

GENERAL DENTAL COUNCIL

GDC

protecting patients,
regulating the dental team



www.gdc-uk.org

GDC Consultation

Scope of Practice Consultation

The deadline for response is **5.00pm on Friday 9 May 2008**

Please reply to:

Stephanie Lenn
Scope of Practice Consultation
General Dental Council
2nd Floor, 44 Baker St
London W1U 7BE

You can also reply by email to: ScopeofPractice@gdc-uk.org

PREFACE

Introduction

The statutory registration of dental care professionals (DCPs) is a fundamental development in dentistry. It means that from July this year everyone involved in the clinical care of a patient must be registered with the GDC, with the privileges and responsibilities that being a registrant brings.

The legislation which opened up registration to DCPs also brought about other significant changes in the way that registrants work and the requirements placed upon them. For example, any registrant can now own a dental practice and carry on the “business of dentistry”.

One of the changes was to remove the lists of ‘permitted duties’ for dental hygienists and dental therapists, which restricted the types of treatment that hygienists and therapists were able to provide. The old lists were set out in Regulations made under the Dentists Act and expanding them to try to keep pace with contemporary practice was a laborious process requiring approval by both Houses of Parliament, which was not in keeping with the spirit of proportionate regulation.

The lists were replaced by a requirement for all registrants to work within their training and competence, which was similar to the system in place for dentists. There was also a requirement for registrants only to delegate tasks if they were satisfied that the person to whom they were delegating was trained and competent for the task concerned. The idea was that the GDC curricula in *Developing the Dental Team* would set out the skills that could be expected of a newly qualified member of each group and that these could then be expanded during a registrant’s career by means of further training or experience – again similar to the system in place for dentists. As new treatment methods and skills came along, those which became established could be added to the relevant curriculum and so become part of the skill set of that group.

While this approach was welcomed by some as recognising the professional’s ability to self-regulate and providing greater freedom for the expansion of skills, it has become increasingly apparent that not everyone finds it helpful and that greater clarity is needed.

We have heard this from registrants and potential registrants of all kinds. Patients have also expressed confusion about who can do what in their mouths. The registration of several new

groups is potentially confusing in itself without the added difficulty of the professionals themselves not being clear about what they should or should not do. In various contexts, clinical governance requires greater certainty about *who is allowed to do what?*

Finally, concern has been expressed on behalf of some registrants who need clearer guidance from the regulator about what they are or are not allowed to do. It can be argued that it is unfair to put someone at risk of fitness to practise proceedings (which could affect their registration) for having practised beyond their scope without having first given clear guidance about what would or would not be acceptable.

The Council therefore decided to create a short-life working group to look at the scope of practice of all its registrants.

The Working Group

The working group consisted of members of Council from the relevant policy committees and representatives of the professional groups concerned.

In undertaking this work, we have been conscious of the key principles of statutory professional regulation set out in the Government white paper *Trust, Assurance and Safety – the regulation of health professionals in the 21st century*, namely:

- its overriding interest should be the safety and quality of the care that patients receive;
- it needs to sustain the confidence of the public and the professions through demonstrable impartiality;
- it should not create unnecessary burdens but should be proportionate to the risks it addresses and the benefits it brings;
- it should ensure the strength and integrity of health professionals but be sufficiently flexible to work effectively for different health needs and adapt to future changes.

Providing greater clarity around these issues is also in accordance with the principles of better regulation, one of which is that regulators should provide 'authoritative and accessible guidance' and is also in line with the thinking in the Government White Paper *Trust, Assurance and Safety* that registration should say something about what a health professional actually does.

