CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

Learning Disability and Autism: Strategies for Inclusive and Effective Dental Care

Aim: To provide the dental care professional with an overview of learning disability and autism and strategies to improve the treatment of patients in the dental surgery.

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

- Know the definition of learning disability.
- Know the requirements of the Oliver McGowan Mandatory Training on Learning Disability and Autism and its Code of practice.
- Know the difficulties someone with a learning difficulty may face.
- Identify the prevalence of autism.
- Identify the two DSM-5/ICD-11 domains (formerly the "triad") that characterise autism.
- Identify some oral health issues that people with learning disabilities are more likely to have.
- Demonstrate knowledge of how to recognise someone with a learning disability.
- Understand the requirements of the Accessible Information Standard (AIS) and apply them within dental practice to ensure patients with communication needs receive equitable care.
- Identify parts of the dental experience that autistic people may find difficult.
- Know how to make reasonable adjustments so people with a learning disability or autism can access the same level of service as everyone else.
- Identify practical strategies to improve the dental care experience for people with a learning disability or autism.

Introduction

The Department of Health definition used in UK policy describes a learning disability as: "a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood".[1]

The latest figures on the estimates of the number of people with a learning disability have been calculated as an estimate using the learning disability prevalence rates from Public Health England (2016) and population data from the Office for National Statistics (2024). These figures estimate that there are around 1.5 million people in

the UK with a learning disability Approximately 2.16% of adults in the UK are believed to have a learning disability.[2]

There are around 700,000 autistic people in the UK (more than 1 in 100 people.)[3]

Increases in recorded diagnoses over time may reflect changes in awareness and assessment rather than true incidence.

Regulation, Mandatory Training and Inspection (England)

Dental practices should be able to demonstrate that they meet the needs of anybody using the service. On July 1st, 2022, The Health and Care Act 2022 introduced the need for mandatory training on learning disability and autism in all healthcare settings.[4] This training helps staff interact appropriately with autistic people and people with a learning disability, ensuring they receive the necessary care and reasonable adjustments.

The CQC has stated that it will provide a regulatory approach to all service advisers, including dental practices, to see that staff have received the appropriate training, to ensure that patients' needs are met, and that training is completed appropriate to the individual's role. The new regulation comes under regulation 18: Staffing. The two specific points about the new requirement are:

- "You must ensure that all staff receive training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role.

- Staff must receive appropriate supervision in their role to ensure they demonstrate and maintain competence and understanding in the needs of people with a learning disability and autistic people, including how to support them in the best way."[5]

When assessing the quality of care provided by the dental practice, the CQC will "check that staff are competent to deliver care to all people using services - including those with a learning disability and autistic people."[5] The CQC do not tell the registered provider how to meet their legal requirements in relation to training but state that they must make sure that their staff are "appropriately trained to meet the requirements of the regulations."[5]

The CQC state that "to ensure that staff are competent to interact with autistic people or people with a learning disability you should:

- Consider all the guidance available and all relevant circumstances.

- Decide for yourselves the most appropriate training to choose."[5]

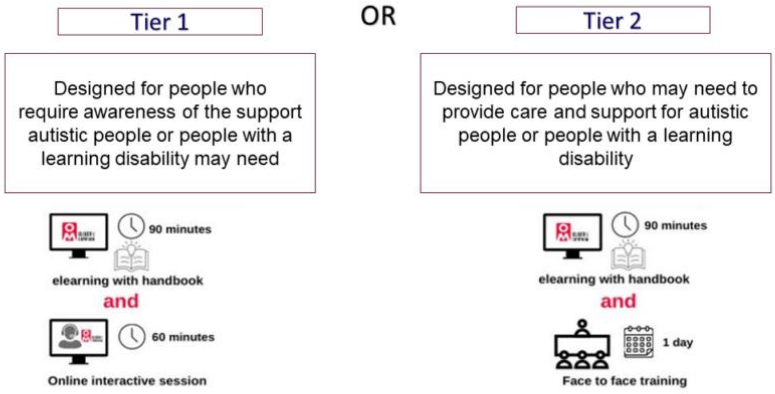
Training

Oliver McGowan Mandatory Training on Learning Disability and Autism

The Oliver McGowan Mandatory Training on Learning Disability and Autism was named after Oliver McGowan who was a young man whose death highlighted the need for health and social care staff to have better skills, knowledge and understanding of the needs for autistic people and people with a learning disability.

