Appendix H: Regulatory Framework

H.1 The market for private dental services is highly regulated. Different facets of the market are subject to separate sets of rules. Relevant laws include:

(a) **Accreditation and conduct of dental professionals**: The Dentists Act 1984 regulates professional accreditation and conduct UK-wide. It is supplemented by regulations and standards made by the General Dental Council (**GDC**).

(b) **Clinical care standards**: A devolved matter with different rules in each nation. Relevant legislation includes:

(i) England: the Health and Social Care Act 2008;

(ii) Scotland: Public Services Reform (Scotland) Act 2010;

(iii) Wales: the Care Standards Act 2000; and

(iv) Northern Ireland: the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

(c) **Regulation of NHS dental services**: A devolved matter with different rules in each nation. Relevant legislation includes:

(i) England: Health and Care Act 2022;

(ii) Scotland: National Health Service (Scotland) Act 1978;

(iii) Wales: National Health Service (Wales) Act 2006; and

(iv) Northern Ireland: Health and Social Care Act (Northern Ireland) 2022.

(d) **General consumer law and professional negligence**: general consumer protection law relating to the sale of goods and services, the fairness of contract terms, and the fairness of commercial practices, is applicable, alongside the law on professional negligence.

(e) **Routes to qualification**: Routes to qualification are regulated by the Dentists Act 1984. Determining funding and availability of places for students wanting to train as dental professionals falls within the remit of tertiary regulators and devolved Governments (discussed further below).

(f) **Complaints and redress processes**: There are a number of complaints and redress mechanisms available to patients who are unhappy with the service provided by dental professionals.

H.2 Individual dental practitioners are accountable to the GDC in relation to conduct, with a focus on clinical issues but also some consumer obligations such as price

transparency. Dental practices are accountable to care regulators in relation to care standards. However, enterprises controlling multiple dental practices are not subject to specific regulation apart from general consumer law. Furthermore, certain categories of staff, such as practice managers, are not registered under the Dentists Act and are therefore not subject to GDC regulations and standards.

Accreditation and conduct of dental professionals – General Dental Council

H.3 The Dentists Act 1984 regulates the accreditation and conduct of dentists and dental care professionals across the UK and establishes the GDC. The GDC acts through standing committees.[1]

Accreditation of dental professionals

H.4 The GDC is empowered to determine whether an applicant is qualified to be admitted to the registers of dental professionals. It is a criminal offence for a person who is not registered with the GDC to practise dentistry or claim to be practising dentistry.[2] The GDC will bring criminal proceedings where it has sufficient evidence that an individual has committed this offence.[3]

Dentist (including dental specialist)

H.5 Dentists are authorised to carry out the full range of dental work. However, they must only perform tasks for which they are trained, competent, and indemnified or insured to do.[4]

H.6 The Dentists Act 1984 provides that any person claiming to be a dentist must be registered as such: '*A registered dentist shall by virtue of being registered be entitled to take and use the description of dentist, dental surgeon or dental practitioner*.'[5]

H.7 The GDC determines the requirements for registration as a dentist in accordance with the Dentists Act 1984[6] and related subordinate legislation. Routes to qualification are discussed below.

H.8 Dentists can be registered with the GDC under multiple specialisms, for example, orthodontist, oral surgeon, prosthodontist, periodontist and endodontist.[7] In order

[1] Including the Registration Appeals Committee and Professional Conduct Committee – *Dentists Act* 1984, section 2 and *General Dental Council (Constitution of Committees) Rules Order of Council* 2009/1813.
[2] The Dentists Act 1984 sections 38-39.
[3] GDC, Illegal practice. The GDC also prosecutes other offences created by the Dentists Act 1984.
[4] The Dentists Act 1984 sections 37-38; GDC Guidance on Scope of Practice page 16.
[5] The Dentists Act 1984 section 26(1).
[6] The Dentists Act 1984 sections 15-16B.
[7] A full list of specialisms is set out in The General Dental Council (Specialist List) Regulations 2024.

to join the GDC specialist list dentists must meet minimum standards of training, skills knowledge and experience which are determined by regulations. Dentists do not need to be on a specialist list to practise a specialty, but they can only use the title 'specialist' if they are on the relevant list.[8]

Dental Care Professionals

H.9 The Dentists Act 1984 provides for a register of members of professions complementary to dentistry to be known as the dental care professionals register.[9] The professions registered under this heading are dental therapist; dental nurse; orthodontic therapist; oral hygienist; clinical dental technician; and dental technician.

Dental therapist

H.10 Dental therapists carry out a wide range of dental work. They do not undertake indirect restorative treatment, procedures associated with the pulp in the adult dentition or orthodontic procedures.[10] They do not extract permanent teeth, and they do not make or fit bite raising appliances.[11]

Dental nurse

H.11 Dental nurses mostly work with other registered dental professionals and under the direction or delegation of other registered dental professionals. Dental nurses do not diagnose disease or plan treatment.[12]

Dental hygienist

H.12 Dental hygienists help patients maintain high standards of oral health and play a key role in preventing oral diseases and treating periodontal disease. They do not carry out indirect restorations, permanent direct restorations, or orthodontic treatment. They do not make or fit bite raising appliances and they do not extract teeth.[13]

[8] GDC, 'Specialist lists' accessed 18/11/26.
[9] The Dentists Act 1984 section 34B.
[10] Orthodontics is concerned with the diagnosis, prevention, interception, and treatment of irregularities affecting the teeth and bite, and growth of the face. GDC, 'Orthodontics' accessed 18/11/26.
[11] GDC (2025) Guidance on Scope of Practice p15.
[12] GDC (2025) Guidance on Scope of Practice p12.
[13] GDC (2025) Guidance on Scope of Practice p11.