Membership

The membership of the Scope of Practice Working Group ('the Group') is as follows:

Hew Mathewson	<i>Chairman</i> , general dental practitioner and President of the GDC
Chris Allen	Chief Executive of the Clinical Dental Technicians Association
Laura Brown	Standards and FtP Policy Officer, GDC
John Chope	General dental practitioner, elected member of the GDC and Chair of the GDC Standards Committee
Janet Collins	Head of Standards, GDC
Hazel Fraser	Dental therapist, nominated by the British Association of Dental Therapists
Tony Griffin	Dental technician tutor, nominated by the Dental Technologists Association
Marina Harris	Dental hygienist and dental hygiene tutor, nominated by the British Society for Dental Hygiene and Therapy
Stephanie Lenn	Standards Policy Officer, GDC (meetings 3 – 6)
Alison Lockyer	General dental practitioner, elected member of the GDC and Chair of the GDC Registration Committee
Ewen Macleod	Senior Policy Adviser, GDC (meetings 1 and 2)
Angie McBain	Dental nurse and dental nurse tutor, nominated by the British Association of Dental Nurses
Janet Robins	Dental nurse, nominated by the Orthodontic National Group
Duncan Rudkin	Chief Executive of the GDC
Mabel Slater	Director of DCPs at Guy's, Kings and St. Thomas', elected DCP member of the GDC and member of the GDC Education Committee
David Smith	Dental laboratory owner, nominated by the Dental Laboratories Association
Carol Varlaam	Lay member of the GDC, member of the Fitness to Practise Policy Committee

Focus

It is natural for all professionals to wish to use their talents to their greatest extent to help patients. However, the Group was clear throughout its work that its focus was on the protection and best interests of patients, rather than on professional development, career pathways or the expansion of particular roles.

The Council would like to record its thanks to all the members of the Group for their hard work, their positive approach and their willingness to put the interests of patients before any other agenda or group interest.

Approaches

In seeking to define the various roles of registrants, the Group has used a number of approaches and found that there are advantages and disadvantages to all of them. Lists of 'permitted duties' are clear but restrictive, while the open-ended 'trained and competent'

approach allows maximum scope for innovation and development but is confusing for patients and professionals alike.

The Group has therefore opted for an approach which looks at each group in three ways:

- skills which can be expected of a registrant on qualification;
- skills which might be developed later in the registrant's career as part of their professional development; and
- skills which registrants in a particular group would not develop without becoming a different type of registrant because those skills are 'reserved' to other groups.

So, for example, a newly qualified dental nurse should be able (among many other things) to carry out dental charting. That dental nurse might then go on to develop skills in taking impressions or assisting in the treatment of patients under sedation. However, he or she would not be able to go on to extract primary teeth because that is a skill reserved to dental therapists and dentists.

This approach could be described as working within your training and competence within specified parameters. We think it combines the freedom to exercise professional judgement which was a feature of the open approach with the greater clarity which has been requested. Every registrant will still be responsible for critically assessing their skills in the areas listed and only practising in the areas in which they believe they can practise safely and effectively. Registrants who wish to expand their skills will have ways in which they can do this, while anyone who is concerned that they are being asked to do something that they do not think they should be doing will have clear guidance about what is and is not acceptable for particular registrants.

We hope that this approach will also help training providers to identify areas for the development of future training, particularly for registrants wanting to move to a different registered group.

Development skills

In each case we are suggesting for consultation the sorts of skills which might be developed after qualification as part of a group's professional development. We are not suggesting at this stage any particular process for quality assuring or approving education and training programmes designed to teach these development skills.

The GDC Education Committee is currently operating a basic form of programme approval process for additional skills, a process which was prototyped on an ad hoc basis when the Dental Care Professionals register was opened. It will need to be reviewed in the light of the outcomes of this scope of practice consultation and the strategic review of GDC quality assurance which is currently taking place. Please see the GDC website (www.gdc-uk.org) if you would like further information on this aspect of our work.

When you are considering your views on the suggested development skills for registrant groups in this consultation paper, please focus on scope of practice issues, rather than issues around training or approval mechanisms.

Guidance

Because scope of practice is fundamental to all registrants, we intend to publish the outcome of this work as a guidance document in the *Standards for dental professionals* series. It will be sent to every registrant, given to all new registrants and will also be available on our website. A draft of the guidance document and the questions on which we would like your views are attached as Section 1 of the consultation.

To avoid confusion, we expect to withdraw the current guidance document *Principles of dental teamwork*. Some of its content will be included in another new document which will cover a number of aspects of working in a practice or laboratory such as indemnity and working with non-registrants (including trainees and registrants of other bodies). It also covers some areas in which registrants have legal obligations (under the Medical Devices regulations, for example) and others in which the Council considers it appropriate to specify detailed practical requirements. It is possible therefore that it will look and feel more like rules than guidance. A draft of this document is attached as Section 2 of this consultation and we would welcome your comments on this as well.

