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Structure of the Dental Profession

Key learning points

A **factual knowledge** of

- the various members that make up the dental team

An **overview** of

- the key roles of each member as well as the dental nurse
- the National Health Service and its current involvement with the provision of dental care

The dental team is now made up of dentists and six categories of registered dental care professionals (DCPs), all of whom work together to provide oral healthcare for their patients. In hospital and clinic environments, some of the dentists may have gone on to become specialists in various fields of dentistry, while dental nurses are now able to train and become competent in various post-registration qualifications as well as in several tasks referred to as 'extended duties'. Although a new system of contracting and commissioning primary and secondary care dentistry to manage the National Health Service (NHS) provision in England was introduced in April 2013, it is still in a state of flux as the final contract details have yet to be decided. However, it is clear that whatever the final version there will be much more delegation and reliance on the use of DCPs in the workplace to assist in delivering dental treatment and preventive advice to patients. Consequently, there has never been a more exciting time for dental nurses to push the boundaries of their profession and become recognised as vital members of every dental team, in every dental workplace.

This chapter provides an overview of the roles of the various registrants, while that of the dental nurse is covered in detail in Chapter 2.

The dentist

Dentists undergo 5 years of undergraduate training at a university dental school. On passing their final examinations, students are awarded the degree of Bachelor of Dental Surgery (BDS), but they cannot use the title of dentist or practise the profession until their names have been entered

onto the Dentists Register. In addition, dentists who have qualified in member states of the European Union may currently also join the Register, although they must have an adequate level of written and spoken English. Dentists from non-European Union countries must have their skills and knowledge assessed for equivalence with that required for UK dentists before they may work here. Following the UK referendum in 2016 which resulted in a majority desire to leave the European Union ('Brexit'), these enhanced entry requirements may eventually apply to European dentists also.

The Register is kept by the General Dental Council and contains the name and qualification(s) of every person legally entitled to practise dentistry in the UK, but the decision was made in 2016 to end the need for registrants' addresses to also be included. Registrants may describe themselves as dentist, dental surgeon or dental practitioner – there is no difference between these titles. Dentists may also use the courtesy title of Doctor but must not imply that they are anything other than dentists. Following qualification, all dentists are legally required to continue their professional education until their retirement from practice, in order to maintain and update their skills.

Registered dentists have a wide choice of opportunities within the profession:

- General practice.
- Community dental service.
- Hospital service.
- University teaching and research.
- Industrial dental service.
- The armed forces.

They may also take additional higher qualifications and become specialists in a particular branch of dentistry. Some examples of such qualifications are as follows:

- Fellowship in Dental Surgery (FDS).
- Master of Science (MSc) in a specialty.
- Membership in the Joint Dental Faculties (MJDF).
- Membership in Paediatric Dentistry (M Paed Dent).
- Membership of the Faculty of Dental Surgery (MFDS).
- Diploma in Dental Public Health (DDPH).
- Diploma in Dental Radiology (DDR).
- Diploma in General Dental Practice (DGDP).
- Diploma in Orthodontics (DOrth).

These qualifications are provided by the joint dental faculties of the Royal Colleges of Surgery.

Having obtained the relevant higher qualifications, dentists may then join the Specialist List of the Register for their particular specialty, which includes the following areas:

- Oral and maxillofacial surgery.
- Surgical dentistry.
- Dental and maxillofacial radiology.
- Dental public health.
- Oral medicine.
- Oral microbiology.
- Oral pathology.
- Orthodontics.
- Periodontics.
- Prosthodontics.
- Restorative dentistry.

