

## DIRECT ACCESS - Guidance to BSDHT Members

Direct Access came into effect from 1 May 2013.

### But what does it mean for dental hygienists and dental therapists?

The GDC have published guidance notes on the subject and these are repeated from page 3 of this document.

Below we've answered some of the key questions for members:

**Q What does direct access mean for dental hygienists and dental therapists?**

A It means that dental hygienists and dental therapists are able to see patients directly and that the requirement to carry out treatments under prescription from a dentist is removed.

**Q For which treatments can dental hygienists and dental therapists see patients directly?**

A Dental hygienists and dental therapists are able to carry out their full scope of practice without needing a prescription from a dentist, if they are trained, competent and indemnified to do so. Some restrictions apply see below.

**Q Is direct access compulsory for dental hygienists and dental therapists?**

A No it is optional, and many members will continue to work just as before. But for those who want to do so, they can now see patients directly.

**Q If a dental hygienist and dental therapist wants to take advantage of the opportunity to see patients direct, what should they do?**

A 1. They must be sure that they are trained and competent to carry out any of the tasks they undertake.

Those who trained since 2002 should find that their initial training covers the full scope of practice excluding additional skills. Prior to 2002, some registrants will not have covered all of the present scope of practice. This does not mean that you cannot see patients directly; it just means that you can only carry out what you have been trained in, either in your initial training, or as an extended duty. However, all registrants intending to provide services direct to patients should regularly review their training, and continuing professional development, to assure themselves that they are up to date.

2. They should inform their indemnifiers or professional insurers of their intentions and be sure that they are covered accordingly.
3. They should make sure that any practice publicity (e.g., leaflets, brochures and websites) is clear about:
  - *What treatments are available via direct access;*
  - *The arrangements for booking an appointment with a dental hygienist or dental therapist; and*

- *What will happen if the patient needs treatment which the dental hygienist or dental therapist cannot provide.*

4. They should obtain consent from the patient for all treatment undertaken and for any referral to other members of the dental team.
5. They should have clear arrangements in place to refer to a dentist (or other appropriate healthcare practitioner) when they identify areas of concern or when treatment is required that is out of their scope of practice.
6. They should have clear arrangements in place to refer patients on who need treatment which they cannot provide.

## Q What should a dental hygienist and dental therapist who wants to take advantage of Direct Access not do?

- A
1. The following areas of treatment still require a prescription.
    - *Tooth whitening*
    - *Carrying out Botox treatment.*
  2. Prescription only Medicine (POM) (which includes Local Anaesthetic and Fluoride) requires either a prescription (PSD) or a Patient Group Direction (PGD). A sample PGD can be found on the BSDHT website in the advice sheets section.

## Q If a dental hygienist or dental therapist wants to set up in independent practice, what do they need to do?

- A
- Dental hygienists and dental therapists who set up in independent practice will need to register with the Care Quality Commission (in England), Health Inspectorate Wales (in Wales) or the

Regulation and Quality Improvement Authority (in Northern Ireland) as appropriate. Health Improvement Scotland has not yet announced when it will begin registering private service providers in Scotland.

## Q What is the impact with regard to NHS work?

- A
- Current legislation does not permit dental hygienists and dental therapists to hold a health service contract, however, an amendment to the administrative part of the contract means that a dental hygienist or dental therapist may now see patients directly, by entering a dentist's Performer Number (Compass ID number) into the claim document when submitting the claim. The dental hygienist or dental therapist's GDC number will also need to be entered in order that the individual who performed the examination and treatment might be identified.

## Q How long does a dental hygienist or dental therapist need to have been in practice before providing treatment direct to patients?

- A
- There is no requirement for a dental hygienist or therapist to have been in practice for a certain amount of time before providing treatment direct to patients. However, BSDHT recommends a minimum period of 12 months, in line with the Foundation Dentist scheme.

## Q If a dental hygienist or dental therapist does not wish to take advantage of direct access at present, are they able to choose to do so at some point in the future?

- A
- Yes, subject to the points mentioned earlier and explained in more detail in the GDC Guidance notes, they may choose to do so at any point in the future.