The practice of dentistry

While doing this work, the Group came up repeatedly against the definition of the practice of dentistry in the Dentists Act. This states that the practice of dentistry is ‘the performance of any such operation and the giving of any such treatment and advice or attendance as is usually performed or given by dentists’. In other words, if it is dentists that usually do it, it is dentistry. This is unhelpful in a number of ways but of particular relevance at the moment is the use of the word ‘dentists’. At a time when we are moving to registering everyone involved in the clinical care of the patient, defining dentistry in terms of dentists means that while we can legally protect the functions of a dentist from being carried out by a lay person, we

cannot legally protect patients in the same way from unregistered dental nurses and unregistered dental technicians.

Patient protection works less directly, relying on the *registered* professionals to work in certain ways. You will therefore find a question at the end of the consultation dealing with the definition of the practice of dentistry and asking whether it should be changed to cover 'what GDC registrants do'. If we make this change, it would mean that people working as dental nurses and dental technicians without bothering to register could be prosecuted for unregistered practice in the same way that unregistered dentists can at the moment. (It is worth emphasising that this would **not** prevent trainee dental nurses or dental technicians from working while studying for their qualification, nor is that the intention).

1. Do you think the definition of the practice of dentistry should be amended to cover advice and treatment given by all GDC registrants (rather than just dentists) to protect the public from unregistered staff by protecting the functions of dental nurses and technicians in law as well as their titles?

Yes No

The practice of dentistry has also been an issue in relation to registrants of other bodies, particularly the General Medical Council and the Nursing and Midwifery Council and also in relation to treatments which go beyond the traditional ambit of dentistry such as Botox and dermal fillers. Questions on these are also included in the consultation.

Practice guidance

The registration of dental care professionals has also raised a number of questions about registrants working with non-registrants when providing care and treatment for patients. Examples include trainee dental nurses, unregistered staff, registrants of other healthcare regulators and patients' carers.

Because many of these issues are linked to the roles of registrants, we have decided to seek your views on these now to help us develop robust and workable policies in these areas. You will find a draft of a second guidance document set out at Section 2 followed by a number of questions on these issues in the second half of the consultation.

The consultation

We would be very grateful for your views on both draft documents and any of the issues covered in them.

If you need more space for any of your answers, please continue on a separate sheet.

All responses will be considered to be public unless you state that you wish your response to be kept confidential.

This document is also available in the consultation section of our website at www.gdc-uk.org
You can respond by email to scopeofpractice@gdc-uk.org or by post. If you use post, please send your response to:

Stephanie Lenn
Standards Policy Officer
General Dental Council
2nd Floor
44 Baker Street
London
W1U 7BE

This consultation will close at 5:00 p.m. on **Friday 9 May 2008**.

Who are you?

2. To help us to understand the context of your response, please indicate the perspective from which you are replying.

(please tick the box which applies to you below)

Dental Professional:

- Clinical Dental Technician
- Dental Hygienist
- Dental Nurse
- Dental Technician
- Dental Therapist
- Dental Practitioner
- Orthodontic Therapist
- Specialist
- Registered in more than one group (Please specify).....

Organisations

- On behalf of an organisation (Please specify).....
- On behalf of an education provider (Please specify).....
- On behalf of a regulatory body (Please specify).....
- On behalf of a professional association (Please specify).....

Public and patients:

-
- Individual member of the public (Please specify).....
- Representative of an organisation

Other (Please specify).....

SECTION 1

Draft guidance on scope of practice

The scope of your practice is a way of describing what you are trained and competent to do. It describes the areas in which you have the knowledge, skills and experience to practise safely and effectively in the best interests of patients.

Your scope of practice is likely to change over the course of your career. Some registrants will expand their scope by developing new skills, while some may narrow their scope but deepen their knowledge of a particular area by choosing more specialised practice.

