

## **Dental Therapist Roles in General Anaesthetic Settings**

**Joint Statement by: British Society of Paediatric Dentistry, British Association of Dental Therapists, British Society of Special Care Dentistry, Society for the Advancement of Anaesthesia in Dentistry.**

### **Background and Rationale**

Dental therapists play a vital role in addressing the growing demand for dental care, particularly for children and special care patients requiring treatment under general anaesthesia (GA). The increasing prevalence of dental decay and long waiting lists for GA procedures highlight the need to fully utilise the dental workforce, including dental therapists, within their scope of practice.

### **Scope of Practice**

Dental therapists are permitted to perform procedures within their defined scope (in accordance with GDC guidelines), such as restorative care, extractions of primary teeth, and placement of pre-formed crowns, under GA. However, they must not undertake complex procedures (e.g., endodontic treatment in adult teeth, surgical extractions involving bone removal, or advanced radiographic interpretation). These remain the responsibility of dentists, specialists, or consultants.

### **Supervision Requirements**

- **Direct Supervision:** Dental therapists must work under the direct supervision of a dentist, dental specialist, or dental consultant with appropriate expertise in GA. The supervising clinician must be physically present in the operating theatre or immediately available in an adjacent theatre, able to intervene without delay.
- **Adult Special Care Patients:** For adult special care patients, dental therapists must never operate independently. They must always be accompanied by a suitably qualified dentist, specialist, or consultant throughout the procedure. A second dentist should be available to agree the treatment plan in more complex or best interest cases, where the treatment plan is unknown (which is often the case for special care patients) and step in for unplanned events.
- **Paediatric Patients:** For paediatric cases, dental therapists may deliver care within their full scope. Supervision must be immediate and robust.

### **Training and Competency**

- Dental therapists must complete mandatory training in GA protocols, medical emergencies (immediate life support for both adults and children), consent processes, and relevant clinical skills (e.g., airway management, surgical safety checklists, theatre protocols).
- Competency must be regularly assessed through workplace-based evaluations, clinical logbooks, and adherence to national guidelines.

### **Governance and Indemnity**

- Services must implement clear governance frameworks, including audit trails, documented supervision arrangements, and regular appraisal of both individuals and services.
- Dental therapists must be appropriately indemnified for GA procedures, with specific insurance arrangements for NHS, subcontracted, or private services.

## Collaborative Approach

This statement has been developed collaboratively by professional societies (British Society of Paediatric Dentistry, British Association of Dental Therapists, Society for the Advancement of Anaesthesia in Dentistry, British Society of Special Care Dentistry), and relevant regulatory and clinical networks. All organisations advocate for a multidisciplinary, team-based approach.

## Benefits

- **Improved Access:** Utilising dental therapists in GA settings can support the reduction of waiting lists and improve access to comprehensive care for children and special care patients.
- **Efficient Use of Resources:** Supervised practice allows consultants to oversee multiple GA lists, optimising theatre time and specialist input.
- **Safe Expansion of Care:** Ensures patient safety while empowering dental therapists to develop, use and enhance their skills in a wide range of settings, within a supportive environment.

## Conclusion

Dental therapists have a valuable role in GA settings, provided their practice is governed by robust supervision, training, and governance frameworks. This collaborative model balances workforce efficiency with patient safety and supports the evolving needs of dental care delivery in the UK. This statement is supported by the **General Dental Council**.

## Further Information

Each organisation referenced in this statement has provided specific documentation containing additional details (links can be found below). Those undertaking and responsible for provision of care by dental therapists under general anaesthetic must review all the statements to ensure comprehensive understanding:

BADT: <https://badt.org.uk/gastatement>

BSPD: <https://www.bspd.co.uk/Portals/0/Statements/BSPD%20Statement%20on%20DT%20in%20GA.pdf>

BSSCD: [www.bsscd.org/dental-therapist-roles-in-general-anaesthetic-settings-joint-statement-2026.pdf](http://www.bsscd.org/dental-therapist-roles-in-general-anaesthetic-settings-joint-statement-2026.pdf)

SAAD: [SAAD\\_statement\\_re\\_provision\\_of\\_care\\_under\\_general\\_anaesthetic\\_by\\_dental\\_therapists\\_2026\\_January.pdf](#)

## Working Group

Chair: Professor Adrian Thorp (Clinical Director CDS CIC), Dr Oosh Devalia (President of BSPD), Debbie Hemington (President of BADT), Dr Sobia Rafique (Chair of British Society of Special Care Dentistry), Dr Yi Loo (President of SAAD).