The General Dental Council

The General Dental Council (GDC) is the regulatory body of the dental profession (dentists and all DCPs) and its duties are set out in legislation. The GDC's role is to protect patients from harm and maintain public confidence in all members of the dental profession, by ensuring their adequate regulation. In the UK this regulation is achieved by the GDC carrying out the following:

- Quality-assuring education programmes for dental professionals: to ensure that the education and training delivered is sufficient to cover all the necessary learning outcomes for each category of dental professional.
- Registering dental professionals so that they may work in the UK: to ensure that only those with suitable dental qualifications are providing care to patients.
- Setting standards that all dental professionals must meet: to ensure that all dental professionals work at or above a defined level of professionalism at all times.
- Requiring all dental professionals to maintain and update their skills through continuing professional development (CPD): to ensure that all dental professionals are up to date with the latest knowledge and skills throughout their working career.

In addition, the GDC has a legal obligation to investigate serious allegations of a dental professional's fitness to practise, where their behaviour or their conduct has been called into question. To be determined as being 'fit to practise', the GDC considers that the dental professional has the appropriate hands-on skills, educational knowledge, good character and good health (both mental and physical) to practice their profession safely and effectively.

The GDC is also empowered to remove or suspend from the Register any dentist or DCP who has been convicted of a criminal offence or is guilty of serious professional misconduct. These issues are discussed further in Chapters 2 and 3.

As a regulator then, the GDC aims to promote high standards of professional education and professional conduct among all dentists and DCPs, throughout their working career. It thereby ensures that the status of the profession in the general community is upheld and that a proper code of conduct is maintained, for the protection of the public. In essence, its remit is to:

- protect patients
- regulate the dental team.

It is the policy of the GDC for all dentists, after qualification, to complete a year of foundation training (previously called vocational training) before starting independent practice. Such training schemes are already in force in NHS general practice, the community and hospital services, and also on a voluntary basis in non-NHS practice. As soon as adequate resources and facilities are available, it is likely to be mandatory for all newly qualified dentists to undergo foundation training soon after qualification.

Apart from registered dentists, the only other persons permitted to undertake dental treatment are registered dental hygienists and dental therapists, and registered clinical dental technicians may provide and maintain full dentures to edentulous patients. The GDC is responsible for these DCPs in much the same way as for dentists. The expected level of competencies by the time of their qualification is laid out in the GDC document *Preparing for Practice*, while those additional duties possible after a period of suitable training and assessment are laid out in its document *Scope of Practice (2013)*. This latter publication has particular relevance to dental nurses, and all GDC documents can be downloaded at www.gdc-uk.org.

It must be remembered that all dentists and all categories of DCP require indemnity cover to work legally in the UK. This is a type of insurance cover which provides security against harm, loss

or liability, so that if a patient is harmed while undergoing treatment they can be compensated by the insurer rather than the dentist or DCP personally.

The dental team

Dentists' training enables them to undertake, without assistance, all treatment necessary for patients, including construction of their dentures, crowns and bridges, provision of restorations and root fillings, extractions, etc. Except for the actual treatment performed within the mouth, much of the work which a dentist is qualified to do can be performed by other members of the dental team. For example, a chairside dental nurse provides an extra pair of hands for preparing and mixing filling and impression materials, and for helping with suction, retraction and illumination to keep the operative field clear and dry for the dentist and comfortable for the patient. A dental technician can make dentures, crowns and bridges ready for the dentist to fit, while dental hygienists and therapists are permitted to undertake limited forms of dental treatment.

By utilising all this assistance, a dentist becomes the leader of a team which can practise in the most efficient way. Dentists carry out all the treatment which they alone can perform, while the other members of the team – hygienist, therapist, dental nurse and technician – perform all the work which a dentist can delegate. Compared with a single-handed dentist, the dental team can provide far more treatment each day with less effort and fatigue for all concerned, and thereby give a better total service to the patient and the community. Dental team working is discussed in more detail in Chapter 3.

The full group of registered dental team members will eventually comprise:

- dental nurses
- orthodontic therapists
- dental hygienists
- dental therapists
- dental technicians
- clinical dental technicians
- maxillofacial prosthetists and technologists.

