

# THE OVERPRODUCTION OF DENTAL THERAPISTS IN THE UK

## A WORKFORCE MISMATCH AND POTENTIAL SOLUTIONS

1½ Hours  
eCPD  
PER PAPER

### AIM

To critically examine the mismatch between the growing number of qualified dental therapists in the UK and their underutilisation in practice, and to explore workforce, contractual, and systemic reforms necessary to enable full integration of dental therapists into NHS dentistry.

### LEARNING OBJECTIVES

1. Understand the factors contributing to the overproduction of dental therapists in the UK.
2. Analyse the impact of NHS funding structures - particularly the UDA system - on the utilisation of dental therapists.
3. Compare the integration of dental therapists in NHS dentistry with the more successful integration of nurse practitioners in general medical practice.
4. Evaluate proposed solutions, such as therapist-led clinics and contract reform, to improve workforce efficiency and access to care.

### LEARNING OUTCOMES

By the end of this paper, readers will be able to:

1. Identify and describe key reasons behind the workforce imbalance of dental therapists in the UK, including educational and policy-driven factors.
2. Critically assess the limitations imposed by the current NHS dental contract system on the full utilisation of dental therapists' skillsets.
3. Compare and contrast the workforce integration strategies of dental therapists and nurse practitioners, drawing out lessons applicable to UK dentistry.
4. Propose evidence-based solutions—such as contract reform and therapist-led clinics—that could enhance the role of dental therapists in improving NHS dental service delivery.

**Aligned to GDC development  
outcome: B, C**



**TO TAKE THE CPD PLEASE FOLLOW THE LINK OR SCAN THE CODE:**

**[HTTPS://WWW.SURVEYMONKEY.COM/R/DH-JULY-2025](https://www.surveymonkey.com/r/dh-july-2025)**

**DEADLINE FOR SUBMISSIONS 31<sup>ST</sup> AUGUST 2025**

## ABSTRACT

In recent years, there has been a marked increase in the number of dental therapists qualifying in the United Kingdom, driven in part by efforts to modernise the dental workforce and expand access to preventive and minimally invasive care. However, this shift has not been matched by a proportional increase in employment opportunities within the NHS or private sectors. As a result, newly qualified dental therapists are facing significant barriers to employment, often struggling to find roles that make full use of their skills and scope of practice.

This article explores the current oversupply of dental therapists in the UK, examining the contributing factors behind this workforce imbalance. It considers the policy and educational drivers that have led to an increase in training places and evaluates the consequences for

both the profession and the wider dental workforce. Particular focus is placed on the mismatch between workforce planning and employment realities, the limitations of NHS contract structures, and the persistent underutilisation of dental therapists in clinical settings.

The overproduction of dental therapists presents a challenge not only to individual practitioners, but also to the sustainability and effectiveness of workforce reform within UK dentistry. Without significant changes to commissioning structures, practice models, and stakeholder attitudes, the profession risks producing a highly skilled but underemployed workforce. Urgent action is required from policymakers, educators, and professional bodies to address these imbalances and to ensure that dental therapists can contribute meaningfully to the delivery of oral healthcare across the UK.

## KEY WORDS

Dental therapist, workforce, planning, prevention

■ **Table 1:** Registration Statistical Report 2023<sup>1</sup>

Year	Dental Nurse	Dentist	Dental Hygienist	Dental Technician	Dental Therapist	Orthodontic Therapist	Clinical Dental Technician
2019	58,882	42,471	7,562	5,776	3,620	696	375
2020	58,978	43,053	7,824	5,533	3,947	735	368
2021	59,480	43,292	8,312	5,319	4,408	829	390
2022	59,021	44,123	8,832	5,153	5,013	914	401
2023	61,774	45,204	9,572	5,092	5,961	1,021	428

## Introduction

In recent years, the UK has significantly increased the training of dental therapists. Currently, there are about 6000 dental therapists on the register, which is an increase of nearly 1000 from the previous year (between 2022-23) (Table 1).<sup>1</sup> However, despite their broader scope of practice compared to dental hygienists, many therapists find themselves working solely in hygiene roles. This raises concerns that successive governments are using therapists as a cost-effective alternative to dentists in the struggling NHS, while failing to provide them with enough opportunities to work to their full potential.

