

Revisions to the Scope of Practice guidance

Consultation outcome report

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1. Introduction

This report provides a summary of responses from the General Dental Council's (GDC's) consultation on the proposed changes to our Scope of Practice guidance. The consultation was open for 12 weeks between 16 February 2023 and 11 May 2023. We invited responses from all stakeholders including dental professionals, organisations we work with, and dental patients and the public. Alongside the open consultation, we also provided opportunities for voices to be heard through engagement events. The consultation followed an extensive research and engagement programme that included a review of the existing guidance in place. Evidence and feedback were gathered to support the development of the revised guidance.

The GDC proposed an approach to providing guidance that better supports professional decision-making. We have been exploring how we can provide the dental team with the right level of guidance and the space needed to make informed judgements about the situations they encounter in practice.

The Scope of Practice document is a key area of professional guidance for the dental team. It guides dental professionals to undertake tasks that they are trained, competent, and indemnified or insured to do, while remaining within the professional boundaries of their role. The proposed revisions to the Scope of Practice guidance aimed to achieve objectives that included centring the guidance around patient safety, while also being supportive to dental professionals through an enabling and flexible approach. We also intended to future-proof the guidance so that it would not become out of date quickly and remain relevant in the future. The questions we asked in the consultation were developed to understand whether the revised guidance met those objectives and gather feedback about its impact on dental professionals.

This outcome report provides a summary of the responses we received, our consideration of the feedback received, and the actions we took as a result. These actions include making changes to the proposed revised guidance and identifying matters which need to be explored as projects separate to the review of the Scope of Practice guidance.

2. Background

The GDC is the regulator of dental professionals in the UK, and one of ten professional healthcare regulators. The core objective of our regulatory activities is public protection. This is a role given to us by Parliament and set out in the Dentists Act 1984.

To protect the public, our work is focused on the following four areas:

- 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.

The Scope of Practice guidance was last reviewed in 2013 alongside the Standards for the Dental Team and took into consideration the introduction of [Direct Access](#)¹. The updated guidance was expected to benefit patients by clearly outlining the roles of dental professionals and what they could do, and could not do, without referral from a dentist. It provided clear guidance on when a patient may be able to seek direct care from a dental care professional (DCP).

As the dental care landscape evolved, the guidance needed to be reviewed to reflect societal, clinical, and technological changes and shifts. It also needed to better reflect how dental professionals work, including the increasing use of skill mix within teams. Additionally, the Scope of Practice guidance was seen by some as a barrier to effective team working and patient care, with the guidance perceived as prescriptive and restrictive. The consultation proposals did not seek to change or expand the boundaries for dental professional groups, but rather to remove unhelpful restrictions and encourage the use of professional judgment.

The changes made to the Scope of Practice guidance aim to provide dental professionals with clearer boundaries around their role while also enabling professionals who are trained, competent, and indemnified or insured to safely expand their scope of practice within those boundaries. The revised guidance will also help professionals understand the boundaries of other roles within the dental team to promote better team working.

¹ 'Direct Access' means giving patients the option to see a dental care professional without having first seen a dentist and without a prescription from a dentist.

3. Consultation on the Scope of Practice guidance

Questions and analysis

To assist with the analysis of responses to the consultation, the following information about respondents was gathered through optional questions within the survey:

- Whether they were replying as an individual or on behalf of an organisation.
- If they were a dental professional.
- How they would best describe themselves or their organisation.
- Contact details in case we needed to contact them to clarify any aspects of their response.

The consultation contained 11 core questions with related sub-questions, and four optional questions to gather additional information about respondents. The main questions asked were a mixture of scale questions (which required the respondent to indicate one answer from a pre-set list) and open questions (which asked the respondent to provide more information about their answer). We also asked several specific open questions about the proposed approach to the revised guidance. Respondents did not have to answer all of the questions.

Separately from the questions asked about the proposed guidance, we provided an anonymous optional survey to collect information about the protected characteristics of the people responding. 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 166 who completed the consultation survey, 21 people answered the 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 an analysis within this consultation outcome report. However, we will continue to analyse the EDI survey responses across our consultations, to ensure our processes are fair and diversity of views are considered.

Equality, diversity and inclusion impacts

We asked the respondents for their views on whether the revised Scope of Practice guidance will impact people with protected characteristics. There was some confusion from a few respondents who responded based on their own characteristics and general impacts. This has made us consider how we frame this question in the future to ensure that respondents clearly understand what we have asked. The table at Section 6 of the report shows the number of responses we received per protected characteristic question.

How we reviewed the consultation responses

Once all responses were received, we started the analysis of the responses. Responses for closed (quantitative) questions are reported in the form of summary tables and graphs. For open (qualitative) questions, a coding framework was prepared for each question to identify key themes.

This report does not provide counts of qualitative responses because of the interpretative nature of the analysis. That means we cannot accurately report on the number of respondents who stated a particular opinion and instead seek to present the topics that emerged from the analysis.

How we engaged with and consulted our stakeholders

Pre consultation:

Prior to this formal consultation, and over the course of the two preceding years, we had been engaging with stakeholders to understand the best way forward in updating the Scope of Practice guidance and to develop the content for the revised guidance.

In this pre-consultation phase, we held a series of online workshops with key stakeholder organisations to discuss options for updating and modernising the Scope of Practice guidance. We explored the issues practitioners encounter when using the guidance and looked at different options for presenting the guidance to the dental team, with a focus on identifying those options that will deliver improvements to the current format and content of the guidance.

These workshops informed the decision to update the guidance so that it is less prescriptive and offers greater flexibility for dental professionals to exercise their professional judgement in the interest of patients. Following this decision, we held another series of workshops with stakeholders, primarily dental professionals, their representative bodies, education providers, and indemnifiers, to develop the content for a revised Scope of Practice guidance.

In this period, we also engaged patients and the public through an independent research organisation to understand their views on the guidance and how it can be improved.

These engagements with stakeholders informed the draft revised Scope of Practice guidance, which we consulted on in 2023.

Consultation:

We launched the consultation in February 2023, sharing the consultation materials on our website. We publicised it through a range of communication and engagement activities, including issuing a press release, publishing news item and social media posts, and direct emailing to stakeholder organisations.

We continued to publicise the consultation and encourage responses throughout the consultation period through our monthly newsletters to dental professionals, blog posts, and regular meetings with stakeholder organisations.

We also held an online event in April 2023 to provide opportunity for dental professionals to learn about our proposals and to ask any questions or provide feedback. This was attended by approximately 70 people and included a mixture of dental professionals and individuals representing stakeholder organisations. The feedback from this event was consistent with the analysis of responses to survey provided in this report.

Post consultation:

Following the close of the consultation, we analysed all responses and undertook engagement with some stakeholders to discuss their feedback in more detail. Following this engagement, we developed a first draft of the revised Scope of Practice guidance, which was discussed by the Council in April 2024 and publication was scheduled for Autumn of 2024.

During a stakeholder engagement event in September 2024, where the revised guidance was presented ahead of the planned publication, we received strong feedback and concerns on some parts of the revised guidance. Stakeholders requested the GDC to postpone the publication of the guidance until we fully considered the concerns raised. We therefore paused our plans for publication and initiated a series of individual meetings with stakeholder organisations representing dental professionals to consider their latest feedback in detail. This lasted from October 2024 to January 2025.

Following these meetings, we further refined the guidance considering the feedback received and presented it to a wide range of stakeholders through online events. These sessions enabled us to reach broad consensus on the final version of the Scope of Practice guidance, ensuring it is relevant, inclusive, and supportive of all dental professional groups. The refinements made following the individual meetings with stakeholder organisations were small but important. They included clarifying and strengthening the boundaries of the scope of professional groups, ensuring consistent phrasing across the professions, and agreeing the best terminology with professional bodies and indemnifiers. These refinements do not represent a shift in direction of the Scope of Practice guidance, but rather reflect a shared effort to improve clarity, ensure consistency and support appropriate application in practice.

4. Headline analysis of consultation responses

We received 166 responses to the consultation; 156 responses were submitted via an online form. Nine responses were submitted via email and one written response was submitted to GDC colleagues at an in-person meeting.

111 of the responses were submitted by individuals. Some of these individuals told us they were dental professionals in their responses to the questions, but we did not specifically ask a question to capture this data from each respondent. 33 respondents identified as acting on behalf of an organisation, these organisations included a mixture of professional bodies, NHS bodies, indemnifiers and education or training providers. We also received a response from the Professional Standards Authority (PSA). The remaining 22 respondents did not provide information about whether they were responding as an individual or on behalf of an organisation.

Table 1 – Number of responses from organisations and individuals

N=166 responses

Response	No. of responses*	%**
Individual	111	67
Organisation	33	20
Blank/not disclosed	22	13
Total	166	100

*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.

**Throughout this report, percentages within tables have been rounded up or down to the nearest whole number.

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

1. British Dental Association
2. British Orthodontic Society
3. Bupa Dental Care
4. CFC Underwriting
5. Clinical Dental Technicians Association
6. College of General Dentistry – faculty of Dental Hygienist and Dental Therapists
7. Committee of Postgraduate Dental Deans and Directors
8. Dental Laboratories Association
9. Dental Professional Alliance
10. Dental Schools Council
11. Dentalhitec Academy
12. Health Education and Improvement Wales
13. Medical & Dental Defence Union of Scotland
14. Medical Protection Society – Dental protection
15. NHS Education for Scotland
16. NHS England
17. North West Regional College
18. Northern Ireland Medical & Dental Training Agency
19. Professional Standards Authority for Health and Social Care

20. Society of British Dental Nurses
21. The British Association of Clinical Dental Technology
22. The British Association of Dental Nurses
23. The British Society of Dental Hygiene and Therapy
24. The Dental Defence Union
25. The Royal College of Surgeons of Edinburgh Faculty of Dental Surgery
26. University of Bristol
27. University of Northampton
28. University of Portsmouth Dental Academy

During the analysis period, we invited organisational stakeholders that responded to the consultation to meet with us for a short online meeting. This additional analysis exercise aimed to clarify aspects of consultation feedback, some of which was quite detailed and technical in nature. We undertook this further analysis to aid our response to the feedback provided within the formal consultative process.

