



# CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

## Communication and its Role in Dental Practice

**Aims:** This article aims to discuss the role of communication in dental practice, the foundations of effective communication with a focus on patient centered communication; professional communication within the dental team; the cultural, legal and ethical considerations dental care professionals need to consider, and the barriers the dental team may experience.

**Objectives:** On completion of this verifiable CPD article, the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Identify some of the key legislation and professional regulations in dentistry that are relevant to communication.
- Know the difference between the different types of communication.
- Identify key aspects of patient-centred communication.
- Recognise some of the barriers to communicating with patients.
- Demonstrate knowledge of Principle 2 and 6 of the GDC Standards.
- Identify examples of good communication in the dental team.
- Recognise some of the legal and ethical considerations when communicating in dentistry.
- Identify the importance of confidentiality in dental practice.

### Introduction

Effective communication in dental practice is essential to deliver high quality patient centered care to ensure positive dental health outcomes for patients. It helps to build trust and reduce anxiety between the dental team and patients. Good communication between patients and clinicians is associated with increased efficiency and more accurate diagnosis. It also improves patient satisfaction and reduces complaints and litigation.<sup>1</sup>

Effective communication is pivotal in dental care as the overall success of the dental practice is directly related to the ability of the dental team to understand and treat patients as unique individuals, perceive their wants and needs, and guide them toward informed decisions that serve their best interests.<sup>2</sup>

Interprofessional communication between dental team members provides role clarity and enhances team collaboration resulting in the delivery of consistent and comprehensive care.

## Key Legislation and Professional Regulations



### GDC Standards

The General Dental Council (GDC) sets out clear standards for dental care professionals regarding communication to ensure patient safety, trust and professionalism. The Standards for the Dental Team set out standards of conduct, performance and ethics that govern dental professionals.<sup>3</sup>

**General  
Dental  
Council**

As dental professionals, we must be registered with the General Dental Council and meet their standards. There are nine principles that we must follow:

- 1 Put patients' interests first
- 2 Communicate effectively with patients
- 3 Obtain valid consent
- 4 Maintain and protect patients' information
- 5 Have a clear and effective complaints procedure
- 6 Work with colleagues in a way that is in patients' best interests
- 7 Maintain, develop and work within our professional knowledge and skills
- 8 Raise concerns if patients are at risk
- 9 Make sure our personal behaviour maintains confidence in us and the dental profession

Find out more at [www.gdc-uk.org](http://www.gdc-uk.org)



## **Principle 2 - Communicate effectively with patients - Patient expectations.**

Patients expect:

- To receive full, clear and accurate information that they can understand, before, during and after treatment so that they can make informed decisions in partnership with the people providing their care.
- A clear explanation of the treatment, possible outcomes and what they can expect.
- To know how much their treatment will cost before it starts, and to be told about any changes.
- Communication that they can understand.
- To know the names of those providing their care.<sup>3</sup>

### **You must:**

**2.1** Communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into account.

- 2.1.1 You must treat patients as individuals. You should take their specific communication needs and preferences into account where possible and respect any cultural values and differences.
- 2.1.2 You must be sufficiently fluent in written and spoken English to communicate effectively with patients, their relatives, the dental team and other healthcare professionals in the United Kingdom.<sup>3</sup>

**2.2** Recognise and promote patients' rights to and responsibilities for making decisions about their health priorities and care.<sup>3</sup>

**2.3** Give patients the information they need, in a way they can understand, so that they can make informed decisions.

- 2.3.3 You should recognise patients' communication difficulties and try to meet the patients' particular communication needs by, for example:
  - not using professional jargon and acronyms;
  - using an interpreter for patients whose first language is not English;
  - suggesting that patients bring someone with them who can use sign language; and
  - providing an induction loop to help patients who wear hearing aids.<sup>3</sup>

**2.4** Give patients clear information about costs.<sup>3</sup>

The full guidance for Principle 2 can be found at:

<https://standards.gdc-uk.org/pages/principle2/principle2>

## **Data Protection Act 2018 and UK GDPR**

This legislation governs how patients information is collected, stored and communicated. This includes:

- Confidentiality and secure communication of patient data.
- Right of access to personal data (subject access requests).
- Communicating privacy information clearly to patients.<sup>4</sup>

## **The Human Rights Act 1998**

Patients have the right to dignity, respect and private communication.<sup>5</sup>

## **Equality Act 2010**

Ensures communication is non-discriminatory and inclusive, including providing reasonable adjustments for patients with disabilities, different languages, cultures or communication needs.<sup>6</sup>

## **Health and Social Care Act 2012**

The Health and Social Care Act emphasises patient involvement and transparency, reinforcing the need for clear and effective communication in all care settings.<sup>7</sup>

