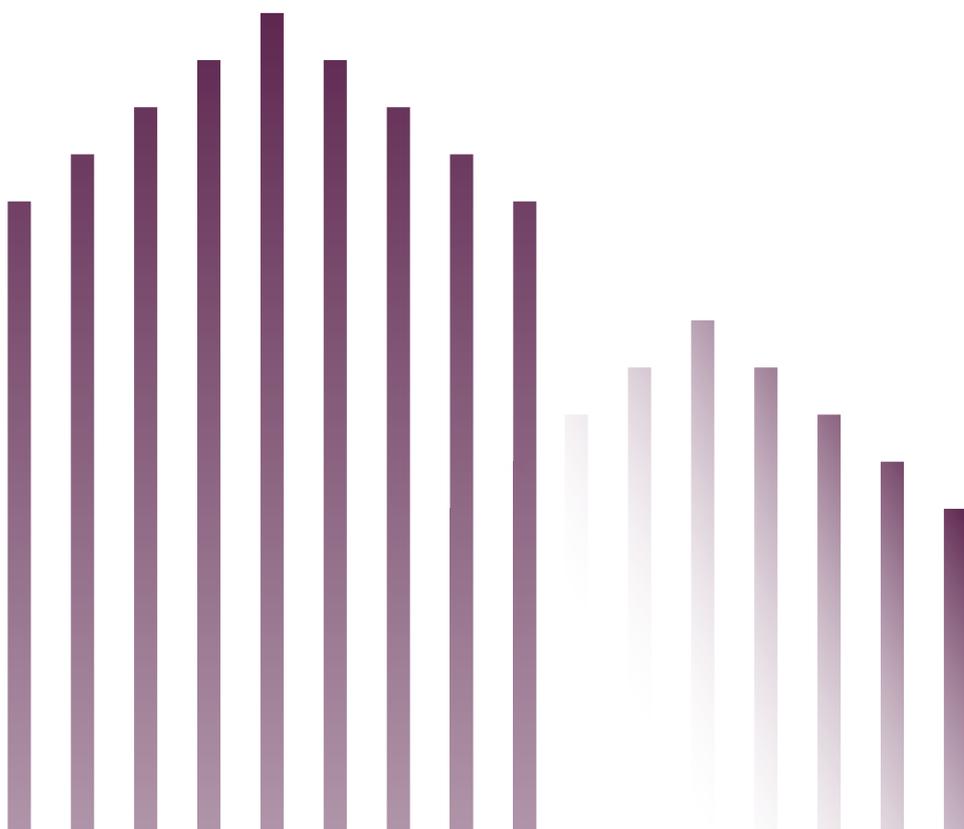
Each of the charts have three series to compare:

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

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

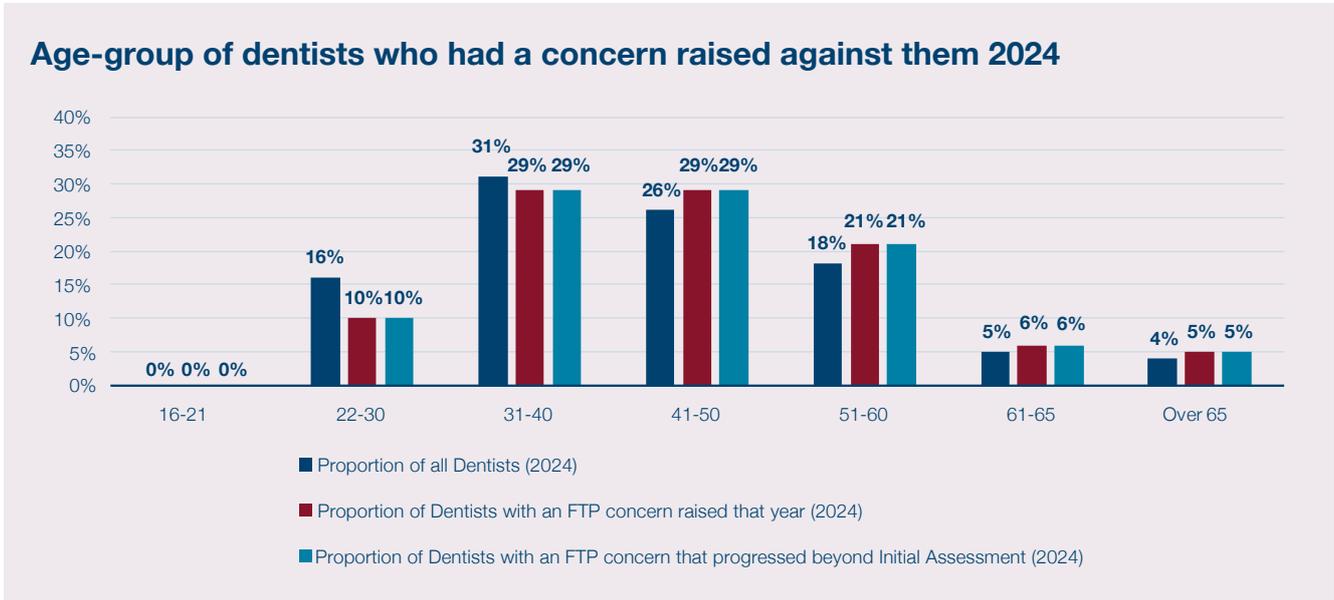
Note:

1. This analysis focuses on the distribution of data from 2024 (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 2024 and does not account for the differences in types of cases (such as whether the concern relates to a single patient complaint or a multi-patient complaint).
3. There are some visible differences in the charts, but because of small base sizes for some categories, statistical testing was not appropriate.
4. 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 them more or less likely to have a concern raised against them.
5. Trend data: Data collected before 2022 was captured using old EDI categories. These changed for 2022. To provide continuity with previous reporting, trend data up to 2021 is also reported in these old categories.



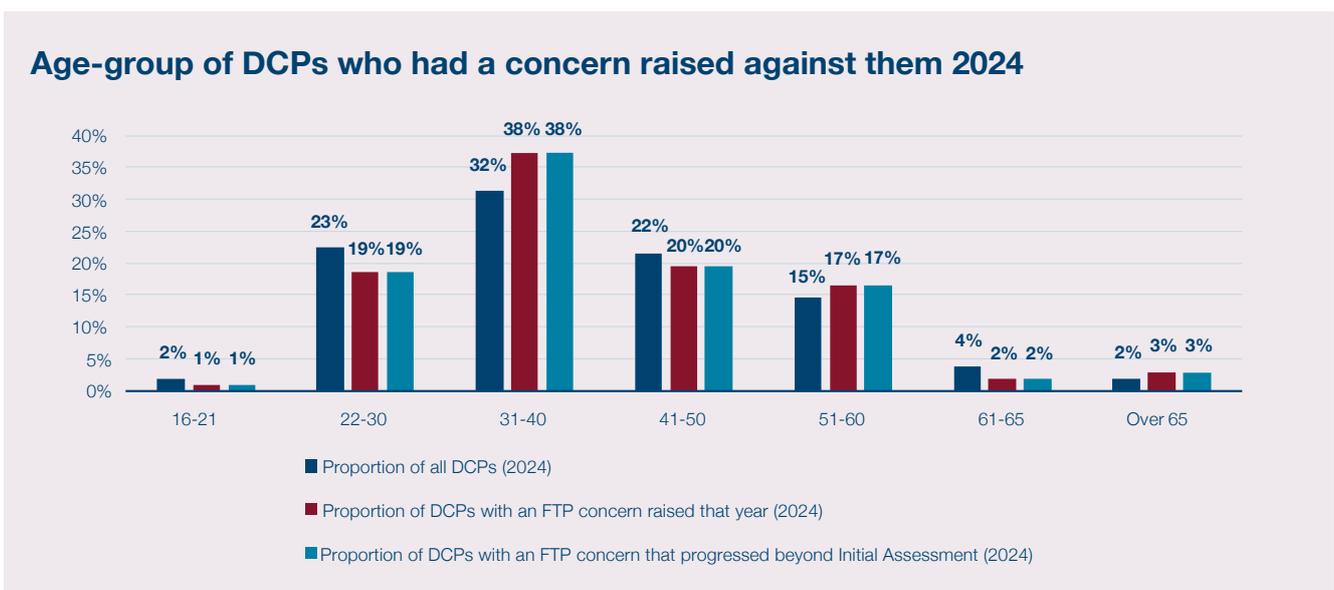
Per head of population analysis: Age

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



Dentists aged 22-30 make up 16% of the register and represent 10% of the dentists who have an FTP concern raised against them. Dentists aged 51-60 make up a similar proportion of the register (18%) but have over a fifth (21%) of all FTP concerns raised against them.

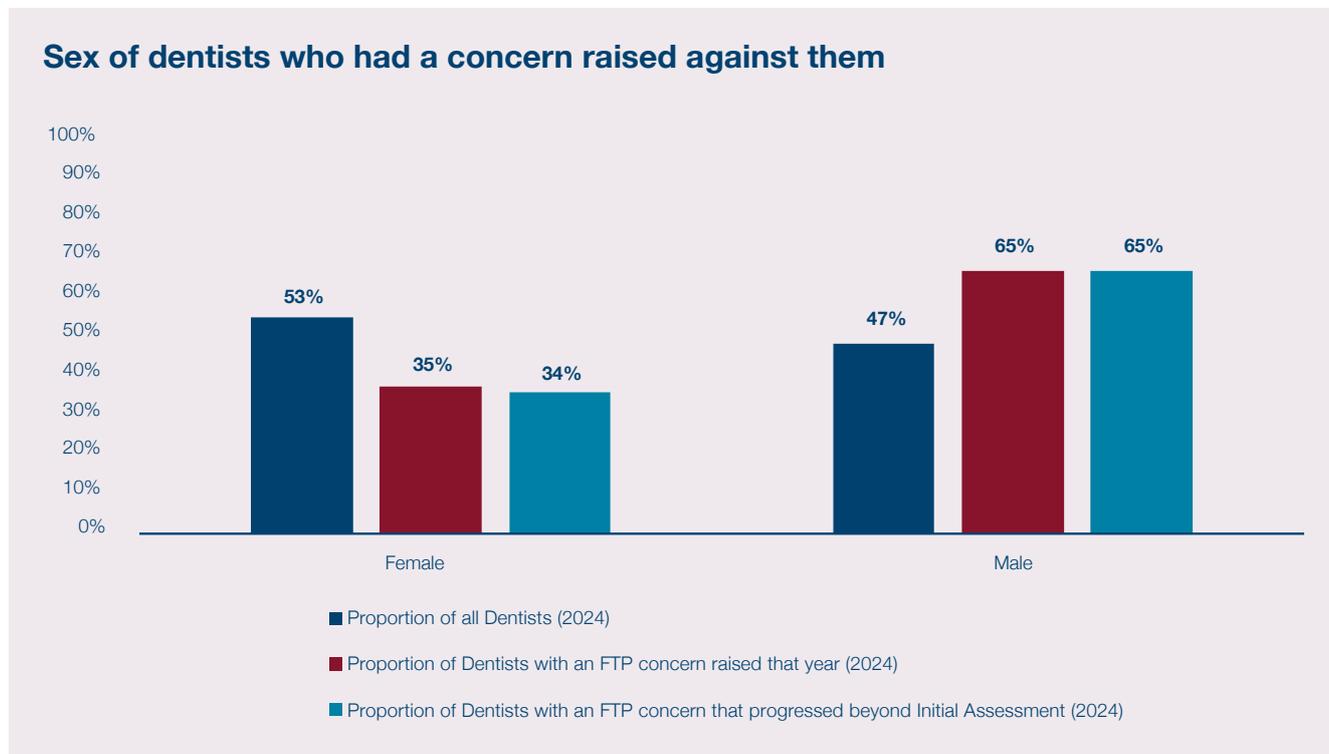
In 2023, dentists aged 22-30 accounted for 16% of the register and 9% of FTP concerns reported to the GDC. Dentists aged 51-60 also accounted for 18% of the register in 2023 but the proportion of them contributing to new FTP concerns has decreased, from 23% in 2023, to 21% in 2024.