This guidance sets out the skills and abilities that a registrant in each area should have. It is not a list of tasks that someone can do. It also describes supplementary skills that registrants might develop after registration to further the scope of their practice. Lastly, it lists 'reserved duties' which are areas of practice limited to certain registrants. A registrant who wanted to carry out these duties would need to undertake further specific training to gain a registrable qualification in the new area of practice.

You should only carry out a task or type of treatment or make decisions about a patient's care if you are sure that you have the necessary skills.

You should only ask someone else to carry out a task or type of treatment or make decisions about a patient's care if you are confident that they have the necessary skills.

Dental nurses

Dental nurses provide clinical and other support to other registrants and patients.

Dental nurses:

- prepare and maintain the clinical environment, including the equipment
- carry out infection control procedures to prevent physical, chemical and microbiological contamination in the surgery or laboratory
- carry out dental charting
- prepare, mix and handle dental materials
- provide chairside support to the operator and the patient during treatment
- maintain full, accurate patient records
- prepare equipment, materials and patients for dental radiography
- process dental radiographs
- monitor, support and reassure patients

- give appropriate advice to patients
- support the patient and their colleagues in the event of a medical emergency
- carry out resuscitation
- make appropriate referrals to other healthcare professionals.

Additional skills which dental nurses could develop during their careers:

- taking radiographs
- tracing radiographs
- tracing cephalographs
- recording occlusion
- taking impressions for any purpose
- casting models
- further skills in oral health education and oral health promotion
- assisting in the treatment of patients under conscious sedation
- assisting in the treatment of patients with special needs
- dental photography
- shade taking
- applying topical anaesthetic
- applying fluoride varnish
- placing rubber dams
- polishing teeth using rotary instruments
- taking facebow registrations
- mounting models onto an articulator using facebow
- constructing occlusal registration rims and special trays
- repairing removable plastic appliances
- measuring and recording plaque indices
- tooth whitening to the prescription of/under the supervision of a dentist.

Dental nurses do not diagnose disease or treatment plan. All other skills are reserved to one or more of the other registrant groups

<p>3. Is there anything that should be added to a dental nurse's scope of practice?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is it?</p>
--

4. Please identify anything that you would add to or remove from the proposed additional skills for dental nurses and give reasons.
Skills that should be added.....
Skills that should be removed....

Orthodontic Therapists

Registered dental professionals who carry out certain parts of orthodontic treatment under prescription from a dentist.

Orthodontic therapists:

- clean and prepare tooth surfaces ready for orthodontic treatment
- identify, select, use and maintain appropriate instruments
- insert passive removable orthodontic appliances
- insert active removable orthodontic appliances adjusted by a dentist
- remove fixed appliances, orthodontic adhesives and cement
- take impressions
- pour, cast and trim study models
- make a patient’s orthodontic appliance safe in the absence of a dentist
- fit orthodontic headgear
- fit orthodontic facebows which have been adjusted by a dentist
- take occlusal records including orthognathic facebow readings
- make appropriate referrals to other healthcare professionals.

Additional skills which orthodontic therapists could develop during their career:

- placing fissure sealants
- applying fluoride
- repairing orthodontic appliances
- tooth whitening to the prescription of/under the supervision of a dentist.

Orthodontic therapists do not:

- remove *sub-gingival* deposits
- give local analgesia
- re-cement crowns
- place temporary dressings or
- place active medicaments

as these tasks are reserved to dental hygienists, dental therapists and dentists.

They do not carry out laboratory work other than that listed above as that is reserved to dental technicians and clinical dental technicians.

They cannot diagnose disease, treatment plan or activate orthodontic wires as these areas are reserved to dentists.

5. Is there anything that should be added to an orthodontic therapist's scope of practice?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is it?

6. Please identify anything that you would add to or remove from the proposed additional skills for orthodontic therapist and give reasons.
Skills that should be added.....
Skills that should be removed....

Dental hygienists

Registered dental professionals who help patients maintain their oral health by preventing and treating gum disease and promoting good oral health practice.