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, the 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: professional/organisation

N=142 responses

Response	No. of responses*	%**
UK registered dental professional	81	57
Education or training provider	16	11
Professional body	14	10
NHS	14	10
Dental patient or member of the public	1	1
Regulator	1	1
Training or studying to join the GDC register	2	1
Other	13	9
Total	142	100

*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.

142 respondents told us whether they were responding as an individual or on behalf of an organisation. 24 did not indicate which they were responding on behalf of.

81 of the individuals who responded to the consultation identified themselves as a UK registered dental professional. This was the biggest group to submit responses. One respondent identified as a dental patient or member of the public.

Of the thirteen respondents who answered 'other', this was a mixture of dental professionals, education providers and indemnifiers.

5. General overview

The Scope of Practice is an important part of our suite of guidance. It is designed to keep patients safe while supporting and guiding professionals to work within their knowledge, skills and abilities, and within the professional boundaries of their role.

In analysing the feedback, we have sought to identify the reasons why respondents supported or did not support the statements we asked them about the proposed revisions to the guidance. On occasion, we noted that the responses to the closed scale questions and the open text feedback from a respondent did not align.

Overall, respondents to the consultation were more supportive than unsupportive in their feedback about the proposals. Most organisations either agreed or strongly agreed with the scale questions. Many were positive about the direction the guidance was taking and how this would support wider development in dental professional roles and ways of working. However, many respondents said that the guidance required more clarity around DCP role boundaries.

The proposal to remove lists containing many of the permitted tasks and activities received a mixture of responses from respondents. Some said this was a positive development that would encourage flexibility. Other respondents requested a prescriptive list be provided to remove doubt about permitted tasks, and to mitigate the risk of dental professionals working outside their scope of practice. When we analysed this feedback in more detail, we found that many of the stakeholders asking for a prescriptive approach were asking for more description within professional roles, without the restrictions and limitations that prescriptive lists bring. Further on in this report, within our responses to specific question feedback, we outline how we plan to make more descriptive support available while avoiding limiting the tasks dental professionals can do unnecessarily.

We received feedback from some respondents about drafting of the guidance. This included that some areas were unclear in terms of both the wording used and what it is intended to convey about what is included within a professional's potential scope and role boundary. We considered this feedback and have made amendments to the guidance and/or clarified our position in the outcome report. It is worth noting that this consultation exercise was not undertaken to expand or change the scope of any professional titles. We did receive feedback indicating arguments for the expansion of scope for some professional titles, which we have noted but are outside the scope of this guidance review.

After analysing the consultation feedback and considering the views shared during our post-consultation stakeholder engagement events, we made a number of changes to the draft Scope of Practice guidance which are outlined in more detail below.

6. Specific feedback

The questions in the consultation paper were numbered from 1 – 14. There were sub-questions for the first five open text questions, and Question 8 consisted of seven subsections for each dental professional role. Question 11 asked respondents for their views about any impacts on dental professionals with protected characteristics. Questions 12 – 14 were questions requesting information about the respondents, including contact information and whether they were responding as an individual or on behalf of an organisation.

Question 1: To what extent do you agree or disagree that the proposed Scope of Practice guidance protects patients by guiding dental professionals to practise safely within clear role boundaries?

Table 1 – response to question 1

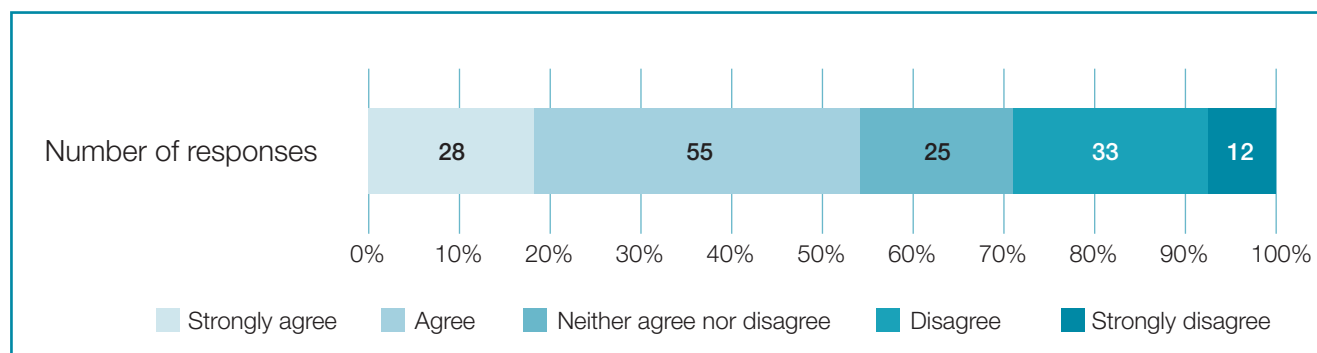
N=153 responses

Response	No. of responses*	%**
Strongly agree	28	18
Agree	55	36
Neither agree nor disagree	25	16
Disagree	33	22
Strongly disagree	12	8
Total	153	100

*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.

Graph 1 – response to question 1



153 respondents answered this question. 13 did not provide a response. Overall, over half of those who responded to the consultation agreed (strongly agree/agree = 83; 54%) that the proposed Scope of Practice guidance protects patients by guiding dental professionals to practise safely within clear role boundaries. 45 respondents disagreed (strongly disagree/disagree = 45; 29%) and 25 respondents were unsure (neither agree nor disagree = 25; 16%).

1.a Please explain your answer

123 respondents provided a written response to this question. Overall, we heard a broad range of views with the feedback more positive than negative about whether the guidance protects patients by guiding professionals to practise safely within clear role boundaries. Many organisations said that they agreed with the overall direction of the guidance but indicated some reservations about detail. Some responses from both organisations and individuals cited concerns about the clarity of the role descriptions and role boundaries, and potential confusion for dental professionals that could lead to patient safety risks. However, several respondents said the guidance was “clear” and “unambiguous” for dental professionals to follow as well as being “concise” and “self-explanatory” and that it “put patient care at the centre.”

Overall feedback

We noted that positive feedback received was put in briefer terms than the feedback which was more critical. We also noted that not all respondents who answered Question 1 positively, responded to the request to explain their answer. However, many of those who were positive about the guidance said that using the proposed Scope of Practice guidance will be straightforward to follow. The feedback broadly suggests two broad approaches that respondents took when reviewing the proposed guidance – the first was an approach which assessed the proposed guidance on what it was set out to achieve, while the second viewed the proposed guidance as limited due to the lack of prescriptive lists for each role. We want to help everyone to view the updated guidance through the same lens and to get the same benefit from it. To support this, we will do the following:

- Manage the implementation of the revised Scope of Practice guidance by working with professional bodies in order to update and inform stakeholders of the policy intention behind the guidance.
- Develop case studies over time to support individual interpretation of the Scope of Practice guidance. This will include case studies relevant to specific professional roles. These case studies will form part of the supporting material as part of our wider work on Promoting Professionalism.

The answers we received to Question 1 were detailed and contained a variety of responses from a wide spectrum of stakeholders. The specific points raised and our responses for this question are set out below:

- There were a few responses in relation to orthodontic therapists. One queried whether clinics can be orthodontic therapist-led with supervision being conducted by an orthodontist remotely. Another response raised concerns that advising orthodontic therapists that they can work under the prescription of a ‘dentist’ could lead to a situation where an orthodontic therapist is working under supervision of a dentist who does not have the necessary experience to direct treatment.

GDC response

We have updated the guidance to reflect that supervision needs to be at an appropriate level. We have also taken the suggestion on board to update the guidance to state that orthodontic therapists work under the prescription of an orthodontist or a dentist who is trained, competent, and indemnified or insured in the provision of orthodontic treatment.

- It was noted by a respondent that because the revised guidance does not have as much detail about additional skills that DCPs can choose to undertake training in, the draft Scope of Practice guidance might limit the career opportunities for some professionals.

GDC response

The 2013 Scope of Practice guidance was introduced to help define the boundaries of each dental professional role, it does not provide a definitive and comprehensive list of tasks dental professionals can undertake. We appreciate that dental professionals may wish to have more information about the areas they can expand their scope into, but the Scope of Practice guidance is not suitable for this purpose as it would not be able to provide the level of detail required. We will consider whether there is additional supporting material which we can produce, or work with others to produce, to help meet this need.

- A few responses highlighted the impact on indemnifiers in understanding what is in the scope of a dental professional's practice for the purpose of providing indemnity cover. One respondent said that the proposed Scope of Practice guidance passed responsibility for defining role tasks to indemnifiers as it no longer has a prescriptive list.

GDC response

As outlined in the point above, the Scope of Practice guidance was not developed to support other uses or dental professionals beyond guiding them to assess their scope of practice and work within role boundaries. The current Scope of Practice guidance contains more detail, but this detail has become outdated as dentistry has evolved, and it would become quickly outdated again if we had attempted to provide a detailed task list. While it is not a suitable document to solely base indemnity decisions on, the guidance is clear about what is outside of the boundary for each role, and it is supported by additional guidance about how to make decisions about whether a task is within one's personal scope, as well as the pre-registration Safe Practitioner framework. We do, however, recognise the impact on indemnifiers and other groups. We are committed to continue working with them to migrate to the new guidance. This will include sharing the revised guidance ahead of publication and implementation.

- Some respondents suggested that it was difficult to determine a professional's scope of practice and the boundaries of their role, as several documents need to be referred to including the Safe Practitioner Framework and the Standards for the Dental Team. A perceived lack of clarity was highlighted as a risk to some DCP groups who, some respondents said, may have difficulty identifying and evaluating tasks within their areas of competence, particularly if they have less experience.

GDC response

We have considered feedback on role descriptions and updated the guidance where feedback indicated that there is merit in making a change. The role boundaries indicate activities and tasks that DCPs must not do when they are registered to work under a particular professional title, unless they are also registered in another capacity that permits it. The only role boundary that was identified as being problematic within the guidance was that of dental therapists and this was due to perceived ambiguity around the definition of 'complex restoration' due to what was meant by 'complex.' We have updated the wording of the boundary to include 'indirect restoration' to make clear to dental therapists what they must not do.