The training is the Government's preferred and recommended training for health and social care staff and is delivered in two tiers. The first part of both tier 1 and tier 2 is interactive learning and can be completed by clicking on the link at the end of this article. The second part of tier 1 is a live one hour online interactive session for those requiring tier 1, or a 1-day face to face training for those staff members who require tier 2.

This training is standardised and should be co-delivered by experts by experience and a subject matter expert facilitator. The trainers and experts with lived experience who deliver part 2 of the training need to be trained before they can deliver the standardised training packages.



The Oliver McGowan Code of Practice was published in June 2025 and became final on the 6th September 2025. This can be accessed by clicking on the following link here. The code of practice provides guidance on what is meant by training that is appropriate to your role and to provide guidance on training.

Compliance with the standards is essential to ensure that all dental staff receive high-quality training in learning disability and autism. This training must be relevant to individual roles within the dental team and meet the learning needs of each staff member. The employer is responsible for ensuring that all team members receive training that aligns with the following four standards, in order to provide safe, effective, and inclusive care for people with a learning disability and autistic people.[5]

Standard 1: Core knowledge

All dental staff must complete training that includes the core capabilities set out in the following:

- Core Capabilities Framework for Supporting People with a Learning Disability.
- Core Capabilities for Supporting Autistic People.

This ensures dental teams understand UK definitions/terminology, health inequalities and risks, how to make reasonable adjustments, consent and capacity and how to provide patient-centred care.

Standard 2: Applying Learning to Dental Practice

Training must translate into day-to-day role-specific practice and be evidenced. For example, adapting communication (such as Easy Read, visual supports), planning appointments (such as longer appointment times, being the first patient of the day), sensory adjustments (light/noise/smell), and documenting what was adjusted and why.

Standard 3: Learning From Lived Experience

Staff must take part in live, interactive training that is co-produced and co-delivered by people with a learning disability and autistic people. This helps dental professionals better understand real experiences and barriers faced by patients.

Standard 4: Quality and Evidence Based

Training must be based on current evidence and subject to trialling, ongoing evaluation, and accreditation. People with a learning disability and autistic people must be meaningfully involved in these processes to ensure the training is relevant and effective.

All health and social care staff must complete training that meets the four standards set out in the code.[5,6]

This article will consider the areas of difficulty that people with a learning disability and autistic people may encounter and discuss strategies that can be implemented to

improve the care that patients receive, however it cannot meet the requirements set out in the Oliver McGowan Code of Practice.

Initial Oliver McGowan e-learning can be completed in addition to this verifiable CPD article and is available here: NHS England.

CQC Inspection

The primary consideration is whether the service and its staff are providing safe, person-centred care and treatment that protects people using the service from abuse or inappropriate treatment and responds effectively to their individual needs.

When assessing compliance with regulations, the CQC will refer to the Oliver McGowan Code of Practice. A risk-based approach will be taken, with particular attention given to staff training and adherence to Regulation 18. Where staff have received training, the focus will be on how their competence is ensured and how effectively they apply their learning in practice. If staff have not yet received training appropriate to their roles, the CQC will examine what measures have been implemented to minimise potential risks for people using the service and will seek to understand the provider's plans for addressing any training gaps.

The areas that may be checked are:

- ✓ How you make sure you get people's consent to care and treatment, or the consent of a person authorised to speak on their behalf.
- ✓ Whether people's care and treatment are appropriate, and that care meets their needs and reflects their preferences.
- ✓ Whether care and treatment are being delivered safely.
- ✓ Whether staff are treating people with dignity and respect.
- ✓ Whether you protect people from abuse and improper treatment.
- ✓ The training provided to staff and training records.[5]

(See the table at the end of this article for details on training requirements in the other UK nations.)