## The NHS Crisis and the Shift Towards Dental Therapists

The NHS dental workforce crisis is well-documented, with many dentists leaving the NHS due to poor working conditions and inadequate funding.<sup>2</sup> In response, policymakers have promoted the training of more dental therapists. However, without sufficient therapist-specific roles, many are forced into hygienist positions. This mismatch between training and employment wastes valuable skills and fails to address the root causes of NHS dental service shortages. To create a sustainable workforce, the government must rethink its approach to integrating therapists into NHS dentistry.

A well-functioning NHS dental workforce should make full use of the skills available within the system. Currently, however, therapists are being trained but not given the professional autonomy required to work to their full potential. A more strategic workforce plan that enables therapists to perform the duties for which they are trained could improve access to care, reduce NHS pressures, and make the profession more attractive to new entrants.

## The Role of Dental Therapists vs. Dental Hygienists

Dental therapists and dental hygienists have overlapping skills but distinct roles. Hygienists focus on preventive care, including periodontal care (PMPR), and patient education. Additionally, therapists are trained to carry out a wider range of treatments, such as fillings, extraction of children’s teeth, and, more recently, conducting dental examinations.<sup>3</sup> Importantly, both groups are now able to use the exemptions mechanism, allowing them to supply and administer certain

prescription-only medicines without the need for a dentist’s prescription, further enhancing their clinical autonomy and contribution to patient care.<sup>4</sup>

Historically, separate training pathways existed for dental hygienists and therapists. However, most current courses produce therapists rather than hygienists. This shift was intended to create a more versatile workforce, yet the reality is that many therapists find themselves underutilised. The lack of dedicated therapist positions forces them to accept hygienist roles, leading to skill attrition and dissatisfaction within the profession. A survey by the British Association of Dental Therapists (2021)<sup>5</sup> found that over 60% of dental therapists were unable to work to their full scope, demonstrating the systemic failure to integrate them properly into the workforce.

Therapists are trained in restorative procedures, caries management, simple deciduous extractions, and paediatric dental care. Yet, the rigid structure of many NHS contracts often prevents them from performing these duties.<sup>6</sup> As a result, the skills that could be used to alleviate NHS pressures remain underutilised, contributing to inefficiencies in service delivery.

Additionally, the limited use of dental therapists means that patients are often forced to wait longer for appointments, as dentists remain overburdened with cases that therapists could effectively handle. This is particularly problematic in underserved areas, where access to dental care remains a challenge. Expanding the role of therapists could help bridge this gap, improving overall patient care and reducing treatment delays.<sup>7</sup>

## Why Are Therapists Working as Hygienists?

### 1. Lack of Therapist-Specific Roles

Despite the increasing number of dental therapists being trained, there are simply not enough positions that allow them to work within their full scope. Many NHS practices still rely on the traditional dentist-hygienist model, overlooking therapists as a viable solution for expanding routine dental care.

- **Practice Owners’ Reluctance** – Many practice owners are unfamiliar with the therapist’s role or see little financial incentive to employ them in their full capacity. Given that NHS contracts are structured around dentist-led care, practices are often hesitant to shift to a therapist-inclusive model.

- **Therapists as a 'Backup' Workforce** – Some practices employ therapists primarily for hygienist roles, occasionally allowing them to perform restorative work. This inconsistency limits their ability to maintain and develop their full skill set, leading to professional stagnation.<sup>8</sup>
- **Preference for Dentists in Key Roles** – Many practices still favour hiring dentists for examinations and restorative treatments rather than incorporating therapists effectively. Without policy-driven incentives, there is little motivation for practice owners to change their employment strategies.<sup>2</sup>

## 2. Dentist-Centred Contracts in the NHS and Their Impact on Dental Therapists

### NHS Funding Structures and the UDA System

In England and Wales, NHS dental contracts are predominantly structured around the Units of Dental Activity (UDA) system, which was introduced on 1 April 2006 as part of wide-ranging NHS dental contract reforms. Under this system, dental practices receive funding based on the number of UDAs they deliver annually, with different treatments assigned specific UDA values. The system was designed to move away from the traditional item-of-service model, aiming to simplify funding and encourage a more preventive approach—though it has been subject to ongoing criticism and review. For example:

- A Band 1 course of treatment (e.g., an examination, diagnosis, and preventive care) is typically worth 1 UDA.
- A Band 2 treatment (e.g., fillings, extractions, and periodontal care) is worth 3 UDAs.
- A Band 3 treatment (e.g., crowns, dentures, and bridges) is worth 12 UDAs.

