Is regulation hampering direct access?

By dental therapist
Fiona Sandom¹

So here is the thing, we have dental inequalities, we have healthy, wealthy people clogging up the dental system, children who experience dental caries having much more disease present than ever before, we have hospital extractions due to dental caries as the number one reason children are admitted for a general anaesthetic.

Let's wind back to 2013 and the excitement we all felt when the General Dental Council (GDC) lifted the restrictions on dental hygienists and dental therapists so we could see a patient without a dentist first being involved. That excitement was short lived as we slowly uncovered all the other rules and regulations that need to be observed, looked at and amended before direct access can become a reality. So let us recap on those issues and where we are with them.

NHS regulations

First: National Health Service Regulations:

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it was realised that dental hygienists and dental therapists were not able to open a course of treatment: only a dentist with a performer number could do so and all those three monthly scale and polishes that we had been doing would now require the dentist to see the patient first to do a full clinical examination. I am sure like many, I was under the assumption that as long as I had a prescription for the appointment, then that was fine!

confusion whether dental hygienists and dental therapists could 'prescribe' radiographs. Despite the GDC including this as an extended duty in our scope of practice, other rules and regulations were not so clear. The most recent (2001) National Radiation Protection Board (NRPB) guidance states that: 'It is not permissible for a PCD [professional complementary to dentistry ... now DCP or dental care professional] to act as a referrer.' Due to this ambiguity the

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Whilst there are mumblings that things will change with the new contract, I am not very hopeful that we will be given performer numbers. We have to remember that the four nations all have different contracts and while England and Wales are pretty similar, Northern Ireland and Scotland are not. At the British Society of Dental Hygiene and Therapy (BSDHT) conference in November we heard from the four Chief Dental Officers, who are all looking at contract reform and hoping to deliver a contract that is suitable for their demographic and one that increases the use of skill mix. So the situation remains the same, unless of course you work outside the NHS.

Radiography

Second: Radiography: there was some

GDC was contacted directly and a response stated that legal advice had been sought and the GDC was satisfied that therapists and hygienists could act as a referrer. This was due to amendments made to the 2006 IR(ME)R regulations which state the referrer must be a registered healthcare professional and that:

'Registered healthcare professional' means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002

According to the GDC, this covers dental therapists. As the 2001 NRPB guidance is based on the previous IR(ME)R (2000) regulations, the GDC is satisfied that their guidance conforms to the most recent IR(ME)R guidelines. So the advice is that provided you

have suitable training and are competent to do so, dental hygienists and dental therapists can refer and justify radiographs and interpret them within their scope of practice, but we must close the process by getting a dentist to report on the film.

Prescription only Medicines

Third: Prescription only Medicines (PoM): well what a palaver this has been! How can you work as a dental therapist, providing restorations on teeth without local anaesthetic? How can you treat a deep periodontal pocket in a patient who has sensitivity? How can you apply fluoride varnish to a high-caries-risk child? The answer is that you can't, not without a prescription from a dentist. This is due to the complex regulations around medicines. We were included on the list of healthcare professionals who could administer certain drugs under a Patient Group Direction (PGD). These proved difficult to obtain as they needed to be individually written involving a dentist and ideally the hygienist or therapist and then signed off by a pharmacist. In my experience PGDs are restrictive, due to the inclusion and exclusion criteria they contain. We are now in the process of applying for exemptions to PGDs to allow dental hygienists and dental therapists to administer local anaesthetic and fluoride varnish. Michaela O'Neill and I, as immediate past presidents of our respective organisations, have been tasked with working on this so hopefully this issue will be resolved, however like most things in dentistry the wheels of motion are slow and it will be a couple of years at least before change occurs.

Skill mix research

There has also been a lot of research into skill mix and the safety and efficiency of using dental hygienists and dental therapists. In the *British Dental Journal*, Macey and Glennie of Manchester University and Brocklehurst of Bangor University recently published the

of the intervention. Fifteen patients were interviewed in the qualitative study and supported a team approach to the provision of check-ups in the NHS. The conclusion of this study highlights the potential for the greater utilisation of dental therapists in providing routine check-ups. Importantly for me it also shows that there is patient acceptability for dental therapists to perform tasks that general dental practitioners have traditionally been undertaking.

A de-skilling workforce

Regulations are hampering direct access and that is frustrating, but even more so is the fact that we have a workforce ready and able to help deliver care and improve access who in some cases are de-skilling as they cannot find work as dental therapists.

I know of dental hygienists and dental therapists working directly in private practice which is a great development, but I find it sad that the whilst the NHS contributed to the education of dental hygienists and dental

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results of a feasibility study: 'assessing the efficacy and social acceptability of using dental hygienists-therapists as front-line clinicians'.¹ This is very interesting reading; adult NHS patients were randomised into three arms in two dental practices. The first group of patients saw the dental therapist for a check-up, the second group saw a dental therapist and the general dental practitioner alternately and the third (control) group saw only the general dental practitioner for their check-ups. The study ran for 15 months.

The primary outcome measures of the study were patient recruitment, retention and fidelity. The views of the patients were recorded to determine the social acceptability

therapists, we are still unable to work within it directly to our full scope of practice, helping to educate, prevent and treat dental disease in the more vulnerable demographic who most need and rely on NHS services.

1. Macey R, Glennie A M, Brocklehurst P. Feasibility study: assessing the efficacy and social acceptability of using dental hygienist-therapists as front-line clinicians. *Br Dent J* 2016; **221**: 717-721. Also published in BDJ Team this month - February 2017.

bdjteam201731