Learning Disability

A learning disability is different for everyone and can be classified as mild, moderate, severe or profound. A learning disability is a lifelong condition and cannot be cured.[1]

The World Health Organisation defines intellectual disability as “a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e., cognitive, language, motor and social abilities”.

The WHO classifies severity of an intellectual disability as:

“Mild — Approximate IQ range of 50 to 69 (in adults, mental age from 9 to under 12 years). Likely to result in some learning problems in school. Many adults will be able to work and maintain good social relationships and contribute to society.

Moderate — Approximate IQ range of 35 to 49 (in adults, mental age from 6 to under 9 years). Likely to result in marked developmental delays in childhood but most can learn to develop some degree of independence in self-care and acquire adequate communication and academic skills. Adults will need varying degrees of support to live and work in the community.

Severe — Approximate IQ range of 20 to 34 (in adults, mental age from 3 to under 6 years). Likely to result in continuous need of support.

Profound — IQ under 20 (in adults, mental age below 3 years). Results in severe limitation in self-care, continence, communication, and mobility.”[1]

The above classifications demonstrate that learning disabilities can mean different things for different people.

In UK health policy, "learning disability" is the same as what many other countries call "intellectual disability." It's important not to confuse "learning disability" with "learning difficulties," like dyslexia or ADHD, because learning difficulties don’t affect a person’s intelligence. However, someone with a learning disability might also experience one or more learning difficulties.[1]

A person with learning disability may have some difficulty in:

- Understanding complicated information.
- Learning some skills.
- Looking after themselves or living alone.

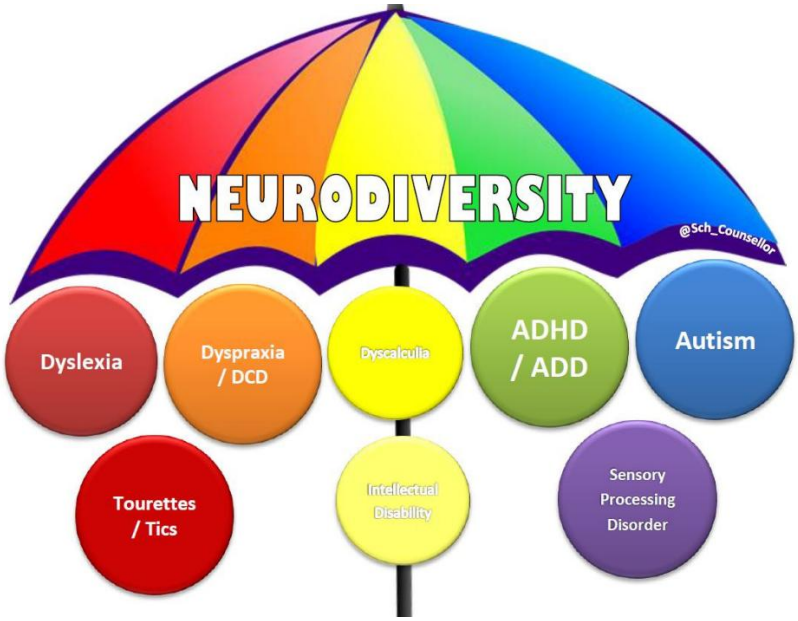
It is not always clear why a person has a learning disability. It occurs when the brain is still developing before, during or soon after birth. Risk factors include:

- Some chromosomal and genetic anomalies — such as Down's syndrome, Williams syndrome, Rett syndrome, fragile X syndrome.
- Some non-genetic congenital malformations — such as some types of spina bifida, hydrocephalus, microcephaly.
- Prenatal exposures — including alcohol, sodium valproate, congenital rubella infection, zika virus.
- Birth complications resulting in hypoxic brain injury/cerebral palsy.
- Extreme prematurity (usually <33 weeks' gestation).
- Childhood illness — such as meningitis, encephalitis, measles.

