General Dental Council
protecting patients, regulating the dental team

# 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.

Some dental care professionals are able to see patients direct. The requirement to carry out certain treatments under prescription from a dentist was removed on 1 May 2013.

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.

## Dental hygienists and dental therapists

### What it means

Dental hygienists and dental therapists can carry out their full scope of practice except toothwhitening without needing a prescription from a dentist (more information about toothwhitening 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 should not expect hygienists or 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.

### Training

Hygienists and 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 core 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 confirm with their indemnifiers or professional insurers that they are covered accordingly.

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## 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 hygienist or therapist; and
- what will happen if the patient needs treatment which the hygienist or 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.

## Consent

Consent must be obtained from the patient for all treatment undertaken and for any referral to other members of the dental team.

## Diagnosis

Hygienists and 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 relevant healthcare practitioner) when they identify areas of concern or when treatment is required that is out of their scope of practice.

## 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 hygienists and 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 hygienist or 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 GDC 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 of a dentist:

- Toothwhitening;
- Carrying out Botox treatment.

and local anaesthesia requires either a prescription or a Patient Group Direction.

Further information on each of these is set out below:

### Toothwhitening

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 hygienist or 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 and dental therapists still need to carry out toothwhitening on prescription from a dentist and that a dentist should be on the premises when the first treatment is carried out.

### 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. Botox is a prescription-only medicine (POM) and needs to be prescribed by a registered doctor or dentist who has completed a full assessment of the patient. Hygienists and therapists cannot, therefore, carry out Botox treatment direct.

### Local anaesthesia

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. How ever, 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 pre scription 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).

### Injectable dermal fillers

Injectable dermal fillers are classed as medical devices and so do not require a prescription. Hygienists and 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

Hygienists and therapists who set up in independent practice 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 hygienists and 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 hygienist or 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.

## Dental nurses

Dental nurses can see patients direct if they are taking part in structured programmes which provide dental public health interventions.

Dental nurses who wish to practise in this way should be sure that they are trained, competent and indemnified to do so.

Training can be external and accredited, or could be carried out in-house. If training is not externally accredited in some way, it should be recorded and verified by the registrant providing the training, for example by completing a log book.

If a dental nurse applies fluoride varnish to a patient as part of a structured programme, he or she should advise the patient to inform their dentist (if they have one) that they have been treated under the programme.

## Orthodontic therapists

Most of the work of an orthodontic therapist continues to be carried out on prescription from a dentist.

The change is in relation to Index of Orthodontic Treatment Need (IOTN) screening. Since 1 May 2013, orthodontic therapists can carry out IOTN screening direct to 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.

Orthodontic therapists who wish to carry out IOTN must be sure that they are trained, competent and indemnified to do so.

Training can be external and accredited, or could be carried out in-house. If training is not externally accredited in some way, it should be recorded and verified by the registrant providing the training, for example by completing a log book.

## Dental technicians

There is no change in relation to dental technicians, who continue to carry out their work (other than repairs) on prescription from a dentist or a clinical dental technician.

## Clinical dental technicians

There is no change in relation to clinical dental technicians. They continue to be able to treat edentulous patients direct for the provision and maintenance of full dentures. Otherwise they will continue to work under prescription from a dentist for dentate patients.

## Dentists

Dentists remain the only member of the dental team who can carry out the full range of dental treatments and prescribe local anaesthesia and a full range of prescription only medicines.