

# **Guidance on Reporting Matters to the General Dental Council**

## **Consultation Outcome Report**

# Guidance on Reporting Matters to the General Dental Council

## Consultation Outcome Report

Published December 2024  
© Copyright General Dental Council 2024  
The General Dental Council is a public body created by statute.

This information is licensed under the [Open Government Licence v3.0](#).



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.

Any 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:  
Guidance on Reporting Matters to the General Dental Council, licensed under the [Open Government Licence](#).

# Contents

<b>Introduction</b>	<b>4</b>
<b>Background</b>	<b>5</b>
<b>Consultation on the Guidance on Reporting Matters to the GDC</b>	<b>6</b>
<b>Headline analysis of consultation responses</b>	<b>7</b>
<b>General feedback</b>	<b>10</b>
<b>Specific feedback</b>	<b>11</b>

## Introduction

The General Dental Council (GDC) consulted on proposed guidance on reporting matters to the GDC for 12 weeks between 16 March 2023 and 8 June 2023.

The GDC has been reviewing the guidance that we provide dental professionals, and we are proposing a move towards an approach that better supports professional decision making. We have been exploring the concept of professionalism, and how we can provide the dental team with the right level of guidance and the space needed to make informed judgements.

We have made commitments to these aims in our [Corporate strategy 2023-2025](#). The Guidance on Reporting Matters to the GDC was drafted to consolidate into one place all related guidance and clarify the things we expect each individual dental professional to report to us, in the interest of patient safety and public confidence.

## Background

The GDC is the regulator of dental professionals in the UK, and one of nine professional healthcare regulators. The GDC is a statutory body established by the Dentists Act 1984 ('the Act') and has a broad statutory remit. In common with all other healthcare professional regulators, our overarching objective, added to the Act by the Health and Social Care (Safety and Quality) Act 2015, is the protection of the public, to which we must pursue the three following objectives:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the regulated professions.
- To promote and maintain proper professional standards and conduct for members of those professions.

Parliament has also set out four functions (our 'statutory functions') that we must carry out in pursuit of these objectives. They are:

- To maintain a register of dental professionals.
- To set standards for the dental team.
- To set standards for dental education.
- To investigate allegations of impaired fitness to practise and take appropriate action where necessary.

Within our statutory functions and specified powers, we have specific duties, but also significant discretion about how we achieve our objectives. We exercise this discretion in a number of ways. For example, we have discretion in the way in which we provide guidance about the standards we expect dental professionals to meet. This means we can provide this guidance in a way that we consider will work best for the profession and maintain public confidence in dentistry. We recognise that individuals will have different preferences for the degree of detail, prescription, and direction the GDC provides through guidance.

The purpose of the Guidance on Reporting Matters to the GDC is to consolidate guidance on all matters dental professionals are required to report to the GDC. This means bringing together information that is currently detailed in the initial registration/restoration form, the [Standards for the Dental Team](#) and [Guidance on Reporting Criminal Proceedings guidance](#). The guidance also refers to the things that we expect dental professionals to report to us, to fulfil their professional duty to protect patients and uphold confidence in the professions.

# Consultation on Guidance on Reporting Matters to the GDC

## Questions and analysis

To assist with the analysis of responses, the following information about respondents was gathered:

- whether a respondent was replying as an individual or on behalf of an organisation
- if they are a registered dental professional (including the title of their professional group)
- if they are on a specialist list
- how they would best describe themselves or their organisation.

We asked 13 questions in the consultation about the proposals. Five questions were scale questions, which required the respondent to indicate one answer from a pre-set list. Each of these scale questions was followed by an open question asking people to explain their answer. There were three further open questions, and respondents were able to answer these questions in an open text box.

Separately to the questions we asked about the proposed guidance, we provided an anonymous optional survey to collect information about the protected characteristics of the people making responses. We collect this data in order to understand who we are, and are not, hearing from to ensure we are reaching out to a wide range of audiences when consulting. Of the 49 respondents who completed the consultation survey, 12 people answered this voluntary Equality, Diversity and Inclusion (EDI) survey, and these responses were spread across a variety of options within each of the EDI questions. This dataset is too small to include analysis in this consultation response. However, we will continue to analyse the EDI survey responses across all our consultations, to ensure we are doing more to engage hard to reach groups.

