Pav Dental

Direct Access Policy

Background

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. The only exception to the requirement is that patients with no teeth can see a clinical dental technician (CDT) directly to make full dentures.

In 2013, the GDC removed its barrier to Direct Access for some dental care professionals after considering the impact on patient safety. Before then, every dental team member had to work on a dentist's prescription. This meant that a dentist had to see patients before being treated by any other dental team member.

What is direct access?

Dental care in the United Kingdom is delivered via a system whereby patients must first see a dentist to access dental care. The dentist will examine and diagnose problems and provide patients with a treatment plan to secure and maintain oral health. Some or all the treatment may then be provided by, or may involve, other dental team members. Examples 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.

Direct access allows patients to see a dental care professional (DCP) without first seeing a dentist.

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

What can each DCP carry out under direct access?

Dental hygienists can carry out their full scope of practice (except tooth whitening) without needing a prescription from a dentist, provided they qualified after 2002. If the qualifying date was before 2002, the hygienist should check with their training school and indemnity provider to see if additional training is required to conduct Direct Access.

Dental therapists can carry out their full scope of practice (except tooth whitening) without needing a prescription from a dentist, provided they qualified after 2002. If their qualifying date was before 2002, the Therapist should check with their training school and indemnity provider to see if any additional training is required to conduct Direct Access.

Dental nurses who are trained and competent can see patients directly if they participate in structured programmes that provide dental public health interventions. For example, a dental nurse who applies fluoride varnish to a patient as part of a structured programme should advise the patient to inform their dentist (if they have one) that they have been treated under the programme.

Orthodontic therapists who are trained, competent, and indemnified can carry out Index of Orthodontic Treatment Need (IOTN) screening directly on patients or as part of a structured public health programme led by a specialist in orthodontics, a consultant in Dental Public Health, a specialist in Dental Public Health, or a general dental practitioner. The rest of their work is carried out on a prescription from a dentist.

Clinical dental technicians can maintain full dentures for patients without teeth or implants. Treatment for patients with teeth or implants is done on a prescription from a dentist.

Dental Technicians can only carry out repairs. The rest of their work must be done following instructions from a dentist or clinical dental technician.

Can dental therapists conduct clinical examinations through direct access?

Dental therapists and dental hygienists offering direct access can provide comprehensive patient examinations within their scope of practice.

However, there will be occasions when patients require examinations and treatments that fall outside the DCP's scope of practice—for example, orthodontics, endodontics, and prosthodontics. DCPs would then use their professional judgment to refer the patient to a dentist when indicated.

This mirrors existing professional conduct in both NHS and private dental practice, where referral is commonplace between dental practice members (e.g. DTs to dentists) and to other health services (e.g. onward referral from dentists in general dental practice to oral surgery services). This is consistent with a shared care model where more than one professional contributes to a course of treatment.

Offering Direct Access in NHS Dental Practices

As in private practice, offering direct access is not a requirement of being a dental therapist or a dental hygienist. Indeed, the GDC, the BSDHT and The British Association of Dental Therapists (BADT) consider it good practice for newly qualified DCPs to work according to the treatment plan provided by a dentist while they build up their experience and confidence.

Such a preceptorship period would provide a structured transition from newly qualified to established practitioners and may contribute to higher confidence in offering direct access.

A similar period of preceptorship might also be helpful for DCPs interested in building up their dental therapy caseload if they trained before 2002 or have focused primarily on working within the remit of a dental hygienist (British Association of Dental Therapists, 2022).

The October 2022 clarifications assure that DCPs can provide direct access to treatment within their scope of practice; however, this does not mean they must

Individuals and practice owners must work together to find an approach that works within their practice. However, many DCPs and dentists will welcome the opportunity for DTs and DHs to provide direct access to patients receiving NHS care.

Clinical Diagnosis

Depending on their different roles, dental care professionals (DCPs) are trained to a varying extent to identify abnormalities, undertake screening roles, and give oral health advice. The DCP should identify any issues of concern and refer the patient to the dentist for diagnosis and treatment. In some cases, they may be able to treat the patient and refer to a dentist later. In other cases, they may need to defer treatment and refer the patient to a dentist. Referrals may only be made with the patient's consent, and if that consent is withheld, DCPs will need to explain the potential consequences, as far as they can do so, and to make a complete record of the discussion with the patient. Hygienists and therapists can diagnose within their scope of practice and competence. Still, even those practising under direct access cannot, and would not be expected to, make a diagnosis beyond their scope of practice.

