

GDC Curriculum

General Dental Council - Developing the Dental Team

Curricula Frameworks for Registrable Qualifications for Professionals Complementary to Dentistry (PCD) (Now Known as Dental Care Professionals (DCPs))

Good dental care is delivered by a team of dental professionals. The vital roles of Professionals Complementary to Dentistry (PCD) have too often been under recognised, and their training and career development neglected.

Developing the Dental Team addresses education and training for these groups. Along with ethical guidance for the whole dental team this curriculum framework for PCD lays a key foundation for wider PCD registration. It aims to assist those responsible for the education or employment of PCD, and will also be used as a benchmark for quality assuring future PCD education. We hope that it will benefit student PCD, teachers of PCD and, crucially, patients.

Building upon the reports of the Nuffield Foundation (1993) and of the Council's Dental Auxiliaries Review Group (1998), this document complements the Council's framework for undergraduate education for dentists, *The First Five Years* (second edition, August 2002).

Within the curricula frameworks set out in this document, the Council is keen to encourage a variety of approaches to the ways in which PCD are educated and trained in the future. We look forward to working with a range of educational and training providers to develop registrable PCD qualifying routes and to further develop career progression opportunities for individuals across the dental team.

Hew Mathewson

President

General Dental Council

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The purpose or aim of PCD education is to produce a caring, knowledgeable, competent and skilful PCD who is able, on qualification, to accept professional responsibility for their role in the effective and safe care of patients. In realising this aim, the General Dental Council (GDC) applies the following principles:

- that those qualifying as PCD should be required to attain the highest standards in terms of knowledge and understanding, skills (including clinical and laboratory skills), and professional attributes, in particular recognition of their obligation to practise in the best interests of patients at all times
- that PCD students should be provided with the high quality learning opportunities and experiences necessary to enable them to achieve those standards, including the opportunity, where appropriate, to undertake clinical and laboratory procedures and acquire competence across a range of skills
- that learning opportunities and experiences should be underpinned by adequate and appropriate support, including educational, clinical and laboratory support
- that learning opportunities and experiences in biomedical sciences, clinical and laboratory subjects should be integrated over the course of the programme
- that learning opportunities and experiences should be designed to encourage a questioning, scientific, and self-critical approach to the practice of dentistry and to foster the intellectual skills required for future personal and professional development
- that learning opportunities and experiences should enable students to develop an understanding of audit and clinical governance
- that learning opportunities and experiences should enable students of the professions complementary to dentistry to work and train as part of the dental team
- that learning opportunities and experiences should prepare students adequately for the transition to their work role in relation to the practice of dentistry
- that student progress is effectively monitored to ensure that only those who comply with relevant health and conduct requirements are allowed to complete the programme

DENTAL HYGIENE AND DENTAL THERAPY

SUBJECTS AND TOPICS IN BOTH THE DENTAL HYGIENE AND DENTAL THERAPY CURRICULA ADDITIONAL TO THOSE IN PART 2A

94. When students are following a programme leading only to a qualification in dental hygiene, they should study the subjects and topics, and achieve the learning outcomes, as described in the sections common to both student dental hygienists and student

dental therapists. Those students seeking a qualification in dental therapy, whether or not combined with a qualification in dental hygiene, should follow a programme that includes the subjects and topics, and should achieve the related learning outcomes, described as being additional for dental therapy. It is emphasised that such additional components for dental therapy are intended to be integrated throughout the programme with those for dental hygiene; they should not be considered as simply comprising a supplementary course occupying the final few weeks of the programme.

ORAL DISEASE

95. The course in oral disease should be designed to give student dental hygienists and student dental therapists a detailed knowledge of the plaque-related dental diseases and common oral mucosal and other oral soft tissue conditions. The course should enable student dental hygienists and student dental therapists to communicate effectively with the dentist about patients in their joint care.

ORAL SURGERY

96. Student dental hygienists and student dental therapists should be aware of the common oral surgical procedures carried out for patients. They should have a thorough understanding of their role in pre- and post- surgical care.

ORAL MEDICINE

97. It is important to ensure that the student dental hygienist and student dental therapist have an understanding of the clinical presentation and management of the common diseases of the oral mucosa, of other oral soft tissues and of the salivary glands, as well as an understanding of the oral manifestations of systemic diseases. The various manifestations of facial pain should also be considered.

