

# Where will DCPs be in 10 years' time?

The New Year is a time when many people gaze into their crystal ball and attempt to forecast the future. We ask *BDJ Team's* resident Mystic Meg **Shaun Howe** RDH where he feels DCPs will be in 10 years' time.

**D**ental Care Professionals (DCPs) are the largest groups of Registrants on the GDC Registers yet form the smallest group on the Council which is a disparity when put in numbers but it really is not that simple. I have stated publicly before that there may need to be a shift in future to separate DCP registration from that of our dentist colleagues and this is the same for all aspects of registration including fitness to practise

There are six groups of registrants that make up DCPs and they are very diverse in the duties they undertake, their training and even the way they engage with the wider profession. There is even discussion regarding splitting the whole range of DCPs apart but this is perhaps unrealistic

It would be very difficult to attempt to predict any changes to Scope of Practice for all these groups and no attempt should be made but it is possible to suggest where I would like to see DCP groups. I would like to suggest a time when DCP groups are actually regulated away from our dentist colleagues; regulated is not the same as working together. The professions can still work together and indeed drive forward a cohesive message yet applying one set of Standards across such a diverse range of professions is, in my personal opinion, fundamentally flawed.

Let me explain; doctors are regulated by the General Medical Council and general nurses are regulated by the Nursing and Midwifery Council, those allied health professionals that require registration are registered with the Health and Care Professions Council and I see analogies with our own profession(s) here.

My prediction is a very simple one; why not have the formation (which could be overseen

by the GDC) of a DCP Council? With over 60,000 registrants surely it could be self-funded, with suitable management. This is a very viable option and may allay the fears of the profession in a wider context. I have

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felt – like many – that the annual retention fee set for all groups of DCPs is too arbitrary and should reflect the level of responsibility held at each group. A technician that never interacts with a patient poses a lower risk to the wider public than perhaps an errant dental therapist. Indeed, the art and skill of a dental technician is almost self-regulating inasmuch that if their work is poor they will struggle to gather enough work. The aspects of wider public interest would always be served by the regulatory powers.

Am I premature in this prediction? Of course but as both professions become more empowered then it is possibly time to consider a new direction and continue the evolution; indeed, as groups of DCP registrants seek more autonomy then this should be regulated by peers; I have heard many a dentist bemoan that DCPs form part of the fitness to practice process and this may well remove any antagonism because it is then true peer to peer review. Indeed, the reverse is true; many dentists have not worked as dental nurses and do not understand their role.



As of October 2015, there are 66,099 registered DCPs (Source: GDC Registrar)

Centre for Workforce Intelligence predict by 2025 we will need 7,700 more dental hygienists and 2,000 more therapists

In the same period they predict more than 48,000 dental nurses would be required

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