## **Types of Communication**



While it is easy to think of communication as simply the verbal transmission of information from one person to another, it is so much more than that. Communication is the intricate process of the exchange of information, ideas, thoughts and feelings between individuals or groups. It is not merely the transmission of words but involves the transfer of information and the art of active listening, empathy and adapting messages to suit the individual.<sup>8</sup>

Common types of communication include:

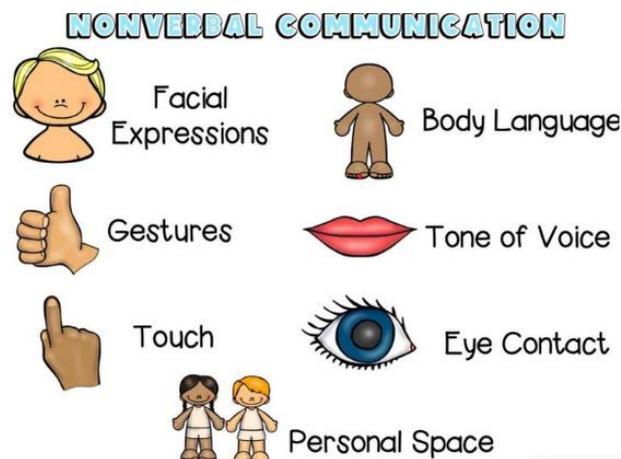
### **Verbal Communication**

Verbal communication involves using spoken language or written words to convey messages. It is important to use clear, concise vocabulary tailored to suit the individuals level of understanding and to recap and confirm that you have been understood.

Verbal communication also includes the use of sign language.

Effective verbal communication is essential in personal, professional, and social interactions.<sup>9</sup>

### **Nonverbal Communication**



Nonverbal communication involves conveying messages without words, using:

- Body language - folded arms could be seen as defensive, open arms and uncrossed legs creates a warmer atmosphere.
- Paralanguage - this includes rhythm, tempo, stress, pitch and tone of speech. It conveys a lot of information to the listener and can reflect emotions controlling paralanguage allows for effective communication. Although speech is verbal how you deliver it is non-verbal.

- Gestures - movement of face, hands and other body parts are all types of subconscious gestures that occur when we are communicating.
- Eye Contact - eye contact and facial expressions are often used as a way to communicate that we are listening. They can be used to engage the patient and respond to any questions they may have. It can confirm to the patient that we are listening to them and empathising with them.<sup>8</sup>

Nonverbal communication is often unconscious and can reinforce or contradict messages. Therefore, learning how we use nonverbal communication, and mastering techniques can ensure that we are conveying the message exactly the way we intended to.<sup>8,10</sup>

### **Written Communication**

Written communication uses written words to convey messages. It allows for permanence and careful message construction. Examples include emails, letters, reports, memos, articles, and texts. It can be used in the dental setting to explain treatment options to the patient. It is essential for documenting information and ensuring clear, long-term communication and for providing accurate contemporaneous patient records.<sup>8,10</sup>

### **Visual Communication**



Visual communication employs images, graphics, videos, and other visuals to convey messages. In dentistry this could include X-rays and intraoral images, models, scans, illustrations and before and after photographs.

It can be very effective at improving how effectively a patient understands your message and can work well for patients with varying literacy levels. Visual aids, such as charts, diagrams, and presentations can help patients to understand complex treatment plans.

Digital tools and software are now often used in practice for education, diagnosis, treatment planning and patient engagement.

Dental practices may use visual communication for marketing on social media platforms and websites.<sup>8,10</sup>

## Patient Centered Communication



Patient-centred communication involves more than just exchanging information; it focuses on building a relationship that considers the patient's needs, values, and preferences. In dentistry, this approach is associated with improved trust, satisfaction, and outcomes. Each interaction with a patient can influence their experience and level of satisfaction.

During dental consultations, sensitive questions about tobacco, alcohol, recreational drug use, pregnancy, and sexually transmitted infections are likely to be asked. Communicating the risks of treatment options and conveying bad news may also be necessary.

Different types of communication skills are required in these specific contexts: for example, explanation, reiteration, and recapping to ensure understanding; seeking permission to ask sensitive questions or convey difficult information; providing reassurance to encourage patients to ask questions and feel involved in decision-making; and negotiating behaviour changes and treatment options.

Effective communication in such situations is important for dental patients and beneficial for the dental team. Patients with complex medical histories for example, patients with HIV, are more likely to disclose key details from their medical histories when they feel comfortable and trust their clinician. This relationship status is achieved through good communication and rapport development.<sup>1</sup>

As a dental team the following should be considered: -

### **1. Respect the patient's time and preferences**

Our patient's time is important and despite our best efforts, delays are a fact of life in the dental practice. We should always be honest and inform our patients of any delays as soon as they arrive, this demonstrates that we are mindful and respectful of their time. We should provide them with a reasonable estimate of the wait time as this allows patients to make an informed decision about whether they can accept the delay or rebook the appointment.