## How we reviewed the consultation responses

We started the analysis of the responses once the consultation window closed. Responses for closed (quantitative) questions are reported in the form of summary tables. For open text (qualitative) questions, a coding framework was prepared for each question to categorise each response and identify key themes across all responses.

## How we promoted the consultation and engaged with stakeholders

Prior to the launch of the consultation, we developed a communications and engagement plan. At the launch of the consultation, we made the consultation materials available on our website and promoted them with correspondence to our stakeholders, social media posts and a press release. We also included announcements and reminders of the consultation via our monthly newsletter to stakeholders.

We used the opportunities in our regular meetings with stakeholders to introduce the consultation and encourage responses. We also held an online stakeholder event on 5 June 2023 which was attended by over 60 people including dental professionals and indemnity providers.

## Headline analysis of consultation responses

**Respondents had the option to either read and respond to the consultation paper via an online survey or download a copy of the paper and submit their response via email or post.**

We received 51 responses to the consultation. 49 of these were submitted to us using the online survey. Two responses were submitted from organisations via email.

27 of the responses were submitted by individuals. 11 responses were from organisations, which were a mixture of professional representative bodies, the NHS, and providers of insurance and indemnity cover. We also received a response from the Professional Standards Authority (PSA). 13 respondents did not state whether they were responding as an individual or on behalf of an organisation.

**Table 1 – Number of responses from organisations and individuals**

N=51 responses

Response	No. of responses*	% of responses**
Individual	27	53%
Organisation	11	22%
Blank/did not say	13	25%
<b>Total</b>	<b>51</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*For each of the tables the percentages have been rounded up or down to the nearest whole number.

**Responses were made on behalf of the following organisations who have agreed to be listed in this report:**

1. Bangor University (Dental Nursing)
2. British Association of Dental Nurses (BADN)
3. British Association of Private Dentistry (BAPD)
4. British Dental Association (BDA) and BDA Indemnity
5. Clyde & Co LLP
6. Dental Protection
7. Dental Technologists Association (DTA)
8. Department of Health NI
9. Medical and Dental Defence Union of Scotland (MDDUS)
10. Northern Ireland Medical and Dental Training Agency (NIMDTA)
11. Society of British Dental Nurses (SBDN)

During the analysis period, we also received verbal feedback from an indemnity provider on some aspects of the consultation. We have considered this feedback alongside other responses, but have not included these within the numerical analysis.

Not all respondents answered every question, and in our analysis of each question we have adjusted the base rate number (n) to reflect the number of completed responses.

In general, responses from organisations contained more detail than those from individuals, and this is reflected in the analysis of the feedback. The breakdown of the responses we received can be found in the tables below.

**Table 2 – Responses broken down by type of organisation or individual**

N=37 responses

Response	No. of responses*	% of responses**
Education or training provider	4	11%
UK registered dental professional	16	43%
Dental patient or member of the public	0	0%
Professional body	9	24%
NHS body	3	8%
Regulator	1	3%
Training or studying to join the register	0	0%
Other	4	11%
<b>Total</b>	<b>37</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*For each of the tables the percentages have been rounded up or down to the nearest whole number.

37 respondents told us which category of individual or organisation they identified with.

16 respondents identified themselves as a UK registered dental professional. This was the biggest group to submit responses.

We received responses from providers of indemnity and insurance and a law firm, which account for most of the responses categorised as ‘other.’

**Table 3 – Responses broken down by type: dental professional title**

N=17 responses

Response	No. of responses*	% of responses**
Clinical dental technician	1	6%
Dental nurse	6	35%
Dental hygienist	1	6%
Dental technician	2	12%
Dental therapist	1	6%
Dentist	6	35%
Orthodontic therapist	0	0%
<b>Total</b>	<b>17</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*For each of the tables the percentages have been rounded up or down to the nearest whole number.



In total, 17 individuals identified themselves as having a dental professional title. This was a multiple-choice answer, and one individual identified themselves as having more than one dental professional title. This means that the overall number of professional titles (17) exceeded the number of respondents who identified themselves as a UK registered dental professional (16) in response to the previous question. From the responses we received which declared that the respondent had a professional title, the majority of these were from dentists (6) and dental nurses (6).

