Reasons for DCP claims

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Greta Barnes, senior claims handler at the Dental Defence Union (DDU), discusses the main reasons claims are brought against dental care professionals (DCPs).

Dental care professionals (DCPs) include dental nurses, hygienists, therapists, orthodontic therapists, dental technicians, and clinical dental technicians, all with different scopes of practice. DCPs are an integral part of the profession.

Claims are brought against DDU DCP members for a variety of reasons, but the DDU has a high success rate in defending these claims.

Following the introduction of direct access, patients have been able to receive treatment from hygienists and therapists without having to see a dentist first. They can provide treatment under the full range of their GDC Scope of practice except for tooth whitening, which still requires prescription from a dentist and a dentist to be present when the first application in a cycle of treatment takes place.

The top five reasons for claims against DCPs are as follows.

Periodontal disease

Attending a hygienist or therapist is often a vital part of periodontal assessment, treatment, monitoring and supportive care. Claims can arise from a failure to diagnose and treat periodontal disease within their competence, or to recognise a deterioration in the periodontal condition and either discuss with a dentist the need for further treatment with them or referral on to a specialist.

Allegations may include failure to carry out necessary treatment at all or adequately (such as not successfully removing plaque and calculus present), failure to undertake regular and accurate periodontal charting and to action the scores appropriately, or damage caused to teeth or gums when performing periodontal treatments such as scaling and root surface debridement.

In these cases, it is common for the dentist to be pursued as well when the treatment is not provided under direct access. In one such case, it was alleged the hygienist failed to raise that the dentist had not been carrying out BPE scores or radiographs or undertaken them herself *in lieu*, as well as a failure to refer back to the dentist for further review as the patient's condition deteriorated. The patient unfortunately lost a significant amount of periodontal bone support and a number of teeth.

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Damage caused to teeth or existing restorations

These types of claims have included chipping or fracture of teeth, damage to enamel and damaging or dislodging restorations including fillings, crowns, veneers, or bridgework. Such damage can occur by accidental error by the clinician, unexpected movement by the patient or as a result of the condition of the tooth or restoration.

Placement of restorations

Dental therapists can place direct restorations on adult or deciduous teeth and crowns on deciduous teeth. The same types of claims can then arise as against dentists, regarding quality, longevity, appropriateness of the restoration and the consent process. These claims can be significant if a tooth is damaged or lost as a result and requires remedial treatment or replacement.

As dental therapists can also extract deciduous teeth, claims have arisen when an incorrect deciduous tooth was removed in error, and when an adult tooth was removed instead of a deciduous one.

Damage to the intra- and extra-oral soft tissues

These cases involve lacerations or burns caused by instruments or chemicals inside and outside the mouth. Depending on the extent of the injury, remedial treatment can be required in practice or in hospital. They can result in scarring which may also require treatment or camouflage and can have a psychological impact on a patient.

Generally, these incidents occur due to unexpected movement by the patient, accidental error by the clinician or instrument malfunction. Some cases of soft tissue damage have also arisen from a clinician's error or oversight with the setup of the equipment or instruments, for example, cleaning fluid or disinfectant contaminating the equipment's water supply, so it enters the patient's mouth, causing ulcers, burns and scarring.

Nerve damage

Claims have been brought regarding nerve damage caused by administration of local anaesthesia, which hygienists and therapists can administer either under a written, patient-specific prescription or under a Patient Group Direction (PGD). Some claims also involved nerve damage following injury to the soft tissues as discussed above. One such claim that required settlement involved damage to the lingual nerve caused by laceration to the floor of the mouth during placement of a restoration.

To conclude, it is important that DCPs ensure all due skill and care are taken when preparing for an appointment and treating a patient, and that they are cognisant of their scope of practice and when it is necessary to refer to a dentist for advice or treatment.

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Equally, they should not hesitate to raise any concerns if they think that the dentist may have overlooked something, particularly with regards to periodontal disease, or if they consider there to be an issue with the treatment requested by a dentist.

DCPs are not obliged to provide direct access and should only do so if they are confident that they have the appropriate skills and competencies. They should ensure they keep full, accurate and contemporaneous patient records. It is also important to ensure the patient is aware that they are being treated by a DCP, as complaints can arise when a patient thought they were being treated by a dentist.

https://doi.org/10.1038/s41407-023-1811-8

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