- Childhood brain injury caused by accident/physical abuse.
- Childhood neglect and/or lack of stimulation in early life.

Sometimes the cause of a learning disability is unknown.[1]

Neurodiversity

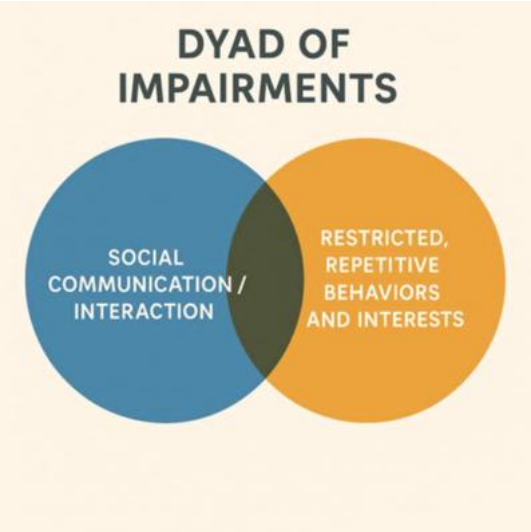


Neurodiversity is a concept that recognises and celebrates the natural variation in human neurological differences. It suggests that conditions such as autism, ADHD, dyslexia, and others should be seen as variations of the human brain rather than disorders that need to be fixed. Advocates of neurodiversity argue for greater acceptance, understanding, and accommodation of these differences, promoting the idea that neurodivergent individuals have unique strengths and perspectives to offer society. It is a movement that seeks to challenge stereotypes and reduce stigma surrounding neurodivergent individuals while promoting inclusivity and support.

Autism

Autism was first described in 1943 by American child psychologist, Leo Kanner.[7] Autism, often referred to as Autism Spectrum Disorder (ASD) or Autism Spectrum Condition (ASC), is a lifelong developmental condition that affects how a person communicates, interacts with others, and experiences the world around them. The term ‘spectrum’ reflects the wide variation in how autism presents. While some autistic people may have significant learning disabilities and require daily support, others live independent lives and may have average or above-average intelligence. Common characteristics include differences in social communication and interaction, restricted or repetitive behaviours, and sensory sensitivities. Autism is not an illness or disease but a neurodevelopmental difference, and with the right understanding, reasonable adjustments, and support, autistic people can live fulfilling lives and participate fully in society.[8]

The Dyad of Impairments



The concept of the Triad of Impairments was first introduced in the 1970s to describe the three core areas of difficulty experienced by autistic people: social communication**,** social interaction**,** and social imagination.[9] This framework was widely used for decades in clinical, educational, and training settings as a way of understanding autism. However, diagnostic criteria have since evolved, and the current international classification systems, the DSM-5 and ICD-11, no longer use the triad model.[10] Instead, they group autistic traits into a Dyad of Impairments, consisting of two domains:

1)Persistent difficulties in social communication and social interaction.
2)Restricted or repetitive patterns of behaviour, activities, interests, or sensory sensitivities**.**[10]

1) Difficulties with Social Communication and Interaction

Autistic people may struggle with both social interaction and social communication. They may lack an understanding or awareness of other people's emotions and feelings. For example, young children might not participate in play with peers or share activities and interests with others, instead appearing to be "in a world of their own."

They may not recognise that other people have their own feelings, beliefs, or desires, which can make them seem insensitive.[3,11]

Some individuals find it hard to express their own emotions. When overwhelmed, especially by sensory overload, they may engage in self-stimulatory behaviours ("stimming") such as flapping their arms, rocking, or screaming.

In addition, many autistic people experience difficulties with communication. They may not easily understand non-verbal language, such as body language, facial expressions, or tone of voice, and may avoid eye contact. Speech can also be challenging. Some interpret language literally; for example, if told "it's raining cats and dogs," they might expect to see animals falling from the sky.