## GDC Guidance on Direct Access

'Direct Access' means giving patients the option to see a dental care professional (DCP) without having first seen a dentist and without a prescription from a dentist. From 1 May 2013, dental hygienists and dental therapists have been able to see patients direct. This means that the requirement to carry out certain treatments under prescription from a dentist is removed.

This guidance note explains to registrants what has and has not changed with direct access and sets out what the GDC expects from registrants who choose to practise in this way.

### What it means

Dental hygienists and dental therapists are able to carry out their full scope of practice except tooth whitening without needing a prescription from a dentist (more information about tooth whitening is set out below).

Providing treatment in this way is an option and those registrants who prefer to continue to provide treatment on prescription may do so. Employers or practice Principals should not expect dental hygienists or dental therapists to see patients direct if they do not feel confident to do so.

All registrants, including those operating in practices which provide treatment via direct access, must act in the best interests of patients at all times and comply with the GDC's standards.

Direct access works best in a team setting, partly because of legal restrictions such as those around prescribing, which are not imposed by the GDC, but also for more immediate practical arrangements for records, referrals and second opinions. A team setting should give patients more routes of entry into treatment. However, there is no reason that direct access cannot work in many types of settings provided that appropriate safeguards are in place including referral arrangements.

### Training

Dental hygienists and dental therapists who wish to provide treatment direct to patients must be sure that they are trained and competent to do so.

Those who trained since 2002 should find that their initial training covered their full scope of practice. However, all registrants intending to provide services direct to patients should review their training and continuing professional development to assure themselves that they have the necessary skills.

### Indemnity

Registrants wishing to provide treatment direct to patients should inform their indemnifiers or professional insurers of their intention and be sure that they are covered accordingly.

### Information for patients

Clear information for patients is vital. 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 via direct access;
- the arrangements for booking an appointment with a dental hygienist or dental therapist; and
- what will happen if the patient needs treatment which the dental hygienist or dental therapist cannot provide.



It would also be helpful to have clear information prominently displayed in the practice about members of the team and their roles.

## Responsibility for the patient.

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

## Consent

Consent must be obtained from the patient for all treatment undertaken and for any referral to other members of the dental team. Therefore, every dental professional is responsible for obtaining the patient's consent when they are in their care.

## Diagnosis

Dental hygienists and dental therapists practising under direct access are not expected to make a diagnosis beyond their scope of practice. They should refer to a dentist (or other appropriate healthcare practitioner) when they identify areas of concern or when treatment is required that is out of their scope of practice.

## Prescribing radiographs

Under the terms of the Ionising Radiation (Medical Exposure) Regulations 2000 or IR(ME)R (and further update in 2006), registered dental hygienists and dental therapists are able to take on the roles of 'operator', 'practitioner' and 'referrer'. If the dental hygienist or dental therapist is self-employed, they may have further responsibilities under IR(ME)R and it is their responsibility to ensure they comply with these.

However, dentists remain the only member of the team who can 'report' on all aspects of a radiograph. This is unlikely to be a problem in practices where a dentist is available to report on the radiograph, however, independent DCP practices would need to make sure that there are appropriate referral arrangements in place so that a dentist is available to fully report on radiographs and ensure patients receive appropriate advice and subsequent treatment.

The GDC have long since recognised that we are able to train, as an additional skill, to be able to prescribe radiographs. There has been an issue over the extent of training in dental hygiene and dental therapy schools which questions if they have covered the elements needed to be able to undertake anything other than the 'operator' roles - which is what a dental nurse often may be trained to do - usually consisting of simply taking and processing the radiograph. We recommend you are very cautious about taking the new responsibilities on without obtaining additional training to justify and refer the patient for the radiograph, or interpret and diagnose from it.

## Referrals

Dental hygienists and dental therapists offering treatment via direct access need to have clear arrangements in place to refer patients on who need treatment which they cannot provide. In a multi-disciplinary practice where the dental team works together on one site, this should be straightforward. In a multi-site set-up where members of the dental team work in separate locations, there should be formal arrangements such as standard operating procedures in place for the transfer and updating of records, referrals and communication between the registrants.

Where dental hygienists and dental therapists choose to practice independently (i.e., in a situation where there is no dentist as part of the team), they should have clear referral arrangements in place in the event that they need to refer a patient for further advice or treatment and those arrangements should be made clear in their practice literature. If a patient requires a referral to a dentist with whom the dental hygienist or dental therapist does not have an



arrangement, the DCP should set out for the patient, in writing, the treatment undertaken and the reasons why the patient should see their dentist.

