Cosmetic treatments and dentistry
Advice for dental professionals

Many dental practices now offer procedures intended to enhance patients’ appearance and confidence, as well as safeguarding their oral health.

Cosmetic dentistry is growing in popularity but it raises a number of dento-legal issues.

**Patient selection**

You must be convinced that the proposed treatment is reasonable, in line with current accepted practice and in the patient’s best interest. You should decline to provide treatment if it is not appropriate in your clinical judgment, however persuasive the patient may be.

Bear in mind that with elective cosmetic treatments, some patients’ expectations may be unrealistic and it may be difficult to achieve an outcome which satisfies them. If the patient’s expectations are too high, they have given a history of repeated unsuccessful treatment with other dental colleagues and they will not accept your advice, or you suspect they have an underlying psychological problem, it may be better to explain that you are sorry but you cannot provide the treatment they want.

**Consent**

Make every effort to explain to patients what the proposed treatment involves, the costs, risks, benefits and the alternatives, including delaying or not proceeding with the treatment at all. To ensure you cover everything patients might want to know, consider arranging an extended consultation so they can ask questions. Allow them to bring a relative or friend to the consultation, and consider giving them additional information to take away and read.

Keep contemporaneous notes of patient consultations, including the discussions you have with patients in the process of gaining consent. This is a GDC requirement and without such notes it can be difficult to successfully defend an allegation that the consent was not valid.

The GDC expects dental professionals to provide a written treatment plan, setting out the treatment and cost, which is signed by the patient. But bear in mind that giving and obtaining consent is a process not a one-off event, so a treatment plan is no substitute for ongoing communication.

Finally, it’s a good idea to give patients a ‘cooling off period’ before they finally decide to go ahead, particularly when it comes to expensive or extensive cosmetic procedures.

**Training and indemnity**

The GDC expects dental professionals to ensure they are appropriately trained and indemnified for any task they undertake. It adds you must be ‘sure you have undertaken training which is appropriate for you and equips you with the appropriate knowledge and skills to perform a task safely’ and must also keep your professional knowledge and skills up to date. Keep a record of all training for your CPD records.

Tooth whitening is included in our standard subscription rates for dentists, dental hygienists and dental therapists. Dental hygienists and therapists who carry out tooth whitening must work to the prescription of a dentist who has examined the patient and assessed their suitability for the treatment. The first cycle must be under the supervision of a dentist who is on the surgery premises at the time of treatment.

Dental hygienists and therapists wishing to undertake tooth whitening should let us know by calling our membership team on **0800 085 0614** with details of the training they have completed. See our tooth whitening advice at [theddu.com](http://theddu.com)
We also provide indemnity for suitably trained dentists undertaking botulinum toxin injections and non-permanent resorbable dermal fillers performed to the lips or the face (but excluding the neck or any other part of the body). This indemnity is included in our standard subscription rates for general dental practitioners whose net income from these procedures does not exceed £7999 a year (a supplement is applicable for recently qualified dentists). Income over £8000 a year attracts a supplement, which varies according to the gross income received from patients for these treatments per membership year.

If you already pay a subscription for maxillofacial surgery, you may be able to include some of the specified cosmetic procedures within your current subscription, but you should contact our membership team for guidance. We do not indemnify dental care professional (DCP) groups for facial cosmetic procedures.

**Advertising cosmetic treatments**

The GDC’s Guidance on advertising (2013) states that adverts must ‘back up claims with facts’ and ‘avoid statements or claims intended or likely to create an unjustified expectation about the results you can achieve.’

The guidance also explains that ‘If you wish to offer services which your training as a dental professional does not qualify you to provide, you must make sure you undertake appropriate additional training to attain the necessary competence. You must not mislead patients into believing that you are trained and competent to provide other services purely by virtue of your primary qualification as a healthcare professional, but you should make clear that you have undertaken extra training to achieve competence.’

Be aware that it is a criminal offence to advertise prescription-only medicines (POMs), such as botulinum toxin or proprietary botulinum toxin brands, directly to the public. The Medicines and Healthcare products Regulatory Agency (MHRA) advises practitioners that when advertising on a website, the home page should avoid direct reference to named prescription-only medicines. Pages behind the home page, which the patient chooses to access, may contain information on specific medicines provided this is presented in the context of an overview of the treatment options.

**References**

1. Para 3.3.1, Standards for the dental team, GDC, 30 September 2013
2. Para 7.2.1, Standards for the dental team, GDC, 30 September 2013
3. Guidance on Advertising, effective from 30 September 2013