

**General
Dental
Council**

GDC outcome report

**Informing our future approach to
registration for internationally qualified
dentists and dental care professionals:
Call for evidence outcome**

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Informing our future approach to registration for internationally qualified dentists and dental care professionals: Call for evidence outcome

Background

The GDC is the regulator of dentists and dental care professionals (DCPs) in the UK. Our overarching aim is to protect the public, and we do this by:

- setting learning outcomes for, and quality assuring, pre-registration dental education and training in the UK
- maintaining a register of dental professionals
- ensuring that nobody is admitted to that register if they do not meet the relevant requirements
- setting professional standards for those on our register
- taking action when concerns raised with us indicate that a dental professional may have fallen short of those standards.

Our mandate and powers to do this are set out in the Dentist's Act 1984 ("the Dentists Act").

As we only carry out quality assurance for training in the UK, we must ensure that overseas qualified professionals wanting to join our register meet the same standards expected of UK graduates.

On 8 March 2023, amendments to the Dentists Act made by The Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives (International Registrations) Order 2023 ("the 2023 Order") came into force, enabling us to make changes to the rules governing international registration processes without requiring approval from the Privy Council.

The 2023 Order revoked The General Dental Council (Overseas Registration Examination Regulations) Order of Council 2015 ("the 2015 ORE Regulations"), the existing regulations for international registration affecting dentists, but kept them in effect for one year.

We developed new rules to govern international registration for dentists and DCPs and consulted on them between 4 July and 26 September 2023. These new rules were made in December 2023 and came into force on 9 March 2024. A [consultation outcome report](#) was published in December 2023.

Alongside the consultation on new rules for international registration we conducted a call for evidence to help inform our longer-term work to reform international registration processes. Respondents were asked to provide their views, supported by evidence where possible, on eight questions related to:

- the structure of the Overseas Registration Examination (ORE)
- the components of the exam

- the number of times candidates can sit the exam
- candidate readiness
- the possible introduction of a practical test for dental hygienists and dental therapists.

Most of the responses were based on opinion or anecdotal evidence and were consistent with responses to the consultation questions. Many respondents brought up potential changes to the ORE process that we are considering as part of the longer-term work on reforming international registration processes.

Call for evidence questions

The questions asked are provided in the report below.

You will also find the questions in “Part B: Call for evidence” of the [consultation on routes to registration for internationally qualified dentists and dental care professionals](#).

The numbering begins at seven, as these questions followed the six consultation questions.

Methodology

The call for evidence collected qualitative data via a text box underneath each question. There was no limit to the length of answers a respondent could provide for each question.

The number of responses to each question ranged from 110 to 124 out of the 170 total respondents to the call for evidence, as respondents were not required to provide an answer for each question.

As part of the call for evidence we collected the following information:

- Whether a respondent was replying as an individual or an organisation.
- Where an individual, whether they were a:
 - registered dental professional
 - dental student
 - patient or member of the public.
- If they were a registered dental professional, their title.

Respondents, if applying on behalf of an organisation, were invited to identify the organisation on whose behalf they were responding.

We used a framework analysis to identify themes in the data and coded responses according to those themes. Once all the responses were coded, each of the responses with a particular code were analysed together to ensure we captured the range of views associated with that theme. The outcome of this analysis will be discussed for each question in this report.

Analysis of respondents

We received 170 responses to the call for evidence using the online form or by email. Responses by email were included the qualitative data analysis. 153 responses were from individuals, with 17 responses on behalf of organisations.

The following organisations identified themselves as respondents, either through the online form or in the correspondence submitted:

- Association of Dental Groups
- Association of Dental Hospitals
- British Association of Clinical Dental Technology
- British Dental Association
- British Society of Dental Hygiene and Therapy
- Bupa Global and UK College of Medicine and Dentistry
- Dental Laboratories Association
- Dental Schools Council
- Dental Technologists Association
- International Dental Organisation
- Maxinity Software Limited
- MyDentist
- NHS England
- Phoenix Dental Academy
- Royal College of Surgeons of Edinburgh
- Society of British Dental Nurses
- UK Committee of Postgraduate Dental Deans and Directors

Among the 153 individual respondents, 97 (634%) identified themselves as being a registered dental professional, 40 (26.1%) were dental students or applicants to the register, and 16 (10.5%) were members of the public and/or a patient.

