General
Dental
Council

Consultation

The safe practitioner: A framework of behaviours and outcomes for dental professional education

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Overview

The GDC is undertaking a review of the expectations we have for dental education and training.

The current expectations were implemented in 2012 in the document, Preparing for Practice, which was last updated in 2015. The expectations are set out as learning outcomes, which education providers use as a basis to assess learners.

We have reviewed the current learning outcomes and are proposing to **change the terminology** that we use to describe the level of the newly qualified dental professional from 'safe beginner' to 'safe practitioner'.

We are also proposing to **introduce the concept of 'behaviours'** as a more appropriate metric than learning outcomes to describe our expectations in some areas.

Finally, we are proposing to **update the current content and introduce some new areas**.

The following consultation document includes:
- background and context of Preparing for Practice,
- the considerations taken in the review process and changes to content proposed
- the resulting Safe Practitioner Framework.

The frameworks, which detail the learning outcomes and behaviours for each seven disciplines are published separately to this document and can be found on our consultation page.

Consultation period and deadline for responses

This 12-week consultation exercise opened on 18 October 2022. The closing date is **10 January 2023**.

Ways to respond

Please respond to this discussion document by using the online survey.

You can also submit your response by email, please include the name of the consultation in the subject line of your email to: stakeholder@gdc-uk.org.

For details of how your data will be processed and stored, please see our Privacy Notice. Information held by the GDC is subject to Freedom of Information requests, so please do not provide any information you would not want disclosed.

Responding to your views

The GDC will respond to views raised during the consultation by producing a consultation outcome report. The report will be published on the GDC website.

Contact us

If you have any questions or queries about this consultation, please email: stakeholder@gdc-uk.org.

Phone: 020 7167 6330

Background

1. The role of the GDC in education

1.1 The GDC is the regulator of dental professionals in the UK. Our role in education and training is one of our four statutory functions, as set out in the Dentists Act 1984.

1.2 Our expectations for pre-registration training of dental professionals are currently articulated as learning outcomes in the document Preparing for Practice. These learning outcomes set out the knowledge, skills and behaviours that must be demonstrated for registration.

1.3 We also set the Standards for education, which outline expectations for courses that lead to registration. Course providers are required to demonstrate they have met the standards, including how they deliver the learning outcomes, through our quality assurance processes.

1.4 The first version of the learning outcomes was published in 2012 and updated in 2015. There have been significant shifts in society and in dentistry since 2015, which now need to be considered.

1.5 Our commitment to reviewing the learning outcomes forms an important part of our upstream agenda and is closely linked to other projects including the Scope of Practice review, developing the Principles of Professionalism, reviewing the Standards for Education and legislative reform.

2. Preparing for Practice

2.1 The learning outcomes in *Preparing for Practice* were developed in 2011 following a strategic review of our approach to education. The introduction of learning outcomes was a major shift in approach away from the GDC stipulating inputs and setting curricula, towards a model in which the outcomes of education are defined.

2.2 The current learning outcomes were designed to give pre-registration education providers flexibility in designing their own training courses and curricula whilst putting patient protection, patient expectations and oral health needs at their centre.

2.3 *Preparing for Practice* centres around the concepts of "safe beginner" and "independent practice". These terms refer to the period following successful completion of a UK dental qualification. The terms aim to describe the expectations surrounding the professional's individual skills and autonomy at these points, but we do not specify timeframes for when the transition is expected as this is likely to be variable across individuals and titles.

2.4 The learning outcomes are divided into four domains - Clinical, Communication, Professionalism and Management and Leadership. There is some repetition of skills and attributes across the domains due to the overlapping nature of skills relevant to each domain. While the clinical domain is necessarily unique for each professional group, there is significant commonality across the other three domains.

2.5 There is also a taxonomy of the learning outcomes which divides them into three groups: knowledge, skills and attitudes/behaviours. These groups reflect the common descriptive language used in the associated learning outcomes and how they might be applied. For example, "describe" versus "apply" versus "act".

Considerations

In approaching the review, we first considered whether a light touch or more fundamental review would be required. To determine this, we carried out a stakeholder survey[1] and formed a reference group[2] whilst considering the wider external factors, evidence and intelligence gathered since the last update in 2015. We have concluded there are significant considerations that have necessitated a wider review of the content and structure of *Preparing for Practice*. Key considerations and our corresponding actions are detailed under Proposals.