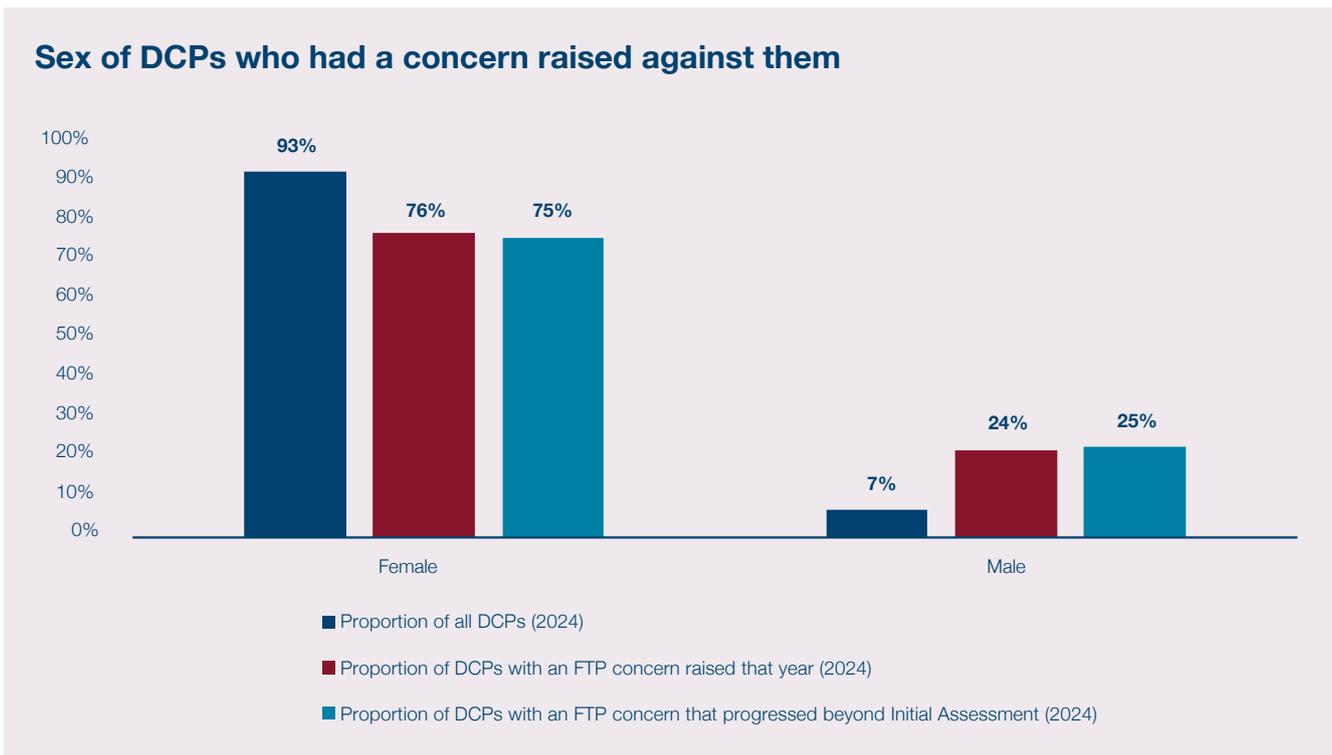
DCPs aged between 31-40 make up nearly one third (32%) of the DCP population, however, they make up 38% of the DCPs who have an FTP concern raised against them. In 2023, this group accounted for 37% of concerns.

Per head of population analysis: Sex

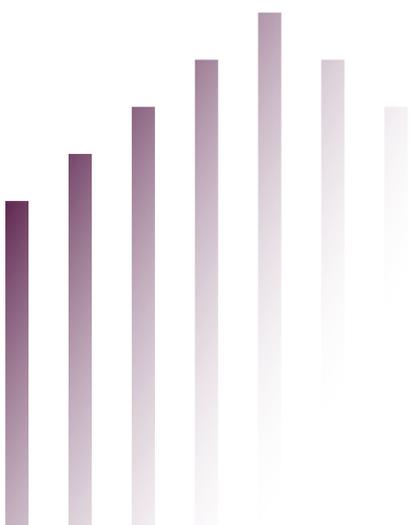
The charts below show how dentists and DCPs are distributed across males and females on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.



Males contribute to 47% of the dentist register, but account for 65% of all concerns raised to the GDC about dentists. Both these proportions were the same percentages in 2023.

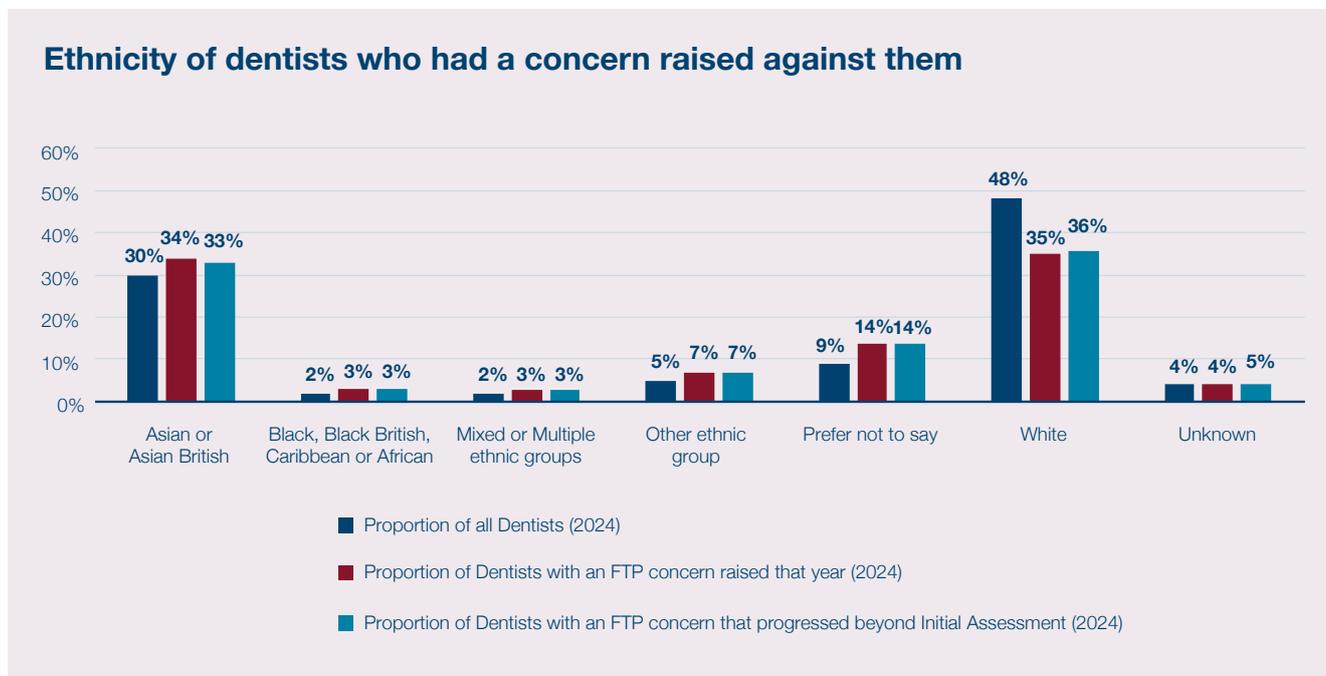


Females contribute to 93% (2023: 93%) to the DCP register, but only account for 76% (2023: 79%) of all concerns raised to the GDC about DCPs.



Per head of population analysis: Ethnicity

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

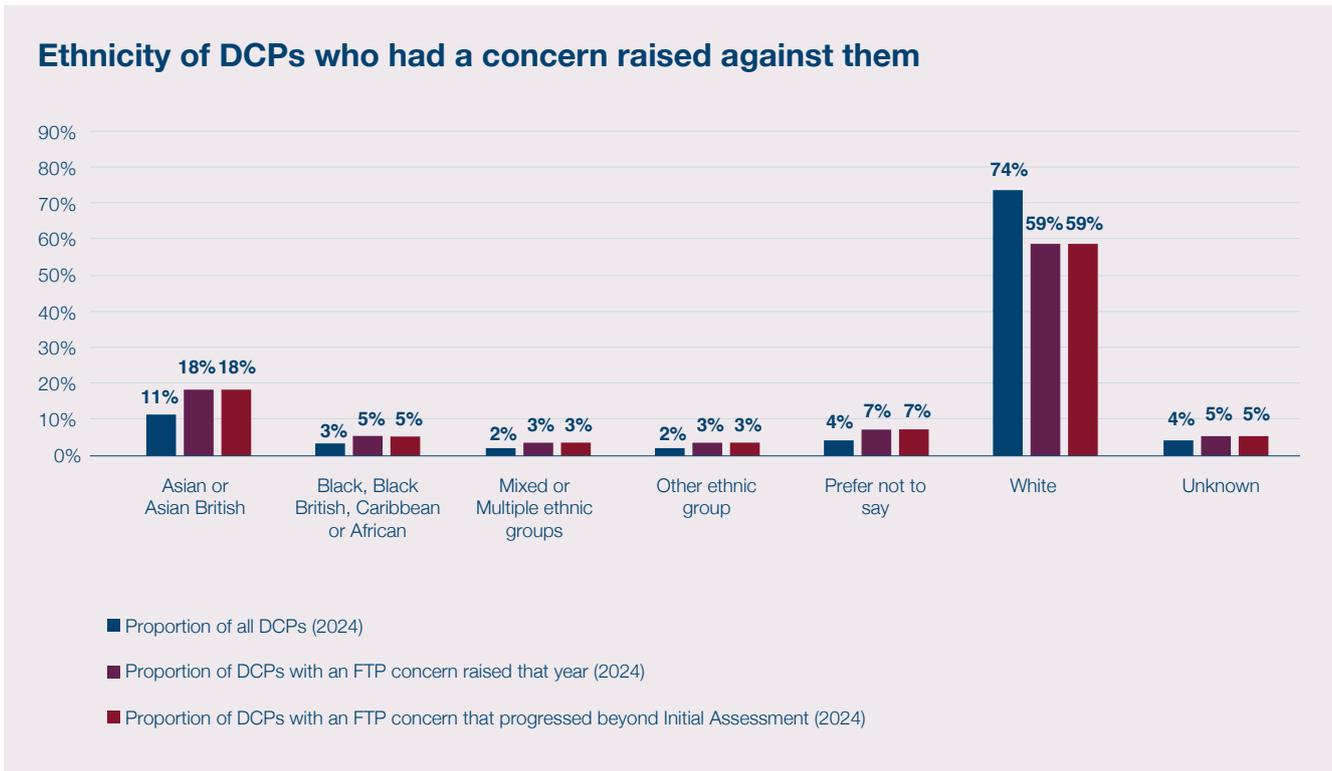


Dentists of an Asian / Asian British ethnicity contribute to 30% (2023: 29%) of the register and account for 34% (2023: 33%) of FTP concerns raised to the GDC.

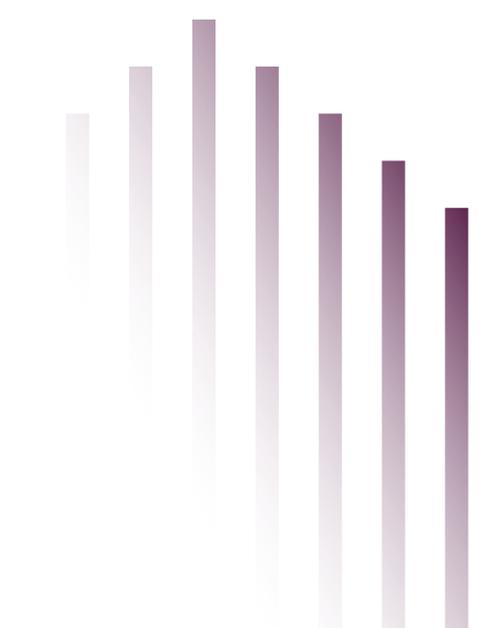
Dentists with a White ethnicity account for 48% of the register (2023:49%) and account for 35% (2023: 41%) of the concerns raised to the GDC.

Around 94% of FTP cases are generated outside of the GDC. The proportion of cases progressed throughout the FTP system, when measured by ethnic group, remain consistent at each point of the system.

There is currently no evidence to suggest that GDC processes systematically exacerbate this bias, however, the GDC will continue to monitor and review its processes.



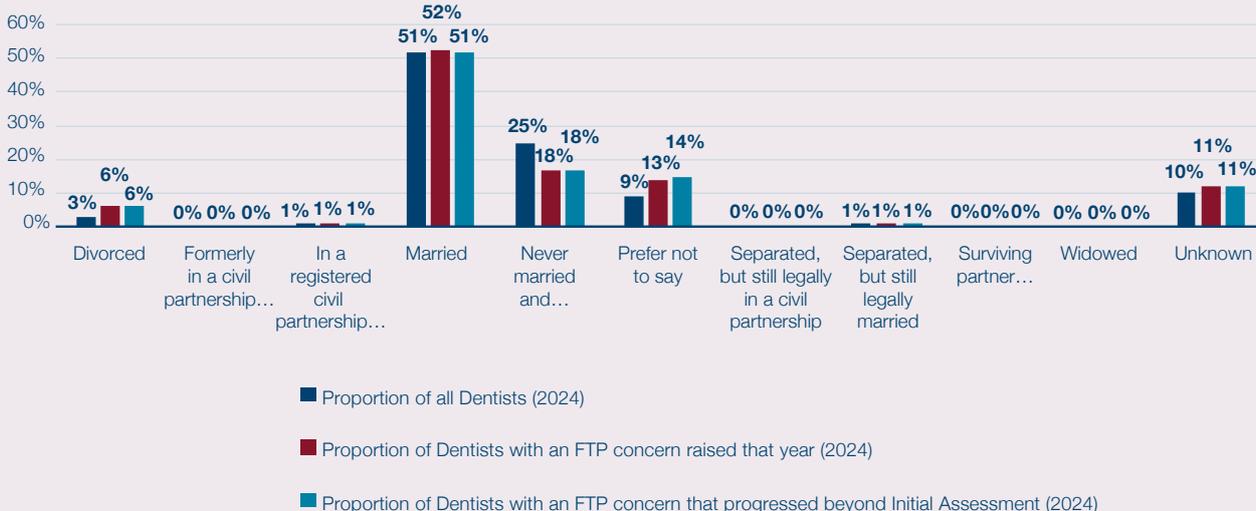
The majority (59%) of DCP concerns raised to the GDC relate to DCPs with a White ethnicity, who contribute nearly three-quarters (74%) of the DCP register. DCPs with an Asian/Asian British ethnicity contribute to 11% of the register, but 18% of all DCP FTP concerns raised to the GDC.