Orthodontic therapist

H.13 Orthodontic therapists carry out certain parts of orthodontic treatment under prescription from an orthodontist or a dentist, and therefore they do not take responsibility for the progress of treatment.[14]

Clinical dental technician

H.14 Clinical dental technicians work with dentists to provide removable dental appliances, such as dentures, to patients. Clinical technicians can provide removable appliances directly to patients with no natural teeth, roots or implants. They can provide removable appliances to patients with some natural teeth or implants on referral or prescription from a dentist or an oral and maxillofacial surgeon.[15]

Regulation of conduct

Setting standards

H.15 The GDC's role includes setting standards for dental professionals and investigating complaints about dental professionals' fitness to practise. Breach can result in a professional being suspended or erased from the register on the basis that he or she is unfit to practice.[16]

H.16 The GDC standards of conduct, performance and ethics (the **GDC Standards**) apply to 'the dental team'. This includes dentists, dental nurses, dental hygienists, dental therapists, orthodontic therapists, dental technicians, and clinical dental technicians.

H.17 The GDC Standards set out nine principles which registered dental professionals must keep to at all times. These principles are underpinned by further standards and guidance.[17]

H.18 A number of these standards relate to the consumer choice and information, in addition to those which relate only to clinical matters. For example, the principles include communicating effectively with patients, obtaining valid consent and having clear and effective complaints procedures.

[14] GDC (2025) Guidance on Scope of Practice p17.
[15] GDC (2025) Guidance on Scope of Practice p10.
[16] The Dentists Act 1984 section 27 and following.
[17] GDC (2014)Standards for the Dental Team.

H.19 Standard 2.4 states that dental practitioners must give patients clear information about costs, including by displaying a simple price list in the reception or waiting area and by giving clear information on prices in practice literature and websites.[18]

H.20 Standard 3.1 states that dental practitioners must obtain valid consent before starting treatment, which requires explaining all the relevant options and possible costs. Standard 3.2 states that dental practitioners must provide patients with sufficient information and a reasonable amount of time to consider that information to make sure that patients understand the decisions they are being asked to make.[19]

H.21 Standard 1.3.3 also states that dental professionals must make sure that any advertising, promotional material or other information that they produce is accurate and not misleading, and complies with the GDC's guidance on ethical advertising. The guidance requires that all information or publicity material regarding dental services is legal, decent, honest and truthful. It requires practitioners to only recommend products if they are the best way to meet a patient's needs and that any endorsement is supported by factual information which can be verified by evidence. If a practitioner promotes their services on marketing or social networking websites they must make clear that the treatment may not be appropriate for every patient.[20]

The proposed Framework for Professionalism

H.22 The GDC has proposed a new Framework for Professionalism that would replace the current GDC Standards with a more 'modern, accessible and flexible approach'.[21] The GDC Framework for Professionalism would include three key components:

(a) The four Principles of Professionalism, which will guide dental professionals when applying their knowledge, skills and experience. The principles will be further supported by sets of Expectations, which are non-exhaustive examples of ways a professional might uphold the relevant principle;

(b) Professional Guidance, which consists of statutory guidance issued by the GDC in circumstances where directions, obligations or boundaries are necessary. This will include, for example, guidance on professional conduct or practice;

(c) Supporting Materials, which will provide further explanatory or advisory information on how dental professionals can apply the elements of the

[18] GDC Standards, Standard 2.4.1 and 2.4.2.
[19] GDC Standards, Standard 3.1.1 and 3.2.1.
[20] GDC, 'Guidance on advertising' accessed 18/11/26.
[21] GDC, 'The Framework for Professionalism consultation' accessed 18/11/26.

Framework in real-world situations. Supporting materials are intended to encourage reflection, be responsive to emerging issues and may be presented in dynamic forms of media.

Enforcement

H.23 The GDC can take formal action against individuals in a limited number of circumstances of serious unfitness to practise, specifically where a person's fitness to practise as a dentist is impaired. Impairment can only be found on the basis of one or more of the statutory grounds, which are:

(a) misconduct;

(b) deficient professional performance;

(c) adverse physical or mental health;

(d) conviction or caution for a criminal offence;

(e) certain other outcomes for criminal offences; and

(f) determinations by certain other regulatory bodies.[22]

H.24 The GDC's guidance states that 'Misconduct denotes serious acts or omissions, suggesting a significant departure from what would be proper in the circumstances' and that 'Deficient professional performance suggests a standard of professional performance that is unacceptably low'.[23]

H.25 The GDC has the following sanctions at its disposal:

(a) erasure or suspension from registration;

(b) imposing a condition on registration;

(c) issuing reprimands, warnings or advice; or

(d) accepting undertakings from a registrant.[24]

H.26 The GDC therefore has a limited number of very severe sanctions it may impose. These limitations are further explored in Chapter 5.

[22] The Dentists Act 1984 section 27.
[23] GDC (2026) Fitness to Practise: Guidance for the practice committees, paragraphs 212 and 216.
[24] The Dentists Act 1984 sections 27A and 27B.

Business regulation

H.27 The GDC does not have powers to regulate businesses which offer dental services, and therefore there are no GDC standards or rules which apply to the business. A body corporate does not need GDC approval in order to set itself up as a dental body corporate.

