What will Direct Access look like?

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It is a strange question to ask whether Direct Access will change in general practice. From a regulatory perspective it would seem unlikely and hygienists and therapists scope of practice would increase dramatically or that they would become NHS performers.

One barrier to gaining an NHS performer's number may be the year of foundation training that dentists undertake before being admitted to the NHS. This is not currently required for hygienists or therapists to work on NHS patients under the prescription of a dentist, but some form of additional training post qualification has been encouraged before hygienists and therapists undertake direct access work privately. Some deaneries do offer hygienists a year of formal training post-qualification and it has been recommended that hygienists spend some time practising in a more sheltered environment before moving on to direct access. The regulatory emphasis is always placed on the registrant to work within their competencies and as such each hygienist and therapist has the freedom and responsibility to choose wisely what services they provide and refer to a dentist when required or preferred.

A second barrier could be the limits on their scope of practice. The ability to prescribe medicines and diagnose from radiographs would be needed as a minimum to undertake the requisite diagnostic steps under the current NHS system. This would certainly be a large extension of their scope of practice and is unlikely to be feasible.

Direct access so far does not seem to have led to a second service developing in oral health. Instead it seems to sit comfortably within the dental system, complementing rather than competing with traditional dentistry. It is possible that if ownership of dental practices by dental care professionals (DCPs) increases the dynamic will change. However, we have not heard of this being a route DCP owners are taking. Additionally,

the option of DCP ownership via a corporate vehicle with dental colleagues sitting on the board of directors has been around for years and the uptake has been small.

Many practices taking part in the new contract reform prototype contracts have reportedly taken on more hygienists and therapists to perform work under those contracts. The structure of the contracts is such that they are intended to focus more strongly on prevention than the current system does and dentists have been able to utilise hygienists and therapists to deliver, amongst other things, oral health advice and dietary advice under the pathways to promote better oral health; particularly with children presenting with poor oral health. Practices have reported this development largely as a positive step in the reform process and there has been some success. If the model prototypes are adopted and used more widely, this could open up further patient access to hygienists and therapists as part of their overall care under the NHS.

The question has been raised whether COVID-19 will have an impact on direct access in the near future. It could be that the backlog of patients requiring treatment leads some patients to seek direct access care *in*

lieu of available dental care, whether these be new or existing patients of the hygienists and therapists. This is something that the whole dental team will need to be alert to and support the hygienists and therapists. Particular attention will need to be paid to those patients seeking appointments with hygienists and therapists for the first time. New patients may not understand the different roles of these dental care professionals compared to that of the dentist and care should be taken that this is explained fully to the patient at the time of booking, not only at the appointment by the hygienist or therapist.

DCPs will certainly have a role in increasing access to oral health support in the time it takes for dentists to tackle the backlog and more than ever their knowledge and experience will be irreplaceable in this regard. It does, however, remain essential that dentists and DCPs have frank discussions about their roles and what work they are comfortable undertaking to ensure that no undue pressure is exerted on DCPs to act outside their scope of practice to relieve pressure on the practice in the short-term. ♦

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