General Dental Council | protecting patients, regulating the dental team

Direct Access Review

Direct Access

A proposal for consultation

Background, proposal and consultation questions

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Please submit your response by 31 December 2012 to:

Direct Access Consultation
Standards Team
General Dental Council
37 Wimpole Street
London
W1G 8DQ
Email: directaccess@gdc-uk.org
Telephone: 020 7887 3844

Other formats

This consultation is available on request in large print and audio. If you would like to receive a copy in one of these formats, please contact us on the telephone number above.

Section 1 – Summary and background

Who we are

The General Dental Council (GDC) is the organisation which regulates the practice of dentistry by individuals in the United Kingdom.

Our purpose is to protect the public by regulating the dental team. We do this by:

- registering qualified dental professionals,
- setting standards of dental practice and conduct,
- assuring the quality of dental education,
- ensuring professionals keep up-to-date,
- helping patients with complaints about a dentist or dental care professional, and
- working to strengthen patient protection.

Dentists and dental care professionals must be registered with us to work in the UK. Dental care professionals are dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists

Why are we consulting?

We are seeking your views on a proposal which will change the way that dental treatment can be delivered in the United Kingdom.

How can I respond?

You can submit your response to the consultation through the GDC website.

You can also respond by post to the address given on page 2 or you can email your response to directaccess@gdc-uk.org. Please mark your email 'Consultation response'

Questions 1-3 are aimed at everyone. Questions 4-15 are aimed mainly at GDC registrants and representative organisations but patients and others are welcome to answer them and the responses will still be taken into account. If you decide not to answer questions 4-15, please remember to go to section 3 and complete 'About you'.

The consultation is open until 31 December 2012. The responses will be analysed and reported when the proposal is considered by the Council in March 2013.

Freedom of information

The information you give us in your response may be subject to disclosure under the Freedom of Information Act 2000 ('the FoI Act') which allows public access to some information held by the GDC. You may ask for your response to be kept confidential by ticking the box below and we will take this into account if someone requests your response under the FoI Act.

Please tick this box if you want us to treat your response as confidential ☐

Direct Access consultation

Section 2 – Background and proposal

What is 'direct access'?

1. Dental care in the United Kingdom is largely delivered via a system whereby patients must first be seen by a dentist in order to access dental care. The dentist will carry out an examination, diagnose any problems and provide the patient with a treatment plan to secure and maintain their oral health. Some or all of the treatment may then be provided by, or may involve, other members of the dental team. Examples of this include a dental hygienist treating gum disease or a dental technician carrying out shade-taking for a dental device such as a bridge. This is known as treatment done 'on prescription' from a dentist.

2. **Direct access** means giving patients the option to see a dental care professional (DCP) without having seen a dentist first.

3. DCPs are dental hygienists, dental therapists, dental nurses, orthodontic therapists, dental technicians and clinical dental technicians.

Background

4. Until 2006, the Dentists Act 1984 restricted the practice of dentistry to registered dentists and registered doctors. No one else was allowed to carry out dentistry and to do so could lead to a prosecution for illegal practice.

5. In 2006, DCP registration was expanded to include four further professional groups - dental nurses, dental technicians, orthodontic therapists and clinical dental technicians. As part of the changes made to the Dentists Act at this time, the practice of dentistry is now limited to GDC registrants, who may carry out treatments or duties for which they are trained and competent and which fall within their scope of practice. 'Scope of practice' is a way of describing what different members of the dental team are trained to do. You can refer to our Scope of Practice guidance by clicking here or on our website at: http://www.gdc-uk.org/Newsandpublications/Publications/Publications/ScopeofpracticeApril2009[1].pdf
This guidance also explains which tasks DCPs are currently only able to carry out 'on prescription'.

6. The requirement for a patient to see a dentist before being seen by another member of the dental team has been included in our Standards guidance since 2006. The only exception to the requirement is that patients who have no teeth can see a clinical dental technician (CDT) directly to have full dentures made.

7. The GDC is now considering whether the requirement for patients to see a dentist first adds to patient protection or whether it is an unnecessary restriction and direct access should be expanded, allowing patients to see other registered DCPs without having to see a dentist first.