Per head of population analysis: Marital status

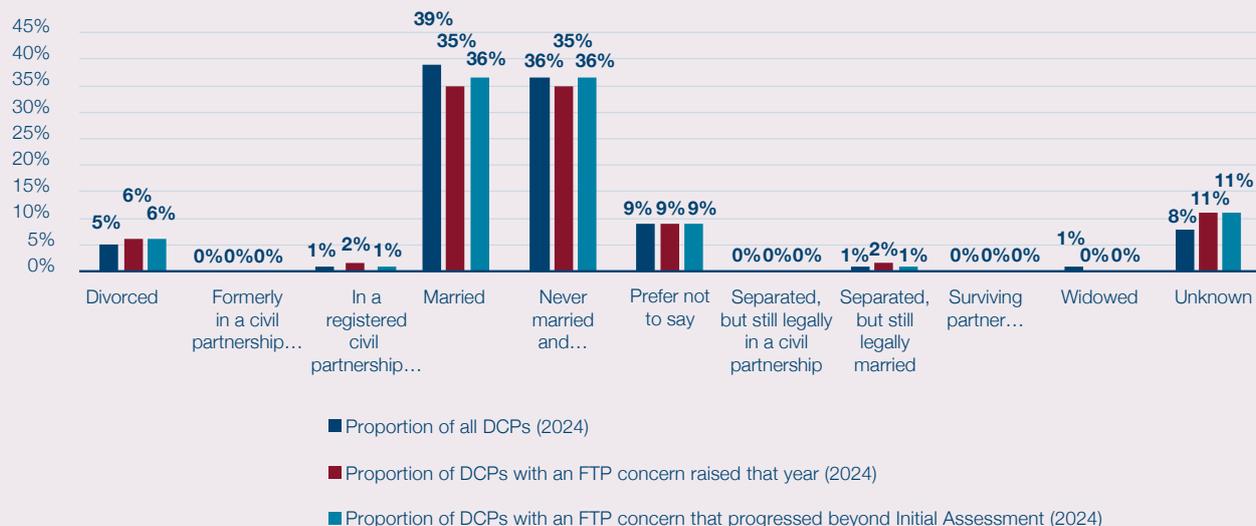
The charts below show how dentists and DCPs are distributed across the marital status categories on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Marital status of dentists who had a concern raised against them



Dentists who are married account for more than half (51%) of the register and is a similar proportion of FTP concerns raised to the GDC. Dentists who have never been married and never registered in civil partnership contribute a quarter of the register but only 18% of the concerns raised to the GDC.

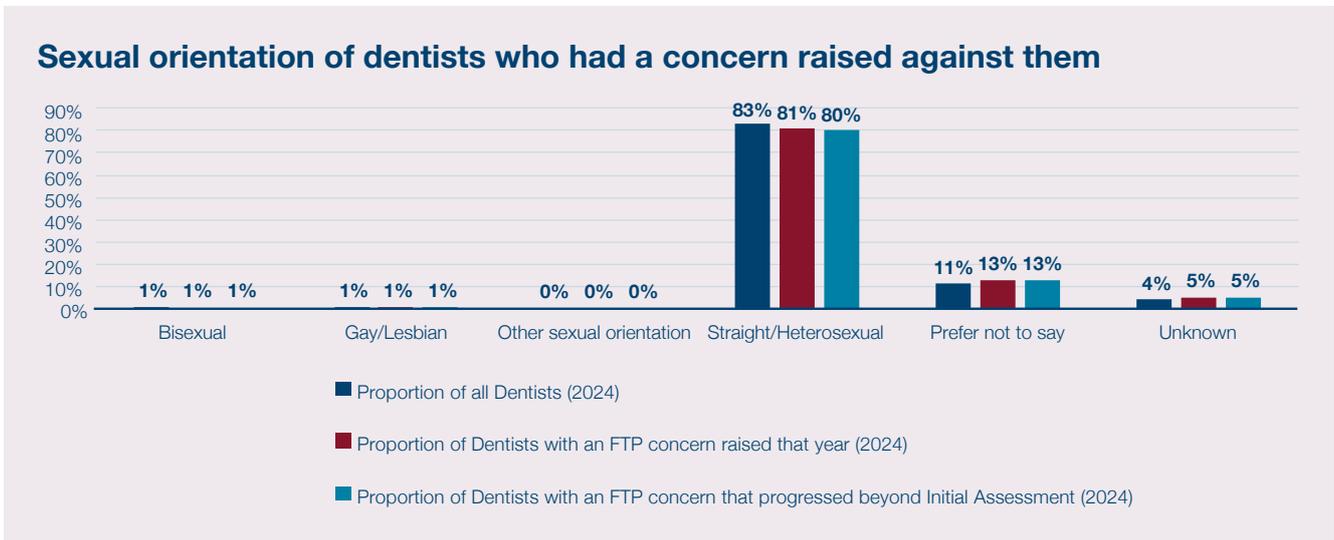
Marital status of DCPs who had a concern raised against them



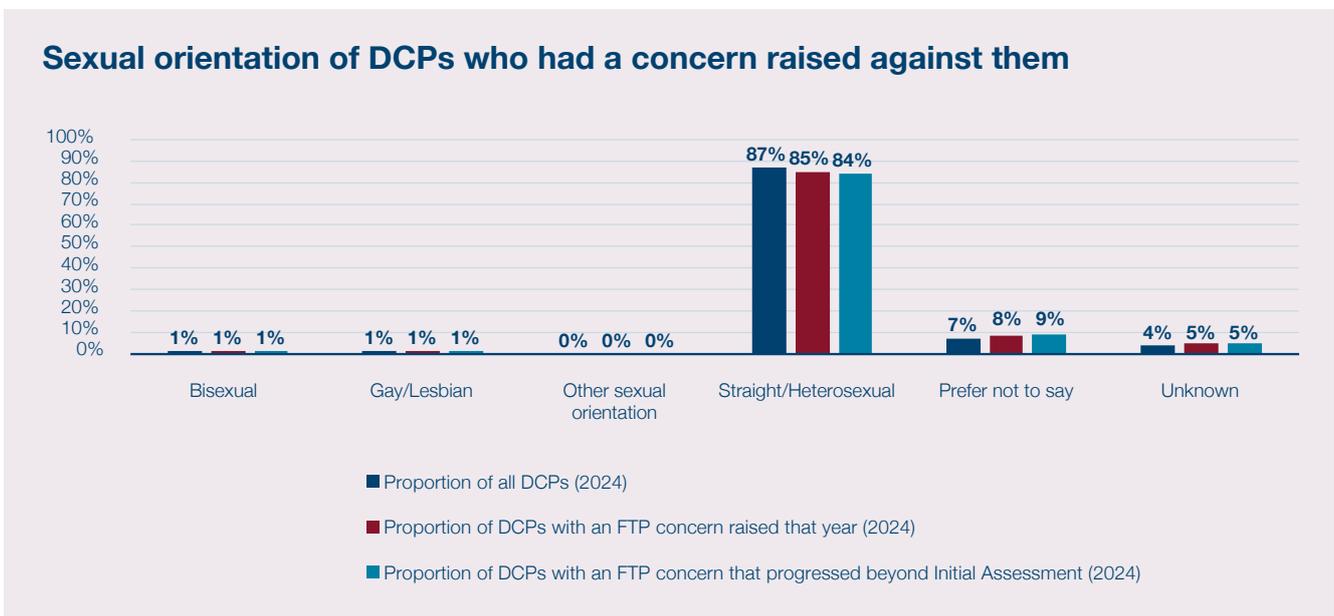
DCPs who are married make up 39% of the register, and 35% of FTP concerns raised that are raised to the GDC. DCPs who are ‘never married and never been in a civil partnership’ contribute 36% to the register and 35% to all DCP FTP concerns raised to the GDC.

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.



Dentists with a ‘Straight/Heterosexual’ sexual orientation account for 83% of the register and 81% of concerns raised to the GDC. These proportions are the same as 2023.

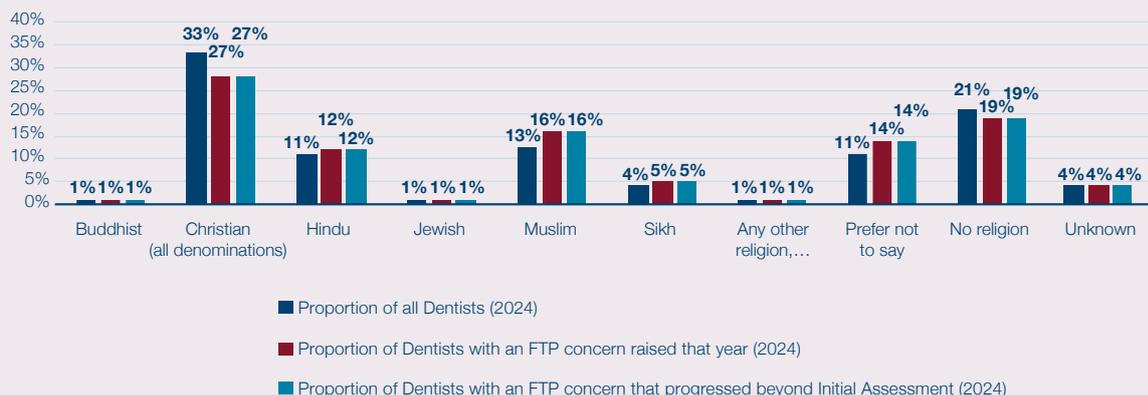


DCPs with a ‘Straight/Heterosexual’ sexual orientation account for 87% of the register and 85% of concerns raised to the GDC. These proportions are the same as 2023.

Per head of population analysis: Religion

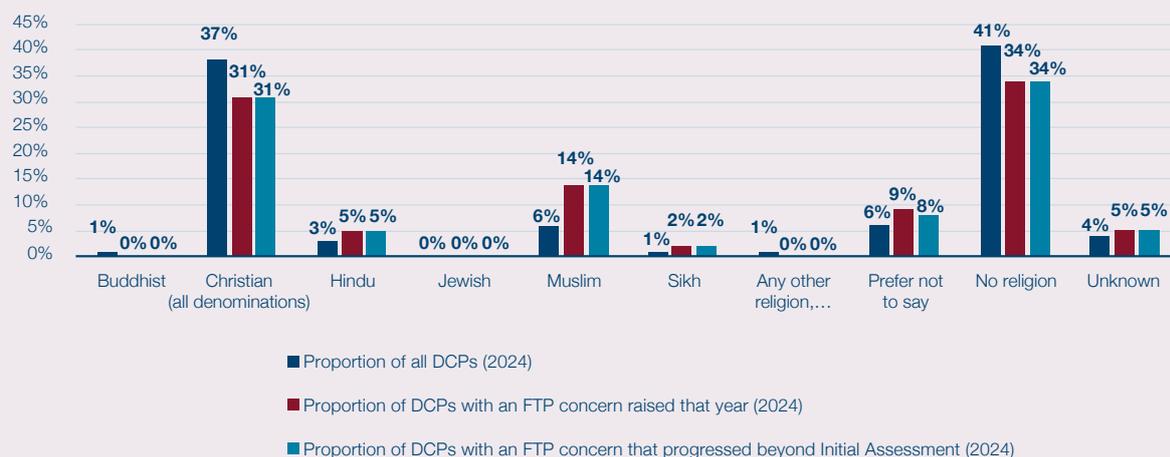
The charts below show how dentists and DCPs are distributed across the religious groups on the register, the concerns being raised with the GDC and those concerns that are subsequently investigated by the GDC.

Religion of dentists who had a concern raised against them



In 2024, dentists who stated their religion as Christian accounted for a third (33%) of the Dentist register and just over a quarter (27%) of FTP concerns raised to the GDC. In 2023, this group contributed a similar proportion (34%) to the register but a larger proportion of total FTP concerns (31%) than in 2024.

