United we stand

Mhari Coxon discusses the scope of extending your duties and skills as dental professionals

There are a lot of things, big things, happening in the dental world just now. As I write this, the GDC has made history by successfully prosecuting a company for practicing dentistry without being registered as a dentist or dental care professional. The long term implications for this are righteous as hopefully now the business of tooth whitening will only be carried out by a competent dental professional under the prescription of a dentist, within scope of practice.

Scope of practice is a way of describing what you as a dental professional are trained and competent to do. It describes the areas in which you have the knowledge, skills and experience to practise safely and effectively in the best interests of patients. Scope of practice was first published in April 2009 and clearly laid out the skill groups expected of each dental team member upon qualification; it also extended additional skills or duties that could be added to their skill group through training either in house or by external training and examination; whichever would be most appropriate. The most important thing is that any professional should only carry out a duty of care for a patient when they feel confident and competent. It also clearly says the things we should not be carrying out without further qualification.

The General Dental Council met on February 24, 2011 and, among other important items, two working parties were appointed. One group, consisting of four council members, two external members and, importantly, a patient representative, will review the Standards guidance and report back to the Council in July 2012. The second group, which would comprise representatives from seven registrant groups, plus a lay Chair (appointed from Council) and a patient representative would review the Scope of Practice document and report back to the Council in February 2012.

The principle focus of the Scope of practice working group will be patient safety and public interest.

The GDC has this to say on their website:

Policy is developed on the basis of consultation and evidence.

In order to protect the public by regulating the dental team, we need to listen and understand the views of the public, patients and registrants.

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*England only.

The areas the DBG assesses are:

- Your premises including access, facilities, security, fire precautions, third parties and business continuity plans.
- Information governance including Freedom of Information Act, manual and computerised records, Data Protection and security.
- Training, documentation and certificates.
- Radiography including IRR99 and IR(ME)R2000 compliance.
- Cross infection and decontamination including HTM 01-05 compliance and surgery audits.
- Medical emergencies including resuscitation, drugs, equipments and protocols.
- Training, documentation and certificates.
- Waste disposal and documentation and storage.
- Practice policies and written procedures.
- Clinical audit and patient outcomes including quality measures.

Your compliance with Clinical Governance and Patient Outcomes will be questioned with the introduction of the Care Quality Commission*, HTM 01-05 and the increase in PCT practice inspections.

Would you like to know how you would fare when your practice is inspected and have the opportunity to take corrective action?

The DBG Clinical Governance Assessment is the all important experience of a practice audit visit rather than the reliance on a self audit which can lead to a false sense of compliance. The assessment is designed to give you reassurance that you have fulfilled your obligations and highlight any potential problems. We will provide help and advice on the latest guidance throughout the visit.

The assessment will take approximately four hours of your Practice Manager’s time depending on the number of surgeries and we will require access to all areas of your practice. A report will be despatched to you confirming the results of our assessment. If you have an inspection imminent then we suggest that you arrange your DBG assessment at least one month before the inspection to allow you time to carry out any recommendations if required. Following the assessment you may wish to have access to the DBG Clinical Governance Package with on-line compliance manuals.

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The focus of ‘Scope of Practice’ is patient safety

About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPDforDCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdfordcp.co.uk.

You simply need to email standards@gdc-uk.org with Scope of Practice review in the subject bar and say what you think.

What seems apparent from the last review of duties is that each group was not particularly aware of, or supportive towards, the other DCP groups. I think there may have been a breakdown in communication and working in the best interest of the dental patient. For example, it was finally decided that a dental nurse can work clinically with the patient, placing rubber dam, taking shades, taking impressions and providing oral hygiene advice and fluoride application. All these additions were welcomed but it was with disappointment that I saw that the initial proposal had included prophylaxis and some simple supragingival calculus removal, and they never made the final cut.

Then there was the hygienists and therapists portion of the consultation. The initial consultation considered diagnosis of disease to be added to their duties and the need for a treatment plan from a dentist to be removed. Instead, we ended up with a ruling about a prescription for the treatment and the need to see a dentist every three years for a referral as a minimum. Of course a patient should see the dentist at intervals which best suit their dental needs, but the feeling is that they are not being allowed to access care independently and that this could be seen as restrictive.

History in the making?

It is not often we get the chance to have a say in the future of our professions and I implore you to grab it with both hands. If we don’t reply with our views, whatever they may be, then we can’t expect these groups and the council to understand our point of view and take it into account.

I will be replying myself, saying that in my ideal dental world, I would like to see the dental nurse be able to use prophylaxis to remove the disclosing solution after their oral hygiene session with the patient, perhaps suture up at the end of surgery even. My future would see the hygienist able to carry out all the treatment planning and diagnosis of the patient’s periodontal health, and therapists being able to detect and treat caries without a treatment plan from a dentist, still working as part of the team but allowing direct access to this service by patients.

So, thinking caps on, do you want to see the option of extending your duties with additional skills expand and if so, what would you like to see included? I truly believe there has never been a better time to be in our profession and providing we show that we are interested, the future will only get more interesting.

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