



CALL FOR IDEAS

GDC Consultation

What do patients need and want to know about dental professionals' additional skills and qualifications?

The deadline for responses is **5.00pm on Friday 9 May 2008**

Please reply to:

Moragh Loose
Additional Skills Consultation
General Dental Council
37 Wimpole Street
London
W1G 8DQ

You can also reply by email to: AdditionalSkills@gdc-uk.org.

This consultation pack contains:

- an explanation of some terms you will find in the consultation;
- some background information explaining what we are consulting on and why;
- consultation questions;
- Annex A - a "Frequently Asked Questions" document on current additional qualifications/skills policy;
- Annex B - draft guidance on dental professionals' scope of practice to help you answer the questions in this consultation;
- Annex C - guidance on what will happen to your response once the consultation has closed;
- Annex D - a list of organisations we are sending this consultation to;
- Annex E - a copy of the patient leaflet *Who regulates health and social care professionals?* which gives more information on what the GDC does.

Explanation of terms used in this consultation

Continuing professional development (CPD) – by law, registered dentists have to be able to demonstrate that they are compliant with our CPD scheme. This requires them to keep their knowledge and skills up-to-date so that they provide high quality patient care. Dental care professionals will also have to do this from August 2008. You can find out more about our CPD scheme on our website at:

<http://www.gdc-uk.org/Current+registrant/CPD+requirements/>

Dental care professionals (DCPs) - we register six categories of dental care professional as well as dentists. These groups are:

Dental nurse – provides clinical and other support to other registrants and patients.

Orthodontic therapist – carries out certain parts of orthodontic treatment under prescription from a dentist.

Dental hygienist – helps patients maintain their oral health by preventing and treating gum disease and promoting good oral health practice.

Dental therapist – carries out certain items of dental treatment under prescription from a dentist.

Dental technician – makes dental devices including dentures, crowns and bridges, to prescription from a dentist or clinical dental technician. Also repairs dentures.

Clinical dental technician – provides complete dentures direct to patients and other dental devices on prescription from a dentist. Clinical dental technicians are also qualified dental technicians.

Fit to practise – this means that a dental professional has demonstrated the knowledge, skills, competence and behaviour we require of people to join our registers. We can take action where a dental professional's fitness to practise is called into question, and ultimately, remove a dental professional from our register (meaning they no longer have the right to practise in the UK), if we find that their fitness to practise is impaired.

Primary qualification - the dental qualification dental professionals need, to be able to join our register for their particular registrant category. We currently accept the primary qualification as the main source of evidence that dental professionals have met the standards we require for registration with us.

Registers – we hold two registers, the dentists register and the dental care professionals register. A dental professional must be on our register to be allowed to practise in the UK.

Registrant – someone who is on our dentist or dental care professional registers.

Revalidation - we are currently developing a system of revalidation, which will require dental professionals to show us on a regular basis that they are fit to practise in the field in which they perform.

Scope of practice - what a dental professional is trained and competent to do. In other words, the areas in which a dental professional has the knowledge, skills and experience to practise safely and effectively in the best interests of patients.

Specialist lists - dentists who are on our register may apply to have their name put on one of our specialist lists, if they have carried out training which meets our criteria for entry to the lists. We hold 12 specialist lists. Dentists may only call themselves a specialist in the skill area concerned if they are on the specialist list for that skill area. Our specialist lists are: oral surgery, orthodontics, paediatric dentistry, endodontics, periodontics, prosthodontics, restorative dentistry, dental public health, oral medicine, oral microbiology, oral pathology and dental and maxillofacial radiology. We are also developing a specialist list in special needs dentistry. You can find out more about the specialist lists on our website at:

<http://www.gdc-uk.org/Current+registrant/Specialist+Lists+-+how+to+apply/>

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What do patients need and want to know about dental professionals' additional skills or qualifications?

Background

What the General Dental Council (GDC) does

Our role at the GDC is to protect patients and the public interest by regulating individual dental professionals in the UK, whether they work in the NHS, or independently. We hold registers of dental professionals and all dental professionals have to join our registers to be able to practise in the UK. We are responsible for making sure that people who join our registers are **fit to practise** at the point of registration and remain so throughout their working lives.

Patients can use our **registers** to check that their dental professional is qualified and fit to practise.

We hold two registers; one of dentists who have the right to practise in the UK, and one of dental care professional groups (DCPs) who have the right to practise in the UK. The dental care professional groups we register are:

- Dental hygienists
- Dental therapists
- Dental nurses
- Dental technicians
- Clinical Dental Technicians
- Orthodontic Therapists

To be able to join our register, dental professionals must have a suitable qualification, which shows that they have met the standards that we require for registration. We call this the **primary qualification**. We record a dental professional's primary qualification against their name in our registers.