Religion of DCPs who had a concern raised against them



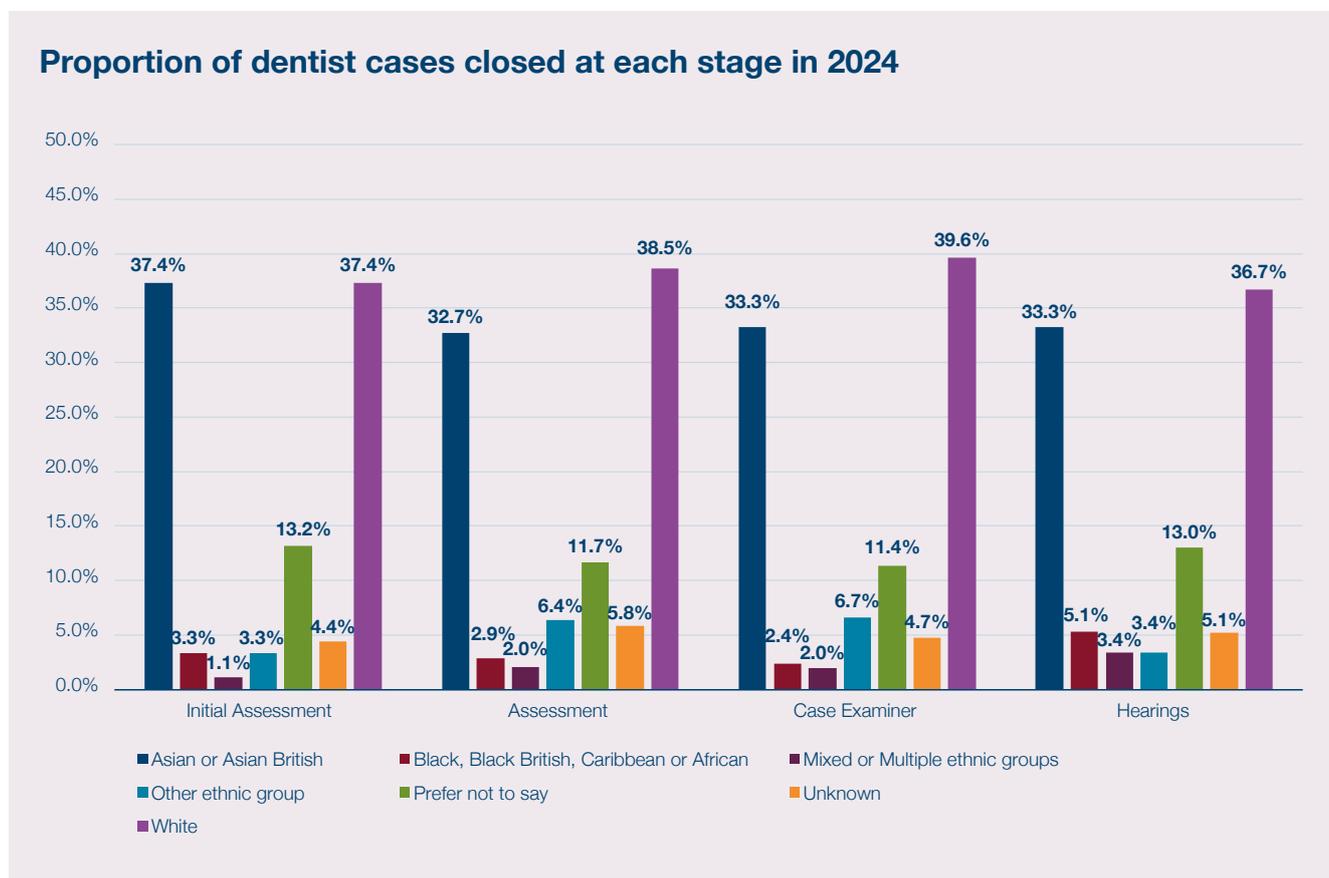
DCPs who state their religion as Christian contribute to 37% of the DCP register and 31% of concerns raised to the GDC in 2024. This group contributed a similar proportion (38%) to the register in 2023, but a larger proportion to all FTP concerns (34%).

More than a fifth, 21% (2023: 21%) of dentists and 41% of DCPs (2023: 41%) have 'No Religion' entered as their religion. Both proportions are the same as 2023

DCPs who stated their ethnicity was Muslim account for 6% of the register but 14% of the new concerns being raised to the GDC in 2024. These proportions have changed since 2023, where DCPs who's stated ethnicity was Muslim accounted for 5% of the register by 11% of new concerns coming into the GDC.

Ethnicity of dentist case closures

The following charts show the proportion of cases that were closed at each stage of FTP by ethnicity in 2024.



This shows the ethnicity of the dentists for every case the GDC investigated and made a decision on, in 2024.

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

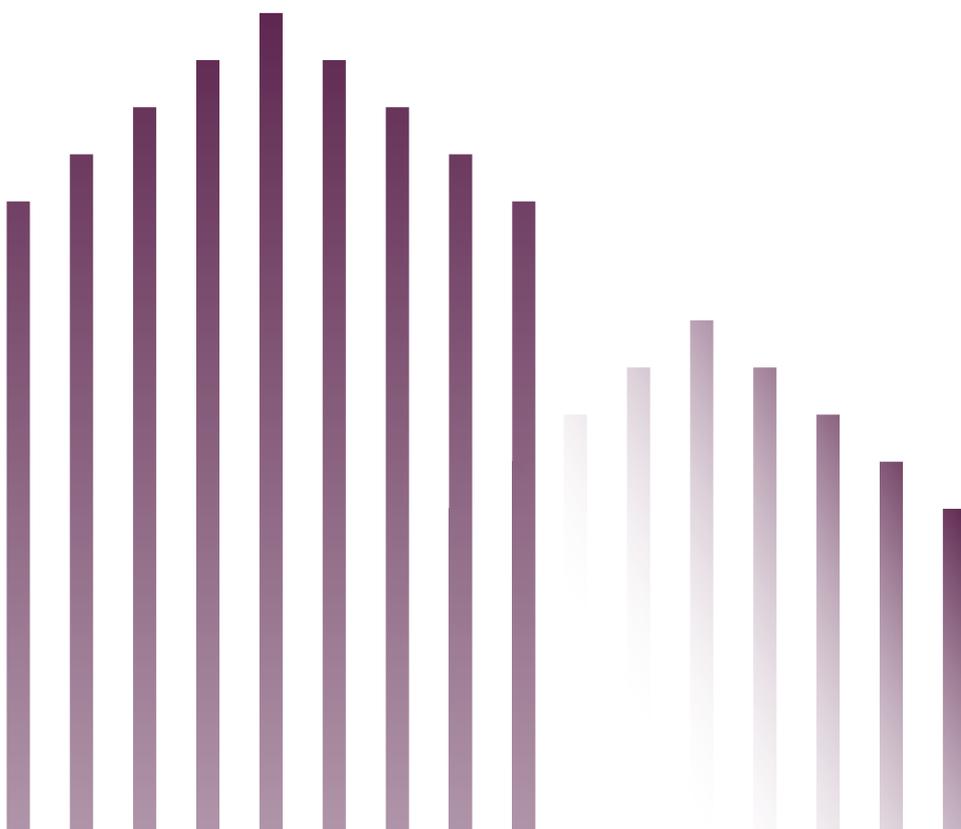
Proportion of dentist cases closed at each stage of FTP from 2019 – 2024

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

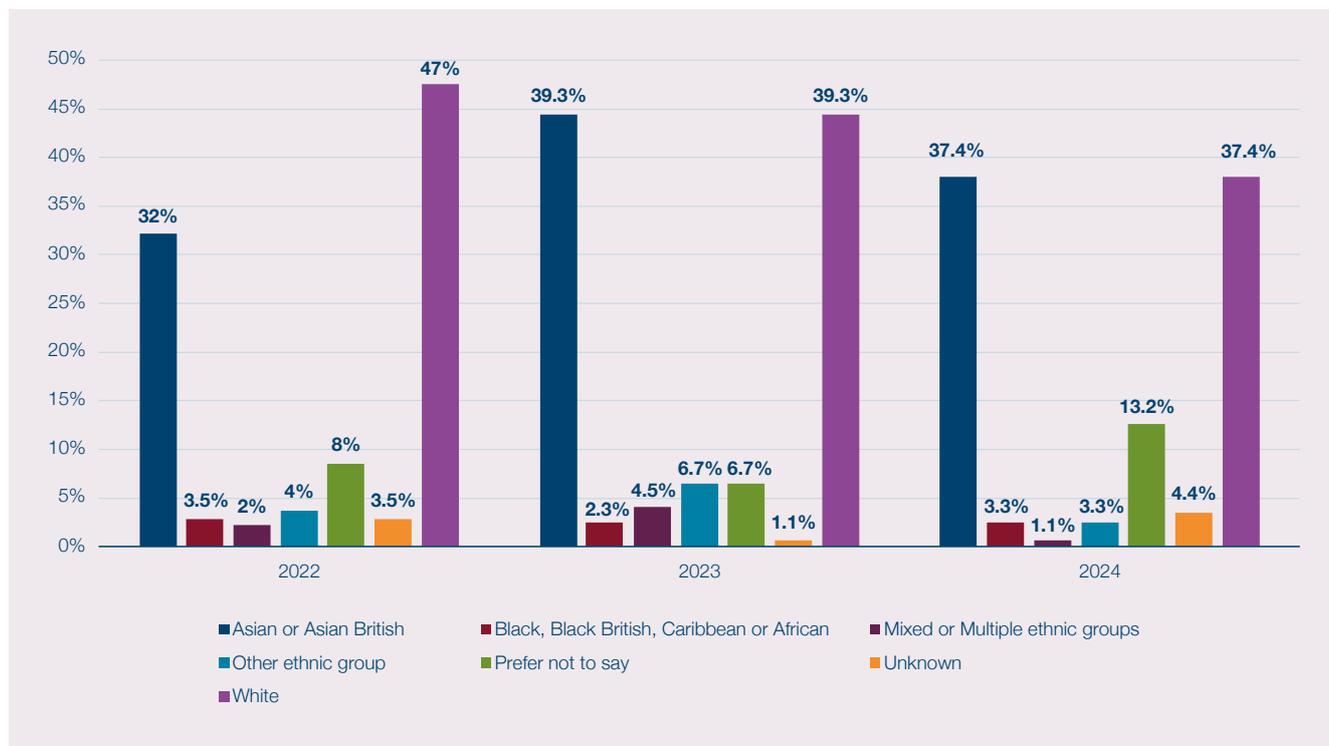
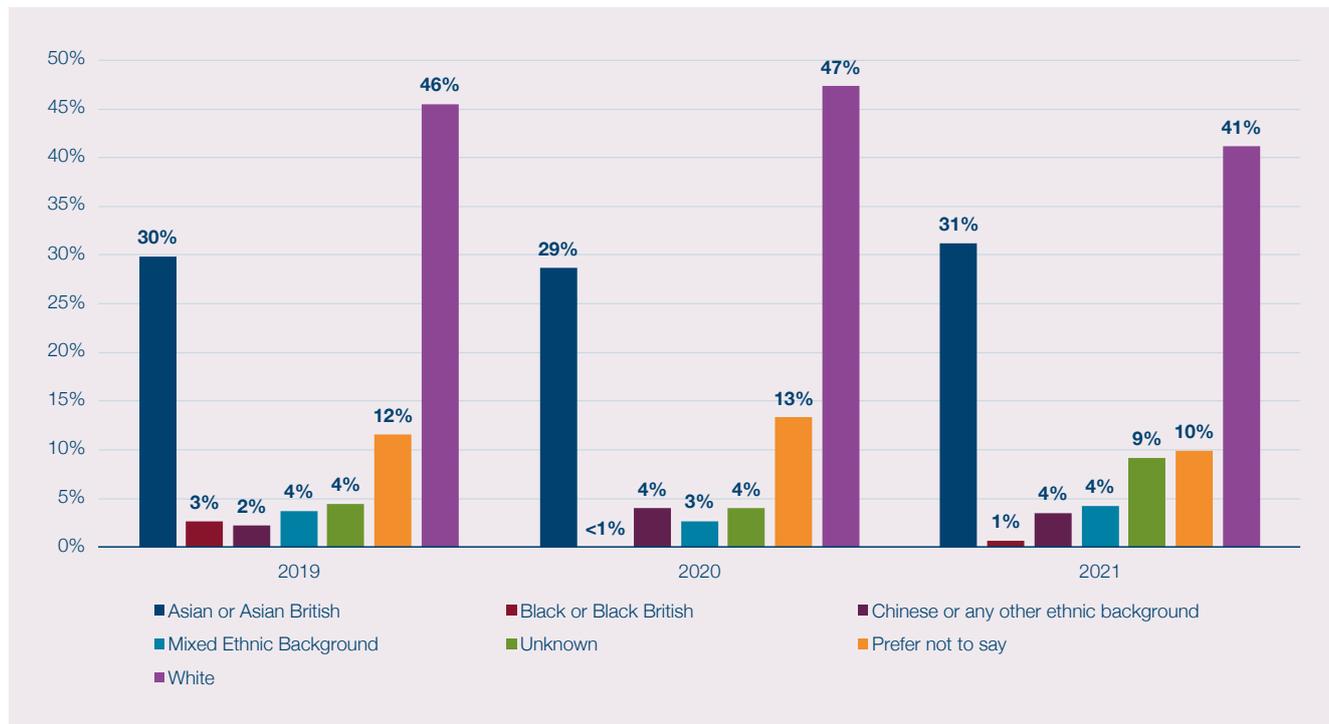
It shows trend data, and is based on percentages, rather than actual numbers. The decisions made at the different stages may refer to cases that were initially received by the GDC in previous years.