While the intention behind this system was to simplify funding and improve access to care, it has resulted in unintended consequences—one of the most significant being its dentist-centred nature.

### Financial Disincentives for Utilising Dental Therapists

Although dental therapists are trained to carry out a range of treatments that fall under Band 2, including fillings and periodontal care, the UDA system does not differentiate between whether a dentist or a therapist performs the treatment. The remuneration for the practice remains the same, regardless of who provides the care. However, since dentists can offer a broader scope of treatments, including those in Band 3, they are often seen as more financially valuable under the contract system. This creates a financial disincentive for practices to utilise dental therapists fully.

As a result, many NHS practices prioritise having dentists deliver care even when a dental therapist could competently provide most of the treatment. This limits the role of dental therapists in NHS practice, despite their clinical competencies being well-suited to certain aspects of patient care.

## Steele Review and Calls for Reform

The Steele Review (2009) examined NHS dental services and identified a need for a more preventive, team-based approach.<sup>9</sup> The report acknowledged that the UDA system was not adequately structured to encourage the best use of skill mix within dental teams. Despite this, substantial reforms to NHS dental contracts have been slow, and the funding model still largely favours a dentist-led approach.

## Consequences for Workforce Utilisation and Access to Care

The current funding model affects dental therapists and the overall efficiency of NHS dental services in several ways:

- **Underutilisation of Therapists** – Many therapists find that NHS practices are reluctant to employ them due to financial constraints, despite their ability to provide essential treatments.
- **Access to Care Challenges** – With NHS dentists facing high workloads, more effective integration of therapists could improve patient access and reduce appointment wait times.
- **Private Sector Opportunities** – Many dental therapists move into private practice, where they can work more flexibly and be valued for their skill set, rather than being limited by restrictive NHS contracts.
- **Bureaucratic Barriers** – Although dental therapists can now be issued a PIN to open courses of treatment on the NHS, they must still work under a dentist's performer number. This dual-layered system continues to impose administrative burdens that may discourage practices from fully integrating therapists into NHS workflows.

## What could be the solution?

Therapist-led clinics could provide a significant improvement to NHS dentistry by enhancing access to care, improving efficiency, and maximising the skills of the entire dental team. With increasing pressures on NHS dental services, particularly in terms of access and workforce shortages, shifting certain responsibilities to dental therapists could help alleviate these challenges. *"Skill mix must not be viewed as just a redistribution of roles and responsibilities within dentistry as it presently exists: it will apply across the entire spectrum of healthcare."*<sup>10</sup>

Several reforms could improve the situation, including:

- Activity-based remuneration that recognises therapists' contributions separately from dentists.
- A capitation-based system that focuses on overall patient care rather than individual treatment fees.
- Greater contractual flexibility to incentivise the full use of the dental workforce.

Until such changes occur, NHS dental contracts will likely continue to disincentivise the full utilisation of dental therapists, reinforcing the dominance of dentist-led care in the system.

## 1. Expanding Access to Care

One of the biggest issues in NHS dentistry is limited access, with many patients struggling to secure appointments. Therapist-led clinics could help by:

- **Providing routine care:** Dental therapists are trained to carry out examinations, fillings, periodontal care (PMPR), paediatric extractions, and preventive treatments, meaning they can manage a significant portion of NHS dental patients without the need for a dentist.<sup>11</sup>
- **Reducing waiting times:** By delegating appropriate treatments to therapists, dentists would be free to focus on complex cases, reducing bottlenecks in NHS dental services.
- **Addressing regional shortages:** Many areas, particularly rural and underserved communities, face a shortage of NHS dentists. Therapist-led clinics could provide a sustainable solution in these regions.

## 2. Improving Efficiency in NHS Dentistry

- **Optimising workforce utilisation:** The current model often underuses the skills of dental therapists, leading to inefficiencies. Therapist-led clinics would allow them to work to their full scope, reducing reliance on dentists for routine care.
- **Streamlining patient pathways:** Patients often see a dentist for treatments a therapist could provide. A direct-access model within therapist-led clinics would ensure patients are treated by the right professional at the right time.
- **Reducing unnecessary referrals:** By allowing therapists to manage their caseloads within NHS settings, unnecessary referrals to dentists for basic restorative and preventive work could be minimised.