H.28 Prior to 2006 only corporate bodies which met the following criteria could carry on the business of dentistry:

(a) it was carrying on the business of dentistry on 21st July 1955, and

(b) it carried on no business other than dentistry or some business ancillary to the business of dentistry, and

(c) a majority of the directors were registered dentists, and

(d) all its operating staff were either registered dentists or dental auxiliaries.[25]

H.29 Such restrictions, and in particular (a) above, effectively prevented entry into the market by new corporate dental bodies. The large majority of practices were owned by dentists as sole traders or partnerships.[26]

H.30 Since 2006 a number of these restrictions have been removed. However there are still certain requirements under the Dentists Act 1984 which a body corporate that carries out the business of dentistry must satisfy.[27] For example, the majority of the business's directors must still be persons who are either registered dentists or registered dental care professionals. This provides a limited way for the GDC to influence good standards at an organisation level. However, this rule does not apply to entities higher up in the corporate chain which own the legal entities that directly provide the service. Such entities may nevertheless have influence over the services provided to patients.

H.31 Similarly, the GDC does not regulate contractors, employers and managers of dental professionals. However, recognising that they play a significant role in supporting dental professionals, the GDC has published information pages to assist managers and employers.[28] These information pages are not part of the GDC's statutory guidance and the GDC does not have powers to enforce these.

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[25] The Dentists Act 1984 section 43, as in effect prior to 2005. Dentists Act 1984
[26] The Office of Fair Trading's 2003 report on the private dentistry market in the UK estimated that corporates had 5% of the market (measured by turnover) at that time. OFT, The private dentistry market in the UK, March 2003.
[27] The Dentists Act 1984 sections 40 and 43. Section 40 of the Dentists Act states that 'a person shall be treated as carrying on the business of dentistry if, and only if, he or a partnership of which he is a member receives payment for services rendered in the course of the practice of dentistry by him or by a partner of his, or by an employee of his or of all or any of the partners.'
[28] GDC, 'A guide for employers' accessed 18/11/26.

Direct-to-consumer treatments

H.32 In recent years there has been a rise in direct-to-consumer treatments, for example orthodontic treatment such as aligners or tooth whitening products that are delivered directly to a consumer rather than provided at an in-person interaction with a dental professional.

H.33 Direct-to-consumer orthodontic treatment falls within the legal definition of dentistry so can only be performed by dentists and dental care professionals who are registered with the GDC. In this regard, the GDC has confirmed that 'There is likely to be a range of interactions between dental professionals and patients which can be provided safely and effectively on a remote platform…' but that 'for other aspects of the patient care pathway, a face-to-face interaction or a physical clinical assessment will be necessary to ensure patient safety'.[29]

H.34 Tooth whitening is also considered a practice of dentistry and can only be carried out by registered dental professionals. Therefore, the GDC is able to prosecute a person who is not registered for carrying out tooth whitening.[30] Additionally, tooth whitening products which contain or release between 0.1%-6% hydrogen peroxide should not be made directly available to the consumer, other than through treatment by certain registered dental professionals. Products containing or releasing less than 0.1% of hydrogen peroxide, including mouth rinse, toothpaste, tooth whitening or bleaching products are safe and are freely available on the market.[31] However, these rules are enforced by local authority Trading Standards Services, and the GDC does not have a role in prosecuting breaches of these rules.[32]

Clinical care standards

H.35 Dental services are also subject to care quality regulation.[33] Unlike the GDC standards, which apply equally to all dental professionals across the UK, each UK nation has its own healthcare inspectorate which has a role in ensuring that dental practices and premises are complying with the care quality legislation in each nation. The relevant regulators are: the Care Quality Commission (the CQC) in England, Healthcare Improvement Scotland, the Healthcare Inspectorate Wales in Wales, and the Regulation & Quality Improvement Authority in Northern Ireland.

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[29] GDC, 'GDC Statement on 'direct-to-consumer' orthodontic treatment' accessed 18/11/26.
[30] GDC, 'What the law says' accessed 18/11/26.
[31] Regulation (EC) No 1223/2009 of the European Parliament and of the Council of 30 November 2009 on cosmetic products, Annex III.
[32] Regulation 1223/2009 and the Cosmetic Products Enforcement Regulations 2013: Great Britain - GOV.UK accessed 18/11/26.
[33] In England, the Health and Social Care Act 2008 and the Care Quality Commission (Registration) Regulations 2009. In Scotland, the Public Services Reform (Scotland) Act 2010. In Wales, the Care Standards Act 2000, the Private Dentistry (Wales) Regulations 2017, and the Care Standards Act 2000 (Extension of the Application of Part 2 to Private Dental Practices) (Wales) Regulations 2017. In Northern Ireland, the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

There are some differences in the regulatory requirements which apply in each nation and differences of approach in enforcing requirements. In Chapter 5, we refer to what industry participants have told us about the impact of differences in regulation across nations on entry, expansion and innovation in the market.

NHS dental services

H.36 We describe how NHS dental services are commissioned and accessed in Chapter 2 of our report.

H.37 We set out below some additional information relating to regulatory framework for NHS dentistry.

England

H.38 In addition to terms set out in the relevant NHS contracts,[34] contract holders in England must also comply with the requirements set out in the National Health Service (General Dental Services Contracts) Regulations 2025. This includes circumstances in which a dentist can treat a person and when they can refuse to do so, which dental practitioners are allowed to provide treatment and training requirements for dental professionals.

Scotland

H.39 In Scotland, the NHS (General Dental Services) (Scotland) Regulations 2010 set out the requirements for dentists providing NHS services. These include requirements relating to standard of care, record keeping, ensuring emergency cover and circumstances in which an agreement to provide treatment to a patient can be terminated.