**Table 3a – Specialist list status**

N=6 responses

<b>Response</b>	<b>No. of responses*</b>	<b>% of responses**</b>
On a specialist list	0	0%
Not on a specialist list	6	100%
<b>Total</b>	<b>6</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*For each of the tables the percentages have been rounded up or down to the nearest whole number.

Six respondents told us that they were not on a specialist list.

## General feedback

The majority of respondents were positive in response to all questions in the consultation. Many respondents noted that the guidance is helpful and clear to bring the reporting requirements for health, criminal and regulatory proceedings into one document. We received the most detailed feedback from indemnifiers, some of these points relate to the scope of the guidance. Some individuals and organisations raised concerns about vexatious reporting and made comments about how the guidance could be amended to address this. Several respondents provided suggestions for different forms of words across parts of the guidance.

### **GDC response**

We drafted the Guidance on Reporting Matters to the GDC to make it easier for dental professionals to understand what they need to report to us, in the interests of patient safety and maintaining public confidence. We welcome the engagement with this consultation from respondents from a wide range of backgrounds, including those directly affected by the guidance. We have analysed all feedback including the points highlighted above, to identify improvements we could make to the draft guidance. The points raised within the consultation are responded to below in detail.

## Specific feedback

The questions in the consultation paper were numbered 4 – 11, as the first three questions asked for information about the respondent. Questions 4 – 8 each had a sub-question, which meant that there were 13 substantive questions in total about the proposals. A summary of the consultation feedback and the GDC’s response, are set out below.

### **Question 4. To what extent do you agree or disagree that the proposed guidance provides clear direction on the range of matters that must be reported to the GDC?**

The consultation asked respondents to what extent they agreed that the guidance provides clear direction. They could answer the question indicating their response on a scale between strongly agree and strongly disagree. Respondents could select one answer from five options or choose not to answer.

The answer options and the responses received are set out in the table below.

**Table 4 – responses to question 4**

N=37 responses

<b>Response</b>	<b>No. of responses*</b>	<b>% of responses**</b>
Strongly agree	11	30%
Agree	17	46%
Neither agree nor disagree	5	14%
Disagree	1	3%
Strongly disagree	3	8%
<b>Total</b>	<b>37</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*For each of the tables the percentages have been rounded up or down to the nearest whole number.

37 respondents answered this question. 14 did not provide a response.

28 respondents to the question (76%) strongly agreed or agreed that the proposed guidance provides clear direction on the range of matters that must be reported to the GDC.

### **Question 4a. Please explain your answer**

29 respondents provided a comment.

The majority of respondents were generally positive about the clarity and scope of the guidance. Some said that the guidance is understandable, while some other respondents said that clarity could be enhanced. There was a general agreement across the responses that bringing together reporting requirements across health matters, criminal and regulatory proceedings is sensible.

A professional body noted that the guidance provides greater clarity and encouragement to dental professionals to address matters locally before referring to the GDC, if required in the interest of patient safety.

A few respondents said that they would prefer a simpler or more succinct piece of guidance while another noted that the guidance was an improvement on the guidance to report criminal matters as it brought the information into one place and was easy for dental professionals to access.

### **GDC response**

The response to the consultation has been broadly positive and there is agreement that bringing together these topics in one piece of guidance is helpful for dental professionals. Overall, the feedback suggests that we have struck the right balance between detail and clarity although we have reviewed each comment and made improvements to the guidance as necessary.

We received a couple of suggestions for change to the guidance. The first was to change the format of the guidance so that criminal matters and those that do not need to be reported came first in the guidance. It was suggested that these are the areas that professionals raise the most questions about, and it would reduce this worry by addressing these questions first. Secondly, we received a request from an indemnifier to include signposting for advice from indemnifiers at more frequent points within the guidance.

### **GDC response**

The order of the health, criminal and regulatory proceedings sections of the guidance follow the same structure as the Standards for the Dental Team. This does not necessarily mean that the guidance should follow suit. However, our own research (see on our website [the report on the impact of COVID-19](#) and [the report on mental health and wellbeing in dentistry](#)) tells us that health matters are a growing concern and therefore more likely to impact a greater number of professionals. Therefore, we consider that it is important to address this in the guidance first. With regards to including more signposting to indemnifiers throughout the guidance, we have considered this and have included an overarching statement about obtaining advice from an indemnifier within the introduction to the document.