THE PCD CURRICULA – ADDITIONAL SUBJECTS AND TOPICS AND THE LEARNING OUTCOMES - Part2B

98. Teaching should include recognition of malignant and potentially malignant lesions and conditions of the oral mucosa.

PLAQUE-RELATED DENTAL DISEASE

99. The course in plaque-related dental disease should be designed to give student dental hygienists and student dental therapists sufficient knowledge of the aetiology, pathology, progression and presentation of dental caries and periodontal diseases. It should be linked with the study of oral microbiology and other relevant topic areas. The teaching should continue throughout the programme and be related to clinical experience in the management and treatment of these conditions.

DISEASES OF THE PERIODONTIUM

100. Student dental hygienists and student dental therapists must understand the aetiology and presenting features of all types of both acute and chronic periodontal diseases. They should have a good knowledge of the role of plaque in both the initiation and progression of these diseases. They should be able to record and monitor the extent of disease before, during and after treatment. They must fully understand their role in the non-surgical treatment of periodontal diseases and should be able to discuss the conditions and their treatment with the patient. They should be aware of any systemic conditions which may modify the patient's response to treatment, identify any potential risk factors and be able to discuss them with the dentist and patient. They should also understand their role in the post-surgical and supportive phases of treatment. Student dental hygienists and student dental therapists must be aware of the importance of their role in both the establishment and maintenance of periodontal health and must collaborate with all members of the team to achieve this.

DENTAL CARIES

101. Student dental hygienists and student dental therapists should have a detailed knowledge and understanding of the aetiology, pathogenesis, clinical presentation and epidemiology of dental caries. They should be fully conversant with the rationale and methods for the prevention of dental caries.

ORAL PATHOLOGY AND ORAL MICROBIOLOGY

102. The course in oral pathology and oral microbiology should integrate with general pathology and medical microbiology. The processes underlying the common oral diseases and methods of their recognition, prevention and management should be described. The teaching should continue through the clinical course, with particular attention being given to malignant and potentially malignant lesions and conditions of the oral mucosa.

INTRODUCTION TO CLINICAL WORK

103. The moment of introduction to clinical dental hygiene involving first operative contact with patients is a highly significant event in the life of student dental hygienists and student dental therapists. It is important that the introduction is carefully planned. Key safety procedures and ethical considerations should be emphasised at the same time. Preparatory teaching of practical skills prior to procedures being undertaken on patients has long been carried out in dental hygiene programmes by means of the use of manikin heads. Practical skills should be tested before student dental hygienists and student dental therapists are allowed to treat patients. These tests must show that student dental hygienists and student dental therapists are adequately prepared to undertake clinical work under supervision.

RESTORATIVE DENTISTRY

104. Restorative dentistry is concerned with the management of the plaque-related diseases (dental caries and periodontal diseases), tooth wear and tooth loss. Student dental hygienists and student dental therapists should be familiar with all aspects of restorative management, including preventive nonoperative care as well as the restoration and replacement of teeth by techniques of conservative and prosthodontic dentistry, and the treatment and maintenance of supporting structures of the teeth by the procedures of periodontology. The student requires an appreciation of the interface between restorative treatment and periodontal diseases. Student dental hygienists and student dental therapists should gain experience in temporary restorative measures. The GDC considers that the student on qualification must be competent in the procedures of non-surgical periodontal therapy.

GERODONTOLOGY

105. A knowledge of the physiology of ageing and the management of problems associated with the care of the older adult are essential. The student dental hygienist and student dental therapist should be aware of the presentation of dental and oral diseases and disorders in the older adult and the range of psychological and social factors involved. Students should learn to avoid stereotyping older adult patients. The significance of conditions such as xerostomia, tooth wear, root caries and gingival recession should be understood.

DENTAL IMPLANTS

106. The provision of dental implants and implant-retained crowns and bridges requires a team approach. The student dental hygienist and student dental therapist should understand the principles of implant therapy and undertake implant maintenance.

CHILD DENTAL HEALTH

107. The study of child dental health should encompass paediatric dentistry together with the general growth and development of the individual. It should be related to social and psychological factors and to recognition and preventive treatment of the common disease processes.

