

# V-mail

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LETTER

## Enhancing the hygienist's role



May I congratulate Sue and Nicky on studying for the primary care BSc degree at the University of Kent? (*Vital* autumn 2009 pages 32-36.) The one most informative piece that came out of the article was the word 'reflective.' As a dental hygienist for over 30 years I too recently undertook a full time four year degree course. Studying Law and German as an undergraduate at Edinburgh University has not only given me the skills to think and act in a critical and reflective way, it has also helped me understand the role of dental law and align this with the changing face of clinical dentistry.

Working in a clinical setting there is never a day that goes by where some ethical or legal context doesn't arise. My continued study at master's level has helped me understand the changes in medical and dental law and address legal and ethical issues as they arise. Equally I, like Sue and Nicky, have realised that we as hygienists are professionals in a changing world. A world that may have to deal with more dental litigation and a continual influx of rules and regulations from professional bodies. Therefore, hygienists as clinicians must, and as the GDC implements, take a more proactive and responsible role in their continued education and care of patients.

There is no doubt the hygienist of today cannot take a back seat and simply go out to work and collect CPD points along the way. It is likely in the not too distant future

that the dental hygienist may become the 'periodontal risk assessment clinician'. Hygienists, in order to avoid litigation or disciplinary procedures by the GDC, will need to develop additional skills that aid the dentist in the correct assessment and treatment of periodontal disease. The notion of the hygienist carrying out a routine scale and polish with basic oral hygiene thrown in at the end of an appointment may soon be outdated. A more 'risk assessment management approach' may become necessary, with the hygienist playing a vital role in collection of specific data for the dentist in order to avoid periodontal negligence claims. Such a role requires additional skills and continued learning and re-training. Each hygienist is likely to have to develop a 'portfolio' of learning with evidence of a 'reflective' approach to individual development and clinical treatment.

Therefore, well done to Sue and Nicky. The mere fact they have developed additional skills allows them to look out of the simple 'work box' ethos and adapt to the changing face of dentistry. Taking such a step means they are not only enhancing their own professional career but also enhancing and advancing the professional role of the hygienist. I would encourage any member of the profession to continue with study, either at undergraduate, postgraduate or diploma level. The skills and values learnt on such courses will hold one in good stead in the rapidly changing face of clinical dentistry and the legal implications associated with these changes.

**Michelle Mitchell LLB RDH**

**Michelle wins Colgate goodies worth £100.**



## Xylitol canine risk

Perhaps you should point out to potential users and promoters of xylitol (as per your article in the winter issue by Mark James [pages 18-20]) that this substance is fatal to dogs. Anyone purchasing products sweetened with this chemical should not under any circumstances give a titbit to their pet. There are numerous websites and articles about this – just search on 'xylitol dog'.



**Betty Bourne RDN**

## Delighted in Northern Ireland

We are delighted that the winter issue of *Vital* contained the article about CPD for DCPs in Northern Ireland (*Rising to the CPD challenge* pages 38-39); it coincided with the launch of our new calendar! However, the post of DCP co-ordinator, which was a temporary post, has now gone. The permanent position for a Regional DCP Tutor was advertised in September and Elaine Fugard and myself have been appointed from October 2009.

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