Dental hygienists and dental therapists prescribing local anaesthesia (LA)

Local anaesthetic is a prescription-only medicine (POM), which means that under medicines legislation, it can only be prescribed by a suitably qualified prescriber—usually a doctor or a dentist. However, dental hygienists and therapists can administer LA under a written, patient-specific prescription or a Patient Group Direction (PGD).

A PGD (Patient Group Direction) is a written instruction that allows listed healthcare professionals to sell, supply, or administer named medicines in an identified clinical situation without needing a written, patient-specific prescription from an approved prescriber. PGDs (Patient Group Direction) (Patient Group Direction) can be used by dental hygienists and dental therapists in:

(NHS practices in England, Wales and Scotland and their equivalent in Northern Ireland; Private dental practices in England registered with the Care Quality Commission; Private dental practices in Wales providing the individual dentists are registered with the Health Inspectorate Wales; Private dental practices in Northern Ireland registered with the Regulation and Quality Improvement Authority. PGDs cannot currently be used in private dental practices in Scotland, although this may change once there is a start date for their registration with Health Improvement Scotland)

DCME has developed PGD templates for members, which are available via the ***Compliance Suite>Risk Assessments>Additional Risk Assessments>Patient Group Directive Template***

Dental hygienists and dental therapists prescribing radiographs.

Under the terms of the Ionising Radiation (Medical Exposure) Regulations 2017 or IR(ME)R, registered dental hygienists and therapists can take on the roles of 'operator', 'practitioner' and

'referrer'. Suppose the dental hygienist or Therapist is self-employed. In that case, they may have further responsibilities under IR(ME)R, and it is their responsibility to ensure they comply with these and have had the appropriate level of training.

Overall responsibility for the patient's care in the direct access model

If the patient only sees a dental care professional, that registrant would be responsible. If the patient is under the care of the dental team, including a dentist prescribing the treatment, then the dentist would have overall responsibility.

How does a patient know which dental professional they can see directly?

Practices which offer treatment via direct access should make sure that their practice publicity (e.g., leaflets, brochures, and websites) is clear about what treatments are available, the arrangements for booking an appointment, and what will happen if the patient needs treatment which dental care professionals cannot provide. It would also be helpful to have precise information prominently displayed in practice about members of the team and their roles.

Team training

Ensure that you engage with the team as a practice and that they know how you will work with Direct Access. Ensuring that everyone around you is on the same page and aware of your processes and protocols will make you more likely to have a smoother patient journey overall.

Create a handy protocol for reception to follow when booking patients in with you. Some criteria may be helpful, for example, in the case of the paediatric Therapist.

Create your protocol with your colleagues' help, and ensure you answer any concerns or queries they have. Also, be open to adapting and adjusting your protocols based on feedback from your colleagues.

Consent

Ensure you have information on direct access readily available on the practice website and in the waiting area. Have your consenting process in hand, including written consent and a treatment planning process. Ensure that your team knows what consent is required for each scenario and decides how this will be recorded. It is helpful to digitalise your consenting process so your patient can access the information before the treatment date and be given a cooling-off period.

Example of Consent for Direct Access Treatment

(Hygienist's Name) ……

Dental hygienists are registered professionals who help patients maintain their oral health by preventing and treating periodontal disease and promoting good oral health practices. They provide treatment directly to patients or under prescription from a dentist.

You can access dental hygiene care without first visiting a dentist.

(Hygienist's Name) is indemnified with a dental indemnity company and registered with the GDC.

(Hygienist's Name) cannot diagnose or give the prognosis (the outcome) of diseases such as decaying or broken teeth or prescribe antibiotics, painkillers, or any other drug to alleviate symptoms.

If **(Hygienist's Name)** advises you to see a dentist, it is because he/she feels that it is in the interests of your health; it is outside the scope of what they are allowed to do. There are very rare circumstances when they cannot start treatment and, before they can continue, insist that a dentist assess them. These may relate to your medical history and general health or the condition of your mouth, which gives them concern.

Consent

I have read and understood the limitations of direct access to a dental hygienist and agree to be treated under a direct access arrangement.

I understand that **(Hygienist's Name)** is not responsible for my mouth's overall health and that regular dentist visits are still recommended.

Signed: …….

Date: …….

Name in capitals: …….

I am/am not registered with a dentist,

Practice contact details are:

Document Control

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0.4	Final	11/3/24	PG (Head of Compliance)	Updated Policy Launched- Further guidance was added to the scope of practice for therapists and hygienists, including training rules pre-2002. – Highlighted in Yellow. Full grammar check completed.

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