8. Direct access already exists to some extent in Australia, four states in Canada (Alberta, British Columbia, Calgary and Ontario), the Netherlands, New Zealand, Norway and in fourteen states of the United States of America including Alaska, California, Colorado, Minnesota and Oregon.

Our approach

9. We have gathered evidence from a number of sources, including meetings with stakeholder groups (professional associations, defence organisations, the Office of Fair Trading and the four Chief Dental Officers), a web-based 'Call for Ideas' and a specially commissioned literature review. The main findings were as follows:

10. The stakeholder days identified the following potential benefits and risks of expanding direct access:

Potential benefits:	**Possible risks:**
Increased access to treatment for patients, particularly in remote areas	Confusion among professionals and patients about roles and responsibilities in the team
Better preventative care, including the extension of national programmes to meet the health needs of the population	Patients 'falling through the gaps' if arrangements between professionals were not adequate
Improved patient choice	Hindering teamwork
Enhanced teamwork	Unemployment amongst dentists

11. The key findings of the literature review included the following:
    - no evidence of significant issues of patient safety resulting from clinical activity by DCPs;
    - evidence that access to dental care improved as a result of direct access arrangements, as well as evidence of cost benefit to patients and high levels of patient satisfaction;
    - some evidence that DCPs might over-refer patients to dentists which may ensure patient safety but could also lead to wasteful use of resources and a high level of 'no-shows' on referral.

12. The Call for Ideas generated 840 responses, including 128 from dentists, 518 from DCPs and 91 from members of the public. There was general support for the expansion of direct access, with better use of skill mix and better access for patients cited as the main reasons. The main concern which came through in the comments was that hygienists and therapists might not have the necessary skills to diagnose an oral condition.

13. You can review all the evidence on the GDC website at http://www.gdc-uk.org/governanceandcorporate/committees/pages/direct-access-task-and-finish-group.aspx

14. We have taken a risk-based approach to this work. In other words, we have considered whether expanding direct access would present a risk to patient safety.

Q1. To what extent do you agree or disagree that a risk-based approach is the right one when considering direct access? (Put an x in the box to select your answer)	
X	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
Please say why: Patient safety is the ultimate concern for dental professionals, regulators and educators. Consequently, the benefits of providing direct access should be considered against any possible risks to patients before making a decision whether to introduce this reform. If we are content that the change will not introduce risks of inappropriate or inadequate treatment, then we should have confidence in introducing direct access.	

Our proposal

15. The main consideration throughout this work has been whether extending direct access would have a negative impact on patient safety – in other words, whether patients would be at increased risk of harm if they could see a DCP without having seen a dentist first. We have taken into account the following factors which affect how we do our work:

    - Patient and public safety;
    - The interests of those using or needing the services of dentists or DCPs;
    - Ensuring that GDC regulation does not unnecessarily restrict developments in or access to the delivery of dental care.

16. None of the evidence raised significant patient safety issues and some of it showed that direct access helps to facilitate successful dental public health interventions for patients. We have therefore agreed that keeping the current position is no longer viable.

17. In making a proposal for direct access, we have taken the view that only the minimum regulation required should be used to achieve the desired outcome.

18. We therefore propose the following:

    Registered dental care professionals should have the option to provide direct to patients any care, assessment, treatment or procedure that is within their scope of practice and for which they are trained and competent.

    In principle, expanding direct access means that dental care professionals would have the option to offer services without the patient having to see a dentist first. They could carry out screening of various kinds, provide oral health advice and undertake some or all of their scope of practice without prescription.

19. The proposal is subject to a number of safeguards, including those which apply to any GDC registrant who treats patients, which are that they must:

    - be trained and competent;
    - comply with the Council's standards, including having indemnity and referring onwards when appropriate;
    - keep their knowledge and skills up to date;
    - work within their scope of practice.

20. Although many DCPs may choose to continue to work in a mixed practice led by a dentist, those who exercise the option to establish their own practices would be subject to additional responsibilities and safeguards such as registration with the Care Quality Commission (in England) or its equivalent bodies: Health Improvement Wales, Healthcare Improvement Scotland and the Regulation and Quality Improvement Authority (in Northern Ireland).