PAEDIATRIC DENTISTRY

108. Paediatric dentistry is concerned with the promotion and maintenance of oral health for children. In paediatric dentistry student dental hygienists and student dental therapists should care for a number of children in order to assess the efficacy of preventive measures and their behaviour management. Students should also learn to interpret and follow treatment plans and relate them to comprehensive dental care for children. Student dental hygienists and student dental therapists should understand their limitations and recognise the need for referral. They should be made aware of the special dental needs of children with disabilities and have experience in the recognition of developmental dental abnormalities.

ORTHODONTICS

109. Orthodontics is concerned with the development and growth of the face and occlusion, the extent of normal variation in the form and function of both the hard and soft tissues of the mouth and face, and particularly the ways in which such variation produces differences in occlusion. The study of these factors should emphasise their inter-relationship with the general and psychosocial development of the individual. Student dental hygienists and student dental therapists should be able to recognise and describe malocclusions. They should have an understanding of the role of malocclusion in relation to the risk of dental caries and periodontal diseases and the potential risks of increased caries and periodontitis that may arise as a consequence of orthodontic treatment. Students should undertake the preventive care of patients who are undergoing orthodontic intervention.

PREVENTIVE DENTISTRY

110. Student dental hygienists and student dental therapists should be made aware of the successes and limitations of preventive dentistry and the potential for further progress. The ethos of preventive dentistry should prevail in every clinical department, so that new preventive dentistry techniques are taught to students as they become available. Students should be conversant with the practice of preventive care, including oral health education and oral health promotion. Students should recognise the increasing evidence-based approach to treatment. The student should appreciate the need to collaborate in prevention, treatment and management of disease with other healthcare professionals and with patients themselves.

DENTAL PUBLIC HEALTH

111. Student dental hygienists and student dental therapists should be aware of the need for treatment of individual patients and also recognise the importance of their wider responsibility to the community as a whole. Students should be taught the sociological aspects of healthcare and should understand the reasons for the widely varying oral and dental needs of different age groups and sections within the community. They should have an understanding of epidemiological techniques as they are used to determine the influence of behavioural, economic and environmental factors on oral and dental health.

112. The curriculum should include behavioural and epidemiological science as it is related to the clinical practice of the dental hygienist or dental therapist. It should also include an understanding of the social, cultural and environmental factors which may contribute to health and illness. Student dental hygienists and student dental therapists should be aware of how the dental team and other healthcare professionals may influence these factors.

113. A knowledge of the various methods of research, including basic statistics, epidemiology and the interpretation of data should be taught. Student dental hygienists and student dental therapists should understand the varying roles of the different professional groups and should be aware of the need for equity of service provision and access to care across the whole community.

COMPREHENSIVE ORAL CARE

114. Student dental hygienists and student dental therapists should work not only in a department dealing with the main aspects of their curriculum but they should practise and receive instruction in clinics where patients are receiving comprehensive care from other members of the dental team. Students should undertake their treatment within the context of comprehensive patient care. This will allow the student to relate to work in both primary care and dental practice settings. Students should have the opportunity to work with all members of the dental team. They should appreciate the benefits of working with a dental nurse and should be able to discuss treatment and interact with other members of the team. They should also be in a position to interact with dental undergraduates, other dental team members and other health professionals in the integrated provision of dental care.

115. To develop the concept of teamwork, it is useful to integrate the teaching of student dental hygienists and student dental therapists where appropriate with other

members of the dental team. Student dental hygienists and student dental therapists should where possible undertake care in different settings. They should appreciate the necessity to refer a patient to a dentist if treatment is beyond their competence.

116. The GDC also considers that the opportunity should be given for student dental hygienists and student dental therapists to work or observe in a variety of environments such as community dental clinics, in-patient hospital facilities, general dental practice and the domiciliary setting.

117. Student dental hygienists and student dental therapists should be familiar with all aspects of the provision of general dental care, and have a knowledge and understanding of the management and treatment of patients with physical or learning disabilities, patients with mental health problems, medically compromised patients and terminally ill patients, and have a thorough understanding of their role in the care of such patients.

DENTAL RADIOGRAPHY, DENTAL RADIOLOGY AND IMAGING

118. Student dental hygienists and student dental therapists should receive instruction and practical experience in the referral criteria, taking, processing and interpretation of intra- and extra-oral radiographs. They should be aware of alternative imaging techniques. It is desirable where possible that instruction in this part of the programme is under the direction of a registered specialist in dental radiology.