Wales

H.40 Contract holders offering NHS dentistry in Wales much comply with the requirements set out in the National Health Service (General Dental Services Contracts and Patient Charges) (Wales) Regulations 2026. These requirements are similar to the requirements stipulated in the regulations applicable in England.

Northern Ireland

H.41 In Northern Ireland, the General Dental Services Regulations (Northern Ireland) 1993 set out the requirements for dentists providing HSC services. These requirements are similar to those in the regulations applicable in Scotland.

[34] NHS England (2023) Standard General Dental Services Contract, accessed 22/09/26.

General provisions of consumer law and professional negligence

H.42 In addition to specific regulation of dental professionals and dental practices and premises, the services provided by dental professionals are subject to other laws including general consumer law and the tort of negligence.

H.43 General consumer law applies to dental services provided by dentists to patients as consumers.[35] We do not detail all applicable consumer protection law in this Appendix, but relevant legislation will include that on the sale of goods and services, the fairness of contract terms and the fairness of commercial practices.

Consumer Rights Act

H.44 When a dental practitioner undertakes to treat a patient, the obligation is not to achieve a specified result, but merely to exercise reasonable care and skill in attempting it.[36] Where a dental practitioner fails to do so, the consumer may be entitled to repeat performance of the treatment within a reasonable time or, if not possible, a price reduction for the treatment.[37]

H.45 Relevant to whether a person has met the standard of reasonable care and skill are industry standards or codes of practice. The price paid for the service can also be a factor in determining the level of care and skill that needs to be exercised in order to be reasonable.[38]

H.46 Where a dental practitioner sells any product to a patient, that product must be of satisfactory quality, fit for purpose and match any description given to the consumer at the time of the purchase.[39] Where the product does not meet these requirements the patient has a right to get a refund, or have the product repaired or replaced, depending on the circumstances and how long has passed since the product was delivered.[40]

H.47 Additionally, any term included in a contact with a consumer for the provision of dental services is not binding on the consumer if it is unfair.[41]

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[35] At the launch of the CMA's market study, we also published some top tips for consumers to consider when choosing and paying for their dental care: Choosing and paying for dental care - GOV.UK.
[36] Consumer Rights Act 2015
49(1) Every contract to supply a service is to be treated as including a term that the trader must perform the service with reasonable care and skill.
54(3) If the service does not conform to the contract, the consumer's rights (and the provisions about them and when they are available) are— (a) the right to require repeat performance (see section 55); (b) the right to a price reduction (see section 56).
[37] Consumer Rights Act 2015, part 1, chapter 4.
[38] Explanatory notes to the Consumer Rights Act 2015, paragraph 240.
[39] Consumer Rights Act, s9-11. In addition to the requirements in the Consumer Rights Act, the Medicines & Healthcare Products Regulatory Agency regulates medical devices, including dental devices.
[40] Consumer Rights Act, s19-24.
[41] Consumer Rights Act, s62.

Professional negligence

H.48 A dental professional can face a professional negligence claim where it is shown that the dental professional failed to attain the required degree of skill and competence of a reasonable practitioner.[42] The factors that will be considered when determining this include the practitioner's specialisation and their seniority. Dental practices and individual employers of dental practitioners are also vicariously liable for any negligence of their employees carried out during their employment.

H.49 A dental practice could also be liable itself for failing to meet required standards, regardless of any negligence shown in respect of individual employees.[43] This could be the case where there are organisational issues such as failure to have adequate equipment, or employing individuals for roles for which they are not properly qualified.

Routes to qualification

H.50 Routes to qualification are set out in the Dentists Act 1984.[44]

Qualifying as a dentist

H.51 An applicant is eligible for registration on the register of dentists if he or she has a qualification from a recognised UK dental school, has a recognised foreign qualification or has a foreign qualification and has passed the Overseas Registration Examination (**ORE**) administered under the authority of the GDC or the Licence in Dental Surgery examination (**LDS**).[45] Availability of places to study dental qualifications is determined by the government and the funding made available by the OfS.[46]

H.52 As described in Chapter 4 of our report, over 30% of all dentists currently on the GDC register qualified outside the UK.[47] Over half of the new registrations in 2025 were of foreign-qualified dentists.[48]

UK qualification

H.53 Dental schools in Great Britain and Ireland and their entry requirements are listed by the Dental Schools Council. Admission to dental school requires strong grades

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[42] 'The test is the standard of the ordinary skilled man exercising and professing to have that special skill. A man need not profess the highest expert skill, it is well established law that it is sufficient if he exercises the ordinary skill of a competent man exercising that particular art.' *Bolam v Friern HMC* [1957] 1W.L.R. 582
[43] *Wilsher v Essex AHA* [1987] Q.B. 730 at 747.
[44] The Dentists Act, section 15.
[45] GDC, 'Dentistry programmes and qualifications' accessed 18/11/26; GDC 'About the ORE' accessed 18/11/26.
[46] OfS, 'Medical and dental maximum fundable limits - Office for Students' accessed 18/11/26.
[47] GDC (2025) Registration Statistical Report 2025, p11.
[48] GDC (2025) Registration Statistical Report 2025, p13.

in specific A-level subjects as well as in a University Clinical Aptitude Test.[49] A UK degree in dentistry typically requires five years of tertiary education plus an additional year of on-the-job vocational training. There are additional requirements to be admitted to practice as an NHS dentist.

H.54 Costs may vary across UK nations, but in England, for example, it costs around £300,000 to train a dentist, about £200,000 of which is borne by the state.[50] The high cost is due to low staff-student ratios due to the need for close supervision by clinically qualified academics; and the need for specialised facilities and equipment, for example construction and maintenance of dental surgeries; costly training equipment such as "phantom heads"; and expensive consumable dental materials used up in training.