3   Feedback on the current Preparing for Practice

We have received wide ranging feedback in recent years regarding *Preparing for Practice* which was considered within this review. Key issues identified in the current version were:

3.1 The terms "safe beginner" and "independent practitioner"

We are aware that these terms have been problematic for both education providers and employers since their origin. We are routinely asked to provide granular detail about what is expected at each point and when the transition is expected to occur. Additionally, stakeholders have fed back that trainees working clinically in some professions are expected to be both safe and independent upon registration, and so neither term is appropriate.

Therefore, instead, the term "safe practitioner" is proposed to describe the newly UK qualified registrant. This term encompasses the most critical outcomes of pre-registration training. Firstly, safety is paramount to any kind of treatment or care provided to patients and the public, regardless of the registrant's title, training or experience. Secondly the word "practitioner" implies a level of competence upon course completion, versus "beginner" which does not necessarily instil confidence in individuals or their employers regarding their abilities. Given many dental professionals are working in practice settings during their training, the term beginner is not always applicable to them at the point of registration, indeed they may be relatively accomplished at that point. Safe practitioner is felt to be the most accurate and appropriate term that fits across all newly qualified dental professionals.

Action: We propose to move away from the terms "safe beginner and "independent practitioner" and use the term "safe practitioner" instead. We are also proposing to provide a broader description of what a safe practitioner constitutes in terms of skills and attributes, rather than providing an explicit definition. See further detail in section four.

3.2 Changing landscape for professionals

a.   Since 2015 the pressure has been building on dental professionals to manage their daily work in an increasingly complex environment. Alongside patient care, professionals must manage business and contractual demands, workforce shortages, high patient expectations, increasing complaints and the potential and feared consequences of these, amongst many other factors. The pandemic has further exacerbated these issues and caused significantly more stress to professionals and dental teams, evidenced by research we commissioned in 2020 and 2021, investigating the impact of the pandemic.

1 The survey was conducted in quarter 3 of 2021, targeting education providers and other relevant organisations such as postgraduate training, representative and expert bodies. The survey asked for detailed feedback on the current learning outcomes. 41 responses were received, 35 of which were from training providers.

2 In October 2021 a steering group was formed to provide education, assessment and sector expertise. The group comprises dentists, a hygiene-therapist, therapist, dental technician, and a dental nurse, with a regulatory education expert from outside the sector. Group members have experience in areas including primary/undergraduate and post-graduate education provision, foundation training, and equality and diversity matters. The terms of reference are explicit in defining the group as advisory only, and not a decision-making body.

b. The mental health and wellbeing of dental professionals has suffered as a result of the pandemic, and the findings indicate that this is the most frequent factor influencing career decisions, referenced by 95% of those professionals surveyed.

> **Action:** The revised draft formally recognises the importance of mental health as a core facet of professional working life, to equip those coming into the profession with the skills and insight to manage and acknowledge their wellbeing.

c. Even before the pandemic, concerns were being highlighted to us about newly registered professionals' preparedness for the workplace, particularly dentists. The GDC's preparedness for practice report 2019, which assessed a wide range of evidence and sources, confirmed that newly qualified dentists are safe to practise, but that there are some areas needing more attention:

"…there are some areas in which they are less prepared, including managing complaints, recognising their own limitations, working with the wider dental team and working with wider health and social care professionals. Dental schools and foundation training providers should continue to help students and new graduates develop insight into their current level of expertise, their strengths, and their continuing educational, technical, and professional needs".

d. The regulatory landscape has also seen some considerable shifts since 2015. Following the Williams review in 2018, healthcare regulators have made efforts to understand and recognise the wide range of contextual factors that may influence professionals' ability to carry out their jobs safely and to the expected standard.

> **Action:** We have set expectations for insight skills in pre-registration training to help newly qualified professionals understand their strengths, limitations and learning needs, and the role and impact of wider contextual factors on patient safety.

e. The GDC is also proposing to change how we provide guidance to communicate the standards of conduct, performance, and practice expected of dental professionals, away from a rules-based directive model towards a principles-based model which encourages and empowers professionals to make their own judgements[3]. Our guidance and more importantly, this underlying shift in mindset, will need to be reflected in dental education. Our research on professionalism in 2020 reported that professional behaviours continue to be important to patients, and may impact the patient's perception of the quality of the treatment, with experienced dental professionals reporting they wished they had been taught more non-clinical aspects, such as complaints handling.