Dental hygienists:

- provide dental hygiene care to a wide range of patients
- plan the delivery of patient care to improve and maintain periodontal health
- obtain a detailed dental history and evaluate medical history
- complete periodontal examination and charting and use indices to screen and monitor periodontal disease
- provide preventive oral care to patients and liaise with dentists over the treatment of caries, periodontal disease and tooth wear
- undertake supragingival and subgingival scaling and root debridement, using manual and powered instruments
- use appropriate anti-microbial therapy in the management of plaque-related diseases
- adjust restored surfaces in relation to periodontal treatment
- apply topical treatments and fissure sealants
- provide smoking cessation advice for patients
- take, process and interpret various film views used in general dental practice
- identify anatomical features, recognise abnormalities and interpret common pathology
- give infiltration and inferior dental block analgesia
- place temporary dressings and re-cement crowns with temporary cement
- carry out oral cancer screening
- take impressions
- make appropriate referrals to other healthcare professionals.

Additional skills which a dental hygienist might acquire:

- tooth whitening to the prescription of/under the supervision of a dentist
- periodontal surgery
- prescribing radiographs.

Dental hygienists do not:

- diagnose disease
- restore teeth
- carry out pulp treatments
- adjust unrestored surfaces or
- extract teeth

as these skills are reserved to dental therapists and dentists.

They do not undertake any of the skill areas described later in this document as being reserved to dental technicians, clinical dental technicians or dentists.

7. Is there anything that should be added to dental hygienist's scope of practice?

Yes No

If yes, what is it?

8. Please identify anything that you would add to or remove from the proposed additional skills for dental hygienists and give reasons.

Skills that should be added.....

Skills that should be removed....

Dental Therapists

Registered dental professionals who carry out certain items of dental treatment under prescription from a dentist.

Dental therapy covers the same areas as dental hygiene but dental therapists also:

- carry out direct restorations on permanent and primary teeth
- carry out pulpotomies on primary teeth
- extract primary teeth
- place pre-formed crowns on primary teeth
- plan the delivery of a patient's care
- make appropriate referrals to other healthcare professionals.

Additional skills which dental therapists could develop during their careers:

- administering inhalational sedation
- prescribing radiographs

- tooth whitening to the prescription of/under the supervision of a dentist
- extracting permanent teeth
- the skills necessary to vary a prescription.

Dental therapists do not carry out initial diagnosis or take overall responsibility for planning a patient's treatment.

They do not undertake any of the skill areas described later in this document as being within the roles of the dental technician, clinical dental technician or dentist.

9. Is there anything that should be added to a dental therapist's scope of practice?

Yes No

If yes, what is it?

10. Please identify anything that you would add to or remove from the proposed additional skills for dental therapists and give reasons.

Skills that should be added.....

Skills that should be removed....

Dental technicians

Registered dental professionals who make dental devices including dentures, crowns and bridges to prescription from a dentist or clinical dental technician. They also repair dentures direct to the public.

Dental technicians:

- review cases coming into the laboratory to decide how they should be progressed
- work with the dentist or CDT on treatment planning and outline design
- design, plan and manufacture a range of custom-made dental devices according to a prescription
- repair and modify dental devices
- undertake shade taking
- carry out infection control procedures to prevent physical, chemical and microbiological contamination in the laboratory
- keep full and accurate laboratory records
- verify and take responsibility for the quality and safety of devices leaving a laboratory
- make appropriate referrals to other healthcare professionals.

Additional skills which dental technicians could develop during their careers:

- working with a dentist in the clinic assisting with treatment by:
 - taking impressions
 - recording facebows
 - tracing cephalographs
 - intra-oral tracing
 - implant frame assessment
 - recording occlusal registrations
 - Intra-oral scanning for Cad Cam
 - Supporting the dentist with fitting attachments at chairside.¹
- tracing cephalographs
- dental photography
- taking and processing radiographs
- tooth whitening to the prescription of/under the supervision of a dentist.

Dental technicians do not:

- work independently in the clinic
- perform clinical procedures related to providing removable dental appliances
- undertake independent clinical examinations
- identify abnormal oral mucosa and related underlying structures
- fit removable appliances.

¹ Carrying out tasks in a patient's mouth would mean that dental technicians who had registered on the basis that they did not have contact with patients would need to undergo the necessary health checks required of registrants who do work with patients.