H.55 The capped standard annual tuition fees in the UK (the highest being £9,535 as of 2025/26 in England and Wales) cover only a small fraction of the actual delivery costs. Therefore, the number of dentists trained in the UK depends on the amount of government funding available.[51]

Recognised foreign qualifications

H.56 Some qualifications from outside the UK, such as specific qualifications gained in the EEA, are recognised by the GDC for the purpose of registration in the UK.[52] Recognition of foreign qualifications is subject to negotiation of international trade treaties.

The Overseas Registration Examination and Licence in Dental Surgery

H.57 Dentists qualifying from foreign dental schools which are not recognised in the UK can qualify to be admitted to the register in the UK by completing the ORE or LDS.

H.58 The ORE has two main parts: 1) theory and 2) practical skills.[53] The General Dental Council (Overseas Registration Examination Regulations) Order of Council 2015 fixes the fees to be charged for each of these two examinations.

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[49] Dental Schools Council, 'Entry requirements - studying healthcare' accessed 18/11/26.
[50] Department of Health and Social Care 'New dentists required to deliver NHS care under government plans - GOV.UK' accessed 20/10/26.
[51] Undergraduate dental training in England is funded by the OfS (teaching costs), NHS England (clinical placement costs) and fees paid by students. The limit on dental student intakes in England is set by government. Funding for medicine and dentistry - Office for Students. In Scotland, the number of dental training courses is set by the Scottish Funding Council, following advice from Scottish government. University Intake Targets for Dentistry AY 2025-26 - Scottish Funding Council. In Wales, funding for higher education, including dental training, is administered by the Commission for Tertiary Education and Research, after receiving funding from the Welsh Government on an annual basis. Medr/2025/06: Medr's funding allocations for academic year 2025/26 - Medr. Northern Ireland the Department for the Economy provides funding for higher education as Northern Ireland has no separate higher education funding council.
[52] GDC, 'Relevant European Diplomas - Directive 2005-36-EC of the European Parliament and The Council' accessed 18/11/26.
[53] GDC, 'About the ORE' accessed 18/11/26.

H.59 The number of available slots to take the ORE are capped by the GDC. In 2024 it had 1200 slots for the theory exam and 576 for the practical, compared to 3,628 ORE applications,[54] ie, there were significantly more people wishing to take the ORE than there are slots. In December 2021 the GDC said that laws specifying 1) that ORE assessment should be carried out by dental schools and 2) fixing the fees which may be charged at a level below the cost of the test were reasons for capping supply of ORE examination slots at a level below demand.[55]

H.60 The Dentists Act was amended in 2023 to empower the GDC to amend rules governing international registration processes without requiring approval from the Privy Council. Following these amendments and consultation, the number of available ORE and LDS slots has been increased significantly.[56]

Qualifying as a dental therapist or dental hygienist

H.61 An applicant is eligible for registration with the General Dental Council as a dental therapist if they hold a degree in dental therapy. The degree in dental therapy is a three year course and generally requires an applicant to have five GCSE subjects and two A-levels to be admitted to the course.[57]

H.62 A similar qualification process applies to dental hygienists. In order to register with the GDC the applicant must complete a degree or diploma approved by the GDC. Some universities offer a combined course of dental hygiene and therapy.[58]

Complaints and redress process

H.63 There are a number of complaints and redress mechanisms available to consumers who are unhappy with the service provided by dental professionals and dental practices.

H.64 To resolve complaints at a local level, the GDC Standards for the Dental Team state that dental professionals must:

(a) Make sure that there is an effective complaints procedure readily available for patients to use, and follow that procedure at all times.

(b) Respect a patient's right to complain.

(c) Give patients who complain a prompt and constructive response.[59]

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[54] GDC (2024) Annual report and accounts 2024.
[55] GDC, 'The ORE: a flawed system made worse by the pandemic with further challenges ahead' accessed 18/11/26.
[56] GDC, 'More details on new ORE contract' accessed 18/11/26.
[57] NHS, 'Dental therapist | Health Careers' accessed 18/11/26.
[58] GDC, 'Dental therapy and dental hygiene' accessed 18/11/26.
[59] GDC, Standards for the Dental Team, standards 5.1-5.3.

H.65 The GDC has separately developed a set of six core principles for handling complaints about dental professionals. It has developed a poster and leaflet showing these principles for dental practices to display on walls. The principles are:

(a) All of your feedback is important to us.

(b) We want to make it easy for you to raise a concern or complain, if you need to.

(c) We follow a complaints procedure and keep you informed.

(d) We will try to answer all your questions and any concerns you raise.

(e) We want you to have a positive experience of making a complaint.