Although some individuals may have age-appropriate language skills, they might still struggle with the reciprocal nature of conversation, tending to speak mainly about their own interests. Repetition of language is also common, such as immediate echolalia (repeating what has just been said), delayed echolalia (repeating something heard in the past), and unusual patterns of speech (prosody), with variations in pitch, stress, and rhythm. Others may have limited or no speech, but still understand spoken language, using alternative systems like sign language or picture cards to communicate.[11]

2) Restricted, Repetitive Patterns of Behaviour, Interests, or Activities

An autistic person may also show restricted and repetitive behaviours, along with differences in imagination, flexibility, and sensory processing.

They often find social imagination particularly challenging. This makes it harder to predict what others might do or think, understand abstract ideas, or cope in new or unfamiliar situations. Children may struggle with imaginative play; although they might engage in some pretend play, it is often repetitive or rigid.[3]

Many individuals also have a strong need for routine. The world can feel unpredictable and confusing, so having a fixed daily structure helps provide security. Sudden changes to routine can be very distressing, although with preparation and reassurance some people can adjust more easily.[3]

Sensory sensitivity is another common feature. A person may be over-sensitive (hypersensitive) or under-sensitive (hyposensitive) to sounds, sights, smells, touch, or taste. These sensory differences can significantly affect comfort and behaviour.

Finally, special interests are often seen. These may be unusually intense or focused, and can last for many years or shift over time.[3] Such interests can provide enjoyment, comfort, and expertise, but may also dominate conversations or activities.

Autism and Learning Disabilities

Some individuals may have learning disabilities which may be mild or may mean that the individual requires a lifetime of support.[3] General learning disabilities affect between 15 and 30% of autistic people.[12]

Co-occurring Conditions

Dental care professionals need to be aware that other conditions are also sometimes associated with autism. These include Attention Deficit Hyperactivity Disorder (ADHD), or learning difficulties such as dyslexia and dyspraxia.[12]

In addition, other physical and mental health conditions that frequently accompany autism include, but are not limited to, the following:

- Gastrointestinal problems.
- Delays in speech development.
- Epilepsy.
- Disrupted sleep.
- Anxiety.
- Depression.
- Mental health conditions.[12]

Health Inequalities

Health Inequalities are, “unfair and avoidable differences in health across the population, and between different groups within society.”[13]

Compared to people without a learning disability, people with a learning disability tend to experience:

- Poorer physical health.
- Poorer mental health.
- Significant health inequalities.[14]

Dental teams can mitigate risks via proactive prevention, communication support and reasonable adjustments.

Oral Health:

National and international research has shown that people with learning disabilities have:

- Higher levels of gum (periodontal) disease.
- Greater gingival inflammation.
- Higher numbers of missing teeth.
- More missing teeth and higher edentulism.
- Higher plaque levels.
- Greater unmet oral health needs.
- Poorer access to dental services and less preventative dentistry.[15]

The evidence around levels of tooth decay is mixed, however, the evidence consistently shows higher levels of untreated tooth decay.

The impact of oral health issues can have physical, psychological, and social consequences on the individual and impact their quality of life.[15] This demonstrates the importance for dental services to ensure that reasonable adjustments are made to ensure equal outcomes for people with learning disabilities.

Recognising Someone with a Learning Disability

Not all people with learning difficulties are immediately recognised. Individuals with severe learning difficulties may be highlighted to the dental team through the presence of family carers or support staff, but dental teams need to be highlighted to patients with mild to moderate learning difficulties.

You may notice patients who have difficulty with:

- Reading or writing and forms.
- Explaining symptoms or a sequence of events.
- Understanding new information or taking information in quickly.
- Remembering basic information such as date of birth, address, health problems.
- Managing money.
- Understanding and telling time.[15]

If these difficulties are noticed, you should speak to them and ask more about their communication or support needs. Always test capacity and work with the 5 key principles of the Mental Capacity Act. (A full CPD article on the Mental Capacity Act is available on the website.)