As data earlier in this report shows, the numbers of case closures at Case Examiners and at the Hearings stage are far less than at initial assessment. It is important to remember this if comparing the charts below.

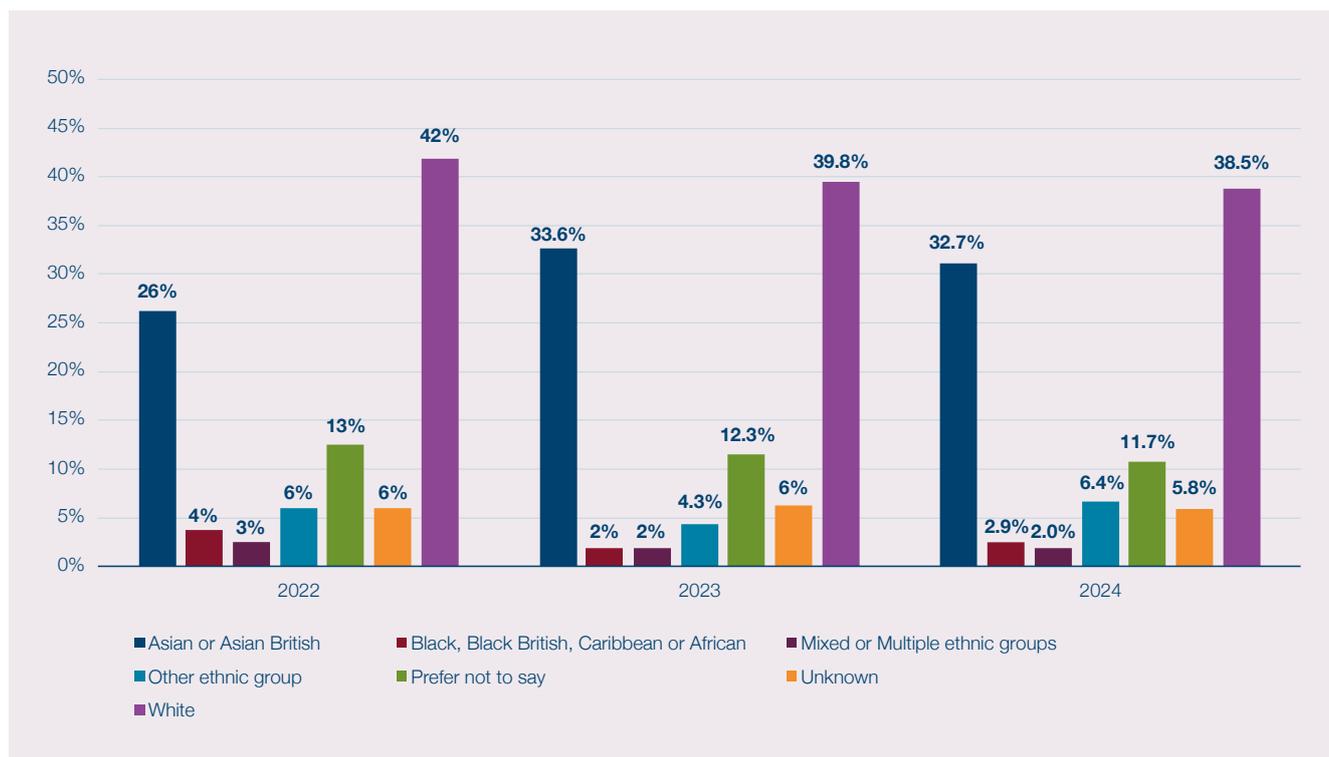
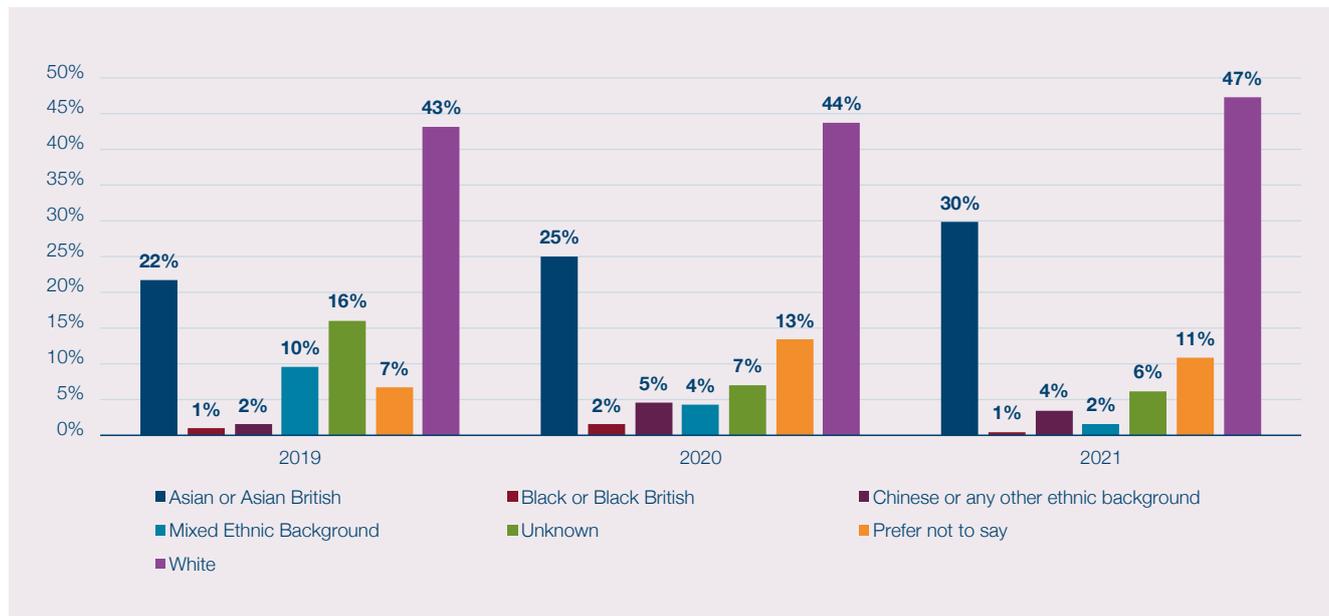
To align with previous reporting the trend data up to 2021 is reported using the old ethnicity categories. Many of the new categories used from 2022 are comparable, however, ‘Mixed’, ‘Other’ and ‘Unknown’ groups, have differences that mean they can’t accurately be compared with previous years. However, it should be noted that these categories are very small.



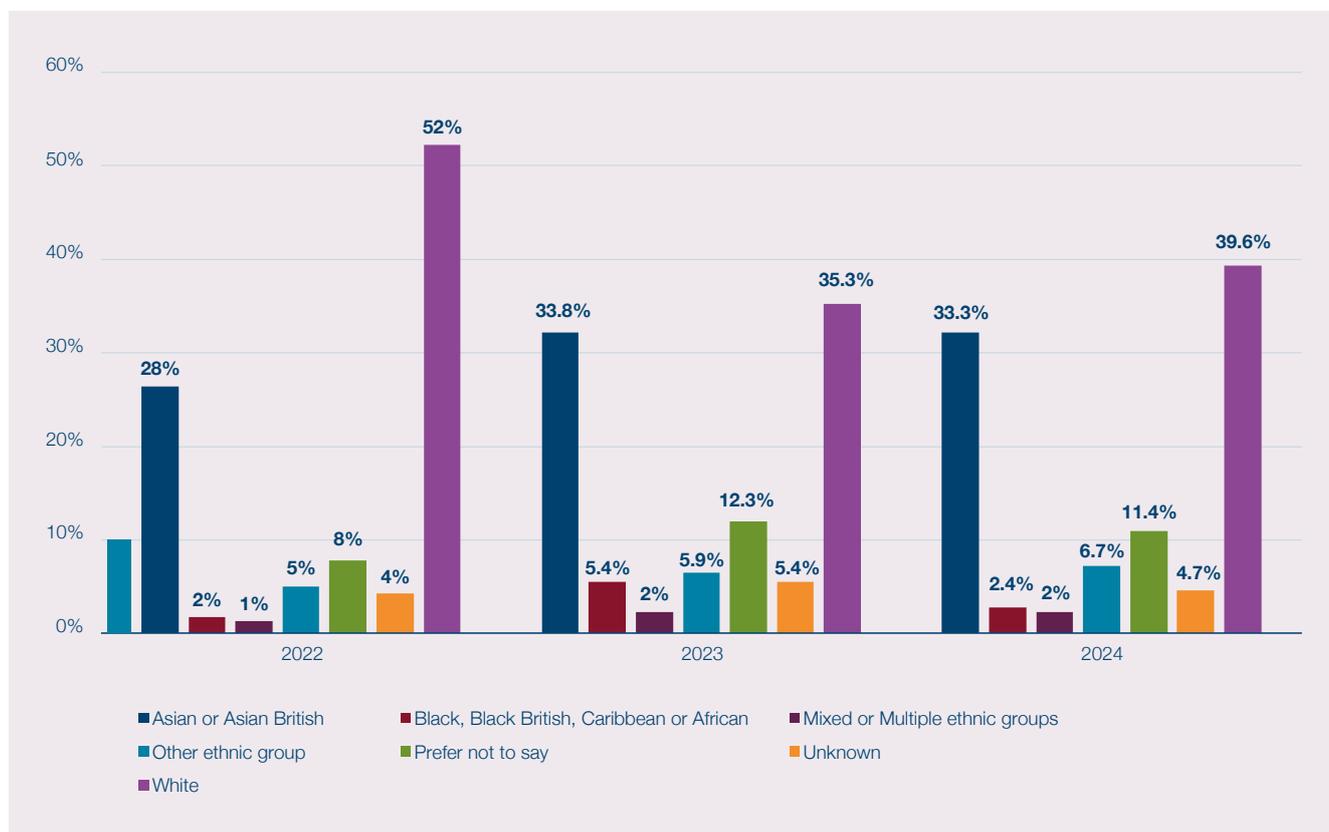
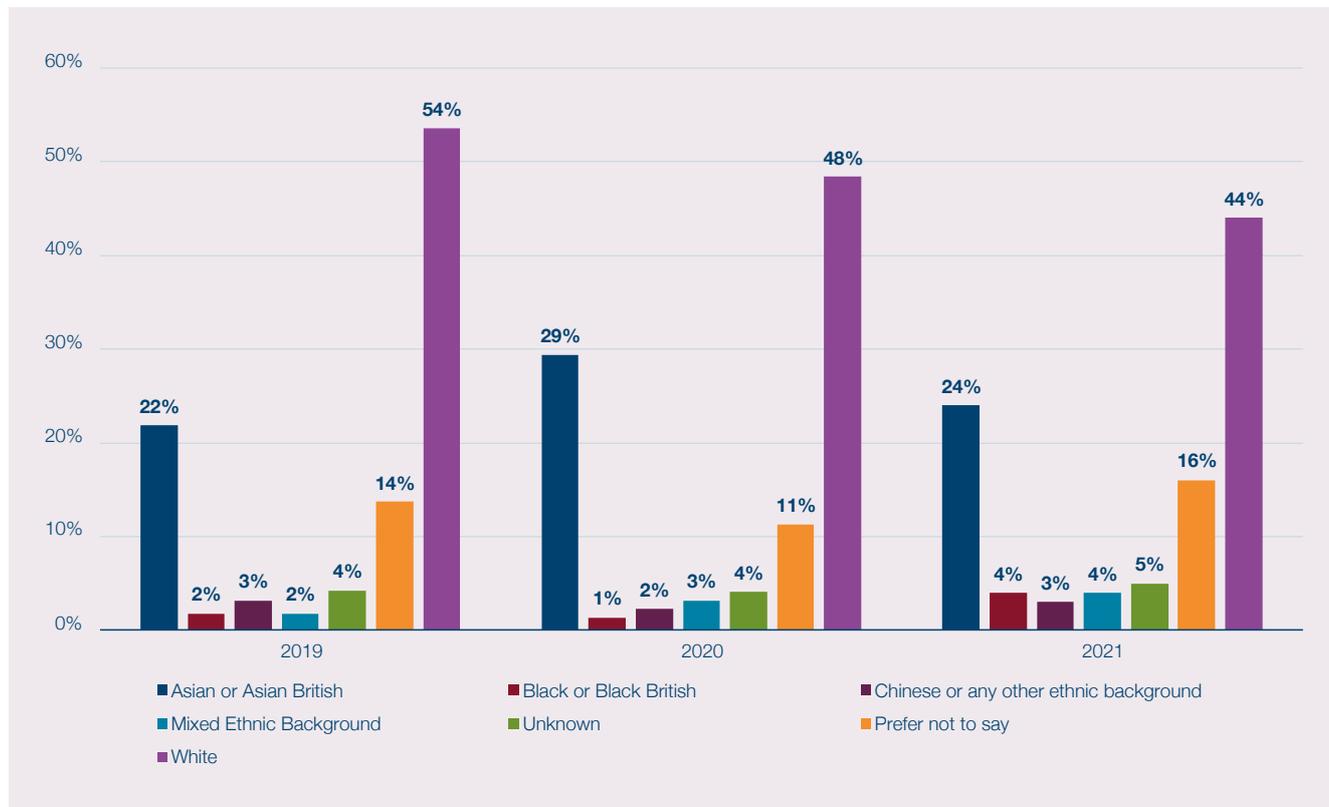
Proportion of dentist cases closed at Initial Assessment stage by ethnicity