Dental technicians do not provide treatment or advice for patients as described under the sections for hygienists, therapists, orthodontic therapists or dentists, as the skills set out are reserved to the relevant groups.

11. Is there anything that should be added to a dental technician's scope of practice?

Yes No

If yes, what is it?

12. Please identify anything that you would add to or remove from the proposed additional skills for dental technicians and give reasons.

Skills that should be added.....

Skills that should be removed....

Clinical dental technicians (CDTs)

Registered dental professionals who provide complete dentures directly to patients and other dental devices on prescription from a dentist. They are also qualified dental technicians. Patients with natural teeth or implants must see a dentist before the CDT can begin treatment. CDTs refer patients to a dentist if they need a treatment plan or if the CDT is concerned about the patient's oral health.

Clinical dental technology builds on dental technology but CDTs also:

- take detailed dental history and relevant medical history
- perform technical and clinical procedures related to providing removable dental appliances
- undertake clinical examinations
- take and process radiographs and other images related to providing removable dental appliances
- distinguish between normal and abnormal consequences of ageing
- recognise abnormal oral mucosa and related underlying structures and make appropriate referrals
- fit removable appliances
- provide appropriate advice to patients.

Additional skills which CDTs could develop during their careers:

- tooth whitening to the prescription of/under the supervision of a registered dentist.

CDTs do not provide treatment for patients as described under the sections for hygienists, therapists, orthodontic therapists or dentists, as the skills set out are reserved to the relevant groups.

13. Is there anything that should be added to a clinical dental technicians scope of practice?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is it?

14. Please identify anything that you would add to the proposed additional skills for clinical dental technicians and give reasons.
Skills that should be added.....

Dentists

The scope of a dentist covers the areas above. They also:

- diagnose disease
- prepare comprehensive treatment plans (this is a 'strategic' role, as a treatment plan can be taken to any appropriate DCP for delivery. The 'tactical' planning of delivery of care is not unique to dentists; overall long-term responsibility for treatment planning is.)
- prescribe and provide endodontic treatment on adult teeth
- prescribe and provide orthodontic treatment
- prescribe and provide fixed and removable prostheses
- carry out oral surgery
- carry out periodontal surgery
- extract permanent teeth
- prescribe and provide crowns and bridges
- carry out treatment on patients who are under general anaesthesia
- administer inhalational and intravenous conscious sedation
- prescribe drugs as part of dental treatment
- prescribe and interpret radiographs.

Additional skills which dentists may acquire during their careers:

- providing dental implants.

15. Please identify anything that you would add to the proposed additional skills for dentists and give reasons.

Skills that should be added.....

General questions

16. Having read the preface and the draft guidance on scope of practice, do you agree with the approach we have taken – of registrants using their skills within clear parameters?

Yes No

If you do not agree, please explain why:

17. Do you think that issuing new standards guidance is the best way to take this forward?

Yes No

If no, what do you think would be a better way?

Tooth whitening

18. Should any Dental Care Professional (DCP) group be able to carry out tooth whitening using bleaching agents, on prescription from or under the supervision of a dentist?

	Yes on prescription	Yes under supervision	No
Dental nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental hygienists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical dental technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct access

19. In 2006, the Council decided that the only group of dental care professionals who could see patients who had not seen a dentist first were clinical dental technicians. They are allowed to see patients who have no teeth to provide them with full dentures. There is no plan to review that decision in the next 12 months. However, a new Council will take over in 2009 and we would like to help them decide what skills would be needed if training to allow other groups to see patients directly was to be proposed. What skills do you think would be needed to make direct access to DCPs safe and effective for patients?

Skills needed...

Other treatments

20. What should the GDC be saying to registrants about the following activities as legitimate additions to conventional dentistry?		
Dermal fillers such as collagen used in the face?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dermal fillers such as collagen used in other parts of the body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Botox when used in the face?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Botox when used in other parts of the body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bone harvesting other than from the mouth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

21. What should the GDC be saying to registrants about complementary therapies and/or treatments (for example, acupuncture and hypnotherapy) which they provide but which are not linked to a patient's dental treatment?

22. Do you have any other comments on this part of the consultation? If they relate to a particular question, please state which one.