We had several comments from individuals about concerns relating to colleagues reporting other colleagues for vexatious reasons. This is colloquially known as 'blue on blue' reporting. The concern raised in the responses is that that the guidance does not address this type of vexatious complaint.

### **GDC response**

Professionals have a duty to report concerns when they arise to avoid harm to patients. The guidance highlights the things which do need to be reported and where local action can and should be explored in the first instance. Attempts to misuse the guidance, and the GDC's fitness to practise proceedings, to harm another professional's career are acts which are incompatible with professionalism, and a departure from the standards we expect all professionals to meet. We have updated the guidance to remind professionals of their professional responsibility to refer only the matters to us that they believe are well-founded and are not based on personal or employment disputes. We will explore additional ways of communicating these issues through case studies or other supporting materials.

We received a concern from an indemnifier stating that the communications to launch the consultation stated that the proposals would not be introducing any new requirements to dental professionals, and that this is misleading because they consider that there are new and onerous requirements proposed for dental professionals in relation to what they must report and self-determining when their fitness to practise might be impaired. They also requested that the guidance link to the Standards for the Dental Team for consistency of language and approach.

### GDC response

We have considered the comments from an indemnifier stating that the proposed guidance exceeds the stated scope of the consultation. We consider that the guidance brings together the relevant aspects of the Standards of the Dental Team, along with the requirements set out in the form registrants must complete at initial registration, restoration and renewal, which professionals are obliged to comply with. Therefore, new requirements are not being introduced through the guidance, and we will make this clear in our communications with dental professionals before the guidance is implemented.

The guidance makes some professional obligations, currently outlined in the standards at 9.2, more explicit. Standard 9.2 states ‘you must protect patients and colleagues from risks posed by your health, conduct or performance.’ However, the guidance which sits underneath this standard does not outline the steps we expect professionals to follow, and this is what this guidance seeks to do without being too prescriptive. We have made amendments to the proposed guidance to make it clearer about the things dental professionals must tell us about, and the things that should be considered if there are wider issues around conduct. The review of this guidance is part of an approach which seeks to encourage professionals to understand and own their professional responsibilities and take responsibility for them. We have considered the request to include reference to the Standards for the Dental Team and will include this reference within the associated web content.

### Question 5. To what extent do you agree or disagree that the proposed guidance provides clear direction on reporting health, performance or conduct concerns?

Table 5 – responses to question 5

N=37 responses

Response	No. of responses*	% of responses**
Strongly agree	7	19%
Agree	19	51%
Neither agree nor disagree	6	16%
Disagree	2	5%
Strongly disagree	3	8%
<b>Total</b>	<b>37</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*For each of the tables the percentages have been rounded up or down to the nearest whole number.

We had 37 responses to this question. 14 did not provide a response.

26 respondents (70% of responses to the question) strongly agreed or agreed that the proposed guidance provides clear direction on reporting health, performance or conduct concerns.

## Question 5a. Please explain your answer

29 respondents left a comment. The comments contained a mixture of positive and critical responses, although overall they were slightly more favourable. Some respondents provided suggestions for things that the guidance could include to make it more robust and comprehensible, although many reiterated that it is clear in general. The suggestions included providing examples on issues relating to health and conduct that would need to be reported to the GDC.

### GDC response

We recognise the benefit of examples to further illustrate the guidance and expectations around reporting. We have found that including detailed examples in a guidance document can be counterproductive as inclusions such as these are often viewed as comprehensive and exhaustive. We will consider developing case studies and supporting materials to provide dental professionals with more resources and information to refer to.