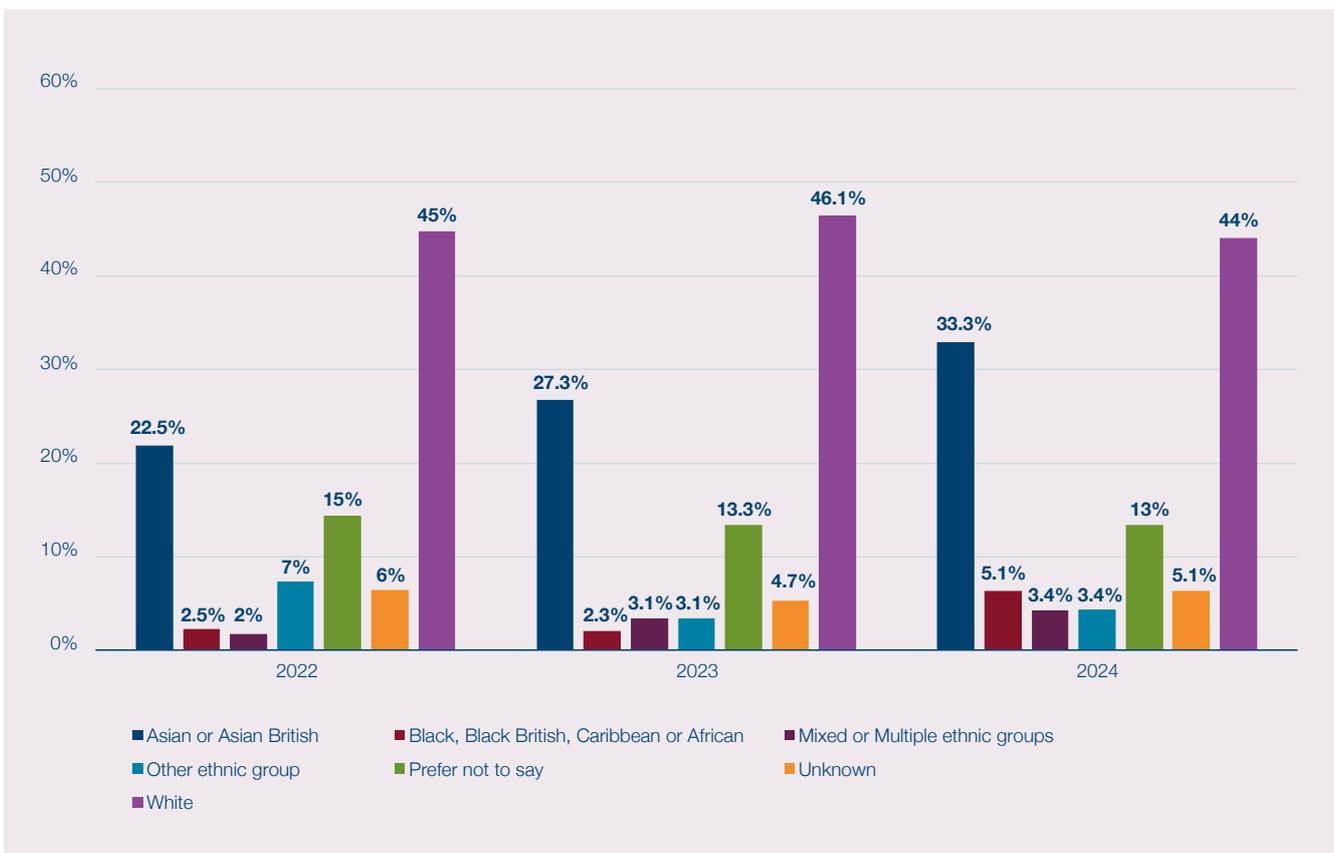
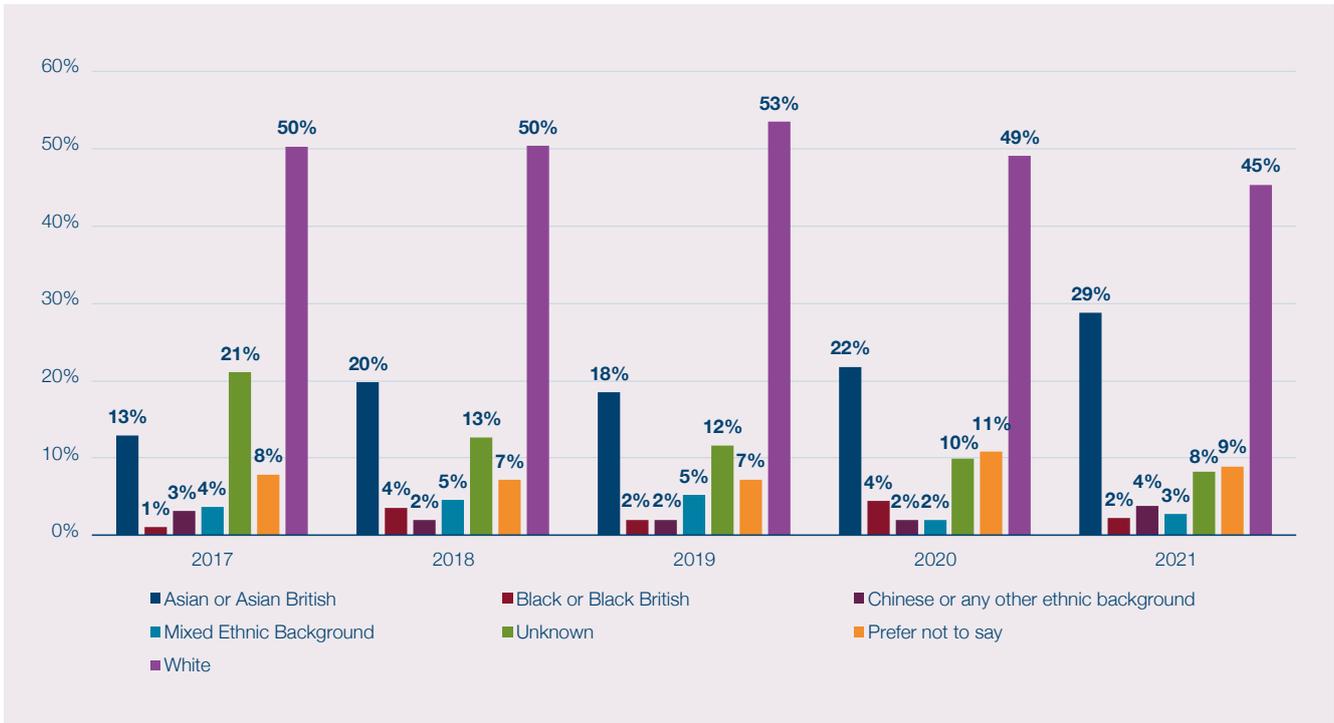
Proportion of dentist cases closed at Assessment stage by ethnicity



Proportion of cases dentist closed at case examiner stage by ethnicity

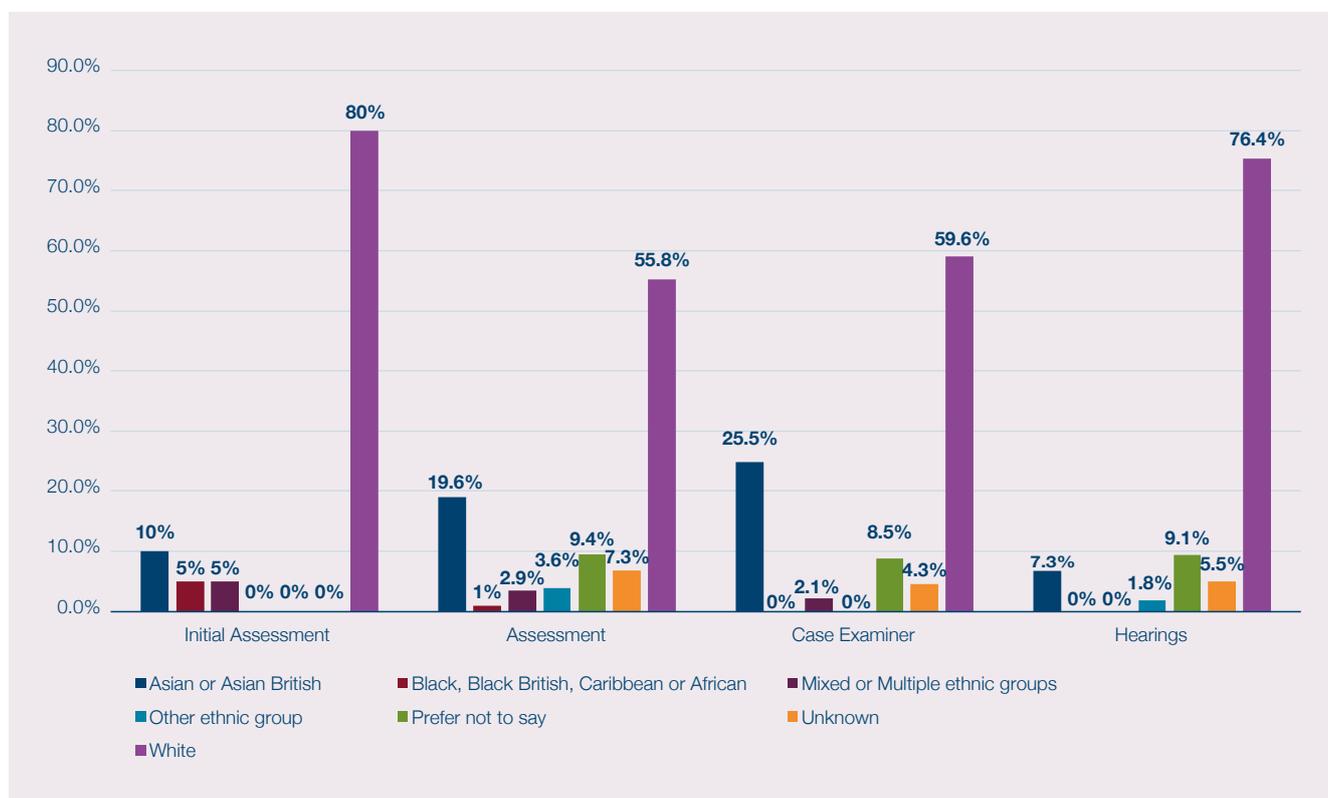


Proportion of dentist cases closed at Hearings stage by ethnicity



Ethnicity of DCP case closures

Proportion of DCP cases closed at each stage in 2024



It shows the ethnicity of the DCPs for every case the GDC investigated and made a decision on, in 2024. The majority of cases closed across all the stages of the FTP process related to white ethnicity respondents.

