

Summary of: An audit of dental prescriptions between clinics and dental laboratories

C. A. Stewart¹

FULL PAPER DETAILS

¹Dental Technician, Cardiff and Vale University Health Board, University Dental Hospital, Heath Park, Cardiff, CF14 4XY
Correspondence to: Miss Ceri Anne Stewart
Email: ceri_stewart@hotmail.co.uk

Online article number E5
Refereed Paper – accepted 4 March 2011
DOI: 10.1038/sj.bdj.2011.623
©British Dental Journal 2011; 211: E5

Aim To discover the quality of written instructions from dentists to dental technicians and the nature of non-compliant prescriptions. **Method** An audit of laboratory prescription compliance was conducted within an NHS Trust Dental Teaching Hospital to determine the level of communication between dentists and dental technicians. One hundred and fifty prescriptions were audited from dental undergraduates and qualified dentists throughout the different departments. **Results** A total of two-thirds of prescriptions were considered non-compliant and failed to meet relevant ethical and legal guidelines. This problem was seen throughout all departments and at all professional levels. **Conclusion** A breakdown in communication between dentists and technicians through the use of prescriptions is evident even within a close working environment.

EDITOR'S SUMMARY

I recall, as a dental student allocated to be a steward at one of our dental school and hospital Open Days, being slightly puzzled as to why nobody much visited or spent time on the first floor, for there dwelt the dental labs, which seemed to attract little curiosity at all. 'Why?' I asked the head laboratory technician, a man who I held in some awe due in no small measure to his ability to bend an Adam's crib with the lightning dexterity that a magician would envy. 'No one cares about technicians' he sighed, 'no one comes back to see us, why would they?'

Thus my first observation of the clinician/technician divide was formed and not a great deal has happened in the intervening years to shift that perception very far. Certainly 'high end' dentists include praise and respect for their 'ceramist' and sometimes one hears acknowledgement for lab work well done, but for the most part they

are professionals at the end of a phone, a street or a delivery van. I am sure that this pervading attitude has a huge influence on the style, level and comprehensiveness of the communication between chair-side and bench-top but as the author of this paper is at pains to point out, not even the potential threat of the law is sufficient to stir dentists into a more co-operative mode of greater clarity and concomitant improved quality of care.

Whether this continuing failure to engage more actively in dialogue or written communication will be rectified as we move towards greater team awareness, both in everyday practice and in dental education, remains to be seen. The likelihood of significant change, even under threat of regulatory sanction, seems slight to say the least while the status quo of poor, if not grudging, communication seems set to continue. Then, as now, I found and find this perplexing and short sighted.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 211 issue 3.

Stephen Hancocks
Editor-in-Chief

DOI: 10.1038/sj.bdj.2011.648

TO ACCESS THE BDJ WEBSITE TO READ THE FULL PAPER:

- BDA Members should go to www.bda.org.
- Click the 'login' button on the right-hand side and enter your BDA login details.
- Once you have logged in click the 'BDJ' tab to transfer to the BDJ website with full access.

IF YOUR LOGIN DETAILS DO NOT WORK:

- Get a password reminder: go to www.bda.org, click the login button on the right-hand side and then click the forgotten password link.
- Use a recommended browser: we recommend Microsoft Internet Explorer or Mozilla Firefox.
- Ensure that the security settings on your browser are set to recommended levels.

IF YOU HAVE NOT YET SIGNED UP TO USE THE BDA WEBSITE:

- Go to www.bda.org/getstarted for information on how to start using the BDA website.

IN BRIEF

- Emphasises the ethical and legal requirements that dentists must provide when writing instructions to a technician.
- Highlights that a high proportion of prescriptions received by technicians are non-compliant.
- Recommends that further undergraduate training in laboratory prescription writing is needed.
- Suggests the whole dental team needs to be educated regarding communication.

COMMENTARY

This paper looks at a topic that has long been viewed as a rather weak link in clinical practice, namely the quality of prescriptions submitted by dentists to laboratory technicians. As the author rightly points out, many studies over the years have consistently highlighted deficiencies in this area suggesting that many dentists leave much to be desired when it comes to the quality of their written lab prescriptions. However, recently introduced legislation now requires dentists to comply with European Union Medical Directive MDD 93/42/EC. This makes it a legal requirement that dentists make available to all patients receiving laboratory work a statement that this work conforms to and complies with a variety of stated attributes. Such a statement clearly requires input from the technician involved and there is accordingly an ethical and legal obligation upon dentists to provide adequate written instructions and specifications for the technician to act upon. It follows that dentists' prescriptions assume greater significance than ever before.

This paper takes another look at the quality of laboratory prescriptions by auditing written communications provided by both staff and students within an NHS Trust Dental Teaching Hospital. While this environment differs considerably from that of a dental practice, parallels can nevertheless be drawn that are relevant to most dentists. The results show that it is very common for essential pieces of information to be missing from the

prescription, significantly the type of material required, tooth shade as well as appropriate diagrams to aid the technician. In addition, only half of the prescriptions examined were considered clear and provided sufficient information to make the appliance. Such omissions and obvious lack of attention to detail make drawing up a statement of conformity extremely problematic and the author suggests that in future technicians may even need to refuse continuing with the work until all relevant information has been provided. This study reinforces the long-held need for excellent communication between dentist and laboratory and for an awareness of each other's clinical and technical responsibilities and limitations.

P. Newsome
Associate Professor, Comprehensive
Dental Care, Faculty of Dentistry,
University of Hong Kong

AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

This audit was carried out as part of a three-year MSc research project. It is a legal requirement for dentists to provide a clear and precise prescription in order for the dental technician to construct an appliance to a high standard. Working as a technician within a university environment it is surprising how often we receive incomplete or inaccurate prescriptions. It was felt that there is little or no education when it comes to communication between the dentist from the clinic and the technician in the laboratory. Therefore an audit was carried out to observe how many prescriptions were 100% compliant according to the MHRA requirements.

2. What would you like to do next in this area to follow on from this work?

In future studies a larger audit could be conducted focusing solely on qualified dentists. As qualified dentists have gained their training in universities across the UK or even different countries, it would be interesting to find out if different universities highlight the importance of accurate communication through prescription writing during the course.

In addition, an audit of newly qualified dentists doing their vocational training year would be interesting, to discover whether they are submitting adequate written information unsupervised.