For those who selected “registered dental professional”, we asked for their registered title or if they were on a specialist list. Respondents were able to select more than one option.

Table 1: Respondents by professional title or specialist list

Professional title	Number
Clinical dental technician	0
Dental hygienist	11
Dental nurse	5
Dental technician	2
Dental therapist	12
Dentist	57
Orthodontic therapist	1
Specialist (on one or more lists)	8

Analysis of responses

Below we have listed each question with a summary of our analysis of the responses to the question. We have also included our response, describing the actions that we are taking in relation to the issues raised in the responses.

As some of the questions were closely related and generated similar themes in the responses, we have grouped our responses together to avoid repetition.

Question 7: Please provide your views, supported by evidence where possible, on:

- a. potential alternative structures for the ORE (e.g. number of parts/components) and how they might impact on public protection, the capacity or efficiency of the examination or the candidate experience, and
- b. how changes within the existing structure (e.g. order of components, format of the exam) might impact on public protection, the capacity or efficiency of the examination or the candidate experience.

For this question, respondents provided a variety of suggestions for alternatives to the ORE or possible exemptions that could exist for certain candidates. Many of these views were also raised in response to the consultation responses and are issues we are considering as part of our longer-term work to develop the international registration framework.

Several respondents suggested that making changes to the ORE application process would improve the candidate experience by making it easier for candidates to sit exams. These included:

- increasing exam sittings to make more places available
- lengthening exam booking windows, and
- changing the rules to allow candidates to reapply for the ORE if their five years has expired.

Respondents also suggested that certain groups should receive priority access to sit the ORE, such as:

- those with an NHS job offer
- those who have completed an ORE preparatory course
- candidates who are already resident in the UK, and
- refugees.

Suggestions related to the exam itself included splitting Part 2 into separate components, allowing candidates to retake only the component they had failed, rather than the entire exam, and having exam sittings outside of London (within the UK) as well as outside the UK. The most frequent arguments in support of these changes were that they would improve candidate experience and/or remove barriers to completing the ORE.

Some respondents also made suggestions for ways that the GDC could better support candidates and increase preparedness for the exam. These included:

- providing feedback for candidates who fail
- increasing the focus on “soft skills” such as professionalism, or
- establishing a mentorship programme for internationally qualified dentists.

Respondents suggested a variety of assessment alternatives to the ORE, including:

- the completion of a UK postgraduate course or a conversion course
- automatic recognition agreements, and
- provisional registration with longitudinal assessment.

GDC response:

We appreciate that it can be challenging for candidates to get a place for the ORE. A combination of restrictive legislation constraining our ability to increase significantly ORE capacity, alongside the suspension of the ORE during the pandemic, created a backlog which resulted in demand for the ORE exceeding the number of places available.

We have also experienced an unprecedented surge in demand for the ORE over the last two years: between 2015 and 2021 application numbers ranged from 329 to 761 per year, whereas in 2022 and 2023 we received 1,217 and 2,366 applications, respectively.

Despite being constrained by restrictive legislation, we have been able to work with exam providers to increase the number of exam places available. In 2024, there have been 1,200 places for Part 1 across two sittings and a total of 576 places for Part 2, across four sittings.

The 2023 Order has allowed us to make rules and set fees for the ORE without Privy Council approval, as well as expanding the types of organisations that could deliver the exam, which had previously been restricted to dental authorities. We are currently conducting a procurement exercise to secure new contracts for delivery of the ORE, and one of our ambitions is to have the flexibility needed to respond to such changes in demand. As part of this procurement exercise, we are also considering what changes could be made to the way the exam is delivered to improve candidate experience.