SECTION 2

Draft content for practice guidance

Registration

All dentists, dental hygienists, dental therapists, dental technicians, clinical dental technicians, dental nurses and orthodontic therapists must be registered with the Council.

The only exceptions to this are dental nurses in training and dental technicians in training.

Indemnity

All registrants must make sure that they have cover in case a patient makes a claim against them. The only arrangements currently recognised by the GDC are:

- Dental defence organisation membership, i.e. Dental Protection, Dental Defence Union and the Medical and Defence Union of Scotland (whether an registrants own membership or employer's membership)
- Professional indemnity insurance held by the registrant or their employer
- NHS indemnity

The Council will be carrying out further work in this area and will issue more detailed guidance in due course.

Dental nurses 'in training'

Dental nurses who have passed their National Certificate examination but are still undertaking the 24 months' chairside experience required for full qualification are considered 'in training' until they receive their qualification.

Dental nurses who are employed by a practice and enrolled on a training course leading to registration which has yet to start can be defined as 'in training'. Dental nurses who are employed by a practice with a view to enrolling on a training course for which enrolment has not yet opened can also be defined as 'in training'.

In both these cases:

- a. before the trainee dental nurse undertakes any duties in the practice he or she must receive an appropriate induction, which must include confidentiality and health and safety in the practice;
- b. the trainee dental nurse must keep a log book of the training they receive in the practice;

- c. the trainee dental nurse must not undertake exposure prone procedures, including cleaning instruments, until they have received their second vaccinations.

A named supervising registrant must take responsibility for supervising a dental nurse in training. By undertaking this responsibility, the supervising registrant agrees to be accountable for the work of the trainee dental nurse.

Where these standards refer to a dental nurse, that includes a dental nurse in training.

23. Do you agree with the policies regarding dental nurses in training?

Yes No

If you do not agree, please explain why below...

Dental technicians 'in training'

Technicians who are employed by a laboratory or practice and enrolled on a training course leading to registration which has yet to start can be defined as 'in training'. Technicians who are employed by a laboratory or practice with a view to enrolling on a training course for which enrolment has not yet opened can also be defined as 'in training'. In both these cases:

- a) before the trainee dental technician undertakes any duties in the laboratory or practice he or she must receive an appropriate induction, which must include confidentiality and health and safety in the practice and immunisation (if appropriate, e.g. in a clinical setting);
- b) the trainee dental technician must keep a log book of the training they receive in the laboratory practice.

A named supervising registrant must take responsibility for supervising a dental technician in training. By undertaking this responsibility, the supervising registrant agrees to be accountable for the work of the trainee dental technician.

Where these standards refer to a dental technician, that includes a dental technician in training.

24. Do you agree with the policies regarding dental technicians in training?

Yes No

If you do not agree, please explain why below...

Make sure that trainees and other unregistered members of the team working with you or under your supervision are familiar with 'Standards for dental professionals' and the supporting guidance, and follow it.

Registered general nurses working in maxillofacial, oral surgery or orthodontic clinics in hospitals

NMC-registered nurses can carry out "medical tasks" in maxillofacial or oral surgery procedures, such as removing sutures. We would not regard such "medical tasks" as dental nursing.

GDC registrants should only receive dental nursing support from registered dental nurses.

25. Do you agree with the policies regarding registered general nurses working in maxillofacial, oral surgery or orthodontic clinics in hospitals?

Yes No

If you do not agree, please explain why below...

Registrant using unregistered staff or another person to assist in the absence of a dental nurse

Registrants seeing patients should not routinely work without the assistance of a dental nurse. Practices should have standby arrangements which can be activated at short notice, such as a relationship with an agency providing registered staff, to cover absences caused by leave, sickness or training.

If no dental nursing assistance is available, the registrant should act in the best interests of the patient when deciding whether to proceed with treatment. If it is in the best interests of the patient to go ahead, the registrant must ensure that there is a third person present who has been told what their role would be in a medical emergency. The third person must not work in the patient's mouth or otherwise act as a dental nurse.

26. Do you agree with the policy regarding unregistered staff and others assisting in the absence of a dental nurse?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do not agree, please explain why below...