All except the last group are already required to be registered with the GDC, and must have specific training programmes, extended duties and professional responsibilities for continuing professional development and professional conduct similar to those of dentists, as well as indemnity insurance. The issue of professionalism and its relevance to all dental team members is discussed in detail in Chapter 3.

Further information is also available at www.gdc-uk.org.

Dental care professionals

This is the new professional title for all members of the dental team besides the dentist. They were previously referred to as professionals complementary to dentistry (PCDs). The full list of skills which can be undertaken on qualification for each of the DCP categories, as well as additional skills that can be developed after qualification (both post-registration qualifications and 'extended duties'), are shown in the GDC's 2013 document *Scope of Practice*.

Dental nurse

This whole text is aimed at dental nurses and their training requirements, and their invaluable role and position in the dental team are discussed in detail in Chapter 2.

Orthodontic therapist

This is a relatively new category of registered DCP, responsible for carrying out certain parts of a patient's orthodontic treatment under prescription from a dentist. The list of skills that a qualified and indemnified orthodontic therapist can undertake is limited to orthodontic treatment only, unless the DCP has a previous qualification in another DCP category, such as dental nursing. The specific skills that may be undertaken include:

- setting up instruments for a range of orthodontic procedures
- placing brackets and bands and removing fixed appliances, adhesives and cements
- inserting passive removable appliances, and those activated by a dentist
- taking impressions and casting study models
- taking intraoral and extraoral photographs
- fitting bonded retainers and tooth separators
- fitting orthodontic headgear, and orthodontic facebows which have been adjusted by a dentist.

Additional skills that may be developed include applying fluoride varnish, measuring and recording plaque indices, and removing sutures from a wound checked by a dentist.

Dental hygienist

After 2 years' training at a dental hospital or in the armed forces, hygienists used to be awarded a Diploma in Dental Hygiene and could then become registered by the GDC. Dental hygiene training has now been combined with that of dental therapists as a dual qualification, so that all those who qualify have a much wider range of skills and competencies.

Hygienists are permitted to undertake a number of dental procedures for which they have been trained, under the prescription of a dentist. These duties include:

- supragingival and subgingival scaling, root surface debridement and polishing teeth
- use of infiltration and inferior dental block anaesthesia
- providing dental hygiene care, including advice on stopping smoking
- taking, processing and interpreting various radiograph views
- taking intraoral and extraoral photographs
- applying topical fluorides and fissure sealants
- treating patients under conscious sedation, provided that a dentist is present in the room
- emergency replacement of dislodged crowns, using a temporary cement
- removal of excess cement and adjustment of restored surfaces in relation to periodontal treatment
- application of a temporary filling if one becomes dislodged while under their treatment
- taking impressions.

Additional skills that may be developed are tooth whitening (to a dentist's prescription), administering inhalation sedation, and removing sutures from a wound checked by a dentist.

Dental therapist

Dental therapists undertake a 2-year course at a dental hospital and now become qualified in both hygiene and therapy. They are awarded a Diploma in Dental Therapy and Hygiene and can carry

out a wider range of treatments once they have obtained GDC registration. They are permitted to carry out all the same duties as a hygienist, and all the following additional duties:

- simple fillings on deciduous and adult teeth
- pulpotomies of deciduous teeth
- extraction of deciduous teeth
- fitting preformed crowns on deciduous teeth
- recognise anatomical abnormalities and interpret common pathology
- carry out oral cancer screening.

Dental therapists are also able to develop the additional skills listed for dental hygienists.

Prior experience as a dental nurse and possession of the relevant dental nursing qualification are requirements for admission to dental hospital training courses for dental hygiene and therapy training.

Dental technician

Dental technicians are highly skilled craftsmen and women who construct dentures, crowns, bridges, inlays, orthodontic appliances, splints and replacements for fractured or diseased parts of the face and jaws. They work to the dentist's prescription in a dental laboratory, but can also repair dentures direct to members of the public. Training consists of a full-time course in a dental hospital or technical college; or an apprenticeship with part-time attendance at a technical college. On qualification, dental technicians may also develop additional skills when working with a dentist in the clinic, such as taking impressions and photographs, and recording facebows and occlusal registrations.