- Some respondents noted that some DCPs do not wish to expand their scope of practice and therefore more clarity should be added to the guidance to address the optional nature of Direct Access for dental hygienists and dental therapists. Some also expressed concern for DCPs feeling forced to undertake additional tasks or change their ways of working in order to retain their job.

GDC response

We have sign-posted the Direct Access guidance and clarified that dental therapists and dental hygienists work to the prescription of a dentist unless they choose to work under a Direct Access model. While individual professionals are responsible for assessing and working to their scope of practice, we recognise concerns raised that some may not always feel empowered to speak up. We will explore whether there are corresponding updates we can make to existing GDC guidance such as [‘Guidance for those employing, supervising or training students, trainees or learners’](#) to help ensure that dental professionals undertake only those tasks that they are both comfortable to do and able to do. The Standards for the Dental Team is clear on this requirement (see Section 6.3) and the revised Scope of Practice also makes this clear (see 1.7 (d)).

- One respondent fed back that the current Scope of Practice guidance had “grey areas” in terms of what was in scope for some professional roles. They told us they felt that the proposed revised Scope of Practice guidance did not address these grey areas, which may result in more professionals falling into Fitness to Practise proceedings. Some other respondents also told us they were concerned that interpretation of the guidance may lead some to fitness to practice issues.

GDC response

The current guidance is not exhaustive and as dentistry has evolved it has become more out of step with some aspects of practice. This may lead to some tasks being viewed as ‘grey areas’ as they are not included within the guidance. As the proposed guidance emphasises an individual assessment based on whether someone is trained, competent, and indemnified or insured to undertake a task, it will be less realistic to be able to produce a composite list of what people can and cannot do. However, the guidance is clear, and succinct about what is outside of the boundary for each role. Further support can be obtained from [The Safe Practitioner Framework: A framework of behaviours and outcomes or dental professional education](#), and we have made this point clear in the guidance.

- One respondent queried what they felt was unclear scope around dentists working in a maxillo-facial department undertaking tasks that they described as being on par with a junior doctor.

GDC response

Concerns about the scope of dentists working in maxillo-facial departments or other healthcare roles are raised often with the GDC. To clarify – the Scope of Practice guidance covers only those activities that involve the practice of dentistry – this excludes dentists working in hospitals who undertake tasks such as suturing facial wounds and wider medical tasks because these fall outside the practice of dentistry. It also excludes healthcare assistants. If registered dental professionals are engaged in a wider healthcare role, we expect them to demonstrate appropriate standards of professional behaviour within that role.

- One respondent asked why there was little reference to a dental professional's role in upholding patient safety within the guidance.

GDC response

We have clarified the paramountcy of patient safety by adding wording to Section 1.7 (b).

- Some respondents asked for specific issues to be addressed. For instance, the professions that cannot perform tooth whitening, in order to ensure that professionals do not inadvertently work out of scope.

GDC response

We have clarified the professional groups that are permitted to undertake teeth whitening at section 1.6 of the guidance. We decided to include this because tooth whitening, and whether a dental professional has provided it appropriately, has been the most common scope of practice related fitness to practise allegation made to the GDC.

- Respondents noted that the 'Preparing for Practice' document would be superseded by the Safe Practitioner Framework, which was published in November 2023 and therefore the references within the guidance to Preparing for Practice would be out of date.

GDC response

We have updated the references to the 'Preparing for Practice' document and have replaced them with '[The Safe Practitioner: A framework of behaviours and outcomes for dental professional education](#)', as this was published following the consultation.

- Several respondents asked for better alignment across the role descriptions in terms of content and layout. An example of this is a request that the following statement '*these skills and abilities that dental nurses have on registration are based on the learning outcomes as set out in [Preparing for Practice]*' is included within the description for all professional groups.

GDC response

We have made several amendments to update and align the role descriptions across professional titles.

- Another respondent asked for clarity about whether the referral mentioned (under section 1.3 of the proposed Scope of Practice guidance) needed to be a formal written referral, or advice to the patient.

GDC response

A key part of being a regulated professional is the ability to make professional decisions, and we expect all dental professionals to be able to do this from the point of registration with the GDC. Dental professionals should be comfortable referring to several sources of information that outline regulatory and legal requirements. We recognise that some professionals may be unsure how to assess competence, there is guidance on this in Section 1.9 (page 6) of the updated Scope of Practice guidance. We have also added words to clarify that dental professionals should not solely rely on their own assessment, and should also be seeking views from their colleagues, supervisor, mentor, or trainer.

Question 2: To what extent do you agree or disagree that the proposed Scope of Practice guidance supports and guides professional decision making?

Table 2 – response to question 2

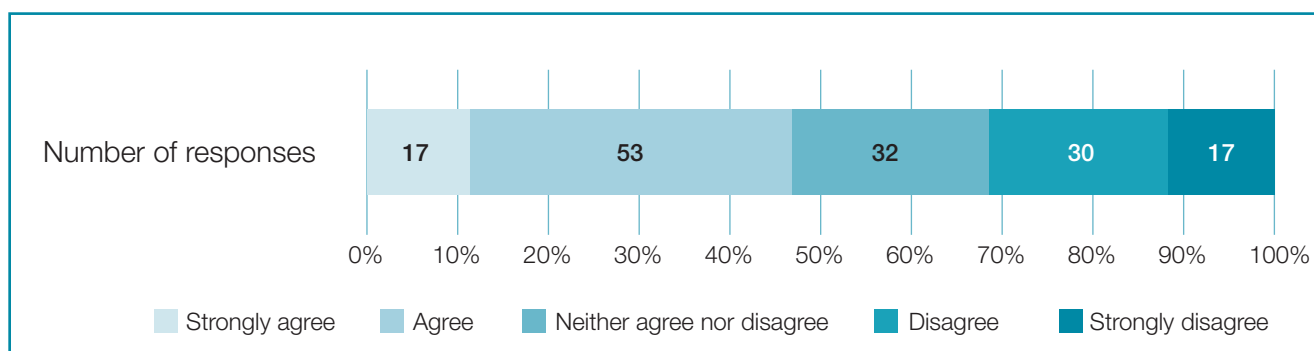
N=149 responses

Response	No. of responses*	%**
Strongly agree	17	11
Agree	53	36
Neither agree nor disagree	32	21
Disagree	30	20
Strongly disagree	17	11
Total	149	100

*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.

Graph 2 – response to question 2



149 respondents answered this question. 17 did not provide a response. Just under half of the responses we received agreed (strongly agree/agree = 70; 46%) that the proposed Scope of Practice guidance supports and guides professional decision making. Slightly under a third of respondents disagreed (strongly disagree/disagree = 47; 32%) and some were unsure (neither agree nor disagree = 32; 21%).

2.a Please explain your answer

115 responses were received to this request. We welcome the detailed feedback we received to the consultation question about whether the proposed guidance supports and guides professional decision-making. The most common concern was that the guidance was not sufficiently detailed or that it was unclear. Many of the respondents were also concerned about the detrimental impact that this could have on DCPs. Organisations were split between those who agreed that the guidance enabled professional decision-making and those who disagreed. Of the latter group, several indicated that they were supportive of the principle of increasing the focus on professional decision-making and the aims of the guidance. Many individual responses supported the additional autonomy that the guidance provides and

said this, along with clear boundaries, would support good decision-making in the best interests of patients. Others were concerned that the revised Scope of Practice was too vague and would prove to be a hindrance. Specific points are summarised below. On occasion, feedback was repeated across the answers to several questions, and it has not been noted again if the point has already been addressed within this document:

- The ways in which respondents described DCPs as being impacted include working outside of scope accidentally. One respondent described the guidance as a way to “catch us out” and wanted more examples about the areas they could expand their practice into.

GDC response

Providing more examples of things that specific dental professional roles can undertake is an area we will explore over time through case studies that explore contextual scenarios to help dental professionals apply the guidance to their own skills, experience, and workplace.

- One respondent said the guidance was not clear enough for Dental Hygienists, for example, whether they could administer local anaesthetic. Another cited concerns that it was not clear whether dental therapists could administer medicines including local anaesthetic and fluoride.

GDC response

Section 1.8 of the proposed draft guidance states that ‘there are other regulations, standards, guidance and legislation that limit which registered titles perform certain tasks...’ We have amended this section to clarify that these other authorities can also permit additional tasks – for example, in June 2024 the government introduced the medicines exemption. Dental hygienists and dental therapists can legally supply and administer specific prescription-only medicines under exemptions directly without requiring a prescription from a dentist. These professional groups may also administer these medicines under prescription from a dentist. We have updated the guidance to clarify its relationship with rules and legislation beyond the GDC’s remit, where we believe it is appropriate to do so.

- Some respondents told us they felt that because the scope was less detailed it was limiting to both scope and professional decision making.

GDC response

As described above, we heard from a few respondents that the proposed Scope of Practice would be less effective because of the prescriptive detail being reduced, while others saw more opportunity to make good decisions in the interests of their patients. The Scope of Practice is a guidance document, and while we understand the desire for certainty, we do not consider that it would be helpful if professionals base their judgements primarily upon whether a task is listed in the document or not. Instead, individuals should reflect on both whether they are trained, competent, and indemnified or insured to undertake the task at hand, as well as whether that task falls into the scope of their professional group. The guidance indicates that if they are unsure, they can discuss the matter with a range of sources including their indemnity or insurance provider, professional organisation, society or association, education or training provider, employer and colleagues. This advice was listed under Section 1.3 of the draft proposed guidance.

- An indemnifier queried why interproximal reduction was listed as a task that orthodontic therapists cannot do, and posited whether the absence of this boundary from hygienist or clinical dental technician roles would lead some to interpret that they may undertake this task, under prescription from a dentist.