Once they are on our registers, dentists have to show that they have kept their knowledge up-to-date by meeting our **continuing professional development** (CPD) requirements (dental care professionals will also have to do this from August 2008). Because CPD only covers knowledge, we are expanding our role to introduce a system called **revalidation**. Revalidation will mean that, in addition to the requirement to do CPD, dental professionals will need to be able to demonstrate that they are fit to practise in the field in which they perform and meet the standards required for registration on a regular basis to be able to stay on our registers.

We also take action to protect the public by investigating complaints about dental professionals. We can remove dental professionals from our registers if we find that their fitness to practise is impaired, or if they do not comply with our CPD requirements (and in due course, our revalidation requirements).

The scope of practice of dentists and dental care professionals

We are currently carrying out a separate consultation on guidance on the **scope of practice** of each different group of dental professionals. This means what a person in

each group is trained and competent to do. All registrants are individually responsible for practising only in the areas in which they are trained and competent to practise safely and effectively, but both registrants and patients need guidance from us on what different groups of dental professional ‘can and can’t do’. This guidance (which is in draft form) is attached as **Annex B** to this consultation. You can find further details of the Scope of Practice Consultation – including how to respond to that consultation - on our website at: <http://www.gdc-uk.org/News+publications+and+events/Consultations/>

Once a dental professional is on our register their scope of practice may develop over the course of their careers (for example, they may develop new skills, or they may deepen their knowledge of a particular area by choosing more specialised practice). Dental professionals may also choose to take additional qualifications, to support development of new skills, or specialisation in a particular skill area. Dentists have the broadest scope of practice of the registrant groups on primary qualification, and, if they wish to specialise in a particular area once they are on our register, may carry out training and get additional qualifications to qualify them for entry to our **specialist lists**. The scope of practice of dental care professional groups is narrower on primary qualification, and we do not hold specialist lists for dental care professionals.

This consultation: information on our registers about additional skills and qualifications

The current position

Please see Annex A for a summary of “Frequently Asked Questions” on current additional qualifications/skills policy.

Future policy

This “Call for Ideas” seeks your views on:

- Whether or not there is any clear benefit to patients in recording additional qualifications or skills in the register
- If you think there is, what kinds of qualifications or skills you think should be recorded
- How the GDC could make sure that only dental professionals who have demonstrated initial and ongoing competence in the relevant skill area have additional skills or qualifications recorded against their name in the register

We have identified some key questions on which we would be grateful for your views, but if you have any other ideas on this issue which are not covered by the questions, we have included space for you to add these as well.

We believe that this consultation will affect patients, dental professionals, educational providers in the public and private sectors and employers in the public and private sectors. If there are any other people or groups that you think will be affected by it that we have not identified please let us know. A list of organisations we are sending the consultation to is attached as **Annex D**.

We welcome views from all our stakeholders.

Consultation questions

Who are you?

To help us to understand the context of your response, please indicate the perspective from which you are replying.

I am replying as an (please tick the boxes that apply to you)

Individual member of the public	<input type="checkbox"/>
A dental professional (please tick the box which applies to you below)	
Clinical Dental Technician	<input type="checkbox"/>
Dental Hygienist	<input type="checkbox"/>
Dental Nurse	<input type="checkbox"/>
Dental Technician	<input type="checkbox"/>
Dental Therapist	<input type="checkbox"/>
General Dental Practitioner	<input type="checkbox"/>
Orthodontic Therapist	<input type="checkbox"/>
Specialist	<input type="checkbox"/>
Dually qualified	<input type="checkbox"/> (Please specify).....
On behalf of an organisation	<input checked="" type="checkbox"/> (Please specify) Council of Heads and Deans and Dental Schools
On behalf of an education provider	<input type="checkbox"/> (Please specify).....
On behalf of a regulatory body	<input type="checkbox"/> (Please specify).....
On behalf of a professional association	<input type="checkbox"/> (Please specify).....
Other	<input type="checkbox"/> (Please specify).....

1.

a. **Do you think there would be any clear benefits to patients if we recorded dental professionals' additional skills or qualifications on our registers?**

Yes No Don't Know (Please tick the box which applies)

Please give reasons for your answer

Whilst the current system leads to confusion with multiple and sometimes irrelevant qualifications registered with consequent loss of credibility and public trust in relation to the dental profession, there remains a need to recognise the range of varied competencies existing within dentistry.

Dentistry varies considerably from the medical model and therefore comparisons with medicine are inappropriate.