Some respondents suggested that there was a lack of detail in the guidance about resolving things at a local level and when to refer to the GDC. This feedback was relevant to areas of self-reporting health and raising concerns about others. Additionally, it was suggested that the steps outlined in the guidance may not be practical in all situations, for example when dental professionals are working in a small team and have concerns about others, including their employer. Lastly, it was suggested that dental professionals are directed to refer all matters about colleagues to the GDC due to the heading at 1.2 which stated, *'you must raise concerns about the health, conduct, or performance of a colleague.'*

### GDC response

We have considered the comments and made amendments to the guidance. We have included a reference to discussing health concerns with employers, occupational health, and medical doctors, in addition to peers and an indemnifier. This is to address concerns that the draft guidance was too reliant on self-assessment of health matters and whether fitness to practise is impacted. The concern that raising issues locally may not always be practical is allowed for in the guidance by suggesting that there are things that dental professionals 'might' do locally. If this is not possible, we would expect these concerns to be reported to the GDC. If dental professionals have reservations about raising concerns about systemic issues in the workplace, and are worried about any potential consequences, we recommend that they refer to our [whistleblowing guidelines](#) to understand how to raise concerns as a protected disclosure. Dental professionals have a professional duty to raise concerns if they think there is a potential for harm to be caused, or harm has occurred. We have amended Section 1.2 of the guidance to incorporate an approach where concerns are raised locally in the first instance, where appropriate.

A few respondents provided feedback about the use of the term ‘immediately’ in the guidance. One suggested that placement of the direction to report things immediately would be confusing to dental professionals as it follows advice to explore things locally. The respondent suggested that local action may take time to conduct and assess effectiveness. The example of reasonable adjustment for health issues was provided. It was suggested that reporting concerns immediately to the GDC about your own practice was not sufficient to protect patient safety and that dental professionals should be directed to remove the risk posed by ceasing to practice while they inform the GDC. Finally, one respondent said that the term ‘immediately’ was too onerous for dental professionals to comply with and should be replaced with ‘without delay.’

### GDC response

We have considered the feedback and made slight amendments to the guidance including adding ‘cease practising if necessary.’ We considered the term ‘immediately’ which is already used in the Standards for the Dental Team with regard to reporting health, conduct and performance concerns and we are of a view that this is an established term in regard to reporting matters to the GDC which has the same meaning as ‘without delay.’

### Question 6: To what extent do you agree or disagree that the proposed guidance provides clear direction on reporting criminal proceedings?

Table 6 – response to question 6

N=37 responses

Response	No. of responses*	% of responses**
Strongly agree	7	19%
Agree	20	54%
Neither agree nor disagree	6	16%
Disagree	3	8%
Strongly disagree	1	3%
<b>Total</b>	<b>37</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*Percentages are rounded to the nearest whole number.

There were 37 responses to this question. 14 did not provide a response.

27 respondents (73%) strongly agreed or agreed that the guidance provides clear direction on reporting criminal proceedings.

## Question 6a. Please explain your answer

The responses to this question highlight areas where further explanation could provide greater clarity. An example is the section that describes notices and penalties that do not need to be reported which is followed by a section which advises telling the GDC about wider conduct issues and that we may investigate them if a third party tells us about the offence. The respondent suggests rewording or reformatting. Another couple of respondents noted that the following direction from the guidance is unclear – ‘received a caution (you were under 18 when this caution was issued)’. Given that there is a caveat later in the guidance that covers the non-reporting of cautions issued when people are under the age of 18, the respondent queried where the requirement for over 18s to report cautions sits in the guidance.

One respondent stated that the draft guidance was not aligned with the [Guidance for decision makers on the impact of criminal convictions and cautions](#) which is an internal GDC guidance document for case examiners.

### GDC response

We have made some changes to the drafting to distinguish between those issues which do not need to be reported and the related issues linked to the offence which do need to be reported to the GDC if they damage public confidence. We have stated that we may investigate if referred to us by a third party, and we will keep under consideration the option to provide further examples at a later stage. As noted in an earlier response, case studies and examples will be considered separately, as inclusion in the guidance may be viewed as comprehensive, or exhaustive. We have reviewed the wording relating to reporting cautions received under the age of 18 and revised the first reference to include an omitted word. It now reads: *You must inform the GDC immediately if anywhere in the world you receive a caution (unless you were under 18 when the caution was issued).*

## Question 7. To what extent do you agree or disagree that the proposed guidance provides clear direction on reporting regulatory proceedings?