21. The extent to which different registrant groups would be able to take advantage of this would vary depending on their scope of practice and particularly those elements specified as 'to be carried out under the prescription of a dentist'. If direct access is expanded, the scope of practice guidance will be reviewed taking into account training and other factors to ensure that it makes clear who can do what without a prescription from a dentist.
22. There are some circumstances where other regulators require DCPs to work to the prescription of a dentist. An example of this is the Medical Devices Directive (European legislation which puts restrictions on which health professionals can prescribe certain medical or dental devices, such as dentures or bridges). In these circumstances the requirement for a DCP to work to a prescription would still apply.
23. The proposal is based on the tasks included in the current scope of practice of each registrant group - we are not proposing any additional duties at this time.
24. We are of the view that extending direct access would support the delivery of dental public health programmes. It would also increase choice for both patients, who would have more choice about how they access care, and for registrants who would have more options available to them in terms of how they run their practices.

Q2. To what extent do you agree or disagree with the proposal: Registered dental care professionals should have the option to provide direct to patients any care, assessment, treatment or procedure that is within their scope of practice and for which they are trained and competent (Put an x in the box to select your answer)	
	Strongly agree
X	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
Please say why: Direct access will allow dental care professionals to assert the skills they have developed to their full potential. Under the current system dental therapists can potentially face barriers in the utilisation of the full range of skills which can lead to frustration, de-skilling and a lack of access for the public to their services. This can be wasteful of the investment by the UK in training these individuals and reduces patient satisfaction with dental services in general. Consequently, those trained to undertake a role should be given the opportunity to perform it within their scope of practice and competency, recognising at all times the need to seek advice or refer when necessary. This is no less true for dental surgeons, whose range of skills and competencies in specific areas vary.	

Q3. Do you think that the safeguards we have identified in paragraphs 19 to 22 will be adequate? (Put an x in the box to select your answer)	
X	Yes
	No
	Don't know
Please say why: The safeguards take into account the need for dental care professionals to work within the scope of their practice while also ensuring that relevant activities remain under the prescription of a dentist. This increases access to dental services in a way that respects the different remits of dental care professionals.	

Questions for registrants and dental organisations

25. We have considered how the principle of direct access might apply to the different registrant groups but would welcome your views on this.

26. The GDC has a key role in assuring the quality and scope of training for all registrant groups. We have also discussed the current training arrangements for DCPs with a number of stakeholders as part of this work. Based on all the information we have gathered we have drawn conclusions for each of the registrant groups as to whether their current training equips them for direct access. We are aware that some registrants who qualified some time ago may need to undertake additional training as part of their continuing professional development.

27. Questions 4-15 set out statements about direct access and the ways in which it could be used. In each case we would like you to tell us whether you agree or disagree.

28. Evidence of the training undertaken by dental care professionals can be found on our website at http://www.gdc-uk.org/governanceandcorporate/committees/pages/direct-access-task-and-finish-group.aspx

Questions about dental hygienists and dental therapists

Q4. We consider that dental hygienists and dental therapists have sufficient training to undertake their full scope of practice without prescription from a dentist. To what extent do you agree or disagree? (Put an x in the box to select your answer)	
	Strongly agree
X	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree

Please say why

In the UK, the majority of hygienists and therapists are now trained to diploma or degree level within universities, with course quality assurance processes in place both internally and through the GDC. In many institutions, some training is delivered in conjunction with BDS programmes, further demonstrating the strength of training for hygienists and therapists and so this 'team training' should be encouraged further.

Nevertheless, the issue of hygienists and therapists who have trained overseas, in programmes that have not necessarily been subject to the same level of quality control and scrutiny, merits careful consideration.

There is now a large volume of evidence from multiple sources to indicate that granting direct access to hygienists and therapists who have received high quality, accredited training does not compromise patient safety; if anything direct access will increase interaction with oral health care services.