(f) Your feedback helps us to improve our service.[60]

H.66 While health inspectorates may play a varied role in complaints resolution across the nations (see Chapter 5), dental service providers are also required to investigate complaints they receive and take action in response to any failure identified. They must also operate an accessible system for identifying, receiving, recording, handling and responding to complaints.[61]

H.67 Where patients have complaints about dental services their options for third party redress depend on whether they received an NHS service or were treated privately. With respect to NHS services, patients may be able to raise complaints with ICBs or local health boards, or the Department of Health in Northern Ireland. Full details can be found in Table H.1 at the end of this Appendix. NHS patients can also raise a complaint with an ombudsman,[62] that can make a final decision on complaints that have not been resolved by the practice or NHS.[63]

H.68 Patients that have had private treatment cannot escalate their complaints to the NHS dental complaints or the ombudsman. They can instead raise their complaint with the Dental Complaints Service (the DCS). The DCS has been established by and is funded by the GDC, but operates independently.[64] The recommendations

[60] GDC, 'Complaint handling' accessed 18/11/26.
[61] See, for example: the Health and Social Care Act 2008 (Regulated Activities) Regulations, Regulation 16; the Private Dentistry (Wales) Regulations 2017, Regulation 21; The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 23; The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, Regulation 15.
[62] In England, the Parliamentary and Health Service Ombudsman, in Scotland, the Scottish Public Services Ombudsman, in Wales, the Public Services Ombudsman for Wales, and in Northern Ireland, the Northern Ireland Public Services Ombudsman.
[63] GDC, 'How to make a complaint or get a refund' accessed 18/11/26.
[64] See: Dental Complaints Service accessed 18/11/26.

for resolution of the DCS are not legally binding. If a patient wishes to progress the complaint further, they will need to consider commencing legal proceedings.[65]

Dental Complaints Service

H.69 A description of the DCS process is provided in Appendix B.

H.70 The DCS can help patients obtain outcomes including an apology, an explanation for what has happened, a refund for a treatment and remedial treatment. The DCS is unable to help patients claim compensation.[66] Where the DCS receives information which suggests that a dental professional should be assessed by the GDC under its fitness to practice procedures, it will be referred to the GDC for assessment.[67]

Recent sector developments

H.71 During our Study, we have identified a number of emerging or evolving practices in the dental market which may require future consideration by policymakers, as they may be relevant to the ongoing consideration of regulatory design. For example:

(a) Some dental professionals and/or dental practices have expanded their practise to include non-dental aesthetic treatments.[68] This is outside of the scope of dental regulation in England, but we note that the Scottish Parliament recently enacted the Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Act 2026.

(b) A small number of dental professionals told us that the sector was developing more quickly than existing regulation and guidance, making particular reference to cosmetic dentistry and provision of aesthetic treatments. Some of these concerns were linked to unnecessary treatment and elaborate treatment plans, as well as potentially misleading advertising for cosmetic treatment.[69]

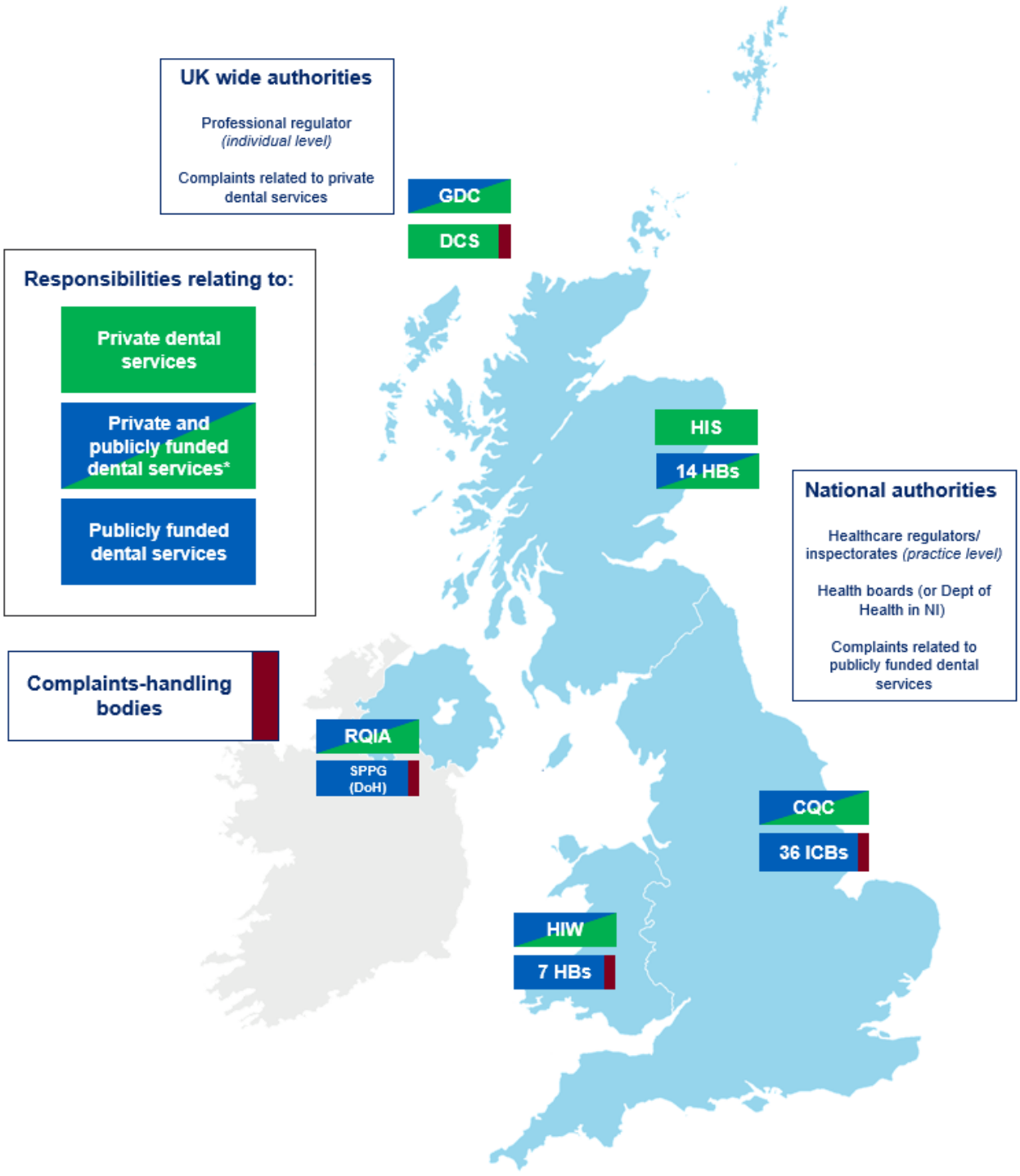
(c) We have heard how technology (including AI) is changing the landscape of dentistry, including by creating efficiencies in complying with regulatory requirements (for example, automating notetaking),[70] but also changing consumer behaviour in making complaints, and an increased use of generative AI chatbots to write complaints.[71]