## 3. Strengthening Preventive Care and Public Health Outcomes

- **Greater focus on prevention:** Therapist-led clinics could place a stronger emphasis on preventive dentistry, such as fluoride applications, oral hygiene education, and periodontal maintenance. This aligns with NHS England's aim of shifting towards preventive care.<sup>12</sup>
- **Managing periodontal diseases effectively:** Given the increasing burden of periodontal diseases, a system where therapists led clinics focused on PMPR and periodontal maintenance could improve long-term outcomes.
- **Better paediatric and community dental care:** Therapists are particularly well-placed to lead clinics that focus on children's oral health and outreach programmes, helping to reduce the incidence of dental decay in young patients.

## 4. Financial and Systemic Benefits

- **Cost-effectiveness:** Therapists can provide many treatments at a lower cost than dentists, meaning NHS resources could be allocated more efficiently.

- **Retention of workforce:** Many dental professionals leave the NHS due to workload pressures. By making better use of dental therapists, dentists could have a more manageable workload, improving job satisfaction and retention rates.
- **Improved integration with wider healthcare services:** Therapist-led clinics could work closely with other healthcare professionals (e.g., GPs, health visitors, and schools) to provide holistic care, particularly for vulnerable groups.

## A Workforce in Need of Change

The UK has invested heavily in training dental therapists, yet poor workforce planning has left many underutilised. Instead of relying on outdated models, the NHS must integrate therapists more effectively to improve access to dental care. Therapist-led clinics could provide a lifeline to underserved communities, where access to dental care is often limited due to a shortage of NHS dentists.

By creating more therapist-led roles, reforming contracts, improving career progression, raising public awareness, and addressing pay concerns, the UK can build a more sustainable dental workforce. Without these changes, dental therapists will continue to be underutilised, while NHS patients struggle to access essential services.

Compare the workforce integration of dental therapists within NHS general dental practice to the integration of nurse practitioners and advanced nurse practitioners within general medical practice (Table 2).

## Key Takeaways

1. **NPs/ANPs Have Been Better Integrated Than Dental Therapists:** Despite initial resistance, systemic changes in funding and practice models enabled NPs/ANPs to become essential in primary care. A similar approach could help dental therapists.
2. **Financial Incentives Are Crucial:** General practice adapted to NPs/ANPs partly due to funding models that recognised their contributions. NHS dentistry lacks a comparable structure to support therapist-led care.
3. **Public Awareness and Acceptance Matters:** Patients increasingly trust NPs/ANPs, while many still expect to see a dentist rather than a therapist. More education and systemic changes are needed in dentistry.
4. **Policy-Driven Change Is Necessary:** GP practices were incentivised to integrate NPs/ANPs, whereas NHS dentistry still prioritises a dentist-led model. Reforming contracts and workforce strategies could help integrate dental therapists more effectively.

**Author:** John Stanfield qualified as a dental hygienist in 1980 at RADC Aldershot and has since gained extensive experience working within HM Forces, military hospitals, the NHS, and private practice in the UK and internationally. He also served as the DCP Lead for NHS England. John was a Council Member of the College of General Dentistry and the inaugural Chair of the Faculty of Dental Hygiene & Therapy.

**Table 2:** Comparison of Workforce Integration: Dental Therapists vs. Nurse Practitioners

Aspect	Dental Therapists in NHS Dentistry	Nurse Practitioners in General Medical Practice
<b>Reason for Expanded Workforce</b>	Address NHS dental workforce shortages by training more dental therapists.	Address GP shortages and increasing patient demand by integrating NPs/ANPs.
<b>Training and Scope of Practice</b>	Trained in preventive care, restorations, simple extractions, and paediatric dentistry. However, often restricted to hygiene roles.	NPs/ANPs have postgraduate training, allowing them to diagnose, prescribe, and manage chronic conditions under supervision or independently.
<b>Workforce Utilisation Issues</b>	Many therapists are underemployed or forced into hygienist roles due to lack of therapist-specific positions and rigid NHS contracts.	NPs/ANPs have been more successfully integrated into GP practices, reducing the burden on GPs by handling routine cases, chronic disease management, and minor illnesses.
<b>Barriers to Full Scope Practice</b>	NHS contracts prioritise dentist-led care, making it financially unappealing for practices to employ therapists for restorative treatments.	Initially, some resistance from GPs and patients; however, policy changes and funding models facilitated better integration.
<b>Impact on Access to Care</b>	Underutilisation of dental therapists contributes to long waiting times and dentist shortages, particularly in underserved areas.	NPs/ANPs improve access to primary care by offering appointments for minor illnesses and chronic disease management, reducing GP workload.
<b>Public and Professional Perception</b>	Public and professional awareness of dental therapists' full capabilities remains limited, with many patients expecting a dentist.	Over time, public trust in NPs/ANPs has grown, especially in chronic disease management and urgent care.
<b>Financial and Contractual Barriers</b>	NHS UDA system does not incentivise therapist-led care; practices favour hiring dentists due to contract structures.	Funding models have evolved to reimburse GP practices for NP/ANP-led appointments, making their integration financially viable.
<b>Proposed Solution</b>	Create therapist-led clinics, revise NHS contracts to enable therapists to work to their full scope, and increase public awareness.	NPs/ANPs are already established in many GP practices, but further expansion in specialist areas (e.g., elderly care, minor surgeries) is ongoing.

