



Clinical Dental Technicians Association

Increased Access Through Expansion of Scope

A Route for change

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Proposal for the Expansion to the Scope of Practice for Clinical Dental Technicians Registered in the UK

On behalf of the Clinical Dental Technicians Association UK (CDTA UK), we are writing to propose a revision of the Scope of Practice (SOP) for Clinical Dental Technicians (CDTs) who are registered in the United Kingdom. The proposal is not exhaustive but is intended to provide contextual information on how the current Scope of Practice creates barriers for Clinical Dental Technicians, Dentists and importantly patients in accessing a wider dental team.

Our proposal has been crafted with careful consideration of the General Dental Council's commitments to Equality, Diversity, and Inclusion (EDI) and is presented with the intent to align our practices with these commendable objectives.

Restrictive Practice

The current Scope of Practice (SOP) for Clinical Dental Technicians (CDTs) in the UK necessitates a preliminary visit to a dentist for a prescription if a patient with natural teeth requires a partial denture, even if they have recently seen one. This requirement constitutes an access barrier, particularly for the increasing number of registered individuals struggling to obtain dental appointments, those without dental registration, or those with dental phobias.

As it is well-documented, access to dental care in the current climate is becoming increasingly difficult, with over 6 million patients waiting for appointments, leading to what has been described as a "dental desert."

The General Dental Council's (GDC) current Scope of Practice policy states: "Patients with natural teeth or implants must see a dentist before the CDT can begin treatment. CDTs refer patients to a dentist if they need a treatment plan or if the CDT is concerned about the patient's oral health."

This contrasts with practice in Canada, Holland, and Republic of Ireland, where their codes of conduct/scopes state that they can provide complete dentures to the public similar to the UK, and partial dentures when the patient's oral health is established. The underlying difference between UK CDTs and those in the Republic of Ireland, is that the emphasis is placed on the patient following sound professional advice from a dental care professional, such as a CDT.

In Republic of Ireland, a CDT would establish if the patient has recently seen a dentist within the past year. And if not, it would be emphasized that they **should**, not **must**, see one. The patient would be advised that it would be in their best interest to do so, and an appointment could be arranged if required, or they could make their own arrangements. Informed consent is gained and documented.

The CDT is not required to pursue a prescription; the patient provides full and informed consent, explaining any contraindications should the advice not be taken. The professional judgment of the CDT defines if treatment would commence, and pathways for patient access to other Dental Care Professionals (DCPs) are promoted if there are concerns for the patient's oral health or suitability of a removable appliance.

CDTs in the UK and Ireland must only provide treatment that is in the best interest of the patient, with their consent, and provide their preferred course of treatment. Countries with similarly regulated dental healthcare systems to the UK embrace equivalent roles to a CDT with a broader/less prescriptive SOP. The current Scope of Practice policy in the UK restricts a CDT's ability to use their professional judgment and respect patient choice.

Here, the GDC standards for the dental team need to be considered.

1.4.2 You must provide patients with treatment that is in their best interests, providing appropriate oral health advice and following clinical guidelines relevant to their situation. You may need to balance their oral health needs with their desired outcomes. If their desired outcome is not achievable or is not in the best interests of their oral health, you must explain the risks, benefits, and likely outcomes to help them to make a decision.

1.7.1 You must always put your patients' interests before any financial, personal or other gain

Accessed 26th Jan 2024

Best Interest

In the UK, Clinical Dental Technicians (CDTs) often face the dilemma of having to choose between putting the patient's interests first or complying with a restrictive Scope of Practice. Please consider the following scenarios:

- A patient has lost their partial denture while in hospital. They have returned home and are desperate to regain the ability to eat and maintain personal dignity.
- A patient has fractured an anterior tooth off a partial denture, lost it, and isn't confident returning to work until their appearance is restored.
- A patient requires the replacement of a complete upper or lower denture that opposes natural dentition.
- A patient requires a reline or replacement fitting surface for an existing partial denture or complete denture opposing natural dentition.
- A patient requires complete upper and lower dentures with a retained root present, which has been without issue for many years.

All the above scenarios are commonly encountered by CDTs and all require the need to obtain a prescription from a dentist, creating access barriers for the patient and lost surgery time for a dentist, for seemingly minor tasks that CDTs are qualified to undertake. Furthermore, this creates both mental and physical impacts on the patient. Consideration should be given to vulnerable adult patients within care settings, who the Care Quality Commission (CQC) recognises can be underserved and currently neglected due to limited access to dentists.

Smiling Matters Oral Health care in care home

https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf

In these increasingly common scenarios, Clinical Dental Technicians (CDTs) have the ability and skill to provide, under consent, a like-for-like denture replacement and modify or adapt existing appliances, which is a requirement of the Medical Devices Directive: "Once the device is placed on the market, it should be effectively monitored, checked that it is fit for purpose, and maintained."

