

Direct access: what it means

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Dental hygienists and dental therapists can now see patients without a prescription from a dentist for the full range of their scope of practice. So, patients can now seek many treatments from these dental care professionals (DCPs) without having to see a dentist first. However, the General Dental Council (GDC) has imposed some caveats (Fig. 1).

Other barriers to direct access

DCPs cannot currently prescribe medicines, local anaesthetics and radiographs. While the relevant organisations will work towards the removal of these barriers, for the foreseeable future the need for prescription from a dentist in these instances remains. Tooth-whitening treatments will continue to require a prescription from a dentist because this is a requirement of the EU Cosmetics Directive.

Private dentistry only

The new NHS contract (currently being piloted in England) is expected to place an increased emphasis on skill mix and direct access is one of the measures eventually to advance this policy. But at the moment,

DCPs may see NHS patients under direct access

arrangements because the relevant regulations have not changed. NHS courses of treatment still require a clinical examination. Direct access arrangements are, therefore, only possible in a private treatment setting.

Direct access in a dental practice

Although DCPs have had the right to carry on the business of dentistry since the mid-2000s and to hold Personal Dental Services (PDS) agreements in England and Wales, most hygienists and therapists work in dental practices run by dentists. It is expected that, for most, this arrangement will not change significantly. Hygienists and therapists may, however, want direct access introduced within the practices in which they work. Dentists have to consider whether or not to support such a move and, if so, how this could work.

Protocols and information

Dentists who want to introduce direct access to hygienists and therapists in their practices are advised to develop clear protocols on how it will work. All staff members of the practice need to be able to explain the new arrangements to patients and written information must also be provided so that patients are aware of the level of treatment they will receive at any given time (Fig. 2).

The GDC's research has shown that patient awareness of DCPs and their scope of practice is low. It is, therefore, very important that practices manage the expectations of their patients so that they do not assume that, for example, a full oral health assessment has been done during a dental hygiene appointment.

Direct access centres

Some DCPs will see the introduction of direct access as a business opportunity to set up their own practices to provide services within their scope of practice although this is currently less likely because of the barriers to prescribing medicines and radiographs. Independent hygiene and therapist practices

Fig. 1 DIRECT ACCESS CAVEATS

- All registrants have to be trained, competent and indemnified for the work that they do
- Hygienists and therapists will be allowed to diagnose and plan treatment within their full scope of practice. The GDC's *Scope of practice* document is to be amended to reflect this change
- Direct access arrangements are not compulsory. If a DCP prefers to work to the prescription of a dentist, they can continue to do so
- A DCP cannot demand of an employing dental practice that direct access arrangements are brought in. It is for the practice owner to decide whether or not the practice should introduce the arrangement
- At present, direct access cannot take place under NHS contractual arrangements because a course of treatment must include a full dental examination.

Fig. 2 KEY PATIENT INFORMATION

- Clear and detailed information on titles, names, registration number and scope of practice of all team members
- Team members' level of training and individual arrangements: some hygienists and therapists may be happy to work under direct access arrangements; some may not
- The payment arrangements for the service
- The need for a full oral health assessment by the dentist and reference to necessary recall periods for dental appointments
- Information on why a hygienist or therapist may decline to see a patient if a dental recall period has not been observed.

will need to comply with the full range of regulations to which dental practices are subjected, such as Care Quality Commission (CQC) registration (or equivalent). Independent hygienists and therapists will need to establish relationships with dental practices because they have a duty to refer patients who have treatment needs outside their scope of practice.

Dental practices cannot decline referrals from such centres, so arrangements for the transfer of records and payments for treatments will need to be clarified in full to ensure appropriate ways of working.