119. Student dental hygienists and student dental therapists should understand the principles which underlie dental radiographic techniques, the equipment employed and the methods of processing films and the practice of digital radiography. They should be fully instructed in the hazards of ionizing radiation and understand the current UK/European regulations pertaining to those hazards so they can undertake proper radiation protection measures for their patients, staff and themselves.

120. The course must provide "adequate training" as specified in the *Ionizing Radiation (Medical Exposure) Regulations, 2000* or in any subsequent regulations. This includes the nature of ionising radiation and its interaction with tissues, principles of quality control and quality assurance applied to equipment and technique, justification and optimisation of all radiation exposures (including the importance of utilising previous radiographic information), and the current safety regulations.

121. Student dental hygienists and student dental therapists must undergo practical instruction in radiographic technique using equipment normally available to dental practitioners, and in taking the various film views used in general dental practice. They should also be aware of digital imaging techniques. Opportunities should be readily available for students to take radiographs under close supervision for the patients they are treating.

122. Student dental hygienists and student dental therapists should understand the appearance of normal structures on a radiograph and be able to identify common pathology. Students should be able to assess image quality.

PAIN AND ANXIETY CONTROL

123. The control of pain and anxiety is fundamental to the practice of dentistry and requires an awareness of the social and psychological needs of the individual patient. Student dental hygienists and student dental therapists should be able to understand the suitability of the various methods of managing and controlling anxiety and should be capable of selecting the most appropriate behavioural method to manage an individual patient's anxiety.

124. By the end of the programme student dental hygienists and student dental therapists should be competent to administer local infiltration analgesia and inferior dental regional block analgesia and have been trained in the management of the complications which may arise in the application of such methods of pain control. Students should have a basic knowledge of other techniques used for controlling pain in dentistry.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

125. Student dental hygienists and student dental therapists should be aware of the many complementary and alternative therapies which are available for patients. They should be sensitive to the patient's right to choose such methods of treatment.

ELECTIVE STUDIES

126. Student dental hygienists and student dental therapists may gain useful educational experience outside the confines of the formal curriculum by participation in research projects under supervision or in elective programmes, whether in the United Kingdom or overseas.

127. It is desirable, though not essential, for student dental hygienists and student dental therapists to visit other dental schools or dental clinical centres, either in the United Kingdom or abroad, during the period of clinical study. The main objective should be to broaden their education by exploring the dental problems and dental management systems in another context. As far as possible, programmes should be designed to facilitate opportunities for elective studies. Elective visits might be arranged around a project consisting of either audit or research, and the results should be presented on return by students in written form or verbally before an audience.

128. Student dental therapists should fully understand their role and remit in the prevention, treatment and management of carious lesions.

INTRODUCTION TO CLINICAL DENTAL THERAPY

129. It is important that the introduction to learning new clinical techniques is carefully planned. Key safety procedures and ethical considerations should be emphasised at the same time. Preparatory teaching of practical skills prior to carrying out procedures on patients should be provided using manikins and appropriate laboratory aids.

130. Practical skills should be tested before student dental therapists are allowed to treat patients. These tests must show that students can work safely before they treat patients under supervision.

RESTORATIVE DENTISTRY

131. Restorative dentistry is concerned with the management of the plaque-related diseases (dental caries and periodontal diseases), tooth wear and tooth loss. Management includes preventive, non-operative care as well as the restoration of teeth using the well-established techniques of conservative dentistry, including the treatment and maintenance of the supporting structures of the teeth by the procedures of periodontology. In restorative dentistry student dental therapists should have continuous responsibility for the care of a number of adults in order to assess their overall needs, the efficacy of preventive measures, their behaviour, management and the long-term success or failure of restorative treatment. Student dental therapists should learn to interpret and follow treatment plans and relate them to comprehensive dental care. Student dental therapists should understand their limitations and recognise the need for referral. Student dental therapists should have knowledge of advanced forms of restorative dentistry and appreciate that these forms of treatment may be delivered by specialists as secondary or tertiary care.

132. The GDC considers that on qualification student dental therapists must be competent in the provision of simple restorations for the permanent dentition, in the procedures of restorative dentistry for the primary dentition and in non-surgical periodontal therapy.