Additionally, he worked as the editor of *Team in Practice* at the Faculty of General Dental Practice (FGDP).

Currently practising in Cheshire, John holds a PhD in Technology-Enhanced Learning from Lancaster University, an MSc in E-Learning Technology from the University of Portsmouth, and a Diploma in Computing from Oxford.

**Contact:** info@johnstanfield.co.uk

### References

- General Dental Council (2023). GDC Registration statistical report 2023, licensed under the Open Government Licence: nationalarchives.gov.uk/doc/open-government-licence/version/3. Available from: [https://www.gdc-uk.org/docs/default-source/registration/registration-reports/registration-statistical-report-2023---final-and-accessible-v2.pdf?sfvrsn=91957fe\\_3](https://www.gdc-uk.org/docs/default-source/registration/registration-reports/registration-statistical-report-2023---final-and-accessible-v2.pdf?sfvrsn=91957fe_3)
- British Dental Association. Exodus from NHS dentistry reaches new heights. *Brit Dent J.* 2023;**234**:855–856. <https://www.nature.com/articles/s41415-023-6048-6>
- General Dental Council. (2022). *Scope of practice for dental professionals*. <https://www.gdc-uk.org/education-cpd/students-and-trainees/scope-of-practice>
- Department of Health and Social Care. The Human Medicines (Amendments relating to Registered Dental Hygienists, Registered Dental Therapists and Registered Pharmacy Technicians) Regulations 2024. <https://www.legislation.gov.uk/uksi/2024/729/made>
- British Association of Dental Therapists. (2021). *Workforce survey on dental therapists*. <https://badt.org.uk/>

- Macey R, Glennly A, Walsh T, Tickle M, Worthington H, Brocklehurst P. The efficacy of screening for common dental diseases by hygiene-therapists: a diagnostic test accuracy study. *J Dent Res.* 2015;**94**(3 suppl): 70S-78S. <https://doi.org/10.1177/0022034514567335>
- Quach JD, Wanyonyi-Kay K, Radford DR, Louca C. The perceptions and attitudes of qualified dental therapists towards a diagnostic role in the provision of paediatric dental care. *Brit Dent J.* 2022;1-8. <https://doi.org/10.1038/s41415-022-4393-5>
- HEE. The Future Oral and Dental Workforce for England. 2019. <http://www.hee.nhs.uk/sites/default/files/documents/FDWF%20Report%20-%207th%20March%202019.pdf> (accessed:11/17/2024)
- Steele J. (2009). NHS dental services in England: An independent review. [https://www.sigwales.org/wp-content/uploads/dh\\_101180.pdf](https://www.sigwales.org/wp-content/uploads/dh_101180.pdf)
- Wilson N, Woolford M. (2012). The future of dentistry. *Faculty Dent J.* 2012;**3**(3):124-129. <https://publishing.rcseng.ac.uk/doi/pdf/10.1308/204268512X13376834221398?download=true>
- Sadura Z, Hanks S, Tredwin C, McColl E. The dental therapist's role in a 'shared care' approach to optimise clinical outcomes. *BDJ Team.* 2021;**8**(8):38-42. <https://doi.org/10.1038/s41415-021-3233-3>
- NHS England. The Future Oral and Dental Workforce for England: Liberating Human Resources to Serve the Population Across the Life Course. 2019. <https://www.hee.nhs.uk/sites/default/files/documents/FDWF%20Report%20-%207th%20March%202019.pdf>

### Cite this article:

Stanfield J. The overproduction of dental therapists in the UK a workforce mismatch and potential solutions. *Dental Health* 2025; **4**(6):38-42. <https://doi.org/10.59489/bsdht165>