Clinical dental technician

Clinical dental technicians are specially trained to provide and maintain full dentures for edentulous patients, and may do so without the involvement of a dentist. They are also qualified dental technicians and are able to carry out the full range of skills associated with this category of DCP, as well as developing further additional skills on prescription from a dentist such as tooth whitening, providing anti-snoring devices and replacing implant abutments for removable appliances.

Maxillofacial prosthetists and technologists

Maxillofacial prosthetists and technologists are technicians who have specialised in jaw and facial reconstruction and replacement, and work closely with maxillofacial surgeons in a hospital environment.

The National Health Service

Dental treatment in the UK is provided either privately or through the NHS. In England, the current NHS system was introduced in 2013 with the abolition of primary care trusts (PCTs) and the introduction of the NHS Commissioning Board, who took over full responsibility for NHS services including all primary and secondary dental care. Private patients obtain treatment from a practitioner of their choice and pay a fee to the practitioner for professional services given, or they join one of the private registration and capitation schemes and pay a monthly or annual subscription to cover the majority of their treatment charges.

National Health Service dental treatment differs from private practice in the range of treatment provided and the method of payment for such treatment. Certain types of treatment available in private practice are currently restricted in the NHS (such as tooth-coloured fillings and crowns on

posterior teeth), while payments to the dentist are set and controlled by the NHS, with patients' contributions ranging from nil to a set maximum. Currently, NHS dental care and treatment provided to the public is delivered as units of dental activity (UDA) or units of orthodontic activity (UOA), and each dentist or dental workplace will have a contracted number of UDAs or UOAs that must be delivered annually. All dental procedures that may be carried out under NHS regulations are classified into one of three bands to determine the patient charge applicable and the number of UDAs or UOAs that it attracts:

- Band 1: diagnosis, treatment planning and maintenance but excluding urgent treatment (1 UDA).
- Band 1: urgent treatment only (1.2 UDAs).
- Band 2: simple treatments such as fillings, extractions, root treatments (3 UDAs).
- Band 3: provision of appliances (12 UDAs).

Appliance repairs, suture removal and arrest of bleeding also attract 1 or 1.2 UDAs.

A set fee is charged to the patient for each of the bands, regardless of the amount of treatment carried out, so for instance the same fee is paid for one filling or 10 fillings, if provided during the same course of treatment.

Orthodontic care is similarly split into four types of treatment provision:

- Orthodontic care assessment (1 UOA).
- Case assessment and treatment up to 9 years old (4 UOAs).
- Case assessment and treatment from 10 to 17 years old (21 UOAs).
- Case assessment and treatment 18 years and over (23 UOAs).

However, the system is due to change in the near future, and while the final decision is not yet made on the replacement system to be introduced, it is highly likely that more emphasis will be placed on the role of DCPs within the dental team. The dentist will still be the only team member capable of providing all care and treatment for a patient, but much will be delegated to those DCPs with suitable training and qualifications to be carried out instead. So, dental workplaces may eventually consist of fewer dentists and more DCPs, but with the ability to carry out the same range of dental treatments between them.

Currently, various pilot and prototype contracts are being run in selected dental workplaces to determine the final version of the new contract for delivery of primary dental care in the future. The basis of the pilots and prototypes is to use care pathways to improve the quality of dental care provided, achieve good dental health for patients and increase access to dental services overall.

The cost of the NHS is borne by the state, and the government department responsible for it is the Department of Health. This delegates operational management of the service to the NHS Commissioning Board, which in turn delegates responsibility for developing and commissioning clinical groups at a more local level to its local area teams (LATs). For administrative purposes, England is divided into 27 of these LATs for overall planning. Some lead on specialist commissioning throughout England so that services such as dentistry are run to a central policy and with consistent guidelines, rather than the old system under PCTs which varied from area to area. The clinical commissioning groups (CCGs) within each LAT have the responsibility of deciding the level of need for NHS dentistry in their area, as well as providing emergency out-of-hours dental care to the public.

