Under pressure?

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

As every dentist knows, finding a good nurse is like finding gold dust. In the last few years, dental nursing has undergone a mini metamorphosis. 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 credits 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, £96 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 having differing salaries and presenting with different risks to patients.

Surely a dental therapist or hygienist who earns a higher average salary is more likely to pose a greater risk to patients than dental nurses? Yet they pay the same fee. The British Association of Dental Nurses (BADN) surveyed nurses and found that the majority of dental nurses (62 per cent) earned between £10,000 and £20,000 a year, with around 71 per cent of nurses paying their own GDC registration fees.

With dentists, we can see that the ARF goes towards regulating complaints and setting professional standards. Dentists have to work within, but ultimately there is one main pathway for the GDC to get involved with regulation and that is for a patient to complain.

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 fitness to practice resulting in erasure from the GDC? 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 of nurses working 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.

Split opinion

When asking various nurses what they thought of the rapid transformations seen in the last few years, I have to admit that to my surprise opinions have been split. Sure, plenty felt that the ARF fees were disproportionate and a far greater financial burden than they need to be, but 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.

Restricted access

As the majority of nurses are female, another key issue that arises is how these new reforms fit in with those nurses that raise families and need flexible working patterns. It seems that for many the prospect of carrying on with nursing is no longer fund the business of dentistry?

So are nurses, practices and patients actually better off? Certainly some nurses have benefitted from their elevated status, however, by requiring registration for all are we risking abandoning perfectly good nurses who either fail to cut the academic mustard or simply cannot cope with fulfilling their CPD obligations?

Of course practices gain overall from having nurses trained to a recognised standard, but can the trade off between the benefits and the cost be justified to patients, who after all ultimately fund the business of dentistry? For me the jury is still out.

About the author

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