GDC response

Interproximal reduction is listed as a task that orthodontic therapists cannot do and is not listed for other dental care professionals' roles. This is because interproximal reduction is generally a procedure associated with orthodontic treatment. We do not accept that the absence of this being listed within the boundaries for dental hygienists and clinical dental technicians will lead them to reasonably conclude that they may undertake this procedure, and to be able to justify this decision. As well as the task not featuring in the education and training framework, they would not be trained, competent, and indemnified or insured to carry out the task. The boundaries within the guidance are not exhaustive – if they were, the guidance would be extremely long and prescriptive and it would become out of date quickly as new and innovative methods and procedures emerge. Dental professionals should consider, in each instance, if they are trained, competent, and indemnified or insured to conduct a task and to consult with others if they are not sure.

- It was suggested that DCPs know very little about the scope of their colleagues working under other professional titles and this would affect professional decision-making around referrals.

GDC response

We agree that all dental professionals should know about the scope of practice (at least indicative scope) of the colleagues they work with and interact with. As such, we have updated the introductory sections of the guidance to request that all dental professionals carefully read the guidance, including the detail within the scope of other roles. We have included a dedicated section (1.7.b) titled *Understanding your role and the role of others*, which reinforces this expectation. It highlights the importance of understanding not only your own scope of practice but also that of your colleagues.

- Others were concerned that the idea of 'professional decision-making' was relevant to those who entered practice through university education routes but was less relevant, or clear, to some members of the team, such as dental nurses. We heard the phrase "they don't know what they don't know" in relation to concerns about some aspects of the guidance involving the use of reflection, insight, and judgement.

GDC response

We received mixed views around this, and others provided a different perspective that some dental care professionals may be well-skilled in these areas irrespective of their education level or professional group. As described above, if a dental professional is unsure, they should discuss the matter with a range of sources including their indemnity or insurance provider, professional organisation, society or association, education or training provider, employer and colleagues.

- Two respondents suggested that there should be more cross-referencing with other documents including the 'Preparing for Practice' document (now 'Safe Practitioner Framework') to support newly qualified dental professionals still developing decision-making skills.

GDC response

We have added sign posting and references within the guidance to other documents including the Safe Practitioner Framework, where appropriate.

- A few responses from organisations cited issues with training requirements. This included a request for more guidance about what amounted to appropriate training and assessment after registration/at post-graduate level.

GDC response

We have clarified Section 1.5 of the proposed guidance to confirm that training may be on the job in some instances and through established or reputable educational providers in other instances. It is up to the individual professional to assure themselves that they are competent to undertake a task, consider requirements of other bodies, and seek clarification from others if necessary.

- An indemnifier highlighted a clarity issue with the dental therapist role. They noted that there was a clear distinction between the tasks they can and cannot do, which can be categorised under direct restorations and indirect restorations and requested that this distinction be included in the guidance.

GDC response

We have updated the description of the boundary for the dental therapist role, so it now states that 'indirect restorative treatments' are not permitted. We have not described specific tasks under direct and indirect as this would risk bringing in unnecessary prescription and could become out of date quickly. Clarifying that they can do direct restorations only enables the dental therapist to assess whether a task is within their scope of practice and still requires them to reflect whether they have the training, competence and indemnity or insurance cover to perform the task.

Question 3: To what extent do you agree or disagree that the proposed Scope of Practice guidance helps to enable the dental team and individuals to work to their full potential in a variety of settings?

Table 3 – response to question 3

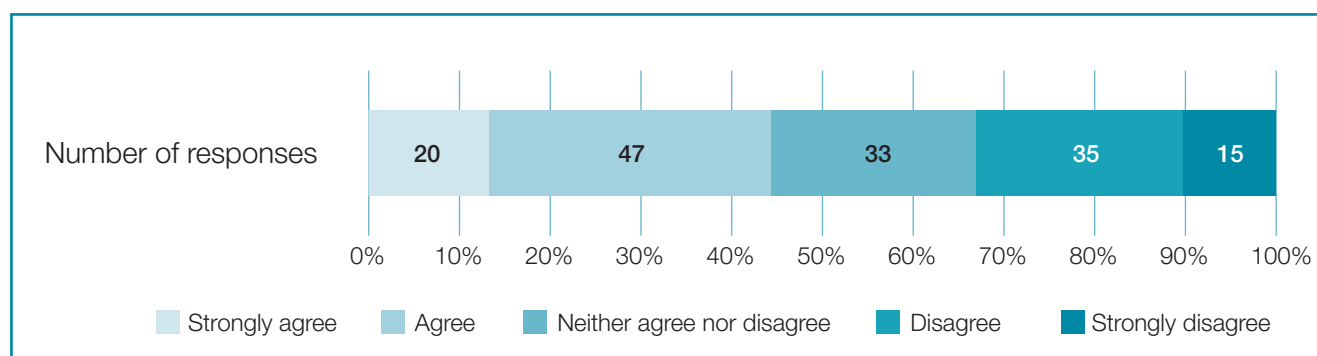
N=150 responses

Response	No. of responses*	%**
Strongly agree	20	13
Agree	47	31
Neither agree nor disagree	33	22
Disagree	35	23
Strongly disagree	15	10
Total	150	100

*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.

Graph 3 – response to question 3



150 respondents answered this question. 16 did not provide a response. Of those who responded about whether the guidance helps enable the dental team and individuals work to their full potential in a variety of settings, 67 were positive (strongly agree/agree = 67; 44%). 50 respondents disagreed (strongly disagree /disagree = 50; 30%) and 33 respondents neither agreed nor disagreed (22%).

3.a Please explain your answer

115 responses were received to this request. We welcome the feedback we received to the consultation question about whether the guidance helps to enable the dental team and individuals to work to their full scope of practice in a variety of settings. The main areas for concern were clarity and sufficiency of the guidance and the negative impact the guidance could have on DCP groups. However, some said that the proposed guidance would make better use of DCPs' skills, which would work in the interest of the professional and patients. Specific points are summarised below. On occasion, feedback was repeated across the answers to several questions, and it has not been noted again if the point has already been addressed within this document:

- We heard that some respondents felt the proposed Scope of Practice guidance does not reflect the full scope of activities that DCPs can undertake. This is partly because extended duties are not listed within the guidance, and it would be unclear what working to a full scope of practice looks like for all professional roles.

GDC response

The additional/extended duties that were listed in the Scope of Practice guidance published in 2013 were not included within the proposed version we consulted on. This is because including a list like this would be too prescriptive and can be interpreted as an activity being approved for all if it is on a list, and not allowed if it is not. This can encourage an approach that moves away from professional decision-making and individual assessment as to whether a person is trained, competent and indemnified or insured to perform a task. However, we will explore how we provide more support to registrants. As mentioned before, this may include role-specific contextual case studies.

- Some respondents told us that the proposed Scope of Practice guidance would make people afraid to work to their full scope, and that it would promote defensive dentistry.

GDC response

We consider that the decision-making process described at Section 1.3 of the guidance should assist professionals in making decisions about their scope of practice in a methodical and evidence-driven way that they can explain to others. This includes guiding the dental professional to ask themselves the following questions:

- Have I been trained to carry out, plan or prescribe this task or treatment?
- Am I competent to carry out, plan, prescribe or delegate this task or treatment?
- Am I appropriately indemnified or insured to carry out, plan or prescribe this task or treatment?

There is also an allowance within the guidance, in line with our approach to professional standards (Standards for the Dental Team), to deviate from the guidance if this is in the best interest of the patient and a clear rationale is recorded.

- Some respondents noted that unless there were changes to the structure of how practices operated to encourage people to refer, dental professionals would not get the opportunity to work to their full potential. Some also mentioned contractual issues and out-of-date ways of working.

GDC response

We recognise that working to one's full potential is dependent on ways of working within the dental professional's workplace. We agree that structural change may be helpful in some areas to facilitate this. We note that other key influencers within dentistry are also enabling change. For example, the government recently introduced exemptions to medicines legislation that will allow dental hygienists and dental therapists to legally supply and administer specific prescription-only medicines directly. NHS England is also removing barriers that prevent Direct Access for some professional groups. We will continue to support these endeavours where we can so that professionals are enabled to work to their full potential.

- One person fed back that specific sections of the guidance would help support dental professionals in working to their full scope. This includes Section 1.1 'what do we mean by scope of practice?' and the mention that all dental professionals play a valuable role in providing care to patients and Section 1.5 'developing your skills and abilities over the course of your career', which explicitly notes the role of the [Personal Development Plan](#) (PDP) as part of the process of an individual expanding their scope of practice.

GDC response

We welcome the positive feedback about how the guidance might enable people to work to their full scope and we are committed to supporting the workforce in this way where we can.

- An organisational response highlighted that further education was only listed under the dentist specific section, and people working as one of the other professional titles could also choose to undertake a relevant PhD or MSc.

GDC response

We have aligned professional role descriptions where appropriate e.g. to ensure that further formal education routes are described as an option for all professional roles, and not just noted as an option for dentists.

- We had a few responses from individuals and organisations suggesting that the scope of practice of clinical dental technicians should include tasks for partially edentulous patients that are within their skillset, which they state includes designing and fitting removable partial dentures and mending appliances for patients without a prescription in emergency situations, such as when the dentist is away, or no appointments are available.

GDC response

The points around clinical dental technicians' scope are ones that we have discussed with the relevant representative bodies. As the Scope of Practice consultation did not include changing the scope of practice boundaries for any group, these are not points we can consider as part of this work. However, we recognise that a future task for the GDC and other relevant parties must be to assess whether the role boundaries of each professional group are set in the right place in the interests of patient care and improving access to the care needed. We have logged these comments and will consider them as part of any future work on the boundaries and tasks for professional groups.

- Some of the respondents told us that aspects of the terminology and language used in the guidance was out of date, and it also portrayed a hierarchy within the dental team when the profession aims to towards flatter team structures.

GDC response

We have updated the guidance where possible, to reflect the referral, delegation and leadership roles across different professional roles.

Question 4: To what extent do you agree or disagree that the proposed Scope of Practice guidance sets role boundaries while also being adaptive to changes in the dentistry environment?