To understand the patient's personal beliefs and cultural background, we should never make assumptions. We should always ask open ended questions. This allows patients the right to make decisions even if they decide to decline our recommendations.<sup>12</sup>

## **2. Understand the patient's needs and concerns.**

To fully appreciate the patient's needs and concerns we need to give them our full attention without distractions. It can help to repeat and clarify with the patient that we have understood them. We can validate their feelings by acknowledging their concerns with empathy, creating a safe environment for them to be heard.

Using open-ended questions can encourage patients to elaborate and if they feel listened to it can build trust.<sup>13</sup>

## **3. Shared decision-making**

In order for a patient to be invested in their own oral health care they must be fully informed of the treatment options available to them. This needs to be explained in plain language avoiding clinical terms that they may not understand. Treatment plans need to be presented in a logical manner explaining the reasons that account for the options if there is a choice of treatments suitable.

We need to confirm that the patient has understood the treatment and allow them time to ask questions so they can make an informed decision.<sup>13</sup>

## **4. Cultural sensitivity**

Cultural differences can impact communication and understanding between patients and the dental team. Disparities in race, religion, and body language may lead to miscommunication. What is acceptable in one culture may be offensive in another. Therefore, dental professionals must be culturally competent when working with diverse patients.<sup>2</sup>

## **5. Informed consent**

A patient's informed consent to investigations or treatment is a fundamental aspect of the proper provision of dental care. Clinicians must seek consent before undertaking any investigation or treatment. It is a legal requirement and respects the patients' rights.<sup>14</sup>

## **6. Written estimate and treatment plan**

In NHS dentistry patients must be given a written treatment plan and cost estimate. In private practice it is considered best practice to provide a written estimate of treatment costs.

Honesty and openness about treatment costs can avoid misunderstandings or patient dissatisfaction and it can help patients make informed decisions about treatment options available to them. It should be discussed within the surgery. Many patients are embarrassed to discuss costs, so it is advisable for the clinician to take the lead.<sup>11</sup>

## **7. Barriers to communicating with patients**

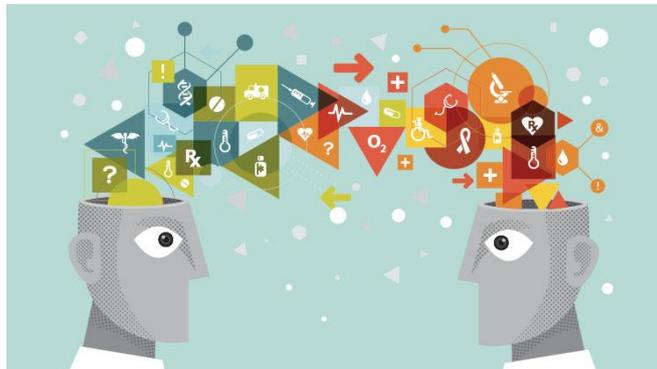
Some barriers to communication have already been identified. However, further barriers could include the following:

- Dental anxiety/fear.
- Language barriers.
- Hearing or cognitive impairments.
- Use of jargon or complex terminology.
- Assumptions – we should not assume that the patient understands.
- Poor body language – crossed arms, lack of eye contact or appearing rushed.
- Noise – from dental equipment.
- Lack of privacy.
- Time pressure – for either the clinician or patient.
- Technology failures.
- Inadequate staff training. <sup>2,12,13</sup>

These barriers can be overcome by the following:

- Use plain language.
- Use visual aids.
- Active listening and empathy.
- Provide translated materials.
- Create a calm, private and friendly environment.
- Offer written and verbal information. <sup>2,12,13</sup>

### Communication within the Dental Team



Patients commonly receive care from various members of the dental team, which can include referrals to specialists or services provided by hygienists and therapists under direct access. Communication among these professionals may occur in person, in writing, by phone, or indirectly. Regardless of the method, effective and clear communication between dental professionals is essential for providing high-quality patient care. It is crucial for all parties involved to acknowledge and respect each other's roles and perspectives to foster strong working relationships.<sup>15</sup>

The General Dental Council sets out clear standards for dental care professionals regarding communication between members of the dental team:

**Principle 6** - Work with Colleagues in a way that is in patients' best interests.

To summarise the guidance:

- Teams should work together.