We understand that candidates need time to make travel arrangements to sit the ORE and we have increased the booking window for exams from six to eight weeks. We are considering prioritisation approaches as part of our longer-term work. We are giving the issue careful consideration because in any circumstances where limits are placed on candidate numbers, prioritisation of one group of candidates in the exam booking process will impact on others, and we need to ensure that changes do not result in unfair treatment of any group.

We currently give priority booking for Part 2 to candidates who are approaching the five-year time limit from their first attempt at Part 1, to ensure they have the opportunity to complete the ORE process. The legislative changes made by the 2023 Order also allowed the period of time during COVID-19, when we were not able to offer exam sittings, to be discounted so candidates were not prevented from completing the ORE because of the pandemic. Additionally, we are

exploring how we can, through existing or new policies, more effectively recognise and address the specific difficulties experienced by applicants with refugee status.

On 16 February 2024 the government issued a consultation on proposals for legislation that would give the GDC the power to create a system of provisional registration in rules. We provided a [consultation response](#) to the proposals. The outcomes of the consultation are yet to be announced by the Department of Health and Social Care.

We will continue to engage with government on provisional registration, to ensure that any legislation passed will allow the GDC to create an effective and efficient system of provisional registration, which would provide an alternative route to registration in the UK for internationally qualified candidates.

The implementation of provisional registration is dependent not only on the passage of the necessary legislation, but also on:

- designing how it will work in practice
- developing and consulting on detailed rules, and
- working with others on its practical implementation.

Further details about these processes, and the work that the GDC will need to undertake, can be found in our [consultation response](#). We will engage extensively with stakeholders as, or when, the work to design the framework can be progressed.

Question 8: Please provide your views, supported by evidence where possible, on the impact of changing the ORE from a two-part to a three-part examination. Please focus particularly on the impact on public protection, examination demand/capacity and candidate experience.

The majority of responses did not support moving from a two-part to three-part examination, as respondents felt that this would make the process longer, more expensive, and more difficult for applicants. A couple of respondents argued that lengthening the ORE process would result in fewer candidates becoming registered, preventing them from joining the workforce and helping to increase access to dental care for patients.

A small number of respondents also felt that moving from a two to three-part process could reduce the standards required of candidates. For some, this was because they believed it would result in spreading out the content of the exam, which would reduce pressure on candidates and make it easier to pass, while for others it was not clear why they believed a three-part exam process would lower standards. There was also concern about the additional administrative burden associated with adding a third part to the exam.

A few respondents, however, felt there could be some benefits to a three-part exam, including allowing for a more thorough assessment and possibly reducing the failure rate, as candidates would be able to spread out their preparation and assessment, potentially improving performance.

Question 9: Please provide your views, supported by evidence where possible, on the impact of enabling the separation of component elements of the practical part of the examination.

Please focus particularly on the impact on public protection, the efficiency or capacity of the examination and the candidate experience.

Some respondents supported the separation of component elements of the practical part of the examination on the basis that it would allow people to retake only the portions of the exam they had failed, rather than the whole of Part 2. Others expressed concerns that this would increase the cost, and make the process more inefficient for candidates, similar to the concerns raised in response to question eight.

Some respondents felt that it would impact quality and safety, as candidates had always needed to pass components in one exam sitting, and allowing them to take the exam in separate components would make it easier to pass and reduce the standard required of successful candidates. Others focused on how not being required to take every component in one sitting would improve candidate experience.

There may have been different understandings among respondents about what impact the separation of component elements would have on the process: some responses interpreted this as the exam moving to more than two parts, with responses echoing views from question eight, while others focused on how this would impact retakes within a two-part structure.

Question 10: Please provide your views, supported by evidence where possible, on the impact of separating out the dental manikin component of the ORE and:

- a. using it as a “gateway” to the remainder of the practical components, and
- b. using it as the third/final part of the examination.

Please focus particularly on the impact on public protection, examination efficiency and capacity and candidate experience.

As with the previous question, some respondents felt that separating this component would have a positive impact on candidate experience, as it would reduce pressure on candidates allowing them to focus their preparation. It would also mean candidates could retake only the part of the exam they had failed, rather than the whole exam. The concern that this would lengthen the examination process and make it more expensive, was also repeated.