In all cases, the need for referral should be explained to the patient and their consent obtained. The reason for the referral and the fact that the patient has consented to it should be recorded in the patient's notes. Relevant clinical information, including copies of radiographs, should be provided with the referral.

If a patient refuses a referral to a dentist, the possible consequences of this should be explained to them and a note of the discussion made in the patient's records.

## What is not covered

The changes made by the General Dental Council do not extend to certain areas of practice which are governed by other legislation which the Council does not have the power to change. The following areas of treatment still require the prescription:

- Tooth whitening;
- Carrying out Botox treatment.

Prescription Only Medicines require either a prescription (PSD) or a Patient Group Direction (PGD).

Further information on each of these is set out below:

## Tooth whitening

Under the Cosmetic Product (Safety) (Amendment) Regulations 2012, products containing or releasing between 0.1% and 6% hydrogen peroxide can only be sold to dental practitioners and can only be made available to patients following an examination, with the first episode of treatment being provided by a dentist, or by a dental hygienist or dental therapist under supervision of a dentist (i.e., within the same dental setting). After this the products can be provided to the patient to complete the cycle of use. This means that dental hygienists or dental therapists will still need to carry out tooth whitening on prescription from a dentist and that a dentist should be on the premises when the first treatment is carried out.

## Prescription-only medicine (POM)

Local anaesthetic is a prescription-only medicine (POM) which means that under the Medicines Act 1968 it can only be prescribed by a suitably qualified prescriber – usually a doctor or a dentist. However, it can be administered by both dental hygienists and dental therapists either under a written, patient-specific prescription or under a Patient Group Direction (PGD).

A PGD is a written instruction which allows listed healthcare professionals to sell, supply or administer named medicines in an identified clinical situation without the need for a written, patient-specific prescription from an approved prescriber. PGDs 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 is due to change once there is a commencement date for their registration with Health Improvement Scotland.

Further advice on PGDs and the regulations relating to them can be obtained from your indemnity provider or professional association.

## Fluoride supplements and toothpaste

PGDs can also be used to allow dental hygienists and dental therapists to sell or supply Fluoride supplements and toothpastes with a high Fluoride content (2800 and 5000 parts per million).

## Botulinum Toxin (Botox®)

The administration of Botox is not the practice of dentistry and so it does not appear in the GDC's Scope of Practice document. However, it is a procedure which dental hygienists and dental therapists may carry out with appropriate training and indemnity cover.

Botox is a POM so a prescription from a member of IHAS who has seen the patient and written the prescription based on their examination will be required.

A dentist cannot prescribe Botox for use by a DCP as a dentist can only prescribe drugs for dental treatment (e.g., local anaesthetic) within a DCP's scope of practice. To do so would risk both the dentist and DCPs registration.

## Injectable dermal fillers

Injectable dermal fillers are classed as medical devices and so do not require a prescription. Dental hygienists and dental therapists who choose to provide these treatments to patients must be sure that they are trained, competent and indemnified to do so.

## Registration with a systems regulator

Dental hygienists and dental therapists who set up in independent practice will need to register with the Care Quality Commission (in England), Health Inspectorate Wales (in Wales) or the Regulation and Quality Improvement Authority (in Northern Ireland) as appropriate. Health Improvement Scotland has not yet announced when it will begin registering private service providers in Scotland.

## NHS Contracts

Current legislation does not provide for dental hygienists and dental therapists to hold health service contracts. There will need to be changes to the regulations governing the provision of NHS treatment in England and Wales, while Scotland and Northern Ireland would require changes to primary legislation should their legislative bodies wish to facilitate direct access under the NHS and its equivalent in Northern Ireland.

## Experience requirement

There is no requirement for a dental hygienist or dental therapist to have been in practice for a certain amount of time before providing treatment direct to patients. However, registrants who wish to practise in this way should review their training, skills and continuing professional development to be sure that they are confident that they have the skills and competences required. While it is not a requirement, a period after qualification spent practising on prescription will help to build a registrant's confidence and experience before practising direct.

*(Updated Jan 2023)*