Provision of dental care in a primary health care setting may be through NHS contracted dentists, community or salaried practitioners and also from a growing private practice base. As such patients should have the benefit of a full understanding of the dentist's previous skill and knowledge in order to make an appropriate informed choice.

Unlike the medical model where specialists are essentially working within a secondary care environment, specialist dental care may be delivered both in a non-hospital based and hospital based environment. Patients who are receiving treatment in a hospital unit or clinical academic centre, to which they have generally been referred, are more fully aware of the clinical status of specialists. This is particularly the case where job titles confer a degree of seniority, e.g. Professor, Senior Lecturer, Consultant. The patient is less well informed when seeking care from a high street practitioner with specialist status as opposed to a high street practitioner who restricts their practice to a particular range of dental care.

In summary whilst some rationalisation of the recording of the skill or qualification is required, a system which does not recognise more advanced dental skills will not benefit the public.

b. If you said yes, do you think it would be more helpful to patients to list: Skills (e.g. additional skills in Orthodontics) or Qualifications (e.g. MSc in Orthodontics)

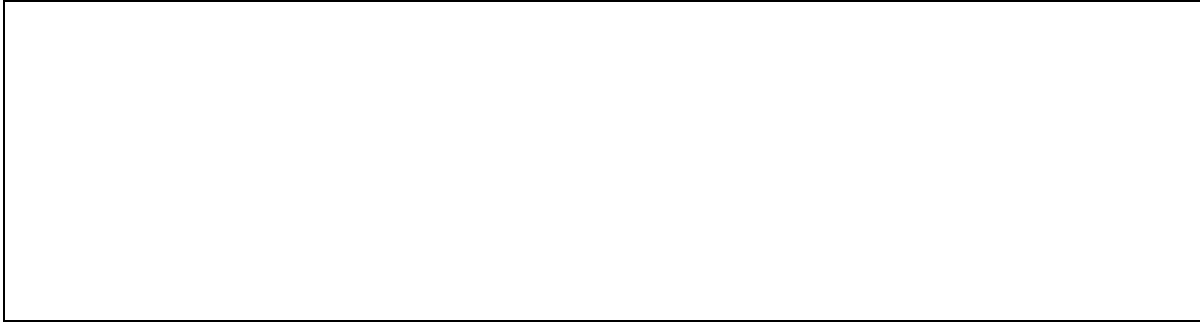
Skills Qualifications Don't Know (Please tick the box which applies)

Please give reasons for your answer

On the basis that a level of skill is a variable and unassured quality of a practitioner which is usually confirmed and quality assured through completion of an appropriate approved GDC inspected qualification, the registration of qualification is desirable.

The present system of registering all additional degrees and qualifications could be greatly simplified. Suggested examples might be:

1. Restricting registration of degrees and qualifications to those which relate to clinical skills and knowledge. This would eliminate research degrees including Masters degrees by research, PhDs, but would retain the opportunity to register clinical taught postgraduate degrees.
2. Examinations managed through the Royal College of Surgeons are at varied levels of competency and some represent differing degrees of experience. For example, it may be agreed to record the Fellowship in Dental Surgery but not Membership in Restorative Dentistry.
3. The registration of multiple Fellowships may be restricted. Thus qualifications at one level could only be recorded on one occasion.
4. A further option may be to consider registration only of additional degrees and qualifications which are related to a specific clinic specialist skill, for example, only register to the Royal College specialist memberships, i.e. Membership in Restorative Dentistry, Membership in Orthodontics. This would result in removal of qualifications such as MJDS, MFDS.
5. With regard to University degrees, in addition to restricting to only clinical qualifications it may be appropriate to decline to register in as routine certificate and diploma qualifications but to specify those which exist in relation to particular clinical skills e.g. dental sedation. The one-year short-term Masters degrees not aligned to clinical specialisation should not be registered. This could be achieved by identifying a number of educational credits below which a programme could not be registered, or alternatively requiring a specific number of credits within a qualification to be clinically orientated.
6. The Professional Doctorate should be recognised and registered.
7. The GDC may consider delegating the selection of appropriate postgraduate qualifications for registration to the relevant SAC.
8. An alternative approach would be to register clinical academic qualifications aligned to Bologna compliant higher level standards (third cycle).



2. The government White Paper *Trust, Assurance and Safety* recommends that we record additional skills or qualifications in our register only where they are:

- relevant to patient care;
- relevant to risk management (i.e. management of risk to patients); and
- are at a level substantially beyond the requirement of basic registration, sufficient to directly change the scope of practice for registration

Any skill or qualification that does not meet these three criteria should be regarded as part of a dental professional's CPD

What kinds of skills and/or qualifications do you think would meet these three criteria:

- a. for dentists**
- b. for dental care professional groups**

You may find it helpful in considering your answer to refer the guidance on the scope of practice of each dental professional group set out in **Annex B** of this consultation pack.