Ensuring Patients Receive the Care they Need

The Equality Act 2010 says that services must make reasonable adjustments so that people with additional needs receive the care they need – just like everyone else, and that you must not be discriminated against because:

- You have a disability.
- Someone thinks you have a disability (this is known as discrimination by perception).
- You are connected to someone with a disability (this is known as discrimination by association).[16]

This means that dental services are required to make reasonable adjustments to ensure that patients with learning disabilities can access the service in the same way as everyone else. Reasonable adjustments may mean alterations to buildings such as providing wide doors, ramps and tactile signage and may also mean changes to policies procedures and staff training to ensure that people with learning disabilities have equal access to services.

The Accessible Information Standard (AIS) is a legal requirement for all NHS and publicly funded health and social care services in England. It requires providers to identify, record, flag, share, and meet the communication and information needs of patients with a disability, impairment, or sensory loss. In dentistry, this means proactively asking patients (and carers) if they need information in Easy Read, large print, audio, Braille, or digital formats, or if they use communication aids such as Makaton, BSL, or Talking Mats. These needs must be clearly recorded in the patient's clinical notes, flagged on the dental software system so all staff are aware, and shared with other providers if the patient is referred. Dental teams should then meet these needs at every contact. For example, providing appointment letters in Easy Read, ensuring a BSL interpreter is booked, or using visual aids to explain procedures. Applying the AIS in dental practice not only ensures legal compliance but also reduces anxiety, improves consent processes, and supports equitable oral health outcomes for people with learning disabilities and autistic people.[17]

The Human Rights Act (1998) is the main law protecting human rights in the UK. The act places a clear legal duty on public officials and bodies to 'respect' the 16 rights it outlines and to take action to ensure people's rights are 'protected'.[14]

The General Dental Council established the rules of conduct, performance, and ethics that guide your actions as a dental professional. The following standards are just some that are applicable:

Principle 1: Put Patients' interests first

“1.1 You must listen to your patients.
1.2 You must treat every patient with dignity and respect at all times.
1.2.1: You should be aware of how your tone of voice and body language might be perceived.
1.2.2: You should take patients' preferences into account and be sensitive to their individual needs and values.
1.2.3You must treat patients with kindness and compassion.
1.2.4: You should manage patients' dental pain and anxiety appropriately.

1.4: You must take a holistic and preventative approach to patient care which is appropriate to the individual patient.
1.4.1: A holistic approach means you must take account of patients' overall health, their psychological and social needs, their long-term oral health needs and their desired outcomes.
1.4.2: You must provide patients with treatment that is in their best interests, providing appropriate oral health advice and following clinical guidelines relevant to their situation. You may need to balance their oral health needs with their desired outcomes. If their desired outcome is not achievable or is not in the best interests of their oral health, you must explain the risks, benefits and likely outcomes to help them to make a decision.

1.6 You must treat patients fairly, as individuals and without discrimination.
1.6.1 You must not discriminate against patients on the grounds of:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race.
- Religion or belief.
- Sex.
- Sexual orientation.

You must also ensure you do not discriminate against patients or groups of patients for any other reasons such as nationality, special needs, health, lifestyle or any other consideration.
1.6.3 You must consider patients' disabilities and make reasonable adjustments to allow them to receive care which meets their needs. If you cannot make reasonable adjustments to treat a patient safely, you should consider referring them to a colleague."

Principle 2: Communicate effectively with patients

"2.1: You must communicate effectively with patients - listen to them, give them time to consider information and take their individual views and communication needs into account."

Principle 3: Obtain valid consent

"3.2.4 You must always consider whether patients are able to make decisions about their care themselves and avoid making assumptions about a patient's ability to give consent.

This is a complex area, and you should refer to the appropriate legislation.

3.2.5 You must check and document that patients have understood the information you have given them."

Principle 8: Raise concerns if patients are at risk.[18]

Improving the Dental Experience

There are certain steps that the dental care professional can take to improve the dental experience of patients with learning disabilities or autism.