Table 4 – response to question 4

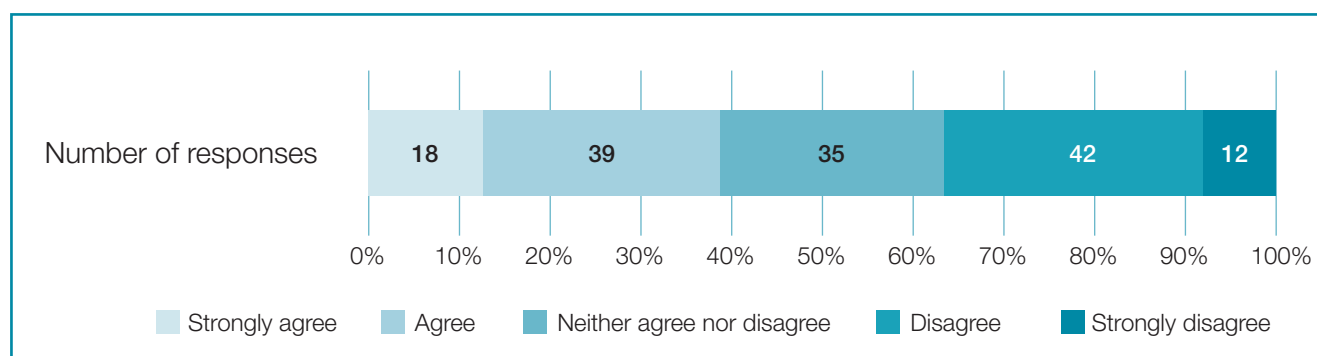
N=146 responses

Response	No. of responses*	%**
Strongly agree	18	12
Agree	39	27
Neither agree nor disagree	35	24
Disagree	42	29
Strongly disagree	12	8
Total	146	100

*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.

Graph 4 – response to question 4



146 respondents answered the question. 20 did not provide a response. Almost the same number of respondents agreed and disagreed that the proposed Scope of Practice guidance sets role boundaries whilst also being adaptive to changes in the dentistry environment (strongly agree/agree 57; 39% and strongly disagree/disagree 54; 37%). The remaining quarter of respondents were unsure (neither agree nor disagree = 35; 24%).

4.a Please explain your answer

We received 107 responses to this request.

We welcome the feedback we received to the consultation question about whether the guidance sets role boundaries while also being adaptive to change in the dentistry environment. The main concerns we heard were that role boundaries were unclear, and the guidance was insufficiently detailed. Some respondents were concerned about the impact on DCPs. Many felt that the boundaries were too open to interpretation, whereas others saw flexibility as a positive thing which would impact the wider team. A third group said the guidance could not be adaptive to change, as the guidance was already fixed around set boundaries. It is worth noting that many respondents who disagreed with the question, conflated role boundaries with the detailed indicative task lists in the Scope of Practice guidance that may be undertaken on registration or with additional training. Specific points are summarised below. On occasion, feedback was repeated across the answers to several questions, and it has not been noted again if the point has already been addressed within this document:

- One person suggested that a portion of the Annual Retention Fee should be used to fund a programme to keep the guidance, including the boundaries, regularly updated alongside developments in dentistry.

GDC response

We understand the desire for the apparent certainty that having a detailed task list would provide some professionals, but a detailed task list would not be able to reflect the range of factors and considerations that affect whether a task is within one's personal scope. Not only could each list become out of date quickly, but the personal scope of practice is different for each individual dental professional, as not everyone within a professional group will be trained, competent, and indemnified or insured to do all of the same tasks. We aim to produce guidance that effectively supports the dental professional in determining their scope. Having a detailed and comprehensive task list within the Scope of Practice guidance would require significant resource and cost to keep updated to the level of detail needed to be effective.

- Some suggested that there is a disparity between professional roles because the boundaries of dental nurses were clearer than other roles due to the role description including possible extended duties.

GDC response

We made the decision to include more detail within the dental nurse scope in response to feedback during the initial research and engagement programme that dental nurses were often overlooked and unable to advance their career. Therefore, this additional detail was directed at addressing an inequity that it was suggested already existed. However, we acknowledge the comments made by and on behalf of other professional titles and we have made changes to the guidance to further align the content across titles if doing so added helpful clarity. We have also clarified that this guidance is about building on core skills rather than extending the scope of practice of dental nurses.

- We had feedback about the language used in the dental hygienist and dental therapist sections e.g. 'management' is an unclear term in relation to treating diseases and 'paediatric teeth' is misleading and should be replaced with a commonly used term.

GDC response

We have made changes to the dental hygienist and dental therapist role descriptions including clarifying their role in identifying disease. We also replaced the term 'paediatric teeth' with 'primary teeth'.

- Some respondents noted that the guidance contained several "grey areas" and therefore would make practice more restrictive for dental professionals, as they would not want to stray outside their scope. A few other respondents said that some dental professionals will work outside of scope if the boundaries are unclear.

GDC response

All professionals must consider if they are trained, competent, and indemnified or insured to undertake a task, especially if this is an area that is less clear to them. Additionally, once the guidance has been published and we move into the evaluation stage of the review of the guidance, we will collect data from dental professionals and relevant organisations about areas that are less clear in practice. We will seek to provide clarity through engaging and specific content such as case studies.

- Some respondents told us that they were unsure about whether the guidance was adaptive because it has not yet been tested, and because new procedures and techniques which may carry increased patient safety risks had not yet been introduced. Others said it did achieve this aim because the roles are clear and supported a move towards a multi-professional team approach.

GDC response

We appreciate that there are a range of views about whether the guidance is adaptive, especially as we are yet to test it in practice. We will evaluate the guidance after it has come into effect, to identify ways to improve it and to ensure it meets the aims of the guidance review.

- A respondent on behalf of an organisation said the proposed guidance does not provide sufficient clarity for dental therapists and whether the wording '*carrying out clinical examinations for the purposes of diagnosing and treatment planning within scope and competence*' means that therapists can diagnose.

GDC response

We have amended this wording to clarify that diagnosing and care planning is performed within scope and competence, and that clinical exams are also performed within scope and competence, but not always for this purpose. They can be to identify that the patient needs to be referred to another healthcare professional.

Question 5: To what extent do you agree or disagree that the proposed Scope of Practice can support the future delivery of dentistry?

Table 5 – response to question 5

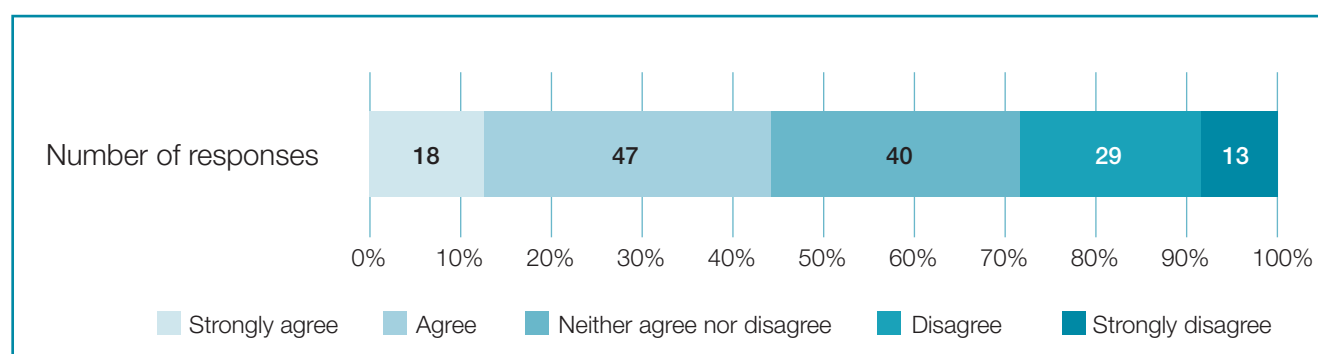
N=147 responses

Response	No. of responses*	%**
Strongly agree	18	12
Agree	47	32
Neither agree nor disagree	40	27
Disagree	29	20
Strongly disagree	13	9
Total	147	100

*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.

Graph 5 – response to question 5



147 respondents answered the question. 19 did not provide a response. 65 respondents agreed (strongly agree/agree 65; 44%) that the scope of practice guidance can support the future delivery of dentistry. 42 respondents disagreed (strongly disagree/disagree = 42; 29%) and the remaining 40 respondents were unsure (neither agree nor disagree = 40; 27%).

5.a Please explain your answer

There were 111 responses to this request. Many comments about whether the guidance can support the future delivery of dentistry were about negative impacts on DCPs. Several other comments were related to the training and education that DCPs receive and how this relates to individual scope of practice, with some points requesting specific detail.

The feedback suggested two different approaches respondents took when reviewing the guidance. We heard support that the proposed Scope of Practice guidance will support the future delivery of dentistry by enabling greater flexibility within the guidance, and other feedback that the guidance is more limited by removing the task list. The aim is to help everyone to view the updated guidance through the same lens and to get the same benefit from it. We will continue to explore other means, through our communications and engagement channels, to communicate the policy intention behind the revised Scope of Practice guidance to a wide range of audiences.

Specific points are summarised below. On occasion, feedback was repeated across the answers to several questions, and it has not been noted again if the point has already been addressed within this document:

- We heard that structural changes were a reason why the Scope of Practice guidance may not play an effective supportive role in the future delivery of dentistry. The points cited include the timescale for regulatory reform at the GDC, lack of flexibility and clarity on training options for those looking to expand their scope, the role of other, non-regulated, members of the dental team, and timescales for overseas qualified dentists waiting to sit the Overseas Registration Exam (ORE).

GDC response

We recognise that many other factors are playing a part in influencing the future delivery of dentistry. We aim to play a supporting role where we can remove any actual or perceived barriers, where this does not compromise patient safety. During the research and engagement work undertaken to review the Scope of Practice guidance, we heard that many professionals use the guidance as prescriptive lists that they must follow even though they were incomplete and could be out of date. This deterred dental professionals from undertaking tasks, even where they may have felt they were trained, competent, and indemnified or insured. The approach within the revised guidance is to develop a document that is more flexible in response to future developments in technology and training. This approach depends on dental professionals assessing whether they are trained, competent and indemnified or insured, and seeking advice if they are unsure.

- One response suggested that ‘Preparing for Practice’ (now ‘Safe Practitioner Framework’) was more related to the future delivery of dentistry as it is important that changing landscapes and technologies are taught in pre-registration training and education.