> **Action:** We continue to recognise the central role professionalism must play in education and training, in relationships with patients and colleagues, and in building a career. The revised draft has reflected the proposed shift in our approach, as well as contemporary expectations of what professionalism means for patients and the public.

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3 A consultation on a new framework for setting standards and providing guidance is scheduled for publication in November 2022

3.3 Changing societal landscape

a. Societal expectations surrounding Equality, Diversity and Inclusion (EDI) have shifted significantly since 2015. EDI is also an increasingly important component of planning and service delivery that needs embedding both within every aspect of clinical care and across professional attitudes, behaviours and skillsets. The Diversity in Dentistry Action Group published a report in May 2021, which set outs strategic actions for the EDI agenda in dentistry. It explores challenges facing professionals from diverse backgrounds in their careers and workplaces and highlights the disparity of health outcomes and quality of care experienced by diverse groups of the patient population. Our professionalism research also explores EDI and supports the emerging importance of teaching social and cultural competence in education and training.

Newly qualified professionals must be prepared to treat and support patients from across the UK's diverse population, tailoring care to their individual needs. Furthermore, future generations of professionals will be responsible for creating and celebrating inclusive and diverse workplaces. Expectations for respectful and inclusive team working need to be embedded from the earliest point of pre-registration training.

Action: Preparing for Practice has been thoroughly reviewed through the lens of Equality, Diversity and Inclusion with the help of external experts, to ensure the relevant concepts, skills and knowledge are embedded across the expectations for newly qualified professionals.

b. Members of the public increasingly expect a consumer service from the dental team, as evidenced by the 2020 professionalism research. This consumer environment comes hand in hand with complaints and increases the risk of professionals feeling vulnerable and stressed, potentially leading to more defensive practice. Our pandemic research tells us this has been exacerbated in recent years.

Action: The revised draft has incorporated more content to equip newly qualified professionals to both manage and expect complaints as a routine part of work, accompanied by the insight and reflection skills to learn from these incidents.

c. Environmental sustainability and climate change have long been societal concerns but have more recently emerged as issues important to healthcare professionals. Many dental professionals, want to understand more about how their services contribute to global warming, and how and where they can make a positive impact. The UK government also recognise the key relationship between the climate crisis and the population's health, and have recently published guidance to support health professionals to take action. In the UK regulatory sphere, the General Medical Council incorporated sustainable healthcare into their undergraduate outcomes in 2019.

Action: We have introduced environmental sustainability into the revised draft as an important consideration when providing dental care.

3.4 Assessment of certain learning outcomes

In the 2021 stakeholder survey and in discussions amongst the reference group, education providers have fed back that there are difficulties in assessing certain current outcomes, as they describe an intended learning goal but are not always an achievable or demonstrable outcome. For example, many providers have fed back that certain outcomes under the domain of professionalism are difficult to assess routinely, and often can only be measured by the absence of poor behaviour, or an incidence of student fitness to practise. The difficulty in assessing these in the format of a learning outcome does not detract from the necessity of these expectations being taught and assessed, but that an alternative metric from a learning outcome is needed.

Our research on professionalism explored how pre-registration training teaches and assesses professionalism. The researchers concluded that teaching professionalism is complex, with ideally a multifaceted approach of formal curriculum and other activities such as mentoring, and reflective practice required.

The evidence also included a paper by Bateman[4], who reflected the difficulties in teaching and assessment of professionalism. The author highlighted recommendations from the literature which included: "a range of contributory content; account of context; the necessity of looking longitudinally and not just a 'moment in time'; and use of appropriate multi-source assessment and feedback mechanisms".

Action: We acknowledge that some learning outcomes do not support education providers to design the most effective assessment strategies in their current form. Those learning outcomes that can be routinely assessed have been refined to be more explicitly teachable and assessable. Some learning outcomes that cannot be routinely demonstrated in their current form will instead be described using the metric "behaviour". See further detail in section four.