Community dental service

This was formerly called the school dental service, providing examination and treatment for children and expectant and nursing mothers. It still meets the same needs but has acquired additional responsibilities. These vary according to local demand but can include treatment for special needs

patients of all ages, emergency treatment for patients without access to an NHS dentist, treatment of the elderly (especially those unable to attend a dental workplace), provision for general anaesthesia and conscious sedation, and dental health programmes for the community at large.

The community dental service is administered by the NHS Commissioning Board through the area teams, and co-operates with hospital staff and general practitioners in planning and co-ordinating all dental services in the district. Salaried community dental officers provide treatment in clinics, with equipment and materials supplied by the area CCG.

Hospital dental service

Hospitals are also administered overall by the NHS Commissioning Board, again through the area CCG. Dental services are provided by consultant oral and maxillofacial surgeons and orthodontists, and in some areas specialists in restorative and periodontic treatments are also available. Together, they give specialist advice and treatment for patients referred by practitioners outside the hospital, and for patients referred from other departments of the hospital. They are also in overall charge of dental care for long-stay inpatients. In addition, most consultants provide postgraduate courses and part-time training posts for general practitioners.

General dental service

This is the general practitioner service which provides a significant share of all dental treatment in the UK. It is currently administered by the local CCG but the LAT holds dentists' NHS contracts and is responsible for NHS disciplinary procedures.

The Dental Practice Division of the Business Services Authority (previously the Dental Practice Board) authorises payment of NHS treatment fees to practitioners. It can also arrange for patients to be examined by its dental reference officers (DROs).

General practitioners set up and equip their practices at their own expense and are entitled to have private patients as well as NHS patients. However, if involved in NHS care of patients, they must also demonstrate compliance with various quality assurance measures, as follows:

- NICE guidelines
- clinical governance
- clinical audit/peer review
- information governance and data security and protection (DSP).

There is no reason why a fully private practice cannot have the same quality assurance systems in place also, although they are only required to abide by any relevant legislation, rather than having to abide by NHS rules.

NICE guidelines

The National Institute for Health and Care Excellence (NICE) is responsible for providing national guidance on the promotion of good health and the prevention and treatment of poor health in the following areas:

- public health
- health technologies (medicines, treatments and procedures)
- clinical practice.

It is an independent organisation but all NHS contractors in England and Wales are required to comply with their relevant guidelines. Those relevant to dental services include the following:

- wisdom tooth removal (Chapter 17)
- dental recall (Chapter 13)
- referral guidelines for suspected cancer (Chapter 11)
- referral for smoking cessation (Chapter 11)
- antimicrobial prophylaxis (infective endocarditis) (Chapter 5)
- sedation in children and young people (Chapter 14).

Clinical governance

This requires every NHS practice principal to have a quality assurance system for the practice, in order to ensure a consistent quality of care. It must cover the following areas to ensure the safety of its patients:

- effective infection control (Chapter 8)
- all legal obligations of health and safety law in the practice (Chapter 4)
- all legal obligations for radiation protection (Chapter 12)
- compliance with GDC requirements for CPD (Chapter 3), including clinical audit and peer review.

The practice must also:

- appoint a member of the staff to be responsible for operating the system
- display a written practice quality policy for patients
- provide the LAT with an annual report on the quality assurance system.

Clinical governance is discussed further in Chapter 3.

Clinical audit and peer review

Clinical audit is an essential feature of clinical governance that came into force for NHS dentists in 2001. Its purpose is to ensure that individual dentists assess different aspects of their practice, make changes where necessary, and thereby improve service and care for their patients. The running of quality assurance programmes within the dental workplace can often be delegated to suitably trained dental nurses, an example being retrospective clinical audits of dental radiographs.