Q5. To what extent do you agree or disagree that patients should have direct access to dental hygienists and therapists for their full scope of practice? (Put an x in the box to select your answer)	
	Strongly agree
X	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree

Please say why:

The UK has made a large investment in training dental hygienists and therapists; allowing direct access would help to achieve the maximum benefit from this investment. Countries which have applied appropriate safeguards to the introduction of direct access to dental hygienists and therapists demonstrate that this reform can be

introduced while avoiding any detriment to the quality of care or safety. Evidence from these countries also suggests that patient satisfaction remains high.

Questions about dental nurses:

Q6. We consider that dental nurses who undertake additional training in line with their scope of practice should be able to participate in public health intervention programmes without the prescription of a dentist. To what extent do you agree or disagree? (Put an x in the box to select your answer)	
X	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
Please say why: Dental nurses make a valuable contribution to the work of a dental team and there is the potential for this role to be further developed to provide public health interventions without the prescription of a dentist. An example of this in practice is the application of topical fluoride by appropriately trained Extended Duties Dental Nurses as part of the Childsmile programme in Scotland. Tens of thousands of such applications have now been completed without causing concern; this further demonstrates the contribution dental nurses can make to a public health intervention programme once additional training has been received.	

Q7. Are there other aspects of their current role that dental nurses could undertake without prescription? (Put an x in the box to select your answer)	
	Yes
	No
	Don't know
If yes, what?	

Questions about orthodontic therapists:

29. We consider that the majority of the work of an orthodontic therapist would probably still need to be carried out on prescription. One area that we have identified where direct access could apply with appropriate training would be carrying out screening using the Index of Orthodontic Treatment Need (IOTN)[1].

Q8. We consider that the majority of an orthodontic therapist's work would still need to be carried out on prescription. To what extent do you agree or disagree? (Put an x in the box to select your answer)	
X	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
If you disagree, please say why: Orthodontic therapists are able to effectively carry out many clinical tasks, nevertheless, orthodontic treatment changes from visit to visit depending on the individual patient response and progress. Consequently, it is likely that an orthodontic therapist's work should remain under prescription.	

Q9. We also consider, however, that with additional training orthodontic therapists could see patients direct to carry out IOTN screening. To what extent do you agree or disagree? (Put an x in the box to select your answer)	
	Strongly agree
X	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
Please say why: The Dental Schools Council agrees that, with the appropriate training, orthodontic therapists could see patients directly to carry out an IOTN screening. It is a relatively simple and objective tool which can be taught and the level of understanding verified by a calibration test.	

[1] The IOTN is a method of assessing patients under 18 years of age to establish their need and eligibility for orthodontic treatment, based on a dental health component and an aesthetic component.

Questions about dental technicians and clinical dental technicians:

Q10. We consider that the majority of a dental technician's work (other than repairs) would still need to be carried out on prescription. To what extent do you agree or disagree? (Put an x in the box to select your answer)	
X	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
If you disagree, what do you think could be done without a prescription? The Dental Schools Council strongly agrees that the majority of dental technicians' work would need to be carried out under prescription. This is necessary as the training received by dental technicians does not cover the level of assessment required to develop effective prostheses. The consequences of working without a prescription could result in below standard prostheses which could be detrimental to the oral health of a patient. For edentulous patients, there are a number of variations in the design of complete dentures which depend on the anatomy of the patient. Prostheses often include features to resolve specific patient problems such as flabby ridges or increased gagging; furthermore the assessment needed to identify these specific issues also offers the opportunity for dentists to screen for oral cancer. Consequently, it is more appropriate for a dentist to undertake these assessments with dental technicians continuing to work under prescription.	

31. Clinical dental technicians already have direct access and the question of whether it should be extended to cover dentate patients[2] is largely one of scope of practice. However, we would be interested to hear your views.

Q11. Do you think that clinical dental technicians have sufficient training to undertake their full scope of practice without a prescription from a dentist? (Put an x in the box to select your answer)	
	Yes
X	No
	Don't know
Please say why: As stated in Q10, it is essential that a full prescription is provided by a dentist for the	

[2] Patients with teeth

provision of any removable prosthesis for partially dentate patients. This is necessary for several reasons, for example, the need to consider which teeth are suitable for use as abutments, to check for active caries or periodontal disease that could compromise the design of the prosthesis and to help the technician with any tooth preparation required before the impressions are taken, for instance rest preparations and guide planes. A technician working without prescription would not have the training to assess this which could result in unsatisfactory prostheses or, even worse, prostheses that seriously compromise the oral health of the patient.