Among those who supported separating out the manikin component, the majority view was that it should act as a gateway to the rest of the exam. The predominant reason given, was that it would identify people unable to pass, earlier in the process. Those who supported making it the final component of the exam mostly did so on the basis of candidate experience, although it was not always clear how they felt that this would improve the experience, other than allowing them to prepare for components separately.

GDC response:

As a result of the legislative changes made by the 2023 Order, we now have greater flexibility on the types of organisations able to deliver the ORE. We are currently conducting a procurement exercise to award contracts for the provision of the ORE. As part of this process, and our long-term international registration work, we are considering ways to improve candidate experience while maintaining standards that protect patients. We are engaging with providers

on the potential impacts of changes to the structure of the exam. We do not currently have plans to move from a two-part to a three-part exam and are focusing on the best way to organise the various components of the exam within a two-part structure.

We understand the concern that some respondents have expressed about the potential for any changes to increase the cost of the exam. We have been unable to increase our fees since 2015, as they were previously set out in the ORE Rules, which required Privy Council approval. The 2023 Order removed that requirement, providing us with the ability to make rules governing the process and to set fees.

In March 2024, we implemented a new ORE application fee to recover the costs of processing applications and assessing eligibility. We are holding examination fees at current levels until the end of this year under transitional arrangements, which end on 31 December 2024. New examination fees will be in place from 1 January 2025. It may be necessary to revise fees again when new contracts are in place in 2025.

Question 11: Please provide your views, supported by evidence where possible, on the impact of reducing the number of attempts at both the written and practical elements of the ORE from four to three. Please focus particularly on the impact on public protection and the candidate experience.

A majority of respondents opposed reducing the number of attempts on the basis of it being a difficult exam and the pressure on candidates, which could affect performance. Some referenced other countries where there were unlimited attempts allowed, and suggested that the UK should do the same.

A few respondents felt that reducing the number of attempts would not have a significant impact because many candidates would be unable to utilise their four attempts due to other factors, such as:

- financial barriers
- the logistics of travelling to the UK multiple times, and
- delays in getting an exam place.

Those who supported reducing the number of attempts did so for reasons including UK students being given only two retakes, and reducing the number of exam places due to the number of people doing retakes. Some also argued that if a candidate was not able to pass the exam before the fourth attempt, they may not have the skill level required to practise in UK.

A few respondents said they would need to have the data on how many people passed the exam on their fourth attempt, to decide whether the number of attempts should be reduced. One respondent wondered what kind of feedback candidates received when they failed.

Question 12: Please provide your views, supported by evidence where possible, on the impact of allowing further applications to sit the ORE when either:

- a. the candidate can evidence having gained relevant skills and experience, and
- b. a specified period of time has elapsed.

Please focus particularly on the impact on public protection, examination capacity and candidate experience.

Many respondents referenced the “five-year rule” to refer to the rule specifying that applicants must pass Part 2 within five years of their first attempt at Part 1, and could not make any further application to the ORE if they did not adhere to that timeframe.

Some respondents felt that the “five-year rule” should be kept in place as they believed a candidate who was not able to pass within five years was unlikely to be able to meet the standards expected of a UK-trained dentist, and that the five-year period reflected the timing expected of UK dental students to complete training.

Other respondents argued that the “five-year rule” should be removed and that candidates should be given further opportunities to pass due to the practical difficulties in completing the ORE process. Some mentioned that there were candidates who were not able to exhaust their four attempts within the five-years due to difficulty getting a place on the exam or because of the cost. Others also mentioned that people may experience personal difficulties or life events that made finishing within the five-year time limit challenging.

The workforce shortage was also referenced, with some respondents arguing that if someone had improved their skills and could pass, then they should be allowed to retake the ORE, because the UK needed more dentists.

Several respondents felt that candidates should have to prove in some way that they had gained additional skills or experience before reapplying. While one respondent suggested that a provisional registration process, which allowed candidates to gain experience in the UK under supervision, would increase the pass rate and reduce the number of retakes.