GDC response

The Safe Practitioner Framework was developed to meet expectations we have for dental education and training, and to better reflect the significant shifts in society and in dentistry. The new framework ensures that the clinical knowledge and skills included are specific to the scope of practice of each professional group. The new framework will also enable education providers to better prepare new dental professionals and, in turn, ensure they are well equipped for the sector they are joining. On the other hand, the Scope of Practice guidance is a tool to use once a dental professional is on the register, to guide them to make professional decisions about what is within their current scope of practice based on training, competence and indemnity. Therefore, both documents have a role to play in supporting the future delivery of dentistry.

- Some respondents argued that the focus on ‘treatment’ plans in the draft is becoming outdated and does not reflect a shared approach to care. They suggested updating the terminology to better align with care pathways and the shared responsibility with the patient for care. One respondent stated “The care is shared, stop using treatment, other health care field have why be so out of date? This is not future proofing but cementing the dental professions in the past.”

GDC response

We acknowledge that the term ‘treatment plan’ is increasingly being replaced with ‘care plan’ in dentistry to reflect a change in focus to include wider care and the patient’s role. We have revised the terminology around treatment and care plans to better align with the shared care model.

Question 6: What in your view are the benefits associated with the proposed Scope of Practice guidance?

We received 116 responses to this question. Respondents highlighted both specific and general benefits. Some responses favoured the Scope of Practice published in 2013 and told us they felt there was more benefits to keeping it in place than replacing it. Many respondents identified benefits for dental professionals arising from the proposed revisions, with some noting that this guidance would have a positive impact for DCPs, and some noting a positive impact for patients. Comments in support of change included things such as “clear, concise information”, “gives a reference to work to” and “less restrictive.” Although this was a question about benefits several responded unfavourably either stating that there were no benefits or that the guidance was too woolly. Several respondents also made suggestions about ways to increase benefits associated with the proposed guidance.

Further specific points are summarised below. Please note some points were repeated across the answers to several questions and will not be noted again if the point has already been addressed within this document:

- Some respondents noted that the guidance, and associated flexibility, would encourage more skill mix, including increased use of therapists.

GDC response

It is positive to receive feedback that the revised Scope of Practice will support the wider agenda across dentistry to increase skill mix within dental teams. We also note that in responses to other questions, some respondents shared concerns about dental therapists’ revised guidance, and how the scope may be interpreted for this role. We have clarified the guidance as much as possible through amendments. However, we will explore other means, through our communications and engagement channels, to communicate the policy intention behind the revised Scope of Practice guidance to a wide range of audiences. Feedback suggests that there may be some confusion around indicative task lists. What an individual can do must be within the boundaries placed on anyone registered with the GDC under a specific professional title, but the detail and range is personal to each individual and their specific training, competence, and indemnity or insurance cover.

- Several respondents welcomed the change and told us it would aid future development within dentistry and would enable professionals to develop within their role.

GDC response

We appreciate the feedback that the guidance will aid in developing the future of dentistry as well as enable professionals to develop in their role. We would also encourage professionals to draft and maintain a [PDP](#) to maintain their skills and identify and reflect on additional skills and training you want to acquire and complete.

- One respondent providing an organisational response stated that the section on competence was the most notable benefit as an addition to the guidance, as it will aid dental professionals wishing to assess or declare levels of competence. As a consequence, it will have a positive benefit for patient safety.

GDC response

It was interesting to receive a response that was particularly positive about the section of the guidance on competence in the benefits section, as we received several comments in response to earlier questions about the difficulty DCPs would have in self-assessing and evaluating competence. As noted previously, we have added wording to clarify that dental professionals should not solely rely on self-assessment of competence and should seek feedback and advice if unsure. However, we consider that there would be merit in meeting with different audiences who will use the guidance to explain the intention behind the guidance, and how the guidance should be used. It is not possible to effectively follow the guidance by reading the page about a specific role without firstly reading the introductory sections that apply to all roles.

Question 7: What in your view are the risks associated with the proposed Scope of Practice guidance?

We received 125 responses to this question. The majority of respondents cited issues with lack of clarity and interpretation as a key risk associated with the revised Scope of Practice guidance. Another large proportion of respondents noted concerns with assessing competence. A sizeable proportion of respondents provided comments which indicated that they viewed potential impacts on patient safety as a key risk of the guidance. Several respondents said that there was no risk with the guidance.

Specific points are summarised below. On occasion, feedback was repeated across the answers to several questions, and it has not been noted again if the point has already been addressed within this document:

- Some respondents said the guidance was too vague and would dissuade respondents from pursuing their full scope of practice, or they would agree to do tasks under pressure that they do not feel comfortable with. Both scenarios would potentially impact patient care.

GDC response

The aim of the proposed guidance is to provide flexibility by setting out the role boundaries while also being adaptive to the ever-changing environment of dentistry and to enable the dental team and individuals to work to their full potential in a variety of settings. We recognise the concerns raised that some may not always feel empowered to express to their employers when they do not feel confident enough to do a task. We will explore whether there are updates we can make to other existing GDC guidance such as '[Guidance for those employing, supervising or training students, trainees or learners](#)' provide dental professionals with additional support in such scenarios.

- An indemnifier raised a risk relating to patients being confused by the Scope of Practice document and by what dental professionals can do.

GDC response

We will consider developing patient facing materials that can help people understand the roles that different professionals can play in a patients' dental care.

- A couple of respondents discussed the consequences of a fear about accidentally breaching the guidance and that this could mean dental professionals may practice defensively rather than make professional decisions. As well as impacting professionals' career opportunities and well-being, it was suggested that this would also impact patient care and patient access.

GDC response

The proposed Scope of Practice guidance aims to move towards supporting dental professionals to use their professional judgement to make decisions in the interest of their patients. The changes also aim to help dental professionals understand the boundaries of other roles within the dental team, to promote team-working that delivers best patient care. They should also be comfortable referring to several sources of information that outline regulatory and legal requirements. We recognise that some professionals may be unsure how to assess competence and the additional section included in the guidance seeks to address this.

- We heard that misunderstanding the scope of practice guidance might impact on whether professionals have the appropriate indemnity or insurance arrangements in place. Indemnifiers raised the impact that a DCP's scope of practice has on other members of the dental team who are supervising, teaching or in other ways liable. They need to ensure that their indemnity or insurance sufficiently covers the full scope, including any expansion, of professional colleagues they are in some way liable for.

GDC response

The proposed guidance encourages professional decision-making and individual assessment as to whether a person is trained, competent, and indemnified or insured to perform a task. It emphasises that if uncertainty arises about a task, professionals should consult their indemnifiers and collaborate with their team members to determine the appropriateness of undertaking a particular task.

- A couple of respondents said that removing prescriptive lists transfers the responsibility for what is in scope from the GDC to the indemnifiers. A consequence of this could be that indemnifiers respond cautiously thereby narrowing an individual's scope of practice.

GDC response

As previously stated, the Scope of Practice guidance was not developed to support other uses or dental professionals beyond guiding them to assess their scope of practice and work within role boundaries. Dental professionals have always been required to have appropriate indemnity or insurance arrangements in place for the work they do. The Scope of Practice guidance was not intended to be used by indemnifiers to make these decisions, although we appreciate that the current guidance helped make these decisions as it contains a list of examples. We note that other professions do not have such a list of tasks, and also that this list became outdated as dentistry has evolved, and consider that it would become quickly outdated again if we attempt to provide an amended detailed list.

- A couple of respondents said that there was a risk that Fitness to Practise proceedings would become more complex if determining competence is left to individual interpretation, in terms of alleging that a dental professional had not followed the guidance.

GDC response

Dental professionals remain responsible for self-assessing their competence. The proposed guidance helps guide dental professionals to make these assessments, including through Section 1.9 'Guidance on training and competence'. The Scope of Practice guidance was not intended to be used to evidence competence at Fitness to Practice proceedings.

- One respondent suggested that there needed to be more work done within the culture and context of workplaces to enable greater collaboration and to support new and emerging ways of working across teams.

GDC response

We recognise that culture and ways of working are different across workplaces and noted that many respondents were positive about the direction the guidance was taking and how the proposed guidance would support wider development in dental professional roles and ways of working. As mentioned above, we will consider developing case studies to demonstrate examples of ways of working.

Question 8: Please tell us below about any improvements you think that we can make to the role descriptions for each member of the dental team.

Clinical Dental Technicians - Comments/suggestions

We received 47 responses to this question. About one-third of respondents said no improvements were required, or made comments not directly related to the question. Of the remaining responses, about half of these contained comments relating to clinical aspects of clinical dental technicians' roles. The other half contained general suggestions for inclusions within the role descriptions.

Specific points are summarised below. Some of the content within the GDC response sections draws from post-consultation engagement events with stakeholders, in addition to the formal consultation responses. Where points were repeated across multiple consultation questions or engagement activities, they are only noted once and not repeated if already addressed elsewhere in this document.

- Requests were made for the expansion of clinical dental technician roles into areas including treating dentate patients through direct access, diagnosing radiographs and providing advice to patients prior to making dentures.

GDC response

It is outside of the remit of the review of this Scope of Practice guidance review to expand the role of a professional title. The requests for additional tasks and working practices will be considered at a later stage as part of a separate piece of work on boundaries. We have clarified points based on feedback where possible.

- Some respondents asked for more consistency across dental professional roles, including referencing the Medicines and Healthcare Products Regulatory Agency (MHRA) requirements for dental technicians and clinical dental technicians. Some asked for greater consistency on references to CPD to be included.

GDC response

We have added additional points relating to legal and regulatory requirements under Section 1.8, and updated references to CPD in the revised guidance to improve clarity and consistency. Initially, we included specific reference to MHRA for dental technicians and were subsequently asked to include similar references for clinical dental technicians, dentists, and dental nurses. However, we agreed with stakeholders that a better approach was to provide more general reference to other regulations, standards, guidance and legislation. This was because MHRA requirements comprise only one part of the wider legal and regulatory framework that applies to dental professionals.

