

WORKING TOWARDS ONE GOAL

Ed's note: In the summer issue of Vital I invited readers to express their views on direct access.

On behalf of the British Association of Dental Therapists (BADT) I would like to very much welcome the recent decision to allow Direct Access (DA) for dental care professionals (DCPs), as reported in the summer issue of *Vital*. It was a great triumph resulting from a lot of hard campaigning over a long period; BADT worked very hard to achieve DA for dental therapists.

However, it is depressing to read the negativity directed at all DCPs from the British Dental Association (BDA), predominantly by the Chair of Ethics, Education and the Dental Team, Judith Husband, who describes it as a 'misguided decision ... weakening teamwork'. As a dentist, one would hope Ms Husband is fully aware of the full potential all of her team members and actively encouraging development within that group. And as Chair of a committee for the dental team it is not unreasonable to expect she would lead by example, showing support for her wider team members.

Dental therapists have a significant role when fully utilised in general practice, hospital and community; DA will permit us to carry out our remit effectively and cost efficiently. Dental therapists worldwide have already successfully worked with a form of direct access so it is hardly untested. We rather expected that among the erudite and informed dentists we can be both recognised and valued within the dental team. We feel that viewing and discussing the concept of DA with cynicism by our contemporaries is unhelpful and undermines our reputation within the profession and to members of the public at a time when we would like to build on confidence gained.

Ms Husband, quoted in *Vital* (summer 2013 page 6), said that dental hygienists and therapists do not undertake the full training that dentists do and therefore alone cannot comprehensively care for patients. We would like to point out that both therapists and hygienists are of course educated fully to the standard set by the relevant governing body, in my own case the Royal College of Surgeons; we are trained to take a holistic approach and always carry out full oral health screening and take on responsibility of referral if we are concerned about any abnormality; in fact we, as a group, have been shown to refer more actively than dentists.

We carry out intra and extra oral examination every time, take medical histories,

make a periodontal assessment, plan, treat and maintain oral health, and as therapists make clinical decisions of how and what material to restore a tooth with. I would like Ms Husband to consider how we feel when we are told by a dentist to 'just give a clean' or more often 'S&P', and not forgetting the incredibly demeaning 'simple fillings'. Is this a poor use of language or an inherent misunderstanding of roles?

A 'free for all' scope of practice is implied; DCPs have always worked to prescription and a remit being mindful of these clear parameters and competencies: why would that change? Is the suggestion that we may become less professional and less ethically aware than our team leaders?

BADT accept that enhanced training will need to be offered to successfully and safely implement Direct Access and we are currently working alongside providers to implement this to those DCPs who wish to take on Direct Access, and the BADT conference in September at Epsom Racecourse is inevitably biased towards DA to answer many questions that surround it. However, we are keen to acknowledge that not all DCPs will want to change their way of working.

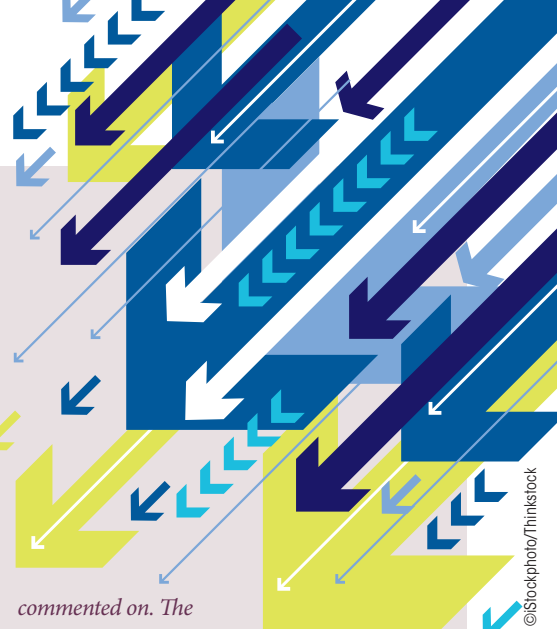
To summarise, BADT feel we should ALL be working towards one goal and that is caring for our patients, putting their interests first, not our own. We truly believe that with Direct Access DCPs will offer a balanced professional service to patients within and with the dental team.

Deborah Ryan, dental therapist and Council Member BADT

Dr Judith Husband, BDA Principal Executive Committee Member and Chair Education, Ethics and the Dental Team responds: Dear Vital, the contribution of the whole dental team to patient care is well understood by all groups of dental professionals and has, quite rightly, been recognised by the GDC in its introduction of requirements for registration and CPD. It's also been recognised, and embraced, by the BDA, which supported the extension of DCPs' responsibilities in its submission to the GDC.

The decision to introduce direct access, particularly in a model unlike any that exists elsewhere, changes the debate. The duty each of us has – whether we are dentists, therapists, hygienists, nurses or technicians – is not to win a 'victory' for those we represent. Our duty is to patients: to protect their safety and act in their best interests. The BDA has weighed those considerations very carefully in recent years.

The GDC's decision has been much



commented on. The evidence base presented for it may not have indicated harm to patients, but neither did it clearly indicate that the change would improve their safety. The speed with which the change was introduced also raises questions – a fact attested to by the deluge of questions that I know the BDA and other professional organisations have received in its aftermath.

The precursor to the decision – the Office of Fair Trading's 2012 report into dentistry – is also a concern. It looked at dental care and treated it as a commodity. That is wrong, as I'm sure all dental professionals would agree.

What's important now is that we move forward and ensure that patients continue to enjoy the high-quality care they expect and that we all wish to provide. Our profession has a strong track record of seizing the initiative and championing professional standards as the development of what we now call Foundation training demonstrates. All dental professionals must now work together to ensure that the brave new world of direct access works for patients. We must develop a joint understanding of best practice and how direct access can be implemented safely and legally. The BDA is participating fully in this process and is engaging with other dental professional representative organisations to take it forward.

This isn't a debate about the correctness or otherwise of a single decision. It is about something far more fundamental and important: whether patients' best interests are being served and whether the decisions that are taken by our regulator are underpinned by integrity and evidence. Those are things we should all care about.



Snail mail: Vital Editorial, NPG, 4-6 Crinan Street, London N1 9XW

Next issue's star letter writer will win Beverly Hills Formula products worth £100.

Letters may be edited for space. Opinions expressed do not necessarily reflect those of the editorial team or publishers.