Registered healthcare professionals (non-GDC) working in the mouth

Suitably qualified and registered healthcare professionals may take whatever action is necessary to deal with dental emergencies, such as stitching wounds or removing debris from the mouth, or re-implanting an avulsed tooth. We would regard such treatment as a 'medical task' when provided in a medical context and therefore within the terms of the Act. A medical procedure (whether or not it is carried out in an emergency) might also require the performance of a task that would otherwise constitute the practice of dentistry, such as the removal of teeth as part of an osteotomy carried out by a surgeon.

27. Do you agree with the policy regarding non-GDC registered healthcare professionals working in the mouth?

Yes No

If you do not agree, please explain why below...

Student dental professionals acting as dental nurses

Student dental professionals may act as a dental nurse provided they:

- a) have reached an appropriate point in their own training
- b) satisfy the requirements specified for a 'dental nurse in training', including immunisation;
- c) have undertaken at least the equivalent of the trainee dental nurse's induction; and
- d) work under the supervision of an appropriate named registrant.

28. Do you agree with the statement regarding student dental professionals providing dental nursing in a practice?

Yes No

If you do not agree, please explain why below...

Registrants sending work to overseas laboratories

The safety of dental appliances in the UK is regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA). A registrant using a UK laboratory (or other laboratory which uses UK-registered staff) knows that the registrants working in the laboratory are accountable to this Council in the event of a patient making a complaint about the work produced.

EU laboratories must be registered with the competent authority in their state, equivalent to the MHRA, and are subject to the standards of the Medical Devices Directive (as amended) as enforced by that competent authority. If there are problems with the standard of work

being received by a UK practice from an EU laboratory, the MHRA can ask the relevant competent authority to investigate.

Work coming into the EU from non-EU laboratories is still subject to the requirements of the Directive, via an authorised representative². If a manufacturer does not have a registered place of business in a member state, he must designate a single authorised representative in the EU. The authorised representative is responsible for ensuring that the manufacturer outside the EU also complies with the Directive.

Registrants who choose to send work to a laboratory based outside the UK or who use non-UK registered technicians must understand that they will bear sole responsibility to the Council for the safety and quality of that work.

Any registrant who makes dental appliances or who chooses to act as an authorised representative within the terms of the Medical Devices Directive (as amended) must make sure that they understand and accept their responsibilities under the Directive, for which the GDC will hold them accountable.

29. Do you agree with the statement regarding the responsibilities of registrants who choose to send work to overseas laboratories?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do not agree, please explain why below...

Full mouth assessments and treatment plans

Patients should be seen by a dentist before being treated by other members of the dental team (although patients with no natural teeth can see clinical dental technicians direct for the supply and maintenance of full dentures).

² The new Directive (Directive 2007/47/EC) which amends the Medical Devices Directive defines an authorised representative as “any natural or legal person established in the Community who, explicitly designated by the manufacturer, acts and may be addressed by the authorities and bodies in the Community instead of the manufacturer with regard to the latter’s obligations under this Directive”.

When a dentist provides a treatment plan for patient, the patient may take the treatment plan to any appropriate registered dental professional who can, within their skills and the limits of the plan provide treatment and make any further appropriate referrals.

30. Do you agree with the statement regarding full mouth assessments and treatment plans?

Yes No

If you do not agree, please explain why below...

Referrals

If you ask a colleague to provide treatment, a dental appliance or clinical advice for a patient, make sure that your request is clear and that you give your colleague all the appropriate information

Legal obligations

Registrants have legal obligations in a number of areas because they are dental professionals. We expect you to understand and comply with these obligations and we reserve the right to deal with potential breaches which are brought to our attention, even if they have not been the subject of action by another agency.

You must be sure that you understand and comply with your obligations under legislation in relation to:

- a. Disposal of clinical and other hazardous waste
- b. Employment
- c. Health and safety
- d. Indemnity
- e. Ionising Radiation regulations
- f. Medical devices directive
- g. Protecting children and vulnerable adults.

31. Is there anything that should be added to the list regarding legal obligations?

Yes No

If yes please suggest the additions below...

Other comments

32. Do you have any other comments on this part of the consultation? If they relate to a particular question, please state which one.