- Some requested changes to language including clarifying that clinical dental technicians work collaboratively with the whole team, making and receiving referrals and generally being included as part of the dental team.

GDC response

We have updated the guidance to reflect that clinical dental technicians work collaboratively with the team. We plan to use future supporting materials, such as case studies, to further illustrate how referrals and collaborative working function in practice.

Dental Hygienists - Comments/suggestions

We received 60 responses to this question. About one-third of respondents said no improvements were required or made comments which were not directly related to the question. Of the remaining responses, about half of these contained comments relating to clinical aspects of dental hygienists' roles. The other half contained general suggestions for inclusions within the role descriptions.

- Specific points are summarised below. Some of the content within the GDC response sections draws from post-consultation engagement events with stakeholders, in addition to the formal consultation responses. Where points were repeated across multiple consultation questions or engagement activities, they are only noted once and not repeated if already addressed elsewhere in this document. Several respondents told us that the description of the dental hygienist role does not capture the breadth of tasks they complete, including prevention of oral and dental diseases. Some respondents provided feedback relating to the expanded roles of dental hygienists including extended duties, fissure sealants, temporary re-cementing crowns lost during treatment or preventative activities e.g. topical fluoride applications.

GDC response

We acknowledge the feedback we received about the dental hygienist role, noting that all tasks could not be included in the model of guidance proposed. We have made amendments to the role description where we have considered there to be merit in making a change.

- One respondent said that the language describing referrals and prescriptions needed to be clear across all roles.

GDC response

We have reviewed the guidance and updated areas where referrals and prescriptions are referenced to for clarity and consistency. We plan to use future supporting materials, such as case studies, to further illustrate how referrals, prescriptions and delegation can function in practice.

- A few respondents suggested that fluoride application is something that dental hygienists can do without a prescription and that this should be clarified within the guidance.

GDC response

We believe that the confusion here arises from the language around prescription or referral, and possibly because the guidance did not directly mention direct access. We have clarified the language, and the patient management routes. As of June 2024, dental hygienists and dental therapists in the UK can legally supply and administer specific prescription-only medicines, including fluoride, under new exemptions introduced by the Government. These exemptions allow them to act without a prescription from a dentist or a patient group directive, provided they are appropriately trained, competent and indemnified or insured.

- A couple of respondents suggested that ‘management of hard tissue diseases’ is reworded, with examples, as it may be open to interpretation.

GDC response

We have considered the suggestion about ‘hard tissue disease management’ and updated the wording to say, ‘identifying soft and hard tissue abnormalities and conditions, providing treatment when in scope, making appropriate referrals where necessary’. We have not listed examples as we are not providing a detailed task list.

Dental Nurses - Comments/suggestions

We received 61 responses to this question. About one-third of respondents said no improvements were required or made comments which were not directly related to the question. Of the remaining responses, about one-quarter of these contained comments relating to clinical aspects of dental nurses’ roles. The remaining three quarters contained general suggestions for inclusions within the role descriptions.

Specific points are summarised below. Some of the content within the GDC response sections draws from post-consultation engagement events with stakeholders, in addition to the formal consultation responses. Where points were repeated across multiple consultation questions or engagement activities, they are only noted once and not repeated if already addressed elsewhere in this document.

- Several respondents suggested that we include specific tasks or areas of work including radiography, intra-oral scanning, treatment co-ordinator and remote triage roles.

GDC response

We have reviewed the guidance and brought additional detail in where appropriate to do so. There is a risk of moving the guidance towards being overly prescriptive, which would then make it outdated quickly. Rather, we are seeking to provide role descriptions, which fit a variety of settings and can be expanded on to suit patient needs with the appropriate training, competence, and indemnity cover.

- Some respondents asked for additional skills to be included providing appropriate training has taken place, for example infiltration anaesthesia.

GDC response

We are not seeking to expand the scope of any professional title. However, we do appreciate that dental nurses’ roles have expanded into new areas and will continue to do so as dentistry evolves. We emphasise the need for all dental professionals to ensure that they are trained, competent, and indemnified or insured – this is a consideration they should apply before taking tasks, while also ensuring that they are working within the stated boundary for their professional title.

- A few respondents were unhappy with the section ‘where do dental nurses work’ and said that it should either be a section within all professional titles’ role descriptions, or it should be in none.

GDC response

We have reviewed the section ‘where do dental nurses work’, and note that it was included at the request of those we engaged with during our extensive research and engagement programme as these are a cohort of registrants who may not know the options available to them. We have aimed to make the guidance more consistent in other ways across the professional titles.

- A few respondents said that the scope of dental nurses had been downplayed with key areas of practice (preparing and maintaining clinical settings and infection and prevention control were listed as examples) and settings (maxillo-facial department of a hospital was listed, but not a dental hospital).

GDC response

We have reviewed the dental nurse role description and amended this where appropriate to do so.

- Several respondents have requested that the boundaries of the role are clearer, with a few suggesting areas to cover, such as clarifying that dental nurses administer fluoride varnish on prescription only. Other matters we were asked to include within the boundary was that dental nurses do not diagnose disease or plan treatment or manufacture or sign off custom-made dental devices (under MHRA Medical Devices Regulations). Dental nurses work under prescription from, or direction of, a dentist or other registered dental or healthcare professional.

GDC response

We have reviewed the boundary of the dental nurse role description and updated this, where it is appropriate to do so.

Dental Technicians - Comments/suggestions

We received 39 responses to this question. About one-quarter of respondents said no improvements were required or made comments which were not directly related to the question. Of the remaining responses, about one-third of these contained comments relating to clinical aspects of dental nurses' roles. The remaining two-thirds contained general suggestions for inclusions within the role descriptions.

- Specific points are summarised below. Some of the content within the GDC response sections draws from post-consultation engagement events with stakeholders, in addition to the formal consultation responses. Where points were repeated across multiple consultation questions or engagement activities, they are only noted once and not repeated if already addressed elsewhere in this document. One respondent noted that the role was quite broad and varied and asked that digital technicians be included.

GDC response

We have included a reference to digital skills within the guidance.

- A few respondents asked us to be clear that dental technicians do not work with patients directly to try on or fit devices, and to clarify the context in which they might be offering denture repairs and shade taking to patients (i.e. direct access).

GDC response

We acknowledge that the working within these sections of the role descriptions may have been confusing, and we have updated them accordingly.

- A few respondents were concerned that the role description did not match dental technicians skill set or take an inclusive approach to their role within the dental team.

GDC response

We have updated the guidance to make the dental technician's role, and collaborative role with the wider dental and multi-disciplinary team clearer.

Dental Therapists - Comments/suggestions

We received 73 responses to this question. About one-third of respondents said no improvements were required or made comments which were not directly related to the question. Of the remaining responses, about half of these contained comments relating to clinical aspects of dental therapists' roles. The remaining half contained general suggestions for inclusions within the role descriptions, including reference to Direct Access.

- Specific points are summarised below. Some of the content within the GDC response sections draws from post-consultation engagement events with stakeholders, in addition to the formal consultation responses. Where points were repeated across multiple consultation questions or engagement activities, they are only noted once and not repeated if already addressed elsewhere in this document. Several requests for additions to the role description for dental therapists, including taking radiographs and reporting on findings, intra-oral scanning, and, if trained, treatments that support orthodontics and do not involve the pulp such as composite bonding. However, others said that composite bonding attachments should be included within the things that are outside of the boundary of a dental therapist role, as they belong in an orthodontic therapist scope of practice.

GDC response

We have reviewed the guidance and added additional tasks to the role description for dental therapists where appropriate to do so. We have clarified that procedures involving the pulp in the adult dentition and orthodontic treatments, including tasks such as composite bonding attachments where they support orthodontic treatment, do not fall within the scope of practice for dental therapists.

- A couple of respondents said that the requirement to work with a dental nurse/chairside support should be reframed as a 'must.'

GDC response

The requirement to work chairside with a dental nurse, is not part of the Scope of Practice guidance but a part of professionalism and ways of working. Professional decision-making may not always be best covered by a list of rules. Dental professionals need to refer to all guidance, their training, skills, and competence and consider what is in the best interests of patients before undertaking any tasks.

- Include extraction of permanent teeth as not being with scope of the dental therapist professional title.

GDC response

We have included 'extraction of permanent teeth' as being outside of the boundary for dental therapists' role.

Dentists - Comments/suggestions

We received 43 responses to this question. About one-third of respondents said no improvements were required or made comments which were not directly related to the question. Of the remaining responses, about one-fifth of these contained comments relating to clinical aspects of dentists' roles. The remaining four-fifths contained general suggestions for inclusions within the role descriptions.

- Specific points are summarised below. Some of the content within the GDC response sections draws from post-consultation engagement events with stakeholders, in addition to the formal consultation responses. Where points were repeated across multiple consultation questions or engagement activities, they are only noted once and not repeated if already addressed elsewhere in this document. Several respondents ask that we remove language that suggests that the dentist is always the leader of the dental team, when there should be a flatter team-based structure, and other language that suggests that a dentist will always go on to do additional training to expand their skills and abilities.

GDC response

We have addressed the language within the guidance to remove inference regarding hierarchy which were unintended.

- One respondent asked for greater clarity for dentists on making referrals to members of the dental team outside of their practice, and more information about the scope of practice of the dental team to assist the dentist in making referrals.

GDC response

The entirety of the Scope of Practice guidance should be read by all dental professionals so that they understand what may fall into scope for a professional group, and which groups may be able to receive referrals or delegated tasks. We will promote understanding of the guidance as part of the implementation work for the revised guidance before it goes live. We will also consider developing case studies to demonstrate examples of referrals and ways of working across colleagues that also indicate how to check an individual's scope of practice before delegating or referring tasks.

- One respondent suggested that the wording in the section on dentists' further training be updated to reflect that training can be in specific clinical areas, it may also be formal specialist training which gains entry onto the GDC's specialist list.

GDC response

We have made amendments to the section on education to clarify the speciality training pathways.

Orthodontic Therapists - Comments/suggestions

We received 46 responses to this question. Just under half of respondents said no improvements were required or made comments which were not directly related to the question. Of the remaining responses, about one-third contained comments relating to clinical aspects of orthodontic therapists' roles. Two-thirds contained general suggestions for inclusions within the role descriptions.

