Under pressure?

Neel Kothari asks: Will the pressure to meet academic requirements repel potential hard-working dental nurses from entering the profession?

A s every dentist knows, finding a good nurse is like finding gold dust. In the last few years, dental nursing has undergone a mini metamorphosis as nurses learnt their trade through in-practice training, many choosing to undergo further training. Today, however, qualification through a structured course is a mandatory General Dental Council (GDC) requirement for trainee nurses. Along with this, comes a yearly registration fee to the GDC, as well as having to undertake verifiable CPD hours.

I applaud the professional status now endowed upon nurses through registration with the GDC. Many dentists, myself included, have always felt that the hard work and care provided by nurses far outweighs the credit they are given (and in many cases the pay too). However, this does come at a cost, whether it is to nurses or to the practice; ultimately in the business of dentistry, an eventual trickle down to patients is likely to be seen. So, are nurses, practices and patients actually better off?

Justifying fees
While dental care professionals have their annual retention fees (ARF) set to a lower level than dentists, £86 is still a lot of money, especially to many of the dental nurses I know; it is therefore absolutely crucial to make sure their fees are justified. It does also seem disproportionate that all DCPs pay the same fee, while many nurses also felt a great sense of achievement in having completed their qualification and are looking forward to undertaking further CPD in the future. Almost all of the nurses I have discussed this with are glad to have a recognised qualification on their CV, but many are worried about just exactly how they are going to achieve all of their CPD.

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Split opinion
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For me the jury is still out. What do the patients actually benefit from? Are those nurses who have undergone a mini metamorphosis worth the pay or the hassle? Shouldering the burden

So the question that must be raised is: are we actually likely to see many complaints that result in GDC inquiries into nurses? Or is fitness to practice resulting in a misuse of the ARF?

The BADN reports that from those nurses surveyed, 32 per cent of registered dental nurses do not have their own indemnity cover, with 18 per cent of registered dental nurses having no indemnity cover at all.

So in the event of a patient complaint, what level of burden is fair for nurses to shoulder? Given the constraints that nurses work within (often set by the dentist), in my opinion the answer should be very little.

Many of the nurses who have assisted me in the past have struggled with exams during their school years. This does not mean that their ability to do the job is necessarily impaired, nor does it mean that they lack the intelligence or the skill to take on further responsibilities. However, in reality, some of the best nurses currently working in general dental practices today may have been put off in the past if mandatory requirements of registration were in place when they first entered dental nursing.

Study fears
I fully endorse pathways that enable nurses to further develop their skills within their profession; however, by insisting on qualification, we must as a profession be fully aware that we are potentially alienating good, hard working candidates for dental nursing who are more than able to cope with the stresses and strains of the job, but are put off by the academic requirements required.

In my opinion, all members of the dental team should be encouraged to improve their skills and knowledge base, but this should not be to the detriment of those who have all of the practical ability to do the job, but struggle with the academic rigmaroles.

Along with now having to pay for registration and indemnity (if chosen), nurses now also have to undertake regular CPD. The BADN reports that around 45 per cent of employers make no contribution to nurses’ CPD with only 15 per cent covering all costs associated with CPD.

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