

A welcome from the editor



David Westgarth,
Editor, *BDJ In Practice*

If you hadn't already heard, an article published in last month's issue of *BDJ In Practice* has caused quite a storm. The piece, 'Can a hygienist work without a nurse?', received universal and almost unanimous discrediting from the dental hygiene and therapy community.

To say the scale of the reaction was a shock is somewhat of an understatement. I have been overwhelmed by the volume of correspondence I have received. I speak for myself and on behalf of the authors when I say we are sorry for the outrage this has caused. In a number of the letters received, there are calls for the article to be retracted. It is the decision of the publication that there are no grounds for a retraction; there is nothing incorrect or erroneous about the article.

And yet, beyond the personal vitriol aimed at the co-authors and myself, it leaves me with a feeling of better things to come. Regardless of whether you are a principal dentist, an associate, a dental hygienist, dental therapist or dental nurse, can you think of another topic that has united the profession to such an extent? I cannot.

This collective coming together was reflected in the number of letters submitted to me. Besides the official response from the BADT and the BSDHT, many excellent points were made. Here follows a number of excerpts from letters, highlighting the depth of concern from the breadth of the hygiene and therapy community the article prompted.

'We truly believe that a huge percentage of dentists and dental professionals do not realise the pressures we are under as newly-qualified professionals. We are constantly faced with being refused nursing help which you would not expect when you have just graduated and ready to take on the world.'

'When you work between different practices it is very difficult to feel part of the team so without having a nurse it is even more isolating and lonely. Without nursing support we are not able to deliver the quality of care we have been trained to do as we are always trained how to work as a team and feel we are unable to give the best care to a patient when we are having to do everything and are extremely stressed out.'

'Some graduates avoid pocket charts if they have no nursing support and some graduates are faced with patients being very annoyed that they have to help by holding an aspirator when they are paying privately.' – **Amber Ojak and Katie Louisa Radford, via email**

'Many of us feel undervalued, we are often taken on as self-employed members of the team but without the flexibility or control a self-

employed person should have (usually everything is decided in favour of the practice, by the practice owner) and many hygienists do not get the choice of having a nurse. I have taken a pay cut to have that luxury and refuse to work alone when cover isn't available as treatment is compromised.' – **Lucy Neshan, via email**

'In a time of increased litigation, it is more important than ever that all clinicians are chaperoned. Furthermore, with the ever-increasing evidence of links between periodontal and systemic disease, the role of the hygienist is vital.' – **Kelly Skinner, via email**

'As a student who is soon to graduate and enter the practical world of dental hygiene and dental therapy, I was disheartened to read the recent article which suggested hygienists can readily practise without the need for a dental nurse.'

'Patient care, comfort and happiness should always be our number one priority, it saddens me that sometimes the world of dentistry seems to be increasingly business orientated rather than targeted towards patients.' – **Hassan Raza Shariff, via email**

'I have been a working hygienist for over 50 years seen many changes and value the nursing support I have had for at least 40 of these years.'

'In my experience few DHTs would take a position without this support unless they absolutely have no choice of another position.' – **Maggie Jackson, via email**

'And furthermore, we have striven over the decades to raise our profile to the public. Who we are. What we do and why. Therefore, striving forward should we not do our very best for our patients and if that means having assistance then so be it.' – **Charlotte Garbutt, via email**

'I will complete this email by letting you know that fortunately I work with two brilliant, forward-thinking principal dentists who are very appreciative of my contribution and knowledge that I bring to their practice and most importantly that we are happy and support every team member, regardless of what they do.' – **Karen Fallon, via email.**

As you can see, a whole range of thoughts and perspectives. And a platform for engaging in debate. Yes, there are fundamental aspects of the piece people will disagree with – and that is to be expected – but to be unanimous in calls for a change in the wording regarding the provision of nursing support for hygienists and therapists from 'should' to 'must' and subsequent adequate funding?

The issue is one clearly at the very heart of the future of skill mix, something covered in these pages before. If ever there was an opportunity and a platform for discussions to begin in earnest about – amongst other things – the financial assistance necessary for NHS practices to be able to fully equip their teams – that time is now. ♦

Send your letters to the Editor, BDJ In Practice, 64 Wimpole Street, London, W1G 8YS.
Email bdj@bda.org.

Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Right of reply

A response

Sir, we write in response to the article, 'Can a hygienist work without a nurse?' written by Len D'Cruz and Reena Wadia.¹

It seems that article attempts to allay the fears of practice owners and dental hygienists that working without dental nursing support is acceptable as there is no legal or regulatory necessity to do so. The authors quote: '... the GDC envisages clinicians such as dentists, hygienists and therapists not working in isolation but with other members of the team who can assist primarily with a response to a medical emergency.'

The authors acknowledge that, 'Clearly support can be provided for administrative tasks, chaperonage and chairside assistance...' and that GDC Standards for the Dental Team 6.2.2. clearly state: 'You should work with another appropriately trained member of the dental team at all times when treating patients in a dental setting.' However, there are no further references to the remaining GDC standards which state:

The only circumstances in which this does not apply are when:

- Treating patients in an out-of-hours emergency
- There are exceptional circumstances – these are unavoidable circumstances which are not routine and could not be foreseen.

The authors, by their own admission, agree that these standards apply to dentists, dental hygienists and therapists. Therefore, there should be no distinction between any of these clinicians when this standard is applied.

A periodontal specialist treating a patient non-surgically would expect to have dental nursing support, however, for many years there has been an acceptance that dental hygienists can work alone without the support of a dental nurse. Now the authors are recommending a risk assessment to be carried out in these situations. A risk assessment cannot fully assess every patient that the dental hygienist treats but would give a general view of the risk associated with treatments delivered. BSDHT and BADT find this situation and justification for lone working unacceptable.

Furthermore, suggesting that as a referring dentist they should volunteer their own mouth to be the test bed of the skillset of the dental hygienist they wish to refer to and that, 'if nothing else you will end up with clean teeth and a greater empathy for all dental patients who see you and sometimes cough and splutter their way through treatment because you didn't give them chance to breathe or swallow or wince in pain when you are a bit heavy handed with the scaler' is a patronising and demeaning statement which has no place in this article.

We acknowledge the authors do make the point that the ideal is to employ a full-time dental nurse to assist (we prefer the adjunctive 'support') the hygienist and that this should not be precluded due to financial considerations. There is also consideration to acknowledge the daily struggle a lone hygienist faces. The 'helpful' strategies imparted were predicated with, 'a hygienist that can do just that (working without assistance) would certainly be seen as an asset to any practice and valued professionally amongst the team'. This implies that a dental hygienist who works with dental nurse support will not be an asset or valued professionally.

The suggested strategies, whilst seeming to be written to help the dental hygienist work more smoothly through the day, still require valuable additional time for preparation, challenges with infection control, safe patient management and contemporaneous record keeping.

An important issue, not discussed in the article, is the stress that lone working places on dental hygienists. This is particularly pertinent to our newly-qualified colleagues who have had full support throughout training but are then expected to work in an environment without nursing support whilst trying to build confidence and competence in their chosen profession.

Despite one of the authors being a dento-legal advisor, our members report that their indemnity providers have advised it would be difficult to support them in any litigation brought against them because they did not have nursing support.

Following publication of this article, as you would expect, we have been inundated with

reports of such difficulties from our members and non-members: all are concerned that this 'in depth' piece on 'regulation' gives further justification to their practice owners to refuse nursing support.

BDJ in Practice's strapline is 'This popular publication aims to inform and educate dentists and dental students about developments, trends and issues affecting dental practices in the UK'. The article was aimed at dental hygienists whilst being published for dentists. It begs the question: Why?

As clinicians we are not asking for anything different to what the dentist expects daily: simply parity among the clinical team.

BSDHT and BADT request an apology from the authors, acknowledging the concerns and strength of feeling their article has created among the dental hygiene and dental therapy professions. We would also like to write an article to be published in BDJ in Practice to redress the balance.

J. Deverick, D. McGovern, via email

1. D'Cruz L, Wadia R. Can a hygienist work without a nurse? *BDJ In Practice* 2019; **32**: 14-15.

Editor's Note – the full list of 444 co-signatories is available at: www.bsht.org.uk/news-1/BDJ.

Time for a change

Sir, I am writing in response to the article published which appeared to give 'useful tips' for practices to implement hygienists working without nursing support.