PAEDIATRIC DENTISTRY

133. Paediatric dentistry is concerned with the promotion and maintenance of oral health for children. In paediatric dentistry dental therapy students should have continuous responsibility for the care of a number of children in order to assess their overall needs, the efficacy of preventive measures, their behaviour and management, to undertake restorative treatment and, where necessary, to extract primary teeth. Student dental therapists should also learn to interpret and follow treatment plans and relate them to comprehensive dental care for children. Students should understand their limitations and recognise need for referral. They should be made aware of the special dental needs of children with disabilities and have experience in the recognition of developmental dental abnormalities.

LEARNING OUTCOMES

134. The learning outcomes required of newly qualified dental hygienists and dental therapists are grouped below according to the subjects and topics given above in Parts 2A and 2B. The outcomes are expressed in three levels:

Be competent at:

Newly qualified dental hygienists and dental therapists should have a sound theoretical knowledge and understanding of the subject together with an adequate clinical experience to be able to resolve clinical problems encountered independently.

Have knowledge of:

Newly qualified dental hygienists and dental therapists should have a sound theoretical knowledge of the subject, but need have only a limited clinical/practical experience.

Be familiar with:

Newly qualified dental hygienists and dental therapists should have a basic understanding of the subject, but need not have direct clinical experience or be expected to carry out procedures independently.

The newly qualified dental hygienist and dental therapist should:

- have knowledge of anatomy, physiology and biochemistry relevant to dental hygiene and therapy

- have knowledge and understanding of those aspects of the biomedical sciences and of oral physiology and craniofacial, oral and dental anatomy that are significant in the management of their patients.

BEHAVIOURAL SCIENCES, COMMUNICATION SKILLS AND HEALTH INFORMATICS

- be competent at using information technology

- be competent at communication with patients, their families and carers, other members of the dental team and other healthcare professionals

- have knowledge of managing patients from different social and ethnic backgrounds

- have knowledge of working as part of the dental team

- be familiar with the social and psychological issues relevant to the care of patients.

HUMAN DISEASE

- have knowledge of the scientific principles of sterilisation, disinfection and antisepsis

- have knowledge of the pharmacological properties of those drugs used in general dental practice including their unwanted effects
- be familiar with the place of dental hygiene and dental therapy in the provision of healthcare
- be familiar with manifestations of common human diseases and disorders relevant to the practice of dental hygiene and therapy, including their investigation and management
- be familiar with the main medical disorders that may impinge on dental treatment
- be familiar with the work of other healthcare workers
- be familiar with pathological features and dental relevance of common disorders of major organ systems
- be familiar with the role of therapeutics in the management of patients requiring dental treatment.

MEDICAL EMERGENCIES

- be competent at carrying out resuscitation techniques
- have knowledge of how to identify medical emergencies and provide immediate management of anaphylactic reaction, hypoglycaemia, upper respiratory obstruction, cardiac arrest, fits, vasovagal attack, inhalation or ingestion of foreign bodies, and haemorrhage
- be familiar with the principles of first aid

LAW, ETHICS AND PROFESSIONALISM

- be competent at maintaining full, accurate clinical records
- have knowledge of responsibilities of consent, duty of care and confidentiality
- have knowledge of their responsibilities in relation to the referral of patients
- have knowledge of patients' rights and how to handle complaints
- have knowledge of the competency range of other members of the dental team
- have knowledge of the regulatory functions of the GDC
- be familiar with the legal and ethical obligations of registered members of the dental team
- be familiar with the obligation to practise in the best interests of the patient at all times
- be familiar with the need for lifelong learning and professional development
- be familiar with the law as it applies to records.

HEALTH AND SAFETY AND INFECTION CONTROL

- be competent at implementing and performing satisfactory infection control and preventing physical, chemical and microbiological contamination in the clinic

- be competent at arranging and using the working clinical environment in the most safe and efficient manner
- have knowledge of health and safety legislation as it affects dental practice.

DENTAL BIOMATERIALS SCIENCE

- be competent at the correct selection and manipulation of dental biomaterials used by the dental hygienist or therapist
- have knowledge of the science that underpins the dental biomaterials used by the dental hygienist or therapist
- have knowledge of the limitations of such dental biomaterials
- be familiar with those aspects of biomaterials safety that relate to the work of the dental hygienist or therapist.

