Discussing dental nurses

In the third part of this four-part interview, Neel Kothari talks to Susie Sanderson about dental nurses

NK: I wanted to ask about dental nurses. Nurses are amongst the lowest paid of the dental team and they’ve suffered a huge rise in costs – registration fees, compliance with CPD and other rules and regulations. Have they seen good CPD and other rules and regulation fees, compliance with team and they’ve suffered a pay cut.

SS: This is one of those circular issues. We know from our research that a significant proportion of practices pay their dental nurses’ regulation costs, and by that I mean not just the GDC fees but also the CPD fees. Now that’s fine, but of course it just gets recycled into the expenses of the practice so the wages bill looks bigger or the education bill looks bigger, profits are smaller and so their wages are then suppressed for longer. So it is a circular problem – without a doubt it is a cost.

Pay freeze

The Department of Health has been told by the Treasury and by the Secretary of State that there’s a pay freeze on public sector workers so dentistry gets an amount of money which the Department of Health think that they can contribute to the expenses of running dental practices, plus an efficiency saving, which at the moment is currently expressed by improving prevention through fluoride varnish. So in real terms, in order to achieve the efficiency saving, dentists are doing more for the same money, and their expenses are not being fully met. In effect, a pay cut.

Step too far?

So you’re absolutely right, it’s potentially a real expense to the dental nurses ultimately: they can end up with them and kept quiet in the surgery. I think we can take some credit in the BDA for developing the team role through BDA Good Practice, which I think was probably, along with Denplan, one of the first programmes which suggested that dental nurses had a role in the success, the sustainability, the morale, the improvement in patient care and a significant part to play. Now the minute that happened, the whole dental team became worth something; it had a value, self-worth, self-esteem, responsibility and the enjoyment of that responsibility. And actually when you talk to dental nurses (perhaps not the youngsters, but certainly nurses who have been around for longer), they actually quite like the requirement to do CPD and they find it empowering.

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NK: Fifteen years ago, dentistry was a very paternalistic profession: the dentist decided what they were going to do, issued instructions, people ran round them, made them coffee, put their metaphorical slippers on for them and kept quiet in the surgery. And actually when you talk to dental nurses (perhaps not the youngsters, but certainly nurses who have been around for longer), they actually quite like the requirement to do CPD and they find it empowering.

So while I suspect there’s probably a compromise in my own mind – and again it’s not BDA policy, because BDA policy is that the whole team should be regulated as it stands at the moment – but perhaps there should be a mandatory regulation for anyone who has an extended duty qualification and does anything to and with patients directly, rather than just standing and being under instruction all the time, and perhaps there should be a voluntary regulation for dental nurses as well.

SS: Empowering

One of the knock-ons is that, when you look at the GDC now, the majority of the registrants with the GDC are dental nurses. So that has been hugely empowering, not just on a practice basis, but politically as well. You will not find many central committees, either advisory committees or committees that are influencing changes in dentistry, regulation, all sorts of other things, that don’t have the full spread of DCPs on it. So being regulated and being part of the GDC has immediately led to full representation of the dental team, and it’s not just token representation, but it’s really active representation. Now, that I think has been really good for the profession, because it’s challenged the dentists’ perception of paternalism.

So to sum up I suspect it primarily values less money, in terms of the empowerment of the profession of dental nurses – although it may not be appreciated as such. And just saying my last sentence highlights something new: profession of dental nurses? So it has established professional behaviour and it has established a voice and a role politically, representation and also parochially as well.

NK: It seems that if you’re a full time nurse, that’s great, but it seems that there are large numbers of people who are concerned about the cost. For instance, I can pick out three nurses from my own experience who have come back from maternity and have said, ‘I can’t afford to go back into the profession?'

SS: Yes, and it isn’t just dental nurses either who struggle with it. Part time dentists still have to pay the full annual registration fee. They also pay a significant proportion of the full BDA membership at the moment. When we first started having on call rotas, and it was a 1990 contract that brought out of hours responsibilities in, huge rows erupted about ‘well I only do one day a week, why should I do the same amount of on call cover on the rota as my friend who works seven days a week and works all night?’ It was a similar problem.

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works as a principal dentist at High Street Dental Practice. He has completed a year-long postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL Eastman Dental Institute.