3.5 Repetition, overlap and clarity

One of the key pieces of feedback from the 2021 stakeholder survey was regarding the overlap and duplication of content across and within the domains of Preparing for Practice. For example, consent was suggested as an area that could be streamlined, as it is currently repeated within and across the clinical and communication domains. Another example was regulatory and legal requirements repeating across the professionalism and management and leadership domains.

We heard feedback related to the clarity and terminology of learning outcomes. Many providers felt that some outcomes were too high level and opaque, which led to confusion as to what was intended to be delivered. One respondent reflected that *"there is apparent lack of clarity about the purpose of the outcomes, which, in many cases, are written as standards applicable to all registrants, rather than as outcomes to be met by day one graduates"*.

Regarding terminology, both the survey respondents and reference group members reflected that some descriptive words were not helpful in articulating expectations. This respondent's quote reflects many of the general sentiments fed back: *"Use of the word "recognise" is very frequent and is problematic, in that it calls into question how one would "recognise"*.

Action: The review has carefully considered how to reduce duplication and overlap across the outcomes. The descriptive wording has been reviewed, to ensure a more consistent approach and to improve clarity of the outcome expected.

4 Bateman, H., J. Ellis and G. McCracken (2019). "Professionalism in undergraduate dental education: a pause for thought." British Dental Journal 227(12): 1025-1027

3.6 Scope of practice and direct access

Feedback from the 2021 survey and additional informal discussions with stakeholders have informed us that Preparing for Practice does not accurately reflect dental care professionals' scope of practice, nor does it reflect direct access. More specifically, the learning outcomes do not represent the clinical abilities of therapists and hygienists to carry out the full breadth of their skills directly to the public. In many instances where skills and procedures can be carried out equally and to the same extent by dentists, therapists and hygienists (as per the scope of practice), the learning outcomes differ in their descriptive wording for hygienists and therapists compared to dentists. The suggestion of a differing level of skill upon registration may then be a barrier to fully utilising direct access and may also have the unforeseen knock-on effect of preventing maximal use of skill mix in the workplace or deploying workforce more flexibly in the future.

Action: The review has thoroughly examined and updated the learning outcomes to accurately reflect all dental care professionals' scope and their ability to provide dental care directly to the public.

3.7 The prevention agenda

Prevention is a key component of dental care, with an evidence base and best practice that is continually evolving. We are aware that the learning outcomes and education providers place significant emphasis on prevention already, but it was felt amongst the reference group that the outcomes could go further to enhance the language around patient compliance and self-care.

Action: The learning outcomes have been strengthened regarding prevention, self-care and patient compliance.

The safe practitioner: A framework of behaviours and outcomes for dental professional education

4 Assumptions in approach

In initial meetings, the reference group discussed questions and concerns that members had heard circulating within the dental sector regarding pre-registration training. To address these from the outset, some high-level assumptions were established while also helping to steer the review:

a. **Individuals joining the register from a current UK training programme are safe to practise**
Over recent years, stakeholders and foundation trainers have regularly fed back to the GDC their concerns regarding new graduates (particularly dentists) preparedness for practice. Our thematic review of dentists' preparedness for practice in 2019 revealed no evidence to suggest dentists were not safe, but highlighted some key areas for improvement, including complaints handling, insight and team working. Whilst we do not have specific evidence regarding dental care professionals, the findings are felt to be applicable.

b. **Routine skills are taught, and must continue to be taught, but that certain areas need a renewed focus**
As above, as well as the other areas identified in section three of this document.

c. **The outcome of education should be patient centred regardless of prospective registrants' treatment setting**
This is in response to stakeholders who have informally raised concerns over the years that new graduates are being prepared specifically for NHS treatment settings, rather than being universally prepared for all settings. We are instead emphasising the importance of patients regardless of setting.

d. **Consistency across members of the dental team is important and should be achieved where possible, as well as being easily visible**
The 2021 stakeholder survey, members of the reference group and more general feedback from stakeholders urge the GDC to emphasise the consistency of approach across the dental team to assist with both educational planning and instil the importance of role recognition and team working in practice.

4.1 The draft framework

Below is the diagrammatic representation of the GDC's revised approach for pre-registration training: *The safe practitioner: A framework of behaviours and outcomes for dental professional education*. The elements are explained in detail below, and the full drafts for each profession can be found on our Consultation webpage.