32. Some of the models operating in other countries have a requirement for DCPs to have a certain amount of post-qualification experience before being granted direct access, for example '1200 hours clinical experience' or 'two years' practice'. We have not made a recommendation on this.

Q12. Do you think that the GDC should put such a requirement in place ? (Put an x in the box to select your answer)	
X	Yes
	No
	Don't know

Please say why:

The introduction of Vocational Training, subsequently Dental Foundation Training, for newly qualified dentists has been beneficial in delivering a final element of preparation before a dentist independently works in primary care dentistry. Some form of experiential training within a primary care environment would be highly advantageous if DCPs are to be granted direct access as it allows time to further build and develop the necessary skills. A limited vocational training scheme for therapists is already available in Scotland.

Q13. If yes, what should it be?
As stated in Q12, there could be the introduction of a requirement for DCPs to undergo experiential training before being granted direct access. This would allow DCPs to experience working in a primary care setting while also further developing the skills necessary when working with patients.

33. There are a number of important issues which need to be considered as part of this proposal, including legislative and contractual issues, the prescribing of prescription-only medicines, radiography, record-keeping and referral protocols. These will be considered in detail as part of implementation if the proposal is approved.

Q14. Are there other issues which would need to be considered as part of implementation if the proposal is approved? (Put an x in the box to select your answer)	
	Yes
X	No
	Don't know
If yes, what are they?	

Q15. If you have any suggestions for measures that would ease implementation if the proposal is approved, please give them in the relevant box below:	
Contracts	
Prescribing	A review of the current curricula of the various DCP groups would be essential to ensure adequate knowledge of the relevant basic science, therapeutics and risks associated with drugs such as analgesics and antibiotics. This is one of the areas that should receive significant attention during the implementation of direct access.
Radiography	
Referral protocols	
Record keeping	
Other	

Section 3 - About you

We would be grateful if you would provide the following information to help us to analyse the consultation responses:

Your details

Name: Emily Burn
Job title: Policy Officer
Organisation: Dental Schools Council
Address: Woburn House, 20 Tavistock Square, London WC1H 9HD
Email: admin@dentalschoolscouncil.ac.uk

Would you like to be contacted about future GDC consultations?

	No
X	Yes

If so, please let us know which areas of our work you are interested in:

X	Education	X	Registration	X	Fitness to practise
X	Standards	X	Revalidation	X	Scope of practice

Responding as an individual

If you are responding as an individual, please complete this section:

If you are responding on behalf of an organisation, please complete the next section.

(Put an x in the blue box to the **left** of your chosen answer)

Are you a:

	Dentist		DCP		Other healthcare professional
	Dental student		Student DCP		Dental educator/trainer
	Member of the public				

If you answered 'DCP' above, are you a

	Dental nurse		Dental hygienist		Dental therapist
	Orthodontic therapist		Dental technician		Clinical dental technician

Where do you practise?

	England		Wales		Scotland
	Northern Ireland		Other		

What is your age?

	Under 24		24-35		35-44
	45-54		55-64		65+

Are you:

	Male		Female

What is your ethnic origin?

Asian or Asian British

	Bangladeshi		Indian		Pakistani
	Other Asian background: please specify				

Black or Black British

	Black or Black British		African		Caribbean
	Other Black background: please specify				

Chinese or other ethnic group

	Chinese
	Any other background: please specify

Mixed

	White and Asian		White and Black African		White and Black Caribbean
	Any other Mixed background: please specify				

White

	British		Irish
	Any other White background: please specify		

Responding on behalf of an organisation

If you are responding on behalf of an organisation, please answer the following questions:

Name of organisation: Dental Schools Council

Which best describes your organisation?

	Body representing dentists		Body representing DCPs		Body representing patients or the public
	NHS/Health service organisation		Dental school (undergraduate)		Postgraduate dental deanery
	DCP training provider		Independent healthcare provider	**X**	Other: Dental Schools Council

In which country is your organisation based?

X	UK wide		England		Wales
	Scotland		Northern Ireland		Other