For dentists

Postgraduate qualifications which are both accredited and inspected by the GDC directly, or on behalf of the GDC through the Royal College of Surgeons are the only qualifications which should be registered. In addition, only those qualifications which include significant clinical experience should be considered.

Qualifications which are clinically based with appropriate University degree or Royal College registration, consistent with entry to a Specialist GDC Register, should be considered for dentists.

For Dental Care Professional Groups

Given that there are currently no levels of specialist registration within the GDC for Dental Care Professionals, and that the complexity of skill acquired is essentially confined within the first qualification curriculum framework, it is not considered that other than the first registerable qualification should be recorded.

There is a lack of understanding within the public arena with regard to the role of existing and emerging DCP sub-groups and the registration of additional and superfluous qualification could well result in public confusion.

3. If we recorded ADDITIONAL SKILLS on our registers, what mechanisms would we need to make sure of:

- a. a dental professional's initial competence in the skill area**
- b. a dental professional's ongoing competence in the skill area?**

A dental professional's initial competence in the skill area

Additional qualification should only be used to recognise competence in a programme which the GDC directly or working through the accord with the Royal College of Surgeons has approved and inspected.

A dental professional's ongoing competence in the skill area?

The publication within the register of approved CPD activity and in the longer term appropriate completion of revalidation would be one mechanism of assuring a dental professional's ongoing competence in a skill area.

4. If we recorded ADDITIONAL QUALIFICATIONS on our registers, as evidence of a dental professional's initial competence in a skill area, how would we make sure:

- a. that the qualification concerned was quality assured, initially and on an ongoing basis?** (Please bear in mind dental professionals may have obtained some qualifications outside the UK)

GDC assurance of additional qualifications should be through a process of prior approval of programme design and inspection of programmes. Any additional study outside of this quality assurance framework would be better regarded as CPD and not appropriate for the registration of additional qualifications.

Where registrants wish to have programmes or qualifications obtained outwith the UK considered, then a process for external validation of these programmes would be required and the prospective registrant in this case should bear the full cost of assessment.

b. of a dental professional's ongoing competence in the skill area?

For registrants with additional qualifications, a clearly defined CPD target could be set to assure ongoing competence within specific additional skill areas. For example, to retain an MDentSci in Restorative Dentistry as an additional qualification. Evidence of 15 hours per annum of operative skills training in complex restorative techniques might be required.

One further mechanism to control the number of additional degrees and qualifications in the register may be to request that individuals aspiring to have their entry expanded should meet the cost of any relevant administration including, where appropriate, the prior approval and inspection of UK degrees or assessment of overseas qualifications.

There can be no doubt that the current system of registration of all and irrelevant qualifications is of detriment to the public and is in need of review. A compromise solution could be developed that recognises that considerable advanced skill exists within the dental profession working in a primary care setting mainly within the private practice establishment.

In clinical academic units and hospital based specialist practice there is clarity for members of the public with regard to the status of specialist dentists, however, this is not transparent for those in practice situations, and some additional qualification registration in a controlled manner would benefit the public.

The Dental Care Professional group is only recently registered and the framework curricula governing their skill attainment does not at present facilitate any form of specialist registration and, on this basis, there would seem to be no need or public benefit from registering other than the first registerable qualification.

Please use this space to let us know any other ideas you have on the issues covered by this consultation paper.

“Frequently Asked Questions” from dental professionals

1. Why has the Council decided to abolish the current policy without consulting the dental profession?

Council agreed unanimously in principle at its meeting on 6 December 2007 to abolish **its current system** for adding additional qualifications to its register, because there were a number of significant problems with that system which meant that it was impossible to operate fairly or consistently, which was misleading to patients and unfair to dental professionals. At the same time, Council agreed that it should consult on whether or not it should have a policy in this area in future, and if so, what that policy should be. This is that consultation, and your opportunity to comment on whether or not you think we should have a policy and if so, what that policy should be.

2. Does the abolition of the current policy mean I can't use the additional qualifications I have?

No. You can use your qualifications on your letterheads, practice material and brass plate, but you must make sure that you do not use a qualification in a way which may be misleading to patients. *Standards for dental professionals* sets out a clear obligation not to mislead patients or the public.

3. My colleague has an additional qualification listed against his/her name, and I can't register mine. Why not?

The Council has agreed not to implement abolition of the current policy until it has considered the results of this consultation and decided whether or not it should have a new policy. This means that, **temporarily**, some dentists have additional qualifications listed against their name on the register (because their qualification was added prior to the decision to abolish the current policy) and others do not. Whatever policy decision we take, we will make sure that it is applied fairly to all our registrants.