The indemnity advisor author is interpreting GDC 'guidance' on lone working to the benefit of practice profits, and not acting in the best interest of patients.

Dental Protection have published information on lone working and stated that 'it would be difficult to defend' in these situations.

I would be interested to hear a solid answer from all indemnity companies to whether or not a lone working clinician would be defended, a pay-out made, or left high and dry should a case arise under lone working conditions.

I am a GDC registrant with multiple DCP titles and predominantly work as an Orthodontic Therapist. No orthodontic

practice would consider orthodontic therapists working solo, and some principals provide two nurses to each therapist as well as a sterilisation assistant.

As a male clinician working with a high number of female patients and children, I would refuse to work alone in case of spurious claims. It is high time the GDC review their guidance and change the wording from clinicians 'should' be supported to 'must'.

B. Blum, via email.

Addressing the balance

Sir, regarding your article 'Can a hygienist work without a nurse?' I felt this analysis by the authors helps the many hygienists who do work diligently in such circumstances. We know from CQC reports for eight years now that over 90% of dental practices consistently meet all safety and team standards fully, so clearly this is not a safety or ethical issue.

Whilst this article did recognise that having dental nurse assistance all the time was the ideal, it could have gone on to explore the

advantages of that. However, it could have also looked more at the difficult economic aspects, especially within the NHS GDS system.

When some 300+ NHS dental practices are already getting paid less for a UDA than the NHS patient charge for say a Band 1 scale and polish, the reality of losing out to see NHS patients and then additionally fund hygienist provision plus a dental nurse in such limited circumstances, is simply charity work. I have seen arguments to the contrary, but the reality is economics do come into it. Or does such a 'two-person' hygiene service price itself out of the NHS and into private provision only?

On reflection, and again to the contrary, I feel the article addressed the GDC aspects reasonably; throwing existing hygienists under the GDC bus of an intrinsically traumatic Fitness to Practise case is clearly folly. Indeed, if it was so binary for hygienists as some suggest (no dental nurse = no hygienist care delivered), then all dental nurses would have to also have another dental nurse assisting them, when they use

their full Scope of Practice skills for taking impressions or applying rubber dams. Whilst ideal, that could economically end that provision too.

It is time we had a grown-up conversation about ideal versus acceptable in what are often the challenging economics of a high-overhead dental practice. I would suggest this has begun.

T. Kilcoyne, via email

Corrigendum

In the article entitled 'Can a hygienist work without a nurse?', Reena Wadia's affiliations included King's College London.

This should have read King's College Dental Hospital.

We apologise for any inconvenience this may have caused.

1. D'Cruz L and Wadia R. Can a hygienist work without a nurse? *BDJ In Practice* 2019; **32**: 14-15.

Share your views on the phase-down of amalgam!

Newcastle University, in collaboration with the British Dental Association and the British Society of Dental Hygiene and Therapy, is calling on general dental practitioners, community dentists, salaried dentists, foundation dentists and dental therapists to assess current material use and techniques employed in the direct (non-laboratory) restoration of posterior teeth.

Your responses will be used in a PhD project that is being undertaken at Newcastle University. This will investigate

the cost effectiveness of directly placed restorative materials, compared to dental amalgam. The results will be used by the BDA to campaign on the issues for dentists in relation to amalgam phase-down. The BSDHT will use them to inform policy.

All BDA GDP, CDS and FD members have been sent a personalised link to respond to this survey – please check your inbox to participate, it takes only 10 mins to complete. Dental therapists have been sent the survey via the BSDHT.

Your opinions matter and your participation is vital for the validity of this study, email Research@bda.org if you need to be re-sent the survey link.

Your information will remain anonymous and we will not pass your details on to any third parties. This study has ethical approval from Newcastle University.

Thank you! ♦



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All BDA members automatically become members of the Benevolent Fund upon joining the BDA.

Members oversee the charity and have the responsibility and authority to exercise voting rights at the Annual General Meeting or other Extraordinary General Meeting. Members elect the Board of Trustees who oversee the charity on their behalf.

Following a clarification of the legal situation, the BDA's membership terms and conditions have been updated to reflect this.

The Benevolent Fund relies upon the generosity of dentists, dental organisations and companies to be able to continue their work.

For further information or to access the updated terms and conditions visit www.bdabenevolentfund.org.uk ♦