SAFE PRACTITIONER			
Description			
Domains: Clinical	Interpersonal and emotional	Professionalism	Self management
Behaviours		Learning outcomes	

4.2 Safe practitioner

For reasons stated earlier, we are proposing to move away from the terms "safe beginner" and "independent practitioner". Instead, the term "safe practitioner" is proposed to describe the newly UK qualified registrant. This term encompasses the most critical outcomes of pre-registration training. Firstly, safety is paramount to any kind of treatment or care provided to patients and the public, regardless of the registrant's title, training or experience. Secondly the word "practitioner" implies a level of competence upon course completion, versus "beginner" which does not necessarily instil confidence in individuals or their employers regarding their abilities. Given many dental professionals are working in practice settings during their training, the term beginner is not always applicable to them at the point of registration, indeed they may be relatively accomplished at that point. Safe practitioner is felt to be the most accurate and appropriate term that fits across all newly qualified dental professionals.

The College of General Dentistry (CGDent) has also adopted the term "safe practitioner" for their Career Pathways framework as a means of describing their entry level membership for the dental team. We have worked with the CGDent to ensure our use of the term is consistent, and we anticipate that a single term is beneficial in clarifying expectations of this cohort.

4.3 Terminology

Attempting to define the previous terms "safe beginner" and "independent practitioner" have proven problematic and at times detracted from the overarching purpose of education and training. Rather than produce a definition for safe practitioner, we are proposing instead to provide a description which covers both the breadth of skills, behaviours and attributes expected (mirroring content across the domains) and gives a high-level indication of the level of attainment expected.

4.4 The domains

After reviewing the retained, modified and new content, the reference group considered that the components still mapped well into four domains, largely similar to the existing ones. Whilst "Clinical" and "Professionalism" have been retained exactly, the consultation proposal is for "Communication" to be reworded as "Interpersonal and emotional", to reflect the wider range of content surrounding teamwork and wellbeing as well as routine communication skills. The "Management and leadership" domain is proposed to be renamed as "Self-management" due to the shift in content to focus on individuals in this domain. Expectations in leading/managing others is retained in the interpersonal and emotional domain and has been reviewed to reflect realistic expectations for newly qualified professionals.

The description of a 'safe practitioner' is as follows:

Domain A: Clinical

Possesses the skills and underpinning knowledge to undertake routine* clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, assessment, diagnosis, treatment planning and onward referral.

Domain B: Interpersonal and emotional skills

Uses interpersonal skills and emotional awareness to enable effective communication with all patients and colleagues which is underpinned by behaving in a caring, empathic and respectful way. Demonstrates effective team working and helps foster wellbeing of others.

Domain C: Professionalism

Demonstrates professionalism and integrity by behaving ethically, shows leadership and social accountability. Is committed to advocating for oral health, promoting good oral health and understands the importance of sustainable service provision in the population and across communities, and addressing priority health needs for the communities.

Domain D: Self-management

Can self-manage, adapt, and respond to different situations using insight and reflection. Plans and manages their time and keeps up to date with continued learning and development.

4.5 Behaviours and learning outcomes

We are proposing to include the metric of "behaviours" alongside learning outcomes. This follows feedback that learning outcomes are not the right tool to use to describe certain professional attributes, as mentioned above. Behaviours will replace those learning outcomes which describe expectations around professional behaviours, values and attitudes. They relate to those aspects of professional practice which are not able to be assessed in a one-off summative event, but instead need a more continuous, longitudinal, and formative approach for education providers to be able to form a judgement as to whether the learner demonstrates that behaviour.

As an example, one of the existing learning outcomes under the Professionalism domain reads: *6.1 Put patients' interests first and act to protect them*. Isolated assessments are not appropriate for a professional attribute that is expected to be demonstrated consistently, over time. It also runs the risk of missing the opportunity to address more subtle issues, especially if the outcome can be easily demonstrated for a one-off assessment. For this particular learning outcome, it has been updated as a behaviour in line with the proposed Principles of Professionalism[5] to *Support patients to make informed decisions about their care, making their interests your first concern*.

It is also anticipated that rather than give education providers an increased workload, that the behaviours metric will give more flexibility to teach and evidence they have been met, using existing structures and processes required by the GDC's Standards for Education. More information on quality assurance can be found in section five.