1) Prior to the Dental Appointment

It may be helpful to implement the following strategies prior to the first dental appointment:

- Gain as much knowledge about the patient as you can. If a family member or carer fills in a questionnaire it will give the dental team prior knowledge of any specific issues.

- It may be helpful for the individual to have a visit prior to the dental appointment in order to meet the team and familiarise themselves with the surroundings. It is important to view people with learning disabilities as active participants in their own care. This can help to reduce anxiety.

- A box of information could be given to a child which may contain photos of the team and dental items such as gloves and a plastic mirror. Easy to read resources or videos could also be used to help someone prepare for their visit.

- Try to make the appointment at the beginning of a session and book plenty of time to reduce the chances of the dentist or hygienist/therapist running late and so that they are not rushed.

- Encourage a family carer or support worker to use some social stories about a dental visit.[11,15]

- Encourage use of health passports; the NAS My Hospital/Health passport can support information sharing across settings.[19] This can be downloaded from the further reading section of this article.

2) During the Dental Appointment

It may be helpful to implement the following strategies during the dental appointment:

- Waiting time can increase anxiety so try and be mindful of this.

- Consider using visual prompts so that the patient knows what is going to happen during the appointment. Use a “tell, show, do approach” when explaining treatments and procedures.

- Use reasonable adjustments to communications to ensure good communication skills.

- Recognise, respect, and value people's differences.

- Apply the Mental Capacity Act when considering consent and use best interest principles. (a full verifiable CPD article on the Mental Capacity Act is available on the website and we recommend you complete this).

- Check that you understand what the patient is saying, and that the patient understands what you are saying to them.

- Use plain English and short sentences.

- Help the individual realise that there is a time limit to the appointment (you can use timers to break the appointment down into parts).

- Speak clearly and remember that an autistic person may have a literal understanding of the spoken language so make sure you are careful what you say (for example if you tell them this will only take one minute, they will expect it to last for exactly one minute).

- Some autistic people do not like to be touched or for people to get too close to them, so explain the procedure clearly.

- Remember that making eye contact may be uncomfortable for an autistic person.

- Consider the possibility of sensory issues. For example, the dental light shining in the eyes of an individual may be extremely distressing as may particular smells, the taste of the mouth rinse, the noise of the dental equipment, touch, or even the colour of your uniform.

- The use of dark lenses protective glasses, plain water instead of mouth rinse, and prior warning to the patient of what smell/taste/noise to expect may help.

- Autistic people can have a very high pain threshold. They may not show that they are in pain or may have an unusual response to it (such as laughing or humming). Agitation and behaviour may be the only clues that the patient is in pain.

- Use the same staff and surgery each visit if possible as continuity and consistency are important for many people with learning disabilities.

- Avoid interruptions and have as few staff as needed in the surgery.

- Taking note of the pre-visit questionnaire may also highlight some of these potential problems and therefore enable help the team to reduce them accordingly. [11,15]

- Recognise the importance of knowing when to refer to Community Dental Services/ Special Care dentistry or for sedation/ general anaesthetic. The mental Capacity Act and best interest decisions need to be taken into consideration. A full article on the Mental Capacity Act is available on the website.

Public Health England provide the following tips for communication with people with a learning disability to help improve their health literacy:

- “Always speak directly to the person, unless advised not to do so.
- Use plain English, short sentences and do not use medical jargon and acronyms.
- Ask if they have a hospital passport - this may include information on their preferred method of communicating with others.
- Use visual aids such as photographs, objects, or gestures to support your words, and make use of supplementary NHS YouTube videos.
- Ask if they use any alternative forms of communication, such as Makaton (signs and speech), Talking Mats (symbols), Beyond Words (wordless picture books) or symbol-based images, like Widget - if you are not able to use their tools, ask if they have someone with them who can assist.
- When writing, make it accessible to the individual - this may mean using larger, easy to read text to explain what you wish to say and easy read appointment letters (the NIHR website has advice on accessible health information).
- Talk and listen to the person’s carer, friend or supporting professional, without excluding the individual.
- Give the person time (ideally 7 seconds) to process what you have said before they respond.