GDC response:

As part of our long-term international registration reforms, we are considering how rules related to the number of permitted attempts at the exam and eligibility for reapplying may be changed to ensure that our international registration processes are efficient, fair and maintain our high standards to protect patients.

We understand the concern from some respondents that highly sought after exam places are being occupied by candidates who are resitting and who may be less likely to pass. Conversely we also appreciate that there can be many factors that affect a candidate’s exam performance on the day, as several respondents highlighted.

To inform decisions about these rules, we are collecting data related to the number of attempts at the ORE and how this correlates to the likelihood of successfully joining our register. We have also analysed our data to determine whether requiring multiple attempts to pass the ORE is linked to an increase in fitness to practise concerns and have found no evidence that candidates who fail an exam attempt but subsequently pass are providing less safe care than those who pass on their first attempt. Additionally, as part of our ORE procurement exercise, we are engaging with potential providers to determine how they could increase capacity and alleviate some of the pressure that retakes put on the availability of exam places.

Regarding allowing further application to the ORE, we are considering:

- the impact that this could have on ORE capacity
- how likely it would be for people who reapply to successfully join our register, and
- how we could assess whether someone has gained skills or experience.

We are also mindful of the fact that candidates may experience circumstances or life events that increase the challenge of completing the exam within the five-year period. We are considering how we can make allowances for this by increasing the scope for discretion in future rules.

Question 13: Please tell us about any ways in which the sector might take action to improve candidate readiness? Please provide examples of good practice, where possible.

Respondents provided a variety of suggestions on how to improve candidate readiness. Many of these suggestions specifically concerned candidates' preparedness for the ORE, while other respondents took a broader view, focusing on ensuring successful candidates were prepared for UK practice once they joined the register.

For the former, suggestions included having:

- mock tests/practise papers available for candidates
- publishing more detailed exam guidance
- running preparatory courses, and
- providing access to manikins which candidates could use to practise.

Several respondents argued that the GDC should quality assure the existing range of preparatory courses, as there was wide variation in quality among these courses, and others expressed concern that courses overly focused on teaching candidates how to pass the exam, rather than ensuring that their overall skill level was sufficient to practise in the UK.

A few respondents focused on the logistical aspects of the exam and suggested that opening the booking window earlier would give candidates more time to prepare and lead to better success rates. Another suggestion was to increase the number of exam sittings to enable candidates to plan to sit at a time of year that worked best for them; for example, one respondent noted that it could be difficult for Muslim candidates to sit exams during Ramadan when they were fasting, while another said that it was challenging for those with childcare responsibilities to prepare for an exam in August, during the school holidays.

Respondents that focused on ensuring candidates were prepared for UK practice made suggestions that included:

- providing candidates with the opportunity to shadow UK dentists
- making completion of continuing professional development requirements a prerequisite for joining the register
- establishing mentoring schemes, and
- implementing a system of provisional registration.

A small number of respondents felt that the standard required to pass the exam was too high, and was above what was expected of UK-trained dentists.

GDC response:

As our primary objective is public protection, the aim of the ORE is to ensure that candidates who join our register with an overseas qualification have the knowledge and skill level that is equivalent to a registrant who trained in the UK. We do, however, understand that sitting the ORE requires significant effort and investment from candidates, and we are considering how we can support candidates to be prepared for the exam as well as their successful transition to UK practice when they join the register. As some of this support will fall outside the scope of our role, we will need to collaborate with relevant stakeholders to improve support for candidates.

In February 2024, the government proposed legislation that would give the GDC powers to implement a system for provisional registration, and we have supported the proposal. If provisional registration continues to be a priority, we will engage with policy makers to shape this legislation and work towards implementation when it comes into force. One of the potential benefits of provisional registration would be that provisional registrants could start to practise in the UK under supervision, giving them the opportunity to adjust to UK practice with the guidance of a supervisor, as they develop the requisite knowledge and skill for full registration.