Peer review is an optional alternative to clinical audit for dentists who prefer to undertake their practice assessments within a group of other dentists and thereby share the benefit of the group's combined experience.

As these are now clinical governance requirements, rather than optional activities, funding is no longer available to dentists for their completion.

Information governance

This is a quality assurance system that has been implemented for healthcare, corporate and information technology (IT) organisations that sets out to ensure the safety and appropriate use of personal and patient information. It is therefore linked to patient confidentiality, data protection and the freedom of information passing between various organisations and bodies.

The Department of Health has charge of the implementation of the system for healthcare organisations, including all dental workplaces, and has developed sets of information governance requirements in a toolkit (initially referred to as the IG Toolkit and now as the DSP Toolkit), which enables NHS healthcare providers to measure their own compliance.

Information governance and data security are discussed further in Chapter 3.

British Dental Association

The British Dental Association (BDA) is the professional body representing the majority of dentists in the UK. It publishes the *British Dental Journal (BDJ)*, and many compendiums, toolkits and other literature to provide its members with up-to-date information and advice on the business of dentistry. It runs annual dental conferences which provide further update advice, as well as many CPD events aimed at the dental team rather than just dentists. The BDA also negotiates for the profession with the government and other bodies, such as local dental committees, where dental interests are concerned. Membership of the BDA is voluntary, it is open to all dentists and allows its members access to a huge source of dental literature and research material. More recently, further publications have been added to the BDA portfolio and are available in print and online:

- *BDJ Team* provides information and updates for the whole dental team
- *BDJ Student* exclusively for dental students
- *BDJ Open* for freely available research content
- *EBD* for comprehensive summaries of the latest evidence-based developments in oral health
- *BDJ In Practice* for the latest dental news stories and practical practice advice.

In relation specifically to GDC-registered dental nurses, the BDA also runs distance learning training courses for the post-registration qualifications of Oral Health Education and Dental Radiography, as summarized in the following sections.

BDA Education Certificate in Oral Health Education

This is an online course providing 40 hours of verifiable CPD that is aimed at teaching the communication skills necessary to educate patients about their oral health, and leads to this nationally recognised qualification. On completion of the course and passing the final online examination, dental nurses are competent to work as oral health educators within their dental workplace.

The course covers the following topics:

- Diseases and conditions of the oral cavity.
- Oral health target groups.
- Delivering oral health messages.
- Oral disease prevention.
- Oral health and society.

It is delivered in 27 modules over an 8-week period, with quizzes, a practice test, and the completion of a portfolio of practical work before the final online examination. Further information is available at www.bda.org/ohcourse.

BDA Education Certificate in Dental Radiography

This is an online course providing 40 hours of verifiable CPD aimed at teaching the safe use of X-rays and how to take common radiographs, and leads to this nationally recognised qualification. On completion of the course and passing the final online examination, dental nurses are competent to take common radiographs unsupervised.

The course covers the following topics:

- Introduction to radiation and radiography.
- Intraoral radiography (bitewings and periapicals).
- Panoramic radiography.
- Other practical techniques.
- Quality assurance and the law.
- Image interpretation.

It is completed in 25 modules over an 8-week period, with quizzes, a practice test, and completion of a practical portfolio of 40 radiographs before the final online examination. Further information is available at www.bda.org/radcourse.

Resources

General Dental Council, 37 Wimpole Street, London W1G 8DQ

www.gdc-uk.org

Tel: 020 7887 3800

Fax: 020 7224 3294

British Dental Journal

www.bdj.co.uk

British Dental Association, 64 Wimpole Street, London W1G 8YS

<https://bda.org/>

Tel: 020 7563 4563

Fax: 020 7487 5232



Further resources are available for this book, including interactive multiple choice questions and extended matching questions. Visit the companion website at:

www.levisontextbookfordentalnurses.com