- Check understanding, both yours and the person's, by asking open questions
- pay attention to body language and facial expressions.
- Consider the environment - noisy or loud environments with lots of activity are not conducive to effective communication.
- Show any equipment or machines that might be used and explain any noise that the machines may make to pre-empt any problems.
- Offer to follow up verbal discussions with a written note or a voice or video recording."[14]

Makaton

Encourage the team to learn Makaton. Makaton is a unique language program using symbols, signs, and speech. With Makaton, signs are used, with speech, in spoken word order. This helps provide extra clues about what someone is saying. Using signs can help people who have no speech or whose speech is unclear. Using symbols can help people who have limited speech and those who cannot or prefer not to sign. Today over 100,000 children and adults, use Makaton symbols and signs. Most people start using Makaton as children then naturally stop using the signs and symbols as they no longer need them. However, some people will need to use Makaton for their whole lives. Register now to start learning the basics of Makaton at: https://makaton.org/TMC/About_Makaton/How_to_start_using_Makaton.aspx

Conclusion

Providing high-quality dental care for people with learning disabilities and autistic people requires awareness, preparation, and flexibility from the whole dental team. By understanding the challenges these patients may face, applying the principles of the Oliver McGowan Mandatory Training and the Accessible Information Standard, and making reasonable adjustments, dental professionals can create an environment that is safe, inclusive, and person-centred. With the right strategies in place, patients are more likely to feel respected, supported, and able to access the same standard of oral healthcare as everyone else.

Learning Disability & Autism: UK Nations at a Glance

Area	England	Scotland	Wales	Northern Ireland
Inspectorate / Regulator	CQC regulates & inspects all dental providers.	Healthcare Improvement Scotland registers & inspects independent dental clinics. NHS practices via Combined Practice Inspections (Health Boards).	Healthcare Inspectorate Wales inspects NHS and regulates independent practices.	Regulation and Quality Improvement Authority (RQIA) registers & inspects all dental practices.
Mandatory LD / Autism Training	Oliver McGowan Mandatory Training (Health & Care Act 2022) + Code of Practice (Sept 2025).	No Oliver McGowan mandate. Reforms expected via Learning Disabilities, Autism and Neurodivergence (LDAN) Bill.	No Oliver McGowan mandate. Training set by Health Boards/employers.	No Oliver McGowan mandate. Training overseen by DoH & RQIA.
Equality & Disability Law	Equality Act 2010 applies.	Equality Act 2010 applies.	Equality Act 2010 applies (+ Welsh bilingual service duties).	Disability Discrimination Act 1995 (as amended in NI).
Consent & Capacity	Mental Capacity Act 2005 (MCA).	Adults with Incapacity (Scotland) Act 2000	Mental Capacity Act 2005.	Mental Capacity Act (NI) 2016 (phased).
Accessible Information / Communication	Accessible Information Standard (AIS): legal duty in NHS & dental settings.	No AIS equivalent. Duties via Patient Rights (Scotland) Act 2011 + Charter of Patient Rights and Responsibilities.	All-Wales Accessible Communication & Information Standards (2025): similar to AIS + Welsh language obligations.	HSCNI accessibility guidance (e.g., 'Making Communication Accessible for All').
Autism / LD Strategy	National Autism Strategy; Oliver McGowan Code of Practice (2025).	National Autism Strategy; LDAN Bill under consultation.	Statutory Code of Practice on Autism Services (Sept 2021).	Autism Act (NI) 2011 (amended 2022): statutory Autism Strategy requirement.

Personal Development Plan and Reflective Learning

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

A. Effective communication with patients, the dental team and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk.
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 be offered the chance to answer some reflective learning questions before your certificate is generated. These can be updated at any time.

Further Reading

Oliver McGowan Code of Practice

The Oliver McGowan Mandatory Training on Learning Disability and Autism

My Hospital Passport: resource to download

National Autistic Society

Public Health England – Oral Care and People with Learning Disabilities

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