The General Dental Council (GDC) registration report produced in February 2023 states that 407 CDTs are currently registered in the UK. Based on the established scenarios, if every CDT on the register were able to work within their professional judgment and with the consent of the patient, and not having to refer 10 patients a week for a prescription for these

minor treatments, it would generate an extra 211,640 available appointments. We at the CDTA UK believe this is a conservative estimate based on the increasing number of patients struggling to gain access to dental care, as indicated by figures produced in the National Dental Epidemiology Programme

https://assets.publishing.service.gov.uk/media/5ee0abb0d3bf7f1eb9646438/AiP_survey_for_England_2018.pdf

Questionnaire and clinical examination data were collected from 16,572 patients. Partial dentures were worn by 13.7% of participants. The percentage of individuals wearing partial dentures increased with age. Similar proportions of men (14.6%) and women (12.9%) wore partial dentures. Individuals from the White ethnic group were more likely to wear partial dentures (14.1%) than those from Mixed or Asian/Asian British ethnic groups. There was little variation by level of deprivation.

Among participants who wore partial dentures, 18.1% needed repairs or replacements. Only 0.9% of participants had both upper and lower full dentures, while 3.2% had either a full upper or a full lower denture. Participants aged 65 years and older were more likely to have both upper and lower full dentures. Again, there was little variation by level of deprivation.

Of the participants who wore full dentures, 17.5% needed repairs or replacements.

Policy Not Legislation

The Dentist Act and the Medical Devices Directive do not specify which removable prosthetic devices may be prescribed by a Clinical Dental Technician (CDT). They state that such devices should be prescribed by a **suitably qualified dental care professional**. Therefore, it appears that the restriction in a CDTs scope is a limitation within policy not law.

Difficulty Obtaining a Prescriptions

The existing Scope of Practice (SOP) for partial dentures is undoubtedly well-intentioned and, at face value, appears reasonable, particularly given the need for a cautious approach when registration and new Dental Care Professional (DCP) roles were first introduced in 2008.

However, despite nearly 16 years having passed, Clinical Dental Technicians (CDTs) can still encounter difficulties in obtaining appropriate prescriptions for partial dentures. This can be attributed to several reasons, which, anecdotally, may include:

- Lack of awareness of the CDT's role and SOP
- Refusal of an NHS provider to offer a private prescription
- Refusal because the provider believes they are taking responsibility for the CDTs work
- Blank refusal
- Lack of NHS appointments for a check-up

Enhancing Patient Safety through Expanded Scope of Practice

Expanding the Scope of Practice for Clinical Dental Technicians (CDTs) in the United Kingdom is not just about increasing access to dental care; it's also about enhancing patient safety. By allowing CDTs to provide a broader range of services directly to patients, several key aspects of patient safety are positively impacted:

1. **Expedited Access to Care:** The current requirement for patients with natural teeth to visit a dentist for a prescription before receiving treatment from a CDT can lead to delays in care, particularly for vulnerable individuals or those facing barriers to accessing traditional dental services. Allowing CDTs to provide certain services directly streamlines the process, ensuring timely intervention and reducing the risk of oral health complications.

2. **Consistency in Treatment Planning:** Under the proposed recommendations, CDTs would have the authority to assess patients' oral health needs and provide appropriate treatments based on their professional judgment. This reduces the potential for miscommunication or discrepancies between treatment plans developed by different members of the dental team, thereby enhancing the continuity and effectiveness of patient care.

3. **Empowerment of Patients:** Expanding the Scope of Practice empowers patients to take a more active role in their dental care decisions. By allowing them to access services directly from CDTs, patients have greater autonomy and choice in selecting the most suitable treatment options for their needs. This fosters a collaborative approach to oral healthcare, where patients are fully informed and engaged partners in the decision-making process.

4. **Enhanced Monitoring and Follow-up:** With the ability to provide a broader range of services, including modifications, maintenance and replacements of partial dentures, CDTs can play a more proactive role in monitoring patients' oral health status over time. This enables early detection of potential issues or complications, facilitating timely interventions and preventing the escalation of problems that could compromise patient safety.

5. **Adherence to Best Practice Standards:** Despite their extensive training and expertise, current restrictions limit CDTs ability to fully utilize their skills and knowledge in delivering patient care. By aligning the Scope of Practice with professional capabilities and international best practice standards, patients can benefit from high-quality, evidence-based care that prioritizes safety and effectiveness.

In summary, expanding the Scope of Practice for CDTs not only improves access to dental care but also enhances patient safety by streamlining access to care, promoting consistency in treatment planning, empowering patients, facilitating enhanced monitoring and follow-up, and ensuring adherence to best practice standards. These recommendations represent a significant step forward in advancing patient-centred care and promoting the overall well-being of individuals across the United Kingdom.