4. Do you plan to introduce a replacement policy on additional qualifications in the future?

That is the subject of this consultation, and we welcome your views.

5. Don't additional skills programmes for DCP groups have to be approved by the Education Committee?

At the moment, the Education Committee is operating a basic form of programme approval process for additional skills for DCPs. This is an *interim policy* which will be reviewed in the light of the outcome of this consultation, and our current consultation on Scope of Practice. *When you are considering your views on the issues raised in this consultation, please do not assume that additional skills for DCPs will in future require GDC programme approval as currently operated by the Education Committee.*

Draft guidance on scope of practice:

Draft guidance on scope of practice

The scope of your practice is a way of describing what you are trained and competent to do. It describes the areas in which you have the knowledge, skills and experience to practise safely and effectively in the best interests of patients.

Your scope of practice is likely to change over the course of your career. Some registrants will expand their scope by developing new skills, while some may narrow their scope but deepen their knowledge of a particular area by choosing more specialised practice.

This guidance sets out the skills and abilities that a registrant in each area should have. It is not a list of tasks that someone can do. It also describes supplementary skills that registrants might develop after registration to further the scope of their practice. Lastly, it lists 'reserved duties' which are areas of practice limited to certain registrants. A registrant who wanted to carry out these duties would need to undertake further specific training to gain a registerable qualification in the new area of practice.

You should only carry out a task or type of treatment or make decisions about a patient's care if you are sure that you have the necessary skills.

You should only ask someone else to carry out a task or type of treatment or make decisions about a patient's care if you are confident that they have the necessary skills.

Dental nurses

Dental nurses provide clinical and other support to other registrants and patients.

Dental nurses:

- prepare and maintain the clinical environment, including the equipment
- carry out infection control procedures to prevent physical, chemical and microbiological contamination in the surgery or laboratory
- carry out dental charting

- prepare, mix and handle dental materials
- provide chair side support to the operator and the patient during treatment
- maintain full, accurate patient records
- prepare equipment, materials and patients for dental radiography
- process dental radiographs
- monitor, support and reassure patients
- give appropriate advice to patients
- support the patient and their colleagues in the event of a medical emergency
- carry out resuscitation
- make appropriate referrals to other healthcare professionals.

Additional skills which dental nurses could develop during their careers:

- taking radiographs
- tracing radiographs
- tracing cephalographs
- recording occlusion
- taking impressions for any purpose
- casting models
- further skills in oral health education and oral health promotion
- assisting in the treatment of patients under conscious sedation
- assisting in the treatment of patients with special needs
- dental photography
- shade taking
- applying topical anaesthetic
- applying fluoride varnish
- placing rubber dams
- polishing teeth using rotary instruments
- taking facebow registrations
- mounting models onto an articulator using facebow
- constructing occlusal registration rims and special trays
- repairing removable plastic appliances
- measuring and recording plaque indices
- tooth whitening to the prescription of/under the supervision of a dentist.

Dental nurses do not diagnose disease or treatment plan. All other skills are reserved to one or more of the other registrant groups

Orthodontic Therapists

Registered dental professionals who carry out certain parts of orthodontic treatment under prescription from a dentist.

Orthodontic therapists:

- clean and prepare tooth surfaces ready for orthodontic treatment
- identify, select, use and maintain appropriate instruments
- insert passive removable orthodontic appliances
- insert active removable orthodontic appliances adjusted by a dentist
- remove fixed appliances, orthodontic adhesives and cement
- take impressions
- pour, cast and trim study models
- make a patient's orthodontic appliance safe in the absence of a dentist
- fit orthodontic headgear
- fit orthodontic facebows which have been adjusted by a dentist
- take occlusal records including orthognathic facebow readings
- make appropriate referrals to other healthcare professionals.

Additional skills which orthodontic therapists could develop during their career:

- placing fissure sealants
- applying fluoride
- repairing orthodontic appliances
- tooth whitening to the prescription of/under the supervision of a dentist.

Orthodontic therapists do not:

- remove *sub-gingival* deposits
- give local analgesia
- re-cement crowns
- place temporary dressings or
- place active medicaments

as these tasks are reserved to dental hygienists, dental therapists and dentists.

They do not carry out laboratory work other than that listed above as that is reserved to dental technicians and clinical dental technicians.

They cannot diagnose disease, treatment plan or activate orthodontic wires as these areas are reserved to dentists.

Dental hygienists

Registered dental professionals who help patients maintain their oral health by preventing and treating gum disease and promoting good oral health practice.