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[65] Consumers can also commence legal proceedings without raising the issue with the DCS first.
[66] DCS, 'What we can help with' accessed 18/11/26.
[67] DCS (2025) Dental Complaints Service Review 2023 and 2024, p5.
[68] LaingBuisson (2025), p.82.
[69] Revealing Reality (2026) Qualitative Research with Dental Professionals Delivering Private Dental Services Across the UK Nations.
[70] Note of a roundtable with Dental Groups, 08/07/26.
[71] Note of a roundtable with Dental Groups, 08/07/26; [✂].

(d) We heard about concerns regarding the rise of direct-to-consumer orthodontics (discussed earlier in this Appendix).

Figure H.1: Regulatory responsibilities for dental services across the UK (diagram)



*For example, the registration of professionals across both services; or the inspection of practices providing both services.

Table H.1: Regulatory responsibilities for dental services in the UK

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly funded dental services	Description	Principal legislation
UK	**General Dental Council (GDC)**	Regulates dentists and the following dental care professionals: • Dental nurses • Dental technicians • Dental therapists • Dental hygienists • Orthodontic therapists • Clinical dental technicians		The GDC: • Registers qualified dental professionals (see left) • Sets standards of conduct, performance and ethics for registered dental professionals (the *Standards for the Dental Team*) • Investigates when concerns are raised about a registered dental professional's fitness to practise • Takes action if people practise dentistry when they are not registered professionals • Ensures the quality of dental education by setting standards and inspecting education providers to make sure they are meeting them (See also Note 1 on the **Professional Standards Authority for Health and Social Care (PSA)**)	Dentists Act 1984
	Dental Complaints Service (DCS)	Handles complaints about private dental services		The DCS provides a free and impartial service across the UK. It can help resolve complaints about private dental services that are not resolved locally with the dental practice. The DCS operates independently. It is funded by the GDC.	

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly funded dental services	Description	Principal legislation
ENGLAND	**Care Quality Commission (CQC)**	Regulates all dental practices in England		The CQC ensures that providers of primary care dental care services (that is, the dental services predominantly provided by dentists on the 'high street') meet its 13 fundamental standards of care. The CQC: • Registers and monitors those service-providers, across publicly funded and private dental services • Inspects those service-providers • Takes enforcement action where appropriate	Health and Social Care Act 2008 and associated Regulations
	36 integrated care boards (ICBs)		Oversee delivery of NHS dental services in England Handle complaints about NHS dental services in England	Carry out functions delegated by **NHS England** (see also Note 2). Responsible for planning, commissioning and securing the delivery of NHS dental services in their area. This includes the enforcement of regulations and contractual obligations on providers of NHS dental services. (See also Note 3 on the **NHS Business Services Authority (NHSBSA)**) The ICBs also handle complaints about NHS dental services where the patient has not raised the complaint with the practice. If the patient is not satisfied with the response of the practice or the ICB, they may contact the **Ombudsman** (see also Note 4).	Health and Care Act 2022, amending the National Health Service Act 2006 and the Health and Social Care Act 2012

<table>
<tr><th>Nation</th><th>Authority</th><th>Relevance to providers of private dental services</th><th>Relevance to providers of publicly funded dental services</th><th>Description</th><th>Principal legislation</th></tr>
<tr><td rowspan="2">WALES</td><td rowspan="2">Healthcare Inspectorate Wales (HIW)</td><td colspan="2">Regulates dental practices in Wales other than those providing exclusively NHS dental services</td><td rowspan="2">HIW ensures that independent (private) providers of dental services (dental practices carrying out any amount of private dental services) meet essential standards of quality and safety. HIW:
Registers those service-providers
Inspects those service-providers
Takes enforcement action where appropriate
In addition, the HIW inspects NHS practices not carrying out any amount of private dental services, but it does not register or otherwise regulate these practices.</td><td rowspan="2">Care Standards Act 2000

Health and Social Care (Community Health and Standards) Act 2003

The Private Dentistry (Wales) Regulations 2017</td></tr>
<tr><td></td><td>Inspects dental practices in Wales providing exclusively NHS dental services</td></tr>
<tr><td>7 local health boards (HBs)</td><td></td><td>Oversee delivery of NHS dental services in Wales

Handle complaints about NHS dental services in Wales</td><td>Responsible for planning, commissioning and securing the delivery of NHS dental services in their area. This includes the enforcement of regulations and contractual obligations on providers of NHS dental services. (See also Note 3 on the NHS Business Services Authority (NHSBSA))
The local HBs also handle complaints about NHS dental services where the patient is not satisfied with the response from the dental practice, or does not wish to complain directly to the practice. If the patient is not satisfied with the response of the HB, they may contact the Ombudsman (see also Note 4).</td><td>National Health Service (Wales) Act 2006</td></tr>
</table>