The learning outcomes areas which remain have been fine tuned to be more specific, measurable, and clearly defined. Following feedback from the survey of stakeholders, the descriptive wording has been refined and made more consistent, for example "recognise" has been removed from the outcomes and replaced with more precise words such as "describe" or "explain".

5 Regarding the principles of professionalism, the revised draft does not directly replicate these currently. We made a deliberate decision to continue to provide more detailed expectations of safe practitioners whilst the supporting materials for professionalism are further developed, and the framework will be updated as necessary. Nonetheless, the material does align across the two documents as depicted in the mapping document, Attachment Three.

5 Quality assuring the new framework for the GDC

5.1 The key regulatory tool which we use to quality assure education and training programmes is the Standards for Education. These outline the requirements placed on providers in three broad areas – patient safety; quality evaluation and review; and assessment.

5.2 We seek assurance of the coverage of the required learning outcomes through these standards. Requirement 13 of these standards requires that providers can evidence that students have demonstrated attainment across the full range of learning outcomes.

5.3 These standards are scheduled to be reviewed in 2023/24. We recognise that the changes to *The safe practitioner: A framework of behaviours and outcomes for dental professional education* document may influence elements of the review process. Should the proposals to include behaviours within the stated expectations be accepted, by their nature they cannot be easily assessed in many summative assessments. This means that alternative assurance will be required, and providers will need to adapt their assessment strategies accordingly.

5.4 The approach to assure that learners/ students demonstrate the requisite behaviours will be a requirement of the teaching and assessment strategies of education providers.

5.5 Providers will be expected to evidence how their students achieve both learning outcomes and behaviours as part of regulatory education quality assurance processes. We will be engaging with providers directly during the consultation period to discuss this in more detail.

6 Implementation

6.1 We are aware that the impact of this consultation will affect education providers differently depending on various factors, including their resources and length of programme/s. We are cautious to apply a fixed deadline to implementation without speaking to providers and understanding what is realistic and feasible for their resources and planning. We will discuss this with providers during the consultation period before we determine timeframes.

7 Overseas qualifications

7.1 The GDC's pre-registration expectations set a consistent standard for entry to the registers across all application routes. Therefore, there will be implications for registration processes for international qualifications, including the Overseas Registration Exam (ORE) and the assessed application process.

7.2 We are currently working through timeframes and resourcing for this, which will follow implementation of the framework for UK education providers.

8 Consultation questions

1. **To what extent do you agree with the following (strongly agree to strongly disagree):**

    *   GDC's proposal to move to the term "safe practitioner" replacing both "safe beginner" and "independent practitioner"
    *   The description of a safe practitioner

    Please provide any comments or feedback relating to your responses above.

2. **To what extent do you agree with the following (strongly agree to strongly disagree):**

    *   The introduction of behaviours

    Please provide any comments or feedback relating to your responses above.

3. **To what extent do you agree with GDC's rationale for including the following areas of content for the safe practitioner framework: (strongly agree to strongly disagree)**

    *   Managing mental health and wellbeing
    *   Insight skills
    *   Building awareness of wider contextual factors that impact daily practice
    *   Renewed approach to professionalism
    *   Equality, diversity and inclusion
    *   Complaints handling
    *   Sustainability
    *   Scope of practice and direct access

    Please provide any comments or feedback relating to your responses above.

4. **Regarding the safe practitioner frameworks and areas of content for each professional discipline, do you wish to draw attention to anything specific, or something else that should be considered?**

5. **Is there anything else you would like to share with us, regarding this consultation?**

Contributions

We are very grateful to the following individuals for their invaluable contributions to the review:

- Heidi Bateman and Janice Ellis for dedicating a significant amount of their time and expertise to develop the framework, outcomes, and behaviours

- The reference group who have helped to shape the review: Heidi Bateman, Janice Ellis, Simone Ruzario, Marina Harris, Andrea Johnson, Nina Barnett, Matthew Collins, Colette Bridgman and Kirstie Moons

- Nishma Sharma, Vanessa Muirhead, and Nilu Ahmed for their input and expertise on equality, diversity and inclusion

- James Field for his advice and contribution to the sustainability content, sourced from the Graduating European Dentist curriculum. Also to Brett Duane and Amarantha Fennel-Wells for their advice on sustainability in dentistry.