Table 7 – response to question 7

N=37 responses

Response	No. of responses*	% of responses**
Strongly agree	12	32%
Agree	17	46%
Neither agree nor disagree	5	14%
Disagree	2	5%
Strongly disagree	1	3%
<b>Total</b>	<b>37</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*Percentages are rounded to the nearest whole number.

There were 37 completed responses to this question. 14 did not provide a response.

29 respondents (78%) strongly agreed or agreed that the provides clear direction on reporting regulatory proceedings.



### Question 7a. Please explain your answer

We received 23 responses to this question. Several of the respondents submitted positive comments about the clarity of this section of the guidance. A couple of respondents said that the requirement to notify the GDC of any finding that may indicate a concern about a registrant's fitness to practise was too broad and will increase the numbers of self-referrals received by the GDC unnecessarily. One respondent asked for examples of what is meant by 'may indicate a concern' about fitness to practise. Another couple of respondents asked if the GDC could provide examples of what is meant by regulatory proceedings, and another asked whether findings of no impairment made by another body need to be reported.

#### GDC response

We have reviewed the guidance and amended the wording to replace 'may indicate a concern'. We have also split Section 2 into three parts – that regulatory fitness to practise proceedings must be reported, that findings by any public body raising concerns that could affect patient safety and/or public confidence should be reported, and that a case may be opened if another person tells us about a finding about your conduct, performance or behaviour. Findings of no impairment do not need to be reported to us, only things which raise concerns about you, or your practice do, for example, criticism from a coroner. We will explore opportunities for promoting the requirements about reporting in conjunction with professional associations and other representative groups.

### Question 8. To what extent do you agree or disagree that the proposed guidance provides clear direction on co-operating with the GDC?

Table 8 – response to question 8

N=37 responses

Response	No. of responses*	% of responses**
Strongly agree	10	27%
Agree	17	46%
Neither agree nor disagree	6	16%
Disagree	4	11%
Strongly disagree	0	0%
<b>Total</b>	<b>37</b>	<b>100%</b>

\*Some respondents submitted their responses both through the online survey and by email, and some respondents submitted duplicate online responses. Duplicates have been counted only once towards the total number of responses.

\*\*Percentages are rounded to the nearest whole number.

There were 37 completed responses to this question. 14 did not provide a response.

27 respondents (73%) strongly agreed or agreed that the proposed guidance provides clear direction on cooperating with the GDC.

## Question 8a. Please explain your answer

We received 23 responses to this question. Several respondents said the direction on co-operating with the GDC set out clear expectations for dental professionals. Several others highlighted issues with the drafting including:

- Section heading refers to GDC and public bodies, but the substance of the guidance only refers to co-operating with the GDC
- The guidance states that 'you must contact your indemnity provider' which a couple of respondents said was too directive and this should be instead an encouragement
- The requirement to respond to requests from the regulator 'fully' raised concerns that dental professionals will be asked to provide a substantive response to the concerns as soon as they are raised, and before allegations have been formed.

### GDC response

We have amended the guidance as follows:

- We have included a reference to public bodies within the substance of the section of the guidance that deals with co-operating with inquiries made by the GDC and others.
- We have amended the wording around contacting an indemnity provider, and this is now phrased as a consideration.
- We have reviewed the wording about responding to requests from the regulator and changed the wording from 'fully' to 'in full' – this now reflects the wording in the Standards for the Dental Team. The requirement is to respond to the request at any given point in time, which will be a request for details to assist the investigation including employment details. Dental professionals will be invited to respond to the allegations in full once all the evidence has been gathered.

Two respondents highlighted the section on co-operation in terms of its inclusion with the guidance. One suggested that this section is introduced from the outset so that people expect it from the guidance, and another suggested that this section did not belong in guidance about matters that must be reported to the GDC.

### GDC response

We have included wording in the introduction to this guidance which set out the inclusion within the guidance of a section on co-operating with the GDC or a public body. We have considered the point that the section does not belong in the guidance, and we disagree. Inquiries follow on from concerns being raised either by the subject of those concerns or by a third party, who may also be a registered dental professional. We consider it to be important to highlight the professional obligation to co-operate.

## **Question 9. Please tell us if there is anything else that you think should be included in the proposed Guidance on Reporting Matters to the GDC**

We received 23 responses to this question.