ORAL DISEASE

ORAL SURGERY

- have knowledge of the oral hygiene and preventive advice appropriate for cases of trauma and craniofacial abnormalities
- be familiar with common oral surgical procedures
- be familiar with their role in the pre- and post-surgical situation.

ORAL MEDICINE

- have knowledge of the clinical presentation and management of the common diseases of the oral tissues, including the oral mucosa and salivary glands

- have knowledge of abnormalities in the oral tissues
- have knowledge of the features of malignant and potentially malignant lesions and conditions in the oral mucosa and of making an appropriate referral
- have knowledge of the effects of smoking on the oral tissues.

DISEASES OF THE PERIODONTIUM

- be competent at the use of indices to screen and monitor disease
- be competent in instructing the patient in methods of plaque control for both natural teeth and for bridges, dentures and implants
- be competent in liaising with the dentist in the post-periodontal surgical care of the patient and assisting in the maintenance of periodontal health in the long term
- have knowledge of the aetiology, pathology, progression and presentation of periodontal diseases.

DENTAL CARIES

- be competent in instructing the patient on the various methods of prevention of caries, including dietary advice, use of fluoride and plaque control
- be competent at recognising the clinical appearance of the carious lesion
- have knowledge of the aetiology, pathology, progression and presentation of dental caries.

ORAL PATHOLOGY AND ORAL MICROBIOLOGY

- have knowledge of the classification, aetiology, pathogenesis and processes of common oral diseases
- have knowledge of the causes and effects of oral diseases needed for their prevention and management.

INTRODUCTION TO CLINICAL DENTAL HYGIENE

- be competent at obtaining a detailed history of the patient's dental state
- be competent at checking and evaluating a patient's medical history
- be competent at interpreting a treatment plan
- be familiar with the complex interactions between oral health, nutrition, general health, drugs and diseases that can have an impact on dental care and disease.

RESTORATIVE DENTISTRY

- be competent at providing preventive oral care for the individual patient who presents with dental caries, periodontal disease and tooth wear
- be competent at completing a periodontal examination and charting
- be competent at supragingival and subgingival scaling and root debridement, using both powered and manual instrumentation, and in stain removal and prophylaxis

- be competent in the use of appropriate anti-microbial therapy in the management of plaque-related diseases

- be competent at completing a range of procedures in restorative dentistry including the placement of temporary dressings, temporary cementation of crowns, appropriate moisture control techniques and taking impressions

- be familiar with the options for replacing teeth, including both intra- and extra-coronal, plastic and cast restorations, fixed and removable prostheses and dental implants

- be familiar with the clinical precautions required to treat patients with temporomandibular joint disorders.

GERODONTOLOGY

- be competent to provide dental hygiene care for the older adult

- be familiar with the physiology of ageing and the management of problems associated with care of the older adult

- be familiar with the presentation of oral and dental diseases and disorders in the older adult.

DENTAL IMPLANTS

- be competent in the cleaning, polishing and scaling of dental implant-supported structures

- be familiar with implant-retained crowns, bridges and removable prostheses.

CHILD DENTAL HEALTH

PAEDIATRIC DENTISTRY

- be competent at recognising active caries and providing preventive care in children

- be familiar with the management of trauma in the deciduous and permanent dentitions

ORTHODONTICS

- be competent at providing dental hygiene care for the orthodontic patient

- be familiar with the normal facial development, occlusion and the adverse effects of malocclusion on oral health

- be familiar with contemporary orthodontic treatment techniques

- be familiar with the limitations of orthodontic treatment.

PREVENTIVE DENTISTRY

- be competent at instructing patients in the various methods of plaque control, including both chemical and mechanical means and incorporating appropriate modifications for patients with special needs

- be competent in teaching patients about the dietary control of dental caries

- be competent in the application of fissure sealants, with good knowledge of their properties and composition

- be competent in the use of fluoride topically

- be competent at providing smoking cessation advice for patients
- have knowledge of the principles of prevention of dental disease with an appreciation of the dynamics involved, including therapeutic, educational, social and environmental factors
- have knowledge of other preventive techniques which may be available
- have knowledge of the use of fluoride systemically
- be familiar with an evidence-based approach to treatment.