Dental hygienists:

- provide dental hygiene care to a wide range of patients
- plan the delivery of patient care to improve and maintain periodontal health
- obtain a detailed dental history and evaluate medical history
- complete periodontal examination and charting and use indices to screen and monitor periodontal disease
- provide preventive oral care to patients and liaise with dentists over the treatment of caries, periodontal disease and tooth wear
- undertake supragingival and subgingival scaling and root debridement, using manual and powered instruments
- use appropriate anti-microbial therapy in the management of plaque-related diseases
- adjust restored surfaces in relation to periodontal treatment
- apply topical treatments and fissure sealants
- provide smoking cessation advice for patients
- take, process and interpret various film views used in general dental practice
- identify anatomical features, recognise abnormalities and interpret common pathology
- give infiltration and inferior dental block analgesia
- place temporary dressings and re-cement crowns with temporary cement
- carry out oral cancer screening
- take impressions
- make appropriate referrals to other healthcare professionals.

Additional skills which a dental hygienist might acquire:

- tooth whitening to the prescription of/under the supervision of a dentist
- periodontal surgery
- prescribing radiographs.

Dental hygienists do not:

- diagnose disease
- restore teeth
- carry out pulp treatments
- adjust unrestored surfaces or
- extract teeth

as these skills are reserved to dental therapists and dentists.

They do not undertake any of the skill areas described later in this document as being reserved to dental technicians, clinical dental technicians or dentists.

Dental Therapists

Registered dental professionals who carry out certain items of dental treatment under prescription from a dentist.

Dental therapy covers the same areas as dental hygiene but dental therapists also:

- carry out direct restorations on permanent and primary teeth
- carry out pulpotomies on primary teeth
- extract primary teeth
- place pre-formed crowns on primary teeth
- plan the delivery of a patient's care
- make appropriate referrals to other healthcare professionals.

Additional skills which dental therapists could develop during their careers:

- administering inhalational sedation
- prescribing radiographs
- tooth whitening to the prescription of/under the supervision of a dentist
- extracting permanent teeth
- the skills necessary to vary a prescription.

Dental therapists do not carry out initial diagnosis or take overall responsibility for planning a patient's treatment.

They do not undertake any of the skill areas described later in this document as being within the roles of the dental technician, clinical dental technician or dentist.

Dental technicians

Registered dental professionals who make dental devices including dentures, crowns and bridges to prescription from a dentist or clinical dental technician. They also repair dentures direct to the public.

Dental technicians:

- review cases coming into the laboratory to decide how they should be progressed
- work with the dentist or CDT on treatment planning and outline design
- design, plan and manufacture a range of custom-made dental devices according to a prescription
- repair and modify dental devices
- undertake shade taking
- carry out infection control procedures to prevent physical, chemical and microbiological contamination in the laboratory
- keep full and accurate laboratory records
- verify and take responsibility for the quality and safety of devices leaving a laboratory
- make appropriate referrals to other healthcare professionals.

Additional skills which dental technicians could develop during their careers:

- working with a dentist in the clinic assisting with treatment by:
 - taking impressions
 - recording facebows
 - tracing cephalographs
 - intra-oral tracing
 - implant frame assessment
 - recording occlusal registrations
 - Intra-oral scanning for Cad Cam

- Supporting the dentist with fitting attachments at chair side.¹
- tracing cephalographs
- dental photography
- taking and processing radiographs
- tooth whitening to the prescription of/under the supervision of a dentist.

Dental technicians do not:

- work independently in the clinic
- perform clinical procedures related to providing removable dental appliances
- undertake independent clinical examinations
- identify abnormal oral mucosa and related underlying structures
- fit removable appliances.

Dental technicians do not provide treatment or advice for patients as described under the sections for hygienists, therapists, orthodontic therapists or dentists, as the skills set out are reserved to the relevant groups.

Clinical dental technicians (CDTs)

Registered dental professionals who provide complete dentures directly to patients and other dental devices on prescription from a dentist. They are also qualified dental technicians. Patients with natural teeth or implants must see a dentist before the CDT can begin treatment. CDTs refer patients to a dentist if they need a treatment plan or if the CDT is concerned about the patient's oral health.

Clinical dental technology builds on dental technology but CDTs also:

- take detailed dental history and relevant medical history
- perform technical and clinical procedures related to providing removable dental appliances
- undertake clinical examinations
- take and process radiographs and other images related to providing removable dental appliances
- distinguish between normal and abnormal consequences of ageing
- recognise abnormal oral mucosa and related underlying structures and make appropriate referrals

¹ Carrying out tasks in a patient's mouth would mean that dental technicians who had registered on the basis that they did not have contact with patients would need to undergo the necessary health checks required of registrants who do work with patients.

- fit removable appliances
- provide appropriate advice to patients.