Equality, Diversity, and Inclusion

The General Dental Council will be a champion of diversity, equality and inclusion inside our organisation, with the sector we regulate, and with the public.

We will achieve this vision through the effective delivery of the following strategic objectives:

- Ensuring that our regulatory activity is fair, transparent and accessible to all.
- Ensuring the public are able to engage effectively with our services.
- Embedding an inclusive workplace culture at all levels in the GDC where all staff feel valued, welcome, integrated and included.

Attention must be bought to the government's response to the Office of fair trading (OFT) review into dentistry 2012 and noted.

<https://assets.publishing.service.gov.uk/media/5a7cd9de40f0b6629523c301/Gov-Resp-dentistry.pdf>

Accessed 09/02/23

- 1. The OFT called on the GDC to remove rules which prevent patients from making direct appointments to see dental hygienists, dental therapists and clinical dental technicians without having been examined by a dentist first.**
- 2. The Government welcomes the OFT's proposals for direct access to DCPs. We want people to be able to see the right dental professional when they need to. Clearly, this needs to be in a managed and clinically appropriate environment, and we welcome the GDC's intent to resolve this issue in the best interest of patients.**

The Office of Fair-Trading report was published in 2012, and acknowledgment must be given that while some progression has been made for Dental Hygienists and Therapists, the direct access guidance was amended in 2019 for them, but not for clinical dental technicians

There has been no progression for Clinical Dental Technicians in the 12 years since the Office of fair-trading report, this is despite monitored GDC-approved education and continual professional development, leaving the profession feeling excluded and, for the most part, discriminated against.

By allowing Clinical Dental Technicians to provide certain services directly, the General Dental Council and Government would be promoting patient autonomy and enhancing access to dental care for the most vulnerable groups or those facing barriers to accessing traditional dental services. This approach would align with the GDC's Equality, Diversity, and Inclusion (EDI) policy.

Summary

Expanding the current Scope of Practice for Clinical Dental Technicians would align with the specific objectives of the General Dental Council's Equality, Diversity, and Inclusion policy in several ways:

- 1. Protecting patients through effective regulation** allowing Clinical Dental Technicians to provide further services directly to patient would promote patient autonomy and enhance access to dental care for vulnerable groups or those facing barriers to accessing traditional dental services.
- 2. Regulating the Dental Team fairly** This supports the principle of fair regulation by recognizing the skills and qualifications of a Clinical Dental Technician by adjusting the Scope of Practice to reflect professional capabilities, thus promoting a fairer distribution of responsibilities within the dental team the same way Hygiene and Therapists have been utilized.
- 3. Inclusive Environment** expanding the Scope of practice for Clinical Dental Technicians contributes to an inclusive working environment where all dental professionals can utilize their full skills, fostering job satisfaction and a sense of belonging within a wider dental team.
- 4. Informing Strategy, Policy, and Operations** Adopting the Republic of Ireland (Southern Irish) Model for CDTs in the UK would reflect a data-driven approach, utilizing evidence of successful outcomes to inform strategic policy changes.
- 5. Improved Access and services** Adopting change for Clinical Dental Technician will promote greater access for patients and freeing an already strained NHS.

We the CDTA UK propose that the Republic of Ireland (Southern Ireland model) Scope of Practice is not only in the best interest of the patients and Clinical Dental Technicians but also a direct application of the General Dental Councils own Equality, Diversity and Inclusion policy and objectives which would create a more fair, accessible, and inclusive dental care environment.

In conclusion

The evidence presented strongly advocates for an increased Scope of Practice for Clinical Dental Technicians (CDTs) in the United Kingdom. Despite significant advancements in dental care, CDTs continue to face barriers that hinder their ability to provide essential services directly to patients. The current restrictions not only limit patient access to care but also perpetuate inequalities within the dental profession.

Expanding the Scope of Practice for CDTs would not only align with the objectives of the General Dental Council's Equality, Diversity, and Inclusion policy but also address key concerns such as patient autonomy, fair regulation, inclusivity within the dental team, and improved access to services. By adopting a data-driven approach, informed by successful models such as the one in Southern Ireland, the UK dental landscape can evolve towards a fairer, more accessible, and inclusive environment.

The proposed changes would empower CDTs to utilize their full skill set, enhance patient access to care, alleviate strain on the NHS, and ultimately improve the overall quality of dental services. As such, we urge policymakers and stakeholders to consider and implement the necessary reforms to enable CDTs to fulfil their potential in delivering high-quality dental care to all individuals, regardless of background or circumstance. By embracing this opportunity for positive change, we can collectively create a dental care environment that is fair, accessible, and truly patient-centred.