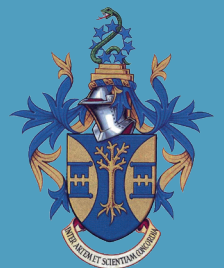




BRITISH ORTHODONTIC SOCIETY

Guidelines on supervision of orthodontic therapists

July 2026



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Key points

1. Both the orthodontic therapist and supervising dentist should work together at all times to put patients' interests first and act to protect them, to ensure safe patient care.
2. Both the orthodontic therapist and supervising dentist should work within their competencies, training and scope of practice and be aware of the roles and responsibilities of other members of the dental team.
3. The supervising dentist should see the patient in-person at least every other visit.
4. If the supervising dentist is not present, a comprehensive written prescription for the visit should be provided for the orthodontic therapist.
5. It is recognised that there may be specific clinical situations that require a different approach. Any deviation from this practice should be justified and documented.
6. When using technology for remote monitoring, the supervising dentist is ultimately responsible for the treatment and is accountable for the patient's overall care, including the safe progress of the orthodontic treatment, ensuring the patient's oral health has not deteriorated and there are no additional treatment needs. Remote monitoring should be considered an adjunct to the delivery of patient care. When using remote monitoring the treatment must be as safe and reliable as in-person appointments.

1. Introduction

Orthodontic therapists are permitted to undertake reversible orthodontic procedures under the supervision of a dentist competent in undertaking orthodontic treatment. Safe supervision of orthodontic therapists requires a clear understanding of the roles and competencies of both the supervising dentist and the orthodontic therapist [see General Dental Council, Scope of Practice 2025 for full details].

These guidelines aim to clarify these roles and responsibilities, as well as describing the appropriate level of supervision, and how to undertake this supervision safely at different stages of orthodontic treatment, including the use of digital technology. It is important that both supervising dentists and orthodontic therapists are familiar with these guidelines, allowing the clinical team to “put patients’ interests first and act to protect them” and ensure safe patient care.

These updated guidelines have been produced by the British Orthodontic Society. They aim to provide best practice guidance on supervision of qualified orthodontic therapists.

2. Role and responsibilities of the supervising dentist

The supervising dentist is responsible for prescribing any treatment to be undertaken by the orthodontic therapist. It is vital that the supervising dentist is themselves competent in the provision of orthodontic care and familiar with the scope of practice of orthodontic therapists [Scope of Practice, GDC 2025] and the individual competency, training and experience of the orthodontic therapist being supervised. The supervising dentist is responsible for making decisions about treatment planning and mechanics, and this cannot be delegated to the orthodontic therapist.

In addition, the General Dental Council explicitly states “If you refer or delegate a task to another member of the team who does not feel that they are trained or competent to carry it out, you must not take advantage of your position to pressurise them into accepting the task” [Scope of Practice, GDC 2025]. It is the responsibility of the supervising dentist to ensure that “You should only delegate or refer to another member of the team if you are confident that they have been trained and are both competent and indemnified to do what you are asking” [Standards for the Dental Team, 2013]. The GDC standards document makes clear that “You can delegate the responsibility for a task but not the accountability. This means that, although you can ask someone to carry out a task for you, you could still be held accountable if something goes wrong”.

3. Role and responsibilities of the orthodontic therapist

Orthodontic therapists should only carry out orthodontic treatment under the prescription of a supervising dentist competent in orthodontics. The GDC’s “Standards for the Dental Team” states that “If a colleague asks you to provide treatment...you must ensure that you are clear about what you are being asked to do and that you have the knowledge and skills to do it” [Standards for the Dental Team, GDC 2013]. The GDC Standards goes on to advise that “If you do not think that what you have been asked to do is appropriate, you should discuss this with the colleague who asked you to do it. You should only go ahead if you are

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satisfied that what you have been asked to do is appropriate and within the scope of your role and training. If you are not sure, you should seek advice from your professional association or defence organisation" [Standards for the Dental Team, GDC 2013].

Orthodontic therapists can only work within the boundaries of their role and undertake those procedures described in the GDC's Scope of Practice. This guidance states "Orthodontic therapists can only work under the prescription of an orthodontist or suitably qualified dentist, with appropriate supervision, and do not take responsibility for the progress of treatment. Orthodontic therapists do not undertake dental treatments that are not related to the provision of orthodontic treatment or undertake procedures involving the removal of enamel, for example interproximal reduction" [Scope of Practice, GDC 2025].

It is important to note that an orthodontic therapist's scope of practice does not include treatment planning. Treatment planning includes decisions about choice of treatment mechanics used during the course of treatment. During a course of orthodontic treatment, the use of different mechanics should be monitored, reassessed and prescribed by the supervising dentist throughout. Working in the absence of a supervising dentist, or without a clear written prescription, could be potentially harmful to patients.

4. Safe supervision

4.1 Appropriate supervision

This section will describe the appropriate nature and frequency of supervision. Where practicable, it is best that patients are seen with the supervising dentist present. If this is not possible, then the supervising dentist should usually supervise the patient's progression at least every other visit of active orthodontic treatment.

On occasions where this is not undertaken, a documented justification would be recommended with safe care being kept paramount. The following sections will describe how to safely prescribe treatment for the orthodontic therapist if the supervising dentist is not present.