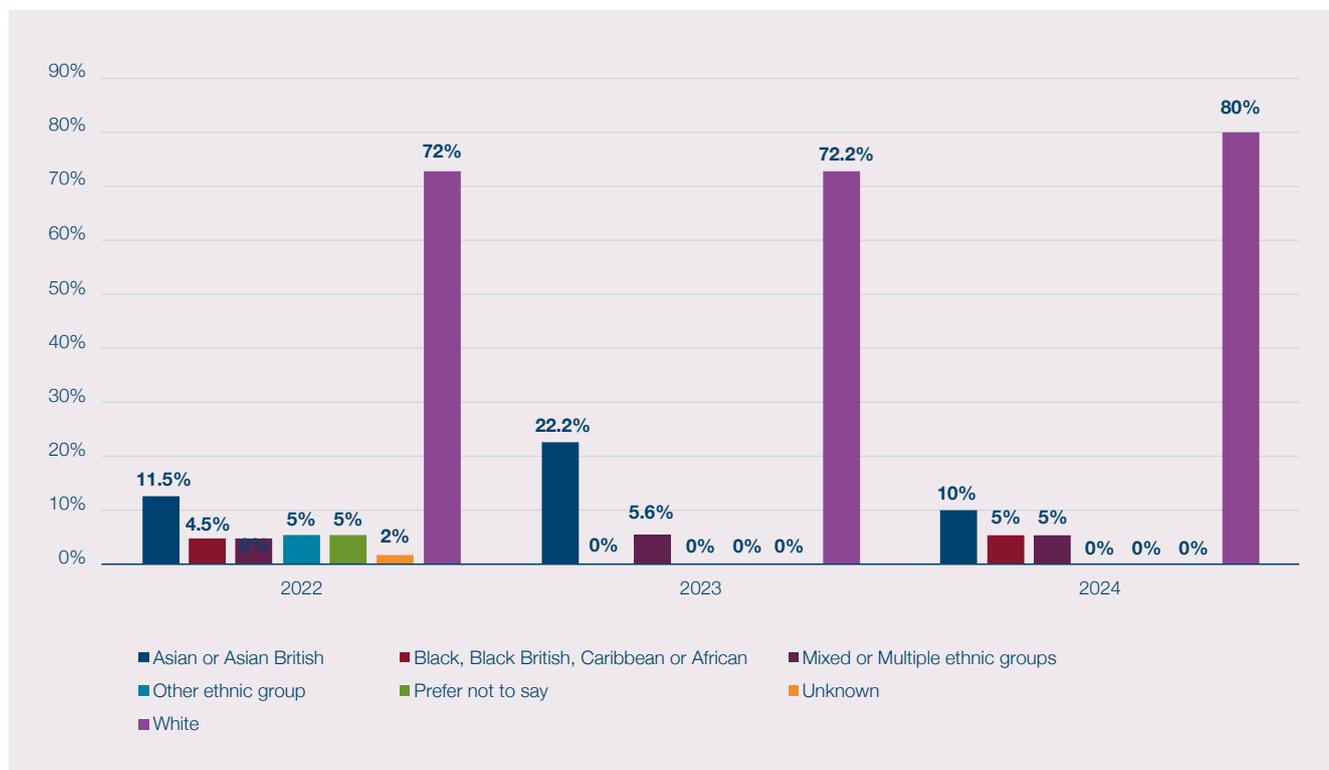
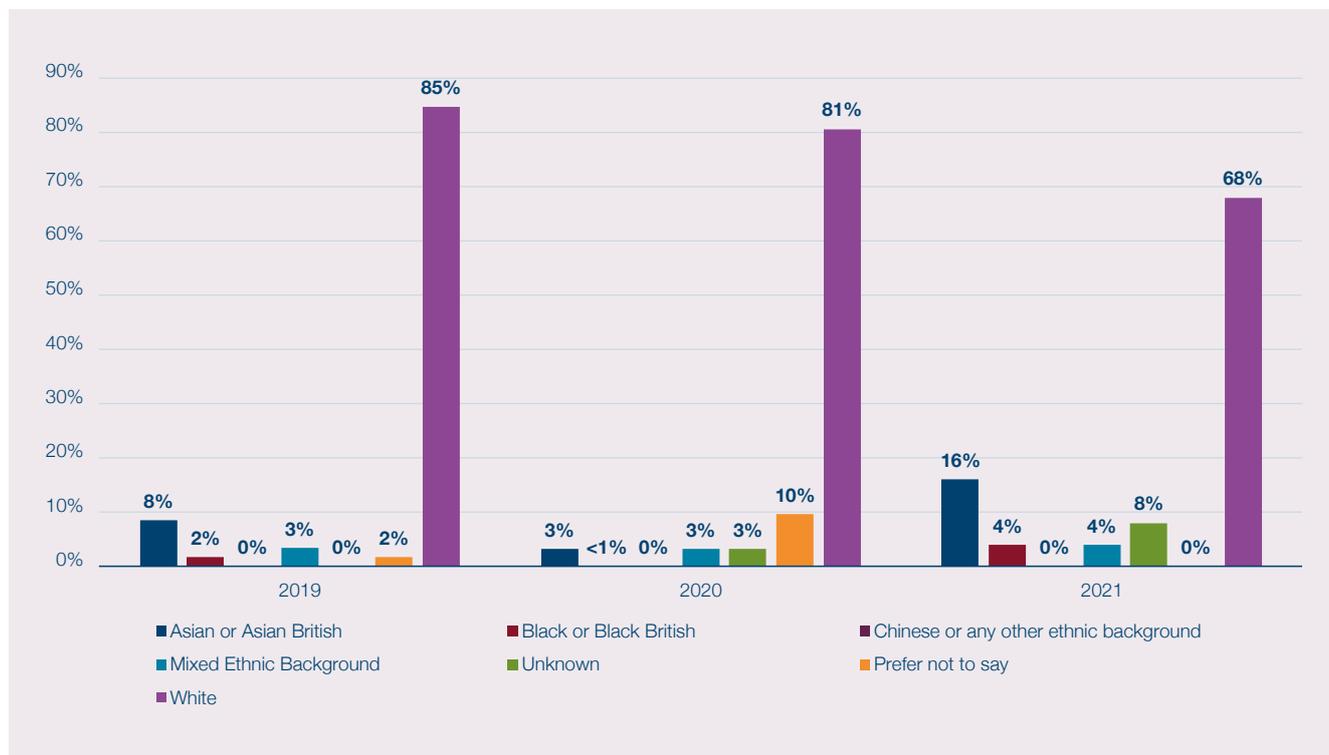
Proportion of DCP cases closed at each stage from 2019 – 2024

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

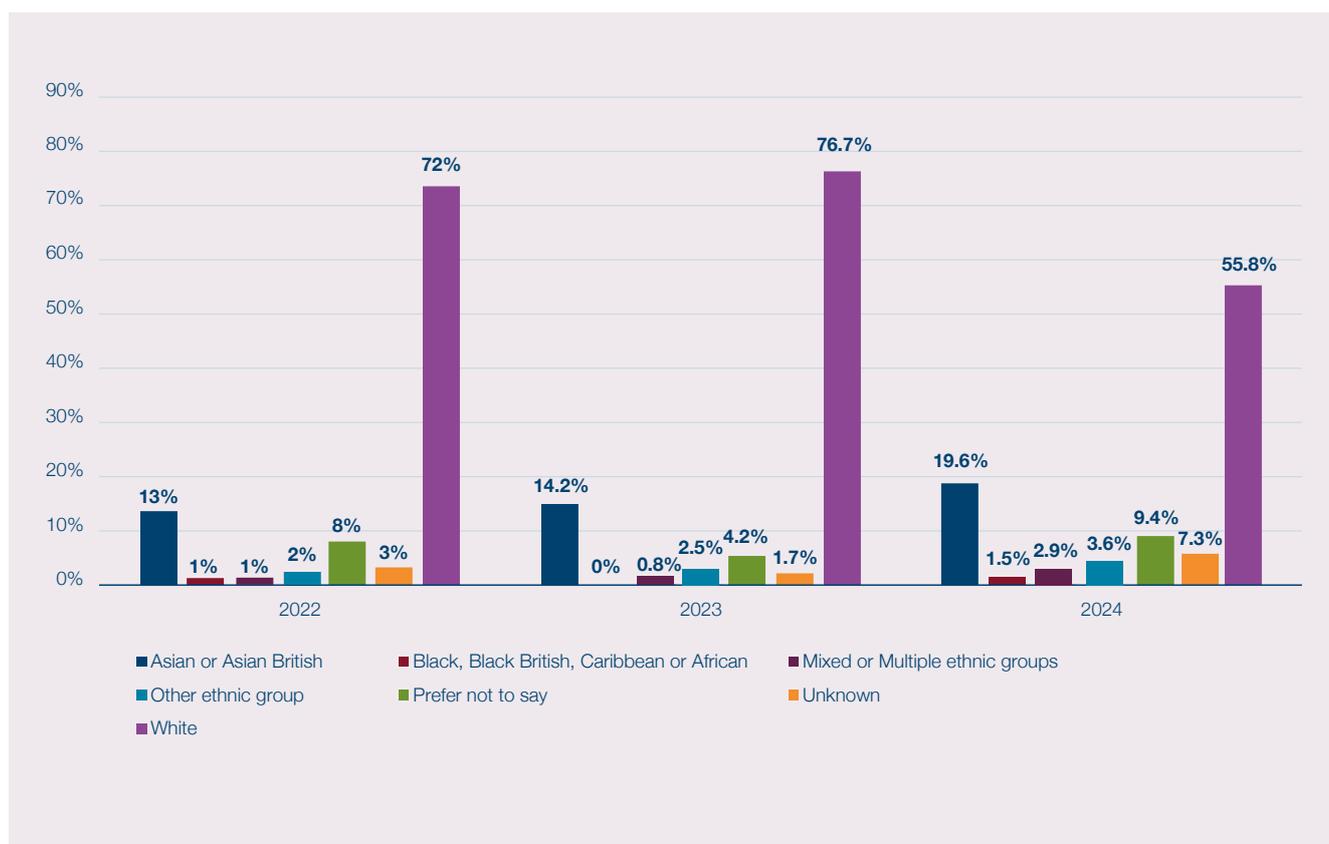
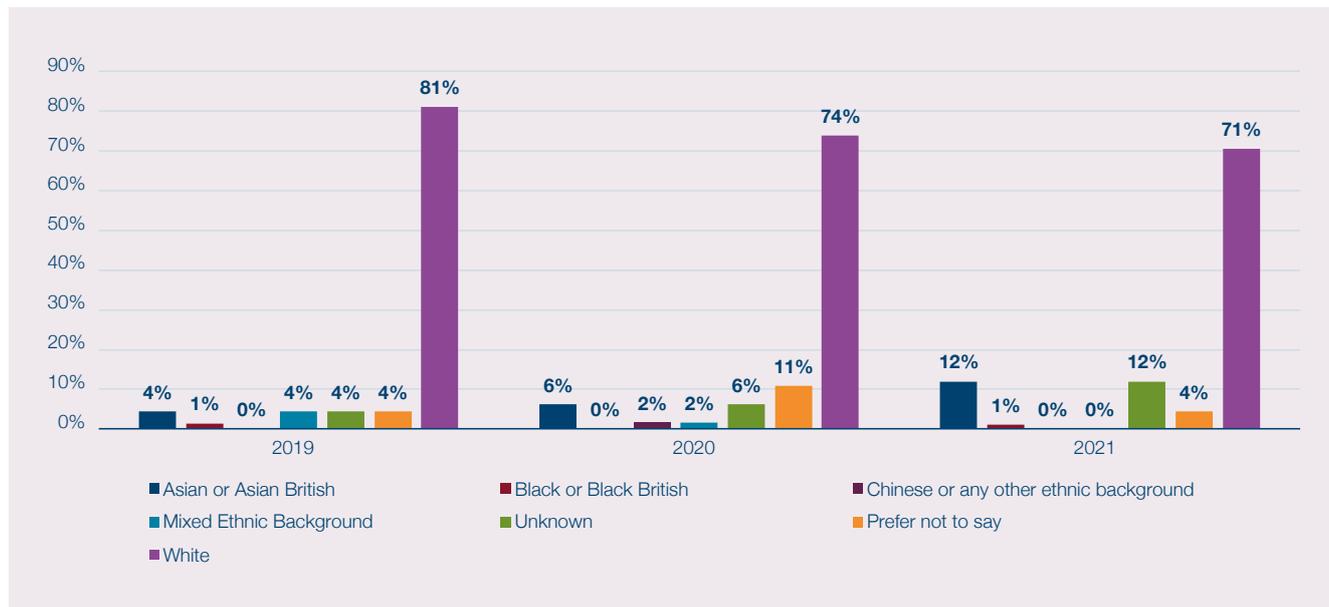
It shows trend data, and is based on percentages, rather than actual numbers. The decisions made at the different stages may refer to cases that were initially received by the GDC in previous years.