- Specific points are summarised below. Some of the content within the GDC response sections draws from post-consultation engagement events with stakeholders, in addition to the formal consultation responses. Where points were repeated across multiple consultation questions or engagement activities, they are only noted once and not repeated if already addressed elsewhere in this document. Some respondents said the guidance needed more detail and where detail had been removed, such as not wire bending, this could create a patient safety issue particularly if apprenticeships are introduced to the workforce.

GDC response

We have reviewed the guidance and considered whether this detail should be brought back into the guidance and have updated accordingly.

- Some respondents called for orthodontic therapists to have a greater role to include activation of the treatment if this is planned by an orthodontist. We also heard they should be able to conduct additional tasks – two examples given were directing elastics wear autonomously, and to undertake inter-proximal reduction under supervision. Whereas other respondents supported that the draft guidance stipulated that interproximal reduction was outside of the boundary of the orthodontic therapist role because it was irreversible.

GDC response

As noted in earlier responses, the revised Scope of Practice guidance aims to support professionals' in making a self-assessment their scope based on whether they are trained, competent, and indemnified or insured. We have not changed the roles of any professional group. While roles can, and sometimes do, change over time this would follow specific detailed research on that additional task and a number of organisations would be involved. It is not within the remit of this Scope of Practice guidance review to move additional tasks such as interproximal reduction within the boundaries of this professional group.

- Some requested the inclusion of skills that would have fallen into the 'additional skills' section of the 2013 guidance document. This includes composite bonding aligner attachments.

GDC response

We removed the additional tasks as they are personal to an individual and their training and competence (as long as they are within the boundary of the role), and we were told that dental professionals feel under pressure on occasion to perform additional tasks if they are included within the scope. There are more risks and benefits associated with additional skills, and they require more training and agreement between the orthodontic therapist and supervisor that these tasks are within scope.

Question 9: If you are aware of other uses of the Scope of Practice, by individuals or organisations, please tell us about any impacts you think the proposed changes will have.

We received 72 responses to this question. We had a mixture of responses to this question with about two-fifths of responses noting the impact on education and training providers who have other uses for the Scope of Practice guidance including as a reference point for teaching dental professionals. About one-tenth of respondents to this question noted a potential impact on indemnity providers, again noting that they may use the document as a reference point. Overall, about one-third of respondents suggested that there would be a negative impact, with smaller numbers highlighting impacts on DCPs and patients. About one-tenth of respondents highlighted a positive impact generally, with smaller numbers highlighting impacts on DCPs and patients.

Specific points are summarised below. On occasion, feedback was repeated across the answers to several questions, and it has not been noted again if the point has already been addressed within this document:

- Several respondents said that indemnifiers use the task-based lists within the 2013 Scope of Practice document to aid decisions about whether an individual can be indemnified to carry out a particular task. One indemnifier said that they recognised that the guidance needs to be updated to reflect shifts in technology and ways of working. They have suggested that a helpful way to address the concerns that indemnifiers have, would be to clarify that the boundaries between registrant groups remain unchanged.

GDC response

We agree that the point about the boundaries remaining unchanged is an important one, and we have clarified this within the guidance.

- Respondents who referenced education said that the revised Scope of Practice guidance would impact DCP education as the Scope of Practice guidance is used to plan courses and curricula around the skills DCPs must be trained in.

GDC response

We acknowledge that the 2013 version of the guidance document had a multitude of uses. However, its purpose was to define boundaries between professional titles and to guide the professional to identify their scope of practice through an assessment of whether they are trained, competent, and indemnified or insured. The revised guidance removes indicative lists which were out of date and creating confusion due to them being interpreted as an exhaustive list for professionals to follow. We think this would be an unsatisfactory basis for education curricula, and we advise providers to refer to [The Safe Practitioner: A framework of behaviours and outcomes for dental professional education](#) which sets out the behaviours and outcomes that should be attained by each professional title during pre-registration training.

Question 10: Please tell us anything else that you think we should consider in relation to our proposal to update the Scope of Practice guidance.

We received 133 responses to this question. About half of respondents provided comments about specific things they wanted us to consider, which could not be easily themed with other feedback. Of the remaining responses, about a third of these requested more prescriptive guidelines or clarity in general or specific areas. About one-quarter of respondents highlighted matters concerning DCPs, some of these included requests for details about extended duties within the guidance, and some of them noted impacts on individual DCP groups. The remaining responses included small numbers of respondents requesting more prescribing rights for DCP groups, and comments from education and training providers about issues with training.

Specific points are summarised below. On occasion, feedback was repeated across the answers to several questions, and it has not been noted again if the point has already been addressed within this document:

- One respondent requested that there be more education pathways to assist dental nurses in training as a hygienist or a therapist, without having to repeat education learnt in dental nurse training.

GDC response

It is outside of the remit of this Scope of Practice guidance review, and also the GDC, to introduce or create a training programme. Registration in respect of a particular professional title must be based on a qualification relevant to that title. Education providers may develop courses which take account of experience in previous professional roles. This is so long as the qualification awarded covered the full range of requirements set out in the Safe Practitioner framework for the professional title concerned. Approval of these courses require approval by the GDC, as with any other qualification leading to registration.

- One respondent said that the culture of the GDC needs to change to remove fear around Fitness to Practise proceedings, which they argued could be increased by the revised Scope of Practice guidance.

GDC response

This work forms part of our wider ambition to positively foster professionalism to support professionals and prevent harm from occurring. Fitness to Practise should be reserved for the most serious cases where there is very serious or repeated breach of the standards expected of dental professionals. While the threshold for investigating concerns raised with us remains low, we are exploring ways to close cases that do not require a full investigation more quickly, through an initial enquiries process. As part of our work around professionalism, we are also seeking ways to better communicate expected behaviours.

- One respondent suggested that we should be explicit that registrants can expand their scope of practice by increasing skills, knowledge and competence and that it is a professional judgment decision to do so. It was suggested that this would make the guidance clearer for dental professionals and indemnifiers.

GDC response

We have made amendments to the guidance to make it explicit that the process we have outlined for assessing and expanding scope of practice includes those considered to be 'additional skills' – if they are within the boundary for that professional title.

- Several suggestions were made to amend wording to places at various places at paragraphs 1.5 – 1.9. This included clarifying wording around the types of training that registrants should explore to expand their role. One respondent noted that the requirement around delegation places a different level of assurance on the referrer within the draft guidance than in the Standards for the Dental Team. The former requires referrers to assure themselves that the dental professional is 'confident' while the latter requires assurance around 'competence.'

GDC response

The revised Scope of Practice guidance requires dental professionals to assure themselves that the individual they are delegating work to is trained, competent, and indemnified or insured to carry out the task.

Question 11: Please tell us about any impacts you think the updated Scope of Practice guidance will have on people with the following protected characteristics:

Some of respondents suggested that the guidance would have no impact on either people with protected characteristics or any other aspect of equality, diversity and inclusion. A few respondents told us that they thought there was a potential impact on certain groups and in certain situations which have been outlined in the table below per protected characteristic.

Table 6 – response to question 11

Protected characteristics	Number of responses	Summary of responses
Age	64	<ul style="list-style-type: none"> - 102 did not provide a response or provided a response based on their own characteristics. - Many respondents stated the Scope of Practice guidance has no impact on age or were unsure. - Some respondents indicated that older dental professionals may be negatively impacted due to: <ul style="list-style-type: none"> • difficulty identifying their scope in the new guidance • limited opportunity for further training for dental professionals reaching retirement • older more experienced registrants will be less flexible in practice
Disability	63	<ul style="list-style-type: none"> - 103 did not provide a response. - Some respondents stated the Scope of Practice guidance has no impact on disability or were unsure. - Other respondents encouraged multiple formats of the guidance such as audio.
Gender reassignment	60	<ul style="list-style-type: none"> - 106 did not provide a response. - Some respondents stated the Scope of Practice guidance has no impact on gender reassignment or were unsure.
Marriage and Civil partnership	56	<ul style="list-style-type: none"> - 110 did not provide a response or provided a response based on their own characteristics. - Some respondents stated the Scope of Practice guidance has no impact on Marriage and Civil partnerships or were unsure.
Pregnancy and maternity	56	<ul style="list-style-type: none"> - 110 did not provide a response or provided a response based on their own characteristics. - Some respondents stated the Scope of Practice guidance has no impact on pregnancy and maternity or were unsure
Race	55	<ul style="list-style-type: none"> - 111 did not provide a response or provided a response based on their own characteristics. - Some respondents stated the Scope of Practice guidance has no impact on race or were unsure.
Religion or belief	58	<ul style="list-style-type: none"> - 108 did not provide a response or provided a response based on their own characteristics. - Some respondents stated the Scope of Practice guidance has no impact on religion or belief or were unsure.

Table 6 – response to question 11 continued

Protected characteristics	Number of responses	Summary of responses
Sex	56	<ul style="list-style-type: none"> - 110 did not provide a response or provided a response based on their own characteristics. - Some respondents stated the Scope of Practice guidance has no impact on sex or were unsure.
Sexual orientation	55	<ul style="list-style-type: none"> - 111 did not provide a response or provided a response based on their own characteristics. - Some respondents stated the Scope of Practice guidance has no impact on sexual orientation or were unsure.

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 will also continue to seek to understand where GDC guidance may impose potential barriers to those with protected characteristics and take action to remove these barriers. The finalised guidance will be published on our website as a fully accessible PDF file. Alternative formats can be made available on request.

7. Next steps

The guidance will be kept under review to ensure that it is effective in providing dental professionals with guidance and clear boundaries around their role while also enabling professionals who are trained, competent, and indemnified or insured to safely expand their scope of practice within role boundaries.

We remain committed to working in an open and collaborative way when seeking to make improvements to regulatory guidance and will seek to engage with relevant stakeholders should we consider any future amendment to the guidance.

Thank you to all those who took part in the consultation and helped shape the finalised Scope of Practice guidance. The finalised guidance can be found on our website and will come into effect from 1 November 2025.

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