4.2 Prescribing at different stages of orthodontic treatment

Consent

The GDC Safe Practitioner [2023] states that orthodontic therapists are able to take consent. The taking of consent should only be undertaken by an individual who is fully aware of the treatment options, together with the likely result if no treatment is undertaken, and the risks and benefits of all treatment options. If the consent process is being delegated to the orthodontic therapist, the supervising dentist is responsible for ensuring the orthodontic therapist is provided with full written details of the treatment plan and is fully competent and experienced enough to undertake the consent process safely. If the orthodontic therapist does not feel competent, or does not fully understand the treatment plan, alternative options and their risks and benefits, or questions arise during the consent process that they cannot answer, then the orthodontic therapist must discuss this with the supervising dentist.

Fitting orthodontic appliances

An orthodontic therapist should only see a patient when the dentist has provided a clear written prescription and the orthodontic therapist should not change this. In the event of any query then no treatment should be undertaken and a further appointment made to see the supervising dentist. When providing a prescription for fitting an orthodontic appliance the supervising dentist should include:

- Bracket type or aligner.
- Any special instructions for specific bracket positioning or aligner attachments.
- Detail of archwire.
- Instructions regarding use of auxiliaries and full information on ligation.
- Details of next appointment required.

Follow-up appointments

If the supervising dentist is not present, then a written prescription of everything that needs to be undertaken at the next visit should be provided. This may include details of any measurements needed to monitor treatment, and full details of any adjustments needed to the appliances (including details of changes in brackets, archwires, ligation, auxiliaries). The prescription should be detailed enough to ensure there is no ambiguity or confusion in the absence of the supervising dentist. In the event of any query then a further appointment should be booked with the supervising dentist as soon as is practical.

Removal of appliances (debond)

Removal of appliances and the placement of retainers can only be undertaken if clearly prescribed by the supervising dentist. If there is any query or potential problem, then it is best to delay debond and book a further appointment with the supervising dentist as soon as is practical.

4.3 Use of technology for remote monitoring

Technology can be used to support monitoring and progression of orthodontic treatment. It can be utilised to enhance patient care and should be considered an adjunct to normal clinical appointments with the supervising dentist, not to fully replace them.

Reliance solely on AI-generated alerts without professional clinical input and oversight is not supported.

Irrespective of the technology used, the supervising dentist is ultimately responsible for the provision of safe treatment and is accountable for the patient's overall care. This includes the safe progress of the orthodontic treatment and ensuring the patient's oral health is not adversely affected by the orthodontic treatment.

If there are clinical parameters that are not being accurately assessed by the technology, such as periodontal health and tooth mobility, then the supervising dentist should prescribe which clinical parameters need to be measured by the orthodontic therapists. When using remote technology the same level of supervision is required, but may sometimes involve the supervisor using data provided from the technology rather than seeing the patient in person. As a result the number of in-patient visits by the supervisor may differ. This should be agreed upon with the therapist and documented to ensure patient safety and support the therapist's professional judgment. This may vary between different orthodontic therapists depending on their skills and experience.

It is recognised that the quality of data from remote monitoring can be inconsistent. This may compromise reliable and safe assessment and if the data isn't adequate then the

supervising dentist must ensure that the patient is seen in person. When using remote monitoring technology the patient should be made aware when AI is being used and who is reviewing the information and how often. The supervising dentist is responsible for conducting a risk-based assessment to determine the frequency of in-person patient visits by the supervising dentist when using remote monitoring. This assessment should consider: the individual patient and their malocclusion, the therapist's experience and skills, the specific technology being used, the quality of information the system provides and the progress in treatment. When using remote monitoring the treatment must be as safe and reliable as in-person appointments.

4.4 Orthodontic emergencies

In circumstances where a patient presents as an orthodontic emergency, the GDC Scope of Practice states that an orthodontic therapist “provides emergency care to make a patient comfortable between scheduled appointments with the supervising dentist” [Scope of Practice, GDC 2025]. Instruction should be provided to enable the orthodontic therapist to identify damaged or distorted appliances and to carry out limited treatment to repair the appliance, relieve pain or make an appliance safe. The use of clear protocols designed for these situations may be beneficial. A further appointment should then be booked with the supervising dentist to ensure safe and efficient progress of treatment.

Acknowledgments

Simon J Littlewood (Working Group Chair, member of Consultant Orthodontists Group of BOS)

Adrian Bennett (Chair of Practitioner Group of BOS)

Norah Flannigan (Representative of Orthodontic Teachers and Trainers Group of BOS)

Mark Forty (Representative of Orthodontic Specialists Group of BOS)

Jenny Galloway (Representative of Orthodontic Teachers and Trainers Group of BOS)

Pamela Gill (Chair of Orthodontic National Group)

Aliya Hasan (Chair of Training Grades Group of BOS)

Roopa Kukadia (Representative of Orthodontic Specialists Group of BOS)

Tamiley Morris (Orthodontic Therapist and Orthodontic Therapy Course Tutor)

Sameer Patel (Representative of Consultant Orthodontists Group of BOS
and member of BOS Clinical Governance Directorate)

Yvonne Shaw (Dental Underwriting Policy Lead, Dental Protection Society)

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**Updated by the Clinical Governance Directorate
of British Orthodontic Society 2026**

Recommendations may change in the light of new evidence.

Administrative Office: Suite 127 Holborn Gate, 330 High Holborn, London, WC1V 7QT
Telephone: 020 7353 8680 Email: executivesec@bos.org.uk www.bos.org.uk

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