We received a range of suggestions across different topics. A few respondents mentioned the issue of vexatious reporting of colleagues and one suggested that the GDC should outline steps involved in disputes including engaging civil courts and making a claim.

### **GDC response**

As mentioned previously, local disputes are not within the scope of the guidance and the GDC is unable to advise on the steps involved in employment disputes. Referrals should only be made to the GDC if patient safety or public confidence in the professions are at risk.

A couple of respondents suggested that the guidance should be tailored for each profession. One professional body asked for reference to use of alcohol and recreational drugs. A couple of people said that signposting for support and advice should be included within the document, given how stressful fitness to practice processes are.

### **GDC response**

This guidance is one of our core guidance documents and is directed at all professional groups and aims to provide clarity on what is expected from professionals in the situations covered. We recognise the need to support registrants in a holistic way and we plan to do that separately from our core guidance by producing supporting materials on matters relating to topics like health. We will also work with the professional bodies to introduce and promote the guidance in the best way for each professional group. This may include communications such as articles and case studies.

An indemnifier who responded objected to the inclusion of contacting the GDC for advice because the Dentists Act requires the regulator to investigate any matter that could give rise to a fitness to practise concern.

### **GDC response**

We recognise the limitations of the GDC's processes due to the prescriptive legislation that sets out what we do. We are supportive of reform of our legislation and in the meantime, we are looking at ways to be more flexible within the current structure. If a health matter is disclosed to us, we will need to evaluate the information received. If there is evidence of the matter being managed locally then it is likely we will not need to do anything further. However, where there are significant grounds for concern, an investigation will need to be opened. Investigations into health matters which impact a dental professional's ability to practise safely, can lead to conditions on registration and will potentially give the dental professional access to a larger support network.

## **Question 10. Please tell us if you have any further comments about the proposed Guidance on Reporting Matters to the GDC**

We received 19 responses to this question. Some of the points had been made in answers to previous questions. One comment we received from an indemnifier stated that the Standards for the Dental Team do not require professionals to report themselves on public confidence grounds and that 'trust in the profession' is a difficult concept for dental professionals and committees to assess.

### **GDC response**

The Standards for the Dental Team states at 9.1 *'Ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession.'* Public confidence and maintaining trust in the professions are therefore a core part of being a professional and a serious departure from this is something we expect professionals to tell us about. We will consider whether supporting materials are required in future to support dental professionals or panels understanding of public confidence grounds.

Another respondent said that the Police, Crown Prosecution Service and Procurator Fiscal Service should automatically inform the GDC when a dental professional is charged or prosecuted.

### **GDC response**

While it is the case that memoranda of understanding (disclosure agreements) are in place across public bodies, referrals may not always happen or often they can be delayed. We have amended the guidance to remove the list of organisations at 2.2 as part of a wider move away from providing too much prescription in guidance documents. The list may also be viewed as exhaustive when this is not the case. The guidance sets out the expectations we have of dental professionals to tell us about anything that indicates that their fitness to practise is impaired.

## **Question 11. Please tell us about any impacts you think the proposed guidance may have with regard to protected characteristics, or any other aspect of equality, diversity and inclusion**

In this section, we asked respondents to consider whether this guidance has the potential to impact particular groups of people. We received 19 responses to this question.

Many of the responses to these questions made general statements about the importance of having regard to the protected characteristics or any other aspect of equality, diversity and inclusion. A couple of respondents did not think the guidance would have any impact. Several respondents mentioned health concerns including those relating to disability and old age and said that there could be misunderstandings or potentially breaches of law to prevent discrimination if referrals are made when matters are being managed well locally. One respondent also referenced maternity and suggested that dental professionals on maternity leave should be given adequate time to respond to GDC timescales.

### **GDC response**

We have considered the feedback we received and will continue to keep the guidance under review in case there is a need to address any disproportionate impact on any groups. We acknowledge that health matters can be complex, and no one will know the situation better than the person affected. This is why the guidance advises dental professionals to speak to the colleague they have concerns about to better understand the situation and to let them know about their concerns, before making a report to the GDC. We recognise that there may be occasions where individuals will need longer to respond, including but not limited to reasons raised in response to these question. Discretion will be considered and applied in these circumstances, as part of operational process.

**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)