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly funded dental services	Description	Principal legislation
SCOTLAND	**Healthcare Improvement Scotland (HIS)**	Regulates dental practices in Scotland providing exclusively private dental services		HIS ensures that independent (private) providers of dental services (dental practices carrying out exclusively private dental services) meet essential standards of quality and safety. HIS: • Registers those service-providers • Inspects those service-providers • Takes enforcement action where appropriate • Has a statutory function to investigate consumer complaints for the purposes of quality and safety improvement	National Health Service (Scotland) Act 1978, as amended by the Public Service Reform (Scotland) Act 2010 and the Public Bodies (Joint Working) Act 2014
	14 territorial health boards (HBs)		Oversee delivery of NHS dental services in Scotland	Make arrangements with dental contractors and body corporates to provide NHS dental services in their area. The HBs are required to maintain a list of such providers, who must abide by regulations and terms of service in providing NHS dental services in Scotland. (See also: Note 5 on **Public Services Delivery Scotland (PSD Scotland)**) The HBs inspect dental practices in Scotland that provide NHS dental services, whether they are provided exclusively or provided as part of a mixed practice alongside private dental services. NHS patients in Scotland complain to their dental practice and not to the HB. If the patient is not satisfied with the response of the practice, they may contact the **Ombudsman** (see also Note 4).	National Health Service (Scotland) Act 1978 and associated Regulations
		Inspect dental practices in Scotland other than those providing exclusively private dental services			

Nation	Authority	Relevance to providers of private dental services	Relevance to providers of publicly funded dental services	Description	Principal legislation
NORTHERN IRELAND	**Regulation and Quality Improvement Authority (RQIA)**	Regulates dental practices in Northern Ireland other than those providing exclusively HSC dental services		The RQIA ensures that independent (private) providers of dental services (dental practices carrying out any amount of private dental services) meet essential standards of quality and safety. The RQIA: • Registers those service-providers • Inspects those service-providers • Takes enforcement action where appropriate	The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and associated Regulations
	Strategic Planning and Performance Group (SPPG) of the Department of Health		Oversees delivery of HSC dental services in Northern Ireland Handles complaints about HSC dental services in Northern Ireland	Responsible for planning, commissioning and oversight of HSC dental services in Northern Ireland. This includes monitoring compliance with relevant regulatory requirements and managing contractual obligations on providers of HSC dental services. The SPPG also handles complaints about HSC dental services where the patient is not satisfied with the response from the dental practice, or does not wish to complain directly to the practice. If the patient is not satisfied with the response of the SPPG, they may contact the **Ombudsman** (see also Note 4).	Health and Social Care Act (Northern Ireland) 2022

Notes

1. The GDC is overseen by the **Professional Standards Authority for Health and Social Care (PSA)**, the independent body that oversees the UK's ten statutory health and social care professional regulators. The PSA assesses regulators' performance against

its *Standards of Good Regulation* and can review fitness to practise decisions where it considers they may not sufficiently protect the public.

2. Commissioning of primary NHS dental services in England has been delegated from **NHS England** to ICBs since April 2023. In May 2026, the Government introduced the Health Bill as part of its investment and modernisation agenda to improve patient care. Passage of the Bill would abolish NHS England and confer statutory responsibility for commissioning primary dental services to ICBs. ICBs will directly enter contracts with dental providers without the need to rely on delegation arrangements, and the Secretary of State will retain oversight and powers to specify how functions should be discharged such as setting national contract terms.

3. The **NHS Business Services Authority (NHSBSA)** processes claims and issues payments for NHS dental services, in England and Wales, on behalf of ICBs and HBs. In England (but not in Wales), NHSBSA can inspect practices on behalf of ICBs to ensure compliance with NHS regulations and to investigate patient complaints.

4. Patients who have received NHS (or HSC in Northern Ireland) dental services and are not satisfied with the handling of their complaint may contact the ombudsman where they live. The ombudsman makes the final decision on complaints that have not be resolved by the dental practice or NHS (or HSC in Northern Ireland).

5. The ombudsman for each nation is as follows:

    - In England: the **Parliamentary and Health Service Ombudsman (PHSO)**
    - In Wales: the **Public Services Ombudsman for Wales (PSOW)**
    - In Scotland: the **Scottish Public Services Ombudsman (SPSO)**
    - In Northern Ireland: the **Northern Ireland Public Services Ombudsman (NIPSO)**

6. **Public Services Delivery Scotland (PSD Scotland)** is the Common Services Agency (CSA) for the NHS in Scotland. PSD Scotland replaced and brought together the functions of NHS Education for Scotland (NES) and NHS National Services Scotland

(NSS). PSD Scotland provides a number of assurance functions on behalf of the HBs. It makes payments for NHS dental services in Scotland, on behalf of the HBs, and provides both clinical and financial governance functions relating to these payments.

7. The above table is not exhaustive. Another important regulatory function is the maintenance / administration of the **Performers Lists** which determine who is permitted to provide NHS (or HSC in Northern Ireland) dental services, with roles/responsibilities for:

    - In England: **Primary Care Support England (PCSE)**, on behalf of NHS England
    - In Wales: the **NHS Wales Shared Services Partnership (NWSSP)**
    - In Scotland: the HBs In Northern Ireland: the **HSC Business Services Organisation (BSO)**
    - Further functions in relation to NHS (or HSC in Northern Ireland) dental services include:
        - Advisory, assessment or other support functions regarding the management or resolution of performance concerns about practitioners providing NHS dental services, or decisions to exclude practitioners from NHS practise.
        - Counter fraud functions (eg identifying, investigating and preventing fraud, bribery and corruption affecting the NHS).