We appreciate that booking a place on the ORE has been challenging, and that this can impact a candidate's level of readiness. We have increased the booking window from six to eight weeks to give candidates more time to prepare and to make travel arrangements to the UK, if necessary. We have also increased the number of sittings of Part 2 in 2024, so candidates have more opportunities, at multiple different times of the year, to take the exam and avoid periods that may be particularly difficult for them, such as during Ramadan or school holidays.

We are continuing to engage with a variety of stakeholders on the availability of preparatory materials and continue to do so as part of our long-term international registration reform.

Question 14: Please provide your views, supported by evidence where possible, on the need for, benefits of and risks associated with introducing a practical test for dental hygienists and dental therapists with overseas qualifications applying for registration in the UK. Please focus particularly on the impact on public protection, examination capacity and candidate experience.

Many respondents supported the introduction of a practical test for dental hygienists and dental therapists with overseas qualifications, with the most common argument being that this would improve safety by providing a means of ensuring that candidates had the requisite skill level to practise in the UK. A few respondents commented that they believed the current assessment system was less effective at ensuring that standard was met.

Other arguments in favour of introducing a practical test were that it would:

- be consistent with requirements for overseas-trained DCPs in some other countries
- align with the requirements for overseas-trained dentists (who were required to take the ORE), and
- reduce the possibility of someone trying to register with fraudulent qualifications.

One respondent also suggested that in the context of a dental workforce crisis, the possibility that the government may decide to increase dental therapists' and/or dental hygienists' scope of practice should be a factor in support of the introduction of a practical test.

Those respondents who did not support the introduction of a practical test provided a variety of reasons why they believed it was unnecessary. Some felt that the current system was working effectively, evidenced by the fact that there were few fitness to practise complaints against overseas-qualified DCPs, and others believed that dental hygienists and dental therapists were typically receiving supervision from a dentist, which supported safe care.

A few respondents also commented that dental hygienists and dental therapists should not have a practical test requirement, as dentists did, because there was less inherent risk in the type of care they provided, as compared to dentists. A couple of respondents suggested alternatives to a practical test, including a conversion course or a system of longitudinal assessment.

Many respondents had concerns about waiting times and capacity for assessment; for some, this supported an argument for the introduction of a practical test, as they believed an exam-based assessment would reduce the time taken for candidates to join the register. Others, however, felt the introduction of a practical test would have a negative impact on capacity, waiting times and would increase costs for applicants, deterring them from applying. Most of the responses concerning waiting times referenced workforce issues and the importance of enabling overseas-qualified professionals to join the register efficiently.

A small number of respondents referenced overseas-qualified dentists applying to join the DCP register. The route was closed by the 2023 Order, meaning that since 9 March 2023, applicants with dental qualifications cannot apply to join the DCP register. The approach is now consistent with UK-qualified dentists, who cannot use their qualification to join the DCP register.

GDC response:

We understand that there has been frustration around waiting times and capacity for processing DCP applications. As a result of legislative changes, we received a significant surge in DCP applications prior to 9 March 2023. We have allocated additional resources to our Registration team to process this unprecedented volume of applications, and we have made substantial progress in clearing the backlog.

While this has been an exceptional period with application volumes well above the norm, capacity for assessment and the overall length of time it takes for a candidate to join the register will continue to be important considerations in our decision-making about how to best assess dental hygienists and dental therapists with overseas qualifications.

We appreciate the range of viewpoints that have been shared with us and will consider these views as part of our long-term international registration work to ensure that all routes to registration are efficient and effective, and above all, protect patients.

Next steps

We are appreciative of the effort that respondents made to share their views with us as part of our call for evidence, and we are continuing to use the feedback we received to shape our work on international registration reform. Our work includes:

- engaging with the government on the development of legislation that would enable us to create a provisional registration route for internationally-qualified dentists
- procuring new contracts for the ORE
- exploring changes to ORE structure and delivery
- determining the most effective assessment methods for both dentists and DCPs to ensure that professionals with overseas qualifications who meet our high standards for patient care can efficiently join our registers.

We will continue to work closely with key stakeholders and there will be further opportunities for submitting feedback through future consultations as our work progresses.