- Colleagues should treat each other fairly, with respect in all interactions.
- No one should be subject to bullying, harassment or discrimination.
- Colleagues should be treated fairly in all financial transactions.
- Patients should be made aware of the names and roles of DCPs involved in their care.
- As a DCP you could be held responsible for the actions of any unregistered team member so you should ensure they are trained and competent.
- Teams should communicate clearly and effectively with other members of the team and colleagues.<sup>16</sup>

The full guidance for Principle 6 can be found at:

<https://standards.gdc-uk.org/pages/principle6/principle6>

### **Referring Patients**

When referring patients within the practice or to a specialist or dental laboratory consider the following:

- Keep it clear – be concise and specific, make it easy for queries to be raised and quality assurance to be maintained.
- Team members should check referral letters and any relevant attachments carefully.
- Practice protocols help to make sure all relevant information is shared and documented correctly. Any team member that is involved should be recorded.
- If referral are received and the details are unclear seek clarification.
- If in doubt, contact and check the referral has been received and understood correctly.<sup>13,17</sup>

### **Be open and honest**

Every effort should be made by all team members to be respectful, approachable, open and honest with each other in all situations. This allows team members to discuss patients treatment and address any concerns.

If an incident occurs use it as a learning experience, reflect on it together and set an action plan to prevent a recurrence. This could be by discussing it at a team meeting or by improving training.<sup>15,17</sup>

### **Manage Conflict**

Practices should have an anti-bullying policy in place so that team members are treated with respect. Teams should be trained in social media use in relation to the practice, patients and team members.<sup>15</sup>

### **Building strong relationships**

Team collaboration in dental practices helps build strong relationships among dental professionals. Mutual trust, respect, and shared goals create a supportive and unified

team environment. Strong relationships among team members promote effective collaboration, leading to enhanced patient care and overall practice success.<sup>17</sup>

## Legal and Ethical Considerations

### Informed Consent



The dental team have a legal responsibility to obtain informed consent from patients under UK law. There is a full article on obtaining consent available on our website.

Patients must be given clear information on:

- Diagnosis
- Treatment options
- Risks and benefits
- Costs

Consent should be voluntary, informed, and continuous. Communicating with the patient to obtain consent involves encouraging the patient to set out their priorities and concerns at the outset for example - appearance, comfort, anxiety, etc. Risk should be discussed focusing on how it would affect the patient specifically. The clinician should decide if technical jargon can be understood by the patient or if it needs to be avoided. It should never be assumed that a patient understands exactly what is involved with a procedure even if they appear well informed. It is good practice to ask the patient if they understand and if they have any questions before consenting.<sup>18</sup>

### Duty of Candour

Candour refers to being open and honest in interactions with others. It includes qualities such as frankness, truthfulness, sincerity, directness, straightforwardness, and avoiding deception and covert behaviour. Transparency is another term that captures the values associated with candour, meaning that nothing is hidden from view.<sup>19</sup>

Since 2015 the legal duty has applied to dental practices in the UK. The GDC provide guidance to the duty of candour in the GDC Standards and the CQC outline the principles of the duty of candour in Regulation 20.

A crucial part of the duty of candour is the apology. Apologising is not an admission of liability. This is the case, regardless of whether you are in the health or social care, or

public or private sectors. In many cases it is the lack of timely apology that pushes people to take legal action. To fulfil the duty of candour, you must apologise for the harm caused, regardless of fault, as well as being open and transparent about what has happened.<sup>20</sup>

## **Record keeping**



Record keeping is a key requirement for good communication in dental practice. In dentistry is a crucial aspect of patient care, legal compliance, and professional responsibility. Good record keeping is a requisite of competent professional practice. Clinicians and dental care professionals must maintain accurate and up-to-date records for each patient. Guidelines for record keeping are provided by the General Dental Council (GDC).<sup>21</sup>

In general, the function of good record keeping is to support:

- Patient care and self-empowerment.
- Interdisciplinary and patient/clinician communication.
- Effective clinical judgements and evidence of the decision-making process.
- Continuity of care.
- Clinical and medico-legal risk analyses and mitigation if complications arise.
- Clinical audit and research.

The quality of record keeping reflects the standard of professional practice. From a professional and regulatory point of view, good record keeping serves a dual purpose to ensure that the performance of practitioners and dental care professionals ensures patient care and safety by maintaining accurate records which include all the appropriate information in relation to the care and treatment provided to each patient in line with best practice.<sup>22</sup>

Dental records should be written accurately, contemporaneously and they should be clear, concise, and easy to understand. Consent should be recorded and should the treatment plan change consent to the changes should be recorded.



## Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcome:

**C. Maintenance and development of knowledge and skill within your field of practice.**

**D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.**

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now have the opportunity to answer some reflective learning questions, if you complete these now you will fulfil the requirements of the GDC. These will be:

- 1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
- 2) Comment on any changes/updates needed in your daily work
- 3) How has completion of this CPD article benefitted your work as a DCP?

### Further Reading

[https://www.cda-adc.ca/files/practice/practice\\_management/patient\\_communications/guides/dentalguide-ns.pdf](https://www.cda-adc.ca/files/practice/practice_management/patient_communications/guides/dentalguide-ns.pdf)

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