DENTAL PUBLIC HEALTH

- be competent in the principles of health promotion, including oral health promotion
- have knowledge of the importance of community-based prevention
- be familiar with the social, cultural and environmental factors which contribute to health or illness
- be familiar with the structures of the public health services
- be familiar with the use of indices in the recording of oral conditions and in evaluating data
- be familiar with the prevalence of certain dental conditions in the UK.

COMPREHENSIVE ORAL CARE

- have knowledge of the dental care of patients with physical or learning disabilities, mental health problems, or who are medically compromised or terminally ill
- have knowledge of the principles and problems involved in the provision of domiciliary dental care and the role of the dental hygienist and dental therapist within this environment
- have knowledge of their role within general dentistry
- be familiar with the provision of dental care within the different branches of dentistry.

DENTAL RADIOGRAPHY, DENTAL RADIOLOGY AND IMAGING

- be competent at taking and processing the various film views used in general dental practice
- be competent at identifying anatomical features and interpreting common pathology
- have knowledge of the hazards of ionising radiation and regulations relating to them, including radiation protection and dose reduction
- be familiar with the principles which underlie dental radiographic techniques
- be familiar with the assessment of image quality
- be familiar with alternative imaging techniques.

PAIN AND ANXIETY CONTROL

- be competent at managing fear and anxiety with behavioural techniques and empathise with patients in stressful situations
- be competent at infiltration and inferior dental regional block analgesia
- be familiar with the dental application of drugs in the control of pain and anxiety

ADDITIONAL LEARNING OUTCOMES RELATED TO DENTAL THERAPY DENTAL CARIES

- have knowledge of the epidemiology, histopathology, microbiology and pathogenesis of dental caries
- have knowledge of the classification, aetiology, clinical presentation and management of dental caries
- be familiar with the diagnostic methods available to detect a carious lesion.

INTRODUCTION TO CLINICAL DENTAL THERAPY

- be competent at interpreting and managing a treatment plan and arranging appropriate referrals when necessary.

RESTORATIVE DENTISTRY

- be competent at completing a range of simple procedures in restorative dentistry, including amalgam and tooth-coloured restorations in both permanent and primary dentitions
- have knowledge of advanced restorative techniques for both dentitions.

PAEDIATRIC DENTISTRY

- be competent at fissure sealing, preventive resin restorations, and pit and fissure restorations
- be competent in undertaking approximal and incisal tip restorations
- have knowledge of preformed stainless steel crown and pulp therapy in primary molar teeth
- have knowledge of extraction of primary teeth and the removal of roots where necessary
- have knowledge of the disorders associated with dental exfoliation and eruption, and of oral and dental diseases in childhood.

A STATUTORY FRAMEWORK FOR THE REGULATION OF ALL MEMBERS OF THE DENTAL TEAM

This framework was approved by the General Dental Council at its November 2001 meeting.

It is proposed that, in place of the current arrangements, there should be a comprehensive new statutory system for regulating the dental team, the key features of which would be:

- a) Only registrants of the GDC to be permitted to practise dentistry
- b) The GDC to hold two registers, one for dentists and one for PCD
- c) Entry to the PCD register to be on the basis of curricula and qualifications recognised and regulated by the GDC (and, as a transitional measure for established PCD groups, relevant validated experience)
- d) Certain titles (for example, dental hygienist, dental therapist, dental nurse, dental technician, clinical dental technician, orthodontic therapist) to be reserved by law to those who become registered on the basis of holding a recognised qualification or who have relevant validated experience
- e) PCD to be permitted to practise dentistry in respect of those responsibilities for which they have received education and training in accordance with the Council's

guidance and for which they have received clear and mutually accepted authorisation from a registered dentist

f) Every registrant to be responsible to the GDC for practising within their limits of competence, and for the procedures undertaken

g) Dentists to be additionally responsible to the GDC for ensuring that colleagues in teams they lead are not asked to undertake practice beyond their competence

h) PCD educational curricula to define the knowledge, skills and attitudes which a PCD must have on first registration

i) No barriers to prevent PCD expanding their range of skills through recognised training and experience. A modular approach across PCD training routes should be encouraged

j) Clear ethical guidance to be issued to dentists and PCD on their roles and responsibilities

k) Integration of PCD regulation into the work of the GDC, to include regulation of all dental education, compulsory CPD, and common fitness to practise procedures (conduct, health and performance) for all registrants.

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