Additional skills which CDTs could develop during their careers:

- tooth whitening to the prescription of/under the supervision of a registered dentist.

CDTs do not provide treatment for patients as described under the sections for hygienists, therapists, orthodontic therapists or dentists, as the skills set out are reserved to the relevant groups.

Dentists

The scope of a dentist covers the areas above. They also:

- diagnose disease
- prepare comprehensive treatment plans (this is a 'strategic' role, as a treatment plan can be taken to any appropriate DCP for delivery. The 'tactical' planning of delivery of care is not unique to dentists; overall long-term responsibility for treatment planning is.)
- prescribe and provide endodontic treatment on adult teeth
- prescribe and provide orthodontic treatment
- prescribe and provide fixed and removable prostheses
- carry out oral surgery
- carry out periodontal surgery
- extract permanent teeth
- prescribe and provide crowns and bridges
- carry out treatment on patients who are under general anaesthesia
- administer inhalational and intravenous conscious sedation
- prescribe drugs as part of dental treatment
- prescribe and interpret radiographs.

Additional skills which dentists may acquire during their careers:

- providing dental implants.

What we will do with your consultation response

- **When you send your response** we will provide you with an initial acknowledgement;
- **Once the consultation has closed** we will collate all the consultation responses we have received by the deadline and staff in the Quality Assurance team at the GDC will carry out a consultation analysis and produce a report for our Education Committee to consider. We will provide feedback to everyone who responded to the consultation on the Education Committee's consideration of the report. Please note that:
 - we cannot guarantee that consultation responses received after the stated deadline will be considered.
 - we do not put single responses (whether sent on behalf of organisations or individuals) before the Education Committee or before Council on request, whether or not they are addressed to the Committee, its individual members, or members of Council, so please do not ask us to. It is important that, as a public body, our consultation process is transparent and fair to all our stakeholders, and so we will reflect the whole range of comments made in the responses we receive in the consultation report itself.
 - Please note that a consultation process is not a 'vote'. We make decisions based on public protection, and not a simple count of the number of views expressed for or against a particular approach, although we will take that into consideration.
 -
- **16 July 2008** - Our Education Committee will consider the consultation report, which will also be published on our website, and make recommendations to Council on what action to take.
- **3 September 2008** - The Council will consider Education Committee's recommendations, and make a decision on what action to take. We will provide feedback to everyone who responded to the consultation on the Council's decision and how the consultation influenced policy development.

Organisations

Action Against Medical Accidents (AVMA)
Advice Centre for NHS Patient Survey Programme
Age Concern
Asian People's Disability Alliance
Association of Consultants and Specialists in Restorative Dentistry
Association of Dental Anaesthetists
Association of Dental Hospitals
Association of Dental Implantology UK
Association of Denture Specialists
Association of Industrial Dental Surgeons
Association of Muslims with Disabilities
Brecknock and Radnor CHC
Bridgend CHC
British Association of Dental Nurses
British Association of Dental Therapists
British Association of Oral and Maxillofacial Surgeons
British Association of Oral Surgeons
British Council of Disabled People
British Deaf Association
British Dental Association
British Dental Health Foundation
British Dental Trade Association
British Endontic Society
British Institute of Learning Disabilities (BILD)
British Orthodontic Society
British Society for Disability and Oral Health
British Society for General Dental Surgery
British Society for Oral and Maxillofacial Pathology
British Society for Oral Medicine
British Society for Paediatric Dentistry
British Society for Restorative Dentistry
British Society for the Study of Prosthetic Dentistry
British Society of Dental and Maxillofacial Radiology
British Society of Dental Hygiene & Therapy
British Society of Gerodontology
British Society of Medical and Dental Hypnosis
British Society of Oral Implantology
BUPA Dental
Cardiff CHC
Care & Repair England
Care & Repair England
Carers UK
Carmarthen CHC
Ceredigion CHC
Chief Dental Officer England
Chief Dental Officer Ireland