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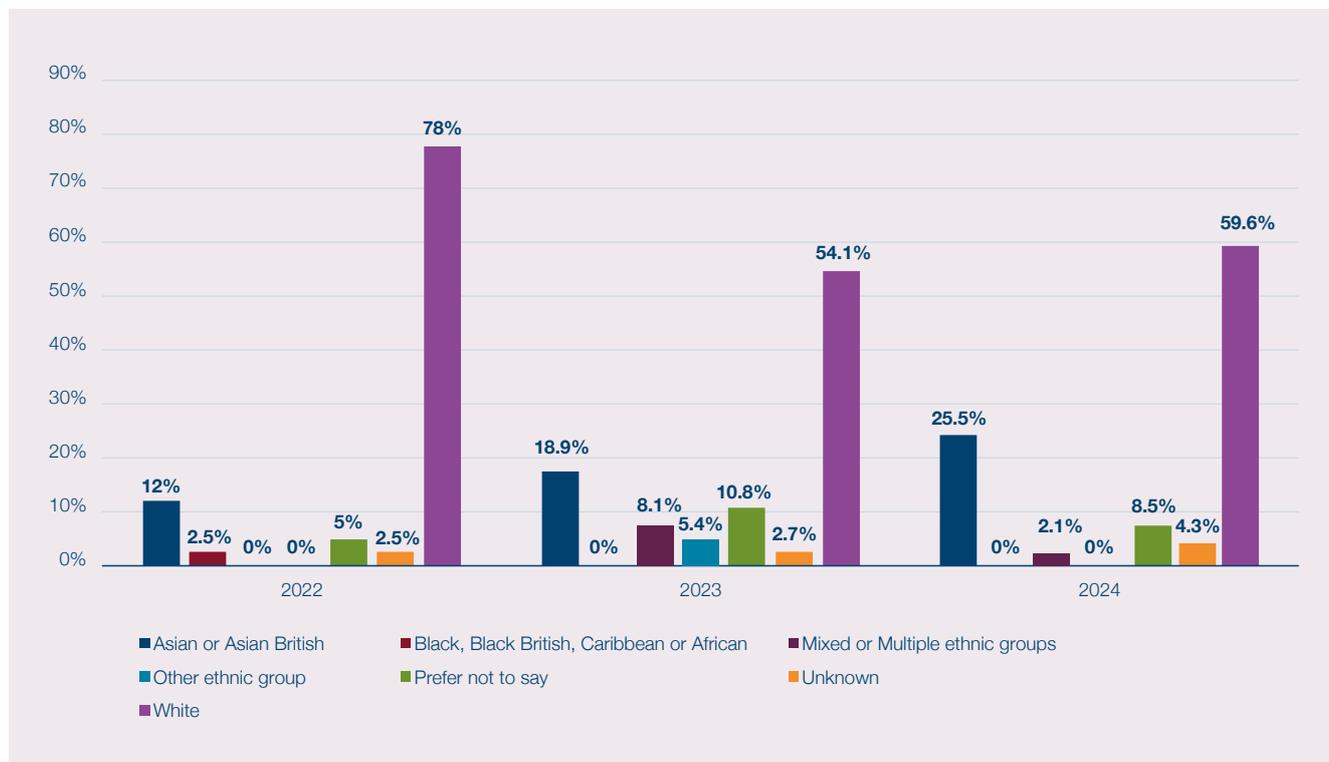
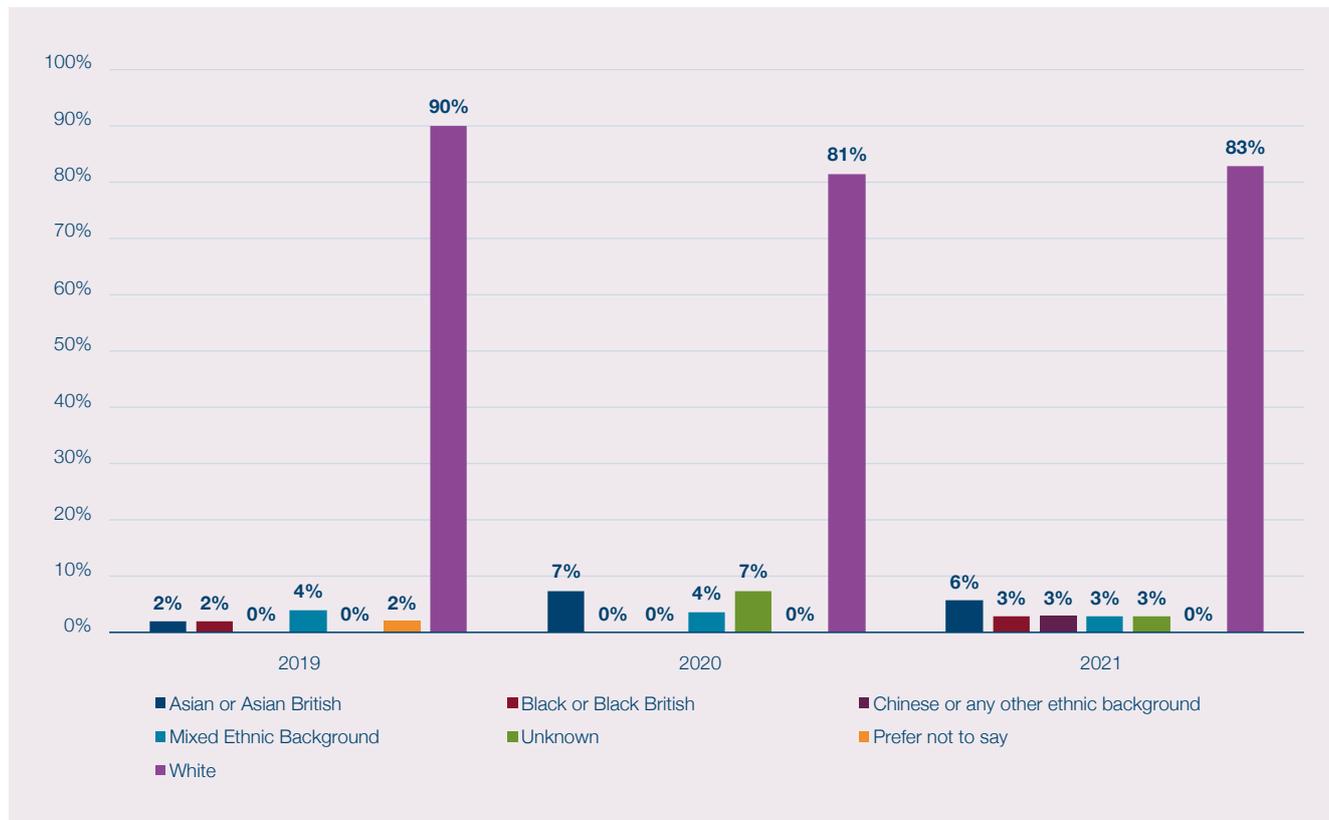
Proportion of DCP cases closed at Initial Assessment stage by ethnicity



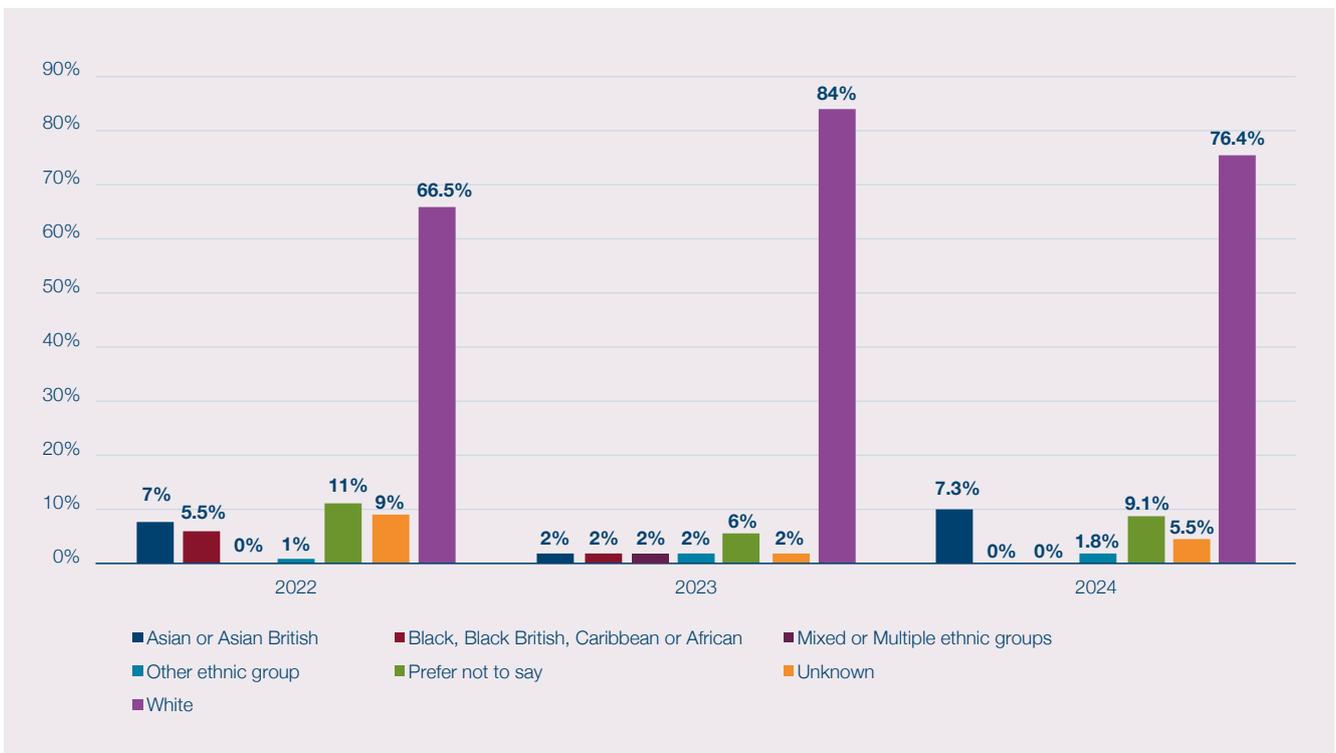
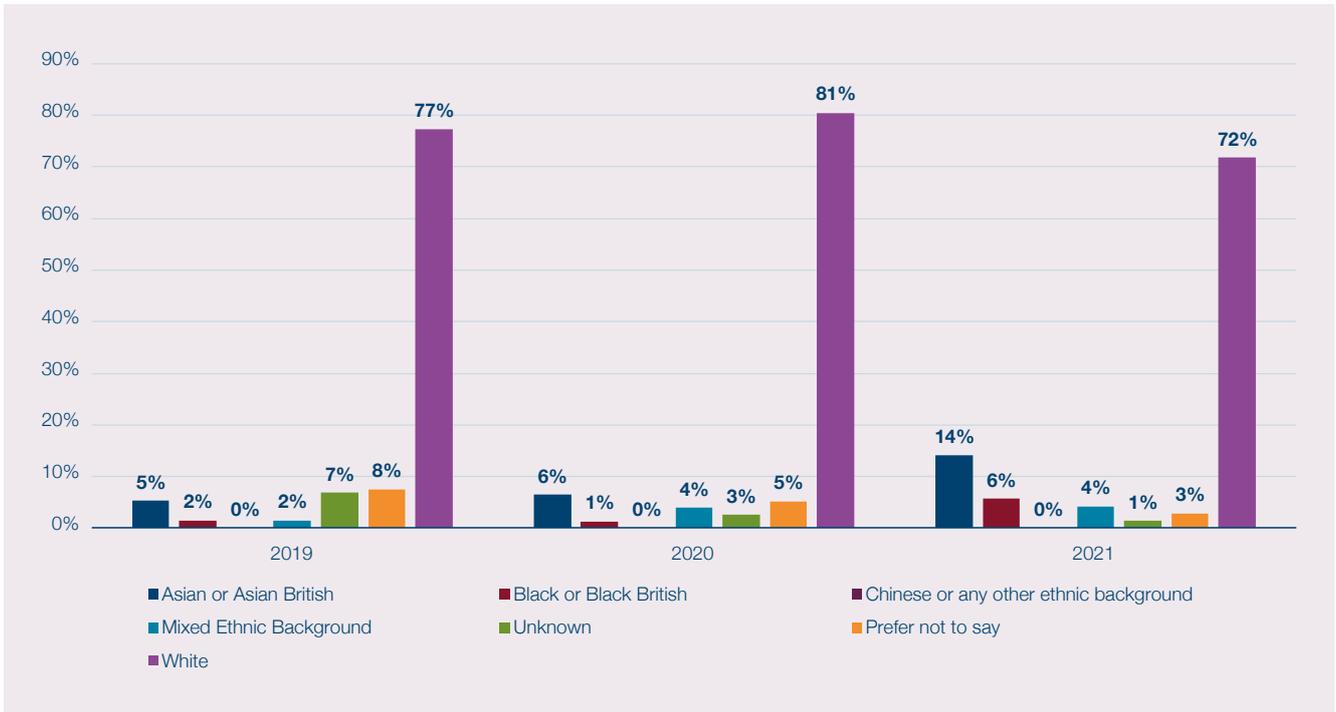
Proportion of DCP cases closed at Assessment stage by ethnicity



Proportion of DCP cases closed at Case Examiners stage by ethnicity



Proportion of DCP cases closed at Hearings stage by ethnicity



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