Chief Dental Officer Scotland
Chief Dental Officer Wales
Citizens Advice
Clinical Dental Technicians Association
Clwyd CHC
Coatbridge College
Cochrane Collaboration Consumer Network (The)
Commission for PPI in Health / ICAS
Commission for Racial Equality
Committee of Postgraduate Dental Deans and Directors (COPDEND)
Community Health Councils (Wales)
Confederation of Dental Employers
Connect
Consumers' Forum
Conwy East/West CHC
Cosmetique clinics
Council for Disabled Children
Council for Healthcare Regulatory Excellence
Council Heads and Deans of Dental Schools
Dementia Care Trust
Denplan
Dental Care Finance
Dental Defence Union
Dental Laboratories Association
Dental Practitioners Association
Dental Protection
Dental Resource Company Limited
Dental Technicians Association
Department of Health - National Director of PPI
Department of Health and Social Services and Public Safety Northern Ireland
Derwent House Orthodontics
Developing Patient Partnerships
Disability Rights Commission
Disability Law Service
Disability Wales
Disability, Pregnancy and Parenthood International
Disabled Parents Network
Eastern Health and Social Services Council
Elfrida Society (The)
Equalities National Council - The National Council for Disabled People and Carers From
Black and Minority Ethnic Communities
Essex University (Southend)
Ethnicity Online
European Consumers' Organisation
Face@52
Faculty of Dental Surgery, The Royal College of Surgeons of England
Faculty of General Dental Practice (UK), The Royal College of Surgeons of England
First Asian Support Trust (FAST)
Fort William Clinic
Functional Orthodontic Support Group
General Chiropractic Council

General Consumer Council for Northern Ireland
General Medical Council
General Optical Council
General Osteopathic Council
General Social Care Council
Goeast (business consultancy agency)
Gogledd Gwynedd CHC
Gwent CHC
Health & Social Service Councils Northern Ireland (Eastern)
Health & Social Service Councils Northern Ireland (Northern)
Health & Social Service Councils Northern Ireland (Southern)
Health & Social Service Councils Northern Ireland (Western)
Health Professions Council
Hearing Concern
Help the Aged
Institute of Maxillofacial Prosthetists and Technologists
Joint Advisory Committee for Special Care Dentistry
Joint Committee for Specialist Training in Dentistry (JCSTD)
K-T training
Llanelli CHC
London Health Commission - Black, Asian and minority ethnic forum
Long Term Medical Conditions Alliance (LMCA)
Lyme Bay Dentistry
Make me Smile Ltd
Matthew Boulton College
Medical & Dental Training Ltd
Medical and Dental Defence Union of Scotland
Medical Defence Union Services Ltd
Medical Insurance Agency
Meirionydd CHC
Merthyr and Cynon CHC
Montgomery CHC
Muslim Health Network
National Association for Dentistry in Health Authorities and Trusts
National Association for Patient Participation
National Consumer Council
National Council for Voluntary Organisations (NCVO)
National Patient Safety Agency
Neath and Port Talbot CHC
NES Scotland
NHS Clinical Governance Support Team
NHS Quality Improvement Scotland. PPI Unit.
NHS Resource Centre for Public Patient Involvement
NICVA (N. Ireland)
Nobel Biocare UK Ltd
Northern Health and Social Services Council
Northern Ireland Social Care Council
Nursing and Midwifery Council
Oasis Dental Care Ltd
Organisation of Blind African Caribbeans (OBAC)
Orthodontics National Group

Osteo-Ti
Oxford Society of Oral Implantology
Papillon Dental Training
Partners in Change, SHS Trust
Patient Concern
Patient UK
Patients Association
Patients Forum (The)
Pembrokeshire CHC
People First
Pharmaceutical Society of Northern Ireland
PIF (Patient Information Forum)
Pontypridd/Rhondda CHC
Postgraduate Medical Education and Training Board
Prestige Dental Products Ltd.
Raigmore Hospital Inverness UHI Millennium Institute
Rescare
Roots
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Physicians and Surgeons Of Glasgow
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons Of Edinburgh
Royal Institute of Public Health
Royal National Institute for the Blind (RNIB)
Royal National Institute for the Deaf (RNID)
Royal Pharmaceutical Society of Great Britain
Royal Pharmaceutical Society of Northern Ireland
Royal Society of Edinburgh
s4dental, Schülke & Mayr UK Ltd
Sahara
Scope
Scottish Consumer Council
Scottish Executive, Strategy & Planning, Patients & Quality Division
SCVO (Scotland)
Sense
Sign
Skill (National Bureau for Students with Disabilities)
Smile-on
Society for the Advancement of Anaesthesia in Dentistry
Society of University Dental Instructors
SQA HNC
St Ann's training
Swansea CHC
The Association of British Academic Oral and Maxillofacial Surgeons
The Dental Training Institute
The Idea Centre
The Tatum Institute
Total Team Training
UK Public Health Association

University of Bedfordshire
University of Wales Institute
Vale of Glamorgan CHC
Values into Action
Welsh Assembly Government (PPI), DHSS & Quality Standards & Safety Improvement
Branch
Welsh Assembly PPI Branch
Welsh Consumer Council
Welsh Council for Voluntary Action (WCVA)
Western Health and Social Services Council
Which (Consumer Association)
Whitecross Dental Care Ltd
Witness against abuse by health and care workers
Ynys Mon CHC